

Geisinger Gold \$0 Deductible Rx

2022 Formulary

(List of Covered Drugs)

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

This formulary was updated on December 29, 2021. 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. – Mar.) or 8 a.m. to 8 p.m. (Mon. – Fri., April – Sept.) or 8 a.m. to 2 p.m. (Sat, April- Sept.) or visit www.GeisingerGold.com

Geisinger Gold Classic Advantage Rx (HMO)
Geisinger Gold Classic Complete Rx (HMO)
Geisinger Gold Classic Essential Rx (HMO)
Geisinger Gold Classic 360 Rx (HMO)
Geisinger Gold Preferred Advantage Rx (PPO)
Geisinger Gold Preferred Complete Rx (PPO)
Geisinger Gold Preferred Enhanced Rx (PPO)
Geisinger Gold Preferred 360 Rx (PPO)
Geisinger Gold Classic Rx (Employer Group) (HMO)
Geisinger Gold Preferred Rx (Employer Group) (PPO)

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December 29, 2021

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 \$0 Deductible Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of December 29, 2021. 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, 2022, and from time to time during the year.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-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 \$0 Deductible 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?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Geisinger Gold \$0 Deductible Rx Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Geisinger Gold \$0 Deductible Rx Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 29, 2021. 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 one. 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 number 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 164. 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 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 one. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization 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 \$0 Deductible 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 \$0 Deductible 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 cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, 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, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

For members being admitted to or discharged from a long-term care 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 \$0 Deductible 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 \$0 Deductible Rx Formulary

The formulary that begins on page one 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 164.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., BREO ELLIPTA) 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
General		
	<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.
Utilization Management Restrictions		
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
AL	Age Limit	Our plan limits certain medications to members who meet minimum or maximum age requirements.
GC	Gap Coverage	We may provide coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.
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.
SI	Select Insulin	If your plan includes this benefit, your copay may be lower than the usual copay associated with that tier. This drug may have the same out-of-pocket cost for the Deductible, Initial Coverage, and Coverage Gap payment stages. Please refer to your Evidence of Coverage for more information.

Every medication on the Geisinger Gold \$0 Deductible RX formulary is in one of six (6) cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher the cost of the medication. As shown in the table below, the amount of the copayment or coinsurance depends on which cost-sharing tier your medication is in. 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.

Your share of the cost when you get a 30-day supply of a covered part D prescription drug prior to entering the coverage gap:

Tier 1 (preferred generic)	\$3 or less depending on your plan
Tier 2 (generic)	\$20 or less depending on your plan
Tier 3 (preferred brand)	\$47
Tier 4 (non-preferred brand)	\$100
Tier 5 (specialty tier)	33% coinsurance
Tier 6 (vaccines)	\$0

Your share of the cost when you get 84-100* day supply of a covered part D prescription drug prior to entering the coverage gap:

Tier	When obtained at a Geisinger contracted retail network pharmacy	When obtained at a Geisinger contracted mail order pharmacy
Tier 1 (preferred generic)	\$7.50 or less depending on your plan	\$0
Tier 2 (generic)	\$50 or less depending on your plan	\$0
Tier 3 (preferred brand)	\$117.50	\$70.50
Tier 4 (non-preferred brand)	\$250	\$150
Tier 5 (specialty tier)	Extended supply not available	Extended supply not available
Tier 6 (vaccines)	\$0	\$0

*Supply may be restricted due to product packaging and/or State and Federal Laws.

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

ANALGESICS	12
ANESTHETICS	18
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	19
ANTIBACTERIALS	20
ANTICONVULSANTS	31
ANTIDEMENTIA AGENTS	36
ANTIDEPRESSANTS	37
ANTIDOTES	41
ANTIEMETICS	41
ANTIFUNGALS	43
ANTIGOUT AGENTS	45
ANTIMIGRAINE AGENTS	45
ANTIMYASTHENIC AGENTS	46
ANTIMYCOBACTERIALS	46
ANTINEOPLASTICS	47
ANTIPARASITICS	63
ANTIPARKINSON AGENTS	64
ANTIPSYCHOTICS	65
ANTISPASTICITY AGENTS	69
ANTIVIRALS	70
ANTIVIRALS	75
ANXIOLYTICS	76
BIPOLAR AGENTS	77
BLOOD GLUCOSE REGULATORS	78
BLOOD PRODUCTS AND MODIFIERS	82
CARDIOVASCULAR AGENTS	86
CENTRAL NERVOUS SYSTEM AGENTS	97
DENTAL AND ORAL AGENTS	101
DERMATOLOGICAL AGENTS	101

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

ELECTROLYTES/MINERALS/METALS/VITAMINS	107
GASTROINTESTINAL AGENTS	113
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	116
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	116
GENITOURINARY AGENTS	117
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	118
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	120
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS).....	121
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID).....	129
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	130
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	131
IMMUNOLOGICAL AGENTS	131
INFLAMMATORY BOWEL DISEASE AGENTS	139
IRRIGATING SOLUTIONS	140
MEDICAL DEVICES AND SUPPLIES	140
METABOLIC BONE DISEASE AGENTS.....	150
OPHTHALMIC AGENTS	152
OTIC AGENTS	156
RESPIRATORY TRACT/ PULMONARY AGENTS	156
SKELETAL MUSCLE RELAXANTS.....	162
SLEEP DISORDER AGENTS.....	162

¹You 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	Reference Name	Requirements/Limits ¹
THERAPEUTIC CATEGORY			
Therapeutic Class			
ANALGESICS			
Analgesics Combinations			
<i>butalbital-acetaminophen 50-325 mg Oral Tablet</i>	4	TENCON	QL(180 EA per 30 days)
<i>butalbital-apap-caffeine 50-325-40 mg Oral Capsule, 50-325-40 mg Oral Tablet</i>	4	ESGIC	QL(180 EA per 30 days)
<i>butalbital-apap-caffeine 50-300-40 mg Oral Capsule</i>	4	FIORICET	QL(180 EA per 30 days)
<i>butalbital-aspirin-caffeine 50-325-40 mg Oral Tablet</i>	4		NDS, QL(180 EA per 30 days), NM
<i>butalbital-aspirin-caffeine 50-325-40 mg Oral Capsule</i>	4	FIORINAL	NDS, QL(180 EA per 30 days), NM
ZEBUTAL	4		QL(180 EA per 30 days)
Nonsteroidal Anti-inflammatory Drugs			
<i>celecoxib 100 mg Oral Capsule, 200 mg Oral Capsule, 400 mg Oral Capsule, 50 mg Oral Capsule</i>	2	CELEBREX	
<i>diclofenac epolamine 1.3 % External Patch</i>	2	FLECTOR	PA, QL(60 EA per 30 days)
<i>diclofenac potassium 50 mg Oral Tablet</i>	2	CATAFLAM	
<i>diclofenac sodium 25 mg Oral Tablet Delayed Release, 50 mg Oral Tablet Delayed Release, 75 mg Oral Tablet Delayed Release</i>	2	VOLTAREN	
<i>diclofenac sodium 1 % External Gel</i>	2	VOLTAREN	(Rx product only)
<i>diclofenac sodium er</i>	2	VOLTAREN XR	
<i>diclofenac-misoprostol</i>	2	ARTHROTEC	
<i>diflunisal 500 mg Oral Tablet</i>	2	DOLOBID	
<i>ec-naproxen</i>	2	NAPROSYN	
<i>etodolac</i>	2	LODINE	
<i>etodolac er</i>	2	LODINE XL	
<i>fenoprofen calcium 600 mg Oral Tablet</i>	2	NALFON	
<i>flurbiprofen 100 mg Oral Tablet, 50 mg Oral Tablet</i>	2	ANSAID	

¹You 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	Reference Name	Requirements/Limits ¹
IBU 600 mg Oral Tablet, 800 mg Oral Tablet	2		
IBUPAK	2		
<i>ibuprofen 400 mg Oral Tablet, 600 mg Oral Tablet, 800 mg Oral Tablet</i>	2	MOTRIN	
<i>ibuprofen 100 mg/5ml Oral Suspension</i>	2	MOTRIN	
<i>ketoprofen 25 mg Oral Capsule</i>	2		
<i>ketoprofen 50 mg Oral Capsule, 75 mg Oral Capsule</i>	2	ORUDIS	
<i>ketoprofen er</i>	2	ORUVAIL	
<i>meclofenamate sodium 100 mg Oral Capsule, 50 mg Oral Capsule</i>	2	MECLOMEN	
<i>mefenamic acid 250 mg Oral Capsule</i>	2	PONSTEL	
<i>meloxicam 15 mg Oral Tablet, 7.5 mg Oral Tablet</i>	2	MOBIC	
<i>nabumetone 500 mg Oral Tablet, 750 mg Oral Tablet</i>	2	RELAFEN	
<i>naproxen 250 mg Oral Tablet, 375 mg Oral Tablet, 375 mg Oral Tablet Delayed Release, 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release</i>	2	NAPROSYN	
<i>naproxen 125 mg/5ml Oral Suspension</i>	2	NAPROSYN	
<i>naproxen sodium 275 mg Oral Tablet</i>	2	ANAPROX	
<i>naproxen sodium 550 mg Oral Tablet</i>	2	ANAPROX DS	
<i>oxaprozin</i>	2	DAYPRO	
<i>piroxicam 10 mg Oral Capsule, 20 mg Oral Capsule</i>	2	FELDENE	
<i>sulindac 150 mg Oral Tablet, 200 mg Oral Tablet</i>	2	CLINORIL	
<i>tolmetin sodium</i>	2	TOLECTIN	
Opioid Analgesics, Long-acting			
<i>buprenorphine 10 mcg/hr Transdermal Patch Weekly, 15 mcg/hr Transdermal Patch Weekly, 20 mcg/hr Transdermal Patch Weekly, 5 mcg/hr Transdermal</i>	2	BUTRANS	NDS, QL(4 EA per 28 days), NM

¹You 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	Reference Name	Requirements/Limits ¹
<i>Patch Weekly, 7.5 mcg/hr Transdermal Patch Weekly</i>			
<i>fentanyl 100 mcg/hr Transdermal Patch 72 Hour, 12 mcg/hr Transdermal Patch 72 Hour, 25 mcg/hr Transdermal Patch 72 Hour, 50 mcg/hr Transdermal Patch 72 Hour, 75 mcg/hr Transdermal Patch 72 Hour</i>	2	DURAGESIC	NDS, QL(10 EA per 30 days), NM
<i>methadone hcl 10 mg/ml Oral Concentrate</i>	2		NDS, QL(180 ML per 30 days), NM
<i>methadone hcl 5 mg/5ml Oral Solution</i>	2		NDS, QL(1800 ML per 30 days), NM
<i>methadone hcl 10 mg/ml Injection Solution</i>	2	DOLOPHINE	NDS, NM
<i>methadone hcl 10 mg Oral Tablet</i>	2	DOLOPHINE	NDS, QL(180 EA per 30 days), NM
<i>methadone hcl 5 mg Oral Tablet</i>	2	DOLOPHINE	NDS, QL(360 EA per 30 days), NM
<i>methadone hcl 10 mg/5ml Oral Solution</i>	2	DOLOPHINE	NDS, QL(900 ML per 30 days), NM
<i>METHADOSE 40 mg Oral Tablet Soluble</i>	2		NDS, QL(90 EA per 30 days), NM
<i>morphine sulfate er 10 mg Oral Capsule Extended Release 24 Hour, 100 mg Oral Capsule Extended Release 24 Hour, 20 mg Oral Capsule Extended Release 24 Hour, 30 mg Oral Capsule Extended Release 24 Hour, 40 mg Oral Capsule Extended Release 24 Hour, 50 mg Oral Capsule Extended Release 24 Hour, 60 mg Oral Capsule Extended Release 24 Hour, 80 mg Oral Capsule Extended Release 24 Hour</i>	2	KADIAN	NDS, QL(60 EA per 30 days), NM
<i>morphine sulfate er 100 mg Oral Tablet Extended Release, 15 mg Oral Tablet Extended Release, 200 mg Oral Tablet Extended Release, 30 mg Oral Tablet Extended</i>	2	MS CONTIN	NDS, QL(90 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Release, 60 mg Oral Tablet Extended Release</i>			
<i>morphine sulfate er beads 120 mg Oral Capsule Extended Release 24 Hour, 30 mg Oral Capsule Extended Release 24 Hour, 45 mg Oral Capsule Extended Release 24 Hour, 60 mg Oral Capsule Extended Release 24 Hour</i>	2	AVINZA	NDS, QL(30 EA per 30 days), NM
<i>morphine sulfate er beads 75 mg Oral Capsule Extended Release 24 Hour, 90 mg Oral Capsule Extended Release 24 Hour</i>	2	AVINZA	NDS, QL(60 EA per 30 days), NM
<i>oxycodone hcl er</i>	2	OXYCONTIN	NDS, QL(90 EA per 30 days), ST, NM
OXYCONTIN	4		NDS, QL(90 EA per 30 days), ST, NM
<i>tramadol hcl er 100 mg Oral Capsule Extended Release 24 Hour, 200 mg Oral Capsule Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour</i>	2	CONZIP	NDS, QL(30 EA per 30 days), NM
<i>tramadol hcl er 100 mg Oral Tablet Extended Release 24 Hour, 200 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour</i>	2	ULTRAM ER	NDS, QL(30 EA per 30 days), NM
<i>tramadol hcl er (biphasic)</i>	2	RYZOLT	NDS, QL(30 EA per 30 days), NM
Opioid Analgesics, Short-acting			
<i>acetaminophen-codeine 300-60 mg Oral Tablet</i>	2	TYLENOL WITH CODEINE	NDS, QL(180 EA per 30 days), NM
<i>acetaminophen-codeine 300-30 mg Oral Tablet</i>	2	TYLENOL WITH CODEINE	NDS, QL(360 EA per 30 days), NM
<i>acetaminophen-codeine 300-15 mg Oral Tablet</i>	2	TYLENOL WITH CODEINE	NDS, QL(390 EA per 30 days), NM
<i>acetaminophen-codeine 120-12 mg/5ml Oral Solution</i>	2	TYLENOL WITH CODEINE	NDS, QL(2700 ML per 30 days), NM
<i>acetaminophen-codeine #2</i>	2	TYLENOL WITH CODEINE	NDS, QL(390 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>acetaminophen-codeine #3</i>	2	TYLENOL WITH CODEINE	NDS, QL(360 EA per 30 days), NM
<i>acetaminophen-codeine #4</i>	2	TYLENOL WITH CODEINE	NDS, QL(180 EA per 30 days), NM
<i>butorphanol tartrate 1 mg/ml Injection Solution, 2 mg/ml Injection Solution</i>	2	STADOL	NDS, NM
<i>butorphanol tartrate 10 mg/ml Nasal Solution</i>	2	STADOL	NDS, QL(5 ML per 28 days), NM
ENDOCET 2.5-325 mg Oral Tablet	2		NDS, QL(360 EA per 30 days), NM
<i>endocet 10-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet</i>	2	PERCOCET	NDS, QL(360 EA per 30 days), NM
<i>fentanyl citrate 200 mcg Buccal Lozenge on a Handle</i>	4	ACTIQ	NDS, PA, QL(120 EA per 30 days), NM
<i>fentanyl citrate 1200 mcg Buccal Lozenge on a Handle, 1600 mcg Buccal Lozenge on a Handle, 400 mcg Buccal Lozenge on a Handle, 600 mcg Buccal Lozenge on a Handle, 800 mcg Buccal Lozenge on a Handle</i>	5	ACTIQ	NDS, PA, QL(120 EA per 30 days), NM
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml Oral Solution, 5-217 mg/10ml Oral Solution, 7.5-325 mg/15ml Oral Solution</i>	2	HYCET	NDS, QL(2700 ML per 30 days), NM
<i>hydrocodone-acetaminophen 10-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet</i>	2	NORCO	NDS, QL(360 EA per 30 days), NM
<i>hydrocodone-acetaminophen 10-300 mg Oral Tablet, 5-300 mg Oral Tablet, 7.5-300 mg Oral Tablet</i>	2	VICODIN	NDS, QL(390 EA per 30 days), NM
<i>hydrocodone-ibuprofen 10-200 mg Oral Tablet, 5-200 mg Oral Tablet</i>	2	REPREXAIN	NDS, QL(150 EA per 30 days), NM
<i>hydrocodone-ibuprofen 7.5-200 mg Oral Tablet</i>	2	VICOPROFEN	NDS, QL(150 EA per 30 days), NM
<i>hydromorphone hcl 1 mg/ml Injection Solution, 2 mg/ml Injection Solution, 4 mg/ml Injection Solution</i>	2		NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>hydromorphone hcl 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	2	DILAUDID	NDS, QL(180 EA per 30 days), NM
<i>hydromorphone hcl pf 1 mg/ml Injection Solution, 2 mg/ml Injection Solution, 4 mg/ml Injection Solution</i>	2		NDS, NM
<i>hydromorphone hcl pf 10 mg/ml Injection Solution, 50 mg/5ml Injection Solution, 500 mg/50ml Injection Solution</i>	2	DILAUDID-HP	NDS, NM
LAZANDA	5		NDS, PA, QL(30 EA per 30 days), NM
<i>morphine sulfate 1 mg/ml Intravenous Solution, 2 mg/ml Injection Solution, 4 mg/ml Injection Solution, 4 mg/ml Intravenous Solution, 5 mg/ml Injection Solution, 8 mg/ml Intravenous Solution</i>	2		NDS, NM
<i>morphine sulfate 15 mg Oral Tablet, 30 mg Oral Tablet</i>	2		NDS, QL(180 EA per 30 days), NM
<i>morphine sulfate 20 mg/5ml Oral Solution</i>	2		NDS, QL(300 ML per 30 days), NM
<i>morphine sulfate 10 mg/5ml Oral Solution</i>	2		NDS, QL(700 ML per 30 days), NM
<i>morphine sulfate (concentrate) 100 mg/5ml Oral Solution, 20 mg/ml Oral Solution</i>	2	ROXANOL	NDS, QL(200 ML per 30 days), NM
<i>morphine sulfate (pf) 0.5 mg/ml Injection Solution, 1 mg/ml Injection Solution, 10 mg/ml Injection Solution, 10 mg/ml Intravenous Solution, 2 mg/ml Intravenous Solution, 4 mg/ml Injection Solution, 4 mg/ml Intravenous Solution, 5 mg/ml Injection Solution, 8 mg/ml Injection Solution, 8 mg/ml Intravenous Solution</i>	2		NDS, NM
<i>nalbuphine hcl 10 mg/ml Injection Solution, 20 mg/ml Injection Solution</i>	2	NUBAIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>oxycodone hcl 5 mg Oral Capsule</i>	2	OXYIR	NDS, QL(180 EA per 30 days), NM
<i>oxycodone hcl 10 mg Oral Tablet, 15 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet</i>	2	ROXICODONE	NDS, QL(180 EA per 30 days), NM
<i>oxycodone hcl 100 mg/5ml Oral Concentrate</i>	2	ROXICODONE	NDS, QL(180 ML per 30 days), NM
<i>oxycodone hcl 5 mg/5ml Oral Solution</i>	2	ROXICODONE	NDS, QL(1300 ML per 30 days), NM
<i>oxycodone-acetaminophen 10-325 mg Oral Tablet, 2.5-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet</i>	2	PERCOCET	NDS, QL(360 EA per 30 days), NM
<i>oxycodone-aspirin</i>	2	PERCODAN	NDS, QL(360 EA per 30 days), NM
<i>oxycodone-ibuprofen</i>	2	COMBUNOX	NDS, QL(28 EA per 30 days), NM
<i>oxymorphone hcl</i>	2	OPANA	NDS, QL(180 EA per 30 days), NM
<i>tramadol hcl 100 mg Oral Tablet</i>	2		NDS, QL(120 EA per 30 days), NM
<i>tramadol hcl 50 mg Oral Tablet</i>	2	ULTRAM	NDS, QL(240 EA per 30 days), NM
<i>tramadol-acetaminophen</i>	2	ULTRACET	NDS, QL(240 EA per 30 days), NM
ANESTHETICS			
Local Anesthetics			
GLYDO	2		
<i>lidocaine 5 % External Ointment</i>	4		
<i>lidocaine 5 % External Patch</i>	2	LIDODERM	PA, QL(90 EA per 30 days)
<i>lidocaine hcl 0.5 % Injection Solution</i>	2		
<i>lidocaine hcl 1 % Injection Solution, 2 % Injection Solution, 4 % External Solution, 4 % Mouth/Throat Solution</i>	2	XYLOCAINE	
<i>lidocaine hcl (pf) 1 % Injection Solution, 1.5 % Injection Solution, 2 % Injection Solution, 4 % Injection Solution</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lidocaine hcl (pf) 0.5 % Injection Solution</i>	2	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	2		
<i>lidocaine hcl urethral/mucosal 2 % External Gel</i>	2	XYLOCAINE	
<i>lidocaine viscous hcl</i>	2	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % External Cream</i>	4	EMLA	PA BvD
<i>lidocaine-prilocaine 2.5-2.5 % External Kit</i>	4	EMLA/TEGADERM	PA BvD
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS			
Alcohol Deterrents/anti-craving			
<i>acamprosate calcium</i>	2	CAMPRAL	
<i>disulfiram 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2	ANTABUSE	
<i>naltrexone hcl 50 mg Oral Tablet</i>	2	REVIA	
VIVITROL	4		
Anti-addiction/ Substance Abuse Treatment Agents			
LUCEMYRA	5		NDS, PA, QL(228 EA per 14 days), NM
Opioid Dependence			
<i>buprenorphine hcl 0.3 mg/ml Injection Solution</i>	2	BUPRENEX	NDS, NM
<i>buprenorphine hcl 2 mg Sublingual Tablet Sublingual, 8 mg Sublingual Tablet Sublingual</i>	2	SUBUTEX	NDS, QL(90 EA per 30 days), NM
<i>buprenorphine hcl-naloxone hcl 12-3 mg Sublingual Film, 2-0.5 mg Sublingual Film, 2-0.5 mg Sublingual Tablet Sublingual, 4-1 mg Sublingual Film, 8-2 mg Sublingual Film, 8-2 mg Sublingual Tablet Sublingual</i>	2	SUBOXONE	NDS, QL(90 EA per 30 days), NM
SUBLOCADE 100 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		(1 syringe) NDS, QL(0.5 ML per 28 days), NM
SUBLOCADE 300 mg/1.5ml Subcutaneous Solution Prefilled Syringe	5		(1 syringe) NDS, QL(1.5 ML per 28 days), NM
Opioid Reversal Agents			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>naloxone hcl 0.4 mg/ml Injection Solution, 0.4 mg/ml Injection Solution Cartridge, 4 mg/10ml Injection Solution</i>	1	NARCAN	GC
<i>naloxone hcl 2 mg/2ml Injection Solution Prefilled Syringe</i>	2	NARCAN	
NARCAN	3		QL(4 EA per 28 days)
Smoking Cessation Agents			
<i>bupropion hcl er (smoking det)</i>	2	ZYBAN	QL(60 EA per 30 days)
CHANTIX	3		QL(60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	3		QL(60 EA per 30 days)
CHANTIX STARTING MONTH PAK	3		QL(53 EA per 180 days)
NICOTROL NS	4		
<i>varenicline tartrate 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	2	CHANTIX	QL(60 EA per 30 days)
ANTIBACTERIALS			
Aminoglycosides			
<i>amikacin sulfate 1 gm/4ml Injection Solution</i>	2		
<i>amikacin sulfate 500 mg/2ml Injection Solution</i>	2	AMIKIN	
<i>gentamicin in saline 0.8-0.9 mg/ml-% Intravenous Solution, 1-0.9 mg/ml-% Intravenous Solution, 1.2-0.9 mg/ml-% Intravenous Solution, 1.6-0.9 mg/ml-% Intravenous Solution, 2-0.9 mg/ml-% Intravenous Solution</i>	2		
<i>gentamicin sulfate 10 mg/ml Injection Solution</i>	2		
<i>gentamicin sulfate 40 mg/ml Injection Solution</i>	2	GENTAK	
<i>neomycin sulfate 500 mg Oral Tablet</i>	2		
<i>paromomycin sulfate 250 mg Oral Capsule</i>	2	HUMATIN	
<i>streptomycin sulfate 1 gm Intramuscular Solution Reconstituted</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>tobramycin sulfate 1.2 gm Injection Solution Reconstituted</i>	4		
<i>tobramycin sulfate 1.2 gm/30ml Injection Solution, 10 mg/ml Injection Solution, 2 gm/50ml Injection Solution, 80 mg/2ml Injection Solution</i>	4		
Antibacterials, Other			
<i>aztreonam</i>	4	AZACTAM	
<i>baciim</i>	2	BACI-IM	
<i>bacitracin 50000 unit Intramuscular Solution Reconstituted</i>	2	BACI-IM	
<i>chloramphenicol sod succinate</i>	4	CHLOROMYCETIN	
<i>clindamycin hcl 150 mg Oral Capsule, 300 mg Oral Capsule, 75 mg Oral Capsule</i>	2	CLEOCIN	
<i>clindamycin palmitate hcl</i>	2	CLEOCIN	
<i>clindamycin phosphate 2 % Vaginal Cream</i>	2	CLEOCIN	
<i>clindamycin phosphate 300 mg/2ml Injection Solution, 600 mg/4ml Injection Solution, 9 gm/60ml Injection Solution, 900 mg/6ml Injection Solution, 9000 mg/60ml Injection Solution</i>	2	CLEOCIN	
<i>clindamycin phosphate 1 % External Swab</i>	2	CLEOCIN-T	
<i>clindamycin phosphate in d5w</i>	2	CLEOCIN	
<i>clindamycin phosphate in nacl</i>	2	CLEOCIN	
CLINDESSE	3		
<i>colistimethate sodium (cba)</i>	2	COLY-MYCIN	
<i>daptomycin 350 mg Intravenous Solution Reconstituted</i>	4		
<i>daptomycin 500 mg Intravenous Solution Reconstituted</i>	4	CUBICIN	
FIRVANQ	3		
<i>lincomycin hcl 300 mg/ml Injection Solution</i>	4	LINCOCIN	
<i>linezolid 600 mg Oral Tablet</i>	2	ZYVOX	QL(60 EA per 30 days)
<i>linezolid 600 mg/300ml Intravenous Solution</i>	4	ZYVOX	
<i>linezolid in sodium chloride</i>	4	ZYVOX	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>methenamine hippurate</i>	2	HIPREX	
<i>metronidazole 250 mg Oral Tablet, 375 mg Oral Capsule, 500 mg Oral Tablet</i>	2	FLAGYL	
<i>metronidazole 0.75 % External Cream</i>	2	METROCREAM	
<i>metronidazole 0.75 % Vaginal Gel</i>	2	METROGEL	
<i>metronidazole in nacl</i>	2	FLAGYL	
<i>neomycin-polymyxin b gu 40-200000 Irrigation Solution</i>	2		
<i>nitrofurantoin macrocrystal 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	2	MACRODANTIN	
<i>nitrofurantoin monohyd macro</i>	2	MACROBID	
<i>polymyxin b sulfate 500000 unit Injection Solution Reconstituted</i>	2		
RECARBRIO	5		NDS, PA, QL(56 EA per 14 days), NM
ROSADAN 0.75 % External Cream	2		
SIVEXTRO	5		NDS, PA, QL(6 EA per 30 days), NM
SYNERCID	5		NDS, PA, NM
<i>tigecycline</i>	4	TYGACIL	
<i>tinidazole 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2	TINDAMAX	
<i>trimethoprim 100 mg Oral Tablet</i>	1	PROLOPRIM	GC
<i>vancomycin hcl 1 gm Intravenous Solution Reconstituted, 1.25 gm Intravenous Solution Reconstituted, 1.5 gm Intravenous Solution Reconstituted, 250 mg Intravenous Solution Reconstituted, 5 gm Intravenous Solution Reconstituted, 750 mg Intravenous Solution Reconstituted</i>	2		
<i>vancomycin hcl 1000 mg/200ml Intravenous Solution, 1250 mg/250ml Intravenous Solution, 1500 mg/300ml Intravenous Solution, 1750 mg/350ml Intravenous Solution, 2000 mg/400ml Intravenous Solution,</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>500 mg/100ml Intravenous Solution, 750 mg/150ml Intravenous Solution</i>			
<i>vancomycin hcl 250 mg/5ml Oral Solution Reconstituted</i>	2	FIRVANQ	
<i>vancomycin hcl 10 gm Intravenous Solution Reconstituted, 100 gm Intravenous Solution Reconstituted, 125 mg Oral Capsule, 250 mg Oral Capsule, 500 mg Intravenous Solution Reconstituted</i>	2	VANCOCIN	
<i>vancomycin hcl in dextrose 1-5 gm/200ml-% Intravenous Solution, 500-5 mg/100ml-% Intravenous Solution, 750-5 mg/150ml-% Intravenous Solution</i>	2		
<i>vancomycin hcl in nacl 1-0.9 gm/200ml-% Intravenous Solution, 500-0.9 mg/100ml-% Intravenous Solution, 750-0.9 mg/150ml-% Intravenous Solution</i>	2		
XENLETA 600 mg Oral Tablet	5		NDS, PA, QL(60 EA per 30 days), NM
XENLETA 150 mg/15ml Intravenous Solution	5		NDS, PA, QL(900 ML per 30 days), NM
ZINPLAVA	5		NDS, PA, NM
Beta-lactam, Cephalosporins			
<i>cefaclor 250 mg Oral Capsule, 500 mg Oral Capsule</i>	2	CECLOR	
<i>cefaclor 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted, 375 mg/5ml Oral Suspension Reconstituted</i>	2	CECLOR	
<i>cefaclor er</i>	2	CECLOR CD	
<i>cefadroxil 1 gm Oral Tablet, 500 mg Oral Capsule</i>	2	DURICEF	
<i>cefadroxil 250 mg/5ml Oral Suspension Reconstituted, 500 mg/5ml Oral Suspension Reconstituted</i>	2	DURICEF	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>cefazolin sodium 1 gm Injection Solution Reconstituted, 1 gm Intravenous Solution Reconstituted, 10 gm Injection Solution Reconstituted, 100 gm Injection Solution Reconstituted, 300 gm Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	2	ANCEF	
<i>cefazolin sodium-dextrose 1-4 gm-%(50ml) Intravenous Solution Reconstituted</i>	2	ANCEF	
<i>cefazolin sodium-dextrose 1-4 gm/50ml-% Intravenous Solution</i>	2	ANCEF	
<i>cefdinir 300 mg Oral Capsule</i>	2	OMNICEF	
<i>cefdinir 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	2	OMNICEF	
<i>cefditoren pivoxil</i>	2	SPECTRACEF	
<i>cefepime hcl 1 gm Injection Solution Reconstituted, 2 gm Injection Solution Reconstituted</i>	4	MAXIPIME	
<i>cefepime hcl 1 gm/50ml Intravenous Solution, 2 gm/100ml Intravenous Solution</i>	4	MAXIPIME	
<i>cefepime-dextrose</i>	4	MAXIPIME	
<i>cefixime 400 mg Oral Capsule</i>	4	SUPRAX	
<i>cefotaxime sodium 1 gm Injection Solution Reconstituted</i>	2	CLAFORAN	
<i>cefotetan disodium</i>	4	CEFOTAN	
<i>cefotetan disodium-dextrose</i>	4		
<i>cefoxitin sodium 10 gm Intravenous Solution Reconstituted</i>	2		
<i>cefoxitin sodium 1 gm Intravenous Solution Reconstituted, 2 gm Intravenous Solution Reconstituted</i>	2	MEFOXIN	
<i>cefoxitin sodium-dextrose</i>	2	MEFOXIN	
<i>cefpodoxime proxetil 100 mg Oral Tablet, 200 mg Oral Tablet</i>	2	VANTIN	
<i>cefpodoxime proxetil 100 mg/5ml Oral Suspension Reconstituted, 50</i>	2	VANTIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mg/5ml Oral Suspension Reconstituted</i>			
<i>cefprozil 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2	CEFZIL	
<i>cefprozil 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	2	CEFZIL	
<i>ceftazidime 2 gm Intravenous Solution Reconstituted</i>	2		
<i>ceftazidime 1 gm Injection Solution Reconstituted, 6 gm Injection Solution Reconstituted</i>	2	FORTAZ	
<i>ceftazidime and dextrose</i>	2	TAZICEF	
<i>ceftriaxone sodium 1 gm Injection Solution Reconstituted, 1 gm Intravenous Solution Reconstituted, 10 gm Intravenous Solution Reconstituted, 100 gm Injection Solution Reconstituted, 2 gm Injection Solution Reconstituted, 2 gm Intravenous Solution Reconstituted, 250 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	2	ROCEPHIN	
<i>ceftriaxone sodium in dextrose</i>	2	ROCEPHIN	
<i>ceftriaxone sodium-dextrose</i>	2	ROCEPHIN	
<i>cefuroxime axetil</i>	2	CEFTIN	
<i>cefuroxime sodium</i>	2	ZINACEF	
<i>cephalexin 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2		
<i>cephalexin 250 mg Oral Capsule, 500 mg Oral Capsule, 750 mg Oral Capsule</i>	2	KEFLEX	
<i>cephalexin 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	2	KEFLEX	
FETROJA	5		NDS, PA, QL(112 EA per 14 days), NM
TAZICEF 1 gm Injection Solution Reconstituted, 1 gm Intravenous	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Solution Reconstituted, 6 gm Intravenous Solution Reconstituted			
TEFLARO	4		
ZERBAXA	5		NDS, PA, QL(180 EA per 30 days), NM
Beta-lactam, Penicillins			
<i>amoxicillin 125 mg Oral Tablet Chewable, 250 mg Oral Capsule, 250 mg Oral Tablet Chewable, 500 mg Oral Capsule, 500 mg Oral Tablet, 875 mg Oral Tablet</i>	2	AMOXIL	
<i>amoxicillin 125 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted, 400 mg/5ml Oral Suspension Reconstituted</i>	2	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg Oral Tablet Chewable, 250-125 mg Oral Tablet, 400-57 mg Oral Tablet Chewable, 500-125 mg Oral Tablet, 875-125 mg Oral Tablet</i>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml Oral Suspension Reconstituted, 250-62.5 mg/5ml Oral Suspension Reconstituted, 400-57 mg/5ml Oral Suspension Reconstituted, 600-42.9 mg/5ml Oral Suspension Reconstituted</i>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate er</i>	2	AUGMENTIN XR	
<i>ampicillin</i>	2		
<i>ampicillin sodium 1 gm Intravenous Solution Reconstituted, 10 gm Intravenous Solution Reconstituted, 125 mg Injection Solution Reconstituted, 2 gm Injection Solution Reconstituted, 2 gm Intravenous Solution Reconstituted, 250 mg Injection Solution</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Reconstituted, 500 mg Injection Solution Reconstituted</i>			
<i>ampicillin sodium 1 gm Injection Solution Reconstituted</i>	2	TOTACILLIN-N	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm Injection Solution Reconstituted</i>	2		
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm Intravenous Solution Reconstituted, 15 (10-5) gm Intravenous Solution Reconstituted, 3 (2-1) gm Injection Solution Reconstituted, 3 (2-1) gm Intravenous Solution Reconstituted</i>	2	UNASYN	
BICILLIN L-A	4		
<i>dicloxacillin sodium</i>	2	DYCILL	
<i>nafcillin sodium 1 gm Intravenous Solution Reconstituted, 10 gm Intravenous Solution Reconstituted, 2 gm Injection Solution Reconstituted, 2 gm Intravenous Solution Reconstituted</i>	4		
<i>nafcillin sodium 1 gm Injection Solution Reconstituted</i>	4	NALLPEN	
<i>nafcillin sodium in dextrose</i>	4		
<i>oxacillin sodium</i>	4		
<i>oxacillin sodium in dextrose</i>	4		
<i>penicillin g pot in dextrose</i>	2		
<i>penicillin g potassium</i>	2	PFIZERPEN	
<i>penicillin g procaine</i>	2		
<i>penicillin v potassium 500 mg Oral Tablet</i>	2	PEN-VEE K	
<i>penicillin v potassium 250 mg Oral Tablet</i>	2	VEETIDS	
<i>penicillin v potassium 125 mg/5ml Oral Solution Reconstituted, 250 mg/5ml Oral Solution Reconstituted</i>	2	VEETIDS	
PFIZERPEN	2		
<i>piperacillin sod-tazobactam so 13.5 (12-1.5) gm Intravenous Solution Reconstituted, 2.25 (2-0.25) gm Intravenous Solution Reconstituted</i>	4		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>piperacillin sod-tazobactam so 3.375 (3-0.375) gm Intravenous Solution Reconstituted, 4.5 (4-0.5) gm Intravenous Solution Reconstituted, 40.5 (36-4.5) gm Intravenous Solution Reconstituted</i>	4	ZOSYN	
Carbapenems			
<i>ertapenem sodium</i>	4	INVANZ	
<i>imipenem-cilastatin</i>	2	PRIMAXIN	
<i>meropenem</i>	4	MERREM	
<i>meropenem-sodium chloride</i>	4	MERREM	
Macrolides			
<i>azithromycin 1 gm Oral Packet, 250 mg Oral Tablet, 500 mg Intravenous Solution Reconstituted, 500 mg Oral Tablet, 600 mg Oral Tablet</i>	2	ZITHROMAX	
<i>azithromycin 100 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted</i>	2	ZITHROMAX	
<i>clarithromycin 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2	BIAXIN	
<i>clarithromycin 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	2	BIAXIN	
<i>clarithromycin er</i>	2	BIAXIN XL	
E.E.S. 400	2		
ERYTHROCIN LACTOBIONATE	3		
ERYTHROCIN STEARATE	2		
<i>erythromycin 250 mg Oral Tablet Delayed Release, 333 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release</i>	2	ERY-TAB	
<i>erythromycin base 250 mg Oral Capsule Delayed Release Particles, 250 mg Oral Tablet</i>	2		
<i>erythromycin base 250 mg Oral Tablet Delayed Release, 333 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release</i>	2	ERY-TAB	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mg Oral Tablet, 500 mg Oral Tablet Delayed Release</i>			
<i>erythromycin ethylsuccinate 400 mg Oral Tablet</i>	2	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml Oral Suspension Reconstituted, 400 mg/5ml Oral Suspension Reconstituted</i>	2	ERYPED	
Quinolones			
BAXDELA 300 mg Intravenous Solution Reconstituted	5		NDS, PA, NM
BAXDELA 450 mg Oral Tablet	5		NDS, PA, QL(28 EA per 14 days), NM
BESIVANCE	4		
CILOXAN 0.3 % Ophthalmic Ointment	3		
<i>ciprofloxacin hcl 0.3 % Ophthalmic Solution</i>	2	CILOXAN	
<i>ciprofloxacin hcl 100 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	2	CIPRO	
<i>ciprofloxacin in d5w 400 mg/200ml Intravenous Solution</i>	2		
<i>ciprofloxacin in d5w 200 mg/100ml Intravenous Solution</i>	2	CIPRO	
<i>levofloxacin 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	2	LEVAQUIN	
<i>levofloxacin 25 mg/ml Intravenous Solution, 25 mg/ml Oral Solution</i>	2	LEVAQUIN	
<i>levofloxacin in d5w 250 mg/50ml Intravenous Solution</i>	2		
<i>levofloxacin in d5w 500 mg/100ml Intravenous Solution, 750 mg/150ml Intravenous Solution</i>	2	LEVAQUIN	
<i>moxifloxacin hcl 400 mg Oral Tablet</i>	2	AVELOX	
<i>moxifloxacin hcl 400 mg/250ml Intravenous Solution</i>	4	AVELOX	
<i>moxifloxacin hcl in nacl</i>	4	AVELOX	
<i>ofloxacin 300 mg Oral Tablet, 400 mg Oral Tablet</i>	2	FLOXIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Sulfonamides			
<i>sulfacetamide sodium (acne)</i>	2	KLARON	
<i>sulfadiazine 500 mg Oral Tablet</i>	2		
<i>sulfamethoxazole-trimethoprim 400-80 mg Oral Tablet, 800-160 mg Oral Tablet</i>	1	SEPTRA	GC
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml Oral Suspension, 400-80 mg/5ml Intravenous Solution</i>	2	SEPTRA	
SULFATRIM PEDIATRIC	2		
Tetracyclines			
<i>demeclocycline hcl</i>	2	DECLOMYCIN	
DOXY 100	2		
<i>doxycycline hyclate 80 mg Oral Tablet Delayed Release</i>	4		
<i>doxycycline hyclate 100 mg Oral Tablet Delayed Release, 150 mg Oral Tablet Delayed Release, 200 mg Oral Tablet Delayed Release, 50 mg Oral Tablet Delayed Release, 75 mg Oral Tablet Delayed Release</i>	4	DORYX	
<i>doxycycline hyclate 100 mg Intravenous Solution Reconstituted</i>	2	DOXY	
<i>doxycycline hyclate 20 mg Oral Tablet</i>	2	PERIOSTAT	
<i>doxycycline hyclate 100 mg Oral Tablet</i>	2	VIBRA-TABS	
<i>doxycycline hyclate 100 mg Oral Capsule, 50 mg Oral Capsule</i>	2	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg Oral Tablet, 150 mg Oral Capsule, 150 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	2	ADOXA	
<i>doxycycline monohydrate 100 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	2	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml Oral Suspension Reconstituted</i>	2	VIBRAMYCIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>minocycline hcl 100 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	2	DYNACIN	
<i>minocycline hcl 100 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	2	MINOCIN	
<i>minocycline hcl er 135 mg Oral Tablet Extended Release 24 Hour</i>	2	SOLODYN	
<i>minocycline hcl er 45 mg Oral Tablet Extended Release 24 Hour, 90 mg Oral Tablet Extended Release 24 Hour</i>	2	SOLODYN	QL(30 EA per 30 days)
NUZYRA 100 mg Intravenous Solution Reconstituted	5		NDS, PA, QL(15 EA per 14 days), NM
NUZYRA 150 mg Oral Tablet	5		NDS, PA, QL(30 EA per 14 days), NM
<i>tetracycline hcl 250 mg Oral Capsule, 500 mg Oral Capsule</i>	2		
ANTICONVULSANTS			
Anticonvulsants, Other			
BRIVIACT 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet	4		QL(60 EA per 30 days) QL(600 ML per 30 days)
BRIVIACT 10 mg/ml Oral Solution	4		
BRIVIACT 50 mg/5ml Intravenous Solution	4		PA-NSO
DIACOMIT	5		NDS, PA-NSO, NM
<i>divalproex sodium 125 mg Oral Capsule Delayed Release Sprinkle, 125 mg Oral Tablet Delayed Release, 250 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release</i>	2	DEPAKOTE	
<i>divalproex sodium er</i>	2	DEPAKOTE ER	
EPIDIOLEX	4		PA-NSO
<i>felbamate 400 mg Oral Tablet, 600 mg Oral Tablet</i>	2	FELBATOL	
<i>felbamate 600 mg/5ml Oral Suspension</i>	2	FELBATOL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
FINTEPLA	5		NDS, PA-NSO, QL(360 ML per 30 days), NM
FYCOMPA 10 mg Oral Tablet, 12 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 6 mg Oral Tablet, 8 mg Oral Tablet	4		PA-NSO, QL(30 EA per 30 days)
FYCOMPA 0.5 mg/ml Oral Suspension	4		PA-NSO, QL(720 ML per 30 days)
LAMICTAL XR 21 x 25 MG & 7 x 50 mg Oral Kit, 25 & 50 & 100 mg Oral Kit, 50 & 100 & 200 mg Oral Kit	4		
<i>lamotrigine 100 mg Oral Tablet, 100 mg tab disint, 150 mg Oral Tablet, 200 mg Oral Tablet, 200 mg tab disint, 25 mg Oral Tablet, 25 mg Oral Tablet Chewable, 25 mg tab disint, 5 mg Oral Tablet Chewable, 50 mg tab disint</i>	2	LAMICTAL	
<i>lamotrigine 25 & 50 & 100 mg Oral Kit</i>	2	LAMICTAL ODT	
<i>lamotrigine er 100 mg Oral Tablet Extended Release 24 Hour, 200 mg Oral Tablet Extended Release 24 Hour, 25 mg Oral Tablet Extended Release 24 Hour, 250 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 50 mg Oral Tablet Extended Release 24 Hour</i>	2	LAMICTAL	
<i>lamotrigine starter kit-blue</i>	2	LAMICTAL STARTER	
<i>lamotrigine starter kit-green</i>	2	LAMICTAL STARTER	
<i>lamotrigine starter kit-orange</i>	2	LAMICTAL STARTER	
<i>levetiracetam 1000 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	2	KEPPRA	
<i>levetiracetam 100 mg/ml Oral Solution, 500 mg/5ml Intravenous Solution</i>	2	KEPPRA	
<i>levetiracetam er 500 mg Oral Tablet Extended Release 24 Hour,</i>	2	KEPPRA XR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>750 mg Oral Tablet Extended Release 24 Hour</i>			
<i>levetiracetam in nacl</i>	2		
SPRITAM	4		ST
SUBVENITE	2		
SUBVENITE STARTER KIT-BLUE	2		
SUBVENITE STARTER KIT-GREEN	2		
SUBVENITE STARTER KIT-ORANGE	2		
<i>topiramate 100 mg Oral Tablet, 15 mg Oral Capsule Sprinkle, 200 mg Oral Tablet, 25 mg Oral Capsule Sprinkle, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	TOPAMAX	
<i>topiramate er 100 mg Oral Capsule ER 24 Hour Sprinkle, 150 mg Oral Capsule ER 24 Hour Sprinkle, 200 mg Oral Capsule ER 24 Hour Sprinkle, 25 mg Oral Capsule ER 24 Hour Sprinkle, 50 mg Oral Capsule ER 24 Hour Sprinkle</i>	2	QUDEXY XR	PA-NSO
TROKENDI XR	4		PA-NSO
<i>valproate sodium 100 mg/ml Intravenous Solution</i>	2	DEPAKON	
<i>valproic acid 250 mg Oral Capsule</i>	2	DEPAKENE	
<i>valproic acid 250 mg/5ml Oral Solution</i>	2	DEPAKENE	
XCOPRI 14 x 12.5 MG & 14 x 25 mg Oral Tablet Therapy Pack, 14 x 150 MG & 14 x 200 mg Oral Tablet Therapy Pack, 14 x 50 MG & 14 x 100 mg Oral Tablet Therapy Pack	4		PA-NSO, QL(28 EA per 180 days)
XCOPRI 100 mg Oral Tablet, 50 mg Oral Tablet	4		PA-NSO, QL(30 EA per 30 days)
XCOPRI 150 mg Oral Tablet, 200 mg Oral Tablet	4		PA-NSO, QL(60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) 50 & 200 mg Oral Tablet Therapy Pack	4		PA-NSO, QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XCOPRI (250 MG DAILY DOSE) 100 & 150 mg Oral Tablet Therapy Pack	4		PA-NSO, QL(60 EA per 30 days), NM
XCOPRI (350 MG DAILY DOSE)	4		PA-NSO, QL(60 EA per 30 days)
Calcium Channel Modifying Agents			
CELONTIN	4		
<i>ethosuximide 250 mg Oral Capsule</i>	2	ZARONTIN	
<i>ethosuximide 250 mg/5ml Oral Solution</i>	2	ZARONTIN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents			
<i>clobazam 10 mg Oral Tablet, 20 mg Oral Tablet</i>	2	ONFI	QL(60 EA per 30 days)
<i>clobazam 2.5 mg/ml Oral Suspension</i>	2	ONFI	QL(480 ML per 30 days)
<i>diazepam 10 mg Rectal Gel, 2.5 mg Rectal Gel, 20 mg Rectal Gel</i>	2	DIASTAT	
<i>gabapentin 100 mg Oral Capsule, 300 mg Oral Capsule, 400 mg Oral Capsule, 600 mg Oral Tablet, 800 mg Oral Tablet</i>	2	NEURONTIN	
<i>gabapentin 250 mg/5ml Oral Solution, 300 mg/6ml Oral Solution</i>	2	NEURONTIN	
NAYZILAM	3		QL(10 EA per 30 days)
<i>phenobarbital 100 mg Oral Tablet, 15 mg Oral Tablet, 16.2 mg Oral Tablet, 30 mg Oral Tablet, 32.4 mg Oral Tablet, 60 mg Oral Tablet, 64.8 mg Oral Tablet, 97.2 mg Oral Tablet</i>	2		
<i>phenobarbital 20 mg/5ml Oral Elixir, 20 mg/5ml Oral Solution</i>	2		
<i>primidone 250 mg Oral Tablet, 50 mg Oral Tablet</i>	2	MYSOLINE	
SYMPAZAN	4		PA-NSO, QL(60 EA per 30 days)
<i>tiagabine hcl</i>	2	GABITRIL	
VALTOCO 10 MG DOSE	3		QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	3		QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	3		QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	3		QL(10 EA per 30 days)
<i>vigabatrin</i>	5	SABRIL	NDS, PA-NSO, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VIGADRONE	5		NDS, PA-NSO, NM
Sodium Channel Agents			
APTIOM 200 mg Oral Tablet, 400 mg Oral Tablet	4		PA-NSO, QL(30 EA per 30 days)
APTIOM 600 mg Oral Tablet, 800 mg Oral Tablet	4		PA-NSO, QL(60 EA per 30 days)
<i>carbamazepine 100 mg Oral Tablet Chewable, 200 mg Oral Tablet</i>	2	TEGRETOL	
<i>carbamazepine 100 mg/5ml Oral Suspension</i>	2	TEGRETOL	
<i>carbamazepine er 100 mg Oral Tablet Extended Release 12 Hour, 200 mg Oral Tablet Extended Release 12 Hour, 400 mg Oral Tablet Extended Release 12 Hour</i>	2	TEGRETOL XR	
DILANTIN 100 mg Oral Capsule, 30 mg Oral Capsule	4		
DILANTIN INFATABS	4		
EPITOL	2		
<i>fosphenytoin sodium 500 mg pe/10ml Injection Solution</i>	2		
<i>fosphenytoin sodium 100 mg pe/2ml Injection Solution</i>	2	CEREBYX	
GIVLAARI	5		NDS, PA, NM
NAGLAZYME	5		NDS, PA, NM
<i>oxcarbazepine 150 mg Oral Tablet, 300 mg Oral Tablet, 600 mg Oral Tablet</i>	2	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml Oral Suspension</i>	2	TRILEPTAL	
OXTELLAR XR	4		
PEGANONE	3		
PHENYTEK	4		
<i>phenytoin 50 mg Oral Tablet Chewable</i>	2	DILANTIN	
<i>phenytoin 100 mg/4ml Oral Suspension, 125 mg/5ml Oral Suspension</i>	2	DILANTIN	
<i>phenytoin sodium 50 mg/ml Injection Solution</i>	2	DILANTIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>phenytoin sodium extended 100 mg Oral Capsule, 200 mg Oral Capsule, 300 mg Oral Capsule</i>	2	DILANTIN	
<i>rufinamide 200 mg Oral Tablet, 400 mg Oral Tablet</i>	2	BANZEL	PA-NSO
<i>rufinamide 40 mg/ml Oral Suspension</i>	2	BANZEL	PA-NSO
VIMPAT 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet	4		QL(60 EA per 30 days)
VIMPAT 10 mg/ml Oral Solution	4		QL(1200 ML per 30 days)
VIMPAT 200 mg/20ml Intravenous Solution	4		PA-NSO
<i>zonisamide 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	2	ZONEGRAN	
ANTIDEMENTIA AGENTS			
Antidementia Agents, Other			
<i>donepezil hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	ARICEPT	QL(30 EA per 30 days)
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	2	ARICEPT ODT	QL(30 EA per 30 days)
<i>ergoloid mesylates 1 mg Oral Tablet</i>	2	HYDERGINE	
Cholinesterase Inhibitors			
<i>donepezil hcl 23 mg Oral Tablet</i>	2	ARICEPT	QL(30 EA per 30 days)
<i>galantamine hydrobromide 12 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	2	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml Oral Solution</i>	2	RAZADYNE	
<i>galantamine hydrobromide er</i>	2	RAZADYNE ER	QL(30 EA per 30 days)
<i>rivastigmine</i>	2	EXELON	QL(30 EA per 30 days)
<i>rivastigmine tartrate</i>	2	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist			
<i>memantine hcl 10 mg Oral Tablet, 28 x 5 MG & 21 x 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	NAMENDA	
<i>memantine hcl 10 mg/5ml Oral Solution, 2 mg/ml Oral Solution</i>	2	NAMENDA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>memantine hcl er 14 mg Oral Capsule Extended Release 24 Hour, 21 mg Oral Capsule Extended Release 24 Hour, 28 mg Oral Capsule Extended Release 24 Hour, 7 mg Oral Capsule Extended Release 24 Hour</i>	2	NAMENDA XR	QL(30 EA per 30 days)
ANTIDEPRESSANTS			
Antidepressants, Other			
APLENZIN	4		QL(30 EA per 30 days)
<i>bupropion hcl 100 mg Oral Tablet, 75 mg Oral Tablet</i>	2	WELLBUTRIN	QL(180 EA per 30 days)
<i>bupropion hcl er (sr)</i>	2	WELLBUTRIN SR	QL(60 EA per 30 days)
<i>bupropion hcl er (xl) 450 mg Oral Tablet Extended Release 24 Hour</i>	2	FORFIVO XL	QL(30 EA per 30 days)
<i>bupropion hcl er (xl) 150 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour</i>	2	WELLBUTRIN XL	QL(30 EA per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	2	LIMBITROL	AL, PA-NSO, PA-HRM
<i>maprotiline hcl</i>	2	LUDIOMIL	
<i>mirtazapine 15 mg Oral Tablet, 15 mg tab disint, 30 mg Oral Tablet, 30 mg tab disint, 45 mg Oral Tablet, 45 mg tab disint, 7.5 mg Oral Tablet</i>	2	REMERON	QL(30 EA per 30 days)
<i>olanzapine-fluoxetine hcl</i>	4	SYMBYAX	QL(30 EA per 30 days)
<i>perphenazine-amitriptyline 2-10 mg Oral Tablet, 2-25 mg Oral Tablet, 4-25 mg Oral Tablet</i>	4	TRIAVIL	AL, PA-NSO, PA-HRM
<i>perphenazine-amitriptyline 4-10 mg Oral Tablet, 4-50 mg Oral Tablet</i>	4	TRIAVIL	PA-NSO, PA-HRM
SPRAVATO (56 MG DOSE)	5		NDS, PA-NSO, QL(16 EA per 28 days), NM
SPRAVATO (84 MG DOSE)	5		NDS, PA-NSO, QL(24 EA per 28 days), NM
ZULRESSO	5		NDS, PA-NSO, NM
Monoamine Oxidase Inhibitors			
EMSAM	5		NDS, QL(30 EA per 30 days), NM
MARPLAN	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>phenelzine sulfate 15 mg Oral Tablet</i>	2	NARDIL	
<i>tranylcypromine sulfate</i>	2	PARNATE	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitors)			
<i>citalopram hydrobromide 40 mg Oral Tablet</i>	1	CELEXA	QL(30 EA per 30 days), GC
<i>citalopram hydrobromide 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	CELEXA	QL(45 EA per 30 days), GC
<i>citalopram hydrobromide 10 mg/5ml Oral Solution</i>	2	CELEXA	QL(600 ML per 30 days)
<i>desvenlafaxine er</i>	2	KHEDEZLA	QL(30 EA per 30 days), ST
<i>desvenlafaxine succinate er</i>	2	PRISTIQ	QL(30 EA per 30 days)
DRIZALMA SPRINKLE	4		PA-NSO, QL(60 EA per 30 days)
<i>escitalopram oxalate 20 mg Oral Tablet</i>	2	LEXAPRO	QL(30 EA per 30 days)
<i>escitalopram oxalate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	LEXAPRO	QL(45 EA per 30 days)
<i>escitalopram oxalate 5 mg/5ml Oral Solution</i>	2	LEXAPRO	QL(600 ML per 30 days)
FETZIMA	4		PA-NSO, QL(30 EA per 30 days)
FETZIMA TITRATION	4		PA-NSO, QL(28 EA per 180 days)
<i>fluoxetine hcl 90 mg Oral Capsule Delayed Release</i>	2	PROZAC	QL(4 EA per 28 days)
<i>fluoxetine hcl 40 mg Oral Capsule</i>	2	PROZAC	QL(60 EA per 30 days)
<i>fluoxetine hcl 10 mg Oral Capsule, 10 mg Oral Tablet</i>	2	PROZAC	QL(90 EA per 30 days)
<i>fluoxetine hcl 20 mg Oral Capsule, 20 mg Oral Tablet</i>	2	PROZAC	QL(120 EA per 30 days)
<i>fluoxetine hcl 20 mg/5ml Oral Solution</i>	2	PROZAC	QL(600 ML per 30 days)
<i>fluoxetine hcl 60 mg Oral Tablet</i>	4	PROZAC	QL(30 EA per 30 days)
<i>fluoxetine hcl (pmdd) 10 mg Oral Tablet</i>	2	SARAFEM	QL(90 EA per 30 days)
<i>fluoxetine hcl (pmdd) 20 mg Oral Tablet</i>	2	SARAFEM	QL(120 EA per 30 days)
<i>fluvoxamine maleate 25 mg Oral Tablet</i>	2	LUVOX	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fluvoxamine maleate 50 mg Oral Tablet</i>	2	LUVOX	QL(45 EA per 30 days)
<i>fluvoxamine maleate 100 mg Oral Tablet</i>	2	LUVOX	QL(90 EA per 30 days)
<i>fluvoxamine maleate er</i>	2	LUVOX CR	QL(60 EA per 30 days)
<i>nefazodone hcl 100 mg Oral Tablet, 150 mg Oral Tablet, 250 mg Oral Tablet, 50 mg Oral Tablet</i>	2	SERZONE	QL(60 EA per 30 days)
<i>nefazodone hcl 200 mg Oral Tablet</i>	2	SERZONE	QL(90 EA per 30 days)
<i>paroxetine hcl 10 mg/5ml Oral Suspension</i>	2	PAXIL	
<i>paroxetine hcl 20 mg Oral Tablet</i>	2	PAXIL	QL(30 EA per 30 days)
<i>paroxetine hcl 10 mg Oral Tablet, 40 mg Oral Tablet</i>	2	PAXIL	QL(45 EA per 30 days)
<i>paroxetine hcl 30 mg Oral Tablet</i>	2	PAXIL	QL(60 EA per 30 days)
<i>paroxetine hcl er 12.5 mg Oral Tablet Extended Release 24 Hour</i>	2	PAXIL CR	QL(30 EA per 30 days)
<i>paroxetine hcl er 25 mg Oral Tablet Extended Release 24 Hour, 37.5 mg Oral Tablet Extended Release 24 Hour</i>	2	PAXIL CR	QL(60 EA per 30 days)
PAXIL 10 mg/5ml Oral Suspension	4		
PEXEVA 20 mg Oral Tablet	4		QL(30 EA per 30 days)
PEXEVA 10 mg Oral Tablet, 40 mg Oral Tablet	4		QL(45 EA per 30 days)
PEXEVA 30 mg Oral Tablet	4		QL(60 EA per 30 days)
<i>sertraline hcl 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	ZOLOFT	QL(45 EA per 30 days), GC
<i>sertraline hcl 100 mg Oral Tablet</i>	1	ZOLOFT	QL(60 EA per 30 days), GC
<i>sertraline hcl 20 mg/ml Oral Concentrate</i>	2	ZOLOFT	QL(300 ML per 30 days)
<i>trazodone hcl 100 mg Oral Tablet, 150 mg Oral Tablet, 50 mg Oral Tablet</i>	1	DESYREL	GC
TRINTELLIX	4		PA-NSO, QL(30 EA per 30 days)
<i>venlafaxine hcl</i>	2	EFFEXOR	QL(90 EA per 30 days)
<i>venlafaxine hcl er 150 mg Oral Tablet Extended Release 24 Hour, 225 mg Oral Tablet Extended Release 24 Hour, 37.5 mg Oral</i>	2		QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Tablet Extended Release 24 Hour, 75 mg Oral Tablet Extended Release 24 Hour</i>			
<i>venlafaxine hcl er 150 mg Oral Capsule Extended Release 24 Hour, 37.5 mg Oral Capsule Extended Release 24 Hour</i>	2	EFFEXOR XR	QL(30 EA per 30 days)
<i>venlafaxine hcl er 75 mg Oral Capsule Extended Release 24 Hour</i>	2	EFFEXOR XR	QL(90 EA per 30 days)
VIIBRYD	4		PA-NSO, QL(30 EA per 30 days)
VIIBRYD STARTER PACK	4		PA-NSO, QL(30 EA per 180 days)
Tricyclics			
<i>amitriptyline hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 150 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	2	ELAVIL	AL, PA-NSO, PA-HRM
<i>amoxapine</i>	2	ASENDIN	PA-NSO, PA-HRM
<i>clomipramine hcl 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	4	ANAFRANIL	AL, PA-NSO, PA-HRM
<i>desipramine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 150 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	2	NORPRAMIN	
<i>doxepin hcl 10 mg Oral Capsule, 100 mg Oral Capsule, 150 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	2	SINEQUAN	AL, PA-NSO, PA-HRM
<i>doxepin hcl 10 mg/ml Oral Concentrate</i>	2	SINEQUAN	AL, PA-NSO, PA-HRM
<i>imipramine hcl 10 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	TOFRANIL	AL, PA-NSO, PA-HRM
<i>imipramine pamoate</i>	2	TOFRANIL-PM	AL, PA-NSO, PA-HRM
<i>nortriptyline hcl 10 mg/5ml Oral Solution</i>	2	PAMELOR	
<i>nortriptyline hcl 10 mg Oral Capsule, 25 mg Oral Capsule, 50</i>	2	PAMELOR	AL

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mg Oral Capsule, 75 mg Oral Capsule</i>			
<i>protriptyline hcl</i>	2	VIVACTIL	AL, PA-NSO, PA-HRM
<i>trimipramine maleate 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	2	SURMONTIL	AL, PA-NSO, PA-HRM
ANTIDOTES			
Antidotes			
<i>flumazenil 0.5 mg/5ml Intravenous Solution, 1 mg/10ml Intravenous Solution</i>	2	ROMAZICON	
<i>fomepizole 1.5 gm/1.5ml Intravenous Solution</i>	5	ANTIZOL	NDS, NM
<i>protamine sulfate 10 mg/ml Intravenous Solution</i>	2		PA BvD
ANTIEMETICS			
Antiemetics, Other			
AKYNZEO 300-0.5 mg Oral Capsule	4		PA, QL(2 EA per 28 days)
BONJESTA	4		PA, QL(60 EA per 30 days)
<i>chlorpromazine hcl 100 mg/ml Oral Concentrate, 30 mg/ml Oral Concentrate, 50 mg/2ml Injection Solution</i>	4		
<i>chlorpromazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	4	THORAZINE	
COMPRO	2		
<i>dimenhydrinate 50 mg/ml Injection Solution</i>	2		
<i>doxylamine-pyridoxine</i>	2	DICLEGIS	PA, QL(120 EA per 30 days)
<i>droperidol 2.5 mg/ml Injection Solution</i>	2		
<i>meclizine hcl 12.5 mg Oral Tablet, 25 mg Oral Tablet</i>	2	ANTIVERT	
<i>metoclopramide hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	REGLAN	GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>metoclopramide hcl 10 mg/10ml Oral Solution, 5 mg/5ml Oral Solution, 5 mg/ml Injection Solution</i>	2	REGLAN	
<i>perphenazine 16 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	2	TRILAFON	
PHENADOZ	2		
<i>prochlorperazine</i>	2	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml Injection Solution, 50 mg/10ml Injection Solution</i>	2		
<i>prochlorperazine maleate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	COMPAZINE	
<i>promethazine hcl 12.5 mg Oral Tablet, 12.5 mg Rectal Suppository, 25 mg Oral Tablet, 25 mg Rectal Suppository, 50 mg Oral Tablet</i>	2	PHENERGAN	
PROMETHEGAN	2		
<i>scopolamine</i>	2	TRANSDERM-SCOP	
Emetogenic Therapy Adjuncts			
<i>aprepitant 125 mg Oral Capsule, 40 mg Oral Capsule, 80 & 125 mg Oral Capsule, 80 & 125 mg Oral Miscellaneous, 80 mg Oral Capsule</i>	2	EMEND	PA
<i>dronabinol 10 mg Oral Capsule, 2.5 mg Oral Capsule, 5 mg Oral Capsule</i>	2	MARINOL	PA, QL(60 EA per 30 days)
<i>granisetron hcl 1 mg/ml Intravenous Solution, 4 mg/4ml Intravenous Solution</i>	2	KYTRIL	
<i>granisetron hcl 1 mg Oral Tablet</i>	2	KYTRIL	PA BvD
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	2	ZOFRAN ODT	PA BvD
<i>ondansetron hcl 4 mg/2ml Injection Solution, 40 mg/20ml Injection Solution</i>	2	ZOFRAN	
<i>ondansetron hcl 24 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	2	ZOFRAN	PA BvD
<i>ondansetron hcl 4 mg/5ml Oral Solution</i>	2	ZOFRAN	PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>palonosetron hcl 0.25 mg/5ml iv soln pfs</i>	2		PA
<i>palonosetron hcl 0.25 mg/5ml Intravenous Solution</i>	2	ALOXI	PA
VARUBI (180 MG DOSE)	4		PA, QL(4 EA per 28 days)
ANTIFUNGALS			
Antifungals			
ABELCET	4		NDS, PA BvD, NM
AMBISOME	5		NDS, PA BvD, NM
<i>amphotericin b 50 mg Intravenous Solution Reconstituted</i>	2	FUNGIZONE	PA BvD
<i>casprofungin acetate 70 mg Intravenous Solution Reconstituted</i>	4	CANCIDAS	
<i>casprofungin acetate 50 mg Intravenous Solution Reconstituted</i>	5	CANCIDAS	NDS, NM
<i>ciclopirox olamine 0.77 % External Cream</i>	2	LOPROX	
<i>ciclopirox olamine 0.77 % External Suspension</i>	2	LOPROX	
<i>clotrimazole 1 % External Cream</i>	2	LOTRIMIN	
<i>clotrimazole 10 mg Mouth/Throat Troche</i>	2	MYCELEX	
<i>clotrimazole 1 % External Solution</i>	2	MYCELEX	
<i>econazole nitrate 1 % External Cream</i>	2	SPECTAZOLE	
ERAXIS 50 mg Intravenous Solution Reconstituted	4		PA
ERAXIS 100 mg Intravenous Solution Reconstituted	5		NDS, PA, NM
<i>fluconazole 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet</i>	2	DIFLUCAN	
<i>fluconazole 10 mg/ml Oral Suspension Reconstituted, 40 mg/ml Oral Suspension Reconstituted</i>	2	DIFLUCAN	
<i>fluconazole in sodium chloride 100-0.9 mg/50ml-% Intravenous Solution</i>	2		
<i>fluconazole in sodium chloride 200-0.9 mg/100ml-% Intravenous</i>	2	DIFLUCAN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Solution, 400-0.9 mg/200ml-% Intravenous Solution</i>			
<i>flucytosine 250 mg Oral Capsule, 500 mg Oral Capsule</i>	5	ANCOBON	NDS, NM
<i>griseofulvin microsize 500 mg Oral Tablet</i>	2	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml Oral Suspension</i>	2	GRIFULVIN V	
<i>griseofulvin ultramicrosize</i>	2	GRIS-PEG	
<i>itraconazole 100 mg Oral Capsule</i>	2	SPORANOX	PA
<i>ketoconazole 2 % External Foam</i>	2	EXTINA	
<i>ketoconazole 200 mg Oral Tablet</i>	2	NIZORAL	
<i>ketoconazole 2 % External Cream</i>	2	NIZORAL	
<i>ketoconazole 2 % External Shampoo</i>	2	NIZORAL	
<i>miconazole 3 200 mg Vaginal Suppository</i>	2	MONISTAT	
<i>naftifine hcl 1 % External Cream, 1 % External Gel, 2 % External Cream</i>	2	NAFTIN	
NAFTIN 2 % External Gel	3		
NAFTIN 1 % External Gel	4		
NOXAFIL 300 mg/16.7ml Intravenous Solution	5		NDS, PA, NM
NOXAFIL 40 mg/ml Oral Suspension	5		NDS, PA, QL(600 ML per 30 days), NM
NYAMYC	2		
<i>nystatin 500000 unit Oral Tablet</i>	2	MYCOSTATIN	
<i>nystatin 100000 unit/gm External Cream, 100000 unit/gm External Ointment, 100000 unit/gm External Powder</i>	2	MYCOSTATIN	
<i>nystatin 100000 unit/ml Mouth/Throat Suspension</i>	2	MYCOSTATIN	
NYSTOP	2		
<i>posaconazole 100 mg Oral Tablet Delayed Release</i>	5	NOXAFIL	NDS, PA, QL(180 EA per 30 days), NM
<i>terbinafine hcl 250 mg Oral Tablet</i>	2	LAMISIL	
<i>terconazole 0.4 % Vaginal Cream, 0.8 % Vaginal Cream</i>	2	TERAZOL	
<i>terconazole 80 mg Vaginal Suppository</i>	2	TERAZOL 3	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>voriconazole 200 mg Oral Tablet, 50 mg Oral Tablet</i>	2	VFEND	
<i>voriconazole 200 mg Intravenous Solution Reconstituted</i>	4	VFEND	PA
<i>voriconazole 40 mg/ml Oral Suspension Reconstituted</i>	5	VFEND	NDS, NM
ANTIGOUT AGENTS			
Antigout Agents			
<i>allopurinol 100 mg Oral Tablet, 300 mg Oral Tablet</i>	1	ZYLOPRIM	GC
<i>colchicine 0.6 mg Oral Tablet</i>	2	COLCRYS	QL(60 EA per 30 days)
<i>colchicine 0.6 mg Oral Capsule</i>	2	MITIGARE	QL(60 EA per 30 days)
<i>colchicine-probenecid</i>	2	COLBENEMID	
<i>febuxostat</i>	2	ULORIC	QL(30 EA per 30 days), ST
<i>probenecid</i>	2	BENEMID	
ANTIMIGRAINE AGENTS			
Calcitonin Gene-related Peptide (cgrp) Receptor Antagonist			
AIMOVIG	3		PA, QL(1 ML per 30 days)
AJOVY	4		(1 syringe), PA, QL(1.5 ML per 30 days)
EMGALITY	3		PA, QL(2 ML per 30 days)
EMGALITY (300 MG DOSE)	3		PA, QL(3 ML per 30 days)
NURTEC	3		PA, QL(18 EA per 30 days)
UBRELVY	3		PA, QL(16 EA per 30 days)
VYEPTI	4		PA, QL(3 ML per 90 days)
Ergot Alkaloids			
<i>dihydroergotamine mesylate 4 mg/ml Nasal Solution</i>	4	MIGRANAL	QL(8 ML per 28 days)
<i>ergotamine-caffeine 1-100 mg Oral Tablet</i>	2	CAFERGOT	QL(40 EA per 28 days)
MIGERGOT	4		QL(20 EA per 28 days)
Serotonin (5-ht) Receptor Agonist			
<i>almotriptan malate</i>	2	AXERT	QL(16 EA per 28 days)
<i>naratriptan hcl</i>	2	AMERGE	QL(16 EA per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>rizatriptan benzoate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	MAXALT	QL(16 EA per 28 days)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	2	MAXALT MLT	QL(16 EA per 28 days)
<i>sumatriptan 20 mg/act Nasal Solution, 5 mg/act Nasal Solution</i>	2	IMITREX	QL(16 EA per 28 days)
<i>sumatriptan succinate 4 mg/0.5ml Subcutaneous Solution Auto-injector, 6 mg/0.5ml Subcutaneous Solution, 6 mg/0.5ml Subcutaneous Solution Auto-injector, 6 mg/0.5ml Subcutaneous Solution Prefilled Syringe</i>	2	IMITREX	QL(8 ML per 28 days)
<i>sumatriptan succinate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	IMITREX	QL(16 EA per 28 days)
<i>sumatriptan succinate refill</i>	2	IMITREX STATDOSE	QL(8 ML per 28 days)
<i>zolmitriptan 2.5 mg Oral Tablet, 2.5 mg tab disint, 5 mg Oral Tablet, 5 mg tab disint</i>	2	ZOMIG	QL(16 EA per 28 days)
ANTIMYASTHENIC AGENTS			
Parasympathomimetics			
<i>guanidine hcl</i>	2		
<i>pyridostigmine bromide 30 mg Oral Tablet</i>	2		
<i>pyridostigmine bromide 60 mg Oral Tablet</i>	2	MESTINON	
ANTIMYCOBACTERIALS			
Antimycobacterials, Other			
<i>dapsone 100 mg Oral Tablet, 25 mg Oral Tablet</i>	2		
PRIFTIN	3		
<i>rifabutin</i>	2	MYCOBUTIN	
Antituberculars			
CAPASTAT SULFATE	4		
<i>cycloserine 250 mg Oral Capsule</i>	2		
<i>ethambutol hcl 100 mg Oral Tablet, 400 mg Oral Tablet</i>	2	MYAMBUTOL	
<i>isoniazid 100 mg Oral Tablet, 300 mg Oral Tablet</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>isoniazid 100 mg/ml Injection Solution, 50 mg/5ml Oral Syrup</i>	2		
PASER	4		
<i>pretomanid</i>	3		PA, QL(30 EA per 30 days)
<i>pyrazinamide 500 mg Oral Tablet</i>	2		
<i>rifampin 150 mg Oral Capsule, 300 mg Oral Capsule, 600 mg Intravenous Solution Reconstituted</i>	2	RIFADIN	
RIFATER	4		
SIRTURO	5		NDS, PA, NM
TRECTOR	4		
ANTINEOPLASTICS			
Alkylating Agents			
BENDEKA	5		NDS, NM
<i>busulfan 6 mg/ml Intravenous Solution</i>	2	BUSULFEX	
<i>carboplatin 150 mg/15ml Intravenous Solution, 450 mg/45ml Intravenous Solution, 50 mg/5ml Intravenous Solution, 600 mg/60ml Intravenous Solution</i>	2	PARAPLATIN	
<i>carmustine</i>	2	BICNU	
<i>cisplatin 50 mg Intravenous Solution Reconstituted</i>	2		
<i>cisplatin 100 mg/100ml Intravenous Solution, 200 mg/200ml Intravenous Solution, 50 mg/50ml Intravenous Solution</i>	2		
<i>cyclophosphamide 1 gm Injection Solution Reconstituted, 2 gm Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	2		
<i>cyclophosphamide 1 gm/5ml Intravenous Solution, 500 mg/2.5ml Intravenous Solution</i>	2		
<i>cyclophosphamide 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2		PA BvD
<i>cyclophosphamide 25 mg Oral Capsule, 50 mg Oral Capsule</i>	4		PA BvD
<i>dacarbazine</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ifosfamide 1 gm Intravenous Solution Reconstituted, 3 gm Intravenous Solution Reconstituted</i>	2	IFEX	PA BvD
<i>ifosfamide 1 gm/20ml Intravenous Solution, 3 gm/60ml Intravenous Solution</i>	2	IFEX	PA BvD
LEUKERAN	3		
MATULANE	5		NDS, LA, NM
<i>melphalan hcl</i>	2	ALKERAN	
<i>oxaliplatin 100 mg Intravenous Solution Reconstituted, 50 mg Intravenous Solution Reconstituted</i>	2	ELOXATIN	
<i>oxaliplatin 100 mg/20ml Intravenous Solution, 200 mg/40ml Intravenous Solution, 50 mg/10ml Intravenous Solution</i>	2	ELOXATIN	
PEPAXTO	5		NDS, PA-NSO, NM
TEMODAR 100 mg Intravenous Solution Reconstituted	4		
<i>thiotepa 100 mg Injection Solution Reconstituted</i>	2	TEPADINA	
<i>thiotepa 15 mg Injection Solution Reconstituted</i>	2	THIOPLEX	
TREANDA	5		NDS, NM
VALCHLOR	5		NDS, PA-NSO, LA, NM
YONDELIS	5		NDS, PA-NSO, NM
ZANOSAR	4		
ZEPZELCA	5		NDS, PA-NSO, NM
Antiandrogens			
<i>abiraterone acetate 250 mg Oral Tablet</i>	2	ZYTIGA	NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>abiraterone acetate 500 mg Oral Tablet</i>	5	ZYTIGA	NDS, PA-NSO, QL(60 EA per 30 days), NM
<i>bicalutamide</i>	2	CASODEX	QL(30 EA per 30 days)
ERLEADA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>flutamide</i>	2	EULEXIN	
<i>nilutamide</i>	2	NILANDRON	QL(60 EA per 30 days)
NUBEQA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>toremifene citrate</i>	2	FARESTON	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XTANDI 80 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
XTANDI 40 mg Oral Tablet	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
XTANDI 40 mg Oral Capsule	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
YONSA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
Antiangiogenic Agents			
POMALYST	5		NDS, PA-NSO, QL(21 EA per 28 days), LA, NM
REVLIMID	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
THALOMID	5		NDS, NM
Antiestrogens/modifiers			
EMCYT	3		
FASLODEX	5		NDS, NM
<i>fulvestrant</i>	5	FASLODEX	NDS, NM
SOLTAMOX	4		
<i>tamoxifen citrate 10 mg Oral Tablet, 20 mg Oral Tablet</i>	2	NOLVADEX	
Antimetabolites			
ADRUCIL	2		PA BvD
ALIMTA 500 mg Intravenous Solution Reconstituted	5		NDS, NM
ARRANON	5		NDS, PA-NSO, NM
<i>azacitidine 100 mg Injection Suspension Reconstituted</i>	5	VIDAZA	NDS, NM
<i>cladribine</i>	2	LEUSTATIN	PA BvD
<i>cytarabine</i>	2		PA BvD
<i>cytarabine (pf)</i>	2		PA BvD
DROXIA	4		
<i>floxuridine 0.5 gm Injection Solution Reconstituted</i>	2	FUDR	PA BvD
<i>fluorouracil 1 gm/20ml Intravenous Solution, 2.5 gm/50ml Intravenous Solution, 5 gm/100ml Intravenous Solution, 500 mg/10ml Intravenous Solution</i>	2		PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
FOLOTYN	5		NDS, NM
<i>gemcitabine hcl 2 gm Intravenous Solution Reconstituted</i>	2		
<i>gemcitabine hcl 1 gm/10ml Intravenous Solution, 1 gm/26.3ml Intravenous Solution, 1.5 gm/15ml Intravenous Solution, 2 gm/20ml Intravenous Solution, 2 gm/52.6ml Intravenous Solution, 200 mg/2ml Intravenous Solution, 200 mg/5.26ml Intravenous Solution</i>	2		
<i>gemcitabine hcl 1 gm Intravenous Solution Reconstituted, 200 mg Intravenous Solution Reconstituted</i>	2	GEMZAR	
<i>hydroxyurea 500 mg Oral Capsule</i>	2	HYDREA	
INQOVI	5		NDS, PA-NSO, QL(5 EA per 28 days), NM
NIPENT	4		
ONUREG	5		NDS, PA-NSO, QL(14 EA per 28 days), NM
PURIXAN	4		
SIKLOS	4		PA
TABLOID	3		
Antineoplastics, Other			
ALIMTA 100 mg Intravenous Solution Reconstituted	5		NDS, NM
<i>arsenic trioxide 10 mg/10ml Intravenous Solution, 12 mg/6ml Intravenous Solution</i>	2	TRISENOX	
ASPARLAS	5		NDS, NM
<i>bleomycin sulfate</i>	2	BLENOXANE	PA BvD
<i>bortezomib 3.5 mg Intravenous Solution Reconstituted</i>	5		NDS, PA-NSO, NM
<i>clofarabine</i>	5	CLOLAR	NDS, PA-NSO, NM
<i>dactinomycin</i>	2	COSMEGEN	
DARZALEX FASPRO	5		NDS, PA-NSO, QL(64.5 ML per 30 days), NM
<i>daunorubicin hcl</i>	2		
<i>decitabine</i>	5	DACOGEN	NDS, PA-NSO, NM
<i>dexrazoxane hcl 500 mg Intravenous Solution Reconstituted</i>	2	TOTECT	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>dexrazoxane hcl 250 mg Intravenous Solution Reconstituted</i>	2	ZINECARD	
<i>doxorubicin hcl 10 mg Intravenous Solution Reconstituted</i>	2		PA BvD
<i>doxorubicin hcl 2 mg/ml Intravenous Solution</i>	2	ADRIAMYCIN	PA BvD
<i>doxorubicin hcl liposomal</i>	2	DOXIL	
<i>epirubicin hcl</i>	2	ELLECE	
ERWINAZE	5		NDS, PA-NSO, NM
<i>fludarabine phosphate 50 mg/2ml Intravenous Solution</i>	2		
<i>fludarabine phosphate 50 mg Intravenous Solution Reconstituted</i>	2	FLUDARA	
GAVRETO	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
HALAVEN	5		NDS, PA-NSO, NM
<i>idarubicin hcl</i>	2	IDAMYCIN PFS	
IDHIFA	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
IMLYGIC 1000000 unit/ml Intralesional Suspension	5		NDS, PA-NSO, QL(4 ML per 180 days), NM
IMLYGIC 100000000 unit/ml Intralesional Suspension	5		NDS, PA-NSO, QL(8 ML per 28 days), NM
IXEMPRA KIT	5		NDS, PA-NSO, NM
KADCYLA	5		NDS, PA-NSO, LA, NM
KISQALI FEMARA (400 MG DOSE)	5		NDS, PA-NSO, QL(91 EA per 28 days), NM
KISQALI FEMARA (600 MG DOSE)	5		NDS, PA-NSO, QL(91 EA per 28 days), NM
KISQALI FEMARA(200 MG DOSE)	5		NDS, PA-NSO, QL(91 EA per 28 days), NM
KYPROLIS	5		NDS, PA-NSO, NM
<i>levoleucovorin calcium 50 mg Intravenous Solution Reconstituted</i>	2	FUSILEV	
<i>levoleucovorin calcium pf 250 mg/25ml Intravenous Solution</i>	5		NDS, NM
<i>levoleucovorin calcium pf 175 mg/17.5ml Intravenous Solution</i>	5	FUSILEV	NDS, NM
LONSURF 20-8.19 mg Oral Tablet	5		NDS, PA-NSO, QL(80 EA per 28 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LONSURF 15-6.14 mg Oral Tablet	5		NDS, PA-NSO, QL(100 EA per 28 days), LA, NM
LYNPARZA	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
LYSODREN	3		
MARQIBO	5		NDS, PA-NSO, NM
<i>mitomycin 20 mg Intravenous Solution Reconstituted, 40 mg Intravenous Solution Reconstituted, 5 mg Intravenous Solution Reconstituted</i>	2	MUTAMYCIN	PA BvD
<i>mitoxantrone hcl 25 mg/12.5ml Intravenous Concentrate, 30 mg/15ml Intravenous Concentrate</i>	2		
<i>mitoxantrone hcl 20 mg/10ml Intravenous Concentrate</i>	2	NOVANTRONE	
NINLARO	5		NDS, PA-NSO, QL(3 EA per 28 days), NM
ONCASPAR	5		NDS, NM
ORGOVYX	5		NDS, PA-NSO, QL(64 EA per 30 days), NM
PROLEUKIN	5		NDS, NM
RETEVMO 40 mg Oral Capsule	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
RETEVMO 80 mg Oral Capsule	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
RYLAZE	5		NDS, PA-NSO, NM
SYNRIBO	5		NDS, PA-NSO, NM
TUKYSA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>valrubicin</i>	2	VALSTAR	
VALSTAR	4		
<i>vinblastine sulfate</i>	2		PA BvD
<i>vincristine sulfate</i>	2	VINCASAR	PA BvD
<i>vinorelbine tartrate</i>	2	NAVELBINE	
VYXEOS	5		NDS, PA-NSO, NM
XPOVIO (100 MG ONCE WEEKLY) 50 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(8 EA per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XPOVIO (100 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(20 EA per 28 days), NM
XPOVIO (40 MG ONCE WEEKLY) 40 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(4 EA per 28 days), NM
XPOVIO (40 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(8 EA per 28 days), NM
XPOVIO (40 MG TWICE WEEKLY) 40 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(8 EA per 28 days), NM
XPOVIO (40 MG TWICE WEEKLY) 20 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(16 EA per 28 days), NM
XPOVIO (60 MG ONCE WEEKLY) 60 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(4 EA per 28 days), NM
XPOVIO (60 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(12 EA per 28 days), NM
XPOVIO (60 MG TWICE WEEKLY)	5		NDS, PA-NSO, QL(24 EA per 28 days), NM
XPOVIO (80 MG ONCE WEEKLY) 40 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(8 EA per 28 days), NM
XPOVIO (80 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(16 EA per 28 days), NM
XPOVIO (80 MG TWICE WEEKLY)	5		NDS, PA-NSO, QL(32 EA per 28 days), NM
ZALTRAP	5		NDS, PA-NSO, LA, NM
ZOLINZA	5		NDS, QL(120 EA per 30 days), NM
Aromatase Inhibitors, 3rd Generation			
<i>anastrozole 1 mg Oral Tablet</i>	2	ARIMIDEX	
<i>exemestane</i>	2	AROMASIN	
<i>letrozole 2.5 mg Oral Tablet</i>	2	FEMARA	
Enzyme Inhibitors			
ABRAXANE	5		NDS, PA-NSO, NM
<i>docetaxel 200 mg/10ml Intravenous Concentrate</i>	2		
<i>docetaxel 160 mg/16ml Intravenous Solution, 160 mg/8ml Intravenous Concentrate, 20 mg/2ml Intravenous Solution, 20 mg/ml Intravenous Concentrate, 80 mg/4ml Intravenous Concentrate, 80 mg/8ml Intravenous Solution</i>	2	TAXOTERE	
ETOPOPHOS	4		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>etoposide 1 gm/50ml Intravenous Solution, 100 mg/5ml Intravenous Solution, 500 mg/25ml Intravenous Solution</i>	2	VEPESID	
IBRANCE 100 mg Oral Tablet, 125 mg Oral Tablet, 75 mg Oral Tablet	5		NDS, PA-NSO, QL(21 EA per 28 days), NM
<i>irinotecan hcl 500 mg/25ml Intravenous Solution</i>	2		
<i>irinotecan hcl 100 mg/5ml Intravenous Solution, 300 mg/15ml Intravenous Solution, 40 mg/2ml Intravenous Solution</i>	2	CAMPTOSAR	
JEVTANA	5		NDS, PA-NSO, NM
ONIVYDE	5		NDS, PA-NSO, NM
<i>paclitaxel</i>	2	TAXOL	
TIBSOVO	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
TOPOSAR	2		
<i>topotecan hcl 4 mg/4ml Intravenous Solution</i>	2		
<i>topotecan hcl 4 mg Intravenous Solution Reconstituted</i>	2	HYCAMTIN	
Molecular Target Inhibitors			
AFINITOR 10 mg Oral Tablet	5		NDS, PA-NSO, QL(28 EA per 28 days), NM
AFINITOR DISPERZ 3 mg Oral Tablet Soluble, 5 mg Oral Tablet Soluble	5		NDS, PA-NSO, QL(112 EA per 28 days), NM
ALECENSA	5		NDS, PA-NSO, QL(240 EA per 30 days), LA, NM
ALIQOPA	5		NDS, PA-NSO, QL(3 EA per 28 days), NM
ALUNBRIG 180 mg Oral Tablet, 90 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
ALUNBRIG 90 & 180 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(30 EA per 180 days), LA, NM
ALUNBRIG 30 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
AYVAKIT	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
BALVERSA 5 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
BALVERSA 4 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
BALVERSA 3 mg Oral Tablet	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
BELEODAQ	5		NDS, PA-NSO, NM
BOSULIF 400 mg Oral Tablet, 500 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
BOSULIF 100 mg Oral Tablet	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
BRAFTOVI	5		NDS, PA-NSO, QL(180 EA per 30 days), NM
BRUKINSA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
CABOMETYX 20 mg Oral Tablet, 60 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
CABOMETYX 40 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
CALQUENCE	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
CAPRELSA 300 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
CAPRELSA 100 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg Oral Kit	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg Oral Kit	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
COMETRIQ (60 MG DAILY DOSE)	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
COPIKTRA	5		NDS, PA-NSO, QL(60 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
COTELLIC	5		NDS, PA-NSO, QL(63 EA per 28 days), LA, NM
DAURISMO 100 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
DAURISMO 25 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
ERIVEDGE	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
<i>erlotinib hcl 100 mg Oral Tablet, 150 mg Oral Tablet</i>	5	TARCEVA	NDS, PA-NSO, QL(30 EA per 30 days), NM
<i>erlotinib hcl 25 mg Oral Tablet</i>	5	TARCEVA	NDS, PA-NSO, QL(90 EA per 30 days), NM
<i>everolimus 2.5 mg Oral Tablet</i>	4	AFINITOR	NDS, PA-NSO, QL(28 EA per 28 days), NM
<i>everolimus 10 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	5	AFINITOR	NDS, PA-NSO, QL(28 EA per 28 days), NM
<i>everolimus 3 mg Oral Tablet Soluble, 5 mg Oral Tablet Soluble</i>	5	AFINITOR DISPERZ	NDS, PA-NSO, QL(112 EA per 28 days), NM
FARYDAK 15 mg Oral Capsule	5		NDS, PA-NSO, QL(6 EA per 21 days), NM
FARYDAK 10 mg Oral Capsule, 20 mg Oral Capsule	5		NDS, PA-NSO, QL(6 EA per 21 days), LA, NM
FOTIVDA	5		NDS, PA-NSO, QL(21 EA per 28 days), NM
GILOTRIF	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
IBRANCE 100 mg Oral Capsule, 125 mg Oral Capsule, 75 mg Oral Capsule	5		NDS, PA-NSO, QL(21 EA per 28 days), LA, NM
ICLUSIG 10 mg Oral Tablet, 30 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
ICLUSIG 15 mg Oral Tablet, 45 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
<i>imatinib mesylate 400 mg Oral Tablet</i>	2	GLEEVEC	NDS, QL(60 EA per 30 days), NM
<i>imatinib mesylate 100 mg Oral Tablet</i>	2	GLEEVEC	NDS, QL(90 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
IMBRUVICA 140 mg Oral Tablet, 280 mg Oral Tablet, 420 mg Oral Tablet, 560 mg Oral Tablet, 70 mg Oral Capsule	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
IMBRUVICA 140 mg Oral Capsule	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
INLYTA 5 mg Oral Tablet	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
INLYTA 1 mg Oral Tablet	5		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM
INREBIC	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
IRESSA	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
JAKAFI	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
KISQALI (200 MG DOSE)	5		NDS, PA-NSO, QL(63 EA per 28 days), NM
KISQALI (400 MG DOSE)	5		NDS, PA-NSO, QL(63 EA per 28 days), NM
KISQALI (600 MG DOSE)	5		NDS, PA-NSO, QL(63 EA per 28 days), NM
KOSELUGO 25 mg Oral Capsule	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
KOSELUGO 10 mg Oral Capsule	5		NDS, PA-NSO, QL(240 EA per 30 days), NM
<i>lapatinib ditosylate</i>	5	TYKERB	NDS, PA-NSO, QL(180 EA per 30 days), NM
LENVIMA (10 MG DAILY DOSE)	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
LENVIMA (12 MG DAILY DOSE)	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
LENVIMA (14 MG DAILY DOSE)	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LENVIMA (18 MG DAILY DOSE)	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
LENVIMA (20 MG DAILY DOSE)	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
LENVIMA (24 MG DAILY DOSE)	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
LENVIMA (4 MG DAILY DOSE)	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
LENVIMA (8 MG DAILY DOSE)	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
LORBRENA 100 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
LORBRENA 25 mg Oral Tablet	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
LUMAKRAS	5		NDS, PA-NSO, QL(240 EA per 30 days), NM
LUMOXITI	5		NDS, PA-NSO, NM
MEKINIST 2 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
MEKINIST 0.5 mg Oral Tablet	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
MEKTOVI	5		NDS, PA-NSO, QL(180 EA per 30 days), NM
NERLYNX	5		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM
NEXAVAR	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
ODOMZO	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
PEMAZYRE	5		NDS, PA-NSO, QL(14 EA per 21 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PIQRAY (200 MG DAILY DOSE)	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
PIQRAY (250 MG DAILY DOSE)	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
PIQRAY (300 MG DAILY DOSE)	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
QINLOCK	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
<i>romidepsin 10 mg Intravenous Solution Reconstituted</i>	5		NDS, PA-NSO, NM
<i>romidepsin 27.5 mg/5.5ml Intravenous Solution</i>	5		NDS, PA-NSO, NM
ROZLYTREK 100 mg Oral Capsule	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
ROZLYTREK 200 mg Oral Capsule	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
RUBRACA	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
RYDAPT	5		NDS, PA-NSO, QL(224 EA per 28 days), NM
SPRYCEL 100 mg Oral Tablet, 140 mg Oral Tablet, 50 mg Oral Tablet, 70 mg Oral Tablet, 80 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
SPRYCEL 20 mg Oral Tablet	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
STIVARGA	5		NDS, PA-NSO, QL(84 EA per 28 days), LA, NM
<i>sunitinib malate</i>	5	SUTENT	NDS, PA-NSO, QL(30 EA per 30 days), NM
TABRECTA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
TAFINLAR	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
TAGRISSE	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
TALZENNA 1 mg Oral Capsule	5		NDS, PA-NSO, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TALZENNA 0.25 mg Oral Capsule	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
TASIGNA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
TAZVERIK	5		NDS, PA-NSO, QL(240 EA per 30 days), NM
<i>temsirolimus</i>	5	TORISEL	NDS, PA-NSO, NM
TEPMETKO	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
TRUSELTIQ (100MG DAILY DOSE)	5		NDS, PA-NSO, QL(21 EA per 28 days), NM
TRUSELTIQ (125MG DAILY DOSE)	5		NDS, PA-NSO, QL(42 EA per 28 days), NM
TRUSELTIQ (50MG DAILY DOSE)	5		NDS, PA-NSO, QL(42 EA per 28 days), NM
TRUSELTIQ (75MG DAILY DOSE)	5		NDS, PA-NSO, QL(63 EA per 28 days), NM
TURALIO	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
UKONIQ	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
VENCLEXTA 50 mg Oral Tablet	4		PA-NSO, QL(30 EA per 30 days), LA
VENCLEXTA 10 mg Oral Tablet	4		PA-NSO, QL(60 EA per 30 days), LA
VENCLEXTA 100 mg Oral Tablet	5		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM
VENCLEXTA STARTING PACK	5		NDS, PA-NSO, QL(42 EA per 180 days), LA, NM
VERZENIO	5		NDS, PA-NSO, QL(56 EA per 28 days), LA, NM
VITRAKVI 100 mg Oral Capsule	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
VITRAKVI 25 mg Oral Capsule	5		NDS, PA-NSO, QL(180 EA per 30 days), NM
VITRAKVI 20 mg/ml Oral Solution	5		NDS, PA-NSO, QL(300 ML per 30 days), NM
VIZIMPRO	5		NDS, PA-NSO, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VOTRIENT	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
WELIREG	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
XALKORI	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
XOSPATA	5		NDS, PA-NSO, NM
ZEJULA	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
ZELBORAF	5		NDS, PA-NSO, QL(240 EA per 30 days), LA, NM
ZYDELIG	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
ZYKADIA	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
Monoclonal Antibody/antibody-drug Conjugate			
ADCETRIS	5		NDS, PA-NSO, NM
ARZERRA	5		NDS, PA-NSO, NM
BAVENCIO	5		NDS, PA-NSO, NM
BESPONSA	5		NDS, PA-NSO, NM
BLENREP	5		NDS, PA-NSO, NM
BLINCYTO	5		NDS, PA-NSO, NM
CYRAMZA	5		NDS, PA-NSO, NM
DANYELZA	5		NDS, PA-NSO, NM
DARZALEX	5		NDS, PA-NSO, NM
EMPLICITI	5		NDS, PA-NSO, NM
ENHERTU	5		NDS, PA-NSO, NM
ERBITUX	5		NDS, NM
GAZYVA	5		NDS, PA-NSO, LA, NM
HERCEPTIN HYLECTA	5		NDS, QL(5 ML per 21 days), NM
HERZUMA	5		NDS, NM
IMFINZI	5		NDS, PA-NSO, NM
JEMPERLI	5		NDS, PA-NSO, NM
KANJINTI	5		NDS, NM
KEYTRUDA	5		NDS, PA-NSO, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LARTRUVO	5		NDS, PA-NSO, NM
LIBTAYO	5		NDS, PA-NSO, NM
MARGENZA	5		NDS, PA-NSO, NM
MONJUVI	5		NDS, PA-NSO, NM
MVASI	5		NDS, NM
MYLOTARG	5		NDS, PA-NSO, NM
OGIVRI	5		NDS, NM
ONTRUZANT	5		NDS, NM
OPDIVO	5		NDS, PA-NSO, NM
PADCEV	5		NDS, PA-NSO, NM
PERJETA	5		NDS, NM
PHESGO 60-60-2000 mg-mg-u/ml Subcutaneous Solution	5		NDS, QL(10 ML per 21 days), NM
PHESGO 80-40-2000 mg-mg-u/ml Subcutaneous Solution	5		NDS, QL(15 ML per 21 days), NM
POLIVY 30 mg Intravenous Solution Reconstituted	5		NDS, PA, NM
POLIVY 140 mg Intravenous Solution Reconstituted	5		NDS, PA-NSO, NM
PORTRAZZA	5		NDS, PA-NSO, QL(100 ML per 21 days), LA, NM
RIABNI	5		NDS, PA-NSO, NM
RITUXAN HYCELA 1600-26800 MG -ut/13.4ml Subcutaneous Solution	5		NDS, PA-NSO, QL(13.4 ML per 28 days), NM
RITUXAN HYCELA 1400-23400 MG -ut/11.7ml Subcutaneous Solution	5		NDS, PA-NSO, QL(46.8 ML per 28 days), NM
RUXIENCE	5		NDS, PA-NSO, NM
RYBREVANT	5		NDS, PA-NSO, NM
SARCLISA	5		NDS, PA-NSO, NM
SYLVANT	5		NDS, PA-NSO, NM
TECENTRIQ	5		NDS, PA-NSO, NM
TIVDAK	5		NDS, PA-NSO, NM
TRAZIMERA	5		NDS, NM
TRODELVY	5		NDS, PA-NSO, NM
TRUXIMA	5		NDS, PA-NSO, NM
UNITUXIN	5		NDS, PA-NSO, QL(40 ML per 30 days), NM
VECTIBIX	5		NDS, PA-NSO, NM
YERVOY	5		NDS, PA-NSO, LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ZIRABEV	5		NDS, NM
ZYNLONTA	5		NDS, PA-NSO, NM
Retinoids			
<i>bexarotene 75 mg Oral Capsule</i>	5	TARGRETIN	NDS, NM
PANRETIN	5		NDS, PA, NM
TARGRETIN 1 % External Gel	5		NDS, PA-NSO, NM
<i>tretinoin 10 mg Oral Capsule</i>	5	VESANOID	NDS, NM
Treatment Adjuncts			
ELITEK	5		NDS, PA, NM
<i>leucovorin calcium 10 mg Oral Tablet, 100 mg Injection Solution Reconstituted, 15 mg Oral Tablet, 200 mg Injection Solution Reconstituted, 25 mg Oral Tablet, 350 mg Injection Solution Reconstituted, 5 mg Oral Tablet, 50 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	2		
<i>leucovorin calcium 100 mg/10ml Injection Solution, 500 mg/50ml Injection Solution</i>	2		
<i>mesna 100 mg/ml Intravenous Solution</i>	2	MESNEX	
MESNEX 400 mg Oral Tablet	4		
ANTIPARASITICS			
Anthelmintics			
<i>albendazole 200 mg Oral Tablet</i>	2	ALBENZA	
EMVERM	3		PA
<i>ivermectin 3 mg Oral Tablet</i>	2	STROMEKTOL	
<i>praziquantel 600 mg Oral Tablet</i>	2	BILTRICIDE	
Antiprotozoals			
<i>atovaquone 750 mg/5ml Oral Suspension</i>	2	MEPRON	
<i>atovaquone-proguanil hcl</i>	2	MALARONE	
<i>chloroquine phosphate 250 mg Oral Tablet</i>	2		
<i>chloroquine phosphate 500 mg Oral Tablet</i>	2	ARALEN	
COARTEM	4		
<i>hydroxychloroquine sulfate 200 mg Oral Tablet</i>	2	PLAQUENIL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
KRINTAFEL	4		
<i>mefloquine hcl</i>	2		
<i>nitazoxanide 500 mg Oral Tablet</i>	2	ALINIA	PA
<i>pentamidine isethionate 300 mg Inhalation Solution Reconstituted</i>	2	NEBUPENT	PA BvD
<i>pentamidine isethionate 300 mg Injection Solution Reconstituted</i>	2	PENTAM	
<i>primaquine phosphate</i>	4		
<i>pyrimethamine 25 mg Oral Tablet</i>	5	DARAPRIM	NDS, PA, NM
<i>quinine sulfate 324 mg Oral Capsule</i>	2	QUALAQUIN	PA
ANTIPARKINSON AGENTS			
Anticholinergics			
<i>benztropine mesylate 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml Oral Solution</i>	2		AL, PA-HRM
<i>trihexyphenidyl hcl 2 mg Oral Tablet, 5 mg Oral Tablet</i>	2	ARTANE	AL, PA-HRM
Antiparkinson Agents, Other			
<i>amantadine hcl 50 mg/5ml Oral Solution</i>	2		
<i>amantadine hcl 100 mg Oral Capsule, 100 mg Oral Tablet</i>	2	SYMMETREL	
<i>carbidopa 25 mg Oral Tablet</i>	2	LODOSYN	
<i>carbidopa-levodopa-entacapone</i>	2	STALEVO	
<i>entacapone</i>	2	COMTAN	
NOURIANZ	5		NDS, PA, QL(30 EA per 30 days), NM
ONGENTYS	4		QL(30 EA per 30 days), ST
<i>tolcapone</i>	2	TASMAR	ST
Dopamine Agonists			
APOKYN	5		NDS, ST, LA, NM
<i>bromocriptine mesylate 2.5 mg Oral Tablet, 5 mg Oral Capsule</i>	2	PARLODEL	
KYNMOBI	5		NDS, QL(150 EA per 30 days), NM
NEUPRO	4		ST
<i>pramipexole dihydrochloride</i>	2	MIRAPEX	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ropinirole hcl</i>	2	REQUIP	
<i>ropinirole hcl er</i>	2	REQUIP XL	
Dopamine Precursors And/or L-amino Acid Decarboxylase Inhibitors			
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	2	PARCOPA	
<i>carbidopa-levodopa 10-100 mg Oral Tablet, 25-100 mg Oral Tablet, 25-250 mg Oral Tablet</i>	2	SINEMET	
<i>carbidopa-levodopa er 25-100 mg Oral Tablet Extended Release, 50-200 mg Oral Tablet Extended Release</i>	2	SINEMET CR	
INBRIJA	5		NDS, QL(300 EA per 30 days), NM
Monoamine Oxidase B (mao-b) Inhibitors			
<i>rasagiline mesylate 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	2	AZILECT	QL(30 EA per 30 days)
<i>selegiline hcl 5 mg Oral Tablet</i>	2		
<i>selegiline hcl 5 mg Oral Capsule</i>	2	ELDEPRYL	
ANTIPSYCHOTICS			
1st Generation/typical			
ADASUVE	4		PA-NSO, QL(1 EA per 7 days)
<i>fluphenazine decanoate 25 mg/ml Injection Solution</i>	2	PROLIXIN	
<i>fluphenazine hcl 1 mg Oral Tablet, 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	2	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml Oral Elixir, 2.5 mg/ml Injection Solution, 5 mg/ml Oral Concentrate</i>	2	PROLIXIN	
<i>haloperidol 0.5 mg Oral Tablet, 1 mg Oral Tablet, 10 mg Oral Tablet, 2 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	2	HALDOL	
<i>haloperidol decanoate 100 mg/ml Intramuscular Solution, 50 mg/ml Intramuscular Solution</i>	2	HALDOL	
<i>haloperidol lactate</i>	2	HALDOL	
<i>loxapine succinate</i>	2	LOXITANE	
<i>molindone hcl</i>	2	MOBAN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>pimozide</i>	2	ORAP	
<i>thioridazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	MELLARIL	AL, PA-NSO, PA-HRM
<i>thiothixene</i>	2	NAVANE	
<i>trifluoperazine hcl</i>	2	STELAZINE	
2nd Generation/atypical			
ABILIFY MAINTENA	5		NDS, PA-NSO, QL(1 EA per 28 days), NM
ABILIFY MYCITE	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
ABILIFY MYCITE MAINTENANCE KIT	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
ABILIFY MYCITE STARTER KIT	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
<i>aripiprazole 1 mg/ml Oral Solution</i>	2	ABILIFY	
<i>aripiprazole 10 mg Oral Tablet, 15 mg Oral Tablet, 2 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet</i>	2	ABILIFY	QL(30 EA per 30 days)
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	5	ABILIFY DISCMELT	NDS, QL(60 EA per 30 days), NM
ARISTADA 441 mg/1.6ml Intramuscular Prefilled Syringe	5		(1 syringe) NDS, PA-NSO, QL(1.6 ML per 28 days), NM
ARISTADA 662 mg/2.4ml Intramuscular Prefilled Syringe	5		(1 syringe) NDS, PA-NSO, QL(2.4 ML per 28 days), NM
ARISTADA 882 mg/3.2ml Intramuscular Prefilled Syringe	5		(1 syringe) NDS, PA-NSO, QL(3.2 ML per 28 days), NM
ARISTADA 1064 mg/3.9ml Intramuscular Prefilled Syringe	5		(1 syringe) NDS, PA-NSO, QL(3.9 ML per 56 days), NM
ARISTADA INITIO	5		NDS, PA-NSO, QL(2.4 ML per 180 days), NM
<i>asenapine maleate</i>	2	SAPHRIS	PA-NSO, QL(60 EA per 30 days)
CAPLYTA	4		PA-NSO, QL(30 EA per 30 days)
FANAPT	4		QL(60 EA per 30 days)
FANAPT TITRATION PACK	4		QL(8 EA per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
INVEGA SUSTENNA 39 mg/0.25ml Intramuscular Suspension Prefilled Syringe	4		PA-NSO, QL(0.25 ML per 28 days)
INVEGA SUSTENNA 78 mg/0.5ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(0.5 ML per 28 days), NM
INVEGA SUSTENNA 117 mg/0.75ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(0.75 ML per 28 days), NM
INVEGA SUSTENNA 156 mg/ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(1 ML per 28 days), NM
INVEGA SUSTENNA 234 mg/1.5ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(1.5 ML per 28 days), NM
INVEGA TRINZA 273 mg/0.875ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(0.88 ML per 84 days), NM
INVEGA TRINZA 410 mg/1.315ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(1.32 ML per 84 days), NM
INVEGA TRINZA 546 mg/1.75ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(1.75 ML per 84 days), NM
INVEGA TRINZA 819 mg/2.625ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(2.63 ML per 84 days), NM
LATUDA 120 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 60 mg Oral Tablet	4		QL(30 EA per 30 days)
LATUDA 80 mg Oral Tablet	4		QL(60 EA per 30 days)
LYBALVI	4		PA-NSO, QL(30 EA per 30 days)
NUPLAZID	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
<i>olanzapine 10 mg Oral Tablet, 15 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	2	ZYPREXA	QL(30 EA per 30 days)
<i>olanzapine 10 mg Intramuscular Solution Reconstituted</i>	2	ZYPREXA	QL(120 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	2	ZYPREXA ZYDIS	QL(30 EA per 30 days)
<i>paliperidone er 1.5 mg Oral Tablet Extended Release 24 Hour, 3 mg Oral Tablet Extended Release 24 Hour, 9 mg Oral Tablet Extended Release 24 Hour</i>	2	INVEGA	QL(30 EA per 30 days)
<i>paliperidone er 6 mg Oral Tablet Extended Release 24 Hour</i>	2	INVEGA	QL(60 EA per 30 days)
PERSERIS	5		NDS, PA-NSO, QL(1 EA per 28 days), NM
<i>quetiapine fumarate 300 mg Oral Tablet, 400 mg Oral Tablet</i>	2	SEROQUEL	QL(60 EA per 30 days)
<i>quetiapine fumarate 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	SEROQUEL	QL(90 EA per 30 days)
<i>quetiapine fumarate er 200 mg Oral Tablet Extended Release 24 Hour</i>	2	SEROQUEL XR	QL(30 EA per 30 days)
<i>quetiapine fumarate er 150 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 400 mg Oral Tablet Extended Release 24 Hour, 50 mg Oral Tablet Extended Release 24 Hour</i>	2	SEROQUEL XR	QL(60 EA per 30 days)
REXULTI	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER	4		PA-NSO, QL(2 EA per 28 days)
RISPERDAL CONSTA 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	5		NDS, PA-NSO, QL(2 EA per 28 days), NM
<i>risperidone 0.25 mg Oral Tablet, 0.25 mg tab disint, 0.5 mg Oral Tablet, 0.5 mg tab disint, 1 mg Oral Tablet, 1 mg tab disint, 2 mg Oral</i>	2	RISPERDAL	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Tablet, 2 mg tab disint, 3 mg Oral Tablet, 3 mg tab disint</i>			
<i>risperidone 4 mg Oral Tablet, 4 mg tab disint</i>	2	RISPERDAL	QL(120 EA per 30 days)
<i>risperidone 1 mg/ml Oral Solution</i>	2	RISPERDAL	QL(480 ML per 30 days)
SECUADO	4		PA-NSO, QL(30 EA per 30 days)
VRAYLAR 1.5 & 3 mg Oral Capsule Therapy Pack	4		PA-NSO, QL(7 EA per 180 days)
VRAYLAR 1.5 mg Oral Capsule, 3 mg Oral Capsule, 4.5 mg Oral Capsule, 6 mg Oral Capsule	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
<i>ziprasidone hcl</i>	2	GEODON	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	2	GEODON	QL(60 EA per 30 days)
ZYPREXA RELPREVV 210 mg Intramuscular Suspension Reconstituted	4		PA-NSO, QL(2 EA per 28 days)
ZYPREXA RELPREVV 300 mg Intramuscular Suspension Reconstituted, 405 mg Intramuscular Suspension Reconstituted	5		NDS, PA-NSO, QL(2 EA per 28 days), NM
Treatment-resistant			
<i>clozapine 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	2	FAZACLO	
VERSACLOZ	4		
ANTISPASTICITY AGENTS			
Antispasticity Agents			
<i>baclofen 5 mg Oral Tablet</i>	2		
<i>baclofen 10 mg Oral Tablet, 20 mg Oral Tablet</i>	2	LIORESAL	
<i>dantrolene sodium 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	2	DANTRIUM	
<i>dantrolene sodium 20 mg Intravenous Solution Reconstituted</i>	2	DANTRIUM IV	
REVONTO	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>tizanidine hcl 2 mg Oral Capsule, 2 mg Oral Tablet, 4 mg Oral Capsule, 4 mg Oral Tablet, 6 mg Oral Capsule</i>	2	ZANAFLEX	
ANTIVIRALS			
Anti-cytomegalovirus (cmv) Agents			
<i>cidofovir 75 mg/ml Intravenous Solution</i>	2	VISTIDE	
<i>ganciclovir sodium 500 mg/10ml Intravenous Solution</i>	2		PA BvD
<i>ganciclovir sodium 500 mg Intravenous Solution Reconstituted</i>	2	CYTOVENE	PA BvD
PREVYMIS 240 mg/12ml Intravenous Solution, 480 mg/24ml Intravenous Solution	5		NDS, PA, NM
PREVYMIS 240 mg Oral Tablet, 480 mg Oral Tablet	5		NDS, PA, QL(30 EA per 30 days), NM
<i>valganciclovir hcl 450 mg Oral Tablet</i>	2	VALCYTE	
Anti-hepatitis B (hbv) Agents			
<i>adefovir dipivoxil</i>	2	HEPSERA	
BARACLUDE 0.05 mg/ml Oral Solution	5		NDS, NM
<i>entecavir 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	2	BARACLUDE	QL(30 EA per 30 days)
<i>lamivudine 300 mg Oral Tablet</i>	2	EPIVIR	QL(30 EA per 30 days)
<i>lamivudine 150 mg Oral Tablet</i>	2	EPIVIR	QL(60 EA per 30 days)
<i>lamivudine 10 mg/ml Oral Solution</i>	2	EPIVIR	QL(960 ML per 30 days)
<i>lamivudine 100 mg Oral Tablet</i>	2	EPIVIR HBV	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate 300 mg Oral Tablet</i>	2	VIREAD	QL(30 EA per 30 days)
VEMLIDY	3		QL(30 EA per 30 days)
VIREAD 150 mg Oral Tablet, 200 mg Oral Tablet, 250 mg Oral Tablet	3		QL(30 EA per 30 days)
VIREAD 40 mg/gm Oral Powder	4		QL(240 GM per 30 days)
Anti-hepatitis C (hcv) Agents			
<i>ledipasvir-sofosbuvir 90-400 mg Oral Tablet</i>	5	HARVONI	NDS, PA, QL(28 EA per 28 days), NM
MAVYRET 100-40 mg Oral Tablet	5		NDS, PA, QL(84 EA per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
MAVYRET 50-20 mg Oral Packet	5		NDS, PA, QL(168 EA per 28 days), NM
<i>ribavirin 200 mg Oral Tablet</i>	2	COPEGUS	
<i>ribavirin 200 mg Oral Capsule</i>	2	REBETOL	
<i>ribavirin 6 gm Inhalation Solution Reconstituted</i>	5	VIRAZOLE	NDS, PA, NM
<i>sofosbuvir-velpatasvir 400-100 mg Oral Tablet</i>	5	EPCLUSA	NDS, PA, QL(28 EA per 28 days), NM
Antitherpetic Agents			
<i>acyclovir 200 mg Oral Capsule, 400 mg Oral Tablet, 800 mg Oral Tablet</i>	2	ZOVIRAX	
<i>acyclovir 200 mg/5ml Oral Suspension</i>	2	ZOVIRAX	
<i>acyclovir sodium</i>	2	ZOVIRAX	PA BvD
<i>famciclovir 125 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2	FAMVIR	
<i>trifluridine</i>	2	VIROPTIC	
<i>valacyclovir hcl 1 gm Oral Tablet, 500 mg Oral Tablet</i>	2	VALTREX	
Anti-hiv Agents, Integrase Inhibitors (insti)			
BIKTARVY	5		NDS, QL(30 EA per 30 days), NM
DOVATO	5		NDS, QL(30 EA per 30 days), NM
GENVOYA	5		NDS, QL(30 EA per 30 days), NM
ISENTRESS 25 mg Oral Tablet Chewable	3		QL(180 EA per 30 days)
ISENTRESS 100 mg Oral Packet	4		QL(60 EA per 30 days)
ISENTRESS 400 mg Oral Tablet	5		NDS, QL(120 EA per 30 days), NM
ISENTRESS 100 mg Oral Tablet Chewable	5		NDS, QL(180 EA per 30 days), NM
ISENTRESS HD	5		NDS, QL(60 EA per 30 days), NM
STRIBILD	5		NDS, QL(30 EA per 30 days), NM
SYMTUZA	5		NDS, QL(30 EA per 30 days), NM
TIVICAY 10 mg Oral Tablet	4		QL(240 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TIVICAY 25 mg Oral Tablet, 50 mg Oral Tablet	5		NDS, QL(60 EA per 30 days), NM
TIVICAY PD	4		QL(360 EA per 30 days)
<i>vocabria</i>	5		NDS, QL(30 EA per 30 days), NM
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nrti)			
COMPLERA	5		NDS, QL(30 EA per 30 days), NM
EDURANT	5		NDS, QL(30 EA per 30 days), NM
<i>efavirenz 600 mg Oral Tablet</i>	2	SUSTIVA	QL(30 EA per 30 days)
<i>efavirenz 200 mg Oral Capsule</i>	2	SUSTIVA	QL(90 EA per 30 days)
<i>efavirenz 50 mg Oral Capsule</i>	2	SUSTIVA	QL(180 EA per 30 days)
<i>etravirine 100 mg Oral Tablet, 200 mg Oral Tablet</i>	2	INTELENCE	QL(60 EA per 30 days)
INTELENCE 25 mg Oral Tablet	4		QL(120 EA per 30 days)
<i>nevirapine 200 mg Oral Tablet</i>	2	VIRAMUNE	QL(60 EA per 30 days)
<i>nevirapine 50 mg/5ml Oral Suspension</i>	2	VIRAMUNE	QL(1200 ML per 30 days)
<i>nevirapine er 400 mg Oral Tablet Extended Release 24 Hour</i>	2	VIRAMUNE XR	QL(30 EA per 30 days)
<i>nevirapine er 100 mg Oral Tablet Extended Release 24 Hour</i>	2	VIRAMUNE XR	QL(90 EA per 30 days)
PIFELTRO	5		NDS, QL(60 EA per 30 days), NM
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti)			
<i>abacavir sulfate 300 mg Oral Tablet</i>	2	ZIAGEN	QL(60 EA per 30 days)
<i>abacavir sulfate 20 mg/ml Oral Solution</i>	2	ZIAGEN	QL(960 ML per 30 days)
<i>abacavir sulfate-lamivudine</i>	2	EPZICOM	QL(30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	5	TRIZIVIR	NDS, QL(60 EA per 30 days), NM
<i>cabenuva 400 & 600 mg/2ml Intramuscular Suspension Extended Release</i>	5		NDS, QL(4 ML per 28 days), NM
<i>cabenuva 600 & 900 mg/3ml Intramuscular Suspension Extended Release</i>	5		NDS, QL(6 ML per 180 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
CIMDUO	5		NDS, QL(30 EA per 30 days), NM
DELSTRIGO	5		NDS, QL(30 EA per 30 days), NM
DESCOVY	5		NDS, QL(30 EA per 30 days), NM
<i>didanosine 200 mg Oral Capsule Delayed Release, 250 mg Oral Capsule Delayed Release, 400 mg Oral Capsule Delayed Release</i>	2	VIDEX	QL(30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir</i>	5	ATRIPLA	NDS, QL(30 EA per 30 days), NM
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg Oral Tablet</i>	5	SYMFI	NDS, QL(30 EA per 30 days), NM
<i>efavirenz-lamivudine-tenofovir 400-300-300 mg Oral Tablet</i>	5	SYMFI LO	NDS, QL(30 EA per 30 days), NM
<i>emtricitabine 200 mg Oral Capsule</i>	2	EMTRIVA	QL(30 EA per 30 days)
<i>emtricitabine-tenofovir df</i>	5	TRUVADA	NDS, QL(30 EA per 30 days), NM
EMTRIVA 10 mg/ml Oral Solution	3		QL(850 ML per 30 days)
JULUCA	5		NDS, QL(30 EA per 30 days), NM
<i>lamivudine-zidovudine</i>	2	COMBIVIR	QL(60 EA per 30 days)
ODEFSEY	5		NDS, QL(30 EA per 30 days), NM
RETROVIR 10 mg/ml Intravenous Solution	4		
<i>stavudine</i>	2	ZERIT	QL(60 EA per 30 days)
TEMIXYS	5		NDS, QL(30 EA per 30 days), NM
VIDEX	3		QL(1200 ML per 30 days)
<i>zidovudine 300 mg Oral Tablet</i>	2	RETROVIR	QL(60 EA per 30 days)
<i>zidovudine 100 mg Oral Capsule</i>	2	RETROVIR	QL(180 EA per 30 days)
<i>zidovudine 50 mg/5ml Oral Syrup</i>	2	RETROVIR	QL(1920 ML per 30 days)
Anti-hiv Agents, Other			
<i>foscarnet sodium</i>	4	FOSCAVIR	PA BvD
FUZEON	5		NDS, QL(60 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
RUKOBIA	5		NDS, QL(60 EA per 30 days), NM
SELZENTRY 25 mg Oral Tablet	3		QL(240 EA per 30 days)
SELZENTRY 20 mg/ml Oral Solution	4		QL(1800 ML per 30 days)
SELZENTRY 150 mg Oral Tablet, 75 mg Oral Tablet	5		NDS, QL(60 EA per 30 days), NM
SELZENTRY 300 mg Oral Tablet	5		NDS, QL(120 EA per 30 days), NM
TRIUMEQ	5		NDS, QL(30 EA per 30 days), NM
TROGARZO	5		NDS, NM
TYBOST	3		QL(30 EA per 30 days)
Anti-hiv Agents, Protease Inhibitors (pi)			
APTIVUS 250 mg Oral Capsule	4		QL(120 EA per 30 days)
APTIVUS 100 mg/ml Oral Solution	4		QL(380 ML per 30 days)
<i>atazanavir sulfate 300 mg Oral Capsule</i>	2	REYATAZ	QL(30 EA per 30 days)
<i>atazanavir sulfate 150 mg Oral Capsule, 200 mg Oral Capsule</i>	2	REYATAZ	QL(60 EA per 30 days)
CRIXIVAN 400 mg Oral Capsule	3		QL(180 EA per 30 days)
CRIXIVAN 200 mg Oral Capsule	3		QL(270 EA per 30 days)
EVOTAZ	5		NDS, QL(30 EA per 30 days), NM
<i>fosamprenavir calcium 700 mg Oral Tablet</i>	2	LEXIVA	QL(120 EA per 30 days)
INVIRASE	5		NDS, QL(120 EA per 30 days), NM
LEXIVA 50 mg/ml Oral Suspension	4		QL(1800 ML per 30 days)
<i>lopinavir-ritonavir 200-50 mg Oral Tablet</i>	2	KALETRA	QL(120 EA per 30 days)
<i>lopinavir-ritonavir 100-25 mg Oral Tablet</i>	2	KALETRA	QL(300 EA per 30 days)
<i>lopinavir-ritonavir 400-100 mg/5ml Oral Solution</i>	2	KALETRA	QL(480 ML per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NORVIR 100 mg Oral Packet	3		QL(360 EA per 30 days)
NORVIR 80 mg/ml Oral Solution	3		QL(480 ML per 30 days)
PREZCOBIX	5		NDS, QL(30 EA per 30 days), NM
PREZISTA 75 mg Oral Tablet	4		QL(480 EA per 30 days)
PREZISTA 800 mg Oral Tablet	5		NDS, QL(30 EA per 30 days), NM
PREZISTA 600 mg Oral Tablet	5		NDS, QL(60 EA per 30 days), NM
PREZISTA 150 mg Oral Tablet	5		NDS, QL(180 EA per 30 days), NM
PREZISTA 100 mg/ml Oral Suspension	5		NDS, QL(400 ML per 30 days), NM
REYATAZ 50 mg Oral Packet	4		QL(180 EA per 30 days)
<i>ritonavir 100 mg Oral Tablet</i>	2	NORVIR	QL(360 EA per 30 days)
VIRACEPT 625 mg Oral Tablet	5		NDS, QL(120 EA per 30 days), NM
VIRACEPT 250 mg Oral Tablet	5		NDS, QL(270 EA per 30 days), NM
Anti-influenza Agents			
<i>oseltamivir phosphate 45 mg Oral Capsule, 75 mg Oral Capsule</i>	2	TAMIFLU	QL(42 EA per 180 days)
<i>oseltamivir phosphate 30 mg Oral Capsule</i>	2	TAMIFLU	QL(84 EA per 180 days)
<i>oseltamivir phosphate 6 mg/ml Oral Suspension Reconstituted</i>	2	TAMIFLU	QL(540 ML per 180 days)
RELENZA DISKHALER	3		QL(60 EA per 180 days)
<i>rimantadine hcl</i>	2	FLUMADINE	
XOFLUZA (40 MG DOSE) 2 x 20 mg Oral Tablet Therapy Pack	4		QL(4 EA per 180 days)
XOFLUZA (80 MG DOSE) 2 x 40 mg Oral Tablet Therapy Pack	4		QL(4 EA per 180 days)
ANTIVIRALS			
Anti-influenza Agents			
XOFLUZA (40 MG DOSE) 1 x 40 mg Oral Tablet Therapy Pack	4		QL(4 EA per 180 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XOFLUZA (80 MG DOSE) 1 x 80 mg Oral Tablet Therapy Pack	4		QL(2 EA per 180 days)
ANXIOLYTICS			
Anxiolytics, Other			
<i>buspirone hcl 10 mg Oral Tablet, 15 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	2	BUSPAR	
<i>hydroxyzine pamoate 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	2	VISTARIL	
<i>meprobamate</i>	2		AL, NDS, PA-HRM, NM
<i>oxazepam</i>	2	SERAX	NDS, QL(120 EA per 30 days), NM
Benzodiazepines			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>	2	NIRAVAM	NDS, QL(120 EA per 30 days), NM
<i>alprazolam 2 mg tab disint</i>	2	NIRAVAM	NDS, QL(150 EA per 30 days), NM
<i>alprazolam 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	2	XANAX	NDS, QL(120 EA per 30 days), NM
<i>alprazolam 2 mg Oral Tablet</i>	2	XANAX	NDS, QL(150 EA per 30 days), NM
<i>alprazolam er 0.5 mg Oral Tablet Extended Release 24 Hour, 1 mg Oral Tablet Extended Release 24 Hour</i>	2	XANAX XR	NDS, QL(30 EA per 30 days), NM
<i>alprazolam er 3 mg Oral Tablet Extended Release 24 Hour</i>	2	XANAX XR	NDS, QL(90 EA per 30 days), NM
<i>alprazolam er 2 mg Oral Tablet Extended Release 24 Hour</i>	2	XANAX XR	NDS, QL(150 EA per 30 days), NM
ALPRAZOLAM INTENSOL	3		NDS, QL(300 ML per 30 days), NM
<i>alprazolam xr 0.5 mg Oral Tablet Extended Release 24 Hour, 1 mg Oral Tablet Extended Release 24 Hour</i>	2	XANAX XR	NDS, QL(30 EA per 30 days), NM
<i>alprazolam xr 3 mg Oral Tablet Extended Release 24 Hour</i>	2	XANAX XR	NDS, QL(90 EA per 30 days), NM
<i>alprazolam xr 2 mg Oral Tablet Extended Release 24 Hour</i>	2	XANAX XR	NDS, QL(150 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg Oral Tablet, 0.5 mg tab disint, 1 mg Oral Tablet, 1 mg tab disint</i>	2	KLONOPIN	NDS, QL(120 EA per 30 days), NM
<i>clonazepam 2 mg Oral Tablet, 2 mg tab disint</i>	2	KLONOPIN	NDS, QL(300 EA per 30 days), NM
<i>clorazepate dipotassium 3.75 mg Oral Tablet, 7.5 mg Oral Tablet</i>	2	TRANXENE	NDS, QL(120 EA per 30 days), NM
<i>clorazepate dipotassium 15 mg Oral Tablet</i>	2	TRANXENE	NDS, QL(180 EA per 30 days), NM
<i>diazepam 5 mg/ml Oral Concentrate</i>	2		NDS, QL(240 ML per 30 days), NM
<i>diazepam 10 mg Oral Tablet, 2 mg Oral Tablet, 5 mg Oral Tablet</i>	2	VALIUM	NDS, QL(120 EA per 30 days), NM
<i>diazepam 5 mg/5ml Oral Solution</i>	2	VALIUM	NDS, QL(1200 ML per 30 days), NM
DIAZEPAM INTENSOL	2		NDS, QL(240 ML per 30 days), NM
<i>lorazepam 4 mg/ml Injection Solution</i>	2		NDS, QL(90 ML per 30 days), NM
<i>lorazepam 2 mg/ml Injection Solution</i>	2		NDS, QL(120 ML per 30 days), NM
<i>lorazepam 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	ATIVAN	NDS, NM
<i>lorazepam 2 mg/ml Oral Concentrate</i>	2	LORAZEPAM INTENSOL	NDS, QL(150 ML per 30 days), NM
LORAZEPAM INTENSOL	2		NDS, QL(150 ML per 30 days), NM
BIPOLAR AGENTS			
Mood Stabilizers			
<i>carbamazepine er 100 mg Oral Capsule Extended Release 12 Hour, 200 mg Oral Capsule Extended Release 12 Hour, 300 mg Oral Capsule Extended Release 12 Hour</i>	2	CARBATROL	
<i>lithium</i>	2		
<i>lithium carbonate 150 mg Oral Capsule, 600 mg Oral Capsule</i>	2		
<i>lithium carbonate 300 mg Oral Capsule</i>	2	ESKALITH	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lithium carbonate 300 mg Oral Tablet</i>	2	LITHOBID	
<i>lithium carbonate er 450 mg Oral Tablet Extended Release</i>	2	ESKALITH CR	
<i>lithium carbonate er 300 mg Oral Tablet Extended Release</i>	2	LITHOBID	
BLOOD GLUCOSE REGULATORS			
Antidiabetic Agents			
<i>acarbose 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	PRECOSE	QL(90 EA per 30 days), GC
BYDUREON	4		QL(4 EA per 28 days), ST
BYDUREON BCISE	4		(4 pens), QL(3.4 ML per 28 days), ST
BYETTA 10 MCG PEN	4		QL(2.4 ML per 30 days), ST
BYETTA 5 MCG PEN	4		QL(1.2 ML per 30 days), ST
CYCLOSET	4		PA, QL(180 EA per 30 days)
<i>glimepiride 4 mg Oral Tablet</i>	2	AMARYL	QL(60 EA per 30 days)
<i>glimepiride 2 mg Oral Tablet</i>	2	AMARYL	QL(120 EA per 30 days)
<i>glimepiride 1 mg Oral Tablet</i>	2	AMARYL	QL(240 EA per 30 days)
<i>glipizide 10 mg Oral Tablet</i>	1	GLUCOTROL	QL(120 EA per 30 days), GC
<i>glipizide 5 mg Oral Tablet</i>	1	GLUCOTROL	QL(240 EA per 30 days), GC
<i>glipizide er 10 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(60 EA per 30 days), GC
<i>glipizide er 5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(120 EA per 30 days), GC
<i>glipizide er 2.5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(240 EA per 30 days), GC
<i>glipizide xl 10 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(60 EA per 30 days), GC
<i>glipizide xl 5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(120 EA per 30 days), GC
<i>glipizide xl 2.5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(240 EA per 30 days), GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>glipizide-metformin hcl 2.5-500 mg Oral Tablet, 5-500 mg Oral Tablet</i>	1	METAGLIP	QL(120 EA per 30 days), GC
<i>glipizide-metformin hcl 2.5-250 mg Oral Tablet</i>	1	METAGLIP	QL(240 EA per 30 days), GC
<i>glyburide 5 mg Oral Tablet</i>	2	DIABETA	AL, PA-HRM, QL(120 EA per 30 days)
<i>glyburide 2.5 mg Oral Tablet</i>	2	DIABETA	AL, PA-HRM, QL(240 EA per 30 days)
<i>glyburide 1.25 mg Oral Tablet</i>	2	DIABETA	AL, PA-HRM, QL(480 EA per 30 days)
<i>glyburide micronized 6 mg Oral Tablet</i>	2	GLYNASE	AL, PA-HRM, QL(60 EA per 30 days)
<i>glyburide micronized 3 mg Oral Tablet</i>	2	GLYNASE	AL, PA-HRM, QL(120 EA per 30 days)
<i>glyburide micronized 1.5 mg Oral Tablet</i>	2	GLYNASE	AL, PA-HRM, QL(240 EA per 30 days)
<i>glyburide-metformin 2.5-500 mg Oral Tablet, 5-500 mg Oral Tablet</i>	2	GLUCOVANCE	AL, PA-HRM, QL(120 EA per 30 days)
<i>glyburide-metformin 1.25-250 mg Oral Tablet</i>	2	GLUCOVANCE	AL, PA-HRM, QL(240 EA per 30 days)
GLYXAMBI	3		QL(30 EA per 30 days)
INVOKAMET	3		QL(60 EA per 30 days)
INVOKAMET XR 150-1000 mg Oral Tablet Extended Release 24 Hour, 150-500 mg Oral Tablet Extended Release 24 Hour, 50-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(60 EA per 30 days)
INVOKAMET XR 50-500 mg Oral Tablet Extended Release 24 Hour	3		QL(120 EA per 30 days)
INVOKANA	3		QL(30 EA per 30 days)
JARDIANCE	3		QL(30 EA per 30 days)
JENTADUETO	3		QL(60 EA per 30 days)
JENTADUETO XR 5-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(30 EA per 30 days)
JENTADUETO XR 2.5-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(60 EA per 30 days)
<i>metformin hcl 1000 mg Oral Tablet</i>	1	GLUCOPHAGE	QL(75 EA per 30 days), GC
<i>metformin hcl 850 mg Oral Tablet</i>	1	GLUCOPHAGE	QL(90 EA per 30 days), GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>metformin hcl 500 mg Oral Tablet</i>	1	GLUCOPHAGE	QL(150 EA per 30 days), GC
<i>metformin hcl er 750 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOPHAGE XR	QL(60 EA per 30 days), GC
<i>metformin hcl er 500 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOPHAGE XR	QL(120 EA per 30 days), GC
<i>miglitol</i>	2	GLYSET	QL(90 EA per 30 days)
<i>nateglinide</i>	1	STARLIX	QL(90 EA per 30 days), GC
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3		(1 pen), QL(1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) 4 mg/3ml Subcutaneous Solution Pen-injector	3		(1 pen), QL(3 ML per 28 days)
OZEMPIC (1 MG/DOSE) 2 mg/1.5ml Subcutaneous Solution Pen-injector	3		(2 pens), QL(3 ML per 28 days)
<i>pioglitazone hcl 30 mg Oral Tablet, 45 mg Oral Tablet</i>	1	ACTOS	QL(30 EA per 30 days), GC
<i>pioglitazone hcl 15 mg Oral Tablet</i>	1	ACTOS	QL(90 EA per 30 days), GC
<i>pioglitazone hcl-metformin hcl</i>	2	ACTOPLUS MET	QL(90 EA per 30 days)
<i>repaglinide 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	1	PRANDIN	QL(120 EA per 30 days), GC
<i>repaglinide 2 mg Oral Tablet</i>	1	PRANDIN	QL(240 EA per 30 days), GC
RYBELSUS 14 mg Oral Tablet, 7 mg Oral Tablet	3		QL(30 EA per 30 days)
RYBELSUS 3 mg Oral Tablet	3		QL(30 EA per 180 days)
SYMLINPEN 120	3		PA, QL(10.8 ML per 28 days)
SYMLINPEN 60	3		PA, QL(6 ML per 28 days)
SYNJARDY	3		QL(60 EA per 30 days)
SYNJARDY XR 10-1000 mg Oral Tablet Extended Release 24 Hour, 25-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(30 EA per 30 days)
SYNJARDY XR 12.5-1000 mg Oral Tablet Extended Release 24 Hour,	3		QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
5-1000 mg Oral Tablet Extended Release 24 Hour			
<i>tolbutamide</i>	1	ORINASE	QL(180 EA per 30 days), GC
TRADJENTA	3		QL(30 EA per 30 days)
TRULICITY	3		QL(2 ML per 28 days)
VICTOZA	3		QL(9 ML per 30 days)
XULTOPHY	3		QL(15 ML per 30 days), ST
Glycemic Agents			
BAQSIMI ONE PACK	3		
BAQSIMI TWO PACK	3		
<i>diazoxide 50 mg/ml Oral Suspension</i>	2	PROGLYCEM	
GLUCAGEN DIAGNOSTIC	3		
GLUCAGEN HYPOKIT	3		
<i>glucagon emergency 1 mg/ml Injection Solution Reconstituted</i>	3		
<i>glucagon emergency 1 mg Injection Kit</i>	3	GLUCAGON EMERGENCY	
<i>glucagon hcl (diagnostic)</i>	3		
GVOKE HYPOPEN 1-PACK	3		
GVOKE HYPOPEN 2-PACK	3		
GVOKE KIT	3		
GVOKE PFS	3		
KORLYM	5		NDS, PA, QL(120 EA per 30 days), LA, NM
Insulins			
HUMULIN R U-500 (CONCENTRATED)	4		SI, PA
HUMULIN R U-500 KWIKPEN	4		SI, PA
LANTUS	3		SI
LANTUS SOLOSTAR	3		SI
LEVEMIR	3		SI
LEVEMIR FLEXTOUCH	3		SI
NOVOLIN 70/30	3		SI
NOVOLIN 70/30 FLEXPEN	3		SI
NOVOLIN 70/30 FLEXPEN RELION	3		SI
NOVOLIN 70/30 RELION	3		SI
NOVOLIN N	3		SI
NOVOLIN N FLEXPEN	3		SI

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NOVOLIN N FLEXPEN RELION	3		SI
NOVOLIN N RELION	3		SI
NOVOLIN R	3		SI
NOVOLIN R FLEXPEN	3		SI
NOVOLIN R FLEXPEN RELION	3		SI
NOVOLIN R RELION	3		SI
NOVOLOG	3		SI
NOVOLOG 70/30 FLEXPEN RELION	3		SI
NOVOLOG FLEXPEN	3		SI
NOVOLOG FLEXPEN RELION	3		SI
NOVOLOG MIX 70/30	3		SI
NOVOLOG MIX 70/30 FLEXPEN	3		SI
NOVOLOG MIX 70/30 RELION	3		SI
NOVOLOG PENFILL	3		SI
NOVOLOG RELION	3		SI
TOUJEO MAX SOLOSTAR	3		SI
TOUJEO SOLOSTAR	3		SI
TRESIBA	3		SI
TRESIBA FLEXTOUCH	3		SI
BLOOD PRODUCTS AND MODIFIERS			
Anticoagulants			
BEVYXXA	4		QL(30 EA per 30 days)
ELIQUIS 2.5 mg Oral Tablet	3		QL(60 EA per 30 days)
ELIQUIS 5 mg Oral Tablet	3		QL(120 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK 5 mg Oral Tablet Therapy Pack	3		QL(74 EA per 180 days)
<i>enoxaparin sodium 30 mg/0.3ml Subcutaneous Solution</i>	2	LOVENOX	(28 syringes), QL(8.4 ML per 14 days)
<i>enoxaparin sodium 40 mg/0.4ml Subcutaneous Solution</i>	2	LOVENOX	(28 syringes), QL(11.2 ML per 14 days)
<i>enoxaparin sodium 60 mg/0.6ml Subcutaneous Solution</i>	2	LOVENOX	(28 syringes), QL(16.8 ML per 14 days)
<i>enoxaparin sodium 120 mg/0.8ml Subcutaneous Solution, 80 mg/0.8ml Subcutaneous Solution</i>	2	LOVENOX	(28 syringes), QL(22.4 ML per 14 days)
<i>enoxaparin sodium 100 mg/ml Subcutaneous Solution, 300 mg/3ml Injection Solution</i>	2	LOVENOX	QL(28 ML per 14 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>enoxaparin sodium 150 mg/ml Subcutaneous Solution</i>	4	LOVENOX	QL(28 ML per 14 days)
<i>fondaparinux sodium 2.5 mg/0.5ml Subcutaneous Solution</i>	4	ARIXTRA	(14 syringes)
<i>fondaparinux sodium 5 mg/0.4ml Subcutaneous Solution</i>	4	ARIXTRA	(14 syringes), QL(5.6 ML per 14 days)
<i>fondaparinux sodium 7.5 mg/0.6ml Subcutaneous Solution</i>	4	ARIXTRA	(14 syringes), QL(8.4 ML per 14 days)
<i>fondaparinux sodium 10 mg/0.8ml Subcutaneous Solution</i>	4	ARIXTRA	(14 syringes), QL(11.2 ML per 14 days)
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% Intravenous Solution, 25000-0.45 ut/250ml-% Intravenous Solution</i>	2		
<i>heparin sod (porcine) in d5w 100 unit/ml Intravenous Solution, 40-5 unit/ml-% Intravenous Solution</i>	2		
<i>heparin sodium (porcine) 10000 unit/ml Injection Solution</i>	2		
<i>heparin sodium (porcine) 1000 unit/ml Injection Solution, 20000 unit/ml Injection Solution, 5000 unit/ml Injection Solution</i>	2		PA BvD
<i>heparin sodium (porcine) 5000 unit/0.5ml Injection Solution Prefilled Syringe</i>	2		PA BvD
<i>heparin sodium (porcine) pf 5000 unit/0.5ml Injection Solution</i>	2		PA BvD
<i>heparin sodium (porcine) pf 5000 unit/ml Injection Solution</i>	2		PA BvD
JANTOVEN	1		GC
PRADAXA	4		QL(60 EA per 30 days), ST
<i>warfarin sodium 1 mg Oral Tablet, 10 mg Oral Tablet, 2 mg Oral Tablet, 2.5 mg Oral Tablet, 3 mg Oral Tablet, 4 mg Oral Tablet, 5 mg Oral Tablet, 6 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	COUMADIN	GC
XARELTO	3		
XARELTO STARTER PACK	3		
Blood Products And Modifiers, Other			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ADAKVEO	5		NDS, PA, NM
<i>anagrelide hcl</i>	2	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml Injection Solution Prefilled Syringe, 100 mcg/0.5ml Injection Solution Prefilled Syringe, 100 mcg/ml Injection Solution, 150 mcg/0.3ml Injection Solution Prefilled Syringe, 200 mcg/0.4ml Injection Solution Prefilled Syringe, 200 mcg/ml Injection Solution, 25 mcg/0.42ml Injection Solution Prefilled Syringe, 25 mcg/ml Injection Solution, 300 mcg/0.6ml Injection Solution Prefilled Syringe, 300 mcg/ml Injection Solution, 40 mcg/0.4ml Injection Solution Prefilled Syringe, 40 mcg/ml Injection Solution, 500 mcg/ml Injection Solution Prefilled Syringe, 60 mcg/0.3ml Injection Solution Prefilled Syringe, 60 mcg/ml Injection Solution	4		PA
EMPAVELI	5		NDS, PA, NM
EPOGEN	3		PA, QL(12 ML per 28 days)
LEUKINE	5		NDS, PA, NM
MOZOBIL	5		NDS, NM
MULPLETA	5		NDS, PA, QL(7 EA per 30 days), NM
NEULASTA ONPRO	5		NDS, PA, NM
NIVESTYM	5		NDS, PA, NM
NPLATE	5		NDS, PA, LA, NM
OXBRYTA 500 mg Oral Tablet	5		NDS, PA, QL(150 EA per 30 days), NM
PROCRIT 40000 unit/ml Injection Solution	4		PA, QL(6 ML per 28 days)
PROCRIT 10000 unit/ml Injection Solution, 2000 unit/ml Injection Solution, 20000 unit/ml Injection Solution, 3000 unit/ml Injection	4		PA, QL(12 ML per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Solution, 4000 unit/ml Injection Solution			
PROMACTA	5		NDS, PA, NM
REBLOZYL	5		NDS, PA, NM
RETACRIT 40000 unit/ml Injection Solution	3		PA, QL(6 ML per 28 days)
RETACRIT 10000 unit/ml Injection Solution, 2000 unit/ml Injection Solution, 20000 unit/ml Injection Solution, 3000 unit/ml Injection Solution, 4000 unit/ml Injection Solution	3		PA, QL(12 ML per 28 days)
UDENYCA	5		NDS, PA, QL(1.2 ML per 28 days), NM
ZARXIO	5		NDS, PA, NM
ZIEXTENZO	5		NDS, PA, QL(1.2 ML per 28 days), NM
Hemostasis Agents			
<i>aminocaproic acid 250 mg/ml Intravenous Solution</i>	2		
<i>tranexamic acid 1000 mg/10ml Intravenous Solution</i>	2	CYKLOKAPRON	
<i>tranexamic acid 650 mg Oral Tablet</i>	2	LYSTEDA	
Platelet Modifying Agents			
<i>aspirin-dipyridamole er</i>	2	AGGRENOX	
BRILINTA	3		
CABLIVI	5		NDS, PA, QL(28 EA per 28 days), NM
<i>cilostazol</i>	2	PLETAL	
<i>clopidogrel bisulfate 75 mg Oral Tablet</i>	1	PLAVIX	GC
<i>dipyridamole 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	2	PERSANTINE	
DOPTELET	5		NDS, PA, QL(10 EA per 30 days), NM
DOPTELET	5		NDS, PA, QL(15 EA per 30 days), NM
DOPTELET	5		NDS, PA, QL(60 EA per 30 days), NM
<i>prasugrel hcl</i>	1	EFFIENT	QL(30 EA per 30 days), GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TAVALISSE	5		NDS, PA, QL(60 EA per 30 days), NM
ZONTIVITY	4		PA
CARDIOVASCULAR AGENTS			
Alpha-adrenergic Agonists			
<i>clonidine</i>	2	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg Oral Tablet, 0.2 mg Oral Tablet, 0.3 mg Oral Tablet</i>	1	CATAPRES	GC
<i>droxidopa 100 mg Oral Capsule</i>	5	NORTHERA	NDS, PA, QL(90 EA per 30 days), NM
<i>droxidopa 200 mg Oral Capsule, 300 mg Oral Capsule</i>	5	NORTHERA	NDS, PA, QL(180 EA per 30 days), NM
<i>midodrine hcl</i>	2	PROAMATINE	
<i>phenylephrine hcl 10 mg/ml Intravenous Solution</i>	2		
Alpha-adrenergic Blocking Agents			
<i>doxazosin mesylate 1 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	2	CARDURA	
<i>prazosin hcl 1 mg Oral Capsule, 2 mg Oral Capsule, 5 mg Oral Capsule</i>	2	MINIPRESS	
<i>terazosin hcl</i>	1	HYTRIN	GC
Angiotensin II Receptor Antagonists			
<i>candesartan cilexetil 32 mg Oral Tablet</i>	1	ATACAND	QL(30 EA per 30 days), GC
<i>candesartan cilexetil 16 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	ATACAND	QL(60 EA per 30 days), GC
EDARBI	4		QL(30 EA per 30 days)
<i>eprosartan mesylate</i>	2	TEVETEN	QL(45 EA per 30 days)
<i>irbesartan</i>	1	AVAPRO	QL(30 EA per 30 days), GC
<i>losartan potassium 100 mg Oral Tablet</i>	1	COZAAR	QL(45 EA per 30 days), GC
<i>losartan potassium 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	COZAAR	QL(60 EA per 30 days), GC
<i>olmesartan medoxomil 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	BENICAR	QL(30 EA per 30 days), GC
<i>olmesartan medoxomil 5 mg Oral Tablet</i>	1	BENICAR	QL(60 EA per 30 days), GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>telmisartan</i>	1	MICARDIS	QL(30 EA per 30 days), GC
<i>valsartan 320 mg Oral Tablet</i>	1	DIOVAN	QL(30 EA per 30 days), GC
<i>valsartan 160 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	DIOVAN	QL(60 EA per 30 days), GC
Angiotensin-converting Enzyme (ace) Inhibitors			
<i>benazepril hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet</i>	1	LOTENSIN	QL(60 EA per 30 days), GC
<i>captopril 100 mg Oral Tablet, 12.5 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	CAPOTEN	GC
<i>enalapril maleate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	VASOTEC	QL(60 EA per 30 days), GC
<i>enalaprilat</i>	2		QL(120 ML per 30 days)
<i>fosinopril sodium</i>	1	MONOPRIL	QL(60 EA per 30 days), GC
<i>lisinopril 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ZESTRIL	QL(60 EA per 30 days), GC
<i>moexipril hcl</i>	1	UNIVASC	GC
<i>perindopril erbumine</i>	2	ACEON	QL(60 EA per 30 days)
<i>quinapril hcl</i>	1	ACCUPRIL	QL(60 EA per 30 days), GC
<i>ramipril</i>	1	ALTACE	QL(60 EA per 30 days), GC
<i>trandolapril</i>	1	MAVIK	QL(60 EA per 30 days), GC
Antiarrhythmics			
<i>amiodarone hcl 450 mg/9ml Intravenous Solution</i>	2		
<i>amiodarone hcl 100 mg Oral Tablet, 200 mg Oral Tablet, 400 mg Oral Tablet</i>	2	CORDARONE	
<i>amiodarone hcl 150 mg/3ml Intravenous Solution, 900 mg/18ml Intravenous Solution</i>	2	CORDARONE	
<i>disopyramide phosphate</i>	2	NORPACE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>dofetilide</i>	2	TIKOSYN	
<i>flecainide acetate</i>	2	TAMBOCOR	
<i>lidocaine hcl (cardiac) 50 mg/5ml iv soln pfs</i>	2		
<i>lidocaine hcl (cardiac) pf 100 mg/5ml Intravenous Solution, 50 mg/5ml iv soln pfs</i>	2		
<i>lidocaine in d5w 8-5 mg/ml-% Intravenous Solution</i>	2		
<i>mexiletine hcl 150 mg Oral Capsule, 200 mg Oral Capsule, 250 mg Oral Capsule</i>	2	MEXITIL	
MULTAQ	3		
PACERONE	2		
<i>procainamide hcl 100 mg/ml Injection Solution, 500 mg/ml Injection Solution</i>	2	PRONESTYL	
<i>propafenone hcl</i>	2	RYTHMOL	
<i>propafenone hcl er</i>	2	RYTHMOL SR	
<i>quinidine gluconate er</i>	2		
<i>quinidine sulfate 200 mg Oral Tablet, 300 mg Oral Tablet</i>	2		
<i>sotalol hcl 120 mg Oral Tablet, 160 mg Oral Tablet, 240 mg Oral Tablet, 80 mg Oral Tablet</i>	2	BETAPACE	
<i>sotalol hcl (af)</i>	2	BETAPACE AF	
Beta-adrenergic Blocking Agents			
<i>acebutolol hcl 200 mg Oral Capsule, 400 mg Oral Capsule</i>	1	SECTRAL	GC
<i>atenolol 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	TENORMIN	GC
<i>betaxolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet</i>	2	KERLONE	
<i>bisoprolol fumarate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	ZEBETA	
<i>carvedilol</i>	1	COREG	GC
<i>labetalol hcl 100 mg Oral Tablet, 200 mg Oral Tablet, 300 mg Oral Tablet</i>	2	NORMODYNE	
<i>labetalol hcl 5 mg/ml Intravenous Solution</i>	2	NORMODYNE	
<i>metoprolol succinate er</i>	1	TOPROL	GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>metoprolol tartrate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	LOPRESSOR	GC
<i>metoprolol tartrate 5 mg/5ml Intravenous Solution</i>	2	LOPRESSOR	
<i>nadolol 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	2	CORGARD	
<i>pindolol</i>	2	VISKEN	
<i>propranolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 60 mg Oral Tablet, 80 mg Oral Tablet</i>	2	INDERAL	
<i>propranolol hcl 1 mg/ml Intravenous Solution, 20 mg/5ml Oral Solution, 40 mg/5ml Oral Solution</i>	2	INDERAL	
<i>propranolol hcl er</i>	2	INDERAL LA	
<i>timolol maleate 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	2	BLOCADREN	
Calcium Channel Blocking Agents, Dihydropyridines			
<i>amlodipine besylate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	NORVASC	GC
<i>felodipine er</i>	1	PLENDIL	GC
<i>isradipine</i>	2	DYNACIRC	
<i>nicardipine hcl 20 mg Oral Capsule, 30 mg Oral Capsule</i>	2	CARDENE	
<i>nicardipine hcl 2.5 mg/ml Intravenous Solution</i>	2	CARDENE	
<i>nifedipine er</i>	2	ADALAT CC	
<i>nifedipine er osmotic release</i>	2	PROCARDIA XL	
<i>nimodipine 30 mg Oral Capsule</i>	2	NIMOTOP	
<i>nisoldipine er</i>	2	SULAR	
Calcium Channel Blocking Agents, Nondihydropyridines			
CARTIA XT	2		
<i>diltiazem hcl 125 mg/25ml Intravenous Solution, 25 mg/5ml Intravenous Solution</i>	2		
<i>diltiazem hcl 100 mg Intravenous Solution Reconstituted, 120 mg</i>	2	CARDIZEM	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Oral Tablet, 30 mg Oral Tablet, 60 mg Oral Tablet, 90 mg Oral Tablet</i>			
<i>diltiazem hcl 50 mg/10ml Intravenous Solution</i>	2	CARDIZEM	
<i>diltiazem hcl er 120 mg Oral Capsule Extended Release 12 Hour, 60 mg Oral Capsule Extended Release 12 Hour, 90 mg Oral Capsule Extended Release 12 Hour</i>	2	CARDIZEM	
<i>diltiazem hcl er 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour</i>	2	DILACOR XR	
<i>diltiazem hcl er beads</i>	2	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour, 360 mg Oral Capsule Extended Release 24 Hour</i>	2	CARDIZEM CD	
<i>diltiazem hcl er coated beads 180 mg Oral Tablet Extended Release 24 Hour, 240 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 360 mg Oral Tablet Extended Release 24 Hour, 420 mg Oral Tablet Extended Release 24 Hour</i>	2	CARDIZEM LA	
<i>dilt-xr</i>	2	DILACOR XR	
MATZIM LA	2		
TAZTIA XT	2		
TIADYLT ER	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>verapamil hcl 120 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	2	CALAN	
<i>verapamil hcl 2.5 mg/ml Intravenous Solution</i>	2	ISOPTIN	
<i>verapamil hcl er 120 mg Oral Tablet Extended Release, 180 mg Oral Tablet Extended Release, 240 mg Oral Tablet Extended Release</i>	2	CALAN	
<i>verapamil hcl er 100 mg Oral Capsule Extended Release 24 Hour, 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 200 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour, 360 mg Oral Capsule Extended Release 24 Hour</i>	2	VERELAN	
Cardiovascular Agents, Other			
<i>acetazolamide 125 mg Oral Tablet, 250 mg Oral Tablet</i>	2	DIAMOX	
<i>acetazolamide sodium</i>	2	DIAMOX	
ALDACTAZIDE 50-50 mg Oral Tablet	4		
<i>aliskiren fumarate</i>	2	TEKTURNA	QL(30 EA per 30 days)
<i>amiloride-hydrochlorothiazide</i>	2	MODURETIC	
<i>amlodipine besy-benazepril hcl</i>	1	LOTREL	GC
<i>amlodipine besylate-valsartan</i>	2	EXFORGE	
<i>amlodipine-atorvastatin</i>	2	CADUET	QL(30 EA per 30 days)
<i>amlodipine-olmesartan</i>	2	AZOR	QL(30 EA per 30 days)
<i>amlodipine-valsartan-hctz</i>	2	EXFORGE HCT	
<i>atenolol-chlorthalidone</i>	1	TENORETIC	GC
<i>atropine sulfate 0.25 mg/5ml Injection Solution Prefilled Syringe</i>	2		
<i>benazepril-hydrochlorothiazide</i>	1	LOTENSIN HCT	QL(60 EA per 30 days), GC
<i>bisoprolol-hydrochlorothiazide</i>	1	ZIAC	GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>candesartan cilexetil-hctz 32-12.5 mg Oral Tablet, 32-25 mg Oral Tablet</i>	2	ATACAND HCT	QL(30 EA per 30 days)
<i>candesartan cilexetil-hctz 16-12.5 mg Oral Tablet</i>	2	ATACAND HCT	QL(60 EA per 30 days)
<i>captopril-hydrochlorothiazide</i>	1	CAPOZIDE	GC
CORLANOR 5 mg Oral Tablet, 7.5 mg Oral Tablet	4		PA, QL(60 EA per 30 days)
DIGITEK	2		
<i>digox</i>	2	LANOXIN	
<i>digoxin 125 mcg Oral Tablet, 250 mcg Oral Tablet</i>	2	LANOXIN	
<i>digoxin 0.25 mg/ml Injection Solution</i>	2	LANOXIN	
<i>digoxin 0.05 mg/ml Oral Solution</i>	4	LANOXIN	
<i>dobutamine hcl 250 mg/20ml Intravenous Solution</i>	2		PA BvD
<i>dobutamine in d5w 1-5 mg/ml-% Intravenous Solution, 2 mg/ml Intravenous Solution, 4-5 mg/ml-% Intravenous Solution</i>	2		PA BvD
EDARBYCLOR	4		QL(30 EA per 30 days)
<i>enalapril-hydrochlorothiazide</i>	1	VASERETIC	QL(60 EA per 30 days), GC
ENTRESTO 97-103 mg Oral Tablet	3		QL(60 EA per 30 days)
ENTRESTO 49-51 mg Oral Tablet	3		QL(90 EA per 30 days)
ENTRESTO 24-26 mg Oral Tablet	3		QL(180 EA per 30 days)
<i>fosinopril sodium-hctz</i>	2	MONOPRIL-HCT	QL(120 EA per 30 days)
<i>hydrochlorothiazide 25 mg Oral Tablet</i>	1	HYDRODIURIL	GC
<i>irbesartan-hydrochlorothiazide</i>	1	AVALIDE	QL(30 EA per 30 days), GC
LANOXIN 125 mcg Oral Tablet, 250 mcg Oral Tablet, 62.5 mcg Oral Tablet	4		
<i>lisinopril-hydrochlorothiazide</i>	1	ZESTORETIC	QL(60 EA per 30 days), GC
<i>losartan potassium-hctz</i>	1	HYZAAR	QL(30 EA per 30 days), GC
<i>metoprolol-hydrochlorothiazide</i>	2	LOPRESSOR HCT	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>metyrosine</i>	5	DEMSER	NDS, PA, NM
<i>milrinone lactate</i>	2		PA BvD
<i>milrinone lactate in dextrose</i>	2		PA BvD
<i>olmesartan medoxomil-hctz</i>	1	BENICAR HCT	QL(30 EA per 30 days), GC
<i>olmesartan-amlodipine-hctz</i>	2	TRIBENZOR	QL(30 EA per 30 days)
<i>pentoxifylline er</i>	2	TRENTAL	
<i>propranolol-hctz</i>	2	INDERIDE	
<i>quinapril-hydrochlorothiazide</i>	1	ACCURETIC	QL(60 EA per 30 days), GC
<i>ranolazine er</i>	2	RANEXA	
<i>spironolactone-hctz 25-25 mg Oral Tablet</i>	2	ALDACTAZIDE	
TEKTURNA HCT	4		
<i>telmisartan-amlodipine</i>	2	TWYNSTA	QL(30 EA per 30 days)
<i>telmisartan-hctz</i>	2	MICARDIS-HCT	QL(30 EA per 30 days)
<i>triamterene-hctz 37.5-25 mg Oral Capsule</i>	1	DYAZIDE	GC
<i>triamterene-hctz 37.5-25 mg Oral Tablet, 75-50 mg Oral Tablet</i>	1	MAXZIDE	GC
<i>valsartan-hydrochlorothiazide 160-25 mg Oral Tablet, 320-12.5 mg Oral Tablet, 320-25 mg Oral Tablet</i>	1	DIOVAN HCT	QL(30 EA per 30 days), GC
<i>valsartan-hydrochlorothiazide 160-12.5 mg Oral Tablet, 80-12.5 mg Oral Tablet</i>	1	DIOVAN HCT	QL(60 EA per 30 days), GC
VERQUVO	4		PA, QL(30 EA per 30 days)
Diuretics, Loop			
<i>bumetanide 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	BUMEX	
<i>bumetanide 0.25 mg/ml Injection Solution</i>	2	BUMEX	
<i>furosemide 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	LASIX	GC
<i>furosemide 10 mg/ml Injection Solution, 10 mg/ml Oral Solution, 8 mg/ml Oral Solution</i>	2	LASIX	
<i>toremide</i>	2	DEMADEX	
Diuretics, Potassium-sparing			
<i>amiloride hcl 5 mg Oral Tablet</i>	2	MIDAMOR	
<i>eplerenone</i>	2	INSpra	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>spironolactone 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	ALDACTONE	
Diuretics, Thiazide			
<i>chlorothiazide sodium</i>	2	DIURIL	
<i>chlorthalidone 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	HYGROTON	
<i>hydrochlorothiazide 50 mg Oral Tablet</i>	1	HYDRODIURIL	GC
<i>hydrochlorothiazide 12.5 mg Oral Capsule, 12.5 mg Oral Tablet</i>	1	MICROZIDE	GC
<i>indapamide</i>	1	LOZOL	GC
<i>metolazone</i>	2	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives			
<i>fenofibrate 150 mg Oral Capsule, 50 mg Oral Capsule</i>	2	LIPOFEN	
<i>fenofibrate 134 mg Oral Capsule, 145 mg Oral Tablet, 160 mg Oral Tablet, 200 mg Oral Capsule, 48 mg Oral Tablet, 54 mg Oral Tablet, 67 mg Oral Capsule</i>	2	TRICOR	
<i>fenofibrate micronized 130 mg Oral Capsule, 43 mg Oral Capsule</i>	2	ANTARA	
<i>fenofibrate micronized 134 mg Oral Capsule, 200 mg Oral Capsule, 67 mg Oral Capsule</i>	2	TRICOR	
<i>fenofibric acid 105 mg Oral Tablet, 35 mg Oral Tablet</i>	2	FIBRICOR	
<i>fenofibric acid 135 mg Oral Capsule Delayed Release, 45 mg Oral Capsule Delayed Release</i>	2	TRILIPIX	
<i>gemfibrozil 600 mg Oral Tablet</i>	1	LOPID	GC
Dyslipidemics, Hmg Coa Reductase Inhibitors			
<i>atorvastatin calcium 80 mg Oral Tablet</i>	1	LIPITOR	QL(30 EA per 30 days), GC
<i>atorvastatin calcium 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	LIPITOR	QL(45 EA per 30 days), GC
<i>fluvastatin sodium</i>	2	LESCOL	QL(60 EA per 30 days)
<i>lovastatin 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	MEVACOR	QL(45 EA per 30 days), GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lovastatin 40 mg Oral Tablet</i>	1	MEVACOR	QL(60 EA per 30 days), GC
<i>pravastatin sodium 80 mg Oral Tablet</i>	1	PRAVACHOL	QL(30 EA per 30 days), GC
<i>pravastatin sodium 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	PRAVACHOL	QL(45 EA per 30 days), GC
<i>rosuvastatin calcium 40 mg Oral Tablet</i>	1	CRESTOR	QL(30 EA per 30 days), GC
<i>rosuvastatin calcium 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	CRESTOR	QL(45 EA per 30 days), GC
<i>simvastatin 80 mg Oral Tablet</i>	1	ZOCOR	QL(30 EA per 30 days), GC
<i>simvastatin 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ZOCOR	QL(45 EA per 30 days), GC
Dyslipidemics, Other			
<i>cholestyramine 4 gm Oral Packet</i>	2	QUESTRAN	
<i>cholestyramine 4 gm/dose Oral Powder</i>	2	QUESTRAN	
<i>cholestyramine light 4 gm Oral Packet</i>	2	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose Oral Powder</i>	2	QUESTRAN LIGHT	
<i>colesevelam hcl</i>	2	WELCHOL	
<i>colestipol hcl 1 gm Oral Tablet, 5 gm Oral Packet</i>	2	COLESTID	
<i>colestipol hcl 5 gm Oral Granules</i>	2	COLESTID	
EVKEEZA	5		NDS, PA, NM
<i>ezetimibe</i>	1	ZETIA	GC
<i>ezetimibe-simvastatin</i>	1	VYTORIN	QL(30 EA per 30 days), GC
<i>icosapent ethyl 1 gm Oral Capsule</i>	2	VASCEPA	QL(120 EA per 30 days)
JUXTAPID 10 mg Oral Capsule, 40 mg Oral Capsule, 5 mg Oral Capsule, 60 mg Oral Capsule	5		NDS, PA, QL(30 EA per 30 days), LA, NM
JUXTAPID 20 mg Oral Capsule, 30 mg Oral Capsule	5		NDS, PA, QL(60 EA per 30 days), LA, NM
NEXLETOL	3		PA, QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NEXLIZET	3		PA, QL(30 EA per 30 days)
<i>niacin er (antihyperlipidemic)</i>	2	NIASPAN	QL(60 EA per 30 days)
NIACOR	2		
<i>omega-3-acid ethyl esters</i>	2	LOVAZA	QL(120 EA per 30 days)
PRALUENT	3		PA, QL(2 ML per 28 days)
PREVALITE 4 gm Oral Packet	2		
PREVALITE 4 gm/dose Oral Powder	2		
REPATHA	3		PA, QL(3 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	3		PA, QL(3.5 ML per 28 days)
REPATHA SURECLICK	3		PA, QL(3 ML per 28 days)
VASCEPA 0.5 gm Oral Capsule	4		QL(240 EA per 30 days)
Vasodilators, Direct-acting Arterial			
<i>hydralazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	APRESOLINE	
<i>hydralazine hcl 20 mg/ml Injection Solution</i>	2	APRESOLINE	
<i>minoxidil 10 mg Oral Tablet, 2.5 mg Oral Tablet</i>	2	LONITEN	
Vasodilators, Direct-acting Arterial/ Venous			
<i>isosorbide dinitrate</i>	1	ISORDIL TITRADOSE	GC
<i>isosorbide mononitrate</i>	1	MONOKET	GC
<i>isosorbide mononitrate er</i>	1	IMDUR	GC
NITRO-BID	4		
NITRO-DUR 0.3 mg/hr Transdermal Patch 24 Hour, 0.8 mg/hr Transdermal Patch 24 Hour	4		
<i>nitroglycerin 5 mg/ml Intravenous Solution</i>	2	NITRO-BID	
<i>nitroglycerin 0.1 mg/hr Transdermal Patch 24 Hour, 0.2 mg/hr Transdermal Patch 24 Hour, 0.4 mg/hr Transdermal Patch 24 Hour,</i>	2	NITRO-DUR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
0.6 mg/hr Transdermal Patch 24 Hour			
nitroglycerin 0.4 mg/spray Translingual Solution	2	NITROLINGUAL	
nitroglycerin 0.3 mg Sublingual Tablet Sublingual, 0.4 mg Sublingual Tablet Sublingual, 0.6 mg Sublingual Tablet Sublingual	2	NITROSTAT	
nitroglycerin in d5w 100-5 mcg/ml-% Intravenous Solution	2		
NITROSTAT	3		
RECTIV	4		
CENTRAL NERVOUS SYSTEM AGENTS			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
amphetamine-dextroamphetamine	2	ADDERALL XR	NDS, NM
amphetamine-dextroamphetamine	2	ADDERALL	NDS, NM
dextroamphetamine sulfate 10 mg Oral Tablet, 5 mg Oral Tablet	2	DEXTROSTAT	NDS, NM
dextroamphetamine sulfate 5 mg/5ml Oral Solution	2	PROCENTRA	NDS, NM
dextroamphetamine sulfate er	2	DEXEDRINE	NDS, NM
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
atomoxetine hcl	2	STRATTERA	PA
dexmethylphenidate hcl	2	FOCALIN	NDS, NM
dexmethylphenidate hcl er	2	FOCALIN XR	NDS, NM
guanfacine hcl er	2	INTUNIV	PA
methylphenidate hcl 10 mg Oral Tablet Chewable, 2.5 mg Oral Tablet Chewable, 5 mg Oral Tablet Chewable	2	METHYLIN	NDS, NM
methylphenidate hcl 10 mg/5ml Oral Solution, 5 mg/5ml Oral Solution	2	METHYLIN	NDS, NM
methylphenidate hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet	2	RITALIN	NDS, NM
methylphenidate hcl er 18 mg Oral Tablet Extended Release 24 Hour, 27 mg Oral Tablet Extended Release 24 Hour, 36 mg Oral Tablet Extended Release 24 Hour, 54 mg Oral Tablet Extended	2		NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Release 24 Hour, 72 mg Oral Tablet Extended Release</i>			
<i>methylphenidate hcl er 18 mg Oral Tablet Extended Release, 27 mg Oral Tablet Extended Release, 36 mg Oral Tablet Extended Release, 54 mg Oral Tablet Extended Release</i>	2	CONCERTA	NDS, NM
<i>methylphenidate hcl er 10 mg Oral Tablet Extended Release, 20 mg Oral Tablet Extended Release</i>	2	RITALIN SR	NDS, NM
<i>methylphenidate hcl er (cd)</i>	2	METADATE CD	NDS, NM
Central Nervous System, Other			
AUSTEDO	5		NDS, PA, QL(120 EA per 30 days), NM
<i>caffeine citrate 20 mg/ml Oral Solution, 60 mg/3ml Intravenous Solution, 60 mg/3ml Oral Solution</i>	2		
EVRYSDI	5		NDS, PA, NM
EXONDYS 51	5		NDS, PA, LA, NM
INGREZZA 40 & 80 mg Oral Capsule Therapy Pack	5		NDS, PA, QL(28 EA per 180 days), NM
INGREZZA 40 mg Oral Capsule, 60 mg Oral Capsule, 80 mg Oral Capsule	5		NDS, PA, QL(30 EA per 30 days), NM
NUEDEXTA	4		PA, QL(60 EA per 30 days)
RADICAVA	5		NDS, PA, QL(2800 ML per 28 days), NM
<i>riluzole 50 mg Oral Tablet</i>	2	RILUTEK	
<i>tetrabenazine</i>	5	XENAZINE	NDS, QL(120 EA per 30 days), NM
TIGLUTIK	5		NDS, PA, QL(600 ML per 30 days), NM
VYONDYS 53	5		NDS, PA, NM
Fibromyalgia Agents			
<i>duloxetine hcl 20 mg Oral Capsule Delayed Release Particles, 30 mg Oral Capsule Delayed Release Particles, 60 mg Oral Capsule Delayed Release Particles</i>	2	CYMBALTA	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>duloxetine hcl 40 mg Oral Capsule Delayed Release Particles</i>	2	IRENKA	QL(60 EA per 30 days)
<i>pregabalin 100 mg Oral Capsule, 150 mg Oral Capsule, 200 mg Oral Capsule, 225 mg Oral Capsule, 25 mg Oral Capsule, 300 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	2	LYRICA	
<i>pregabalin 20 mg/ml Oral Solution</i>	2	LYRICA	
<i>pregabalin er 330 mg Oral Tablet Extended Release 24 Hour</i>	2	LYRICA CR	NDS, PA, QL(60 EA per 30 days), NM
<i>pregabalin er 165 mg Oral Tablet Extended Release 24 Hour, 82.5 mg Oral Tablet Extended Release 24 Hour</i>	2	LYRICA CR	NDS, PA, QL(90 EA per 30 days), NM
SAVELLA	3		
SAVELLA TITRATION PACK	3		
Multiple Sclerosis Agents			
AUBAGIO 7 mg Oral Tablet	5		NDS, QL(28 EA per 28 days), NM
AUBAGIO 14 mg Oral Tablet	5		NDS, QL(30 EA per 30 days), NM
AVONEX PEN	5		NDS, QL(1 EA per 28 days), NM
AVONEX PREFILLED	5		NDS, QL(1 EA per 28 days), NM
BAFIERTAM	5		NDS, QL(120 EA per 30 days), ST, NM
BETASERON	5		NDS, QL(14 EA per 28 days), NM
<i>dalfampridine er</i>	2	AMPYRA	NDS, QL(60 EA per 30 days), NM
<i>dimethyl fumarate 120 mg Oral Capsule Delayed Release, 240 mg Oral Capsule Delayed Release</i>	5	TECFIDERA	NDS, QL(60 EA per 30 days), NM
<i>dimethyl fumarate starter pack</i>	5	TECFIDERA STARTER PACK	NDS, QL(120 EA per 180 days), NM
EXTAVIA	5		NDS, QL(14 EA per 28 days), NM
GILENYA	5		NDS, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>glatiramer acetate 40 mg/ml Subcutaneous Solution Prefilled Syringe</i>	5	COPAXONE	NDS, QL(12 ML per 28 days), NM
<i>glatiramer acetate 20 mg/ml Subcutaneous Solution Prefilled Syringe</i>	5	COPAXONE	NDS, QL(30 ML per 30 days), NM
KESIMPTA	5		NDS, QL(1.2 ML per 28 days), NM
MAVENCLAD (10 TABS)	5		NDS, PA, NM
MAVENCLAD (4 TABS)	5		NDS, PA, NM
MAVENCLAD (5 TABS)	5		NDS, PA, NM
MAVENCLAD (6 TABS)	5		NDS, PA, NM
MAVENCLAD (7 TABS)	5		NDS, PA, NM
MAVENCLAD (8 TABS)	5		NDS, PA, QL(16 EA per 301 days), NM
MAVENCLAD (9 TABS)	5		NDS, PA, QL(18 EA per 301 days), NM
MAYZENT 2 mg Oral Tablet	5		NDS, QL(30 EA per 30 days), NM
MAYZENT 0.25 mg Oral Tablet	5		NDS, QL(150 EA per 30 days), NM
MAYZENT STARTER PACK 12 x 0.25 mg Oral Tablet Therapy Pack	5		NDS, QL(12 EA per 180 days), NM
OCREVUS	5		NDS, PA, QL(20 ML per 180 days), NM
PLEGRIDY	5		NDS, QL(1 ML per 28 days), NM
PLEGRIDY STARTER PACK	5		NDS, QL(1 ML per 28 days), NM
PONVORY	5		NDS, QL(30 EA per 30 days), NM
PONVORY STARTER PACK	5		NDS, QL(14 EA per 180 days), NM
REBIF	5		NDS, QL(6 ML per 28 days), NM
REBIF REBIDOSE	5		NDS, QL(6 ML per 28 days), NM
REBIF REBIDOSE TITRATION PACK	5		NDS, QL(4.2 ML per 28 days), NM
REBIF TITRATION PACK	5		NDS, QL(4.2 ML per 28 days), NM
TYSABRI	5		NDS, PA, LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VUMERITY	5		NDS, QL(120 EA per 30 days), ST, NM
VUMERITY (STARTER)	5		NDS, QL(120 EA per 30 days), ST, NM
ZEPOSIA	5		NDS, QL(30 EA per 30 days), NM
ZEPOSIA 7-DAY STARTER PACK	5		NDS, QL(7 EA per 180 days), NM
ZEPOSIA STARTER KIT	5		NDS, QL(37 EA per 180 days), NM
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
<i>cevimeline hcl</i>	2	EVOXAC	
<i>chlorhexidine gluconate 0.12 % Mouth/Throat Solution</i>	2	PERIOGARD	
DENTA 5000 PLUS	2		
DENTAGEL	2		
KEPIVANCE	5		NDS, NM
ORALONE	2		
PAROEX	2		
<i>pilocarpine hcl 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	2	SALAGEN	
<i>sf</i>	2		
<i>sf 5000 plus</i>	2	PREVIDENT 5000 PLUS	
<i>sodium fluoride 1.1 % Dental Gel</i>	2		
<i>sodium fluoride 1.1 % Dental Cream</i>	2	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 enamel 1.1-5 % Dental Gel</i>	2		
<i>sodium fluoride 5000 plus</i>	2	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 ppm 1.1 % Dental Gel, 1.1 % Dental Paste</i>	2		
<i>sodium fluoride 5000 ppm 1.1 % Dental Cream</i>	2	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 sensitive 1.1-5 % Dental Gel</i>	2		
<i>triamcinolone acetonide 0.1 % Mouth/Throat Paste</i>	2	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Acne And Rosacea Agents			
<i>acitretin 25 mg Oral Capsule</i>	2	SORIATANE	PA
<i>acitretin 10 mg Oral Capsule, 17.5 mg Oral Capsule</i>	2	SORIATANE	PA, QL(60 EA per 30 days)
<i>adapalene 0.1 % External Cream, 0.3 % External Gel</i>	2	DIFFERIN	
<i>adapalene 0.1 % External Gel</i>	2	DIFFERIN	(Rx product only)
<i>adapalene-benzoyl peroxide 0.1-2.5 % External Gel</i>	2	EPIDUO	
AMNESTEEM	2		
<i>azelaic acid 15 % External Gel</i>	2	FINACEA	
<i>benzoyl peroxide-erythromycin 5-3 % External Gel</i>	2	BENZAMYCIN	
CLARAVIS	2		
<i>clindamycin phos-benzoyl perox 1-5 % External Gel</i>	2	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % External Gel</i>	2	DUAC	
FABIOR	4		PA
<i>isotretinoin 10 mg Oral Capsule, 20 mg Oral Capsule, 30 mg Oral Capsule, 40 mg Oral Capsule</i>	2	ABSORICA	
<i>metronidazole 0.75 % External Gel, 1 % External Gel</i>	2	METROGEL	
<i>metronidazole 0.75 % External Lotion</i>	2	METROLOTION	
MYORISAN	2		
ROSADAN 0.75 % (cream) External Kit	2		
<i>tazarotene 0.1 % External Cream</i>	2	TAZORAC	
TAZORAC 0.05 % External Cream, 0.05 % External Gel, 0.1 % External Gel	4		PA
<i>tretinoin 0.05 % External Gel</i>	2	ATRALIN	PA
<i>tretinoin 0.01 % External Gel, 0.025 % External Cream, 0.025 % External Gel, 0.05 % External Cream, 0.1 % External Cream</i>	2	RETIN-A	PA
<i>tretinoin microsphere 0.04 % External Gel, 0.1 % External Gel</i>	4	RETIN-A	PA
<i>tretinoin microsphere pump</i>	4	RETIN-A	PA
ZENATANE	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Dermatitis And Pruritus Agents			
ALA SCALP	2		
<i>ala-cort 1 % External Cream</i>	2	ALA-CORT	
ALA-SCALP	2		
<i>alclometasone dipropionate</i>	2	ACLOVATE	
<i>amcinonide 0.1 % External Cream, 0.1 % External Ointment</i>	2	CYCLOCORT	
<i>amcinonide 0.1 % External Lotion</i>	2	CYCLOCORT	
<i>ammonium lactate 12 % External Cream, 12 % External Lotion</i>	2	LAC-HYDRIN	
<i>betamethasone dipropionate 0.05 % External Cream</i>	2	DIPROSONE	
<i>betamethasone dipropionate 0.05 % External Lotion</i>	2	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % External Gel, 0.05 % External Ointment</i>	2	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % External Lotion</i>	2	DIPROLENE	
<i>betamethasone valerate 0.1 % External Cream, 0.1 % External Ointment</i>	2	BETA-VAL	
<i>betamethasone valerate 0.1 % External Lotion</i>	2	BETA-VAL	
<i>calcipotriene-betameth diprop 0.005-0.064 % External Ointment</i>	4	TACLONEX	QL(400 GM per 28 days)
<i>clobetasol prop emollient base</i>	2	TEMOVATE-E	QL(120 GM per 30 days)
<i>clobetasol propionate 0.05 % External Solution</i>	2	CLOBEX	QL(50 ML per 30 days)
<i>clobetasol propionate 0.05 % External Ointment</i>	2	CLOBEX	QL(120 GM per 30 days)
<i>clobetasol propionate 0.05 % External Lotion, 0.05 % External Shampoo</i>	2	CLODAN	QL(118 ML per 30 days)
<i>clobetasol propionate 0.05 % External Liquid</i>	2	CLODAN	QL(125 ML per 30 days)
<i>clobetasol propionate 0.05 % External Foam</i>	2	OLUX	QL(100 GM per 30 days)
<i>clobetasol propionate 0.05 % External Gel</i>	2	TEMOVATE	QL(120 GM per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>clobetasol propionate 0.05 % External Cream</i>	2	TEMOVATE-E	QL(120 GM per 30 days)
<i>clobetasol propionate e</i>	2	TEMOVATE-E	QL(120 GM per 30 days)
<i>clobetasol propionate emulsion</i>	2	OLUX-E	QL(100 GM per 30 days)
<i>clocortolone pivalate</i>	2	CLODERM	
<i>desonide 0.05 % External Cream, 0.05 % External Ointment</i>	2	DESOWEN	
<i>desonide 0.05 % External Lotion</i>	2	DESOWEN	
<i>desoximetasone 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment, 0.25 % External Cream, 0.25 % External Ointment</i>	2	TOPICORT	
<i>diflorasone diacetate</i>	2	PSORCON	
EPIFOAM	3		
EUCRISA	4		PA
<i>fluocinolone acetonide 0.01 % External Cream, 0.025 % External Cream, 0.025 % External Ointment</i>	2	SYNALAR	
<i>fluocinolone acetonide 0.01 % External Solution</i>	2	SYNALAR	
<i>fluocinolone acetonide body</i>	2	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp</i>	2	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment</i>	2	LIDEX	QL(120 GM per 30 days)
<i>fluocinonide 0.05 % External Solution</i>	2	LIDEX	QL(120 ML per 30 days)
<i>fluocinonide emulsified base</i>	2	LIDEX-E	QL(120 GM per 30 days)
<i>fluticasone propionate 0.005 % External Ointment, 0.05 % External Cream</i>	2	CUTIVATE	
<i>fluticasone propionate 0.05 % External Lotion</i>	2	CUTIVATE	
<i>halobetasol propionate 0.05 % External Cream, 0.05 % External Ointment</i>	2	ULTRAVATE	QL(100 GM per 30 days)
<i>hydrocortisone 1 % External Cream</i>	2	ALA-CORT	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>hydrocortisone 1 % External Ointment, 2.5 % External Cream, 2.5 % External Ointment</i>	2	HYTONE	
<i>hydrocortisone 2.5 % External Lotion</i>	2	HYTONE	
<i>hydrocortisone (perianal) 2.5 % External Cream</i>	2	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % External Cream</i>	2	PROCTOCORT	
<i>hydrocortisone butyr lipo base</i>	2	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % External Cream, 0.1 % External Ointment</i>	2	LOCOID	
<i>hydrocortisone butyrate 0.1 % External Solution</i>	2	LOCOID	
<i>hydrocortisone valerate</i>	2	WESTCORT	
<i>mometasone furoate 0.1 % External Cream, 0.1 % External Ointment</i>	2	ELOCON	
<i>mometasone furoate 0.1 % External Solution</i>	2	ELOCON	
<i>pimecrolimus</i>	2	ELIDEL	PA
<i>prednicarbate</i>	2	DERMATOP	
PROCTOFOAM HC 1-1 % External Foam	4		
PROCTO-MED HC 2.5 % External Cream	2		
PROCTO-PAK 1 % External Cream	2		
PROCTOSOL HC 2.5 % External Cream	2		
PROCTOZONE-HC 2.5 % External Cream	2		
<i>selenium sulfide 2.5 % External Lotion</i>	2	SELSUN	
<i>tacrolimus 0.03 % External Ointment, 0.1 % External Ointment</i>	2	PROTOPIC	QL(60 GM per 30 days)
<i>triamcinolone acetonide 0.025 % External Ointment, 0.1 % External Ointment, 0.5 % External Ointment</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % External Lotion, 0.1 % External Lotion</i>	2	KENALOG	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>triamcinolone acetonide 0.05 % External Ointment</i>	2	TRIANEX	
<i>triamcinolone acetonide 0.025 % External Cream, 0.1 % External Cream, 0.5 % External Cream</i>	2	TRIDERM	
TRIDERM	2		
Dermatological Agents, Other			
<i>betamethasone valerate 0.12 % External Foam</i>	2	LUXIQ	
<i>calcipotriene 0.005 % External Solution</i>	2	DOVONEX	QL(60 ML per 30 days)
<i>calcipotriene 0.005 % External Cream, 0.005 % External Ointment</i>	2	DOVONEX	QL(120 GM per 30 days)
CALCITRENE	2		
<i>calcitriol 3 mcg/gm External Ointment</i>	2	VECTICAL	
<i>clotrimazole-betamethasone 1-0.05 % External Cream</i>	2	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % External Lotion</i>	2	LOTRISONE	
CONDYLOX	3		
<i>fluorouracil 0.5 % External Cream</i>	2	CARAC	
<i>fluorouracil 5 % External Cream</i>	2	EFUDEX	
<i>fluorouracil 2 % External Solution, 5 % External Solution</i>	2	EFUDEX	
<i>imiquimod 5 % External Cream</i>	2	ALDARA	
<i>imiquimod 3.75 % External Cream</i>	2	ZYCLARA	
<i>imiquimod pump</i>	2	ZYCLARA	
LEVULAN KERASTICK	4		
<i>methoxsalen rapid</i>	2	OXSORALEN-ULTRA	
<i>nystatin-triamcinolone</i>	2	MYCOLOG	
OTEZLA 30 mg Oral Tablet	5		NDS, PA, QL(60 EA per 30 days), NM
PICATO 0.05 % External Gel	4		QL(2 EA per 30 days)
PICATO 0.015 % External Gel	4		QL(3 EA per 30 days)
<i>podofilox 0.5 % External Solution</i>	2	CONDYLOX	
REGRANEX	5		NDS, PA, QL(30 GM per 30 days), NM
SANTYL	3		PA, QL(90 GM per 30 days)
<i>silver sulfadiazine 1 % External Cream</i>	2	SILVADENE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
SSD	2		
TOLAK	4		
UVADEX	4		
ZYCLARA PUMP 2.5 % External Cream	4		
Pediculicides/scabicides			
<i>lindane</i>	2		
<i>malathion</i>	2	OVIDE	
<i>permethrin 5 % External Cream</i>	2	ELIMITE	
<i>spinosad</i>	2		
Topical Anti-infectives			
<i>acyclovir 5 % External Ointment</i>	2	ZOVIRAX	
<i>acyclovir 5 % External Cream</i>	2	ZOVIRAX	QL(5 GM per 30 days)
<i>ciclopirox 0.77 % External Gel</i>	2	LOPROX	
<i>ciclopirox 1 % External Shampoo</i>	2	LOPROX	
<i>ciclopirox 8 % External Solution</i>	2	PENLAC	
<i>clindamycin phosphate 1 % External Gel</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % External Gel, 1 % External Lotion, 1 % External Solution</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % External Foam</i>	2	EVOCLIN	
DENAVIR	4		QL(5 GM per 30 days)
<i>ery</i>	2		
<i>erythromycin 2 % External Solution</i>	2	ERYDERM	
<i>erythromycin 2 % External Gel</i>	2	ERYGEL	
<i>gentamicin sulfate 0.1 % External Cream, 0.1 % External Ointment</i>	2	GARAMYCIN	
<i>mupirocin 2 % External Ointment</i>	2	BACTROBAN	
<i>mupirocin calcium</i>	2	BACTROBAN	
ELECTROLYTES/MINERALS/METALS/VITAMINS			
Electrolyte/mineral Replacement			
<i>calcium chloride 10 % Intravenous Solution</i>	2		
<i>calcium gluconate 10 % Intravenous Solution</i>	2		
CARBAGLU	5		NDS, PA, NM
<i>dextrose 5%/electrolyte #48</i>	2		
<i>dextrose in lactated ringers</i>	2		
<i>fluoritab</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>kcl in dextrose-nacl 10-5-0.45 meq/l-%-% Intravenous Solution, 20-5-0.2 meq/l-%-% Intravenous Solution, 20-5-0.225 meq/l-%-% Intravenous Solution, 20-5-0.45 meq/l-%-% Intravenous Solution, 20-5-0.9 meq/l-%-% Intravenous Solution, 30-5-0.45 meq/l-%-% Intravenous Solution, 40-5-0.45 meq/l-%-% Intravenous Solution, 40-5-0.9 meq/l-%-% Intravenous Solution</i>	2		
<i>kcl-lactated ringers-d5w</i>	2		
KLOR-CON 8 meq Oral Tablet Extended Release	3		
KLOR-CON 10	3		
KLOR-CON M10	2		
KLOR-CON M15	2		
KLOR-CON M20	2		
KLOR-CON SPRINKLE 8 meq Oral Capsule Extended Release	2		
<i>magnesium sulfate 2 gm/50ml Intravenous Solution, 20 gm/500ml Intravenous Solution, 4 gm/100ml Intravenous Solution, 4 gm/50ml Intravenous Solution, 40 gm/1000ml Intravenous Solution, 50 % Injection Solution</i>	2		
<i>magnesium sulfate in d5w 1-5 gm/100ml-% Intravenous Solution</i>	2		
OSMOPREP	4		
<i>potassium acetate 2 meq/ml Intravenous Solution</i>	2		
<i>potassium chloride 20 meq Oral Packet</i>	2		
<i>potassium chloride 10 meq/100ml Intravenous Solution, 10 meq/50ml Intravenous Solution, 2 meq/ml Intravenous Solution, 20 meq/100ml Intravenous Solution, 20 meq/50ml Intravenous Solution, 40 meq/100ml Intravenous Solution</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>potassium chloride 10 % Oral Solution, 20 MEQ/15ML (10%) Oral Solution, 40 MEQ/15ML (20%) Oral Solution</i>	2	K-SOL	
<i>potassium chloride crys er 10 meq Oral Tablet Extended Release</i>	2		
<i>potassium chloride crys er 15 meq Oral Tablet Extended Release, 20 meq Oral Tablet Extended Release</i>	2	KLOR-CON	
<i>potassium chloride er 20 meq Oral Tablet Extended Release</i>	2	K-TAB	
<i>potassium chloride er 10 meq Oral Tablet Extended Release, 8 meq Oral Tablet Extended Release</i>	2	KLOR-CON	
<i>potassium chloride er 10 meq Oral Capsule Extended Release, 8 meq Oral Capsule Extended Release</i>	2	MICRO-K	
<i>potassium chloride in dextrose</i>	2		
<i>potassium chloride in nacl</i>	2		
<i>potassium citrate er</i>	2	UROKIT-K	
PR NATAL 440 EC	2		
<i>ringers</i>	2		
<i>sodium acetate 2 meq/ml Intravenous Solution</i>	2		
<i>sodium chloride 0.45 % Intravenous Solution, 0.9 % Intravenous Solution, 2.5 meq/ml Injection Solution, 3 % Intravenous Solution, 5 % Intravenous Solution</i>	2		
<i>sodium chloride (pf)</i>	2		
<i>sodium fluoride 2.2 (1 F) mg Oral Tablet, 2.2 (1 F) mg Oral Tablet Chewable</i>	2		
<i>sodium fluoride 0.55 (0.25 F) mg Oral Tablet Chewable, 1.1 (0.5 F) mg Oral Tablet Chewable</i>	2	LURIDE	
<i>sodium fluoride 1.1 (0.5 F) mg/ml Oral Solution</i>	2	LURIDE	
<i>sodium phosphates 45 mmole/15ml Intravenous Solution</i>	2		
SUPREP BOWEL PREP KIT	4		
Electrolyte/mineral/metal Modifiers			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>deferasirox 125 mg Oral Tablet Soluble, 250 mg Oral Tablet Soluble, 500 mg Oral Tablet Soluble</i>	5	EXJADE	NDS, PA, NM
<i>deferasirox 180 mg Oral Tablet, 360 mg Oral Tablet, 90 mg Oral Tablet</i>	5	JADENU	NDS, PA, NM
<i>deferasirox 180 mg Oral Packet, 360 mg Oral Packet, 90 mg Oral Packet</i>	5	JADENU SPRINKLE	NDS, PA, NM
<i>deferasirox granules</i>	5	JADENU SPRINKLE	NDS, PA, NM
<i>deferiprone 500 mg Oral Tablet</i>	5	FERRIPROX	NDS, PA, NM
<i>deferoxamine mesylate</i>	2	DESFERAL	PA BvD
FERRIPROX 1000 mg Oral Tablet	5		NDS, PA, LA, NM
FERRIPROX TWICE-A-DAY	5		NDS, PA, LA, NM
JYNARQUE 45 & 15 mg Oral Tablet Therapy Pack, 60 & 30 mg Oral Tablet Therapy Pack, 90 & 30 mg Oral Tablet Therapy Pack	5		NDS, PA, QL(56 EA per 28 days), NM
JYNARQUE 15 mg Oral Tablet, 30 mg Oral Tablet	5		NDS, PA, QL(120 EA per 30 days), NM
<i>penicillamine 250 mg Oral Tablet</i>	2	DEPEN TITRATABS	
<i>trientine hcl</i>	5	SYPRINE	NDS, PA, NM
Electrolytes/minerals/metals/vitamins			
AMINOSYN II	4		PA BvD
AMINOSYN-PF	4		PA BvD
<i>azeschew prenatal/postnatal</i>	2		
<i>azesco</i>	2		
CLINISOL SF	4		PA BvD
CLINOLIPID	4		PA BvD
<i>c-nate dha</i>	2		
<i>complete natal dha 29-1-200 & 200 mg Oral Miscellaneous</i>	2		
<i>completenate</i>	2		
<i>dextrose 5 % Intravenous Solution</i>	2		
<i>dextrose 10 % Intravenous Solution, 20 % Intravenous Solution, 250 mg/ml Intravenous Solution, 40 % Intravenous Solution, 50 % Intravenous Solution, 70 % Intravenous Solution</i>	2		PA BvD
<i>dextrose-nacl</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>dextrose-sodium chloride 2.5-0.45 % Intravenous Solution, 5-0.225 % Intravenous Solution, 5-0.3 % Intravenous Solution, 5-0.45 % Intravenous Solution, 5-0.9 % Intravenous Solution</i>	2		
DOJOLVI	5		NDS, PA, NM
INTRALIPID 20 % Intravenous Emulsion	3		PA BvD
INTRALIPID 30 % Intravenous Emulsion	4		PA BvD
<i>jenliva prenatal/postnatal</i>	2		
<i>kosher prenatal plus iron</i>	2		
<i>levocarnitine 330 mg Oral Tablet</i>	2	CARNITOR	
<i>levocarnitine 1 gm/10ml Oral Solution</i>	2	CARNITOR	PA BvD
<i>levocarnitine sf</i>	2	CARNITOR	PA BvD
<i>m-natal plus</i>	2		
<i>mynatal plus</i>	2		
<i>mynatal-z</i>	2		
<i>mynate 90 plus</i>	2		
<i>neonatal + dha</i>	2		
<i>neonatal 19</i>	2		
<i>neonatal complete</i>	2		
<i>neonatal fe</i>	2		
NUTRILIPID	4		PA BvD
<i>one vite womens plus</i>	2		
<i>pnv tabs 20-1</i>	2		
<i>pnv tabs 29-1</i>	2		
<i>pnv-dha</i>	2		
<i>pnv-dha plus</i>	2		
<i>pnv-dha+docusate</i>	2		
<i>pnv-omega</i>	2		
<i>pnv-select</i>	2		
<i>pregen dha</i>	2		
<i>pregenna</i>	2		
PREMASOL	4		PA BvD
<i>prena 1 true</i>	2		
<i>prena1</i>	2		
<i>prena1 pearl</i>	2		
<i>prenaissance</i>	2		
<i>prenaissance plus</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>prenara</i>	2		
<i>prenatal 27-1 mg Oral Tablet</i>	2		
<i>prenatal 19 Oral Tablet Chewable, 29-1 mg Oral Tablet, 29-1 mg Oral Tablet Chewable</i>	2		
<i>prenatal plus iron</i>	2		
<i>prenatal vitamin plus low iron</i>	2		
<i>prenatvite complete</i>	2		
<i>prenatvite plus</i>	2		
<i>prenatvite rx</i>	2		
<i>preplus</i>	2		
<i>pretab</i>	2		
PROSOL	4		PA BvD
<i>relnate dha</i>	2		
<i>se-natal 19</i>	2		
<i>thrivite rx</i>	2		
TRAVASOL	4		PA BvD
<i>trinatal rx 1</i>	2		
<i>trinaz</i>	2		
<i>tristart dha</i>	2		
<i>tri-tabs dha</i>	2		
TROPHAMINE	3		PA BvD
<i>virt-c dha</i>	2		
<i>virt-nate dha</i>	2		
<i>virt-pn dha</i>	2		
<i>virt-pn plus</i>	2		
<i>vol-plus</i>	2		
<i>vol-tab rx</i>	2		
<i>vp-pnv-dha</i>	2		
<i>westab plus</i>	2		
<i>westgel dha</i>	2		
<i>zalvit</i>	2		
Phosphate Binders			
AURYXIA	5		NDS, PA, QL(360 EA per 30 days), NM
<i>calcium acetate 667 mg Oral Tablet</i>	2	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg Oral Tablet</i>	2	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg Oral Capsule</i>	2	PHOSLO	

¹You 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	Reference Name	Requirements/Limits ¹
FOSRENOL 1000 mg Oral Packet, 750 mg Oral Packet	3		
<i>lanthanum carbonate 1000 mg Oral Tablet Chewable, 500 mg Oral Tablet Chewable, 750 mg Oral Tablet Chewable</i>	2	FOSRENOL	
<i>sevelamer carbonate</i>	2	REVELA	
VELPHORO	5		NDS, ST, NM
Potassium Binders			
KIONEX	2		
LOKELMA 5 gm Oral Packet	4		PA, QL(30 EA per 30 days)
LOKELMA 10 gm Oral Packet	4		PA, QL(34 EA per 30 days)
<i>sodium polystyrene sulfonate Oral Powder</i>	2	KAYEXALATE	
<i>sodium polystyrene sulfonate 15 gm/60ml Oral Suspension, 30 gm/120ml Rectal Suspension, 50 gm/200ml Rectal Suspension</i>	2	SPS	
SPS	2		
VELTASSA	4		PA, QL(30 EA per 30 days)
GASTROINTESTINAL AGENTS			
Anti-constipation Agents			
<i>constulose</i>	2	CONSTULOSE	
<i>enulose</i>	2	CONSTULOSE	
GAVILYTE-C	2		
GAVILYTE-G	2		
GAVILYTE-N WITH FLAVOR PACK	2		
<i>generlac</i>	2	CONSTULOSE	
<i>lactulose 10 gm/15ml Oral Solution, 20 gm/30ml Oral Solution</i>	2	CONSTULOSE	
<i>lactulose encephalopathy</i>	2	CONSTULOSE	
LINZESS	3		QL(30 EA per 30 days)
<i>lubiprostone</i>	2	AMITIZA	QL(60 EA per 30 days)
MOVANTIK	3		QL(30 EA per 30 days)
MOVIPREP	4		
<i>peg 3350-kcl-na bicarb-nacl</i>	2	NULYTELY	
<i>peg-3350/electrolytes</i>	2	GOLYTELY	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>peg-3350/electrolytes/ascorbat</i>	2	MOVIPREP	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm Oral Solution Reconstituted</i>	2	MOVIPREP	
PLENVU	4		
RELISTOR 8 mg/0.4ml Subcutaneous Solution	4		PA, QL(12 ML per 30 days)
RELISTOR 12 mg/0.6ml Subcutaneous Solution	4		(1 per day), PA, QL(18 ML per 30 days)
TRILYTE	2		
Anti-diarrheal Agents			
<i>alosetron hcl</i>	2	LOTRONEX	QL(60 EA per 30 days)
<i>diphenoxylate-atropine 2.5-0.025 mg Oral Tablet</i>	2	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml Oral Liquid</i>	2	LOMOTIL	
<i>loperamide hcl 2 mg Oral Capsule</i>	2	IMODIUM	
XERMELO	5		NDS, PA, QL(90 EA per 30 days), LA, NM
XIFAXAN	4		PA
Antispasmodics, Gastrointestinal			
<i>atropine sulfate 1 mg/10ml Injection Solution Prefilled Syringe</i>	2		
<i>dicyclomine hcl 10 mg Oral Capsule, 20 mg Oral Tablet</i>	2	BENTYL	
<i>dicyclomine hcl 10 mg/5ml Oral Solution</i>	2	BENTYL	
<i>glycopyrrolate 0.2 mg/ml Injection Solution, 0.4 mg/2ml Injection Solution, 1 mg/5ml Injection Solution</i>	2		
<i>glycopyrrolate 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	ROBINUL	
<i>glycopyrrolate 4 mg/20ml Injection Solution</i>	2	ROBINUL	
<i>methscopolamine bromide 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	2	PAMINE	
<i>propantheline bromide 15 mg Oral Tablet</i>	2	PRO-BANTHINE	
Gastrointestinal Agents, Other			
CLENPIQ	4		
GATTEX	5		NDS, PA, LA, NM
PREPOPIK	4		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ursodiol 300 mg Oral Capsule</i>	2	ACTIGALL	
<i>ursodiol 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2	URSO	
Histamine2 (h2) Receptor Antagonists			
<i>cimetidine 200 mg Oral Tablet, 300 mg Oral Tablet, 400 mg Oral Tablet, 800 mg Oral Tablet</i>	2	TAGAMET	
<i>cimetidine hcl</i>	2	TAGAMET	
<i>famotidine 200 mg/20ml Intravenous Solution, 40 mg/4ml Intravenous Solution</i>	2		
<i>famotidine 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	PEPCID	GC
<i>famotidine 20 mg/2ml Intravenous Solution, 40 mg/5ml Oral Suspension Reconstituted</i>	2	PEPCID	
<i>famotidine premixed</i>	2	PEPCID	
<i>nizatidine 150 mg Oral Capsule, 300 mg Oral Capsule</i>	2	AXID	
<i>nizatidine 15 mg/ml Oral Solution</i>	2	AXID	
Protectants			
<i>misoprostol 100 mcg Oral Tablet, 200 mcg Oral Tablet</i>	2	CYTOTEC	
<i>sucralfate 1 gm Oral Tablet</i>	2	CARAFATE	
<i>sucralfate 1 gm/10ml Oral Suspension</i>	2	CARAFATE	
Proton Pump Inhibitors			
<i>esomeprazole magnesium 20 mg Oral Capsule Delayed Release, 40 mg Oral Capsule Delayed Release</i>	2	NEXIUM	
<i>esomeprazole magnesium 10 mg Oral Packet, 20 mg Oral Packet, 40 mg Oral Packet</i>	2	NEXIUM	ST
<i>esomeprazole sodium</i>	2	NEXIUM	PA
<i>lansoprazole 15 mg Oral Capsule Delayed Release, 30 mg Oral Capsule Delayed Release</i>	2	PREVACID	
<i>omeprazole 10 mg Oral Capsule Delayed Release, 20 mg Oral Capsule Delayed Release, 40 mg Oral Capsule Delayed Release</i>	1	PRILOSEC	GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>pantoprazole sodium 20 mg Oral Tablet Delayed Release, 40 mg Oral Tablet Delayed Release</i>	1	PROTONIX	GC
<i>pantoprazole sodium 40 mg Intravenous Solution Reconstituted</i>	2	PROTONIX	
<i>rabeprazole sodium 20 mg Oral Tablet Delayed Release</i>	2	ACIPHEX	
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment			
<i>amondys 45</i>	5		NDS, PA, NM
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment			
ALDURAZYME	5		NDS, PA, NM
ARALAST NP	5		NDS, PA, NM
CEREZYME	5		NDS, PA, NM
CHOLBAM	5		NDS, PA, NM
CREON	3		
<i>cromolyn sodium 100 mg/5ml Oral Concentrate</i>	2	GASTROCROM	
CRYSVITA 10 mg/ml Subcutaneous Solution	5		NDS, PA, QL(2 ML per 28 days), NM
CRYSVITA 30 mg/ml Subcutaneous Solution	5		NDS, PA, QL(6 ML per 28 days), NM
CRYSVITA 20 mg/ml Subcutaneous Solution	5		NDS, PA, QL(8 ML per 28 days), NM
CYSTAGON	4		LA
ELAPRASE	5		NDS, PA, NM
ELELYSO	5		NDS, PA, LA, NM
ENDARI	5		NDS, PA, QL(180 EA per 30 days), NM
FABRAZYME	5		NDS, PA, NM
FIRDAPSE	5		NDS, PA, QL(240 EA per 30 days), NM
GALAFOLD	5		NDS, PA, QL(14 EA per 28 days), NM
MEPSEVII	5		NDS, PA, NM
<i>miglustat</i>	5	ZAVESCA	NDS, PA, QL(90 EA per 30 days), NM
NITYR	5		NDS, PA, NM
NULIBRY	5		NDS, PA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ONPATTRO	5		NDS, PA, QL(15 ML per 21 days), NM
OXLUMO	5		NDS, PA, NM
PALYNZIQ 2.5 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(4.5 ML per 30 days), NM
PALYNZIQ 10 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(15 ML per 30 days), NM
PALYNZIQ 20 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(90 ML per 30 days), NM
PROCYSBI 300 mg Oral Packet, 75 mg Oral Packet	5		NDS, PA, NM
PROCYSBI 25 mg Oral Capsule Delayed Release, 75 mg Oral Capsule Delayed Release	5		NDS, PA, LA, NM
PROLASTIN-C	5		NDS, PA, LA, NM
RAVICTI	5		NDS, PA, QL(525 ML per 30 days), LA, NM
REVCIVI	5		NDS, PA, NM
<i>sapropterin dihydrochloride 100 mg Oral Packet, 100 mg Oral Tablet, 500 mg Oral Packet</i>	5	KUVAN	NDS, PA, NM
<i>sodium phenylbutyrate 500 mg Oral Tablet</i>	5	BUPHENYL	NDS, NM
<i>sodium phenylbutyrate 3 gm/tsp Oral Powder</i>	5	BUPHENYL	NDS, NM
STRENSIQ	5		NDS, PA, LA, NM
TEGSEDI	5		NDS, PA, QL(6 ML per 28 days), NM
VILTEPSO	5		NDS, PA, NM
VPRIV	5		NDS, PA, LA, NM
VYNDAMAX	5		NDS, PA, QL(30 EA per 30 days), NM
VYNDAQEL	5		NDS, PA, QL(120 EA per 30 days), NM
ZENPEP	3		
ZOKINVY	5		NDS, PA, NM
GENITOURINARY AGENTS			
Antispasmodics, Urinary			
<i>flavoxate hcl</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
MYRBETRIQ 25 mg Oral Tablet Extended Release 24 Hour, 50 mg Oral Tablet Extended Release 24 Hour	3		QL(30 EA per 30 days)
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	3		PA, QL(300 ML per 30 days)
<i>oxybutynin chloride 5 mg Oral Tablet</i>	2	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml Oral Syrup</i>	2	DITROPAN	
<i>oxybutynin chloride er</i>	2	DITROPAN	
<i>solifenacin succinate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	VESICARE	QL(30 EA per 30 days)
<i>tolterodine tartrate</i>	2	DETROL	
<i>tolterodine tartrate er</i>	2	DETROL LA	QL(30 EA per 30 days)
<i>tropium chloride</i>	2	SANCTURA	
<i>tropium chloride er</i>	2	SANCTURA XR	
Benign Prostatic Hypertrophy Agents			
<i>alfuzosin hcl er</i>	1	UROXATRAL	GC
<i>dutasteride 0.5 mg Oral Capsule</i>	2	AVODART	
<i>finasteride 5 mg Oral Tablet</i>	1	PROSCAR	GC
<i>tadalafil 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	2	CIALIS	PA, QL(30 EA per 30 days)
<i>tamsulosin hcl</i>	1	FLOMAX	GC
Genitourinary Agents, Other			
<i>bethanechol chloride 10 mg Oral Tablet, 25 mg Oral Tablet, 5 mg Oral Tablet, 50 mg Oral Tablet</i>	2	URECHOLINE	
ELMIRON	3		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (adrenal)			
<i>betamethasone dipropionate 0.05 % External Ointment</i>	2	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % External Cream</i>	2	DIPROLENE	
<i>betamethasone sod phos & acet 6 (3-3) mg/ml Injection Suspension</i>	2	CELESTONE SOLUSPAN	
<i>cortisone acetate 25 mg Oral Tablet</i>	2	CORTONE	
<i>dexamethasone 1 mg Oral Tablet, 1.5 mg (21) Oral Tablet Therapy</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Pack, 1.5 mg (35) Oral Tablet Therapy Pack, 2 mg Oral Tablet</i>			
<i>dexamethasone 0.5 mg/5ml Oral Solution</i>	2		
<i>dexamethasone 0.5 mg/5ml Oral Elixir</i>	2	BAYCADRON	
<i>dexamethasone 0.5 mg Oral Tablet, 0.75 mg Oral Tablet, 1.5 mg Oral Tablet, 4 mg Oral Tablet, 6 mg Oral Tablet</i>	2	DECADRON	
<i>dexamethasone 1.5 mg (51) Oral Tablet Therapy Pack</i>	2	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL	4		
<i>dexamethasone sod phosphate pf 10 mg/ml Injection Solution</i>	2		
<i>dexamethasone sodium phosphate 100 mg/10ml Injection Solution, 120 mg/30ml Injection Solution, 20 mg/5ml Injection Solution, 4 mg/ml Injection Solution</i>	2		
<i>dexamethasone sodium phosphate 10 mg/ml Injection Solution</i>	2	HEXADROL	
EMFLAZA 36 mg Oral Tablet	5		NDS, PA, LA, NM
EMFLAZA 22.75 mg/ml Oral Suspension	5		NDS, PA, LA, NM
EMFLAZA 18 mg Oral Tablet	5		NDS, PA, QL(30 EA per 30 days), LA, NM
EMFLAZA 30 mg Oral Tablet, 6 mg Oral Tablet	5		NDS, PA, QL(60 EA per 30 days), LA, NM
<i>fludrocortisone acetate 0.1 mg Oral Tablet</i>	2	FLORINEF	
<i>hydrocortisone 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	2	CORTEF	
<i>methylprednisolone 16 mg Oral Tablet, 32 mg Oral Tablet, 4 mg Oral Tablet, 4 mg Oral Tablet Therapy Pack, 8 mg Oral Tablet</i>	2	MEDROL	
<i>methylprednisolone acetate 40 mg/ml Injection Suspension, 80 mg/ml Injection Suspension</i>	2	DEPO-MEDROL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>methylprednisolone sodium succ 1000 mg Injection Solution Reconstituted, 125 mg Injection Solution Reconstituted, 40 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	2	SOLU-MEDROL	
<i>prednisolone 15 mg/5ml Oral Solution</i>	2	PRELONE	PA BvD
<i>prednisolone sodium phosphate 25 mg/5ml Oral Solution</i>	2		PA BvD
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	2	ORAPRED	PA BvD
<i>prednisolone sodium phosphate 15 mg/5ml Oral Solution</i>	2	ORAPRED	PA BvD
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml Oral Solution</i>	2	PEDIAPRED	PA BvD
<i>prednisone 10 mg (21) Oral Tablet Therapy Pack, 10 mg (48) Oral Tablet Therapy Pack, 5 mg (21) Oral Tablet Therapy Pack, 5 mg (48) Oral Tablet Therapy Pack</i>	2		
<i>prednisone 1 mg Oral Tablet, 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet, 50 mg Oral Tablet</i>	2		PA BvD
<i>prednisone 5 mg/5ml Oral Solution</i>	2		PA BvD
SOLU-CORTEF	3		
SOLU-MEDROL 1000 mg Injection Solution Reconstituted, 125 mg Injection Solution Reconstituted, 40 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted	3		
<i>triamcinolone acetonide 40 mg/ml Injection Suspension</i>	2	KENALOG	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (pituitary)			
<i>desmopressin ace spray refrig</i>	2	MINIRIN	
<i>desmopressin acetate 0.1 mg Oral Tablet, 0.2 mg Oral Tablet</i>	2	DDAVP	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>desmopressin acetate 4 mcg/ml Injection Solution</i>	2	DDAVP	
<i>desmopressin acetate pf</i>	2	DDAVP PF	
<i>desmopressin acetate spray</i>	2	DDVAP	
INCRELEX	5		NDS, NM
LUPRON DEPOT-PED (1-MONTH) 11.25 mg Intramuscular Kit, 15 mg Intramuscular Kit	5		NDS, NM
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) Intramuscular Kit	5		NDS, NM
NOCDURNA	4		PA, QL(30 EA per 30 days)
NORDITROPIN FLEXPRO 10 mg/1.5ml Subcutaneous Solution Pen-injector, 15 mg/1.5ml Subcutaneous Solution Pen-injector, 30 mg/3ml Subcutaneous Solution Pen-injector, 5 mg/1.5ml Subcutaneous Solution Pen-injector	4		PA
ORLISSA 150 mg Oral Tablet	5		NDS, PA, QL(30 EA per 30 days), NM
ORLISSA 200 mg Oral Tablet	5		NDS, PA, QL(60 EA per 30 days), NM
SEROSTIM	5		NDS, PA, NM
VASOSTRICT	4		
ZORBTIVE	5		NDS, PA, NM
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			
Anabolic Steroids			
ANADROL-50	3		
<i>oxandrolone 10 mg Oral Tablet, 2.5 mg Oral Tablet</i>	2	OXANDRIN	
Androgens			
ANDRODERM	4		
<i>danazol 100 mg Oral Capsule, 200 mg Oral Capsule, 50 mg Oral Capsule</i>	2	DANOCRINE	
<i>methitest</i>	4		
<i>testosterone 1.62 % Transdermal Gel, 12.5 MG/ACT (1%) Transdermal Gel, 20.25</i>	2	ANDROGEL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>MG/1.25GM (1.62%) Transdermal Gel, 20.25 MG/ACT (1.62%) Transdermal Gel, 25 MG/2.5GM (1%) Transdermal Gel, 40.5 MG/2.5GM (1.62%) Transdermal Gel, 50 MG/5GM (1%) Transdermal Gel</i>			
<i>testosterone 10 MG/ACT (2%) Transdermal Gel</i>	2	FORTESTA	
<i>testosterone cypionate 100 mg/ml Intramuscular Solution, 200 mg/ml Injection Solution, 200 mg/ml Intramuscular Solution</i>	2	DEPO-TESTOSTERONE	
<i>testosterone enanthate 200 mg/ml Intramuscular Solution</i>	2	DELATESTRYL	
Estrogens			
DOTTI	2		
<i>estradiol 0.025 mg/24hr Transdermal Patch Weekly, 0.0375 mg/24hr Transdermal Patch Weekly, 0.05 mg/24hr Transdermal Patch Weekly, 0.06 mg/24hr Transdermal Patch Weekly, 0.075 mg/24hr Transdermal Patch Weekly, 0.1 mg/24hr Transdermal Patch Weekly</i>	2	CLIMARA	
<i>estradiol 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	ESTRACE	
<i>estradiol 0.1 mg/gm Vaginal Cream</i>	2	ESTRACE	
<i>estradiol 10 mcg Vaginal Tablet</i>	2	VAGIFEM	
<i>estradiol 0.025 mg/24hr Transdermal Patch Twice Weekly, 0.0375 mg/24hr Transdermal Patch Twice Weekly, 0.05 mg/24hr Transdermal Patch Twice Weekly, 0.075 mg/24hr Transdermal Patch Twice Weekly, 0.1 mg/24hr Transdermal Patch Twice Weekly</i>	2	VIVELLE-DOT	
<i>estradiol valerate 20 mg/ml Intramuscular Oil, 40 mg/ml Intramuscular Oil</i>	2	DELESTROGEN	
ESTRING	4		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
FEMRING	4		QL(1 EA per 90 days)
LYLLANA	2		
MENEST	4		
MYFEMBREE	5		NDS, PA, QL(28 EA per 28 days), NM
ORIAHNN	5		NDS, PA, QL(56 EA per 28 days), NM
PREMARIN 0.3 mg Oral Tablet, 0.45 mg Oral Tablet, 0.625 mg Oral Tablet, 0.9 mg Oral Tablet, 1.25 mg Oral Tablet, 25 mg Injection Solution Reconstituted	3		
PREMARIN 0.625 mg/gm Vaginal Cream	3		
YUVAFEM	2		
Hormonal Agents, Stimulant/ Replacement/ Modifying (sex Hormones/ Modifiers)			
AFIRMELLE	2		
ALTAVERA	2		
<i>alyacen 1/35</i>	2		
<i>alyacen 7/7/7</i>	2		
AMABELZ	2		
AMETHIA	2		
AMETHIA LO	2		
APRI	2		
ARANELLE	2		
ASHLYNA	2		
AUBRA	2		
AUBRA EQ	2		
AUROVELA 1.5/30	2		
AUROVELA 1/20	2		
AUROVELA 24 FE	2		
AUROVELA FE 1.5/30	2		
AUROVELA FE 1/20	2		
AVIANE	2		
AYUNA	2		
AZURETTE	2		
BALZIVA	2		
BEKYREE	2		
BLISOVI 24 FE	2		
BLISOVI FE 1.5/30	2		
BLISOVI FE 1/20	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>briellyn</i>	2		
CAMRESE	2		
CAMRESE LO	2		
CAZIAN	2		
<i>chorionic gonadotropin 10000 unit Intramuscular Solution Reconstituted</i>	4	PREGNYL	PA
CRYSELLE-28	2		
CYCLAFEM 1/35	2		
CYCLAFEM 7/7/7	2		
CYRED	2		
CYRED EQ	2		
DASETTA 1/35	2		
DASETTA 7/7/7	2		
DAYSEE	2		
DELYLA	2		
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) Oral Tablet</i>	2	BEKYREE 28 DAY	
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg Oral Tablet</i>	2	DESOGEN	
DOLISHALE	2		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg Oral Tablet</i>	2	BEYAZ	
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg Oral Tablet</i>	2	SAFYRAL	
<i>drospirenone-ethinyl estradiol 3-0.03 mg Oral Tablet</i>	2	YASMIN	
<i>drospirenone-ethinyl estradiol 3-0.02 mg Oral Tablet</i>	2	YAZ	
ELINEST	2		
ELURYNG	2		
EMOQUETTE	2		
ENPRESSE-28	2		
ENSKYCE	2		
ESTARYLLA	2		
<i>estradiol-norethindrone acet 0.5-0.1 mg Oral Tablet, 1-0.5 mg Oral Tablet</i>	2	ACTIVELLA	
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg Oral Tablet</i>	2	DEMULEN 1/35-28	
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg Oral Tablet</i>	2	DEMULEN 1/50-28	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>etonogestrel-ethinyl estradiol</i>	2	NUVARING	
FALMINA	2		
FAYOSIM	2		
FEMYNOR	2		
FYAVOLV	2		
GEMMILY	2		
GIANVI	2		
HAILEY 1.5/30	2		
HAILEY 24 FE	2		
ICLEVIA	2		
INTROVALE	2		
ISIBLOOM	2		
JAIMIESS	2		
JASMIEL	2		
JINTELI	2		
JOLESSA	2		
JULEBER	2		
JUNEL 1.5/30	2		
JUNEL 1/20	2		
JUNEL FE 1.5/30	2		
JUNEL FE 1/20	2		
JUNEL FE 24	2		
KAITLIB FE	2		
KALLIGA	2		
KARIVA	2		
KELNOR 1/35	2		
KELNOR 1/50	2		
KURVELO	2		
LARIN 1.5/30	2		
LARIN 1/20	2		
LARIN 24 FE	2		
LARIN FE 1.5/30	2		
LARIN FE 1/20	2		
LARISSIA	2		
LAYOLIS FE	2		
LEENA	2		
LESSINA	2		
LEVONEST	2		
<i>levonorgest-eth est & eth est</i>	2	QUARTETTE	
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg Oral Tablet</i>	2	LOSEASONIQUE	

¹You 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	Reference Name	Requirements/Limits ¹
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg Oral Tablet</i>	2	SEASONALE	
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg Oral Tablet</i>	2	SEASONIQUE	
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg Oral Tablet</i>	2	ALESSE	
<i>levonorgestrel-ethinyl estrad 90-20 mcg Oral Tablet</i>	2	AMETHYST 28 DAY	
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg Oral Tablet</i>	2	NORDETTE	
<i>levonorg-eth estrad triphasic</i>	2	ENPRESSE 28 DAY	
LEVORA 0.15/30 (28)	2		
LILLOW	2		
LOJAIMIESS	2		
LOPREEZA	2		
LORYNA	2		
LOW-OGESTREL	2		
LO-ZUMANDIMINE	2		
LUTERA	2		
<i>marlissa</i>	2	NORDETTE	
<i>methylergonovine maleate 0.2 mg/ml Injection Solution</i>	2		
MICROGESTIN 1.5/30	2		
MICROGESTIN 1/20	2		
MICROGESTIN 24 FE	2		
MICROGESTIN FE 1.5/30	2		
MICROGESTIN FE 1/20	2		
MILI	2		
MIMVEY	2		
MONO-LINYAH	2		
NECON 0.5/35 (28)	2		
NIKKI	2		
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) Oral Tablet</i>	2	LOESTRIN 24 FE	
<i>norethin ace-eth estrad-fe 1.5-30 mg-mcg Oral Tablet</i>	2	LOESTRIN FE 1.5/30	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg Oral Tablet</i>	2	LOESTRIN FE 1/20	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) Oral Capsule</i>	2	TAYTULLA	
<i>norethindrone acet-ethinyl est 1.5-30 mg-mcg Oral Tablet</i>	2	LOESTRIN 1.5/30	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>norethindrone acet-ethinyl est 1-20 mg-mcg Oral Tablet</i>	2	LOESTRIN 1/20	
<i>norethindrone-eth estradiol 1-5 mg-mcg Oral Tablet</i>	2	FEMHRT 1/5	
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg Oral Tablet</i>	2	FEMHRT LOW DOSE	
<i>norgestimate-eth estradiol</i>	2	ORTHO-CYCLEN (28)	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg Oral Tablet</i>	2	ORTHO TRI-CYCLEN	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg Oral Tablet</i>	2	ORTHO TRI-CYCLEN LO	
NORTREL 0.5/35 (28)	2		
NORTREL 1/35 (21)	2		
NORTREL 1/35 (28)	2		
NORTREL 7/7/7	2		
NYMYO	2		
OCELLA	2		
OGESTREL	2		
ORSYTHIA	2		
PHILITH	2		
PIMTREA	2		
PIRMELLA 1/35	2		
PIRMELLA 7/7/7	2		
PORTIA-28	2		
PREMPHASE	3		
PREMPRO	3		
PREVIFEM	2		
RECLIPSEN	2		
RIVELSA	2		
SETLAKIN	2		
SIMLIYA	2		
SIMPESSE	2		
SPRINTEC 28	2		
SRONYX	2		
SYEDA	2		
TARINA 24 FE	2		
TARINA FE 1/20	2		
TARINA FE 1/20 EQ	2		
TAYSOFY	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TILIA FE	2		
TRI FEMYNOR	2		
TRI-ESTARYLLA	2		
TRI-LEGEST FE	2		
TRI-LINYAH	2		
TRI-LO-ESTARYLLA	2		
TRI-LO-MARZIA	2		
TRI-LO-MILI	2		
TRI-LO-SPRINTEC	2		
TRI-MILI	2		
TRI-NYMYO	2		
TRI-PREVIFEM	2		
TRI-SPRINTEC	2		
TRIVORA (28)	2		
TRI-VYLIBRA	2		
TRI-VYLIBRA LO	2		
TYBLUME 0.1-20 mg-mcg Oral Tablet Chewable	2		
TYDEMY	2		
VELIVET	2		
VESTURA	2		
VIENVA	2		
<i>viorele</i>	2	BEKYREE 28 DAY	
VOLNEA	2		
VYFEMLA	2		
VYLIBRA	2		
WERA	2		
WYMZYA FE	2		
XULANE	2		
ZAFEMY	2		
ZARAH	2		
ZOVIA 1/35 (28)	2		
ZOVIA 1/35E (28)	2		
ZUMANDIMINE	2		
Progestins			
CAMILA	2		
CRINONE	4		PA
DEBLITANE	2		
DEPO-PROVERA 400 mg/ml Intramuscular Suspension	4		
ELLA	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ERRIN	2		
HEATHER	2		
<i>hydroxyprogesterone caproate 1.25 gm/5ml Intramuscular Solution</i>	5	DELALUTIN	NDS, NM
<i>hydroxyprogesterone caproate 250 mg/ml Intramuscular Oil</i>	5	MAKENA	NDS, NM
INCASSIA	2		
JENCYCLA	2		
LYLEQ	2		
LYZA	2		
<i>medroxyprogesterone acetate 150 mg/ml Intramuscular Suspension, 150 mg/ml Intramuscular Suspension Prefilled Syringe</i>	2	DEPO-PROVERA	
<i>medroxyprogesterone acetate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	2	PROVERA	
<i>megestrol acetate 20 mg Oral Tablet, 40 mg Oral Tablet</i>	2	MEGACE	
<i>megestrol acetate 40 mg/ml Oral Suspension, 400 mg/10ml Oral Suspension, 625 mg/5ml Oral Suspension</i>	2	MEGACE	
NORA-BE	2		
<i>norethindrone 0.35 mg Oral Tablet</i>	2	NOR-QD	
<i>norethindrone acetate 5 mg Oral Tablet</i>	2	AYGESTIN	
NORLYDA	2		
NORLYROC	2		
<i>progesterone 50 mg/ml Intramuscular Oil</i>	2		
<i>progesterone 100 mg Oral Capsule, 200 mg Oral Capsule</i>	2	PROMETRIUM	
SHAROBEL	2		
TULANA	2		
Selective Estrogen Receptor Modifying Agents			
DUAVEE	4		PA
<i>raloxifene hcl</i>	2	EVISTA	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (thyroid)			
EUTHYROX	2		
LEVO-T	4		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>levothyroxine sodium 100 mcg Intravenous Solution Reconstituted, 200 mcg Intravenous Solution Reconstituted, 500 mcg Intravenous Solution Reconstituted</i>	2		
<i>levothyroxine sodium 100 mcg/5ml Intravenous Solution, 200 mcg/5ml Intravenous Solution, 500 mcg/5ml Intravenous Solution</i>	2		
<i>levothyroxine sodium 100 mcg Oral Tablet, 112 mcg Oral Tablet, 125 mcg Oral Tablet, 137 mcg Oral Tablet, 150 mcg Oral Tablet, 175 mcg Oral Tablet, 200 mcg Oral Tablet, 25 mcg Oral Tablet, 300 mcg Oral Tablet, 50 mcg Oral Tablet, 75 mcg Oral Tablet, 88 mcg Oral Tablet</i>	1	SYNTHROID	GC
LEVOXYL	4		
<i>liothyronine sodium 25 mcg Oral Tablet, 5 mcg Oral Tablet, 50 mcg Oral Tablet</i>	2	CYTOMEL	
<i>liothyronine sodium 10 mcg/ml Intravenous Solution</i>	2	TRIOSTAT	
SYNTHROID	4		
UNITHROID	4		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)			
Hormonal Agents, Suppressant (pituitary)			
<i>cabergoline</i>	2	DOSTINEX	
ELIGARD	4		
FENSOLVI (6 MONTH)	5		NDS, PA, QL(1 EA per 168 days), NM
FIRMAGON	4		
FIRMAGON (240 MG DOSE)	4		
<i>leuprolide acetate 1 mg/0.2ml Injection Kit</i>	2	LUPRON	
LUPRON DEPOT (1-MONTH)	5		NDS, NM
LUPRON DEPOT (3-MONTH)	5		NDS, NM
LUPRON DEPOT (4-MONTH)	5		NDS, NM
LUPRON DEPOT (6-MONTH)	5		NDS, NM
LUPRON DEPOT-PED (1-MONTH) 7.5 mg Intramuscular Kit	5		NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LUPRON DEPOT-PED (3-MONTH) 30 mg (ped) Intramuscular Kit	5		NDS, NM
<i>octreotide acetate 100 mcg/ml Subcutaneous Solution Prefilled Syringe, 50 mcg/ml Subcutaneous Solution Prefilled Syringe, 500 mcg/ml Subcutaneous Solution Prefilled Syringe</i>	2		
<i>octreotide acetate 100 mcg/ml Injection Solution, 200 mcg/ml Injection Solution, 50 mcg/ml Injection Solution, 500 mcg/ml Injection Solution</i>	2	SANDOSTATIN	
<i>octreotide acetate 1000 mcg/ml Injection Solution</i>	5	SANDOSTATIN	NDS, NM
SIGNIFOR	5		NDS, PA, QL(60 ML per 30 days), LA, NM
SIGNIFOR LAR	5		NDS, PA, QL(1 EA per 28 days), LA, NM
SOMATULINE DEPOT	5		NDS, NM
SOMAVERT	5		NDS, LA, NM
SUPPRELIN LA	5		NDS, PA, NM
SYNAREL	5		NDS, NM
TRELSTAR MIXJECT	5		NDS, NM
TRIPTODUR	5		NDS, PA, QL(1 EA per 168 days), NM
VANTAS	4		
ZOLADEX	4		
HORMONAL AGENTS, SUPPRESSANT (THYROID)			
Antithyroid Agents			
<i>methimazole 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	TAPAZOLE	
<i>propylthiouracil 50 mg Oral Tablet</i>	2		
IMMUNOLOGICAL AGENTS			
Angioedema Agents			
CINRYZE	5		NDS, PA, QL(20 EA per 30 days), LA, NM
HAEGARDA	5		NDS, PA, QL(24 EA per 28 days), LA, NM
<i>icatibant acetate</i>	5	FIRAZYR	NDS, PA, QL(18 ML per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ORLADEYO	5		NDS, PA, QL(28 EA per 28 days), NM
TAKHZYRO	5		NDS, PA, QL(4 ML per 28 days), NM
Immunoglobulins			
BIVIGAM	5		NDS, PA, NM
CUTAQUIG	5		NDS, PA, NM
CUVITRU	5		NDS, PA, NM
FLEBOGAMMA DIF	5		NDS, PA, NM
GAMASTAN	3		PA
GAMMAGARD	5		NDS, PA, NM
GAMMAGARD S/D LESS IGA	5		NDS, PA, NM
GAMMAPLEX 10 gm/100ml Intravenous Solution, 20 gm/200ml Intravenous Solution, 5 gm/50ml Intravenous Solution	5		NDS, PA, NM
GAMUNEX-C	5		NDS, PA, NM
HIZENTRA	5		NDS, PA, NM
HYQVIA	5		NDS, PA, LA, NM
PANZYGA	5		NDS, PA, NM
PRIVIGEN	5		NDS, PA, NM
Immunological Agents, Other			
ARCALYST	5		NDS, PA, LA, NM
AVSOLA	5		NDS, PA, NM
COSENTYX	5		NDS, PA, NM
COSENTYX (300 MG DOSE)	5		NDS, PA, NM
COSENTYX SENSOREADY (300 MG)	5		NDS, PA, NM
COSENTYX SENSOREADY PEN	5		NDS, PA, NM
DUPIXENT 100 mg/0.67ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(1.34 ML per 28 days), NM
DUPIXENT 200 mg/1.14ml Subcutaneous Solution Pen-injector, 200 mg/1.14ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(4.56 ML per 28 days), NM
DUPIXENT 300 mg/2ml Subcutaneous Solution Pen-injector, 300 mg/2ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(8 ML per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ILARIS	5		NDS, PA, QL(2 ML per 28 days), LA, NM
INFLECTRA	5		NDS, PA, NM
<i>Ieflunomide 10 mg Oral Tablet, 20 mg Oral Tablet</i>	2	ARAVA	
OLUMIANT	5		NDS, PA, QL(30 EA per 30 days), NM
ORENCIA 50 mg/0.4ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(1.6 ML per 28 days), NM
ORENCIA 87.5 mg/0.7ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(2.8 ML per 28 days), NM
ORENCIA 125 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(4 ML per 28 days), NM
ORENCIA CLICKJECT	5		NDS, PA, QL(4 ML per 28 days), NM
RIDAURA	3		
RINVOQ	5		NDS, PA, QL(30 EA per 30 days), NM
SIMPONI 100 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(4 ML per 28 days), NM
SKYRIZI	5		NDS, PA, QL(1 ML per 28 days), NM
SKYRIZI (150 MG DOSE)	5		NDS, PA, QL(1 EA per 28 days), NM
SKYRIZI PEN	5		NDS, PA, QL(1 ML per 28 days), NM
STELARA 45 mg/0.5ml Subcutaneous Solution, 45 mg/0.5ml Subcutaneous Solution Prefilled Syringe, 90 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, NM
XELJANZ 10 mg Oral Tablet, 5 mg Oral Tablet	5		NDS, PA, QL(60 EA per 30 days), NM
XELJANZ 1 mg/ml Oral Solution	5		NDS, PA, QL(300 ML per 30 days), NM
XELJANZ XR 11 mg Oral Tablet Extended Release 24 Hour	5		NDS, PA, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XOLAIR 150 mg Subcutaneous Solution Reconstituted	5		NDS, PA, NM
XOLAIR 150 mg/ml Subcutaneous Solution Prefilled Syringe, 75 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, NM
Immunostimulants			
ACTIMMUNE	5		NDS, LA, NM
INTRON A 10000000 unit Injection Solution Reconstituted, 18000000 unit Injection Solution Reconstituted, 50000000 unit Injection Solution Reconstituted	3		
INTRON A 10000000 unit/ml Injection Solution, 6000000 unit/ml Injection Solution	3		
PEGASYS 180 mcg/0.5ml Subcutaneous Solution Prefilled Syringe	5		NDS, QL(2 ML per 28 days), NM
PEGASYS 180 mcg/ml Subcutaneous Solution	5		NDS, QL(4 ML per 28 days), NM
PEGASYS PROCLICK 180 mcg/0.5ml Subcutaneous Solution Auto-injector	5		NDS, QL(2 ML per 28 days), NM
PEGINTRON	5		NDS, QL(2 EA per 28 days), NM
Immunosuppressants			
ACTEMRA 162 mg/0.9ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(3.6 ML per 28 days), NM
ACTEMRA 200 mg/10ml Intravenous Solution, 400 mg/20ml Intravenous Solution, 80 mg/4ml Intravenous Solution	5		NDS, PA, QL(40 ML per 30 days), NM
ACTEMRA ACTPEN	5		NDS, PA, QL(3.6 ML per 28 days), NM
AFINITOR DISPERZ 2 mg Oral Tablet Soluble	5		NDS, PA-NSO, QL(112 EA per 28 days), NM
ASTAGRAF XL	4		PA-NSO
ATGAM	3		
AZASAN	4		PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>azathioprine 100 mg Oral Tablet, 75 mg Oral Tablet</i>	2	AZASAN	PA BvD
<i>azathioprine 50 mg Oral Tablet</i>	2	IMURAN	PA BvD
<i>azathioprine sodium</i>	2	IMURAN	PA BvD
BENLYSTA 120 mg Intravenous Solution Reconstituted, 400 mg Intravenous Solution Reconstituted	5		NDS, PA, LA, NM
BENLYSTA 200 mg/ml Subcutaneous Solution Auto-injector, 200 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(8 ML per 28 days), NM
CIMZIA	5		NDS, PA, QL(3 EA per 28 days), NM
CIMZIA PREFILLED	5		NDS, PA, QL(3 EA per 28 days), NM
CIMZIA STARTER KIT	5		NDS, PA, QL(3 EA per 28 days), NM
<i>cyclosporine 100 mg Oral Capsule, 25 mg Oral Capsule</i>	2	SANDIMMUNE	PA BvD
<i>cyclosporine 50 mg/ml Intravenous Solution</i>	2	SANDIMMUNE	PA BvD
<i>cyclosporine modified 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	2	NEORAL	PA BvD
<i>cyclosporine modified 100 mg/ml Oral Solution</i>	2	NEORAL	PA BvD
ENBREL 25 mg Subcutaneous Solution Reconstituted	5		NDS, PA, QL(8 EA per 28 days), NM
ENBREL 25 mg/0.5ml Subcutaneous Solution, 25 mg/0.5ml Subcutaneous Solution Prefilled Syringe, 50 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(8 ML per 28 days), NM
ENBREL MINI	5		NDS, PA, QL(8 ML per 28 days), NM
ENBREL SURECLICK	5		NDS, PA, QL(8 ML per 28 days), NM
ENSPRYNG	5		NDS, PA, QL(3 ML per 28 days), NM
ENVARUSUS XR	4		PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
everolimus 2 mg Oral Tablet Soluble	5	AFINITOR DISPERZ	NDS, PA-NSO, QL(112 EA per 28 days), NM
everolimus 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 0.75 mg Oral Tablet	2	ZORTRESS	PA-NSO
everolimus 1 mg Oral Tablet	5	ZORTRESS	NDS, PA-NSO, NM
GENGRAF 100 mg Oral Capsule, 25 mg Oral Capsule	2		PA BvD
GENGRAF 100 mg/ml Oral Solution	2		PA BvD
HUMIRA 10 mg/0.1ml Subcutaneous Prefilled Syringe Kit, 20 mg/0.2ml Subcutaneous Prefilled Syringe Kit, 20 mg/0.4ml Subcutaneous Prefilled Syringe Kit	5		NDS, PA, QL(2 EA per 28 days), NM
HUMIRA 40 mg/0.4ml Subcutaneous Prefilled Syringe Kit, 40 mg/0.8ml Subcutaneous Prefilled Syringe Kit	5		NDS, PA, QL(4 EA per 28 days), NM
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Prefilled Syringe Kit	5		NDS, PA, QL(2 EA per 28 days), NM
HUMIRA PEDIATRIC CROHNS START 80 mg/0.8ml Subcutaneous Prefilled Syringe Kit	5		NDS, PA, QL(3 EA per 28 days), NM
HUMIRA PEN 80 mg/0.8ml Subcutaneous Pen-injector Kit	5		NDS, PA, QL(3 EA per 28 days), NM
HUMIRA PEN 40 mg/0.4ml Subcutaneous Pen-injector Kit, 40 mg/0.8ml Subcutaneous Pen-injector Kit	5		NDS, PA, QL(4 EA per 28 days), NM
HUMIRA PEN-CD/UC/HS STARTER 80 mg/0.8ml Subcutaneous Pen-injector Kit	5		(1 starter kit) NDS, PA, QL(3 EA per 28 days), NM
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Pen-injector Kit	5		NDS, PA, QL(6 EA per 28 days), NM
HUMIRA PEN-PEDIATRIC UC START	5		(1 starter kit) NDS, PA, QL(4 EA per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml Subcutaneous Pen-injector Kit	5		NDS, PA, QL(4 EA per 28 days), NM
HUMIRA PEN-PSOR/UEVIT STARTER	5		NDS, PA, QL(3 EA per 28 days), NM
KEVZARA	5		NDS, PA, QL(2.28 ML per 28 days), NM
KINERET	5		NDS, PA, NM
LUPKYNIS	5		NDS, PA, QL(180 EA per 30 days), NM
<i>mercaptopurine 50 mg Oral Tablet</i>	2	PURINETHOL	
<i>methotrexate 2.5 mg Oral Tablet</i>	2		
<i>methotrexate (anti-rheumatic)</i>	2	RHEUMATREX	
<i>methotrexate sodium 2.5 mg Oral Tablet</i>	2		
<i>methotrexate sodium 250 mg/10ml Injection Solution, 50 mg/2ml Injection Solution</i>	2		
<i>methotrexate sodium 1 gm Injection Solution Reconstituted</i>	2		PA BvD
<i>methotrexate sodium (pf)</i>	2		
<i>mycophenolate mofetil 250 mg Oral Capsule, 500 mg Intravenous Solution Reconstituted, 500 mg Oral Tablet</i>	2	CELLCEPT	PA BvD
<i>mycophenolate mofetil 200 mg/ml Oral Suspension Reconstituted</i>	2	CELLCEPT	PA BvD
<i>mycophenolate mofetil hcl</i>	2	CELLCEPT	PA BvD
<i>mycophenolate sodium</i>	2	MYFORTIC	PA BvD
NULOJIX	5		NDS, PA-NSO, NM
OTEZLA 10 & 20 & 30 mg Oral Tablet Therapy Pack	5		NDS, PA, QL(60 EA per 30 days), NM
PROGRAF 0.2 mg Oral Packet, 1 mg Oral Packet	4		PA BvD
PROGRAF 5 mg/ml Intravenous Solution	4		PA BvD
RENFLEXIS	5		NDS, PA, NM
SANDIMMUNE 100 mg/ml Oral Solution	4		PA BvD
SIMPONI 50 mg/0.5ml Subcutaneous Solution Auto-injector, 50 mg/0.5ml	5		NDS, PA, QL(0.5 ML per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Subcutaneous Solution Prefilled Syringe			
SIMPONI 100 mg/ml Subcutaneous Solution Auto-injector	5		NDS, PA, QL(4 ML per 28 days), NM
SIMULECT	5		NDS, PA BvD, NM
<i>sirolimus 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	RAPAMUNE	PA BvD
<i>sirolimus 1 mg/ml Oral Solution</i>	2	RAPAMUNE	PA BvD
<i>tacrolimus 0.5 mg Oral Capsule, 1 mg Oral Capsule, 5 mg Oral Capsule</i>	2	PROGRAF	PA BvD
THYMOGLOBULIN	5		NDS, NM
XATMEP	4		PA-NSO
XELJANZ XR 22 mg Oral Tablet Extended Release 24 Hour	5		NDS, PA, QL(30 EA per 30 days), NM
ZORTRESS 1 mg Oral Tablet	5		NDS, PA-NSO, NM
Vaccines			
ACTHIB	6		GC
ADACEL	6		GC
<i>bcg vaccine</i>	6		GC
BEXSERO	6		GC
BOOSTRIX	6		GC
DAPTACEL	6		GC
DENGVAXIA	6		GC
<i>diphtheria-tetanus toxoids dt</i>	6		GC
ENGERIX-B 10 mcg/0.5ml Injection Suspension, 20 mcg/ml Injection Suspension	6		PA BvD, GC
GARDASIL 9	6		GC
HAVRIX	6		GC
HIBERIX	6		GC
IMOVAX RABIES	6		PA BvD, GC
INFANRIX	6		GC
IPOL	6		GC
IXIARO	6		GC
KINRIX	6		GC
MENACTRA Intramuscular Solution	6		GC
MENQUADFI Intramuscular Solution	6		GC
MENVEO	6		GC
M-M-R II	6		GC
PEDIARIX	6		GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PEDVAX HIB	6		GC
PENTACEL	6		GC
PROQUAD	6		GC
QUADRACEL	6		GC
RABAVERT	6		PA BvD, GC
RECOMBIVAX HB	6		PA BvD, GC
ROTARIX	6		GC
ROTATEQ	6		GC
SHINGRIX	6		QL(2 EA per 999 days), GC
TDVAX	6		GC
TENIVAC	6		GC
<i>tetanus-diphtheria toxoids td 2-2 If/0.5ml Intramuscular Suspension</i>	6		GC
TICE BCG	4		
TRUMENBA	6		GC
TWINRIX 720-20 Intramuscular Suspension, 720-20 elu-mcg/ml Intramuscular Suspension Prefilled Syringe	6		GC
TYPHIM VI	6		GC
VAQTA	6		GC
VARIVAX	6		GC
VARIZIG	4		
VAXELIS	6		GC
YF-VAX	6		GC
ZOSTAVAX	6		GC
INFLAMMATORY BOWEL DISEASE AGENTS			
Aminosalicylates			
<i>balsalazide disodium</i>	2	COLAZAL	
DIPENTUM	4		
<i>mesalamine 800 mg Oral Tablet Delayed Release</i>	2	ASACOL HD	
<i>mesalamine 1000 mg Rectal Suppository</i>	2	CANASA	
<i>mesalamine 400 mg Oral Capsule Delayed Release</i>	2	DELZICOL	
<i>mesalamine 1.2 gm Oral Tablet Delayed Release</i>	2	LIALDA	
<i>mesalamine 4 gm Rectal Enema</i>	2	ROWASA	
<i>mesalamine-cleanser</i>	2	ROWASA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PENTASA	4		
<i>sulfasalazine 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release</i>	2	AZULFIDINE	
Glucocorticoids			
<i>budesonide 3 mg Oral Capsule Delayed Release Particles</i>	2	ENTOCORT	
<i>budesonide er 9 mg Oral Tablet Extended Release 24 Hour</i>	2	UCERIS	PA, QL(30 EA per 30 days)
COLOCORT	2		
<i>hydrocortisone 100 mg/60ml Rectal Enema</i>	2	CORTENEMA	
IRRIGATING SOLUTIONS			
Irrigating Solutions			
<i>acetic acid 0.25 % Irrigation Solution</i>	2		
<i>ringers irrigation</i>	2		
<i>sorbitol 3 % Irrigation Solution, 3.3 % Irrigation Solution</i>	2		
<i>sorbitol-mannitol</i>	2		
<i>sterile water for irrigation</i>	2		
<i>water for irrigation, sterile</i>	2		
MEDICAL DEVICES AND SUPPLIES			
Medical Devices And Supplies			
<i>1st tier unifine pentips</i>	2		
<i>1st tier unifine pentips plus</i>	2		
ABOUTTIME PEN NEEDLE	2		
ADVOCATE ALCOHOL PREP PADS	2		
ADVOCATE INSULIN PEN NEEDLES	2		
ADVOCATE INSULIN SYRINGE	2		
ALCOH-GLOVE CONTOURED WIPE	2		
<i>alcohol pads</i>	2		
<i>alcohol prep</i>	2		
<i>alcohol preps</i>	2		
<i>alcohol swabs</i>	2		
ALCOHOL SWABSTICK	2		
<i>alcohol wipes</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
APLICARE ALCOHOL SWABSTICK	2		
ASSURE ID INSULIN SAFETY SYR	2		
ASSURE ID SAFETY PEN NEEDLES	2		
<i>aurora pen needles</i>	2		
<i>aurora unifine pentips</i>	2		
<i>autopen</i>	3		
BAND-AID GAUZE SMALL	2		
BD AUTOSHIELD	2		
BD AUTOSHIELD DUO	2		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml Miscellaneous, 31G X 5/16" 0.5 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous	2		
BD INSULIN SYRINGE	2		
BD INSULIN SYRINGE HALF-UNIT	2		
BD INSULIN SYRINGE MICROFINE	2		
BD INSULIN SYRINGE U/F	2		
BD INSULIN SYRINGE U/F 1/2UNIT	2		
BD INSULIN SYRINGE U-500	2		
BD INSULIN SYRINGE ULTRAFINE	2		
BD PEN	3		
BD PEN MINI	3		
BD PEN NEEDLE MICRO U/F	2		
BD PEN NEEDLE MINI U/F	2		
BD PEN NEEDLE NANO 2ND GEN	2		
BD PEN NEEDLE NANO U/F	2		
BD PEN NEEDLE ORIGINAL U/F	2		
BD PEN NEEDLE SHORT U/F	2		
BD SAFETYGLIDE INSULIN SYRINGE	2		
BD SAFETY-LOK INSULIN SYRINGE	2		
BD SWAB SINGLE USE REGULAR	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
BD SWABS SINGLE USE BUTTERFLY	2		
BD VEO INSULIN SYR U/F 1/2UNIT	2		
BD VEO INSULIN SYRINGE U/F	2		
BIOGUARD GAUZE SPONGES 2"X2" Pad	2		
CAREFINE PEN NEEDLES	2		
<i>careone insulin syringe</i>	2		
<i>careone unifine pentips</i>	2		
<i>careone unifine pentips plus</i>	2		
CARETOUCH ALCOHOL PREP	2		
CARETOUCH INSULIN SYRINGE	2		
CARETOUCH PEN NEEDLES	2		
CEQR SIMPLICITY 2U	3		
CLEVER CHOICE COMFORT EZ	2		
<i>clickfine pen needles 31G X 6 MM Miscellaneous, 31G X 8 MM Miscellaneous, 32G X 4 MM Miscellaneous</i>	2		
CLICKFINE PEN NEEDLES	2		
COMFORT ASSIST INSULIN SYRINGE	2		
COMFORT EZ INSULIN SYRINGE	2		
COMFORT EZ MICRO PEN NEEDLES	2		
COMFORT EZ PEN NEEDLES	2		
COMFORT EZ SHORT PEN NEEDLES	2		
COMFORT TOUCH ALCOHOL PREP	2		
COMFORT TOUCH INSULIN PEN NEED	2		
CURITY ALCOHOL PREPS	2		
CURITY ALCOHOL SWABS	2		
CURITY ALL PURPOSE SPONGES 2"X2" Pad	2		
CURITY GAUZE 2"X2" Pad	2		
CURITY GAUZE SPONGE 2"X2" Pad	2		
CURITY SPONGES 2"X2" Pad	2		
<i>cvs alcohol prep pads</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>cvs gauze 2"X2" Pad</i>	2		
<i>cvs isopropyl alcohol wipes</i>	2		
<i>cvs prep</i>	2		
DERMACEA GAUZE SPONGE 2"X2" Pad	2		
DERMACEA IV DRAIN SPONGES 2"X2" Pad	2		
DERMACEA IV SPONGES	2		
DERMACEA NON-WOVEN SPONGES 2"X2" Pad	2		
DERMACEA TYPE VII GAUZE 2"X2" Pad	2		
DIATHRIVE PEN NEEDLE	2		
DROPLET INSULIN SYRINGE	2		
DROPLET MICRON	2		
DROPLET PEN NEEDLES	2		
<i>dropsafe safety pen needles</i>	2		
<i>drug mart unifine pentips</i>	2		
<i>drug mart unifine pentips plus</i>	2		
<i>easy comfort alcohol pads</i>	2		
<i>easy comfort insulin syringe</i>	2		
<i>easy comfort pen needles</i>	2		
<i>easy glide pen needles</i>	2		
EASY TOUCH ALCOHOL PREP MEDIUM	2		
EASY TOUCH FLIPLOCK INSULIN SY	2		
EASY TOUCH INSULIN SAFETY SYR	2		
EASY TOUCH INSULIN SYRINGE	2		
EASY TOUCH PEN NEEDLES	2		
EASY TOUCH SAFETY PEN NEEDLES	2		
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml Miscellaneous, 30G X 1/2" 1 ml Miscellaneous, 30G X 5/16" 1 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous	2		
<i>elite-thin insulin syringe</i>	2		
<i>eqi alcohol swabs</i>	2		
<i>eqi gauze 2"X2" Pad</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>eql insulin syringe</i>	2		
<i>essentra wipes 9x9" 70 % Sheet</i>	2		
EXCILON IV SPONGES	2		
EXEL COMFORT POINT INSULIN SYR	2		
EXEL COMFORT POINT PEN NEEDLE	2		
FIFTY50 ALCOHOL PREP	2		
FIFTY50 PEN NEEDLES	2		
FIFTY50 SUPERIOR COMFORT SYR	2		
<i>freds pharmacy unifine pentip+</i>	2		
<i>freds pharmacy unifine pentips</i>	2		
FREESTYLE PRECISION INS SYR	2		
<i>gauze pads 2"X2" Pad</i>	2		
<i>gauze type vii medi-pak</i>	2		
<i>global alcohol prep ease</i>	2		
<i>global ease inject pen needles</i>	2		
<i>global easy glide insulin syr</i>	2		
<i>global easy glide pen needles</i>	2		
<i>global inject ease insulin syr</i>	2		
<i>global insulin syringes</i>	2		
GLUCOPRO INSULIN SYRINGE	2		
<i>gnp alcohol swabs</i>	2		
<i>gnp clickfine pen needles</i>	2		
<i>gnp insulin syringe</i>	2		
<i>gnp insulin syringes</i>	2		
<i>gnp insulin syringes 28gx1/2"</i>	2		
<i>gnp insulin syringes 29gx1/2"</i>	2		
<i>gnp insulin syringes 30gx5/16"</i>	2		
<i>gnp insulin syringes 31gx5/16"</i>	2		
<i>gnp ulticare pen needles</i>	2		
<i>gnp ultra com insulin syringe</i>	2		
<i>goodsense clickfine pen needle</i>	2		
GOODSENSE PEN NEEDLE PENFINE	2		
<i>healthwise insulin syr/needle</i>	2		
<i>healthwise micron pen needles</i>	2		
<i>healthwise mini pen needles</i>	2		
<i>healthwise pen needles</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>healthwise short pen needles</i>	2		
<i>healthwise unifine pentips</i>	2		
<i>healthy accents unifine pentip</i>	2		
<i>h-e-b incontrol alcohol</i>	2		
<i>h-e-b incontrol pen needles</i>	2		
H-E-B INCONTROL UNIFINE PENTIP	2		
<i>hm sterile alcohol prep</i>	2		
<i>hm sterile pads 2"X2" Pad</i>	2		
HM ULTICARE INSULIN SYRINGE	2		
HM ULTICARE MINI PEN NEEDLES	2		
HM ULTICARE SHORT PEN NEEDLES	2		
INPEN 100-BLUE-LILLY	3		
INPEN 100-BLUE-NOVO	3		
INPEN 100-GRAY-LILLY	3		
INPEN 100-GREY-NOVO	3		
INPEN 100-PINK-LILLY	3		
INPEN 100-PINK-NOVO	3		
<i>insulin syringe</i>	2		
<i>insulin syringe/needle</i>	2		
<i>insulin syringe-needle u-100 29G X 1/2" 0.5 ml Miscellaneous, 29G X 1/2" 1 ml Miscellaneous, 30G X 5/16" 0.3 ml Miscellaneous, 30G X 5/16" 0.5 ml Miscellaneous, 30G X 5/16" 1 ml Miscellaneous, 31G X 1/4" 0.3 ml Miscellaneous, 31G X 1/4" 0.5 ml Miscellaneous, 31G X 1/4" 1 ml Miscellaneous, 31G X 5/16" 0.3 ml Miscellaneous, 31G X 5/16" 0.5 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous</i>	2		
<i>insupen pen needles</i>	2		
INSUPEN SENSITIVE	2		
INSUPEN ULTRAFIN	2		
<i>isopropyl alcohol 70 % External Miscellaneous</i>	2		
<i>isopropyl alcohol wipes</i>	2		
<i>iv prep wipes</i>	2		
J & J GAUZE 2"X2" Pad	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
KENDALL HYDROPHILIC FOAM DRESS 2"X2" Pad	2		
KENDALL HYDROPHILIC FOAM PLUS 2"X2" Pad	2		
<i>kinray insulin syringe</i>	2		
<i>kmart valu insulin syringe 29g</i>	2		
<i>kmart valu insulin syringe 30g</i>	2		
<i>kroger insulin syringe</i>	2		
<i>kroger pen needles</i>	2		
<i>leader insulin syringe</i>	2		
LEADER UNIFINE PENTIPS	2		
LEADER UNIFINE PENTIPS PLUS	2		
LITETOUCH INSULIN SYRINGE	2		
LITETOUCH PEN NEEDLES	2		
<i>longs insulin syringe</i>	2		
MAGELLAN INSULIN SAFETY SYR	2		
MARATHON MEDICAL PENTIPS	2		
MAXICOMFORT II PEN NEEDLE	2		
MAXI-COMFORT INSULIN SYRINGE	2		
MAXI-COMFORT SAFETY PEN NEEDLE	2		
MAXICOMFORT SYR 27G X 1/2"	2		
<i>medic insulin syringe</i>	2		
<i>medicine shoppe pen needles</i>	2		
<i>medpura alcohol pads</i>	2		
<i>meijer alcohol swabs</i>	2		
<i>meijer pen needles</i>	2		
MICRODOT PEN NEEDLE	2		
MIRASORB SPONGES 2"X2" Miscellaneous	2		
<i>mm insulin syringe/needle</i>	2		
MM PEN NEEDLES	2		
MONOJECT INSULIN SYRINGE	2		
MONOJECT ULTRA COMFORT SYRINGE	2		
<i>ms insulin syringe</i>	2		
NOVOFINE AUTOCOVER PEN NEEDLE	2		
NOVOFINE PEN NEEDLE	2		
NOVOFINE PLUS PEN NEEDLE	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NOVOPEN ECHO	3		
NOVOTWIST PEN NEEDLE	2		
OMNIPOD 5 PACK	3		
OMNIPOD DASH 5 PACK PODS	3		
OMNIPOD DASH SYSTEM	3		
OMNIPOD STARTER	3		
<i>pc unifine pentips</i>	2		
<i>pen needles</i>	2		
<i>pen needles 1/2"</i>	2		
<i>pen needles 3/16"</i>	2		
<i>pen needles 5/16"</i>	2		
PENTIPS	2		
PHARMACIST CHOICE ALCOHOL	2		
PRECISION SUREDOSE PLUS SYR	2		
PRECISION SURE-DOSE SYRINGE	2		
<i>preferred plus insulin syringe</i>	2		
<i>preferred plus unifine pentips</i>	2		
PREVENT DROPSAFE PEN NEEDLES	2		
PREVENT SAFETY PEN NEEDLES	2		
<i>pro comfort alcohol</i>	2		
PRO COMFORT INSULIN SYRINGE	2		
<i>pro comfort pen needles</i>	2		
PRODIGY INSULIN SYRINGE	2		
<i>pure comfort alcohol prep</i>	2		
<i>pure comfort pen needle</i>	2		
<i>px extra short pen needles</i>	2		
<i>px insulin syringe</i>	2		
<i>px mini pen needles</i>	2		
<i>px pen needle</i>	2		
<i>px shortlength pen needles</i>	2		
<i>qc alcohol swabs</i>	2		
<i>qc border island gauze</i>	2		
<i>qc pen needles</i>	2		
<i>qc sterile pads 2"X2" Pad</i>	2		
<i>qc unifine pentips</i>	2		
<i>ra alcohol swabs</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ra insulin syringe</i>	2		
<i>ra isopropyl alcohol wipes</i>	2		
<i>ra pen needles</i>	2		
<i>ra sterile 2"X2" Pad</i>	2		
<i>reality insulin syringe</i>	2		
<i>reality swabs</i>	2		
RELION ALCOHOL SWABS	2		
RELION INSULIN SYRINGE	2		
RELION MINI PEN NEEDLES	2		
RELION PEN NEEDLES	2		
RELION SHORT PEN NEEDLES	2		
RESTORE CONTACT LAYER 2"X2" Pad	2		
SAFESNAP INSULIN SYRINGE	2		
<i>safety insulin syringes</i>	2		
<i>saps care alcohol prep</i>	2		
<i>saps health alcohol prep</i>	2		
<i>saps health alcohol prep</i>	2		
<i>saps health care alcohol prep</i>	2		
<i>sb alcohol prep</i>	2		
<i>sb insulin syringe</i>	2		
SECURESAFE INSULIN SYRINGE	2		
SECURESAFE SAFETY PEN NEEDLES	2		
SHOPKO ALCOHOL SWABS	2		
SHOPKO UNIFINE PENTIPS	2		
SHOPKO UNIFINE PENTIPS PLUS	2		
<i>sm alcohol prep Pad, 70 % Pad</i>	2		
<i>sm gauze 2"X2" Pad</i>	2		
<i>sm sterile 2"X2" Pad</i>	2		
<i>sterile 2"X2" Pad</i>	2		
<i>sterile gauze 2"X2" Pad</i>	2		
<i>sure comfort alcohol prep</i>	2		
<i>sure comfort insulin syringe</i>	2		
<i>sure comfort pen needles</i>	2		
SURE-FINE PEN NEEDLES	2		
SURE-JECT INSULIN SYRINGE	2		
SURE-PREP ALCOHOL PREP	2		
<i>surgical gauze sponge</i>	2		
<i>techlite insulin syringe</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TECHLITE PEN NEEDLES	2		
<i>tgt alcohol swabs</i>	2		
THERAGAUZE 2"X2" Pad	2		
<i>todays health mini pen needles</i>	2		
<i>todays health pen needles</i>	2		
<i>todays health short pen needle</i>	2		
<i>topcare clickfine pen needles</i>	2		
<i>topcare ultra comfort ins syr</i>	2		
<i>true comfort alcohol prep pads</i>	2		
<i>true comfort insulin syringe</i>	2		
<i>true comfort pen needles</i>	2		
<i>true comfort pro alcohol prep</i>	2		
<i>true comfort pro insulin syr</i>	2		
<i>true comfort pro pen needles</i>	2		
TRUEPLUS 5-BEVEL PEN NEEDLES	2		
TRUEPLUS INSULIN SYRINGE	2		
TRUEPLUS PEN NEEDLES	2		
ULTICARE ALCOHOL SWABS	2		
ULTICARE INSULIN SAFETY SYR	2		
ULTICARE INSULIN SYRINGE	2		
ULTICARE MICRO PEN NEEDLES	2		
ULTICARE MINI PEN NEEDLES	2		
ULTICARE PEN NEEDLES 29G X 12.7MM Miscellaneous, 31G X 5 MM Miscellaneous	2		
ULTICARE SHORT PEN NEEDLES	2		
<i>ultiguard safepack pen needle</i>	2		
ULTIGUARD SAFEPACK SYR/NEEDLE	2		
<i>ultilet alcohol swabs</i>	2		
ULTILET INSULIN SYRINGE	2		
ULTILET INSULIN SYRINGE SHORT	2		
ULTILET PEN NEEDLE	2		
<i>ultra comfort insulin syringe</i>	2		
ULTRA FLO INSULIN PEN NEEDLES	2		
ULTRA FLO INSULIN SYR 1/2 UNIT	2		
ULTRA FLO INSULIN SYRINGE	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ULTRA THIN PEN NEEDLES	2		
<i>ultra-care alcohol prep pads</i>	2		
<i>ultracare insulin syringe</i>	2		
<i>ultracare pen needles</i>	2		
<i>ultra-comfort insulin syringe</i>	2		
ULTRA-THIN II INS SYR SHORT	2		
ULTRA-THIN II INSULIN SYRINGE	2		
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM Miscellaneous, 31G X 6 MM Miscellaneous	2		
ULTRA-THIN II PEN NEEDLE SHORT	2		
ULTRA-THIN II PEN NEEDLES	2		
UNIFINE PEN NEEDLES	2		
UNIFINE PENTIPS	2		
UNIFINE PENTIPS PLUS	2		
UNIFINE SAFECONTROL PEN NEEDLE	2		
UNIFINE ULTRA PEN NEEDLE	2		
<i>value health insulin syringe</i>	2		
<i>valumark pen needles</i>	2		
VANISHPOINT INSULIN SYRINGE	2		
V-GO 20	3		
V-GO 30	3		
V-GO 40	3		
VIDA MIA UNIFINE PENTIPS	2		
<i>vp insulin syringe</i>	2		
WEBCOL ALCOHOL PREP LARGE	2		
WEBCOL ALCOHOL PREP MEDIUM	2		
<i>wegmans unifine pentips plus</i>	2		
<i>zevrx pen needles</i>	2		
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
<i>alendronate sodium 35 mg Oral Tablet, 70 mg Oral Tablet</i>	1	FOSAMAX	QL(4 EA per 28 days), GC
<i>alendronate sodium 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	FOSAMAX	QL(30 EA per 30 days), GC
<i>alendronate sodium 70 mg/75ml Oral Solution</i>	2	FOSAMAX	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>calcitonin (salmon) 200 unit/act Nasal Solution</i>	2	MIACALCIN	
<i>calcitonin (salmon) 200 unit/ml Injection Solution</i>	2	MIACALCIN	PA BvD
<i>calcitriol 1 mcg/ml Intravenous Solution</i>	2	CALCIJEX	PA BvD
<i>calcitriol 0.25 mcg Oral Capsule, 0.5 mcg Oral Capsule</i>	2	ROCALTROL	PA BvD
<i>calcitriol 1 mcg/ml Oral Solution</i>	2	ROCALTROL	PA BvD
<i>cinacalcet hcl 60 mg Oral Tablet, 90 mg Oral Tablet</i>	2	SENSIPAR	PA BvD
<i>cinacalcet hcl 30 mg Oral Tablet</i>	2	SENSIPAR	PA BvD, QL(60 EA per 30 days)
<i>doxercalciferol 0.5 mcg Oral Capsule, 1 mcg Oral Capsule, 2.5 mcg Oral Capsule</i>	4	HECTOROL	PA BvD
<i>doxercalciferol 4 mcg/2ml Intravenous Solution</i>	4	HECTOROL	PA BvD
EVENITY	5		(2 syringes) NDS, PA, QL(2.34 ML per 30 days), NM
FOSAMAX PLUS D	3		
<i>ibandronate sodium 150 mg Oral Tablet</i>	2	BONIVA	
<i>ibandronate sodium 3 mg/3ml Intravenous Solution</i>	2	BONIVA	PA
MIACALCIN 200 unit/ml Injection Solution	3		PA BvD
NATPARA	5		NDS, PA, QL(2 EA per 28 days), LA, NM
<i>pamidronate disodium 30 mg Intravenous Solution Reconstituted, 90 mg Intravenous Solution Reconstituted</i>	2		PA BvD
<i>pamidronate disodium 30 mg/10ml Intravenous Solution, 6 mg/ml Intravenous Solution, 90 mg/10ml Intravenous Solution</i>	2		PA BvD
<i>paricalcitol 1 mcg Oral Capsule, 2 mcg Oral Capsule, 4 mcg Oral Capsule</i>	2	ZEMPLAR	PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>paricalcitol 5 mcg/ml Intravenous Solution</i>	3	ZEMPLAR	PA BvD
<i>paricalcitol 2 mcg/ml Intravenous Solution</i>	4	ZEMPLAR	PA BvD
PROLIA	4		PA, QL(1 ML per 180 days)
<i>risedronate sodium 150 mg Oral Tablet, 30 mg Oral Tablet, 35 mg Oral Tablet, 5 mg Oral Tablet</i>	2	ACTONEL	
<i>risedronate sodium 35 mg Oral Tablet Delayed Release</i>	2	ATELVIA	QL(4 EA per 28 days)
<i>teriparatide (recombinant) 620 mcg/2.48ml Subcutaneous Solution Pen-injector</i>	5		(1 pen) NDS, PA, QL(2.48 ML per 28 days), NM
TYMLOS	5		(1 pen) NDS, PA, QL(1.56 ML per 30 days), NM
XGEVA	5		NDS, PA-NSO, NM
<i>zoledronic acid 5 mg/100ml Intravenous Solution</i>	2	RECLAST	PA BvD
<i>zoledronic acid 4 mg/100ml Intravenous Solution, 4 mg/5ml Intravenous Concentrate</i>	2	ZOMETA	PA BvD
OPHTHALMIC AGENTS			
Ophthalmic Agents, Other			
AKTEN	4		
<i>atropine sulfate 1 % Ophthalmic Solution</i>	2	ISOPTO ATROPINE	
BLEPHAMIDE	4		
BLEPHAMIDE S.O.P.	3		
<i>cyclopentolate hcl 0.5 % Ophthalmic Solution, 1 % Ophthalmic Solution, 2 % Ophthalmic Solution</i>	2	CYCLOGYL	
CYSTARAN	5		NDS, LA, NM
<i>dorzolamide hcl-timolol mal</i>	2	COSOPT	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 Ophthalmic Ointment</i>	2	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 Ophthalmic Suspension</i>	2	MAXITROL	
<i>neomycin-polymyxin-gramicidin</i>	2	NEOSPORIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>neomycin-polymyxin-hc 3.5-10000-1 Ophthalmic Suspension</i>	2	CORTISPORIN	
OXERVATE	5		NDS, PA, QL(56 ML per 28 days), NM
<i>polymyxin b-trimethoprim</i>	2	POLYTRIM	
PRED-G	4		
<i>proparacaine hcl 0.5 % Ophthalmic Solution</i>	2	ALCAINE	
RESTASIS	4		
RESTASIS MULTIDOSE	4		
RESTASIS MULTIDOSE	4		
ROCKLATAN	3		ST
<i>sulfacetamide-prednisolone 10-0.23 % Ophthalmic Solution</i>	2	VASOCIDIN	
TEPEZZA	5		NDS, PA, NM
TOBRADEX 0.3-0.1 % Ophthalmic Ointment	3		
TOBRADEX ST	4		
<i>tobramycin-dexamethasone 0.3-0.1 % Ophthalmic Suspension</i>	2	TOBRADEX	
<i>tropicamide 0.5 % Ophthalmic Solution</i>	2		
<i>tropicamide 1 % Ophthalmic Solution</i>	2	MYDRIACYL	
Ophthalmic Anti-allergy Agents			
ALOCRIL	4		
ALOMIDE	4		
ALTAFRIN	2		
<i>azelastine hcl 0.05 % Ophthalmic Solution</i>	2	OPTIVAR	
<i>cromolyn sodium 4 % Ophthalmic Solution</i>	2	OPTICROM	
<i>epinastine hcl</i>	2	ELESTAT	
<i>olopatadine hcl 0.2 % Ophthalmic Solution</i>	2	PATADAY	RX Only
<i>olopatadine hcl 0.1 % Ophthalmic Solution</i>	2	PATANOL	RX Only
Ophthalmic Anti-infectives			
<i>ak-poly-bac</i>	2	POLYSPORIN	
AZASITE	4		
<i>bacitracin 500 unit/gm Ophthalmic Ointment</i>	2	BACI-IM	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>bacitracin-polymyxin b 500-10000 unit/gm Ophthalmic Ointment</i>	2	POLYSPORIN	
<i>bacitra-neomycin-polymyxin-hc</i>	2	CORTISPORIN	
<i>erythromycin 5 mg/gm Ophthalmic Ointment</i>	2	ILOTYCIN	
<i>gatifloxacin 0.5 % Ophthalmic Solution</i>	2	ZYMAXID	
GENTAK	2		
<i>gentamicin sulfate 0.3 % Ophthalmic Solution</i>	2	GARAMYCIN	
<i>levofloxacin 0.5 % Ophthalmic Solution</i>	2	QUIXIN	
<i>moxifloxacin hcl 0.5 % Ophthalmic Solution</i>	2	VIGAMOX	
<i>moxifloxacin hcl (2x day)</i>	2	MOXEZA	
NATACYN	4		
<i>neomycin-bacitracin zn-polymyx</i>	2	NEOSPORIN	
NEO-POLYCIN HC	2		
<i>ofloxacin 0.3 % Ophthalmic Solution</i>	2	OCUFLOX	
POLYCIN	2		
<i>sulfacetamide sodium 10 % Ophthalmic Solution</i>	2	BLEPH-10	
<i>sulfacetamide sodium 10 % Ophthalmic Ointment</i>	2	SODIUM SULAMYD	
<i>tobramycin 0.3 % Ophthalmic Solution</i>	2	TOBREX	
ZIRGAN	4		
Ophthalmic Anti-inflammatories			
ALREX	4		
<i>bromfenac sodium (once-daily)</i>	2	BROMDAY	
<i>dexamethasone sodium phosphate 0.1 % Ophthalmic Solution</i>	2	MAXIDEX	
<i>diclofenac sodium 0.1 % Ophthalmic Solution</i>	2	VOLTAREN	
<i>difluprednate</i>	2	DUREZOL	
DUREZOL	4		
FLAREX	4		
<i>fluorometholone 0.1 % Ophthalmic Suspension</i>	2	FML	
<i>flurbiprofen sodium</i>	2	OCUFEN	
FML	4		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
FML FORTE	4		
<i>ketorolac tromethamine 0.5 % Ophthalmic Solution</i>	2	ACULAR	
<i>ketorolac tromethamine 0.4 % Ophthalmic Solution</i>	2	ACULAR LS	
<i>loteprednol etabonate 0.5 % Ophthalmic Suspension</i>	2	LOTEMAX	
MAXIDEX	4		
<i>prednisolone acetate 1 % Ophthalmic Suspension</i>	2	PRED FORTE	
<i>prednisolone sodium phosphate 1 % Ophthalmic Solution</i>	2		
XIIDRA	4		
Ophthalmic Beta-adrenergic Blocking Agents			
<i>betaxolol hcl 0.5 % Ophthalmic Solution</i>	2	BETOPTIC	
BETOPTIC-S	4		
<i>carteolol hcl</i>	1	OCUPRESS	GC
<i>levobunolol hcl</i>	2	BETAGAN	
<i>timolol maleate 0.25 % Ophthalmic Solution, 0.5 % Ophthalmic Solution</i>	1	TIMOPTIC	GC
<i>timolol maleate 0.25 % Ophthalmic Gel Forming Solution, 0.5 % Ophthalmic Gel Forming Solution</i>	2	TIMOPTIC XE	
<i>timolol maleate (once-daily)</i>	1	ISTALOL	GC
Ophthalmic Intraocular Pressure Lowering Agents, Other			
<i>acetazolamide er</i>	2	DIAMOX	
ALPHAGAN P 0.1 % Ophthalmic Solution	3		
<i>apraclonidine hcl 0.5 % Ophthalmic Solution</i>	2	IOPIDINE	
<i>brimonidine tartrate 0.2 % Ophthalmic Solution</i>	2	ALPHAGAN	
<i>brimonidine tartrate 0.15 % Ophthalmic Solution</i>	2	ALPHAGAN P	
<i>brinzolamide</i>	2	AZOPT	
COMBIGAN	3		
<i>dorzolamide hcl 2 % Ophthalmic Solution</i>	2	TRUSOPT	
<i>methazolamide 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	NEPTAZANE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PHOSPHOLINE IODIDE	4		
<i>pilocarpine hcl 1 % Ophthalmic Solution, 2 % Ophthalmic Solution, 4 % Ophthalmic Solution</i>	2	ISOPTOCARPINE	
SIMBRINZA	3		
Ophthalmic Prostaglandin And Prostanoid Analogs			
<i>latanoprost 0.005 % Ophthalmic Solution</i>	1	XALATAN	GC
LUMIGAN	3		
RHOPRESSA	3		ST
<i>travoprost (bak free)</i>	2	TRAVATAN Z	ST
VYZULTA	3		
XELPROS	3		ST
ZIOPTAN	3		
OTIC AGENTS			
Otic Agents			
<i>acetic acid 2 % Otic Solution</i>	2	VOSOL	
<i>ciprofloxacin hcl 0.2 % Otic Solution</i>	2	CETRAXAL	
<i>ciprofloxacin-dexamethasone</i>	2	CIPRODEX	
<i>fluocinolone acetonide 0.01 % Otic Oil</i>	2	DERMOTIC	
<i>hydrocortisone-acetic acid</i>	2	ACETASOL HC	
<i>neomycin-polymyxin-hc 1 % Otic Solution, 3.5-10000-1 Otic Solution, 3.5-10000-1 Otic Suspension</i>	2	CORTISPORIN	
<i>ofloxacin 0.3 % Otic Solution</i>	2	FLOXIN	
RESPIRATORY TRACT/ PULMONARY AGENTS			
Antihistamines			
<i>azelastine hcl 0.1 % Nasal Solution, 137 mcg/spray Nasal Solution</i>	2	ASTELIN	
<i>azelastine hcl 0.15 % Nasal Solution</i>	2	ASTEPRO	
<i>cetirizine hcl 1 mg/ml Oral Solution, 5 mg/5ml Oral Solution</i>	2	ZYRTEC	(Rx product only)
<i>cyproheptadine hcl 4 mg Oral Tablet</i>	2	PERIACTIN	AL, PA-HRM
<i>cyproheptadine hcl 2 mg/5ml Oral Syrup</i>	2	PERIACTIN	AL, PA-HRM
<i>desloratadine 5 mg Oral Tablet</i>	2	CLARINEX	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>diphenhydramine hcl 50 mg/ml Injection Solution</i>	2	BENADRYL	
<i>hydroxyzine hcl 10 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml Oral Syrup</i>	2	ATARAX	
<i>levocetirizine dihydrochloride 5 mg Oral Tablet</i>	2	XYZAL	(Rx product only)
<i>olopatadine hcl 0.6 % Nasal Solution</i>	2	PATANASE	
<i>promethazine hcl 6.25 mg/5ml Oral Solution, 6.25 mg/5ml Oral Syrup</i>	2	PHENERGAN	AL, PA-HRM
Anti-inflammatories, Inhaled Corticosteroids			
ARNUITY ELLIPTA	3		
ASMANEX (120 METERED DOSES)	4		ST
ASMANEX (14 METERED DOSES)	4		ST
ASMANEX (30 METERED DOSES)	4		ST
ASMANEX (60 METERED DOSES)	4		ST
ASMANEX HFA	4		ST
BECONASE AQ	4		PA
<i>budesonide 0.25 mg/2ml Inhalation Suspension, 0.5 mg/2ml Inhalation Suspension, 1 mg/2ml Inhalation Suspension</i>	2	PULMICORT	PA BvD
FLOVENT DISKUS	3		
FLOVENT HFA	3		
<i>flunisolide 25 MCG/ACT (0.025%) Nasal Solution</i>	2	NASALIDE	
<i>fluticasone propionate 50 mcg/act Nasal Suspension</i>	2	FLONASE	(Rx product only)
<i>mometasone furoate 50 mcg/act Nasal Suspension</i>	2	NASONEX	
PULMICORT FLEXHALER	3		
QVAR REDHALER	3		
Antileukotrienes			
<i>montelukast sodium 10 mg Oral Tablet, 4 mg Oral Packet, 4 mg</i>	2	SINGULAIR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Oral Tablet Chewable, 5 mg Oral Tablet Chewable</i>			
<i>zafirlukast</i>	2	ACCOLATE	
<i>zileuton er</i>	4	ZYFLO CR	QL(120 EA per 30 days)
Bronchodilators, Anticholinergic			
ATROVENT HFA	3		
INCRUSE ELLIPTA	3		
<i>ipratropium bromide 0.03 % Nasal Solution, 0.06 % Nasal Solution</i>	2	ATROVENT	
<i>ipratropium bromide 0.02 % Inhalation Solution</i>	2	ATROVENT	PA BvD
SPIRIVA HANDIHALER	3		
SPIRIVA RESPIMAT	3		
TUDORZA PRESSAIR	4		ST
YUPELRI	5		NDS, PA BvD, QL(90 ML per 30 days), NM
Bronchodilators, Sympathomimetic			
<i>albuterol sulfate 0.63 mg/3ml Inhalation Nebulization Solution, 1.25 mg/3ml Inhalation Nebulization Solution</i>	2	ACCUNEB	PA BvD
<i>albuterol sulfate 2 mg Oral Tablet, 4 mg Oral Tablet</i>	2	PROVENTIL	
<i>albuterol sulfate 2 mg/5ml Oral Syrup</i>	2	PROVENTIL	
<i>albuterol sulfate 2.5 mg/0.5ml Inhalation Nebulization Solution</i>	2	PROVENTIL	PA BvD
<i>albuterol sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution, (5 MG/ML) 0.5% Inhalation Nebulization Solution</i>	2	PROVENTIL	PA BvD
<i>albuterol sulfate er</i>	2	VOSPIRE ER	
<i>albuterol sulfate hfa</i>	2	PROAIR HFA	
<i>arformoterol tartrate</i>	2	BROVANA	PA
BREO ELLIPTA	3		
DULERA	4		
<i>epinephrine 0.3 mg/0.3ml Injection Solution Auto-injector</i>	2	ADRENACLICK	QL(4 EA per 30 days)
<i>epinephrine 0.15 mg/0.3ml Injection Solution Auto-injector</i>	2	EPIPEN JR	QL(4 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fluticasone-salmeterol 113-14 mcg/act Inhalation Aerosol Powder Breath Activated, 232-14 mcg/act Inhalation Aerosol Powder Breath Activated, 55-14 mcg/act Inhalation Aerosol Powder Breath Activated</i>	2	AIRDUO	QL(1 EA per 30 days)
<i>formoterol fumarate 20 mcg/2ml Inhalation Nebulization Solution</i>	2	PERFOROMIST	PA
<i>levalbuterol hcl 1.25 mg/0.5ml Inhalation Nebulization Solution</i>	2	XOPENEX	PA BvD
<i>levalbuterol hcl 0.31 mg/3ml Inhalation Nebulization Solution, 0.63 mg/3ml Inhalation Nebulization Solution, 1.25 mg/3ml Inhalation Nebulization Solution</i>	2	XOPENEX	PA BvD
<i>levalbuterol tartrate</i>	2	XOPENEX HFA	
PROAIR RESPICLICK	3		
SEREVENT DISKUS	3		
STRIVERDI RESPIMAT	3		
<i>terbutaline sulfate 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	2	BRETHINE	
<i>terbutaline sulfate 1 mg/ml Injection Solution</i>	2	BRETHINE	
Cystic Fibrosis Agents			
BETHKIS	5		NDS, PA, QL(224 ML per 56 days), LA, NM
CAYSTON	5		NDS, PA, QL(84 ML per 28 days), LA, NM
KALYDECO	5		NDS, PA, QL(60 EA per 30 days), NM
ORKAMBI 100-125 mg Oral Packet, 150-188 mg Oral Packet	5		NDS, PA, QL(60 EA per 30 days), NM
ORKAMBI 100-125 mg Oral Tablet, 200-125 mg Oral Tablet	5		NDS, PA, QL(120 EA per 30 days), LA, NM
PULMOZYME 2.5 mg/2.5ml Inhalation Solution	5		NDS, PA, NM
SYMDEKO	5		NDS, PA, QL(60 EA per 30 days), NM
TOBI PODHALER	5		NDS, PA, QL(224 EA per 56 days), NM
<i>tobramycin 300 mg/4ml Inhalation Nebulization Solution</i>	5	BETHKIS	NDS, PA, QL(224 ML per 56 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>tobramycin 300 mg/5ml Inhalation Nebulization Solution</i>	5	TOBI	NDS, PA, QL(280 ML per 56 days), NM
TRIKAFTA	5		NDS, PA, QL(90 EA per 30 days), NM
Phosphodiesterase Inhibitors, Airways Disease			
<i>aminophylline 25 mg/ml Intravenous Solution</i>	2		
DALIRESP	4		PA, QL(30 EA per 30 days)
ELIXOPHYLLIN	2		
<i>theophylline 80 mg/15ml Oral Solution</i>	2		
<i>theophylline er 300 mg Oral Tablet Extended Release 12 Hour, 450 mg Oral Tablet Extended Release 12 Hour</i>	2	THEO-DUR	
<i>theophylline er 400 mg Oral Tablet Extended Release 24 Hour, 600 mg Oral Tablet Extended Release 24 Hour</i>	2	UNIPHYL	
<i>theophylline in d5w</i>	2		
Pulmonary Antihypertensives			
ADEMPAS	5		NDS, PA, QL(90 EA per 30 days), LA, NM
ALYQ	2		PA, QL(60 EA per 30 days)
<i>ambrisentan</i>	5	LETAIRIS	NDS, PA, QL(30 EA per 30 days), NM
<i>bosentan 125 mg Oral Tablet, 62.5 mg Oral Tablet</i>	5	TRACLEER	NDS, PA, QL(60 EA per 30 days), NM
<i>epoprostenol sodium</i>	2	FLOLAN	PA, LA
OPSUMIT	5		NDS, PA, QL(30 EA per 30 days), NM
<i>sildenafil citrate 20 mg Oral Tablet</i>	2	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml Intravenous Solution</i>	2	REVATIO	PA
<i>sildenafil citrate 10 mg/ml Oral Suspension Reconstituted</i>	5	REVATIO	NDS, PA, NM
<i>tadalafil (pah)</i>	2	ADCIRCA	PA, QL(60 EA per 30 days)
TRACLEER 32 mg Oral Tablet Soluble	5		NDS, PA, QL(112 EA per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TYVASO	5		NDS, PA, QL(81.2 ML per 28 days), LA, NM
TYVASO REFILL	5		NDS, PA, QL(81.2 ML per 28 days), LA, NM
TYVASO STARTER	5		NDS, PA, QL(81.2 ML per 28 days), LA, NM
UPTRAVI 1000 mcg Oral Tablet, 1200 mcg Oral Tablet, 1400 mcg Oral Tablet, 1600 mcg Oral Tablet, 400 mcg Oral Tablet, 600 mcg Oral Tablet, 800 mcg Oral Tablet	5		NDS, PA, QL(60 EA per 30 days), LA, NM
UPTRAVI 200 mcg Oral Tablet	5		NDS, PA, QL(140 EA per 28 days), LA, NM
UPTRAVI 200 & 800 mcg Oral Tablet Therapy Pack	5		NDS, PA, QL(200 EA per 180 days), LA, NM
VENTAVIS	5		NDS, PA, LA, NM
Pulmonary Fibrosis Agents			
ESBRIET 801 mg Oral Tablet	5		NDS, PA, QL(90 EA per 30 days), LA, NM
ESBRIET 267 mg Oral Capsule, 267 mg Oral Tablet	5		NDS, PA, QL(270 EA per 30 days), LA, NM
OFEV	5		NDS, PA, QL(60 EA per 30 days), LA, NM
Respiratory Tract Agents, Other			
<i>acetylcysteine 200 mg/ml Intravenous Solution</i>	2	ACETADOTE	PA BvD
<i>acetylcysteine 10 % Inhalation Solution, 20 % Inhalation Solution</i>	2	MUCOMYST	PA BvD
ADVAIR HFA	3		
ANORO ELLIPTA	3		
BREZTRI AEROSPHERE	3		QL(10.7 GM per 28 days)
<i>budesonide-formoterol fumarate</i>	2	SYMBICORT	ST
COMBIVENT RESPIMAT	3		
<i>cromolyn sodium 20 mg/2ml Inhalation Nebulization Solution</i>	2	INTAL	PA BvD
FASENRA	5		NDS, PA, QL(1 ML per 28 days), NM
FASENRA PEN	5		NDS, PA, QL(1 ML per 28 days), NM
<i>fluticasone-salmeterol 100-50 mcg/dose Inhalation Aerosol</i>	2	ADVAIR DISKUS	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Powder Breath Activated, 250-50 mcg/dose Inhalation Aerosol</i> <i>Powder Breath Activated, 500-50 mcg/dose Inhalation Aerosol</i> <i>Powder Breath Activated</i>			
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml Inhalation Solution</i>	2	DUONEB	PA BvD
NUCALA 100 mg/ml Subcutaneous Solution Auto-injector, 100 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(3 ML per 28 days), NM
NUCALA 100 mg Subcutaneous Solution Reconstituted	5		NDS, PA, QL(3 EA per 28 days), LA, NM
<i>remdesivir 100 mg Intravenous Solution Reconstituted</i>	5		NDS, NM
STIOLTO RESPIMAT	3		
SYNAGIS	5		NDS, PA, NM
TRELEGY ELLIPTA	3		QL(60 EA per 30 days)
VEKLURY 100 mg Intravenous Solution Reconstituted	5		NDS, NM
VEKLURY 100 mg/20ml Intravenous Solution	5		NDS, NM
WIXELA INHUB	2		QL(60 EA per 30 days)
SKELETAL MUSCLE RELAXANTS			
Skeletal Muscle Relaxants			
<i>chlorzoxazone 500 mg Oral Tablet</i>	2	PARAFON FORTE	
<i>cyclobenzaprine hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	FLEXERIL	
<i>metaxalone</i>	2	SKELAXIN	
<i>methocarbamol 500 mg Oral Tablet, 750 mg Oral Tablet</i>	2	ROBAXIN	
<i>methocarbamol 1000 mg/10ml Injection Solution</i>	2	ROBAXIN	
<i>orphenadrine citrate 30 mg/ml Injection Solution</i>	2	NORFLEX	
<i>orphenadrine citrate er</i>	2	NORFLEX	
SLEEP DISORDER AGENTS			
Sleep Promoting Agents			
<i>doxepin hcl 3 mg Oral Tablet, 6 mg Oral Tablet</i>	2	SILENOR	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>estazolam</i>	2	PROSOM	NDS, QL(30 EA per 30 days), NM
<i>eszopiclone 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	LUNESTA	AL, PA-HRM, QL(30 EA per 30 days)
HETLIOZ	5		NDS, PA, QL(30 EA per 30 days), LA, NM
HETLIOZ LQ	5		NDS, PA, QL(150 ML per 30 days), NM
<i>ramelteon</i>	2	ROZEREM	QL(30 EA per 30 days)
<i>temazepam 15 mg Oral Capsule, 30 mg Oral Capsule, 7.5 mg Oral Capsule</i>	2	RESTORIL	NDS, QL(30 EA per 30 days), NM
<i>zaleplon</i>	2	SONATA	AL, PA-HRM, QL(30 EA per 30 days)
<i>zolpidem tartrate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	AMBIEN	AL, PA-HRM, QL(30 EA per 30 days)
<i>zolpidem tartrate er</i>	2	AMBIEN CR	AL, PA-HRM, QL(30 EA per 30 days)
Wakefulness Promoting Agents			
<i>armodafinil</i>	2	NUVIGIL	PA
<i>modafinil</i>	2	PROVIGIL	PA
SUNOSI	4		PA, QL(30 EA per 30 days)
XYREM	5		NDS, PA, QL(540 ML per 30 days), LA, NM
XYWAV	5		NDS, PA, QL(540 ML per 30 days), NM

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1	
<i>1st tier unifine pentips</i>	140
<i>1st tier unifine pentips plus</i>	140

A	
<i>abacavir sulfate</i>	72
<i>abacavir sulfate-lamivudine</i>	72
<i>abacavir-lamivudine-zidovudine</i>	72
ABELCET.....	43
ABILIFY MAINTENA	66
ABILIFY MYCITE	66
ABILIFY MYCITE MAINTENANCE KIT	66
ABILIFY MYCITE STARTER KIT	66
<i>abiraterone acetate</i>	48
ABOUTTIME PEN NEEDLE	140
ABRAXANE	53
<i>acamprosate calcium</i>	19
<i>acarbose</i>	78
<i>acebutolol hcl</i>	88
<i>acetaminophen-codeine</i>	15
<i>acetaminophen-codeine #2</i>	15
<i>acetaminophen-codeine #3</i>	16
<i>acetaminophen-codeine #4</i>	16
<i>acetazolamide</i>	91
<i>acetazolamide er</i>	155
<i>acetazolamide sodium</i>	91
<i>acetic acid</i>	140, 156
<i>acetylcysteine</i>	161
<i>acitretin</i>	102
ACTEMRA	134
ACTEMRA ACTPEN.....	134
ACTHIB.....	138
ACTIMMUNE	134
<i>acyclovir</i>	71, 107
<i>acyclovir sodium</i>	71
ADACEL.....	138
ADAKVEO.....	84
<i>adapalene</i>	102
<i>adapalene-benzoyl peroxide</i>	102
ADASUVE.....	65
ADCETRIS.....	61
<i>adefovir dipivoxil</i>	70
ADEMPAS	160
ADRUCIL	49
ADVAIR HFA	161

ADVOCATE ALCOHOL PREP PADS	140
ADVOCATE INSULIN PEN NEEDLES	140
ADVOCATE INSULIN SYRINGE	140
AFINITOR	54
AFINITOR DISPERZ.....	54, 134
AFIRMELLE	123
AIMOVIG.....	45
AJOVY	45
<i>ak-poly-bac</i>	153
AKTEN	152
AKYNZEO	41
ALA SCALP	103
<i>ala-cort</i>	103
ALA-SCALP	103
<i>albendazole</i>	63
<i>albuterol sulfate</i>	158
<i>albuterol sulfate er</i>	158
<i>albuterol sulfate hfa</i>	158
<i>alclometasone dipropionate</i>	103
ALCOH-GLOVE CONTOURED WIPE	140
<i>alcohol pads</i>	140
<i>alcohol prep</i>	140
<i>alcohol preps</i>	140
<i>alcohol swabs</i>	140
ALCOHOL SWABSTICK.....	140
<i>alcohol wipes</i>	140
ALDACTAZIDE	91
ALDURAZYME.....	116
ALECENSA	54
<i>alendronate sodium</i>	150
<i>alfuzosin hcl er</i>	118
ALIMTA	49, 50
ALIQOPA	54
<i>aliskiren fumarate</i>	91
<i>allopurinol</i>	45
<i>almotriptan malate</i>	45
ALOCRIAL.....	153
ALOMIDE	153
<i>alosetron hcl</i>	114
ALPHAGAN P	155
<i>alprazolam</i>	76
<i>alprazolam er</i>	76
ALPRAZOLAM INTENSOL	76
<i>alprazolam xr</i>	76
ALREX	154

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

ALTAFRIN.....	153	APLENZIN.....	37
ALTAVERA	123	APLICARE ALCOHOL SWABSTICK	141
ALUNBRIG.....	54	APOKYN	64
alyacen 1/35.....	123	<i>apraclonidine hcl</i>	155
alyacen 7/7/7.....	123	<i>aprepitant</i>	42
ALYQ	160	APRI.....	123
AMABELZ	123	APTIOM	35
<i>amantadine hcl</i>	64	APTIVUS.....	74
AMBISOME.....	43	ARALAST NP	116
<i>ambrisentan</i>	160	ARANELLE	123
<i>amcinonide</i>	103	ARANESP (ALBUMIN FREE)	84
AMETHIA	123	ARCALYST	132
AMETHIA LO	123	<i>arformoterol tartrate</i>	158
<i>amikacin sulfate</i>	20	<i>aripiprazole</i>	66
<i>amiloride hcl</i>	93	ARISTADA	66
<i>amiloride-hydrochlorothiazide</i>	91	ARISTADA INITIO.....	66
<i>aminocaproic acid</i>	85	<i>armodafinil</i>	163
<i>aminophylline</i>	160	ARNUITY ELLIPTA	157
AMINOSYN II.....	110	ARRANON	49
AMINOSYN-PF	110	<i>arsenic trioxide</i>	50
<i>amiodarone hcl</i>	87	ARZERRA	61
<i>amitriptyline hcl</i>	40	<i>asenapine maleate</i>	66
<i>amlodipine besy-benazepril hcl</i>	91	ASHLYNA	123
<i>amlodipine besylate</i>	89	ASMANEX (120 METERED DOSES)	157
<i>amlodipine besylate-valsartan</i>	91	ASMANEX (14 METERED DOSES)	157
<i>amlodipine-atorvastatin</i>	91	ASMANEX (30 METERED DOSES)	157
<i>amlodipine-olmesartan</i>	91	ASMANEX (60 METERED DOSES)	157
<i>amlodipine-valsartan-hctz</i>	91	ASMANEX HFA	157
<i>ammonium lactate</i>	103	ASPARLAS	50
AMNESTEEM	102	<i>aspirin-dipyridamole er</i>	85
<i>amondys 45</i>	116	ASSURE ID INSULIN SAFETY SYR.....	141
<i>amoxapine</i>	40	ASSURE ID SAFETY PEN NEEDLES	141
<i>amoxicillin</i>	26	ASTAGRAF XL	134
<i>amoxicillin-pot clavulanate</i>	26	<i>atazanavir sulfate</i>	74
<i>amoxicillin-pot clavulanate er</i>	26	<i>atenolol</i>	88
<i>amphetamine-dextroamphet er</i>	97	<i>atenolol-chlorthalidone</i>	91
<i>amphetamine-dextroamphetamine</i>	97	ATGAM	134
<i>amphotericin b</i>	43	<i>atomoxetine hcl</i>	97
<i>ampicillin</i>	26	<i>atorvastatin calcium</i>	94
<i>ampicillin sodium</i>	26, 27	<i>atovaquone</i>	63
<i>ampicillin-sulbactam sodium</i>	27	<i>atovaquone-proguanil hcl</i>	63
ANADROL-50	121	<i>atropine sulfate</i>	91, 114, 152
<i>anagrelide hcl</i>	84	ATROVENT HFA.....	158
<i>anastrozole</i>	53	AUBAGIO.....	99
ANDRODERM	121	AUBRA.....	123
ANORO ELLIPTA	161	AUBRA EQ.....	123

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>aurora pen needles</i>	141	BD AUTOSHIELD DUO	141
<i>aurora unifine pentips</i>	141	BD INSULIN SYR ULTRAFINE II	141
AUROVELA 1.5/30	123	BD INSULIN SYRINGE	141
AUROVELA 1/20	123	BD INSULIN SYRINGE HALF-UNIT	141
AUROVELA 24 FE.....	123	BD INSULIN SYRINGE MICROFINE	141
AUROVELA FE 1.5/30.....	123	BD INSULIN SYRINGE U/F	141
AUROVELA FE 1/20.....	123	BD INSULIN SYRINGE U/F 1/2UNIT	141
AURYXIA.....	112	BD INSULIN SYRINGE U-500	141
AUSTEDO.....	98	BD INSULIN SYRINGE ULTRAFINE	141
<i>autopen</i>	141	BD PEN.....	141
AVIANE.....	123	BD PEN MINI	141
AVONEX PEN.....	99	BD PEN NEEDLE MICRO U/F	141
AVONEX PREFILLED	99	BD PEN NEEDLE MINI U/F	141
AVSOLA.....	132	BD PEN NEEDLE NANO 2ND GEN	141
AYUNA	123	BD PEN NEEDLE NANO U/F	141
AYVAKIT.....	55	BD PEN NEEDLE ORIGINAL U/F.....	141
<i>azacitidine</i>	49	BD PEN NEEDLE SHORT U/F	141
AZASAN.....	134	BD SAFETYGLIDE INSULIN SYRINGE	141
AZASITE	153	BD SAFETY-LOK INSULIN SYRINGE.....	141
<i>azathioprine</i>	135	BD SWAB SINGLE USE REGULAR.....	141
<i>azathioprine sodium</i>	135	BD SWABS SINGLE USE BUTTERFLY	142
<i>azelaic acid</i>	102	BD VEO INSULIN SYR U/F 1/2UNIT	142
<i>azelastine hcl</i>	153, 156	BD VEO INSULIN SYRINGE U/F.....	142
<i>azeschew prenatal/postnatal</i>	110	BECONASE AQ	157
<i>azesco</i>	110	BEKYREE	123
<i>azithromycin</i>	28	BELEODAQ	55
<i>aztreonam</i>	21	<i>benazepril hcl</i>	87
AZURETTE	123	<i>benazepril-hydrochlorothiazide</i>	91
B		BENDEKA	47
<i>baciim</i>	21	BENLYSTA	135
<i>bacitracin</i>	21, 153	<i>benzoyl peroxide-erythromycin</i>	102
<i>bacitracin-polymyxin b</i>	154	<i>benztropine mesylate</i>	64
<i>bacitra-neomycin-polymyxin-hc</i>	154	BESIVANCE.....	29
<i>baclofen</i>	69	BESPONSA	61
BAFIERTAM	99	<i>betamethasone dipropionate</i>	103, 118
<i>balsalazide disodium</i>	139	<i>betamethasone dipropionate aug</i>	103, 118
BALVERSA	55	<i>betamethasone sod phos & acet</i>	118
BALZIVA	123	<i>betamethasone valerate</i>	103, 106
BAND-AID GAUZE SMALL.....	141	BETASERON	99
BAQSIMI ONE PACK	81	<i>betaxolol hcl</i>	88, 155
BAQSIMI TWO PACK.....	81	<i>bethanechol chloride</i>	118
BARACLUDGE	70	BETHKIS.....	159
BAVENCIO	61	BETOPTIC-S.....	155
BAXDELA	29	BEVYXXA	82
<i>bcg vaccine</i>	138	<i>bexarotene</i>	63
BD AUTOSHIELD	141	BEXSERO.....	138

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>bicalutamide</i>	48
BICILLIN L-A.....	27
BIKTARVY.....	71
BIOGUARD GAUZE SPONGES.....	142
<i>bisoprolol fumarate</i>	88
<i>bisoprolol-hydrochlorothiazide</i>	91
BIVIGAM.....	132
BLENREP.....	61
<i>bleomycin sulfate</i>	50
BLEPHAMIDE.....	152
BLEPHAMIDE S.O.P.....	152
BLINCYTO.....	61
BLISOVI 24 FE.....	123
BLISOVI FE 1.5/30.....	123
BLISOVI FE 1/20.....	123
BONJESTA.....	41
BOOSTRIX.....	138
<i>bortezomib</i>	50
<i>bosentan</i>	160
BOSULIF.....	55
BRAFTOVI.....	55
BREO ELLIPTA.....	158
BREZTRI AEROSPHERE.....	161
<i>briellyn</i>	124
BRILINTA.....	85
<i>brimonidine tartrate</i>	155
<i>brinzolamide</i>	155
BRIVIACT.....	31
<i>bromfenac sodium (once-daily)</i>	154
<i>bromocriptine mesylate</i>	64
BRUKINSA.....	55
<i>budesonide</i>	140, 157
<i>budesonide er</i>	140
<i>budesonide-formoterol fumarate</i>	161
<i>bumetanide</i>	93
<i>buprenorphine</i>	13
<i>buprenorphine hcl</i>	19
<i>buprenorphine hcl-naloxone hcl</i>	19
<i>bupropion hcl</i>	37
<i>bupropion hcl er (smoking det)</i>	20
<i>bupropion hcl er (sr)</i>	37
<i>bupropion hcl er (xl)</i>	37
<i>buspirone hcl</i>	76
<i>busulfan</i>	47
<i>butalbital-acetaminophen</i>	12
<i>butalbital-apap-caffeine</i>	12

<i>butalbital-aspirin-caffeine</i>	12
<i>butorphanol tartrate</i>	16
BYDUREON.....	78
BYDUREON BCISE.....	78
BYETTA 10 MCG PEN.....	78
BYETTA 5 MCG PEN.....	78

C

<i>cabenuva</i>	72
<i>cabergoline</i>	130
CABLIVI.....	85
CABOMETYX.....	55
<i>caffeine citrate</i>	98
<i>calcipotriene</i>	106
<i>calcipotriene-betameth diprop</i>	103
<i>calcitonin (salmon)</i>	151
CALCITRENE.....	106
<i>calcitriol</i>	106, 151
<i>calcium acetate</i>	112
<i>calcium acetate (phos binder)</i>	112
<i>calcium chloride</i>	107
<i>calcium gluconate</i>	107
CALQUENCE.....	55
CAMILA.....	128
CAMRESE.....	124
CAMRESE LO.....	124
<i>candesartan cilexetil</i>	86
<i>candesartan cilexetil-hctz</i>	92
CAPASTAT SULFATE.....	46
CAPLYTA.....	66
CAPRELSA.....	55
<i>captopril</i>	87
<i>captopril-hydrochlorothiazide</i>	92
CARBAGLU.....	107
<i>carbamazepine</i>	35
<i>carbamazepine er</i>	35, 77
<i>carbidopa</i>	64
<i>carbidopa-levodopa</i>	65
<i>carbidopa-levodopa er</i>	65
<i>carbidopa-levodopa-entacapone</i>	64
<i>carboplatin</i>	47
CAREFINE PEN NEEDLES.....	142
<i>careone insulin syringe</i>	142
<i>careone unifine pentips</i>	142
<i>careone unifine pentips plus</i>	142
CARETOUCH ALCOHOL PREP.....	142
CARETOUCH INSULIN SYRINGE.....	142

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

CARETOUCH PEN NEEDLES	142	<i>chlorothiazide sodium</i>	94
<i>carmustine</i>	47	<i>chlorpromazine hcl</i>	41
<i>carteolol hcl</i>	155	<i>chlorthalidone</i>	94
CARTIA XT	89	<i>chlorzoxazone</i>	162
<i>carvedilol</i>	88	CHOLBAM	116
<i>caspofungin acetate</i>	43	<i>cholestyramine</i>	95
CAYSTON.....	159	<i>cholestyramine light</i>	95
CAZIAN.....	124	<i>chorionic gonadotropin</i>	124
<i>cefaclor</i>	23	<i>ciclopirox</i>	107
<i>cefaclor er</i>	23	<i>ciclopirox olamine</i>	43
<i>cefadroxil</i>	23	<i>cidofovir</i>	70
<i>cefazolin sodium</i>	24	<i>cilostazol</i>	85
<i>cefazolin sodium-dextrose</i>	24	CILOXAN	29
<i>cefdinir</i>	24	CIMDUO.....	73
<i>cefditoren pivoxil</i>	24	<i>cimetidine</i>	115
<i>cefepime hcl</i>	24	<i>cimetidine hcl</i>	115
<i>cefepime-dextrose</i>	24	CIMZIA	135
<i>cefixime</i>	24	CIMZIA PREFILLED.....	135
<i>cefotaxime sodium</i>	24	CIMZIA STARTER KIT	135
<i>cefotetan disodium</i>	24	<i>cinacalcet hcl</i>	151
<i>cefotetan disodium-dextrose</i>	24	CINRYZE	131
<i>cefoxitin sodium</i>	24	<i>ciprofloxacin hcl</i>	29, 156
<i>cefoxitin sodium-dextrose</i>	24	<i>ciprofloxacin in d5w</i>	29
<i>cefpodoxime proxetil</i>	24	<i>ciprofloxacin-dexamethasone</i>	156
<i>cefprozil</i>	25	<i>cisplatin</i>	47
<i>ceftazidime</i>	25	<i>citalopram hydrobromide</i>	38
<i>ceftazidime and dextrose</i>	25	<i>cladribine</i>	49
<i>ceftriaxone sodium</i>	25	CLARAVIS	102
<i>ceftriaxone sodium in dextrose</i>	25	<i>clarithromycin</i>	28
<i>ceftriaxone sodium-dextrose</i>	25	<i>clarithromycin er</i>	28
<i>cefuroxime axetil</i>	25	CLENPIQ	114
<i>cefuroxime sodium</i>	25	CLEVER CHOICE COMFORT EZ	142
<i>celecoxib</i>	12	<i>clickfine pen needles</i>	142
CELONTIN.....	34	CLICKFINE PEN NEEDLES	142
<i>cephalexin</i>	25	<i>clindamycin hcl</i>	21
CEQR SIMPLICITY 2U.....	142	<i>clindamycin palmitate hcl</i>	21
CEREZYME	116	<i>clindamycin phos-benzoyl perox</i>	102
<i>cetirizine hcl</i>	156	<i>clindamycin phosphate</i>	21, 107
<i>cevimeline hcl</i>	101	<i>clindamycin phosphate in d5w</i>	21
CHANTIX	20	<i>clindamycin phosphate in nacl</i>	21
CHANTIX CONTINUING MONTH PAK	20	CLINDESSE	21
CHANTIX STARTING MONTH PAK.....	20	CLINISOL SF	110
<i>chloramphenicol sod succinate</i>	21	CLINOLIPID	110
<i>chlordiazepoxide-amitriptyline</i>	37	<i>clobazam</i>	34
<i>chlorhexidine gluconate</i>	101	<i>clobetasol prop emollient base</i>	103
<i>chloroquine phosphate</i>	63	<i>clobetasol propionate</i>	103, 104

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>clobetasol propionate e</i>	104	COTELLIC.....	56
<i>clobetasol propionate emulsion</i>	104	CREON	116
<i>clocortolone pivalate</i>	104	CRINONE.....	128
<i>clofarabine</i>	50	CRIXIVAN	74
<i>clomipramine hcl</i>	40	<i>cromolyn sodium</i>	116, 153, 161
<i>clonazepam</i>	77	CRYSELLE-28	124
<i>clonidine</i>	86	CRYSVITA	116
<i>clonidine hcl</i>	86	CURITY ALCOHOL PREPS.....	142
<i>clopidogrel bisulfate</i>	85	CURITY ALCOHOL SWABS.....	142
<i>clorazepate dipotassium</i>	77	CURITY ALL PURPOSE SPONGES	142
<i>clotrimazole</i>	43	CURITY GAUZE	142
<i>clotrimazole-betamethasone</i>	106	CURITY GAUZE SPONGE	142
<i>clozapine</i>	69	CURITY SPONGES	142
<i>c-nate dha</i>	110	CUTAQUIG	132
COARTEM.....	63	CUVITRU	132
<i>colchicine</i>	45	<i>cvs alcohol prep pads</i>	142
<i>colchicine-probenecid</i>	45	<i>cvs gauze</i>	143
<i>colesevelam hcl</i>	95	<i>cvs isopropyl alcohol wipes</i>	143
<i>colestipol hcl</i>	95	<i>cvs prep</i>	143
<i>colistimethate sodium (cba)</i>	21	CYCLAFEM 1/35.....	124
COLOCORT.....	140	CYCLAFEM 7/7/7.....	124
COMBIGAN	155	<i>cyclobenzaprine hcl</i>	162
COMBIVENT RESPIMAT	161	<i>cyclopentolate hcl</i>	152
COMETRIQ (100 MG DAILY DOSE)	55	<i>cyclophosphamide</i>	47
COMETRIQ (140 MG DAILY DOSE)	55	<i>cycloserine</i>	46
COMETRIQ (60 MG DAILY DOSE)	55	CYCLOSET	78
COMFORT ASSIST INSULIN SYRINGE ...	142	<i>cyclosporine</i>	135
COMFORT EZ INSULIN SYRINGE	142	<i>cyclosporine modified</i>	135
COMFORT EZ MICRO PEN NEEDLES	142	<i>cyproheptadine hcl</i>	156
COMFORT EZ PEN NEEDLES	142	CYRAMZA.....	61
COMFORT EZ SHORT PEN NEEDLES.....	142	CYRED.....	124
COMFORT TOUCH ALCOHOL PREP	142	CYRED EQ	124
COMFORT TOUCH INSULIN PEN NEED..	142	CYSTAGON	116
COMPLERA.....	72	CYSTARAN.....	152
<i>complete natal dha</i>	110	<i>cytarabine</i>	49
<i>completenate</i>	110	<i>cytarabine (pf)</i>	49
COMPRO.....	41	D	
CONDYLOX.....	106	<i>dacarbazine</i>	47
<i>constulose</i>	113	<i>dactinomycin</i>	50
COPIKTRA.....	55	<i>dalfampridine er</i>	99
CORLANOR.....	92	DALIRESP	160
<i>cortisone acetate</i>	118	<i>danazol</i>	121
COSENTYX	132	<i>dantrolene sodium</i>	69
COSENTYX (300 MG DOSE)	132	DANYELZA	61
COSENTYX SENSOREADY (300 MG)	132	<i>dapsone</i>	46
COSENTYX SENSOREADY PEN	132	DAPTACEL	138

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>daptomycin</i>	21	<i>dextroamphetamine sulfate</i>	97
DARZALEX	61	<i>dextroamphetamine sulfate er</i>	97
DARZALEX FASPRO	50	<i>dextrose</i>	110
DASETTA 1/35	124	<i>dextrose 5%/electrolyte #48</i>	107
DASETTA 7/7/7	124	<i>dextrose in lactated ringers</i>	107
<i>daunorubicin hcl</i>	50	<i>dextrose-nacl</i>	110
DAURISMO.....	56	<i>dextrose-sodium chloride</i>	111
DAYSEE	124	DIACOMIT.....	31
DEBLITANE	128	DIATHRIVE PEN NEEDLE	143
<i>decitabine</i>	50	<i>diazepam</i>	34, 77
<i>deferasirox</i>	110	DIAZEPAM INTENSOL	77
<i>deferasirox granules</i>	110	<i>diazoxide</i>	81
<i>deferiprone</i>	110	<i>diclofenac epolamine</i>	12
<i>deferoxamine mesylate</i>	110	<i>diclofenac potassium</i>	12
DELSTRIGO	73	<i>diclofenac sodium</i>	12, 154
DELYLA	124	<i>diclofenac sodium er</i>	12
<i>demeclocycline hcl</i>	30	<i>diclofenac-misoprostol</i>	12
DENAVIR.....	107	<i>dicloxacillin sodium</i>	27
DENGVAXIA	138	<i>dicyclomine hcl</i>	114
DENTA 5000 PLUS	101	<i>didanosine</i>	73
DENTAGEL.....	101	<i>diflorasone diacetate</i>	104
DEPO-PROVERA	128	<i>diflunisal</i>	12
DERMACEA GAUZE SPONGE	143	<i>difluprednate</i>	154
DERMACEA IV DRAIN SPONGES	143	DIGITEK.....	92
DERMACEA IV SPONGES.....	143	<i>digox</i>	92
DERMACEA NON-WOVEN SPONGES	143	<i>digoxin</i>	92
DERMACEA TYPE VII GAUZE.....	143	<i>dihydroergotamine mesylate</i>	45
DESCOVY	73	DILANTIN.....	35
<i>desipramine hcl</i>	40	DILANTIN INFATABS	35
<i>desloratadine</i>	156	<i>diltiazem hcl</i>	89, 90
<i>desmopressin ace spray refrig</i>	120	<i>diltiazem hcl er</i>	90
<i>desmopressin acetate</i>	120, 121	<i>diltiazem hcl er beads</i>	90
<i>desmopressin acetate pf</i>	121	<i>diltiazem hcl er coated beads</i>	90
<i>desmopressin acetate spray</i>	121	<i>dilt-xr</i>	90
<i>desogestrel-ethinyl estradiol</i>	124	<i>dimenhydrinate</i>	41
<i>desonide</i>	104	<i>dimethyl fumarate</i>	99
<i>desoximetasone</i>	104	<i>dimethyl fumarate starter pack</i>	99
<i>desvenlafaxine er</i>	38	DIPENTUM	139
<i>desvenlafaxine succinate er</i>	38	<i>diphenhydramine hcl</i>	157
<i>dexamethasone</i>	118, 119	<i>diphenoxylate-atropine</i>	114
DEXAMETHASONE INTENSOL.....	119	<i>diphtheria-tetanus toxoids dt</i>	138
<i>dexamethasone sod phosphate pf</i>	119	<i>dipyridamole</i>	85
<i>dexamethasone sodium phosphate</i> ...	119, 154	<i>disopyramide phosphate</i>	87
<i>dexmethylphenidate hcl</i>	97	<i>disulfiram</i>	19
<i>dexmethylphenidate hcl er</i>	97	<i>divalproex sodium</i>	31
<i>dexrazoxane hcl</i>	50, 51	<i>divalproex sodium er</i>	31

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>dobutamine hcl</i>	92	EASY TOUCH ALCOHOL PREP MEDIUM	143
<i>dobutamine in d5w</i>	92	EASY TOUCH FLIPLOCK INSULIN SY	143
<i>docetaxel</i>	53	EASY TOUCH INSULIN SAFETY SYR	143
<i>dofetilide</i>	88	EASY TOUCH INSULIN SYRINGE	143
DOJOLVI.....	111	EASY TOUCH PEN NEEDLES	143
DOLISHALE.....	124	EASY TOUCH SAFETY PEN NEEDLES	143
<i>donepezil hcl</i>	36	EASY TOUCH SHEATHLOCK SYRINGE	143
DOPTELET.....	85	<i>ec-naproxen</i>	12
<i>dorzolamide hcl</i>	155	<i>econazole nitrate</i>	43
<i>dorzolamide hcl-timolol mal</i>	152	EDARBI.....	86
DOTTI.....	122	EDARBYCLOR.....	92
DOVATO.....	71	EDURANT.....	72
<i>doxazosin mesylate</i>	86	<i>efavirenz</i>	72
<i>doxepin hcl</i>	40, 162	<i>efavirenz-emtricitab-tenofovir</i>	73
<i>doxercalciferol</i>	151	<i>efavirenz-lamivudine-tenofovir</i>	73
<i>doxorubicin hcl</i>	51	ELAPRASE.....	116
<i>doxorubicin hcl liposomal</i>	51	ELELYSO.....	116
DOXY 100.....	30	ELIGARD.....	130
<i>doxycycline hyclate</i>	30	ELINEST.....	124
<i>doxycycline monohydrate</i>	30	ELIQUIS.....	82
<i>doxylamine-pyridoxine</i>	41	ELIQUIS DVT/PE STARTER PACK	82
DRIZALMA SPRINKLE.....	38	ELITEK.....	63
<i>dronabinol</i>	42	<i>elite-thin insulin syringe</i>	143
<i>droperidol</i>	41	ELIXOPHYLLIN.....	160
DROPLET INSULIN SYRINGE.....	143	ELLA.....	128
DROPLET MICRON.....	143	ELMIRON.....	118
DROPLET PEN NEEDLES.....	143	ELURYNG.....	124
<i>dropsafe safety pen needles</i>	143	EMCYT.....	49
<i>drospiren-eth estrad-levomefol</i>	124	EMFLAZA.....	119
<i>drospirenone-ethinyl estradiol</i>	124	EMGALITY.....	45
DROXIA.....	49	EMGALITY (300 MG DOSE)	45
<i>droxidopa</i>	86	EMOQUETTE.....	124
<i>drug mart unifine pentips</i>	143	EMPAVELI.....	84
<i>drug mart unifine pentips plus</i>	143	EMPLICITI.....	61
DUAVEE.....	129	EMSAM.....	37
DULERA.....	158	<i>emtricitabine</i>	73
<i>duloxetine hcl</i>	98, 99	<i>emtricitabine-tenofovir df</i>	73
DUPIXENT.....	132	EMTRIVA.....	73
DUREZOL.....	154	EMVERM.....	63
<i>dutasteride</i>	118	<i>enalapril maleate</i>	87
E		<i>enalaprilat</i>	87
E.E.S. 400.....	28	<i>enalapril-hydrochlorothiazide</i>	92
<i>easy comfort alcohol pads</i>	143	ENBREL.....	135
<i>easy comfort insulin syringe</i>	143	ENBREL MINI.....	135
<i>easy comfort pen needles</i>	143	ENBREL SURECLICK.....	135
<i>easy glide pen needles</i>	143	ENDARI.....	116

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>endocet</i>	16	<i>essentra wipes 9x9</i>	144
ENDOCET	16	ESTARYLLA	124
ENGERIX-B	138	<i>estazolam</i>	163
ENHERTU.....	61	<i>estradiol</i>	122
<i>enoxaparin sodium</i>	82, 83	<i>estradiol valerate</i>	122
ENPRESSE-28	124	<i>estradiol-norethindrone acet</i>	124
ENSKYCE.....	124	ESTRING	122
ENSPRYNG.....	135	<i>eszopiclone</i>	163
<i>entacapone</i>	64	<i>ethambutol hcl</i>	46
<i>entecavir</i>	70	<i>ethosuximide</i>	34
ENTRESTO	92	<i>ethynodiol diac-eth estradiol</i>	124
<i>enulose</i>	113	<i>etodolac</i>	12
ENVARBUS XR	135	<i>etodolac er</i>	12
EPIDIOLEX.....	31	<i>etonogestrel-ethinyl estradiol</i>	125
EPIFOAM.....	104	ETOPOPHOS	53
<i>epinastine hcl</i>	153	<i>etoposide</i>	54
<i>epinephrine</i>	158	<i>etravirine</i>	72
<i>epirubicin hcl</i>	51	EUCRISA	104
EPITOL	35	EUTHYROX	129
<i>eplerenone</i>	93	EVENITY	151
EPOGEN.....	84	<i>everolimus</i>	56, 136
<i>epoprostenol sodium</i>	160	EVKEEZA.....	95
<i>eprosartan mesylate</i>	86	EVOTAZ.....	74
<i>eq1 alcohol swabs</i>	143	EVRYSDI	98
<i>eq1 gauze</i>	143	EXCILON IV SPONGES	144
<i>eq1 insulin syringe</i>	144	EXEL COMFORT POINT INSULIN SYR.....	144
ERAXIS.....	43	EXEL COMFORT POINT PEN NEEDLE	144
ERBITUX	61	<i>exemestane</i>	53
<i>ergoloid mesylates</i>	36	EXONDYS 51.....	98
<i>ergotamine-caffeine</i>	45	EXTAVIA	99
ERIVEDGE	56	<i>ezetimibe</i>	95
ERLEADA	48	<i>ezetimibe-simvastatin</i>	95
<i>erlotinib hcl</i>	56	F	
ERRIN.....	129	FABIOR.....	102
<i>ertapenem sodium</i>	28	FABRAZYME	116
ERWINAZE	51	FALMINA.....	125
<i>ery</i>	107	<i>famciclovir</i>	71
ERYTHROCIN LACTOBIONATE.....	28	<i>famotidine</i>	115
ERYTHROCIN STEARATE	28	<i>famotidine premixed</i>	115
<i>erythromycin</i>	28, 107, 154	FANAPT	66
<i>erythromycin base</i>	28	FANAPT TITRATION PACK	66
<i>erythromycin ethylsuccinate</i>	29	FARYDAK	56
ESBRIET.....	161	FASENRA	161
<i>escitalopram oxalate</i>	38	FASENRA PEN.....	161
<i>esomeprazole magnesium</i>	115	FASLODEX.....	49
<i>esomeprazole sodium</i>	115	FAYOSIM	125

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>febuxostat</i>	45	<i>fluorometholone</i>	154
<i>felbamate</i>	31	<i>fluorouracil</i>	49, 106
<i>felodipine er</i>	89	<i>fluoxetine hcl</i>	38
FEMRING	123	<i>fluoxetine hcl (pmdd)</i>	38
FEMYNOR	125	<i>fluphenazine decanoate</i>	65
<i>fenofibrate</i>	94	<i>fluphenazine hcl</i>	65
<i>fenofibrate micronized</i>	94	<i>flurbiprofen</i>	12
<i>fenofibric acid</i>	94	<i>flurbiprofen sodium</i>	154
<i>fenoprofen calcium</i>	12	<i>flutamide</i>	48
FENSOLVI (6 MONTH).....	130	<i>fluticasone propionate</i>	104, 157
<i>fentanyl</i>	14	<i>fluticasone-salmeterol</i>	159, 161
<i>fentanyl citrate</i>	16	<i>fluvastatin sodium</i>	94
FERRIPROX	110	<i>fluvoxamine maleate</i>	38, 39
FERRIPROX TWICE-A-DAY	110	<i>fluvoxamine maleate er</i>	39
FETROJA.....	25	FML	154
FETZIMA.....	38	FML FORTE	155
FETZIMA TITRATION.....	38	FOLOTYN	50
FIFTY50 ALCOHOL PREP	144	<i>fomepizole</i>	41
FIFTY50 PEN NEEDLES	144	<i>fondaparinux sodium</i>	83
FIFTY50 SUPERIOR COMFORT SYR.....	144	<i>formoterol fumarate</i>	159
<i>finasteride</i>	118	FOSAMAX PLUS D.....	151
FINTEPLA.....	32	<i>fosamprenavir calcium</i>	74
FIRDAPSE	116	<i>foscarnet sodium</i>	73
FIRMAGON.....	130	<i>fosinopril sodium</i>	87
FIRMAGON (240 MG DOSE)	130	<i>fosinopril sodium-hctz</i>	92
FIRVANQ.....	21	<i>fosphenytoin sodium</i>	35
FLAREX.....	154	FOSRENOL	113
<i>flavoxate hcl</i>	117	FOTIVDA.....	56
FLEBOGAMMA DIF	132	<i>freds pharmacy unifine pentip+</i>	144
<i>flecainide acetate</i>	88	<i>freds pharmacy unifine pentips</i>	144
FLOVENT DISKUS	157	FREESTYLE PRECISION INS SYR	144
FLOVENT HFA	157	<i>fulvestrant</i>	49
<i>floxuridine</i>	49	<i>furosemide</i>	93
<i>fluconazole</i>	43	FUZEON	73
<i>fluconazole in sodium chloride</i>	43	FYAVOLV.....	125
<i>flucytosine</i>	44	FYCOMPA	32
<i>fludarabine phosphate</i>	51	G	
<i>fludrocortisone acetate</i>	119	<i>gabapentin</i>	34
<i>flumazenil</i>	41	GALAFOLD	116
<i>flunisolide</i>	157	<i>galantamine hydrobromide</i>	36
<i>fluocinolone acetonide</i>	104, 156	<i>galantamine hydrobromide er</i>	36
<i>fluocinolone acetonide body</i>	104	GAMASTAN	132
<i>fluocinolone acetonide scalp</i>	104	GAMMAGARD	132
<i>fluocinonide</i>	104	GAMMAGARD S/D LESS IGA	132
<i>fluocinonide emulsified base</i>	104	GAMMAPLEX	132
<i>fluoritab</i>	107	GAMUNEX-C	132

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>ganciclovir sodium</i>	70	GLYXAMBI	79
GARDASIL 9	138	<i>gnp alcohol swabs</i>	144
<i>gatifloxacin</i>	154	<i>gnp clickfine pen needles</i>	144
GATTEX.....	114	<i>gnp insulin syringe</i>	144
<i>gauze pads</i>	144	<i>gnp insulin syringes</i>	144
<i>gauze type vii medi-pak</i>	144	<i>gnp insulin syringes 28gx1/2</i>	144
GAVILYTE-C.....	113	<i>gnp insulin syringes 29gx1/2</i>	144
GAVILYTE-G	113	<i>gnp insulin syringes 30gx5/16</i>	144
GAVILYTE-N WITH FLAVOR PACK	113	<i>gnp insulin syringes 31gx5/16</i>	144
GAVRETO	51	<i>gnp ulticare pen needles</i>	144
GAZYVA	61	<i>gnp ultra com insulin syringe</i>	144
<i>gemcitabine hcl</i>	50	<i>goodsense clickfine pen needle</i>	144
<i>gemfibrozil</i>	94	GOODSENSE PEN NEEDLE PENFINE	144
GEMMILY	125	<i>granisetron hcl</i>	42
<i>generlac</i>	113	<i>griseofulvin microsize</i>	44
GENGRAF	136	<i>griseofulvin ultramicrosize</i>	44
GENTAK	154	<i>guanfacine hcl er</i>	97
<i>gentamicin in saline</i>	20	<i>guanidine hcl</i>	46
<i>gentamicin sulfate</i>	20, 107, 154	GVOKE HYPOPEN 1-PACK	81
GENVOYA	71	GVOKE HYPOPEN 2-PACK	81
GIANVI.....	125	GVOKE KIT	81
GILENYA	99	GVOKE PFS	81
GILOTRIF	56	H	
GIVLAARI	35	HAEGARDA	131
<i>glatiramer acetate</i>	100	HAILEY 1.5/30	125
<i>glimepiride</i>	78	HAILEY 24 FE	125
<i>glipizide</i>	78	HALAVEN	51
<i>glipizide er</i>	78	<i>halobetasol propionate</i>	104
<i>glipizide xl</i>	78	<i>haloperidol</i>	65
<i>glipizide-metformin hcl</i>	79	<i>haloperidol decanoate</i>	65
<i>global alcohol prep ease</i>	144	<i>haloperidol lactate</i>	65
<i>global ease inject pen needles</i>	144	HAVRIX.....	138
<i>global easy glide insulin syr</i>	144	<i>healthwise insulin syr/needle</i>	144
<i>global easy glide pen needles</i>	144	<i>healthwise micron pen needles</i>	144
<i>global inject ease insulin syr</i>	144	<i>healthwise mini pen needles</i>	144
<i>global insulin syringes</i>	144	<i>healthwise pen needles</i>	144
GLUCAGEN DIAGNOSTIC.....	81	<i>healthwise short pen needles</i>	145
GLUCAGEN HYPOKIT	81	<i>healthwise unifine pentips</i>	145
<i>glucagon emergency</i>	81	<i>healthy accents unifine pentip</i>	145
<i>glucagon hcl (diagnostic)</i>	81	HEATHER	129
GLUCOPRO INSULIN SYRINGE	144	<i>h-e-b incontrol alcohol</i>	145
<i>glyburide</i>	79	<i>h-e-b incontrol pen needles</i>	145
<i>glyburide micronized</i>	79	H-E-B INCONTROL UNIFINE PENTIP	145
<i>glyburide-metformin</i>	79	<i>heparin (porcine) in nacl</i>	83
<i>glycopyrrolate</i>	114	<i>heparin sod (porcine) in d5w</i>	83
GLYDO	18	<i>heparin sodium (porcine)</i>	83

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>heparin sodium (porcine) pf</i>	83	ICLEVIA	125
HERCEPTIN HYLECTA.....	61	ICLUSIG.....	56
HERZUMA	61	<i>icosapent ethyl</i>	95
HETLIOZ.....	163	<i>idarubicin hcl</i>	51
HETLIOZ LQ.....	163	IDHIFA	51
HIBERIX.....	138	<i>ifosfamide</i>	48
HIZENTRA.....	132	ILARIS.....	133
<i>hm sterile alcohol prep</i>	145	<i>imatinib mesylate</i>	56
<i>hm sterile pads</i>	145	IMBRUVICA	57
HM ULTICARE INSULIN SYRINGE	145	IMFINZI	61
HM ULTICARE MINI PEN NEEDLES	145	<i>imipenem-cilastatin</i>	28
HM ULTICARE SHORT PEN NEEDLES ...	145	<i>imipramine hcl</i>	40
HUMIRA.....	136	<i>imipramine pamoate</i>	40
HUMIRA PEDIATRIC CROHNS START.....	136	<i>imiquimod</i>	106
HUMIRA PEN	136	<i>imiquimod pump</i>	106
HUMIRA PEN-CD/UC/HS STARTER	136	IMLYGIC	51
HUMIRA PEN-PEDIATRIC UC START	136	IMOVAX RABIES	138
HUMIRA PEN-PS/UV/ADOL HS START ...	137	INBRIJA	65
HUMIRA PEN-PSOR/UEVIT STARTER.....	137	INCASSIA	129
HUMULIN R U-500 (CONCENTRATED)	81	INCRELEX	121
HUMULIN R U-500 KWIKPEN.....	81	INCRUSE ELLIPTA.....	158
<i>hydralazine hcl</i>	96	<i>indapamide</i>	94
<i>hydrochlorothiazide</i>	92, 94	INFANRIX	138
<i>hydrocodone-acetaminophen</i>	16	INFLECTRA	133
<i>hydrocodone-ibuprofen</i>	16	INGREZZA	98
<i>hydrocortisone</i>	104, 105, 119, 140	INLYTA.....	57
<i>hydrocortisone (perianal)</i>	105	INPEN 100-BLUE-LILLY	145
<i>hydrocortisone butyr lipo base</i>	105	INPEN 100-BLUE-NOVO	145
<i>hydrocortisone butyrate</i>	105	INPEN 100-GRAY-LILLY	145
<i>hydrocortisone valerate</i>	105	INPEN 100-GREY-NOVO	145
<i>hydrocortisone-acetic acid</i>	156	INPEN 100-PINK-LILLY	145
<i>hydromorphone hcl</i>	16, 17	INPEN 100-PINK-NOVO	145
<i>hydromorphone hcl pf</i>	17	INQOVI.....	50
<i>hydroxychloroquine sulfate</i>	63	INREBIC.....	57
<i>hydroxyprogesterone caproate</i>	129	<i>insulin syringe</i>	145
<i>hydroxyurea</i>	50	<i>insulin syringe/needle</i>	145
<i>hydroxyzine hcl</i>	157	<i>insulin syringe-needle u-100</i>	145
<i>hydroxyzine pamoate</i>	76	<i>insupen pen needles</i>	145
HYQVIA	132	INSUPEN SENSITIVE.....	145
I		INSUPEN ULTRAFIN.....	145
<i>ibandronate sodium</i>	151	INTELENCE	72
IBRANCE	54, 56	INTRALIPID	111
IBU	13	INTRON A	134
IBUPAK.....	13	INTROVALE.....	125
<i>ibuprofen</i>	13	INVEGA SUSTENNA	67
<i>icatibant acetate</i>	131	INVEGA TRINZA.....	67

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

INVIRASE	74	JUNEL FE 1.5/30	125
INVOKAMET	79	JUNEL FE 1/20	125
INVOKAMET XR	79	JUNEL FE 24	125
INVOKANA	79	JUXTAPID	95
IPOL	138	JYNARQUE	110
<i>ipratropium bromide</i>	158	K	
<i>ipratropium-albuterol</i>	162	KADCYLA	51
<i>irbesartan</i>	86	KAITLIB FE	125
<i>irbesartan-hydrochlorothiazide</i>	92	KALLIGA	125
IRESSA	57	KALYDECO	159
<i>irinotecan hcl</i>	54	KANJINTI	61
ISENTRESS	71	KARIVA	125
ISENTRESS HD	71	<i>kcl in dextrose-nacl</i>	108
ISIBLOOM	125	<i>kcl-lactated ringers-d5w</i>	108
<i>isoniazid</i>	46, 47	KELNOR 1/35	125
<i>isopropyl alcohol</i>	145	KELNOR 1/50	125
<i>isopropyl alcohol wipes</i>	145	KENDALL HYDROPHILIC FOAM DRESS ..	146
<i>isosorbide dinitrate</i>	96	KENDALL HYDROPHILIC FOAM PLUS	146
<i>isosorbide mononitrate</i>	96	KEPIVANCE	101
<i>isosorbide mononitrate er</i>	96	KESIMPTA	100
<i>isotretinoin</i>	102	<i>ketoconazole</i>	44
<i>isradipine</i>	89	<i>ketoprofen</i>	13
<i>itraconazole</i>	44	<i>ketoprofen er</i>	13
<i>iv prep wipes</i>	145	<i>ketorolac tromethamine</i>	155
<i>ivermectin</i>	63	KEVZARA	137
IXEMPRA KIT	51	KEYTRUDA	61
IXIARO	138	KINERET	137
J		<i>kinray insulin syringe</i>	146
J & J GAUZE	145	KINRIX	138
JAIMIESS	125	KIONEX	113
JAKAFI	57	KISQALI (200 MG DOSE)	57
JANTOVEN	83	KISQALI (400 MG DOSE)	57
JARDIANCE	79	KISQALI (600 MG DOSE)	57
JASMIEL	125	KISQALI FEMARA (400 MG DOSE)	51
JEMPERLI	61	KISQALI FEMARA (600 MG DOSE)	51
JENCYCLA	129	KISQALI FEMARA(200 MG DOSE)	51
<i>jenliva prenatal/postnatal</i>	111	KLOR-CON	108
JENTADUETO	79	KLOR-CON 10	108
JENTADUETO XR	79	KLOR-CON M10	108
JEVTANA	54	KLOR-CON M15	108
JINTELI	125	KLOR-CON M20	108
JOLESSA	125	KLOR-CON SPRINKLE	108
JULEBER	125	<i>kmart valu insulin syringe 29g</i>	146
JULUCA	73	<i>kmart valu insulin syringe 30g</i>	146
JUNEL 1.5/30	125	KORLYM	81
JUNEL 1/20	125	KOSELUGO	57

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>kosher prenatal plus iron</i>	111	LENVIMA (20 MG DAILY DOSE).....	58
KRINTAFEL	64	LENVIMA (24 MG DAILY DOSE).....	58
<i> Kroger insulin syringe</i>	146	LENVIMA (4 MG DAILY DOSE).....	58
<i> Kroger pen needles</i>	146	LENVIMA (8 MG DAILY DOSE).....	58
KURVELO.....	125	LESSINA	125
KYNMOBI	64	<i>letrozole</i>	53
KYPROLIS.....	51	<i>leucovorin calcium</i>	63
L		LEUKERAN.....	48
<i>labetalol hcl</i>	88	LEUKINE.....	84
<i>lactulose</i>	113	<i>leuprolide acetate</i>	130
<i>lactulose encephalopathy</i>	113	<i>levabuterol hcl</i>	159
LAMICTAL XR	32	<i>levabuterol tartrate</i>	159
<i>lamivudine</i>	70	LEVEMIR	81
<i>lamivudine-zidovudine</i>	73	LEVEMIR FLEXTOUCH.....	81
<i>lamotrigine</i>	32	<i>levetiracetam</i>	32
<i>lamotrigine er</i>	32	<i>levetiracetam er</i>	32
<i>lamotrigine starter kit-blue</i>	32	<i>levetiracetam in nacl</i>	33
<i>lamotrigine starter kit-green</i>	32	<i>levobunolol hcl</i>	155
<i>lamotrigine starter kit-orange</i>	32	<i>levocarnitine</i>	111
LANOXIN	92	<i>levocarnitine sf</i>	111
<i>lansoprazole</i>	115	<i>levocetirizine dihydrochloride</i>	157
<i>lanthanum carbonate</i>	113	<i>levofloxacin</i>	29, 154
LANTUS.....	81	<i>levofloxacin in d5w</i>	29
LANTUS SOLOSTAR	81	<i>levoleucovorin calcium</i>	51
<i>lapatinib ditosylate</i>	57	<i>levoleucovorin calcium pf</i>	51
LARIN 1.5/30	125	LEVONEST	125
LARIN 1/20	125	<i>levonorgest-eth est & eth est</i>	125
LARIN 24 FE.....	125	<i>levonorgest-eth estrad 91-day</i>	125, 126
LARIN FE 1.5/30.....	125	<i>levonorgestrel-ethinyl estrad</i>	126
LARIN FE 1/20.....	125	<i>levonorg-eth estrad triphasic</i>	126
LARISSIA.....	125	LEVORA 0.15/30 (28)	126
LARTRUVO	62	LEVO-T	129
<i>latanoprost</i>	156	<i>levothyroxine sodium</i>	130
LATUDA.....	67	LEVOXYL.....	130
LAYOLIS FE	125	LEVULAN KERASTICK.....	106
LAZANDA	17	LEXIVA.....	74
<i>leader insulin syringe</i>	146	LIBTAYO	62
LEADER UNIFINE PENTIPS	146	<i>lidocaine</i>	18
LEADER UNIFINE PENTIPS PLUS.....	146	<i>lidocaine hcl</i>	18
<i>ledipasvir-sofosbuvir</i>	70	<i>lidocaine hcl (cardiac)</i>	88
LEENA	125	<i>lidocaine hcl (cardiac) pf</i>	88
<i>leflunomide</i>	133	<i>lidocaine hcl (pf)</i>	18, 19
LENVIMA (10 MG DAILY DOSE).....	57	<i>lidocaine hcl urethral/mucosal</i>	19
LENVIMA (12 MG DAILY DOSE).....	57	<i>lidocaine in d5w</i>	88
LENVIMA (14 MG DAILY DOSE).....	57	<i>lidocaine viscous hcl</i>	19
LENVIMA (18 MG DAILY DOSE).....	58	<i>lidocaine-prilocaine</i>	19

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

LILLOW.....	126	LYLEQ.....	129
<i>lincomycin hcl</i>	21	LYLLANA	123
<i>lindane</i>	107	LYNPARZA	52
<i>linezolid</i>	21	LYSODREN	52
<i>linezolid in sodium chloride</i>	21	LYZA	129
LINZESS	113	M	
<i>liothyronine sodium</i>	130	MAGELLAN INSULIN SAFETY SYR	146
<i>lisinopril</i>	87	<i>magnesium sulfate</i>	108
<i>lisinopril-hydrochlorothiazide</i>	92	<i>magnesium sulfate in d5w</i>	108
LITETOUCH INSULIN SYRINGE	146	<i>malathion</i>	107
LITETOUCH PEN NEEDLES.....	146	<i>maprotiline hcl</i>	37
<i>lithium</i>	77	MARATHON MEDICAL PENTIPS.....	146
<i>lithium carbonate</i>	77, 78	MARGENZA.....	62
<i>lithium carbonate er</i>	78	<i>marlissa</i>	126
LOJAIMIESS.....	126	MARPLAN.....	37
LOKELMA	113	MARQIBO	52
<i>longs insulin syringe</i>	146	MATULANE.....	48
LONSURF.....	51, 52	MATZIM LA.....	90
<i>loperamide hcl</i>	114	MAVENCLAD (10 TABS)	100
<i>lopinavir-ritonavir</i>	74	MAVENCLAD (4 TABS)	100
LOPREEZA.....	126	MAVENCLAD (5 TABS)	100
<i>lorazepam</i>	77	MAVENCLAD (6 TABS)	100
LORAZEPAM INTENSOL.....	77	MAVENCLAD (7 TABS)	100
LORBRENA	58	MAVENCLAD (8 TABS)	100
LORYNA	126	MAVENCLAD (9 TABS)	100
<i>losartan potassium</i>	86	MAVYRET	70, 71
<i>losartan potassium-hctz</i>	92	MAXICOMFORT II PEN NEEDLE.....	146
<i>loteprednol etabonate</i>	155	MAXI-COMFORT INSULIN SYRINGE	146
<i>lovastatin</i>	94, 95	MAXI-COMFORT SAFETY PEN NEEDLE..	146
LOW-OGESTREL	126	MAXICOMFORT SYR 27G X 1/2.....	146
<i>loxapine succinate</i>	65	MAXIDEX	155
LO-ZUMANDIMINE.....	126	MAYZENT	100
<i>lubiprostone</i>	113	MAYZENT STARTER PACK.....	100
LUCEMYRA.....	19	<i>meclizine hcl</i>	41
LUMAKRAS	58	<i>meclofenamate sodium</i>	13
LUMIGAN.....	156	<i>medic insulin syringe</i>	146
LUMOXITI.....	58	<i>medicine shoppe pen needles</i>	146
LUPKYNIS	137	<i>medpura alcohol pads</i>	146
LUPRON DEPOT (1-MONTH)	130	<i>medroxyprogesterone acetate</i>	129
LUPRON DEPOT (3-MONTH)	130	<i>mefenamic acid</i>	13
LUPRON DEPOT (4-MONTH)	130	<i>mefloquine hcl</i>	64
LUPRON DEPOT (6-MONTH)	130	<i>megestrol acetate</i>	129
LUPRON DEPOT-PED (1-MONTH) ..	121, 130	<i>meijer alcohol swabs</i>	146
LUPRON DEPOT-PED (3-MONTH) ..	121, 131	<i>meijer pen needles</i>	146
LUTERA.....	126	MEKINIST	58
LYBALVI	67	MEKTOVI	58

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>meloxicam</i>	13	<i>metronidazole in nacl</i>	22
<i>melphalan hcl</i>	48	<i>metyrosine</i>	93
<i>memantine hcl</i>	36	<i>mexiletine hcl</i>	88
<i>memantine hcl er</i>	37	MIACALCIN.....	151
MENACTRA.....	138	<i>miconazole 3</i>	44
MENEST	123	MICRODOT PEN NEEDLE	146
MENQUADFI	138	MICROGESTIN 1.5/30	126
MENVEO	138	MICROGESTIN 1/20	126
<i>meprobamate</i>	76	MICROGESTIN 24 FE	126
MEPSEVII.....	116	MICROGESTIN FE 1.5/30	126
<i>mercaptopurine</i>	137	MICROGESTIN FE 1/20	126
<i>meropenem</i>	28	<i>midodrine hcl</i>	86
<i>meropenem-sodium chloride</i>	28	MIGERGOT.....	45
<i>mesalamine</i>	139	<i>miglitol</i>	80
<i>mesalamine-cleanser</i>	139	<i>miglustat</i>	116
<i>mesna</i>	63	MILI	126
MESNEX.....	63	<i>milrinone lactate</i>	93
<i>metaxalone</i>	162	<i>milrinone lactate in dextrose</i>	93
<i>metformin hcl</i>	79, 80	MIMVEY	126
<i>metformin hcl er</i>	80	<i>minocycline hcl</i>	31
<i>methadone hcl</i>	14	<i>minocycline hcl er</i>	31
METHADOSE	14	<i>minoxidil</i>	96
<i>methazolamide</i>	155	MIRASORB SPONGES	146
<i>methenamine hippurate</i>	22	<i>mirtazapine</i>	37
<i>methimazole</i>	131	<i>misoprostol</i>	115
<i>methitest</i>	121	<i>mitomycin</i>	52
<i>methocarbamol</i>	162	<i>mitoxantrone hcl</i>	52
<i>methotrexate</i>	137	<i>mm insulin syringe/needle</i>	146
<i>methotrexate (anti-rheumatic)</i>	137	MM PEN NEEDLES	146
<i>methotrexate sodium</i>	137	M-M-R II	138
<i>methotrexate sodium (pf)</i>	137	<i>m-natal plus</i>	111
<i>methoxsalen rapid</i>	106	<i>modafinil</i>	163
<i>methscopolamine bromide</i>	114	<i>moexipril hcl</i>	87
<i>methylergonovine maleate</i>	126	<i>molindone hcl</i>	65
<i>methylphenidate hcl</i>	97	<i>mometasone furoate</i>	105, 157
<i>methylphenidate hcl er</i>	97, 98	MONJUVI	62
<i>methylphenidate hcl er (cd)</i>	98	MONOJECT INSULIN SYRINGE	146
<i>methylprednisolone</i>	119	MONOJECT ULTRA COMFORT SYRINGE	146
<i>methylprednisolone acetate</i>	119	MONO-LINYAH.....	126
<i>methylprednisolone sodium succ</i>	120	<i>montelukast sodium</i>	157
<i>metoclopramide hcl</i>	41, 42	<i>morphine sulfate</i>	17
<i>metolazone</i>	94	<i>morphine sulfate (concentrate)</i>	17
<i>metoprolol succinate er</i>	88	<i>morphine sulfate (pf)</i>	17
<i>metoprolol tartrate</i>	89	<i>morphine sulfate er</i>	14
<i>metoprolol-hydrochlorothiazide</i>	92	<i>morphine sulfate er beads</i>	15
<i>metronidazole</i>	22, 102	MOVANTIK	113

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

MOVIPREP	113	<i>neomycin-polymyxin-gramicidin</i>	152
<i>moxifloxacin hcl</i>	29, 154	<i>neomycin-polymyxin-hc</i>	153, 156
<i>moxifloxacin hcl (2x day)</i>	154	<i>neonatal + dha</i>	111
<i>moxifloxacin hcl in nacl</i>	29	<i>neonatal 19</i>	111
MOZOBIL.....	84	<i>neonatal complete</i>	111
<i>ms insulin syringe</i>	146	<i>neonatal fe</i>	111
MULPLETA	84	NEO-POLYCIN HC	154
MULTAQ	88	NERLYNX	58
<i>mupirocin</i>	107	NEULASTA ONPRO	84
<i>mupirocin calcium</i>	107	NEUPRO	64
MVASI.....	62	<i>nevirapine</i>	72
<i>mycophenolate mofetil</i>	137	<i>nevirapine er</i>	72
<i>mycophenolate mofetil hcl</i>	137	NEXAVAR	58
<i>mycophenolate sodium</i>	137	NEXLETOL	95
MYFEMBREE	123	NEXLIZET	96
MYLOTARG.....	62	<i>niacin er (antihyperlipidemic)</i>	96
<i>mynatal plus</i>	111	NIACOR	96
<i>mynatal-z</i>	111	<i>nicardipine hcl</i>	89
<i>mynate 90 plus</i>	111	NICOTROL NS.....	20
MYORISAN.....	102	<i>nifedipine er</i>	89
MYRBETRIQ.....	118	<i>nifedipine er osmotic release</i>	89
N		NIKKI.....	126
<i>nabumetone</i>	13	<i>nilutamide</i>	48
<i>nadolol</i>	89	<i>nimodipine</i>	89
<i>nafcillin sodium</i>	27	NINLARO	52
<i>nafcillin sodium in dextrose</i>	27	NIPENT	50
<i>naftifine hcl</i>	44	<i>nisoldipine er</i>	89
NAFTIN.....	44	<i>nitazoxanide</i>	64
NAGLAZYME	35	NITRO-BID	96
<i>nalbuphine hcl</i>	17	NITRO-DUR	96
<i>naloxone hcl</i>	20	<i>nitrofurantoin macrocrystal</i>	22
<i>naltrexone hcl</i>	19	<i>nitrofurantoin monohyd macro</i>	22
<i>naproxen</i>	13	<i>nitroglycerin</i>	96, 97
<i>naproxen sodium</i>	13	<i>nitroglycerin in d5w</i>	97
<i>naratriptan hcl</i>	45	NITROSTAT	97
NARCAN.....	20	NITYR	116
NATACYN.....	154	NIVESTYM.....	84
<i>nateglinide</i>	80	<i>nizatidine</i>	115
NATPARA	151	NOCDURNA	121
NAYZILAM	34	NORA-BE	129
NECON 0.5/35 (28).....	126	NORDITROPIN FLEXPRO	121
<i>nefazodone hcl</i>	39	<i>norethin ace-eth estrad-fe</i>	126
<i>neomycin sulfate</i>	20	<i>norethindrone</i>	129
<i>neomycin-bacitracin zn-polymyx</i>	154	<i>norethindrone acetate</i>	129
<i>neomycin-polymyxin b gu</i>	22	<i>norethindrone acet-ethinyl est</i>	126, 127
<i>neomycin-polymyxin-dexameth</i>	152	<i>norethindrone-eth estradiol</i>	127

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>norgestimate-eth estradiol</i>	127	NUTRILIPID	111
<i>norgestim-eth estrad triphasic</i>	127	NUZYRA	31
NORLYDA.....	129	NYAMYC	44
NORLYROC.....	129	NYMYO	127
NORTREL 0.5/35 (28)	127	<i>nystatin</i>	44
NORTREL 1/35 (21)	127	<i>nystatin-triamcinolone</i>	106
NORTREL 1/35 (28)	127	NYSTOP	44
NORTREL 7/7/7	127	O	
<i>nortriptyline hcl</i>	40	OCELLA	127
NORVIR	75	OCREVUS	100
NOURIANZ	64	<i>octreotide acetate</i>	131
NOVOFINE AUTOCOVER PEN NEEDLE ..	146	ODEFSEY	73
NOVOFINE PEN NEEDLE.....	146	ODOMZO	58
NOVOFINE PLUS PEN NEEDLE	146	OFEV	161
NOVOLIN 70/30.....	81	<i>ofloxacin</i>	29, 154, 156
NOVOLIN 70/30 FLEXPEN.....	81	OGESTREL.....	127
NOVOLIN 70/30 FLEXPEN RELION	81	OGIVRI.....	62
NOVOLIN 70/30 RELION.....	81	<i>olanzapine</i>	67, 68
NOVOLIN N	81	<i>olanzapine-fluoxetine hcl</i>	37
NOVOLIN N FLEXPEN	81	<i>olmesartan medoxomil</i>	86
NOVOLIN N FLEXPEN RELION.....	82	<i>olmesartan medoxomil-hctz</i>	93
NOVOLIN N RELION	82	<i>olmesartan-amlodipine-hctz</i>	93
NOVOLIN R	82	<i>olopatadine hcl</i>	153, 157
NOVOLIN R FLEXPEN	82	OLUMIANT.....	133
NOVOLIN R FLEXPEN RELION.....	82	<i>omega-3-acid ethyl esters</i>	96
NOVOLIN R RELION	82	<i>omeprazole</i>	115
NOVOLOG.....	82	OMNIPOD 5 PACK	147
NOVOLOG 70/30 FLEXPEN RELION	82	OMNIPOD DASH 5 PACK PODS	147
NOVOLOG FLEXPEN	82	OMNIPOD DASH SYSTEM	147
NOVOLOG FLEXPEN RELION	82	OMNIPOD STARTER	147
NOVOLOG MIX 70/30	82	ONCASPAR	52
NOVOLOG MIX 70/30 FLEXPEN	82	<i>ondansetron</i>	42
NOVOLOG MIX 70/30 RELION	82	<i>ondansetron hcl</i>	42
NOVOLOG PENFILL	82	<i>one vite womens plus</i>	111
NOVOLOG RELION	82	ONGENTYS	64
NOVOPEN ECHO.....	147	ONIVYDE	54
NOVOTWIST PEN NEEDLE.....	147	ONPATTRO	117
NOXAFIL.....	44	ONTRUZANT	62
NPLATE	84	ONUREG	50
NUBEQA.....	48	OPDIVO	62
NUCALA	162	OPSUMIT	160
NUEDEXTA	98	ORALONE.....	101
NULIBRY	116	ORENCIA.....	133
NULOJIX.....	137	ORENCIA CLICKJECT	133
NUPLAZID	67	ORGOVYX.....	52
NURTEC	45	ORIAHNN.....	123

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

ORILISSA	121	<i>paroxetine hcl er</i>	39
ORKAMBI	159	PASER	47
ORLADEYO	132	PAXIL	39
<i>orphenadrine citrate</i>	162	<i>pc unifine pentips</i>	147
<i>orphenadrine citrate er</i>	162	PEDIARIX	138
ORSYTHIA.....	127	PEDVAX HIB.....	139
<i>oseltamivir phosphate</i>	75	<i>peg 3350-kcl-na bicarb-nacl</i>	113
OSMOPREP	108	<i>peg-3350/electrolytes</i>	113
OTEZLA.....	106, 137	<i>peg-3350/electrolytes/ascorbat</i>	114
<i>oxacillin sodium</i>	27	PEGANONE	35
<i>oxacillin sodium in dextrose</i>	27	PEGASYS	134
<i>oxaliplatin</i>	48	PEGASYS PROCLICK.....	134
<i>oxandrolone</i>	121	PEGINTRON.....	134
<i>oxaprozin</i>	13	<i>peg-kcl-nacl-nasulf-na asc-c</i>	114
<i>oxazepam</i>	76	PEMAZYRE	58
OXBRYTA.....	84	<i>pen needles</i>	147
<i>oxcarbazepine</i>	35	<i>pen needles 1/2</i>	147
OXERVATE	153	<i>pen needles 3/16</i>	147
OXLUMO	117	<i>pen needles 5/16</i>	147
OXTELLAR XR	35	<i>penicillamine</i>	110
<i>oxybutynin chloride</i>	118	<i>penicillin g pot in dextrose</i>	27
<i>oxybutynin chloride er</i>	118	<i>penicillin g potassium</i>	27
<i>oxycodone hcl</i>	18	<i>penicillin g procaine</i>	27
<i>oxycodone hcl er</i>	15	<i>penicillin v potassium</i>	27
<i>oxycodone-acetaminophen</i>	18	PENTACEL	139
<i>oxycodone-aspirin</i>	18	<i>pentamidine isethionate</i>	64
<i>oxycodone-ibuprofen</i>	18	PENTASA	140
OXYCONTIN.....	15	PENTIPS.....	147
<i>oxymorphone hcl</i>	18	<i>pentoxifylline er</i>	93
OZEMPIC (0.25 OR 0.5 MG/DOSE)	80	PEPAXTO	48
OZEMPIC (1 MG/DOSE)	80	<i>perindopril erbumine</i>	87
P		PERJETA	62
PACERONE.....	88	<i>permethrin</i>	107
<i>paclitaxel</i>	54	<i>perphenazine</i>	42
PADCEV	62	<i>perphenazine-amitriptyline</i>	37
<i>paliperidone er</i>	68	PERSERIS	68
<i>palonosetron hcl</i>	43	PEXEVA.....	39
PALYNZIQ	117	PFIZERPEN.....	27
<i>pamidronate disodium</i>	151	PHARMACIST CHOICE ALCOHOL.....	147
PANRETIN.....	63	PHENADOZ	42
<i>pantoprazole sodium</i>	116	<i>phenelzine sulfate</i>	38
PANZYGA.....	132	<i>phenobarbital</i>	34
<i>paricalcitol</i>	151, 152	<i>phenylephrine hcl</i>	86
PAROEX.....	101	PHENYTEK.....	35
<i>paromomycin sulfate</i>	20	<i>phenytoin</i>	35
<i>paroxetine hcl</i>	39	<i>phenytoin sodium</i>	35

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>phenytoin sodium extended</i>	36	<i>potassium chloride in nacl</i>	109
PHESGO	62	<i>potassium citrate er</i>	109
PHILITH	127	PR NATAL 440 EC	109
PHOSPHOLINE IODIDE	156	PRADAXA	83
PICATO	106	PRALUENT	96
PIFELTRO	72	<i>pramipexole dihydrochloride</i>	64
<i>pilocarpine hcl</i>	101, 156	<i>prasugrel hcl</i>	85
<i>pimecrolimus</i>	105	<i>pravastatin sodium</i>	95
<i>pimozide</i>	66	<i>praziquantel</i>	63
PIMTREA	127	<i>prazosin hcl</i>	86
<i>pindolol</i>	89	PRECISION SUREDOSE PLUS SYR	147
<i>pioglitazone hcl</i>	80	PRECISION SURE-DOSE SYRINGE	147
<i>pioglitazone hcl-metformin hcl</i>	80	PRED-G	153
<i>piperacillin sod-tazobactam so</i>	27, 28	<i>prednicarbate</i>	105
PIQRAY (200 MG DAILY DOSE)	59	<i>prednisolone</i>	120
PIQRAY (250 MG DAILY DOSE)	59	<i>prednisolone acetate</i>	155
PIQRAY (300 MG DAILY DOSE)	59	<i>prednisolone sodium phosphate</i>	120, 155
PIRMELLA 1/35	127	<i>prednisone</i>	120
PIRMELLA 7/7/7	127	<i>preferred plus insulin syringe</i>	147
<i>piroxicam</i>	13	<i>preferred plus unifine pentips</i>	147
PLEGRIDY	100	<i>pregabalin</i>	99
PLEGRIDY STARTER PACK	100	<i>pregabalin er</i>	99
PLENVU	114	<i>pregen dha</i>	111
<i>pnv tabs 20-1</i>	111	<i>pregenna</i>	111
<i>pnv tabs 29-1</i>	111	PREMARIN	123
<i>pnv-dha</i>	111	PREMASOL	111
<i>pnv-dha plus</i>	111	PREMPHASE	127
<i>pnv-dha+docusate</i>	111	PREMPRO	127
<i>pnv-omega</i>	111	<i>prena 1 true</i>	111
<i>pnv-select</i>	111	<i>prena1</i>	111
<i>podofilox</i>	106	<i>prena1 pearl</i>	111
POLIVY	62	<i>prenaissance</i>	111
POLYCIN	154	<i>prenaissance plus</i>	111
<i>polymyxin b sulfate</i>	22	<i>prenara</i>	112
<i>polymyxin b-trimethoprim</i>	153	<i>prenatal</i>	112
POMALYST	49	<i>prenatal 19</i>	112
PONVORY	100	<i>prenatal plus iron</i>	112
PONVORY STARTER PACK	100	<i>prenatal vitamin plus low iron</i>	112
PORTIA-28	127	<i>prenatvite complete</i>	112
PORTRAZZA	62	<i>prenatvite plus</i>	112
<i>posaconazole</i>	44	<i>prenatvite rx</i>	112
<i>potassium acetate</i>	108	<i>preplus</i>	112
<i>potassium chloride</i>	108, 109	PREPOPIK	114
<i>potassium chloride crys er</i>	109	<i>pretab</i>	112
<i>potassium chloride er</i>	109	<i>pretomanid</i>	47
<i>potassium chloride in dextrose</i>	109	PREVALITE	96

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

PREVENT DROPSAFE PEN NEEDLES	147	<i>protriptyline hcl</i>	41
PREVENT SAFETY PEN NEEDLES	147	PULMICORT FLEXHALER	157
PREVIFEM.....	127	PULMOZYME	159
PREVYMIS	70	<i>pure comfort alcohol prep</i>	147
PREZCOBIX	75	<i>pure comfort pen needle</i>	147
PREZISTA	75	PURIXAN	50
PRIFTIN.....	46	<i>px extra short pen needles</i>	147
<i>primaquine phosphate</i>	64	<i>px insulin syringe</i>	147
<i>primidone</i>	34	<i>px mini pen needles</i>	147
PRIVIGEN.....	132	<i>px pen needle</i>	147
<i>pro comfort alcohol</i>	147	<i>px shortlength pen needles</i>	147
PRO COMFORT INSULIN SYRINGE	147	<i>pyrazinamide</i>	47
<i>pro comfort pen needles</i>	147	<i>pyridostigmine bromide</i>	46
PROAIR RESPICLICK.....	159	<i>pyrimethamine</i>	64
<i>probenecid</i>	45	Q	
<i>procainamide hcl</i>	88	<i>qc alcohol swabs</i>	147
<i>prochlorperazine</i>	42	<i>qc border island gauze</i>	147
<i>prochlorperazine edisylate</i>	42	<i>qc pen needles</i>	147
<i>prochlorperazine maleate</i>	42	<i>qc sterile pads</i>	147
PROCRIT	84	<i>qc unifine pentips</i>	147
PROCTOFOAM HC	105	QINLOCK	59
PROCTO-MED HC	105	QUADRACEL.....	139
PROCTO-PAK	105	<i>quetiapine fumarate</i>	68
PROCTOSOL HC	105	<i>quetiapine fumarate er</i>	68
PROCTOZONE-HC	105	<i>quinapril hcl</i>	87
PROCYSBI	117	<i>quinapril-hydrochlorothiazide</i>	93
PRODIGY INSULIN SYRINGE	147	<i>quinidine gluconate er</i>	88
<i>progesterone</i>	129	<i>quinidine sulfate</i>	88
PROGRAF	137	<i>quinine sulfate</i>	64
PROLASTIN-C.....	117	QVAR REDIHALER.....	157
PROLEUKIN	52	R	
PROLIA.....	152	<i>ra alcohol swabs</i>	147
PROMACTA.....	85	<i>ra insulin syringe</i>	148
<i>promethazine hcl</i>	42, 157	<i>ra isopropyl alcohol wipes</i>	148
PROMETHEGAN.....	42	<i>ra pen needles</i>	148
<i>propafenone hcl</i>	88	<i>ra sterile</i>	148
<i>propafenone hcl er</i>	88	RABAVERT.....	139
<i>propantheline bromide</i>	114	<i>rabeprazole sodium</i>	116
<i>proparacaine hcl</i>	153	RADICAVA.....	98
<i>propranolol hcl</i>	89	<i>raloxifene hcl</i>	129
<i>propranolol hcl er</i>	89	<i>ramelteon</i>	163
<i>propranolol-hctz</i>	93	<i>ramipril</i>	87
<i>propylthiouracil</i>	131	<i>ranolazine er</i>	93
PROQUAD.....	139	<i>rasagiline mesylate</i>	65
PROSOL.....	112	RAVICTI	117
<i>protamine sulfate</i>	41		

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>reality insulin syringe</i>	148	<i>ringers</i>	109
<i>reality swabs</i>	148	<i>ringers irrigation</i>	140
REBIF	100	RINVOQ	133
REBIF REBIDOSE	100	<i>risedronate sodium</i>	152
REBIF REBIDOSE TITRATION PACK	100	RISPERDAL CONSTA	68
REBIF TITRATION PACK.....	100	<i>risperidone</i>	68, 69
REBLOZYL	85	<i>ritonavir</i>	75
RECARBRIO.....	22	RITUXAN HYCELA	62
RECLIPSEN.....	127	<i>rivastigmine</i>	36
RECOMBIVAX HB	139	<i>rivastigmine tartrate</i>	36
RECTIV	97	RIVELSA	127
REGRANEX.....	106	<i>rizatriptan benzoate</i>	46
RELENZA DISKHALER	75	ROCKLATAN	153
RELION ALCOHOL SWABS.....	148	<i>romidepsin</i>	59
RELION INSULIN SYRINGE	148	<i>ropinirole hcl</i>	65
RELION MINI PEN NEEDLES	148	<i>ropinirole hcl er</i>	65
RELION PEN NEEDLES.....	148	ROSADAN	22, 102
RELION SHORT PEN NEEDLES	148	<i>rosuvastatin calcium</i>	95
RELISTOR	114	ROTARIX	139
<i>relnate dha</i>	112	ROTATEQ.....	139
<i>remdesivir</i>	162	ROZLYTREK.....	59
RENFLEXIS	137	RUBRACA.....	59
<i>repaglinide</i>	80	<i>rufinamide</i>	36
REPATHA	96	RUKOBIA	74
REPATHA PUSHTRONEX SYSTEM	96	RUXIENCE.....	62
REPATHA SURECLICK	96	RYBELSUS	80
RESTASIS	153	RYBREVANT	62
RESTASIS MULTIDOSE	153	RYDAPT.....	59
RESTORE CONTACT LAYER.....	148	RYLAZE	52
RETACRIT	85	S	
RETEVMO	52	SAFESNAP INSULIN SYRINGE	148
RETROVIR	73	<i>safety insulin syringes</i>	148
REVCovi.....	117	SANDIMMUNE	137
REVLIMID	49	SANTYL	106
REVONTO	69	<i>sapropterin dihydrochloride</i>	117
REXULTI.....	68	<i>saps care alcohol prep</i>	148
REYATAZ	75	<i>saps health alcohol prep</i>	148
RHOPRESSA	156	<i>saps health care alcohol prep</i>	148
RIABNI	62	SARCLISA	62
<i>ribavirin</i>	71	SAVELLA	99
RIDAURA.....	133	SAVELLA TITRATION PACK.....	99
<i>rifabutin</i>	46	<i>sb alcohol prep</i>	148
<i>rifampin</i>	47	<i>sb insulin syringe</i>	148
RIFATER.....	47	<i>scopolamine</i>	42
<i>riluzole</i>	98	SECUADO	69
<i>rimantadine hcl</i>	75	SECURESAFE INSULIN SYRINGE	148

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

SECURESAFE SAFETY PEN NEEDLES...	148	<i>sodium phosphates</i>	109
<i>selegiline hcl</i>	65	<i>sodium polystyrene sulfonate</i>	113
<i>selenium sulfide</i>	105	<i>sofosbuvir-velpatasvir</i>	71
SELZENTRY	74	<i>solifenacin succinate</i>	118
<i>se-natal 19</i>	112	SOLTAMOX	49
SEREVENT DISKUS	159	SOLU-CORTEF	120
SEROSTIM	121	SOLU-MEDROL	120
<i>sertraline hcl</i>	39	SOMATULINE DEPOT	131
SETLAKIN	127	SOMAVERT	131
<i>sevelamer carbonate</i>	113	<i>sorbitol</i>	140
<i>sf 101</i>		<i>sorbitol-mannitol</i>	140
<i>sf 5000 plus</i>	101	<i>sotalol hcl</i>	88
SHAROBEL	129	<i>sotalol hcl (af)</i>	88
SHINGRIX	139	<i>spinosad</i>	107
SHOPKO ALCOHOL SWABS	148	SPIRIVA HANDIHALER	158
SHOPKO UNIFINE PENTIPS	148	SPIRIVA RESPIMAT	158
SHOPKO UNIFINE PENTIPS PLUS	148	<i>spironolactone</i>	94
SIGNIFOR	131	<i>spironolactone-hctz</i>	93
SIGNIFOR LAR	131	SPRAVATO (56 MG DOSE)	37
SIKLOS	50	SPRAVATO (84 MG DOSE)	37
<i>sildenafil citrate</i>	160	SPRINTEC 28	127
<i>silver sulfadiazine</i>	106	SPRITAM	33
SIMBRINZA	156	SPRYCEL	59
SIMLIYA	127	SPS	113
SIMPESSE	127	SRONYX	127
SIMPONI	133, 137, 138	SSD	107
SIMULECT	138	<i>stavudine</i>	73
<i>simvastatin</i>	95	STELARA	133
<i>sirolimus</i>	138	<i>sterile</i>	148
SIRTURO	47	<i>sterile gauze</i>	148
SIVEXTRO	22	<i>sterile water for irrigation</i>	140
SKYRIZI	133	STIOLTO RESPIMAT	162
SKYRIZI (150 MG DOSE)	133	STIVARGA	59
SKYRIZI PEN	133	STRENSIQ	117
<i>sm alcohol prep</i>	148	<i>streptomycin sulfate</i>	20
<i>sm gauze</i>	148	STRIBILD	71
<i>sm sterile</i>	148	STRIVERDI RESPIMAT	159
<i>sodium acetate</i>	109	SUBLOCADE	19
<i>sodium chloride</i>	109	SUBVENITE	33
<i>sodium chloride (pf)</i>	109	SUBVENITE STARTER KIT-BLUE	33
<i>sodium fluoride</i>	101, 109	SUBVENITE STARTER KIT-GREEN	33
<i>sodium fluoride 5000 enamel</i>	101	SUBVENITE STARTER KIT-ORANGE	33
<i>sodium fluoride 5000 plus</i>	101	<i>sucralfate</i>	115
<i>sodium fluoride 5000 ppm</i>	101	<i>sulfacetamide sodium</i>	154
<i>sodium fluoride 5000 sensitive</i>	101	<i>sulfacetamide sodium (acne)</i>	30
<i>sodium phenylbutyrate</i>	117	<i>sulfacetamide-prednisolone</i>	153

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>sulfadiazine</i>	30	TARINA 24 FE	127
<i>sulfamethoxazole-trimethoprim</i>	30	TARINA FE 1/20	127
<i>sulfasalazine</i>	140	TARINA FE 1/20 EQ	127
SULFATRIM PEDIATRIC.....	30	TASIGNA	60
<i>sulindac</i>	13	TAVALISSE.....	86
<i>sumatriptan</i>	46	TAYSOFY	127
<i>sumatriptan succinate</i>	46	<i>tazarotene</i>	102
<i>sumatriptan succinate refill</i>	46	TAZICEF	25
<i>sunitinib malate</i>	59	TAZORAC	102
SUNOSI	163	TAZTIA XT	90
SUPPRELIN LA	131	TAZVERIK.....	60
SUPREP BOWEL PREP KIT	109	TDVAX	139
<i>sure comfort alcohol prep</i>	148	TECENTRIQ	62
<i>sure comfort insulin syringe</i>	148	<i>techlite insulin syringe</i>	148
<i>sure comfort pen needles</i>	148	TECHLITE PEN NEEDLES.....	149
SURE-FINE PEN NEEDLES.....	148	TEFLARO.....	26
SURE-JECT INSULIN SYRINGE.....	148	TEGSEDI	117
SURE-PREP ALCOHOL PREP	148	TEKTURN HCT.....	93
<i>surgical gauze sponge</i>	148	<i>telmisartan</i>	87
SYEDA.....	127	<i>telmisartan-amlodipine</i>	93
SYLVANT.....	62	<i>telmisartan-hctz</i>	93
SYMDEKO	159	<i>temazepam</i>	163
SYMLINPEN 120	80	TEMIXYS	73
SYMLINPEN 60	80	TEMODAR	48
SYMPAZAN	34	<i>temsirolimus</i>	60
SYMTUZA.....	71	TENIVAC.....	139
SYNAGIS.....	162	<i>tenofovir disoproxil fumarate</i>	70
SYNAREL	131	TEPEZZA	153
SYNERCID	22	TEPMETKO	60
SYNJARDY	80	<i>terazosin hcl</i>	86
SYNJARDY XR.....	80	<i>terbinafine hcl</i>	44
SYNRIBO.....	52	<i>terbutaline sulfate</i>	159
SYNTHROID.....	130	<i>terconazole</i>	44
T		<i>teriparatide (recombinant)</i>	152
TABLOID.....	50	<i>testosterone</i>	121, 122
TABRECTA.....	59	<i>testosterone cypionate</i>	122
<i>tacrolimus</i>	105, 138	<i>testosterone enanthate</i>	122
<i>tadalafil</i>	118	<i>tetanus-diphtheria toxoids td</i>	139
<i>tadalafil (pah)</i>	160	<i>tetrabenazine</i>	98
TAFINLAR.....	59	<i>tetracycline hcl</i>	31
TAGRISSO	59	<i>tgt alcohol swabs</i>	149
TAKHZYRO	132	THALOMID.....	49
TALZENNA	59, 60	<i>theophylline</i>	160
<i>tamoxifen citrate</i>	49	<i>theophylline er</i>	160
<i>tamsulosin hcl</i>	118	<i>theophylline in d5w</i>	160
TARGRETIN	63	THERAGAUZE.....	149

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>thioridazine hcl</i>	66	<i>tramadol hcl</i>	18
<i>thiotepa</i>	48	<i>tramadol hcl er</i>	15
<i>thiothixene</i>	66	<i>tramadol hcl er (biphasic)</i>	15
<i>thrivite rx</i>	112	<i>tramadol-acetaminophen</i>	18
THYMOGLOBULIN	138	<i>trandolapril</i>	87
TIADYL ER	90	<i>tranexamic acid</i>	85
<i>tiagabine hcl</i>	34	<i>tranylcypromine sulfate</i>	38
TIBSOVO.....	54	TRAVASOL	112
TICE BCG	139	<i>travoprost (bak free)</i>	156
<i>tigecycline</i>	22	TRAZIMERA	62
TIGLUTIK.....	98	<i>trazodone hcl</i>	39
TILIA FE.....	128	TREANDA	48
<i>timolol maleate</i>	89, 155	TRECATOR	47
<i>timolol maleate (once-daily)</i>	155	TRELEGY ELLIPTA	162
<i>tinidazole</i>	22	TRELSTAR MIXJECT	131
TIVDAK.....	62	TRESIBA.....	82
TIVICAY	71, 72	TRESIBA FLEXTOUCH	82
TIVICAY PD	72	<i>tretinoin</i>	63, 102
<i>tizanidine hcl</i>	70	<i>tretinoin microsphere</i>	102
TOBI PODHALER.....	159	<i>tretinoin microsphere pump</i>	102
TOBRADEX	153	TRI FEMYNOR	128
TOBRADEX ST.....	153	<i>triamcinolone acetonide</i>	101, 105, 106, 120
<i>tobramycin</i>	154, 159, 160	<i>triamterene-hctz</i>	93
<i>tobramycin sulfate</i>	21	TRIDERM.....	106
<i>tobramycin-dexamethasone</i>	153	<i>trientine hcl</i>	110
<i>today's health mini pen needles</i>	149	TRI-ESTARYLLA.....	128
<i>today's health pen needles</i>	149	<i>trifluoperazine hcl</i>	66
<i>today's health short pen needle</i>	149	<i>trifluridine</i>	71
TOLAK	107	<i>trihexyphenidyl hcl</i>	64
<i>tolbutamide</i>	81	TRIKAFTA.....	160
<i>tolcapone</i>	64	TRI-LEGEST FE	128
<i>tolmetin sodium</i>	13	TRI-LINYAH	128
<i>tolterodine tartrate</i>	118	TRI-LO-ESTARYLLA.....	128
<i>tolterodine tartrate er</i>	118	TRI-LO-MARZIA.....	128
<i>topcare clickfine pen needles</i>	149	TRI-LO-MILI	128
<i>topcare ultra comfort ins syr</i>	149	TRI-LO-SPRINTEC	128
<i>topiramate</i>	33	TRILYTE	114
<i>topiramate er</i>	33	<i>trimethoprim</i>	22
TOPOSAR	54	TRI-MILI	128
<i>topotecan hcl</i>	54	<i>trimipramine maleate</i>	41
<i>toremifene citrate</i>	48	<i>trinatal rx 1</i>	112
<i>toremide</i>	93	<i>trinaz</i>	112
TOUJEO MAX SOLOSTAR	82	TRINTELLIX.....	39
TOUJEO SOLOSTAR.....	82	TRI-NYMYO	128
TRACLEER.....	160	TRI-PREVIFEM.....	128
TRADJENTA.....	81	TRIPTODUR	131

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

TRI-SPRINTEC.....	128	UDENYCA.....	85
<i>tristart dha</i>	112	UKONIQ.....	60
<i>tri-tabs dha</i>	112	ULTICARE ALCOHOL SWABS.....	149
TRIUMEQ.....	74	ULTICARE INSULIN SAFETY SYR.....	149
TRIVORA (28).....	128	ULTICARE INSULIN SYRINGE.....	149
TRI-VYLIBRA.....	128	ULTICARE MICRO PEN NEEDLES.....	149
TRI-VYLIBRA LO.....	128	ULTICARE MINI PEN NEEDLES.....	149
TRODELVY.....	62	ULTICARE PEN NEEDLES.....	149
TROGARZO.....	74	ULTICARE SHORT PEN NEEDLES.....	149
TROKENDI XR.....	33	<i>ultiguard safepack pen needle</i>	149
TROPHAMINE.....	112	ULTIGUARD SAFEPACK SYR/NEEDLE....	149
<i>tropicamide</i>	153	<i>ultilet alcohol swabs</i>	149
<i>tropium chloride</i>	118	ULTILET INSULIN SYRINGE.....	149
<i>tropium chloride er</i>	118	ULTILET INSULIN SYRINGE SHORT.....	149
<i>true comfort alcohol prep pads</i>	149	ULTILET PEN NEEDLE.....	149
<i>true comfort insulin syringe</i>	149	<i>ultra comfort insulin syringe</i>	149
<i>true comfort pen needles</i>	149	ULTRA FLO INSULIN PEN NEEDLES.....	149
<i>true comfort pro alcohol prep</i>	149	ULTRA FLO INSULIN SYR 1/2 UNIT.....	149
<i>true comfort pro insulin syr</i>	149	ULTRA FLO INSULIN SYRINGE.....	149
<i>true comfort pro pen needles</i>	149	ULTRA THIN PEN NEEDLES.....	150
TRUEPLUS 5-BEVEL PEN NEEDLES.....	149	<i>ultra-care alcohol prep pads</i>	150
TRUEPLUS INSULIN SYRINGE.....	149	<i>ultracare insulin syringe</i>	150
TRUEPLUS PEN NEEDLES.....	149	<i>ultracare pen needles</i>	150
TRULICITY.....	81	<i>ultra-comfort insulin syringe</i>	150
TRUMENBA.....	139	ULTRA-THIN II INS SYR SHORT.....	150
TRUSELTIQ (100MG DAILY DOSE).....	60	ULTRA-THIN II INSULIN SYRINGE.....	150
TRUSELTIQ (125MG DAILY DOSE).....	60	ULTRA-THIN II MINI PEN NEEDLE.....	150
TRUSELTIQ (50MG DAILY DOSE).....	60	ULTRA-THIN II PEN NEEDLE SHORT.....	150
TRUSELTIQ (75MG DAILY DOSE).....	60	ULTRA-THIN II PEN NEEDLES.....	150
TRUXIMA.....	62	UNIFINE PEN NEEDLES.....	150
TUDORZA PRESSAIR.....	158	UNIFINE PENTIPS.....	150
TUKYSA.....	52	UNIFINE PENTIPS PLUS.....	150
TULANA.....	129	UNIFINE SAFECONTROL PEN NEEDLE ..	150
TURALIO.....	60	UNIFINE ULTRA PEN NEEDLE.....	150
TWINRIX.....	139	UNITHROID.....	130
TYBLUME.....	128	UNITUXIN.....	62
TYBOST.....	74	UPTRAVI.....	161
TYDEMY.....	128	<i>ursodiol</i>	115
TYMLOS.....	152	UVADEX.....	107
TYPHIM VI.....	139	V	
TYSABRI.....	100	<i>valacyclovir hcl</i>	71
TYVASO.....	161	VALCHLOR.....	48
TYVASO REFILL.....	161	<i>valganciclovir hcl</i>	70
TYVASO STARTER.....	161	<i>valproate sodium</i>	33
U		<i>valproic acid</i>	33
UBRELVY.....	45	<i>valrubicin</i>	52

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>valsartan</i>	87	<i>vigabatrin</i>	34
<i>valsartan-hydrochlorothiazide</i>	93	VIGADRONE.....	35
VALSTAR.....	52	VIIBRYD.....	40
VALTOCO 10 MG DOSE	34	VIIBRYD STARTER PACK	40
VALTOCO 15 MG DOSE	34	VILTEPSO.....	117
VALTOCO 20 MG DOSE	34	VIMPAT	36
VALTOCO 5 MG DOSE	34	<i>vinblastine sulfate</i>	52
<i>value health insulin syringe</i>	150	<i>vincristine sulfate</i>	52
<i>valumark pen needles</i>	150	<i>vinorelbine tartrate</i>	52
<i>vancomycin hcl</i>	22, 23	<i>viorele</i>	128
<i>vancomycin hcl in dextrose</i>	23	VIRACEPT	75
<i>vancomycin hcl in nacl</i>	23	VIREAD.....	70
VANISHPOINT INSULIN SYRINGE	150	<i>virt-c dha</i>	112
VANTAS.....	131	<i>virt-nate dha</i>	112
VAQTA.....	139	<i>virt-pn dha</i>	112
<i>varenicline tartrate</i>	20	<i>virt-pn plus</i>	112
VARIVAX	139	VITRAKVI.....	60
VARIZIG.....	139	VIVITROL.....	19
VARUBI (180 MG DOSE)	43	VIZIMPRO	60
VASCEPA	96	<i>vocabria</i>	72
VASOSTRICT	121	VOLNEA.....	128
VAXELIS.....	139	<i>vol-plus</i>	112
VECTIBIX.....	62	<i>vol-tab rx</i>	112
VEKLURY	162	<i>voriconazole</i>	45
VELIVET	128	VOTRIENT	61
VELPHORO	113	<i>vp insulin syringe</i>	150
VELTASSA	113	<i>vp-pnv-dha</i>	112
VEMLIDY	70	VPRIV	117
VENCLEXTA.....	60	VRAYLAR	69
VENCLEXTA STARTING PACK.....	60	VUMERITY.....	101
<i>venlafaxine hcl</i>	39	VUMERITY (STARTER).....	101
<i>venlafaxine hcl er</i>	39, 40	VYEPTI	45
VENTAVIS	161	VYFEMLA	128
<i>verapamil hcl</i>	91	VYLIBRA	128
<i>verapamil hcl er</i>	91	VYNDAMAX	117
VERQUVO	93	VYNDAQEL.....	117
VERSACLOZ	69	VYONDYS 53.....	98
VERZENIO.....	60	VYXEOS	52
VESTURA.....	128	VYZULTA	156
V-GO 20.....	150	W	
V-GO 30.....	150	<i>warfarin sodium</i>	83
V-GO 40.....	150	<i>water for irrigation, sterile</i>	140
VICTOZA	81	WEBCOL ALCOHOL PREP LARGE	150
VIDA MIA UNIFINE PENTIPS.....	150	WEBCOL ALCOHOL PREP MEDIUM	150
VIDEX	73	<i>wegmans unifine pentips plus</i>	150
VIENVA.....	128	WELIREG.....	61

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

WERA	128
<i>westab plus</i>	112
<i>westgel dha</i>	112
WIXELA INHUB	162
WYMZYA FE	128

X

XALKORI	61
XARELTO	83
XARELTO STARTER PACK	83
XATMEP	138
XCOPRI	33
XCOPRI (250 MG DAILY DOSE)	33, 34
XCOPRI (350 MG DAILY DOSE)	34
XELJANZ	133
XELJANZ XR	133, 138
XELPROS	156
XENLETA	23
XERMELO	114
XGEVA	152
XIFAXAN	114
XIIDRA	155
XOFLUZA (40 MG DOSE)	75
XOFLUZA (80 MG DOSE)	75, 76
XOLAIR	134
XOSPATA	61
XPOVIO (100 MG ONCE WEEKLY)	52, 53
XPOVIO (40 MG ONCE WEEKLY)	53
XPOVIO (40 MG TWICE WEEKLY)	53
XPOVIO (60 MG ONCE WEEKLY)	53
XPOVIO (60 MG TWICE WEEKLY)	53
XPOVIO (80 MG ONCE WEEKLY)	53
XPOVIO (80 MG TWICE WEEKLY)	53
XTANDI	49
XULANE	128
XULTOPHY	81
XYREM	163
XYWAV	163

Y

YERVOY	62
YF-VAX	139
YONDELIS	48
YONSA	49
YUPELRI	158
YUVAFEM	123

Z

ZAFEMY	128
<i>zafirlukast</i>	158
<i>zaleplon</i>	163
ZALTRAP	53
<i>zalvit</i>	112
ZANOSAR	48
ZARAH	128
ZARXIO	85
ZEBUTAL	12
ZEJULA	61
ZELBORAF	61
ZENATANE	102
ZENPEP	117
ZEPOSIA	101
ZEPOSIA 7-DAY STARTER PACK	101
ZEPOSIA STARTER KIT	101
ZEPZELCA	48
ZERBAXA	26
<i>zevrx pen needles</i>	150
<i>zidovudine</i>	73
ZIEXTENZO	85
<i>zileuton er</i>	158
ZINPLAVA	23
ZIOPTAN	156
<i>ziprasidone hcl</i>	69
<i>ziprasidone mesylate</i>	69
ZIRABEV	63
ZIRGAN	154
ZOKINVY	117
ZOLADEX	131
<i>zoledronic acid</i>	152
ZOLINZA	53
<i>zolmitriptan</i>	46
<i>zolpidem tartrate</i>	163
<i>zolpidem tartrate er</i>	163
<i>zonisamide</i>	36
ZONTIVITY	86
ZORBTIVE	121
ZORTRESS	138
ZOSTAVAX	139
ZOVIA 1/35 (28)	128
ZOVIA 1/35E (28)	128
ZULRESSO	37
ZUMANDIMINE	128
ZYCLARA PUMP	107

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

ZYDELIG.....	61
ZYKADIA.....	61

ZYNLONTA.....	63
ZYPREXA RELPREVV	69

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

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