

Geisinger Gold Standard Rx

2023 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, 2022. For more recent information or other questions, please contact Geisinger Gold Member Services at (800) 988-4861 or, TTY users should call 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

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$0 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible.

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December 29, 2022

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Geisinger Health Plan. When it refers to “plan” or “our plan,” it means Geisinger Gold Standard Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of December 29, 2022. 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, 2023, 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.

What is the Geisinger Gold Standard Rx Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Geisinger Gold network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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 the 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 find information in the section below titled “How do I request an exception to the Geisinger Gold Standard 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 the 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 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 Standard Rx Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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, 2022. 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 11. 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 9. 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 163. 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 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. 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 Standard Rx formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Geisinger Gold Standard Rx Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will

cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first *<must be at least 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 Standard Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Geisinger Gold Standard Rx Formulary

The formulary that begins on page 11 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 163.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JARDIANCE) 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.

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

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

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

Day Supply may be restricted on some drugs 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	11
ANESTHETICS	17
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	18
ANTIBACTERIALS	19
ANTICONVULSANTS	30
ANTIDEMENTIA AGENTS	35
ANTIDEPRESSANTS	36
ANTIDOTES	40
ANTIEMETICS	41
ANTIFUNGALS	42
ANTIGOUT AGENTS	45
ANTIMIGRAINE AGENTS	45
ANTIMYASTHENIC AGENTS	46
ANTIMYCOBACTERIALS	46
ANTINEOPLASTICS	47
ANTIPARASITICS	64
ANTIPARKINSON AGENTS	65
ANTIPSYCHOTICS	66
ANTISPASTICITY AGENTS	71
ANTIVIRALS	72
ANXIOLYTICS	78
BIPOLAR AGENTS	80
BLOOD GLUCOSE REGULATORS	80
BLOOD PRODUCTS AND MODIFIERS	85
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	88
CARDIOVASCULAR AGENTS	89
CENTRAL NERVOUS SYSTEM 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.

DENTAL AND ORAL AGENTS	105
DERMATOLOGICAL AGENTS	106
ELECTROLYTES/MINERALS/METALS/VITAMINS	112
GASTROINTESTINAL AGENTS	118
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	121
GENITOURINARY AGENTS	122
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	123
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	125
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	126
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	134
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	135
HORMONAL AGENTS, SUPPRESSANT (THYROID)	136
IMMUNOLOGICAL AGENTS	136
INFLAMMATORY BOWEL DISEASE AGENTS	145
IRRIGATING SOLUTIONS	145
MEDICAL DEVICES AND SUPPLIES	146
METABOLIC BONE DISEASE AGENTS	148
OPHTHALMIC AGENTS	149
OTIC AGENTS	154
RESPIRATORY TRACT/ PULMONARY AGENTS	154
RESPIRATORY TRACT/ PULMONARY AGENTS	161
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>	1	PHRENILIN	QL(180 EA per 30 days)
<i>butalbital-apap-caffeine 50-325-40 mg Oral Capsule, 50-325-40 mg Oral Tablet</i>	1	ESGIC	QL(180 EA per 30 days)
<i>butalbital-apap-caffeine 50-300-40 mg Oral Capsule</i>	1	FIORICET	QL(180 EA per 30 days)
<i>butalbital-aspirin-caffeine 50-325-40 mg Oral Tablet</i>	1		NDS, QL(180 EA per 30 days), NM
<i>butalbital-aspirin-caffeine 50-325-40 mg Oral Capsule</i>	1	FIORINAL	NDS, QL(180 EA per 30 days), NM
ZEBUTAL	1		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>	1	CELEBREX	
<i>diclofenac epolamine 1.3 % External Patch</i>	1	FLECTOR	PA, QL(60 EA per 30 days)
<i>diclofenac potassium 50 mg Oral Tablet</i>	1	CATAFLAM	
<i>diclofenac sodium 25 mg Oral Tablet Delayed Release, 50 mg Oral Tablet Delayed Release, 75 mg Oral Tablet Delayed Release</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % External Gel</i>	1	VOLTAREN	rx product only
<i>diclofenac sodium er</i>	1	VOLTAREN XR	
<i>diclofenac-misoprostol</i>	1	ARTHROTEC	
<i>diflunisal 500 mg Oral Tablet</i>	1	DOLOBID	
<i>ec-naproxen</i>	1	NAPROSYN	
<i>etodolac</i>	1	LODINE	
<i>etodolac er</i>	1	LODINE XL	
<i>fenoprofen calcium 600 mg Oral Tablet</i>	1	NALFON	
<i>flurbiprofen 100 mg Oral Tablet, 50 mg Oral Tablet</i>	1	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	1		
IBUPAK	1		
<i>ibuprofen 400 mg Oral Tablet, 600 mg Oral Tablet, 800 mg Oral Tablet</i>	1	MOTRIN	
<i>ibuprofen 100 mg/5ml Oral Suspension</i>	1	MOTRIN CHILDRENS	
<i>ketoprofen 25 mg Oral Capsule</i>	1		
<i>ketoprofen er</i>	1	ORUVAIL	
<i>meclofenamate sodium 100 mg Oral Capsule, 50 mg Oral Capsule</i>	1	MECLOMEN	
<i>mefenamic acid 250 mg Oral Capsule</i>	1	PONSTEL	
<i>meloxicam 15 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	MOBIC	
<i>nabumetone 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	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>	1	NAPROSYN	
<i>naproxen 125 mg/5ml Oral Suspension</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg Oral Tablet, 550 mg Oral Tablet</i>	1	ANAPROX	
<i>oxaprozin</i>	1	DAYPRO	
<i>piroxicam 10 mg Oral Capsule, 20 mg Oral Capsule</i>	1	FELDENE	
<i>sulindac 150 mg Oral Tablet, 200 mg Oral Tablet</i>	1	CLINORIL	
<i>tolmetin sodium</i>	1	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 Patch Weekly, 7.5 mcg/hr Transdermal Patch Weekly</i>	1	BUTRANS	NDS, QL(4 EA per 28 days), NM
<i>fentanyl 100 mcg/hr Transdermal Patch 72 Hour, 12 mcg/hr</i>	1	DURAGESIC	NDS, QL(10 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>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>			
<i>methadone hcl 5 mg/5ml Oral Solution</i>	1		NDS, QL(1800 ML per 30 days), NM
<i>methadone hcl 10 mg/ml Injection Solution</i>	1	DOLOPHINE	NDS, NM
<i>methadone hcl 10 mg Oral Tablet</i>	1	DOLOPHINE	NDS, QL(180 EA per 30 days), NM
<i>methadone hcl 5 mg Oral Tablet</i>	1	DOLOPHINE	NDS, QL(360 EA per 30 days), NM
<i>methadone hcl 10 mg/5ml Oral Solution</i>	1	DOLOPHINE	NDS, QL(900 ML per 30 days), NM
<i>methadone hcl 10 mg/ml Oral Concentrate</i>	1	METHADOSE	NDS, QL(180 ML per 30 days), NM
METHADOSE 40 mg Oral Tablet Soluble	1		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>	1	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 Release, 60 mg Oral Tablet Extended Release</i>	1	MS CONTIN	NDS, QL(90 EA per 30 days), NM
<i>morphine sulfate er beads 120 mg Oral Capsule Extended Release 24</i>	1	AVINZA	NDS, QL(30 EA per 30 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>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>			
<i>morphine sulfate er beads 75 mg Oral Capsule Extended Release 24 Hour, 90 mg Oral Capsule Extended Release 24 Hour</i>	1	AVINZA	NDS, QL(60 EA per 30 days), NM
<i>oxycodone hcl er</i>	1	OXYCONTIN	NDS, QL(90 EA per 30 days), ST, NM
OXYCONTIN	1		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>	1	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>	1	ULTRAM ER	NDS, QL(30 EA per 30 days), NM
<i>tramadol hcl er (biphasic)</i>	1	RYZOLT	NDS, QL(30 EA per 30 days), NM
Opioid Analgesics, Short-acting			
<i>acetaminophen-codeine 300-60 mg Oral Tablet</i>	1	TYLENOL WITH CODEINE	NDS, QL(180 EA per 30 days), NM
<i>acetaminophen-codeine 300-30 mg Oral Tablet</i>	1	TYLENOL WITH CODEINE	NDS, QL(360 EA per 30 days), NM
<i>acetaminophen-codeine 300-15 mg Oral Tablet</i>	1	TYLENOL WITH CODEINE	NDS, QL(390 EA per 30 days), NM
<i>acetaminophen-codeine 120-12 mg/5ml Oral Solution</i>	1	TYLENOL WITH CODEINE	NDS, QL(2700 ML per 30 days), NM
<i>acetaminophen-codeine #2</i>	1	TYLENOL WITH CODEINE	NDS, QL(390 EA per 30 days), NM
<i>acetaminophen-codeine #3</i>	1	TYLENOL WITH CODEINE	NDS, QL(360 EA per 30 days), NM
<i>acetaminophen-codeine #4</i>	1	TYLENOL WITH CODEINE	NDS, QL(180 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>buprenorphine hcl 0.3 mg/ml Injection Solution</i>	1	BUPRENEX	NDS, NM
<i>butorphanol tartrate 1 mg/ml Injection Solution, 2 mg/ml Injection Solution</i>	1	STADOL	NDS, NM
<i>butorphanol tartrate 10 mg/ml Nasal Solution</i>	1	STADOL	NDS, QL(5 ML per 28 days), NM
ENDOCET 2.5-325 mg Oral Tablet	1		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>	1	PERCOCET	NDS, QL(360 EA per 30 days), NM
<i>fentanyl citrate 1200 mcg Buccal Lozenge on a Handle, 1600 mcg Buccal Lozenge on a Handle, 200 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>	1	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>	1	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>	1	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>	1	VICODIN	NDS, QL(390 EA per 30 days), NM
<i>hydrocodone-ibuprofen 10-200 mg Oral Tablet, 5-200 mg Oral Tablet</i>	1	REPREXAIN	NDS, QL(150 EA per 30 days), NM
<i>hydrocodone-ibuprofen 7.5-200 mg Oral Tablet</i>	1	VICOPROFEN	NDS, QL(150 EA per 30 days), NM
<i>hydromorphone hcl 1 mg/ml Injection Solution, 4 mg/ml Injection Solution</i>	1		NDS, NM
<i>hydromorphone hcl 2 mg/ml Injection Solution</i>	1	DILAUDID	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>	1	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>	1		NDS, NM
<i>hydromorphone hcl pf 10 mg/ml Injection Solution, 50 mg/5ml Injection Solution, 500 mg/50ml Injection Solution</i>	1	DILAUDID	NDS, NM
LAZANDA	1		NDS, PA, QL(30 EA per 30 days), NM
<i>morphine sulfate 1 mg/ml Intravenous Solution, 10 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>	1		NDS, NM
<i>morphine sulfate 15 mg Oral Tablet, 30 mg Oral Tablet</i>	1		NDS, QL(180 EA per 30 days), NM
<i>morphine sulfate 20 mg/5ml Oral Solution</i>	1		NDS, QL(300 ML per 30 days), NM
<i>morphine sulfate 10 mg/5ml Oral Solution</i>	1		NDS, QL(700 ML per 30 days), NM
<i>morphine sulfate (concentrate) 10 mg/0.5ml Oral Solution</i>	1	ROXANOL	NDS, QL(200 EA per 30 days), NM
<i>morphine sulfate (concentrate) 100 mg/5ml Oral Solution, 20 mg/ml Oral Solution</i>	1	ROXANOL	NDS, QL(200 ML per 30 days), NM
<i>morphine sulfate (pf) 0.5 mg/ml Injection Solution, 1 mg/ml Injection Solution, 1 mg/ml Intravenous 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</i>	1		NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Solution, 8 mg/ml Intravenous Solution</i>			
<i>nalbuphine hcl 10 mg/ml Injection Solution, 20 mg/ml Injection Solution</i>	1	NUBAIN	
<i>oxycodone hcl 5 mg Oral Capsule</i>	1	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>	1	ROXICODONE	NDS, QL(180 EA per 30 days), NM
<i>oxycodone hcl 100 mg/5ml Oral Concentrate</i>	1	ROXICODONE	NDS, QL(180 ML per 30 days), NM
<i>oxycodone hcl 5 mg/5ml Oral Solution</i>	1	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>	1	PERCOCET	NDS, QL(360 EA per 30 days), NM
<i>oxycodone-aspirin</i>	1	PERCODAN	NDS, QL(360 EA per 30 days), NM
<i>oxymorphone hcl</i>	1	OPANA	NDS, QL(180 EA per 30 days), NM
<i>tramadol hcl 100 mg Oral Tablet</i>	1		NDS, QL(120 EA per 30 days), NM
<i>tramadol hcl 50 mg Oral Tablet</i>	1	ULTRAM	NDS, QL(240 EA per 30 days), NM
<i>tramadol-acetaminophen</i>	1	ULTRACET	NDS, QL(240 EA per 30 days), NM
ANESTHETICS			
Local Anesthetics			
GLYDO	1		
<i>lidocaine 5 % External Ointment</i>	1		
<i>lidocaine 5 % External Patch</i>	1	LIDODERM	PA, QL(90 EA per 30 days)
<i>lidocaine hcl 0.5 % Injection Solution, 1 % Injection Solution, 2 % Injection Solution, 4 % External Solution, 4 % Mouth/Throat Solution</i>	1	XYLOCAINE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lidocaine hcl (cardiac) pf 100 mg/5ml Intravenous Solution</i>	1		
<i>lidocaine hcl (pf) 4 % Injection Solution</i>	1		
<i>lidocaine hcl (pf) 0.5 % Injection Solution, 1 % Injection Solution, 1.5 % Injection Solution, 2 % Injection Solution</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	1	GLYDO	
<i>lidocaine hcl urethral/mucosal 2 % External Gel</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl</i>	1	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % External Cream</i>	1	EMLA	PA BvD, PA BvD
<i>lidocaine-prilocaine 2.5-2.5 % External Kit</i>	1	EMLA/TEGADERM	PA BvD, PA BvD
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS			
Alcohol Deterrents/anti-craving			
<i>acamprosate calcium</i>	1	CAMPRAL	
<i>disulfiram 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	ANTABUSE	
<i>naltrexone hcl 50 mg Oral Tablet</i>	1	REVIA	
VIVITROL	1		
Anti-addiction/ Substance Abuse Treatment Agents			
<i>naloxone hcl 4 mg/10ml Injection Solution</i>	1	NARCAN	
SUBLOCADE 100 mg/0.5ml Subcutaneous Solution Prefilled Syringe	1		1 syringe, NDS, QL(0.5 ML per 28 days), NM
SUBLOCADE 300 mg/1.5ml Subcutaneous Solution Prefilled Syringe	1		1 syringe, NDS, QL(1.5 ML per 28 days), NM
Opioid Dependence			
<i>buprenorphine hcl 2 mg Sublingual Tablet Sublingual, 8 mg Sublingual Tablet Sublingual</i>	1	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</i>	1	SUBOXONE	NDS, QL(90 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mg Sublingual Film, 8-2 mg Sublingual Film, 8-2 mg Sublingual Tablet Sublingual</i>			
LUCEMYRA	1		NDS, PA, QL(228 EA per 14 days), NM
Opioid Reversal Agents			
KLOXXADO	1		
<i>naloxone hcl 4 mg/0.1ml Nasal Liquid</i>	1	NARCAN	
<i>naloxone hcl 0.4 mg/ml Injection Solution, 0.4 mg/ml Injection Solution Cartridge, 2 mg/2ml Injection Solution Prefilled Syringe</i>	1	NARCAN	
ZIMHI	1		
Smoking Cessation Agents			
<i>bupropion hcl er (smoking det)</i>	1	ZYBAN	QL(60 EA per 30 days)
NICOTROL NS	1		
<i>varenicline tartrate 0.5 MG X 11 & 1 mg x 42 Oral Tablet Therapy Pack</i>	1	CHANTIX	QL(53 EA per 180 days)
<i>varenicline tartrate 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	1	CHANTIX	QL(60 EA per 30 days)
ANTIBACTERIALS			
Aminoglycosides			
<i>amikacin sulfate 1 gm/4ml Injection Solution</i>	1		
<i>amikacin sulfate 500 mg/2ml Injection Solution</i>	1	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>	1		
<i>gentamicin sulfate 10 mg/ml Injection Solution</i>	1		
<i>gentamicin sulfate 40 mg/ml Injection Solution</i>	1	GENTAK	
<i>neomycin sulfate 500 mg Oral Tablet</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>paromomycin sulfate 250 mg Oral Capsule</i>	1	HUMATIN	
<i>streptomycin sulfate 1 gm Intramuscular Solution Reconstituted</i>	1		
<i>tobramycin sulfate 1.2 gm Injection Solution Reconstituted</i>	1		
<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>	1		
Antibacterials, Other			
<i>aztreonam 1 gm Injection Solution Reconstituted</i>	1	AZACTAM	
<i>baciim</i>	1	BACI-IM	
<i>bacitracin 50000 unit Intramuscular Solution Reconstituted</i>	1	BACI-IM	
<i>chloramphenicol sod succinate</i>	1	CHLOROMYCETIN	
<i>clindamycin hcl 150 mg Oral Capsule, 300 mg Oral Capsule, 75 mg Oral Capsule</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl</i>	1	CLEOCIN	
<i>clindamycin phosphate 2 % Vaginal Cream</i>	1	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>	1	CLEOCIN	
<i>clindamycin phosphate in d5w</i>	1	CLEOCIN	
<i>clindamycin phosphate in nacl</i>	1	CLEOCIN	
CLINDESSE	1		
<i>colistimethate sodium (cba)</i>	1	COLY-MYCIN	
<i>daptomycin 350 mg Intravenous Solution Reconstituted</i>	1		
<i>daptomycin 500 mg Intravenous Solution Reconstituted</i>	1	CUBICIN	
FIRVANQ	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lincomycin hcl 300 mg/ml Injection Solution</i>	1	LINCOCIN	
<i>linezolid 600 mg/300ml Intravenous Solution</i>	1	ZYVOX	
<i>linezolid 600 mg Oral Tablet</i>	1	ZYVOX	QL(60 EA per 30 days)
<i>linezolid in sodium chloride</i>	1	ZYVOX	
<i>methenamine hippurate</i>	1	HIPREX	
<i>metronidazole 250 mg Oral Tablet, 375 mg Oral Capsule, 500 mg Oral Tablet</i>	1	FLAGYL	
<i>metronidazole 500 mg/100ml Intravenous Solution</i>	1	FLAGYL	
<i>metronidazole 0.75 % Vaginal Gel</i>	1	METROGEL	
<i>neomycin-polymyxin b gu 40-200000 Irrigation Solution</i>	1		
<i>nitrofurantoin macrocrystal 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro</i>	1	MACROBID	
<i>polymyxin b sulfate 500000 unit Injection Solution Reconstituted</i>	1		
RECARBRIO	1		NDS, PA, QL(56 EA per 14 days), NM
ROSADAN 0.75 % (cream) External Kit	1		
SIVEXTRO	1		NDS, PA, QL(6 EA per 30 days), NM
SYNERCID	1		NDS, PA, NM
<i>tigecycline</i>	1	TYGACIL	
<i>tinidazole 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	TINDAMAX	
<i>trimethoprim 100 mg Oral Tablet</i>	1	PROLOPRIM	
<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>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<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, 500 mg/100ml Intravenous Solution, 750 mg/150ml Intravenous Solution</i>	1		
<i>vancomycin hcl 250 mg/5ml Oral Solution Reconstituted</i>	1	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>	1	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>	1		
<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>	1		
XENLETA 600 mg Oral Tablet	1		NDS, PA, QL(60 EA per 30 days), NM
XENLETA 150 mg/15ml Intravenous Solution	1		NDS, PA, QL(900 ML per 30 days), NM
ZINPLAVA	1		NDS, PA, NM
Beta-lactam, Cephalosporins			
<i>cefaclor 250 mg Oral Capsule, 500 mg Oral Capsule</i>	1	CECLOR	
<i>cefaclor 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted, 375 mg/5ml Oral Suspension Reconstituted</i>	1	CECLOR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>cefaclor er</i>	1	CECLOR CD	
<i>cefadroxil 1 gm Oral Tablet, 500 mg Oral Capsule</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml Oral Suspension Reconstituted, 500 mg/5ml Oral Suspension Reconstituted</i>	1	DURICEF	
<i>cefazolin sodium 2 gm Injection Solution Reconstituted</i>	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>	1	ANCEF	
<i>cefazolin sodium-dextrose 2-3 gm-%(50ml) Intravenous Solution Reconstituted</i>	1		
<i>cefazolin sodium-dextrose 2-4 gm/100ml-% Intravenous Solution</i>	1		
<i>cefazolin sodium-dextrose 1-4 gm-%(50ml) Intravenous Solution Reconstituted</i>	1	ANCEF	
<i>cefazolin sodium-dextrose 1-4 gm/50ml-% Intravenous Solution</i>	1	ANCEF	
<i>cefdinir 300 mg Oral Capsule</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	1	OMNICEF	
<i>cefepime hcl 1 gm Injection Solution Reconstituted, 2 gm Injection Solution Reconstituted, 2 gm Intravenous Solution Reconstituted</i>	1	MAXIPIME	
<i>cefepime hcl 1 gm/50ml Intravenous Solution, 2 gm/100ml Intravenous Solution</i>	1	MAXIPIME	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>cefepime-dextrose</i>	1	MAXIIME	
<i>cefixime 400 mg Oral Capsule</i>	1	SUPRAX	
<i>cefotaxime sodium 1 gm Injection Solution Reconstituted</i>	1	CLAFORAN	
<i>cefotetan disodium</i>	1	CEFOTAN	
<i>cefotetan disodium-dextrose</i>	1		
<i>cefoxitin sodium 10 gm Intravenous Solution Reconstituted</i>	1		
<i>cefoxitin sodium 1 gm Intravenous Solution Reconstituted, 2 gm Intravenous Solution Reconstituted</i>	1	MEFOXIN	
<i>cefoxitin sodium-dextrose</i>	1	MEFOXIN	
<i>cefpodoxime proxetil 100 mg Oral Tablet, 200 mg Oral Tablet</i>	1	VANTIN	
<i>cefpodoxime proxetil 100 mg/5ml Oral Suspension Reconstituted, 50 mg/5ml Oral Suspension Reconstituted</i>	1	VANTIN	
<i>cefprozil 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	1	CEFZIL	
<i>ceftazidime 2 gm Intravenous Solution Reconstituted</i>	1		
<i>ceftazidime 1 gm Injection Solution Reconstituted, 6 gm Injection Solution Reconstituted</i>	1	FORTAZ	
<i>ceftazidime and dextrose</i>	1	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>	1	ROCEPHIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ceftriaxone sodium in dextrose</i>	1	ROCEPHIN	
<i>ceftriaxone sodium-dextrose</i>	1	ROCEPHIN	
<i>cefuroxime axetil</i>	1	CEFTIN	
<i>cefuroxime sodium</i>	1	ZINACEF	
<i>cephalexin 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1		
<i>cephalexin 250 mg Oral Capsule, 500 mg Oral Capsule, 750 mg Oral Capsule</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	1	KEFLEX	
FETROJA	1		NDS, PA, QL(112 EA per 14 days), NM
TAZICEF 1 gm Injection Solution Reconstituted, 1 gm Intravenous Solution Reconstituted, 6 gm Intravenous Solution Reconstituted	1		
TEFLARO	1		
ZERBAXA	1		NDS, PA, QL(180 EA per 30 days), NM
Beta-lactam, Other			
<i>aztreonam 2 gm Injection Solution Reconstituted</i>	1	AZACTAM	
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>	1	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>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg Oral Tablet Chewable, 250-125 mg Oral Tablet, 400-57</i>	1	AUGMENTIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mg Oral Tablet Chewable, 500-125 mg Oral Tablet, 875-125 mg Oral Tablet</i>			
<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>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate er</i>	1	AUGMENTIN XR	
<i>ampicillin</i>	1		
<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 Reconstituted, 500 mg Injection Solution Reconstituted</i>	1		
<i>ampicillin sodium 1 gm Injection Solution Reconstituted</i>	1	TOTACILLIN-N	
<i>ampicillin-sulbactam sodium</i>	1	UNASYN	
<i>BICILLIN L-A</i>	1		
<i>dicloxacillin sodium</i>	1	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>	1		
<i>nafcillin sodium 1 gm Injection Solution Reconstituted</i>	1	NALLPEN	
<i>nafcillin sodium in dextrose</i>	1		
<i>oxacillin sodium</i>	1		
<i>oxacillin sodium in dextrose</i>	1		
<i>penicillin g pot in dextrose</i>	1		
<i>penicillin g potassium</i>	1	PFIZERPEN	
<i>penicillin g procaine</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>penicillin v potassium 500 mg Oral Tablet</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg Oral Tablet</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml Oral Solution Reconstituted, 250 mg/5ml Oral Solution Reconstituted</i>	1	VEETIDS	
<i>piperacillin sod-tazobactam so 13.5 (12-1.5) gm Intravenous Solution Reconstituted, 2.25 (2-0.25) gm Intravenous Solution Reconstituted</i>	1		
<i>piperacillin sod-tazobactam so 3.375 (3-0.375) gm Intravenous Solution Reconstituted, 4-0.5 gm Intravenous Solution Reconstituted, 4.5 (4-0.5) gm Intravenous Solution Reconstituted, 40.5 (36-4.5) gm Intravenous Solution Reconstituted</i>	1	ZOSYN	
Carbapenems			
<i>ertapenem sodium</i>	1	INVANZ	
<i>imipenem-cilastatin</i>	1	PRIMAXIN	
<i>meropenem</i>	1	MERREM	
<i>meropenem-sodium chloride</i>	1	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>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	1	BIAXIN	
<i>clarithromycin er</i>	1	BIAXIN XL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
DIFICID 200 mg Oral Tablet	1		NDS, PA, QL(20 EA per 10 days), NM
DIFICID 40 mg/ml Oral Suspension Reconstituted	1		NDS, PA, QL(136 ML per 10 days), NM
ERYTHROCIN LACTOBIONATE	1		
ERYTHROCIN STEARATE	1		
<i>erythromycin 250 mg Oral Tablet Delayed Release, 333 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release</i>	1	ERY-TAB	
<i>erythromycin base 250 mg Oral Capsule Delayed Release Particles, 250 mg Oral Tablet</i>	1		
<i>erythromycin base 250 mg Oral Tablet Delayed Release, 333 mg Oral Tablet Delayed Release, 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release</i>	1	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg Oral Tablet</i>	1	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml Oral Suspension Reconstituted, 400 mg/5ml Oral Suspension Reconstituted</i>	1	ERYPED	
Quinolones			
BAXDELA 300 mg Intravenous Solution Reconstituted	1		NDS, PA, NM
BAXDELA 450 mg Oral Tablet	1		NDS, PA, QL(28 EA per 14 days), NM
BESIVANCE	1		
CILOXAN 0.3 % Ophthalmic Ointment	1		
<i>ciprofloxacin hcl 100 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	CIPRO	
<i>ciprofloxacin in d5w 400 mg/200ml Intravenous Solution</i>	1		
<i>ciprofloxacin in d5w 200 mg/100ml Intravenous Solution</i>	1	CIPRO	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>levofloxacin 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml Intravenous Solution, 25 mg/ml Oral Solution</i>	1	LEVAQUIN	
<i>levofloxacin in d5w 250 mg/50ml Intravenous Solution</i>	1		
<i>levofloxacin in d5w 500 mg/100ml Intravenous Solution, 750 mg/150ml Intravenous Solution</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg Oral Tablet</i>	1	AVELOX	
<i>moxifloxacin hcl 400 mg/250ml Intravenous Solution</i>	1	AVELOX	
<i>moxifloxacin hcl in nacl</i>	1	AVELOX	
<i>ofloxacin 300 mg Oral Tablet, 400 mg Oral Tablet</i>	1	FLOXIN	
Sulfonamides			
<i>sulfacetamide sodium (acne)</i>	1	KLARON	
<i>sulfadiazine 500 mg Oral Tablet</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg Oral Tablet, 800-160 mg Oral Tablet</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml Oral Suspension, 400-80 mg/5ml Intravenous Solution</i>	1	SEPTRA	
SULFATRIM PEDIATRIC	1		
Tetracyclines			
<i>demeclocycline hcl</i>	1	DECLOMYCIN	
DOXY 100	1		
<i>doxycycline hyclate 80 mg Oral Tablet Delayed Release</i>	1		
<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>	1	DORYX	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>doxycycline hyclate 100 mg Intravenous Solution Reconstituted</i>	1	DOXY	
<i>doxycycline hyclate 20 mg Oral Tablet</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg Oral Tablet</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg Oral Capsule, 50 mg Oral Capsule</i>	1	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>	1	ADOXA	
<i>doxycycline monohydrate 100 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml Oral Suspension Reconstituted</i>	1	VIBRAMYCIN	
<i>minocycline hcl 100 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	1	DYNACIN	
<i>minocycline hcl 100 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	MINOCIN	
<i>minocycline hcl er 135 mg Oral Tablet Extended Release 24 Hour</i>	1	SOLODYN	
<i>minocycline hcl er 45 mg Oral Tablet Extended Release 24 Hour, 90 mg Oral Tablet Extended Release 24 Hour</i>	1	SOLODYN	QL(30 EA per 30 days)
NUZYRA 100 mg Intravenous Solution Reconstituted	1		NDS, PA, QL(15 EA per 14 days), NM
NUZYRA 150 mg Oral Tablet	1		NDS, PA, QL(30 EA per 14 days), NM
<i>tetracycline hcl 250 mg Oral Capsule, 500 mg Oral Capsule</i>	1		
ANTICONVULSANTS			
Anticonvulsants, Other			
BRIVIACT 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet,	1		QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
50 mg Oral Tablet, 75 mg Oral Tablet			
BRIVIACT 10 mg/ml Oral Solution	1		QL(600 ML per 30 days)
BRIVIACT 50 mg/5ml Intravenous Solution	1		PA-NSO
DIACOMIT	1		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>	1	DEPAKOTE	
<i>divalproex sodium er</i>	1	DEPAKOTE ER	
EPIDIOLEX	1		PA-NSO
EPRONTIA	1		PA-NSO, QL(480 ML per 30 days)
<i>felbamate 400 mg Oral Tablet, 600 mg Oral Tablet</i>	1	FELBATOL	
<i>felbamate 600 mg/5ml Oral Suspension</i>	1	FELBATOL	
FINTEPLA	1		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	1		PA-NSO, QL(30 EA per 30 days)
FYCOMPA 0.5 mg/ml Oral Suspension	1		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	1		
<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>	1	LAMICTAL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lamotrigine 25 & 50 & 100 mg Oral Kit</i>	1	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>	1	LAMICTAL	
<i>lamotrigine starter kit-blue</i>	1	LAMICTAL STARTER	
<i>lamotrigine starter kit-green</i>	1	LAMICTAL STARTER	
<i>lamotrigine starter kit-orange</i>	1	LAMICTAL STARTER	
<i>levetiracetam 1000 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml Oral Solution, 500 mg/5ml Intravenous Solution</i>	1	KEPPRA	
<i>levetiracetam er 500 mg Oral Tablet Extended Release 24 Hour, 750 mg Oral Tablet Extended Release 24 Hour</i>	1	KEPPRA XR	
<i>levetiracetam in nacl 1000 mg/100ml Intravenous Solution, 1500 mg/100ml Intravenous Solution, 500 mg/100ml Intravenous Solution</i>	1		
SPRITAM	1		ST
<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>	1	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</i>	1	QUDEXY XR	PA-NSO

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>24 Hour Sprinkle, 50 mg Oral Capsule ER 24 Hour Sprinkle</i>			
TROKENDI XR	1		PA-NSO
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	1		PA-NSO, QL(28 EA per 180 days)
XCOPRI 100 mg Oral Tablet, 50 mg Oral Tablet	1		PA-NSO, QL(30 EA per 30 days)
XCOPRI 150 mg Oral Tablet, 200 mg Oral Tablet	1		PA-NSO, QL(60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE)	1		PA-NSO, QL(60 EA per 30 days)
XCOPRI (350 MG DAILY DOSE)	1		PA-NSO, QL(60 EA per 30 days)
ZTALMY	1		NDS, PA, QL(1100 ML per 30 days), NM
Calcium Channel Modifying Agents			
CELONTIN	1		
<i>ethosuximide 250 mg Oral Capsule</i>	1	ZARONTIN	
<i>ethosuximide 250 mg/5ml Oral Solution</i>	1	ZARONTIN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents			
<i>clobazam 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	ONFI	QL(60 EA per 30 days)
<i>clobazam 2.5 mg/ml Oral Suspension</i>	1	ONFI	QL(480 ML per 30 days)
<i>diazepam 10 mg Rectal Gel, 2.5 mg Rectal Gel, 20 mg Rectal Gel</i>	1	DIASTAT	
<i>gabapentin 100 mg Oral Capsule, 300 mg Oral Capsule, 400 mg Oral Capsule, 600 mg Oral Tablet, 800 mg Oral Tablet</i>	1	NEURONTIN	
<i>gabapentin 250 mg/5ml Oral Solution, 300 mg/6ml Oral Solution</i>	1	NEURONTIN	
NAYZILAM	1		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,</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>64.8 mg Oral Tablet, 97.2 mg Oral Tablet</i>			
<i>phenobarbital 20 mg/5ml Oral Elixir</i>	1		
<i>primidone 250 mg Oral Tablet, 50 mg Oral Tablet</i>	1	MYSOLINE	
SYMPAZAN	1		PA-NSO, QL(60 EA per 30 days)
<i>tiagabine hcl</i>	1	GABITRIL	
VALTOCO 10 MG DOSE	1		QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	1		QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	1		QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	1		QL(10 EA per 30 days)
<i>vigabatrin</i>	1	SABRIL	NDS, PA-NSO, NM
VIGADRONE	1		NDS, PA-NSO, NM
Sodium Channel Agents			
APTIOM 200 mg Oral Tablet, 400 mg Oral Tablet	1		PA-NSO, QL(30 EA per 30 days)
APTIOM 600 mg Oral Tablet, 800 mg Oral Tablet	1		PA-NSO, QL(60 EA per 30 days)
<i>carbamazepine 100 mg Oral Tablet Chewable, 200 mg Oral Tablet</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml Oral Suspension</i>	1	TEGRETOL	
<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>	1	CARBATROL	
<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>	1	TEGRETOL XR	
DILANTIN 100 mg Oral Capsule, 30 mg Oral Capsule	1		
DILANTIN INFATABS	1		
EPITOL	1		
<i>fosphenytoin sodium</i>	1	CEREBYX	
GIVLAARI	1		NDS, PA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lacosamide 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet</i>	1	VIMPAT	QL(60 EA per 30 days)
<i>lacosamide 10 mg/ml Oral Solution</i>	1	VIMPAT	QL(1200 ML per 30 days)
<i>lacosamide 200 mg/20ml Intravenous Solution</i>	1	VIMPAT	PA
<i>oxcarbazepine 150 mg Oral Tablet, 300 mg Oral Tablet, 600 mg Oral Tablet</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml Oral Suspension</i>	1	TRILEPTAL	
OXTELLAR XR	1		
PHENYTEK	1		
<i>phenytoin 50 mg Oral Tablet Chewable</i>	1	DILANTIN	
<i>phenytoin 100 mg/4ml Oral Suspension, 125 mg/5ml Oral Suspension</i>	1	DILANTIN	
PHENYTOIN INFATABS	1		
<i>phenytoin sodium 50 mg/ml Injection Solution</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg Oral Capsule, 200 mg Oral Capsule, 300 mg Oral Capsule</i>	1	DILANTIN	
<i>rufinamide 200 mg Oral Tablet, 400 mg Oral Tablet</i>	1	BANZEL	PA-NSO
<i>rufinamide 40 mg/ml Oral Suspension</i>	1	BANZEL	PA-NSO
VIMPAT 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet	1		QL(60 EA per 30 days)
VIMPAT 200 mg/20ml Intravenous Solution	1		PA-NSO
ZONISADE	1		
<i>zonisamide 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	ZONEGRAN	
ANTIDEMENTIA AGENTS			
Antidementia Agents, Other			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ergoloid mesylates 1 mg Oral Tablet</i>	1	HYDERGINE	
<i>memantine hcl 10 mg Oral Tablet, 28 x 5 MG & 21 x 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	NAMENDA	
<i>memantine hcl 10 mg/5ml Oral Solution, 2 mg/ml Oral Solution</i>	1	NAMENDA	
<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>	1	NAMENDA XR	QL(30 EA per 30 days)
Cholinesterase Inhibitors			
<i>donepezil hcl 10 mg Oral Tablet, 23 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ARICEPT	QL(30 EA per 30 days)
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	QL(30 EA per 30 days)
<i>galantamine hydrobromide 12 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml Oral Solution</i>	1	RAZADYNE	
<i>galantamine hydrobromide er</i>	1	RAZADYNE ER	QL(30 EA per 30 days)
<i>rivastigmine</i>	1	EXELON	QL(30 EA per 30 days)
<i>rivastigmine tartrate</i>	1	EXELON	
ANTIDEPRESSANTS			
Antidepressants, Other			
APLENZIN	1		QL(30 EA per 30 days)
<i>bupropion hcl 100 mg Oral Tablet, 75 mg Oral Tablet</i>	1	WELLBUTRIN	QL(180 EA per 30 days)
<i>bupropion hcl er (sr)</i>	1	WELLBUTRIN SR	QL(60 EA per 30 days)
<i>bupropion hcl er (xl) 450 mg Oral Tablet Extended Release 24 Hour</i>	1	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>	1	WELLBUTRIN XL	QL(30 EA per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	1	LIMBITROL	AL, PA-NSO, PA-HRM
<i>maprotiline hcl</i>	1	LUDIOMIL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<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>	1	REMERON	QL(30 EA per 30 days)
<i>olanzapine-fluoxetine hcl</i>	1	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>	1	TRIAVIL	AL, PA-NSO, PA-HRM
<i>perphenazine-amitriptyline 4-10 mg Oral Tablet, 4-50 mg Oral Tablet</i>	1	TRIAVIL	PA-NSO, PA-HRM
SPRAVATO (56 MG DOSE)	1		NDS, PA-NSO, QL(16 EA per 28 days), NM
SPRAVATO (84 MG DOSE)	1		NDS, PA-NSO, QL(24 EA per 28 days), NM
ZULRESSO	1		NDS, PA-NSO, NM
Monoamine Oxidase Inhibitors			
EMSAM	1		NDS, QL(30 EA per 30 days), NM
MARPLAN	1		
<i>phenelzine sulfate 15 mg Oral Tablet</i>	1	NARDIL	
<i>tranylcypromine sulfate</i>	1	PARNATE	
Ssr/s/nris (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)
<i>citalopram hydrobromide 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	CELEXA	QL(45 EA per 30 days)
<i>citalopram hydrobromide 10 mg/5ml Oral Solution</i>	1	CELEXA	QL(600 ML per 30 days)
<i>desvenlafaxine er</i>	1	KHEDEZLA	QL(30 EA per 30 days), ST
<i>desvenlafaxine succinate er</i>	1	PRISTIQ	QL(30 EA per 30 days)
DRIZALMA SPRINKLE	1		PA-NSO, QL(60 EA per 30 days)
<i>escitalopram oxalate 20 mg Oral Tablet</i>	1	LEXAPRO	QL(30 EA per 30 days)
<i>escitalopram oxalate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	LEXAPRO	QL(45 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>escitalopram oxalate 5 mg/5ml Oral Solution</i>	1	LEXAPRO	QL(600 ML per 30 days)
FETZIMA	1		PA-NSO, QL(30 EA per 30 days)
FETZIMA TITRATION	1		PA-NSO, QL(28 EA per 180 days)
<i>fluoxetine hcl 90 mg Oral Capsule Delayed Release</i>	1	PROZAC	QL(4 EA per 28 days)
<i>fluoxetine hcl 60 mg Oral Tablet</i>	1	PROZAC	QL(30 EA per 30 days)
<i>fluoxetine hcl 40 mg Oral Capsule</i>	1	PROZAC	QL(60 EA per 30 days)
<i>fluoxetine hcl 10 mg Oral Capsule, 10 mg Oral Tablet</i>	1	PROZAC	QL(90 EA per 30 days)
<i>fluoxetine hcl 20 mg Oral Capsule, 20 mg Oral Tablet</i>	1	PROZAC	QL(120 EA per 30 days)
<i>fluoxetine hcl 20 mg/5ml Oral Solution</i>	1	PROZAC	QL(600 ML per 30 days)
<i>fluoxetine hcl (pmdd) 10 mg Oral Tablet</i>	1	SARAFEM	QL(90 EA per 30 days)
<i>fluoxetine hcl (pmdd) 20 mg Oral Tablet</i>	1	SARAFEM	QL(120 EA per 30 days)
<i>fluvoxamine maleate 25 mg Oral Tablet</i>	1	LUVOX	QL(30 EA per 30 days)
<i>fluvoxamine maleate 50 mg Oral Tablet</i>	1	LUVOX	QL(45 EA per 30 days)
<i>fluvoxamine maleate 100 mg Oral Tablet</i>	1	LUVOX	QL(90 EA per 30 days)
<i>fluvoxamine maleate er</i>	1	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>	1	SERZONE	QL(60 EA per 30 days)
<i>nefazodone hcl 200 mg Oral Tablet</i>	1	SERZONE	QL(90 EA per 30 days)
<i>paroxetine hcl 10 mg/5ml Oral Suspension</i>	1	PAXIL	
<i>paroxetine hcl 20 mg Oral Tablet</i>	1	PAXIL	QL(30 EA per 30 days)
<i>paroxetine hcl 10 mg Oral Tablet, 40 mg Oral Tablet</i>	1	PAXIL	QL(45 EA per 30 days)
<i>paroxetine hcl 30 mg Oral Tablet</i>	1	PAXIL	QL(60 EA per 30 days)
<i>paroxetine hcl er 12.5 mg Oral Tablet Extended Release 24 Hour</i>	1	PAXIL CR	QL(30 EA per 30 days)
<i>paroxetine hcl er 25 mg Oral Tablet Extended Release 24 Hour, 37.5</i>	1	PAXIL CR	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mg Oral Tablet Extended Release 24 Hour</i>			
PEXEVA 20 mg Oral Tablet	1		QL(30 EA per 30 days)
PEXEVA 10 mg Oral Tablet, 40 mg Oral Tablet	1		QL(45 EA per 30 days)
PEXEVA 30 mg Oral Tablet	1		QL(60 EA per 30 days)
<i>sertraline hcl 150 mg Oral Capsule, 200 mg Oral Capsule</i>	1		QL(30 EA per 30 days)
<i>sertraline hcl 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	ZOLOFT	QL(45 EA per 30 days)
<i>sertraline hcl 100 mg Oral Tablet</i>	1	ZOLOFT	QL(60 EA per 30 days)
<i>sertraline hcl 20 mg/ml Oral Concentrate</i>	1	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	
TRINTELLIX	1		PA-NSO, QL(30 EA per 30 days)
<i>venlafaxine besylate er</i>	1		QL(90 EA per 30 days)
<i>venlafaxine hcl</i>	1	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 Tablet Extended Release 24 Hour, 75 mg Oral Tablet Extended Release 24 Hour</i>	1		QL(30 EA per 30 days)
<i>venlafaxine hcl er 150 mg Oral Capsule Extended Release 24 Hour, 37.5 mg Oral Capsule Extended Release 24 Hour</i>	1	EFFEXOR XR	QL(30 EA per 30 days)
<i>venlafaxine hcl er 75 mg Oral Capsule Extended Release 24 Hour</i>	1	EFFEXOR XR	QL(90 EA per 30 days)
VIIBRYD STARTER PACK	1		PA-NSO, QL(30 EA per 180 days)
<i>vilazodone hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	VIIBRYD	PA-NSO, QL(30 EA per 30 days)
Tricyclics			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<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>	1	ELAVIL	AL, PA-NSO, PA-HRM
<i>amoxapine</i>	1	ASENDIN	PA-NSO, PA-HRM
<i>clomipramine hcl 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	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>	1	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>	1	SINEQUAN	AL, PA-NSO, PA-HRM
<i>doxepin hcl 10 mg/ml Oral Concentrate</i>	1	SINEQUAN	AL, PA-NSO, PA-HRM
<i>imipramine hcl 10 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	TOFRANIL	AL, PA-NSO, PA-HRM
<i>imipramine pamoate</i>	1	TOFRANIL-PM	AL, PA-NSO, PA-HRM
<i>nortriptyline hcl 10 mg/5ml Oral Solution</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	PAMELOR	AL
<i>protriptyline hcl</i>	1	VIVACTIL	AL, PA-NSO, PA-HRM
<i>trimipramine maleate 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	SURMONTIL	AL, PA-NSO, PA-HRM
ANTIDOTES			
Antidotes			
<i>flumazenil 0.5 mg/5ml Intravenous Solution, 1 mg/10ml Intravenous Solution</i>	1	ROMAZICON	
<i>fomepizole 1.5 gm/1.5ml Intravenous Solution</i>	1	ANTIZOL	NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>protamine sulfate 10 mg/ml Intravenous Solution</i>	1		PA BvD
ANTIEMETICS			
Antiemetics, Other			
BONJESTA	1		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>	1		
<i>chlorpromazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	THORAZINE	
COMPRO	1		
<i>dimenhydrinate 50 mg/ml Injection Solution</i>	1		
<i>doxylamine-pyridoxine</i>	1	DICLEGIS	PA, QL(120 EA per 30 days)
<i>droperidol 2.5 mg/ml Injection Solution</i>	1		
<i>meclizine hcl 12.5 mg Oral Tablet, 25 mg Oral Tablet</i>	1	ANTIVERT	
<i>metoclopramide hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml Oral Solution, 5 mg/5ml Oral Solution, 5 mg/ml Injection Solution</i>	1	REGLAN	
<i>perphenazine 16 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	TRILAFON	
<i>prochlorperazine</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml Injection Solution, 50 mg/10ml Injection Solution</i>	1		
<i>prochlorperazine maleate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	COMPAZINE	
<i>promethazine hcl 12.5 mg Oral Tablet, 12.5 mg Rectal Suppository, 25 mg Oral Tablet, 25</i>	1	PHENERGAN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mg Rectal Suppository, 50 mg Oral Tablet</i>			
PROMETHEGAN	1		
<i>scopolamine</i>	1	TRANSDERM-SCOP	
Emetogenic Therapy Adjuncts			
AKYNZEO 300-0.5 mg Oral Capsule	1		May be payable under part B, PA, QL(2 EA per 28 days)
<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>	1	EMEND	May be payable under part B, PA
<i>dronabinol 10 mg Oral Capsule, 2.5 mg Oral Capsule, 5 mg Oral Capsule</i>	1	MARINOL	PA, QL(60 EA per 30 days)
<i>granisetron hcl 1 mg/ml Intravenous Solution, 4 mg/4ml Intravenous Solution</i>	1	KYTRIL	
<i>granisetron hcl 1 mg Oral Tablet</i>	1	KYTRIL	PA BvD
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	PA BvD
<i>ondansetron hcl 4 mg/2ml Injection Solution Prefilled Syringe</i>	1		
<i>ondansetron hcl 4 mg/2ml Injection Solution, 40 mg/20ml Injection Solution</i>	1	ZOFRAN	
<i>ondansetron hcl 24 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	ZOFRAN	PA BvD
<i>ondansetron hcl 4 mg/5ml Oral Solution</i>	1	ZOFRAN	PA BvD
<i>palonosetron hcl 0.25 mg/5ml iv soln pfs</i>	1		PA
<i>palonosetron hcl 0.25 mg/5ml Intravenous Solution</i>	1	ALOXI	PA
VARUBI (180 MG DOSE)	1		May be payable under part B, PA, QL(4 EA per 28 days)
ANTIFUNGALS			
Antifungals			
ABELCET	1		NDS, PA BvD, NM
AMBISOME	1		NDS, PA BvD, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>amphotericin b 50 mg Intravenous Solution Reconstituted</i>	1	FUNGIZONE	PA BvD
<i>amphotericin b liposome</i>	1	AMBISOME	NDS, PA BvD, NM
<i>caspofungin acetate 70 mg Intravenous Solution Reconstituted</i>	1	CANCIDAS	
<i>caspofungin acetate 50 mg Intravenous Solution Reconstituted</i>	1	CANCIDAS	NDS, NM
<i>ciclopirox 0.77 % External Gel</i>	1	LOPROX	
<i>ciclopirox 1 % External Shampoo</i>	1	LOPROX	
<i>ciclopirox 8 % External Solution</i>	1	PENLAC	
<i>ciclopirox olamine 0.77 % External Cream</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % External Suspension</i>	1	LOPROX	
<i>clotrimazole 1 % External Cream</i>	1	LOTRIMIN	
<i>clotrimazole 10 mg Mouth/Throat Troche</i>	1	MYCELEX	
<i>clotrimazole 1 % External Solution</i>	1	MYCELEX	
<i>econazole nitrate 1 % External Cream</i>	1	SPECTAZOLE	
<i>ERAXIS 100 mg Intravenous Solution Reconstituted</i>	1		NDS, PA, NM
<i>ERAXIS 50 mg Intravenous Solution Reconstituted</i>	1		PA
<i>fluconazole 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet</i>	1	DIFLUCAN	
<i>fluconazole 10 mg/ml Oral Suspension Reconstituted, 40 mg/ml Oral Suspension Reconstituted</i>	1	DIFLUCAN	
<i>fluconazole in sodium chloride 100-0.9 mg/50ml-% Intravenous Solution</i>	1		
<i>fluconazole in sodium chloride 200-0.9 mg/100ml-% Intravenous Solution, 400-0.9 mg/200ml-% Intravenous Solution</i>	1	DIFLUCAN	
<i>flucytosine 250 mg Oral Capsule, 500 mg Oral Capsule</i>	1	ANCOBON	NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>griseofulvin microsize 500 mg Oral Tablet</i>	1	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml Oral Suspension</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize</i>	1	GRIS-PEG	
<i>itraconazole 100 mg Oral Capsule</i>	1	SPORANOX	PA
<i>ketoconazole 2 % External Foam</i>	1	EXTINA	
<i>ketoconazole 200 mg Oral Tablet</i>	1	NIZORAL	
<i>ketoconazole 2 % External Cream</i>	1	NIZORAL	
<i>ketoconazole 2 % External Shampoo</i>	1	NIZORAL	
<i>miconazole 3</i>	1	MONISTAT	
<i>naftifine hcl 1 % External Cream, 1 % External Gel, 2 % External Cream</i>	1	NAFTIN	
NAFTIN 1 % External Gel, 2 % External Gel	1		
NOXAFIL 300 mg/16.7ml Intravenous Solution	1		NDS, PA, NM
NOXAFIL 40 mg/ml Oral Suspension	1		NDS, PA, QL(600 ML per 30 days), NM
NYAMYC	1		
<i>nystatin 500000 unit Oral Tablet</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/gm External Cream, 100000 unit/gm External Ointment, 100000 unit/gm External Powder</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml Mouth/Throat Suspension</i>	1	MYCOSTATIN	
NYSTOP	1		
<i>posaconazole 100 mg Oral Tablet Delayed Release</i>	1	NOXAFIL	NDS, PA, QL(180 EA per 30 days), NM
<i>terbinafine hcl 250 mg Oral Tablet</i>	1	LAMISIL	
<i>terconazole 0.4 % Vaginal Cream, 0.8 % Vaginal Cream</i>	1	TERAZOL	
<i>terconazole 80 mg Vaginal Suppository</i>	1	TERAZOL 3	
<i>voriconazole 200 mg Oral Tablet, 50 mg Oral Tablet</i>	1	VFEND	
<i>voriconazole 40 mg/ml Oral Suspension Reconstituted</i>	1	VFEND	NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>voriconazole 200 mg Intravenous Solution Reconstituted</i>	1	VFEND	PA
ANTIGOUT AGENTS			
Antigout Agents			
<i>allopurinol 100 mg Oral Tablet, 300 mg Oral Tablet</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg Oral Tablet</i>	1	COLCRYS	QL(60 EA per 30 days)
<i>colchicine 0.6 mg Oral Capsule</i>	1	MITIGARE	QL(60 EA per 30 days)
<i>colchicine-probenecid</i>	1	COLBENEMID	
<i>febuxostat</i>	1	ULORIC	QL(30 EA per 30 days), ST
<i>probenecid</i>	1	BENEMID	
ANTIMIGRAINE AGENTS			
Abortive Agents			
<i>sumatriptan succinate refill 4 mg/0.5ml Subcutaneous Solution Cartridge</i>	1	IMITREX STATDOSE	QL(8 ML per 28 days)
Calcitonin Gene-related Peptide (cgrp) Receptor Antagonist			
AIMOVIG	1		PA, QL(1 ML per 30 days)
AJOVY	1		1 syringe, PA, QL(1.5 ML per 30 days)
EMGALITY	1		PA, QL(2 ML per 30 days)
EMGALITY (300 MG DOSE)	1		PA, QL(3 ML per 30 days)
NURTEC	1		PA, QL(18 EA per 30 days)
QULIPTA	1		PA, QL(30 EA per 30 days)
UBRELVY	1		PA, QL(16 EA per 30 days)
VYEPTI	1		PA, QL(3 ML per 90 days)
Ergot Alkaloids			
<i>dihydroergotamine mesylate 4 mg/ml Nasal Solution</i>	1	MIGRANAL	QL(8 ML per 28 days)
<i>ergotamine-caffeine 1-100 mg Oral Tablet</i>	1	CAFERGOT	QL(40 EA per 28 days)
MIGERGOT	1		QL(20 EA per 28 days)
Serotonin (5-ht) Receptor Agonist			

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

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ethambutol hcl 100 mg Oral Tablet, 400 mg Oral Tablet</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg Oral Tablet, 300 mg Oral Tablet</i>	1		
<i>isoniazid 100 mg/ml Injection Solution, 50 mg/5ml Oral Syrup</i>	1		
PASER	1		
<i>pretomanid</i>	1		PA, QL(30 EA per 30 days)
PRIFTIN	1		
<i>pyrazinamide 500 mg Oral Tablet</i>	1		
<i>rifampin 150 mg Oral Capsule, 300 mg Oral Capsule, 600 mg Intravenous Solution Reconstituted</i>	1	RIFADIN	
SIRTURO	1		NDS, PA, NM
TRECTOR	1		
ANTINEOPLASTICS			
Alkylating Agents			
BENDEKA	1		NDS, NM
<i>busulfan 6 mg/ml Intravenous Solution</i>	1	BUSULFEX	
<i>carboplatin 150 mg/15ml Intravenous Solution, 450 mg/45ml Intravenous Solution, 50 mg/5ml Intravenous Solution, 600 mg/60ml Intravenous Solution</i>	1	PARAPLATIN	
<i>carmustine 100 mg Intravenous Solution Reconstituted</i>	1	BICNU	
<i>cisplatin 50 mg Intravenous Solution Reconstituted</i>	1		
<i>cisplatin 100 mg/100ml Intravenous Solution, 200 mg/200ml Intravenous Solution, 50 mg/50ml Intravenous Solution</i>	1		
<i>cyclophosphamide 1 gm Injection Solution Reconstituted, 2 gm Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	1		
<i>cyclophosphamide 1 gm/5ml Intravenous Solution, 2 gm/10ml</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Intravenous Solution, 500 mg/2.5ml Intravenous Solution</i>			
<i>cyclophosphamide 25 mg Oral Capsule, 25 mg Oral Tablet, 50 mg Oral Capsule, 50 mg Oral Tablet</i>	1		PA BvD
<i>dacarbazine</i>	1		
<i>ifosfamide 1 gm Intravenous Solution Reconstituted, 3 gm Intravenous Solution Reconstituted</i>	1	IFEX	
<i>ifosfamide 1 gm/20ml Intravenous Solution, 3 gm/60ml Intravenous Solution</i>	1	IFEX	
LEUKERAN	1		
MATULANE	1		NDS, LA, NM
<i>melphalan hcl</i>	1	ALKERAN	
<i>oxaliplatin 100 mg Intravenous Solution Reconstituted, 50 mg Intravenous Solution Reconstituted</i>	1	ELOXATIN	
<i>oxaliplatin 100 mg/20ml Intravenous Solution, 200 mg/40ml Intravenous Solution, 50 mg/10ml Intravenous Solution</i>	1	ELOXATIN	
PEPAXTO	1		NDS, PA-NSO, NM
TEMODAR 100 mg Intravenous Solution Reconstituted	1		
<i>thiotepa 100 mg Injection Solution Reconstituted</i>	1	TEPADINA	
<i>thiotepa 15 mg Injection Solution Reconstituted</i>	1	THIOPLEX	
TREANDA	1		NDS, NM
VALCHLOR	1		NDS, PA-NSO, LA, NM
YONDELIS	1		NDS, PA-NSO, NM
ZANOSAR	1		
ZEPZELCA	1		NDS, PA-NSO, NM
Antiandrogens			
<i>abiraterone acetate 500 mg Oral Tablet</i>	1	ZYTIGA	NDS, PA-NSO, QL(60 EA per 30 days), NM
<i>abiraterone acetate 250 mg Oral Tablet</i>	1	ZYTIGA	NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>bicalutamide</i>	1	CASODEX	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ERLEADA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>flutamide</i>	1	EULEXIN	
<i>nilutamide</i>	1	NILANDRON	QL(60 EA per 30 days)
NUBEQA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
XTANDI 80 mg Oral Tablet	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
XTANDI 40 mg Oral Tablet	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
XTANDI 40 mg Oral Capsule	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
YONSA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
Antiangiogenic Agents			
<i>lenalidomide 10 mg Oral Capsule, 15 mg Oral Capsule, 25 mg Oral Capsule, 5 mg Oral Capsule</i>	1	REVLIMID	NDS, PA-NSO, QL(30 EA per 30 days), NM
<i>lenalidomide 2.5 mg Oral Capsule, 20 mg Oral Capsule</i>	1	REVLIMID	NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
POMALYST	1		NDS, PA-NSO, QL(21 EA per 28 days), LA, NM
REVLIMID	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
THALOMID	1		NDS, NM
Antiestrogens/modifiers			
EMCYT	1		
<i>fulvestrant 250 mg/5ml Intramuscular Solution Prefilled Syringe</i>	1	FASLODEX	NDS, NM
SOLTAMOX	1		
<i>tamoxifen citrate 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	NOLVADEX	
<i>toremifene citrate</i>	1	FARESTON	
Antimetabolites			
ALIMTA	1		NDS, NM
ARRANON	1		NDS, PA-NSO, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>cladribine</i>	1	LEUSTATIN	PA BvD
<i>cytarabine</i>	1		PA BvD
<i>cytarabine (pf)</i>	1		PA BvD
DROXIA	1		
<i>floxuridine 0.5 gm Injection Solution Reconstituted</i>	1	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>	1		PA BvD
FOLOTYN	1		NDS, NM
<i>gemcitabine hcl 2 gm Intravenous Solution Reconstituted</i>	1		
<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>	1		
<i>gemcitabine hcl 1 gm Intravenous Solution Reconstituted, 200 mg Intravenous Solution Reconstituted</i>	1	GEMZAR	
<i>hydroxyurea 500 mg Oral Capsule</i>	1	HYDREA	
INQOVI	1		NDS, PA-NSO, QL(5 EA per 28 days), NM
<i>nelarabine</i>	1	ARRANON	NDS, PA-NSO, NM
NIPENT	1		
ONUREG	1		NDS, PA-NSO, QL(14 EA per 28 days), NM
<i>pemetrexed 1 gm/40ml Intravenous Solution, 100 mg/4ml Intravenous Solution</i>	1		NDS, NM
<i>pemetrexed disodium 100 mg/4ml Intravenous Solution, 500 mg/20ml Intravenous Solution, 850 mg/34ml Intravenous Solution</i>	1		NDS, NM
<i>pemetrexed disodium 100 mg Intravenous Solution Reconstituted,</i>	1	ALIMTA	NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>500 mg Intravenous Solution Reconstituted</i>			
<i>pemetrexed ditromethamine 100 mg Intravenous Solution Reconstituted</i>	1		NDS, NM
<i>pralatrexate</i>	1		NDS, NM
PURIXAN	1		
SIKLOS	1		PA
TABLOID	1		
Antineoplastics, Other			
<i>arsenic trioxide 10 mg/10ml Intravenous Solution, 12 mg/6ml Intravenous Solution</i>	1	TRISENOX	
ASPARLAS	1		NDS, NM
<i>azacitidine 100 mg Injection Suspension Reconstituted</i>	1	VIDAZA	NDS, NM
<i>bleomycin sulfate</i>	1	BLENOXANE	PA BvD
<i>bortezomib 1 mg Injection Solution Reconstituted, 2.5 mg Injection Solution Reconstituted, 3.5 mg Intravenous Solution Reconstituted</i>	1		NDS, PA-NSO, NM
<i>bortezomib 3.5 mg Injection Solution Reconstituted</i>	1	VELCADE	NDS, PA-NSO, NM
<i>clofarabine</i>	1	CLOLAR	NDS, PA-NSO, NM
<i>dactinomycin</i>	1	COSMEGEN	
DARZALEX FASPRO	1		NDS, PA-NSO, QL(64.5 ML per 30 days), NM
<i>daunorubicin hcl</i>	1		
<i>decitabine</i>	1	DACOGEN	NDS, PA-NSO, NM
<i>dexrazoxane hcl</i>	1	ZINECARD	
<i>doxorubicin hcl 10 mg Intravenous Solution Reconstituted, 50 mg Intravenous Solution Reconstituted</i>	1		PA BvD
<i>doxorubicin hcl 2 mg/ml Intravenous Solution</i>	1	ADRIAMYCIN	PA BvD
<i>doxorubicin hcl liposomal</i>	1	DOXIL	
<i>epirubicin hcl</i>	1	ELLENCEN	
ERWINASE	1		NDS, PA-NSO, NM
ERWINAZE	1		NDS, PA-NSO, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fludarabine phosphate 50 mg/2ml Intravenous Solution</i>	1		
<i>fludarabine phosphate 50 mg Intravenous Solution Reconstituted</i>	1	FLUDARA	
HALAVEN	1		NDS, PA-NSO, NM
<i>idarubicin hcl</i>	1	IDAMYCIN PFS	
IDHIFA	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
IMLYGIC 1000000 unit/ml Intralesional Suspension	1		NDS, PA-NSO, QL(4 ML per 180 days), NM
IMLYGIC 100000000 unit/ml Intralesional Suspension	1		NDS, PA-NSO, QL(8 ML per 28 days), NM
IXEMPRA KIT	1		NDS, PA-NSO, NM
KADCYLA	1		NDS, PA-NSO, NM
KISQALI FEMARA (400 MG DOSE)	1		NDS, PA-NSO, QL(91 EA per 28 days), NM
KISQALI FEMARA (600 MG DOSE)	1		NDS, PA-NSO, QL(91 EA per 28 days), NM
KISQALI FEMARA(200 MG DOSE)	1		NDS, PA-NSO, QL(91 EA per 28 days), NM
KYPROLIS	1		NDS, PA-NSO, NM
<i>leucovorin calcium 100 mg Injection Solution Reconstituted, 200 mg Injection Solution Reconstituted, 350 mg Injection Solution Reconstituted, 50 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	1		
<i>leucovorin calcium 100 mg/10ml Injection Solution, 500 mg/50ml Injection Solution</i>	1		
<i>levoleucovorin calcium</i>	1	FUSILEV	
<i>levoleucovorin calcium pf 250 mg/25ml Intravenous Solution</i>	1		NDS, NM
<i>levoleucovorin calcium pf 175 mg/17.5ml Intravenous Solution</i>	1	FUSILEV	NDS, NM
LONSURF 20-8.19 mg Oral Tablet	1		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	1		NDS, PA-NSO, QL(100 EA per 28 days), LA, NM
LUMAKRAS	1		NDS, PA-NSO, QL(240 EA per 30 days), NM
LYSODREN	1		
MARQIBO	1		NDS, PA-NSO, NM
<i>mitomycin 20 mg Intravenous Solution Reconstituted, 40 mg Intravenous Solution Reconstituted, 5 mg Intravenous Solution Reconstituted</i>	1	MUTAMYCIN	
<i>mitoxantrone hcl 25 mg/12.5ml Intravenous Concentrate, 30 mg/15ml Intravenous Concentrate</i>	1		
<i>mitoxantrone hcl 20 mg/10ml Intravenous Concentrate</i>	1	NOVANTRONE	
NINLARO	1		NDS, PA-NSO, QL(3 EA per 28 days), NM
ONCASPAR	1		NDS, NM
ORGOVYX	1		NDS, PA-NSO, QL(64 EA per 30 days), NM
PEGINTRON	1		NDS, QL(2 EA per 28 days), NM
PROLEUKIN	1		NDS, NM
RYLAZE	1		NDS, PA-NSO, NM
SYNRIBO	1		NDS, PA-NSO, NM
<i>valrubicin</i>	1	VALSTAR	
<i>vinblastine sulfate</i>	1		PA BvD
<i>vincristine sulfate</i>	1	VINCASAR	PA BvD
<i>vinorelbine tartrate</i>	1	NAVELBINE	
VYXEOS	1		NDS, PA-NSO, NM
WELIREG	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
XPOVIO (100 MG ONCE WEEKLY) 50 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(8 EA per 28 days), NM
XPOVIO (100 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(20 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
XPOVIO (40 MG ONCE WEEKLY) 40 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(4 EA per 28 days), NM
XPOVIO (40 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(8 EA per 28 days), NM
XPOVIO (40 MG TWICE WEEKLY) 40 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(8 EA per 28 days), NM
XPOVIO (40 MG TWICE WEEKLY) 20 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(16 EA per 28 days), NM
XPOVIO (60 MG ONCE WEEKLY) 60 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(4 EA per 28 days), NM
XPOVIO (60 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(12 EA per 28 days), NM
XPOVIO (60 MG TWICE WEEKLY)	1		NDS, PA-NSO, QL(24 EA per 28 days), NM
XPOVIO (80 MG ONCE WEEKLY) 40 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(8 EA per 28 days), NM
XPOVIO (80 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(16 EA per 28 days), NM
XPOVIO (80 MG TWICE WEEKLY)	1		NDS, PA-NSO, QL(32 EA per 28 days), NM
ZALTRAP	1		NDS, PA-NSO, NM
ZOLINZA	1		NDS, QL(120 EA per 30 days), NM
Aromatase Inhibitors, 3rd Generation			
<i>anastrozole 1 mg Oral Tablet</i>	1	ARIMIDEX	
<i>exemestane</i>	1	AROMASIN	
<i>letrozole 2.5 mg Oral Tablet</i>	1	FEMARA	
Enzyme Inhibitors			
ABRAXANE	1		NDS, PA-NSO, NM
<i>docetaxel</i>	1	TAXOTERE	
ETOPOPHOS	1		
<i>etoposide 1 gm/50ml Intravenous Solution, 100 mg/5ml Intravenous Solution, 500 mg/25ml Intravenous Solution</i>	1	VEPESID	
<i>irinotecan hcl 500 mg/25ml Intravenous Solution</i>	1		
<i>irinotecan hcl 100 mg/5ml Intravenous Solution, 300 mg/15ml Intravenous Solution, 40 mg/2ml Intravenous Solution</i>	1	CAMPTOSAR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
JEVTANA	1		NDS, PA-NSO, NM
ONIVYDE	1		NDS, PA-NSO, NM
<i>paclitaxel 100 mg/16.7ml Intravenous Concentrate, 150 mg/25ml Intravenous Concentrate, 30 mg/5ml Intravenous Concentrate, 300 mg/50ml Intravenous Concentrate</i>	1	TAXOL	
<i>paclitaxel protein-bound part</i>	1	ABRAXANE	NDS, PA-NSO, NM
TOPOSAR	1		
<i>topotecan hcl 4 mg/4ml Intravenous Solution</i>	1		
<i>topotecan hcl 4 mg Intravenous Solution Reconstituted</i>	1	HYCAMTIN	
Molecular Target Inhibitors			
ALECENSA	1		NDS, PA-NSO, QL(240 EA per 30 days), LA, NM
ALIQOPA	1		NDS, PA-NSO, QL(3 EA per 28 days), NM
ALUNBRIG 180 mg Oral Tablet, 90 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
ALUNBRIG 90 & 180 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(30 EA per 180 days), LA, NM
ALUNBRIG 30 mg Oral Tablet	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
AYVAKIT	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
BALVERSA 5 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
BALVERSA 4 mg Oral Tablet	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
BALVERSA 3 mg Oral Tablet	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
BOSULIF 400 mg Oral Tablet, 500 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
BOSULIF 100 mg Oral Tablet	1		NDS, PA-NSO, QL(90 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
BRAFTOVI	1		NDS, PA-NSO, QL(180 EA per 30 days), NM
BRUKINSA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
CABOMETYX 20 mg Oral Tablet, 60 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
CABOMETYX 40 mg Oral Tablet	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
CALQUENCE	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
CAPRELSA 300 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
CAPRELSA 100 mg Oral Tablet	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
COMETRIQ (100 MG DAILY DOSE)	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
COMETRIQ (140 MG DAILY DOSE)	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
COMETRIQ (60 MG DAILY DOSE)	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
COPIKTRA	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
COTELLIC	1		NDS, PA-NSO, QL(63 EA per 28 days), LA, NM
DAURISMO 100 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
DAURISMO 25 mg Oral Tablet	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
ERIVEDGE	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
<i>erlotinib hcl 100 mg Oral Tablet, 150 mg Oral Tablet</i>	1	TARCEVA	NDS, PA-NSO, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>erlotinib hcl 25 mg Oral Tablet</i>	1	TARCEVA	NDS, PA-NSO, QL(90 EA per 30 days), NM
<i>everolimus 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	AFINITOR	NDS, PA-NSO, QL(28 EA per 28 days), NM
<i>everolimus 2 mg Oral Tablet Soluble, 3 mg Oral Tablet Soluble, 5 mg Oral Tablet Soluble</i>	1	AFINITOR DISPERZ	NDS, PA-NSO, QL(112 EA per 28 days), NM
EXKIVITY	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
FARYDAK 15 mg Oral Capsule	1		NDS, PA-NSO, QL(6 EA per 21 days), NM
FARYDAK 10 mg Oral Capsule, 20 mg Oral Capsule	1		NDS, PA-NSO, QL(6 EA per 21 days), LA, NM
FOTIVDA	1		NDS, PA-NSO, QL(21 EA per 28 days), NM
GAVRETO	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
GILOTRIF	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
IBRANCE 100 mg Oral Tablet, 125 mg Oral Tablet, 75 mg Oral Tablet	1		NDS, PA-NSO, QL(21 EA per 28 days), NM
IBRANCE 100 mg Oral Capsule, 125 mg Oral Capsule, 75 mg Oral Capsule	1		NDS, PA-NSO, QL(21 EA per 28 days), LA, NM
ICLUSIG 10 mg Oral Tablet, 30 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
ICLUSIG 15 mg Oral Tablet, 45 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
<i>imatinib mesylate 400 mg Oral Tablet</i>	1	GLEEVEC	NDS, QL(60 EA per 30 days), NM
<i>imatinib mesylate 100 mg Oral Tablet</i>	1	GLEEVEC	NDS, QL(90 EA per 30 days), NM
IMBRUVICA 140 mg Oral Tablet, 280 mg Oral Tablet, 420 mg Oral Tablet, 560 mg Oral Tablet, 70 mg Oral Capsule	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
IMBRUVICA 140 mg Oral Capsule	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
IMBRUVICA 70 mg/ml Oral Suspension	1		NDS, PA-NSO, QL(240 ML per 30 days), NM
INLYTA 5 mg Oral Tablet	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
INLYTA 1 mg Oral Tablet	1		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM
INREBIC	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
IRESSA	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
JAKAFI	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
KIMMTRAK	1		NDS, PA-NSO, NM
KISQALI (200 MG DOSE)	1		NDS, PA-NSO, QL(63 EA per 28 days), NM
KISQALI (400 MG DOSE)	1		NDS, PA-NSO, QL(63 EA per 28 days), NM
KISQALI (600 MG DOSE)	1		NDS, PA-NSO, QL(63 EA per 28 days), NM
KOSELUGO 25 mg Oral Capsule	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
KOSELUGO 10 mg Oral Capsule	1		NDS, PA-NSO, QL(240 EA per 30 days), NM
<i>lapatinib ditosylate</i>	1	TYKERB	NDS, PA-NSO, QL(180 EA per 30 days), NM
LENVIMA (10 MG DAILY DOSE)	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
LENVIMA (12 MG DAILY DOSE)	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
LENVIMA (14 MG DAILY DOSE)	1		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)	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
LENVIMA (20 MG DAILY DOSE)	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
LENVIMA (24 MG DAILY DOSE)	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
LENVIMA (4 MG DAILY DOSE)	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
LENVIMA (8 MG DAILY DOSE)	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
LORBRENA 100 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
LORBRENA 25 mg Oral Tablet	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
LUMOXITI	1		NDS, PA-NSO, NM
LYNPARZA	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
MEKINIST 2 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
MEKINIST 0.5 mg Oral Tablet	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
MEKTOVI	1		NDS, PA-NSO, QL(180 EA per 30 days), NM
NERLYNX	1		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM
ODOMZO	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
PEMAZYRE	1		NDS, PA-NSO, QL(14 EA per 21 days), NM
PIQRAY (200 MG DAILY DOSE)	1		NDS, PA-NSO, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PIQRAY (250 MG DAILY DOSE)	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
PIQRAY (300 MG DAILY DOSE)	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
QINLOCK	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
RETEVMO 40 mg Oral Capsule	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
RETEVMO 80 mg Oral Capsule	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>romidepsin 27.5 mg/5.5ml Intravenous Solution</i>	1		NDS, PA-NSO, NM
<i>romidepsin 10 mg Intravenous Solution Reconstituted</i>	1	ISTODAX (OVERFILL)	NDS, PA-NSO, NM
ROZLYTREK 100 mg Oral Capsule	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
ROZLYTREK 200 mg Oral Capsule	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
RUBRACA	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
RYDAPT	1		NDS, PA-NSO, QL(224 EA per 28 days), NM
SCEMBLIX 20 mg Oral Tablet	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
SCEMBLIX 40 mg Oral Tablet	1		NDS, PA-NSO, QL(300 EA per 30 days), NM
<i>sorafenib tosylate</i>	1	NEXAVAR	NDS, PA-NSO, QL(120 EA per 30 days), NM
SPRYCEL 100 mg Oral Tablet, 140 mg Oral Tablet, 50 mg Oral Tablet, 70 mg Oral Tablet, 80 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
SPRYCEL 20 mg Oral Tablet	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
STIVARGA	1		NDS, PA-NSO, QL(84 EA per 28 days), LA, NM
<i>sunitinib malate</i>	1	SUTENT	NDS, PA-NSO, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TABRECTA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
TAFINLAR	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
TAGRISO	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
TALZENNA 0.5 mg Oral Capsule, 0.75 mg Oral Capsule, 1 mg Oral Capsule	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
TALZENNA 0.25 mg Oral Capsule	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
TASIGNA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
TAZVERIK	1		NDS, PA-NSO, QL(240 EA per 30 days), NM
<i>temsirolimus</i>	1	TORISEL	NDS, PA-NSO, NM
TEPMETKO	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
TIBSOVO	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
TRUSELTIQ (100MG DAILY DOSE)	1		NDS, PA-NSO, QL(21 EA per 28 days), NM
TRUSELTIQ (125MG DAILY DOSE)	1		NDS, PA-NSO, QL(42 EA per 28 days), NM
TRUSELTIQ (50MG DAILY DOSE)	1		NDS, PA-NSO, QL(42 EA per 28 days), NM
TRUSELTIQ (75MG DAILY DOSE)	1		NDS, PA-NSO, QL(63 EA per 28 days), NM
TUKYSA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
TURALIO 200 mg Oral Capsule	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
VENCLEXTA 50 mg Oral Tablet	1		PA-NSO, QL(30 EA per 30 days), LA
VENCLEXTA 10 mg Oral Tablet	1		PA-NSO, QL(60 EA per 30 days), LA
VENCLEXTA 100 mg Oral Tablet	1		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VENCLEXTA STARTING PACK	1		NDS, PA-NSO, QL(42 EA per 180 days), LA, NM
VERZENIO	1		NDS, PA-NSO, QL(56 EA per 28 days), LA, NM
VIJOICE 50 mg Oral Tablet Therapy Pack	1		NDS, PA, QL(28 EA per 28 days), NM
VIJOICE 125 mg Oral Tablet Therapy Pack, 200 & 50 mg Oral Tablet Therapy Pack	1		NDS, PA, QL(56 EA per 28 days), NM
VITRAKVI 100 mg Oral Capsule	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
VITRAKVI 25 mg Oral Capsule	1		NDS, PA-NSO, QL(180 EA per 30 days), NM
VITRAKVI 20 mg/ml Oral Solution	1		NDS, PA-NSO, QL(300 ML per 30 days), NM
VIZIMPRO	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
VONJO	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
VOTRIENT	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
XALKORI	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
XOSPATA	1		NDS, PA-NSO, NM
ZEJULA	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
ZELBORAF	1		NDS, PA-NSO, QL(240 EA per 30 days), LA, NM
ZYDELIG	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
ZYKADIA	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM

Monoclonal Antibody/antibody-drug Conjugate

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ADCETRIS	1		NDS, PA-NSO, NM
ALYMSYS	1		NDS, NM
ARZERRA	1		NDS, PA-NSO, NM
BAVENCIO	1		NDS, PA-NSO, NM
BESPOUSA	1		NDS, PA-NSO, NM
BLINCYTO	1		NDS, PA-NSO, NM
CYRAMZA	1		NDS, PA-NSO, NM
DANYELZA	1		NDS, PA-NSO, NM
DARZALEX	1		NDS, PA-NSO, NM
EMPLICITI	1		NDS, PA-NSO, NM
ENHERTU	1		NDS, PA-NSO, NM
ERBITUX	1		NDS, NM
GAZYVA	1		NDS, PA-NSO, NM
HERCEPTIN HYLECTA	1		NDS, QL(5 ML per 21 days), NM
HERZUMA	1		NDS, NM
IMFINZI	1		NDS, PA-NSO, NM
JEMPERLI	1		NDS, PA-NSO, NM
KANJINTI	1		NDS, NM
KEYTRUDA	1		NDS, PA-NSO, NM
LIBTAYO	1		NDS, PA-NSO, NM
MARGENZA	1		NDS, PA-NSO, NM
MONJUVI	1		NDS, PA-NSO, NM
MVASI	1		NDS, NM
MYLOTARG	1		NDS, PA-NSO, NM
OGIVRI	1		NDS, NM
ONTRUZANT	1		NDS, NM
OPDIVO	1		NDS, PA-NSO, NM
OPDUALAG	1		NDS, PA-NSO, QL(40 ML per 28 days), NM
PADCEV	1		NDS, PA-NSO, NM
PERJETA	1		NDS, NM
PHESGO 60-60-2000 mg-mg-u/ml Subcutaneous Solution	1		NDS, QL(10 ML per 21 days), NM
PHESGO 80-40-2000 mg-mg-u/ml Subcutaneous Solution	1		NDS, QL(15 ML per 21 days), NM
POLIVY 30 mg Intravenous Solution Reconstituted	1		NDS, PA, NM
POLIVY 140 mg Intravenous Solution Reconstituted	1		NDS, PA-NSO, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PORTRAZZA	1		NDS, PA-NSO, QL(100 ML per 21 days), NM
RIABNI	1		NDS, PA-NSO, NM
RITUXAN HYCELA 1600-26800 MG -ut/13.4ml Subcutaneous Solution	1		NDS, PA-NSO, QL(13.4 ML per 28 days), NM
RITUXAN HYCELA 1400-23400 MG -ut/11.7ml Subcutaneous Solution	1		NDS, PA-NSO, QL(46.8 ML per 28 days), NM
RUXIENCE	1		NDS, PA-NSO, NM
RYBREVANT	1		NDS, PA-NSO, NM
SARCLISA	1		NDS, PA-NSO, NM
SYLVANT	1		NDS, PA-NSO, NM
TECENTRIQ	1		NDS, PA-NSO, NM
TIVDAK	1		NDS, PA-NSO, NM
TRAZIMERA	1		NDS, NM
TRODELVY	1		NDS, PA-NSO, NM
TRUXIMA	1		NDS, PA-NSO, NM
UNITUXIN	1		NDS, PA-NSO, QL(40 ML per 30 days), NM
VECTIBIX	1		NDS, PA-NSO, NM
YERVOY	1		NDS, PA-NSO, NM
ZIRABEV	1		NDS, NM
ZYNLONTA	1		NDS, PA-NSO, NM
Retinoids			
<i>bexarotene 75 mg Oral Capsule</i>	1	TARGRETIN	NDS, NM
<i>bexarotene 1 % External Gel</i>	1	TARGRETIN	NDS, PA-NSO, NM
<i>tretinoin 10 mg Oral Capsule</i>	1	VESANOID	NDS, NM
Treatment Adjuncts			
ELITEK	1		NDS, PA, NM
<i>leucovorin calcium 10 mg Oral Tablet, 15 mg Oral Tablet, 25 mg Oral Tablet, 5 mg Oral Tablet</i>	1		
<i>mesna 100 mg/ml Intravenous Solution</i>	1	MESNEX	
MESNEX 400 mg Oral Tablet	1		
ANTIPARASITICS			
Anthelmintics			
<i>albendazole 200 mg Oral Tablet</i>	1	ALBENZA	
EMVERM	1		PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ivermectin 3 mg Oral Tablet</i>	1	STROMEKTOL	PA
<i>praziquantel 600 mg Oral Tablet</i>	1	BILTRICIDE	
Antiprotozoals			
<i>atovaquone 750 mg/5ml Oral Suspension</i>	1	MEPRON	
<i>atovaquone-proguanil hcl</i>	1	MALARONE	
<i>chloroquine phosphate 250 mg Oral Tablet</i>	1		
<i>chloroquine phosphate 500 mg Oral Tablet</i>	1	ARALEN	
COARTEM	1		
<i>hydroxychloroquine sulfate 200 mg Oral Tablet</i>	1	PLAQUENIL	
KRINTAFEL	1		
<i>mefloquine hcl</i>	1		
<i>nitazoxanide 500 mg Oral Tablet</i>	1	ALINIA	PA
<i>pentamidine isethionate 300 mg Inhalation Solution Reconstituted</i>	1	NEBUPENT	PA BvD
<i>pentamidine isethionate 300 mg Injection Solution Reconstituted</i>	1	PENTAM	
<i>primaquine phosphate</i>	1		
<i>pyrimethamine 25 mg Oral Tablet</i>	1	DARAPRIM	NDS, PA, NM
<i>quinine sulfate 324 mg Oral Capsule</i>	1	QUALAQUIN	PA
ANTIPARKINSON AGENTS			
Anticholinergics			
<i>benztropine mesylate 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml Oral Solution</i>	1		AL, PA-HRM
<i>trihexyphenidyl hcl 2 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ARTANE	AL, PA-HRM
Antiparkinson Agents, Other			
<i>amantadine hcl 50 mg/5ml Oral Solution</i>	1		
<i>amantadine hcl 100 mg Oral Capsule, 100 mg Oral Tablet</i>	1	SYMMETREL	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg Oral Tablet, 18.75-75-200 mg Oral Tablet, 25-100-200</i>	1	STALEVO	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mg Oral Tablet, 31.25-125-200 mg Oral Tablet, 37.5-150-200 mg Oral Tablet, 50-200-200 mg Oral Tablet</i>			
<i>entacapone</i>	1	COMTAN	
NOURIANZ	1		NDS, PA, QL(30 EA per 30 days), NM
ONGENTYS	1		QL(30 EA per 30 days), ST
<i>tolcapone</i>	1	TASMAR	ST
Dopamine Agonists			
APOKYN	1		NDS, ST, LA, NM
<i>apomorphine hcl 30 mg/3ml Subcutaneous Solution Cartridge</i>	1	APOKYN	NDS, ST, NM
<i>bromocriptine mesylate 2.5 mg Oral Tablet, 5 mg Oral Capsule</i>	1	PARLODEL	
KYNMOBI	1		NDS, QL(150 EA per 30 days), NM
NEUPRO	1		ST
<i>pramipexole dihydrochloride</i>	1	MIRAPEX	
<i>ropinirole hcl</i>	1	REQUIP	
<i>ropinirole hcl er</i>	1	REQUIP XL	
Dopamine Precursors And/or L-amino Acid Decarboxylase Inhibitors			
<i>carbidopa 25 mg Oral Tablet</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	
<i>carbidopa-levodopa 10-100 mg Oral Tablet, 25-100 mg Oral Tablet, 25-250 mg Oral Tablet</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg Oral Tablet Extended Release, 50-200 mg Oral Tablet Extended Release</i>	1	SINEMET CR	
INBRIJA	1		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>	1	AZILECT	QL(30 EA per 30 days)
<i>selegiline hcl 5 mg Oral Tablet</i>	1		
<i>selegiline hcl 5 mg Oral Capsule</i>	1	ELDEPRYL	
ANTIPSYCHOTICS			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
1st Generation/typical			
ADASUVE	1		PA-NSO, QL(1 EA per 7 days)
<i>fluphenazine decanoate 25 mg/ml Injection Solution</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg Oral Tablet, 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml Oral Elixir, 2.5 mg/ml Injection Solution, 5 mg/ml Oral Concentrate</i>	1	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>	1	HALDOL	
<i>haloperidol decanoate 100 mg/ml Intramuscular Solution, 50 mg/ml Intramuscular Solution</i>	1	HALDOL	
<i>haloperidol lactate</i>	1	HALDOL	
<i>loxapine succinate</i>	1	LOXITANE	
<i>molindone hcl</i>	1	MOBAN	
<i>pimozide</i>	1	ORAP	
<i>thioridazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	MELLARIL	AL, PA-NSO, PA-HRM
<i>thiothixene</i>	1	NAVANE	
<i>trifluoperazine hcl</i>	1	STELAZINE	
2nd Generation/atypical			
ABILIFY MAINTENA	1		NDS, PA-NSO, QL(1 EA per 28 days), NM
ABILIFY MYCITE	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
ABILIFY MYCITE MAINTENANCE KIT 10 mg Oral Tablet Therapy Pack, 15 mg Oral Tablet Therapy Pack, 2 mg Oral Tablet Therapy Pack, 20 mg Oral Tablet Therapy Pack, 30 mg Oral Tablet Therapy Pack, 5 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ABILIFY MYCITE STARTER KIT 10 mg Oral Tablet Therapy Pack, 15 mg Oral Tablet Therapy Pack, 2 mg Oral Tablet Therapy Pack, 20 mg Oral Tablet Therapy Pack, 30 mg Oral Tablet Therapy Pack, 5 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
<i>aripiprazole 1 mg/ml Oral Solution</i>	1	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>	1	ABILIFY	QL(30 EA per 30 days)
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	1	ABILIFY DISCMELT	NDS, QL(60 EA per 30 days), NM
ARISTADA 441 mg/1.6ml Intramuscular Prefilled Syringe	1		1 syringe, NDS, PA- NSO, QL(1.6 ML per 28 days), NM
ARISTADA 662 mg/2.4ml Intramuscular Prefilled Syringe	1		1 syringe, NDS, PA- NSO, QL(2.4 ML per 28 days), NM
ARISTADA 882 mg/3.2ml Intramuscular Prefilled Syringe	1		1 syringe, NDS, PA- NSO, QL(3.2 ML per 28 days), NM
ARISTADA 1064 mg/3.9ml Intramuscular Prefilled Syringe	1		1 syringe, NDS, PA- NSO, QL(3.9 ML per 56 days), NM
ARISTADA INITIO	1		NDS, PA-NSO, QL(2.4 ML per 180 days), NM
<i>asenapine maleate</i>	1	SAPHRIS	PA-NSO, QL(60 EA per 30 days)
CAPLYTA	1		PA-NSO, QL(30 EA per 30 days)
FANAPT	1		QL(60 EA per 30 days)
FANAPT TITRATION PACK	1		QL(8 EA per 28 days)
INVEGA HAFYERA 1092 mg/3.5ml Intramuscular Suspension Prefilled Syringe	1		NDS, PA-NSO, QL(3.5 ML per 180 days), NM
INVEGA HAFYERA 1560 mg/5ml Intramuscular Suspension Prefilled Syringe	1		NDS, PA-NSO, QL(5 ML per 180 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
INVEGA SUSTENNA 39 mg/0.25ml Intramuscular Suspension Prefilled Syringe	1		PA-NSO, QL(0.25 ML per 28 days)
INVEGA SUSTENNA 78 mg/0.5ml Intramuscular Suspension Prefilled Syringe	1		NDS, PA-NSO, QL(0.5 ML per 28 days), NM
INVEGA SUSTENNA 117 mg/0.75ml Intramuscular Suspension Prefilled Syringe	1		NDS, PA-NSO, QL(0.75 ML per 28 days), NM
INVEGA SUSTENNA 156 mg/ml Intramuscular Suspension Prefilled Syringe	1		NDS, PA-NSO, QL(1 ML per 28 days), NM
INVEGA SUSTENNA 234 mg/1.5ml Intramuscular Suspension Prefilled Syringe	1		NDS, PA-NSO, QL(1.5 ML per 28 days), NM
INVEGA TRINZA 273 mg/0.88ml Intramuscular Suspension Prefilled Syringe	1		NDS, PA-NSO, QL(0.88 ML per 84 days), NM
INVEGA TRINZA 410 mg/1.32ml Intramuscular Suspension Prefilled Syringe	1		NDS, PA-NSO, QL(1.32 ML per 84 days), NM
INVEGA TRINZA 546 mg/1.75ml Intramuscular Suspension Prefilled Syringe	1		NDS, PA-NSO, QL(1.75 ML per 84 days), NM
INVEGA TRINZA 819 mg/2.63ml Intramuscular Suspension Prefilled Syringe	1		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	1		QL(30 EA per 30 days)
LATUDA 80 mg Oral Tablet	1		QL(60 EA per 30 days)
LYBALVI	1		PA-NSO, QL(30 EA per 30 days)
NUPLAZID	1		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>	1	ZYPREXA	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>olanzapine 10 mg Intramuscular Solution Reconstituted</i>	1	ZYPREXA	QL(120 EA per 30 days)
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	1	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>	1	INVEGA	QL(30 EA per 30 days)
<i>paliperidone er 6 mg Oral Tablet Extended Release 24 Hour</i>	1	INVEGA	QL(60 EA per 30 days)
PERSERIS	1		NDS, PA-NSO, QL(1 EA per 28 days), NM
<i>quetiapine fumarate 150 mg Oral Tablet</i>	1		QL(60 EA per 30 days)
<i>quetiapine fumarate 300 mg Oral Tablet, 400 mg Oral Tablet</i>	1	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>	1	SEROQUEL	QL(90 EA per 30 days)
<i>quetiapine fumarate er 200 mg Oral Tablet Extended Release 24 Hour</i>	1	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>	1	SEROQUEL XR	QL(60 EA per 30 days)
REXULTI	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
RISPERDAL CONSTA 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	1		NDS, PA-NSO, QL(2 EA per 28 days), NM
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg	1		PA-NSO, QL(2 EA per 28 days)

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

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>baclofen 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	LIORESAL	
BELEODAQ	1		NDS, PA-NSO, NM
<i>dantrolene sodium 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	DANTRIUM	
<i>dantrolene sodium 20 mg Intravenous Solution Reconstituted</i>	1	DANTRIUM IV	
REVONTO	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>	1	ZANAFLEX	
ANTIVIRALS			
Anti-cytomegalovirus (cmv) Agents			
<i>cidofovir 75 mg/ml Intravenous Solution</i>	1	VISTIDE	
<i>ganciclovir sodium 500 mg/10ml Intravenous Solution</i>	1		PA BvD
<i>ganciclovir sodium 500 mg Intravenous Solution Reconstituted</i>	1	CYTOVENE	PA BvD
LIVTENCITY	1		NDS, PA, QL(120 EA per 30 days), NM
PREVMIS 240 mg/12ml Intravenous Solution, 480 mg/24ml Intravenous Solution	1		NDS, PA, NM
PREVMIS 240 mg Oral Tablet, 480 mg Oral Tablet	1		NDS, PA, QL(30 EA per 30 days), NM
<i>valganciclovir hcl 450 mg Oral Tablet</i>	1	VALCYTE	
Anti-hepatitis B (hbv) Agents			
<i>adefovir dipivoxil</i>	1	HEPSERA	
BARACLUDGE 0.05 mg/ml Oral Solution	1		NDS, NM
<i>entecavir 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	1	BARACLUDGE	QL(30 EA per 30 days)
<i>lamivudine 300 mg Oral Tablet</i>	1	EPIVIR	QL(30 EA per 30 days)
<i>lamivudine 150 mg Oral Tablet</i>	1	EPIVIR	QL(60 EA per 30 days)
<i>lamivudine 10 mg/ml Oral Solution</i>	1	EPIVIR	QL(960 ML per 30 days)
<i>lamivudine 100 mg Oral Tablet</i>	1	EPIVIR HBV	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>tenofovir disoproxil fumarate 300 mg Oral Tablet</i>	1	VIREAD	QL(30 EA per 30 days)
VEMLIDY	1		QL(30 EA per 30 days)
VIREAD 150 mg Oral Tablet, 200 mg Oral Tablet, 250 mg Oral Tablet	1		QL(30 EA per 30 days)
VIREAD 40 mg/gm Oral Powder	1		QL(240 GM per 30 days)
Anti-hepatitis C (hcv) Agents			
<i>ledipasvir-sofosbuvir 90-400 mg Oral Tablet</i>	1	HARVONI	NDS, PA, QL(28 EA per 28 days), NM
MAVYRET 100-40 mg Oral Tablet	1		NDS, PA, QL(84 EA per 28 days), NM
MAVYRET 50-20 mg Oral Packet	1		NDS, PA, QL(168 EA per 28 days), NM
<i>ribavirin 200 mg Oral Tablet</i>	1	COPEGUS	
<i>ribavirin 200 mg Oral Capsule</i>	1	REBETOL	
<i>sofosbuvir-velpatasvir 400-100 mg Oral Tablet</i>	1	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>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml Oral Suspension</i>	1	ZOVIRAX	
<i>acyclovir sodium</i>	1	ZOVIRAX	PA BvD
<i>famciclovir 125 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	FAMVIR	
<i>trifluridine</i>	1	VIROPTIC	
<i>valacyclovir hcl 1 gm Oral Tablet, 500 mg Oral Tablet</i>	1	VALTREX	
Anti-hiv Agents, Integrase Inhibitors (insti)			
APRETUDE	1		NDS, QL(3 ML per 28 days), NM
BIKTARVY	1		NDS, QL(30 EA per 30 days), NM
DOVATO	1		NDS, QL(30 EA per 30 days), NM
GENVOYA	1		NDS, QL(30 EA per 30 days), NM
ISENTRESS 100 mg Oral Packet	1		QL(60 EA per 30 days)
ISENTRESS 400 mg Oral Tablet	1		NDS, QL(120 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ISENTRESS 100 mg Oral Tablet Chewable	1		NDS, QL(180 EA per 30 days), NM
ISENTRESS 25 mg Oral Tablet Chewable	1		QL(180 EA per 30 days)
ISENTRESS HD	1		NDS, QL(60 EA per 30 days), NM
STRIBILD	1		NDS, QL(30 EA per 30 days), NM
TIVICAY 25 mg Oral Tablet, 50 mg Oral Tablet	1		NDS, QL(60 EA per 30 days), NM
TIVICAY 10 mg Oral Tablet	1		QL(240 EA per 30 days)
TIVICAY PD	1		QL(360 EA per 30 days)
<i>vocabria</i>	1		NDS, QL(30 EA per 30 days), NM
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nrti)			
COMPLERA	1		NDS, QL(30 EA per 30 days), NM
DELSTRIGO	1		NDS, QL(30 EA per 30 days), NM
EDURANT	1		NDS, QL(30 EA per 30 days), NM
<i>efavirenz 600 mg Oral Tablet</i>	1	SUSTIVA	QL(30 EA per 30 days)
<i>efavirenz 200 mg Oral Capsule</i>	1	SUSTIVA	QL(90 EA per 30 days)
<i>efavirenz 50 mg Oral Capsule</i>	1	SUSTIVA	QL(180 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	1	ATRIPLA	NDS, QL(30 EA per 30 days), NM
<i>efavirenz-lamivudine-tenofovir</i>	1	SYMFI	NDS, QL(30 EA per 30 days), NM
<i>etravirine 100 mg Oral Tablet, 200 mg Oral Tablet</i>	1	INTELENCE	QL(60 EA per 30 days)
INTELENCE 25 mg Oral Tablet	1		QL(120 EA per 30 days)
<i>nevirapine 200 mg Oral Tablet</i>	1	VIRAMUNE	QL(60 EA per 30 days)
<i>nevirapine 50 mg/5ml Oral Suspension</i>	1	VIRAMUNE	QL(1200 ML per 30 days)
<i>nevirapine er 400 mg Oral Tablet Extended Release 24 Hour</i>	1	VIRAMUNE XR	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>nevirapine er 100 mg Oral Tablet Extended Release 24 Hour</i>	1	VIRAMUNE XR	QL(90 EA per 30 days)
PIFELTRO	1		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>	1	ZIAGEN	QL(60 EA per 30 days)
<i>abacavir sulfate 20 mg/ml Oral Solution</i>	1	ZIAGEN	QL(960 ML per 30 days)
<i>abacavir sulfate-lamivudine</i>	1	EPZICOM	QL(30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	1	TRIZIVIR	NDS, QL(60 EA per 30 days), NM
<i>cabenuva 400 & 600 mg/2ml Intramuscular Suspension Extended Release</i>	1		NDS, QL(4 ML per 28 days), NM
<i>cabenuva 600 & 900 mg/3ml Intramuscular Suspension Extended Release</i>	1		NDS, QL(6 ML per 28 days), NM
CIMDUO	1		NDS, QL(30 EA per 30 days), NM
DESCOVY	1		NDS, QL(30 EA per 30 days), NM
<i>didanosine</i>	1	VIDEX	QL(30 EA per 30 days)
<i>emtricitabine 200 mg Oral Capsule</i>	1	EMTRIVA	QL(30 EA per 30 days)
<i>emtricitabine-tenofovir df</i>	1	TRUVADA	NDS, QL(30 EA per 30 days), NM
EMTRIVA 10 mg/ml Oral Solution	1		QL(850 ML per 30 days)
JULUCA	1		NDS, QL(30 EA per 30 days), NM
<i>lamivudine-zidovudine</i>	1	COMBIVIR	QL(60 EA per 30 days)
ODEFSEY	1		NDS, QL(30 EA per 30 days), NM
RETROVIR 10 mg/ml Intravenous Solution	1		
<i>stavudine</i>	1	ZERIT	QL(60 EA per 30 days)
TEMIXYS	1		NDS, QL(30 EA per 30 days), NM
TRIUMEQ	1		NDS, QL(30 EA per 30 days), NM
TRIUMEQ PD	1		NDS, QL(180 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TRIZIVIR	1		NDS, QL(60 EA per 30 days), NM
<i>zidovudine 300 mg Oral Tablet</i>	1	RETROVIR	QL(60 EA per 30 days)
<i>zidovudine 100 mg Oral Capsule</i>	1	RETROVIR	QL(180 EA per 30 days)
<i>zidovudine 50 mg/5ml Oral Syrup</i>	1	RETROVIR	QL(1920 ML per 30 days)
Anti-hiv Agents, Other			
<i>foscarnet sodium</i>	1	FOSCAVIR	PA BvD
FUZEON	1		NDS, QL(60 EA per 30 days), NM
<i>maraviroc 150 mg Oral Tablet</i>	1	SELZENTRY	NDS, QL(60 EA per 30 days), NM
<i>maraviroc 300 mg Oral Tablet</i>	1	SELZENTRY	NDS, QL(120 EA per 30 days), NM
RUKOBIA	1		NDS, QL(60 EA per 30 days), NM
SELZENTRY 150 mg Oral Tablet, 75 mg Oral Tablet	1		NDS, QL(60 EA per 30 days), NM
SELZENTRY 300 mg Oral Tablet	1		NDS, QL(120 EA per 30 days), NM
SELZENTRY 25 mg Oral Tablet	1		QL(240 EA per 30 days)
SELZENTRY 20 mg/ml Oral Solution	1		QL(1800 ML per 30 days)
TROGARZO	1		NDS, NM
TYBOST	1		QL(30 EA per 30 days)
Anti-hiv Agents, Protease Inhibitors (pi)			
APTIVUS 250 mg Oral Capsule	1		QL(120 EA per 30 days)
APTIVUS 100 mg/ml Oral Solution	1		QL(380 ML per 30 days)
<i>atazanavir sulfate 300 mg Oral Capsule</i>	1	REYATAZ	QL(30 EA per 30 days)
<i>atazanavir sulfate 150 mg Oral Capsule, 200 mg Oral Capsule</i>	1	REYATAZ	QL(60 EA per 30 days)
CRIXIVAN 400 mg Oral Capsule	1		QL(180 EA per 30 days)
CRIXIVAN 200 mg Oral Capsule	1		QL(270 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
EVOTAZ	1		NDS, QL(30 EA per 30 days), NM
<i>fosamprenavir calcium 700 mg Oral Tablet</i>	1	LEXIVA	QL(120 EA per 30 days)
INVIRASE	1		NDS, QL(120 EA per 30 days), NM
LEXIVA 50 mg/ml Oral Suspension	1		QL(1800 ML per 30 days)
<i>lopinavir-ritonavir 200-50 mg Oral Tablet</i>	1	KALETRA	QL(120 EA per 30 days)
<i>lopinavir-ritonavir 100-25 mg Oral Tablet</i>	1	KALETRA	QL(300 EA per 30 days)
<i>lopinavir-ritonavir 400-100 mg/5ml Oral Solution</i>	1	KALETRA	QL(480 ML per 30 days)
NORVIR 100 mg Oral Packet	1		QL(360 EA per 30 days)
NORVIR 80 mg/ml Oral Solution	1		QL(480 ML per 30 days)
PREZCOBIX	1		NDS, QL(30 EA per 30 days), NM
PREZISTA 800 mg Oral Tablet	1		NDS, QL(30 EA per 30 days), NM
PREZISTA 600 mg Oral Tablet	1		NDS, QL(60 EA per 30 days), NM
PREZISTA 150 mg Oral Tablet	1		NDS, QL(180 EA per 30 days), NM
PREZISTA 100 mg/ml Oral Suspension	1		NDS, QL(400 ML per 30 days), NM
PREZISTA 75 mg Oral Tablet	1		QL(480 EA per 30 days)
REYATAZ 50 mg Oral Packet	1		QL(180 EA per 30 days)
<i>ritonavir 100 mg Oral Tablet</i>	1	NORVIR	QL(360 EA per 30 days)
SYMTUZA	1		NDS, QL(30 EA per 30 days), NM
VIRACEPT 625 mg Oral Tablet	1		NDS, QL(120 EA per 30 days), NM
VIRACEPT 250 mg Oral Tablet	1		NDS, QL(270 EA per 30 days), NM
Anti-influenza Agents			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>oseltamivir phosphate 45 mg Oral Capsule, 75 mg Oral Capsule</i>	1	TAMIFLU	QL(42 EA per 180 days)
<i>oseltamivir phosphate 30 mg Oral Capsule</i>	1	TAMIFLU	QL(84 EA per 180 days)
<i>oseltamivir phosphate 6 mg/ml Oral Suspension Reconstituted</i>	1	TAMIFLU	QL(540 ML per 180 days)
RELENZA DISKHALER 5 mg/act Inhalation Aerosol Powder Breath Activated	1		QL(60 EA per 180 days)
<i>rimantadine hcl</i>	1	FLUMADINE	
XOFLUZA (40 MG DOSE) 1 x 40 mg Oral Tablet Therapy Pack	1		QL(2 EA per 180 days)
XOFLUZA (40 MG DOSE) 2 x 20 mg Oral Tablet Therapy Pack	1		QL(4 EA per 180 days)
XOFLUZA (80 MG DOSE) 1 x 80 mg Oral Tablet Therapy Pack	1		QL(2 EA per 180 days)
XOFLUZA (80 MG DOSE) 2 x 40 mg Oral Tablet Therapy Pack	1		QL(4 EA per 180 days)
Antiviral Agents, Other			
LAGEVRIO	1		
PAXLOVID (150/100)	1		
PAXLOVID (300/100)	1		
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>	1	BUSPAR	
<i>hydroxyzine pamoate 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	VISTARIL	
<i>meprobamate</i>	1		AL, NDS, PA-HRM, NM
<i>oxazepam</i>	1	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>	1	NIRAVAM	NDS, QL(120 EA per 30 days), NM
<i>alprazolam 2 mg tab disint</i>	1	NIRAVAM	NDS, QL(150 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>alprazolam 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	1	XANAX	NDS, QL(120 EA per 30 days), NM
<i>alprazolam 2 mg Oral Tablet</i>	1	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>	1	XANAX XR	NDS, QL(30 EA per 30 days), NM
<i>alprazolam er 3 mg Oral Tablet Extended Release 24 Hour</i>	1	XANAX XR	NDS, QL(90 EA per 30 days), NM
<i>alprazolam er 2 mg Oral Tablet Extended Release 24 Hour</i>	1	XANAX XR	NDS, QL(150 EA per 30 days), NM
ALPRAZOLAM INTENSOL	1		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>	1	XANAX XR	NDS, QL(30 EA per 30 days), NM
<i>alprazolam xr 3 mg Oral Tablet Extended Release 24 Hour</i>	1	XANAX XR	NDS, QL(90 EA per 30 days), NM
<i>alprazolam xr 2 mg Oral Tablet Extended Release 24 Hour</i>	1	XANAX XR	NDS, QL(150 EA per 30 days), NM
<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>	1	KLONOPIN	NDS, QL(120 EA per 30 days), NM
<i>clonazepam 2 mg Oral Tablet, 2 mg tab disint</i>	1	KLONOPIN	NDS, QL(300 EA per 30 days), NM
<i>clorazepate dipotassium 3.75 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	TRANXENE	NDS, QL(120 EA per 30 days), NM
<i>clorazepate dipotassium 15 mg Oral Tablet</i>	1	TRANXENE	NDS, QL(180 EA per 30 days), NM
<i>diazepam 5 mg/ml Oral Concentrate</i>	1		NDS, QL(240 ML per 30 days), NM
<i>diazepam 10 mg Oral Tablet, 2 mg Oral Tablet, 5 mg Oral Tablet</i>	1	VALIUM	NDS, QL(120 EA per 30 days), NM
<i>diazepam 5 mg/5ml Oral Solution</i>	1	VALIUM	NDS, QL(1200 ML per 30 days), NM
DIAZEPAM INTENSOL	1		NDS, QL(240 ML per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lorazepam 4 mg/ml Injection Solution</i>	1		NDS, QL(90 ML per 30 days), NM
<i>lorazepam 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	ATIVAN	NDS, NM
<i>lorazepam 2 mg/ml Injection Solution</i>	1	ATIVAN	NDS, QL(120 ML per 30 days), NM
<i>lorazepam 2 mg/ml Oral Concentrate</i>	1	LORAZEPAM INTENSOL	NDS, QL(150 ML per 30 days), NM
LORAZEPAM INTENSOL	1		NDS, QL(150 ML per 30 days), NM
BIPOLAR AGENTS			
Mood Stabilizers			
<i>lithium</i>	1		
<i>lithium carbonate 150 mg Oral Capsule, 600 mg Oral Capsule</i>	1		
<i>lithium carbonate 300 mg Oral Capsule</i>	1	ESKALITH	
<i>lithium carbonate 300 mg Oral Tablet</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg Oral Tablet Extended Release</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg Oral Tablet Extended Release</i>	1	LITHOBID	
<i>valproate sodium 100 mg/ml Intravenous Solution</i>	1	DEPACON	
<i>valproic acid 250 mg Oral Capsule</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml Oral Solution</i>	1	DEPAKENE	
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)
BYDUREON BCISE	1		4 pens, QL(3.4 ML per 28 days), ST
BYETTA 10 MCG PEN	1		QL(2.4 ML per 30 days), ST
BYETTA 5 MCG PEN	1		QL(1.2 ML per 30 days), ST
CYCLOSET	1		PA, QL(180 EA per 30 days)
FARXIGA	1		QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>glimepiride 4 mg Oral Tablet</i>	1	AMARYL	QL(60 EA per 30 days)
<i>glimepiride 2 mg Oral Tablet</i>	1	AMARYL	QL(120 EA per 30 days)
<i>glimepiride 1 mg Oral Tablet</i>	1	AMARYL	QL(240 EA per 30 days)
<i>glipizide 10 mg Oral Tablet</i>	1	GLUCOTROL	QL(120 EA per 30 days)
<i>glipizide 5 mg Oral Tablet</i>	1	GLUCOTROL	QL(240 EA per 30 days)
<i>glipizide er 10 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(60 EA per 30 days)
<i>glipizide er 5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(120 EA per 30 days)
<i>glipizide er 2.5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(240 EA per 30 days)
<i>glipizide xl 10 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(60 EA per 30 days)
<i>glipizide xl 5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(120 EA per 30 days)
<i>glipizide xl 2.5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(240 EA per 30 days)
<i>glipizide-metformin hcl 2.5-500 mg Oral Tablet, 5-500 mg Oral Tablet</i>	1	METAGLIP	QL(120 EA per 30 days)
<i>glipizide-metformin hcl 2.5-250 mg Oral Tablet</i>	1	METAGLIP	QL(240 EA per 30 days)
<i>glyburide 5 mg Oral Tablet</i>	1	DIABETA	AL, PA-HRM, QL(120 EA per 30 days)
<i>glyburide 2.5 mg Oral Tablet</i>	1	DIABETA	AL, PA-HRM, QL(240 EA per 30 days)
<i>glyburide 1.25 mg Oral Tablet</i>	1	DIABETA	AL, PA-HRM, QL(480 EA per 30 days)
<i>glyburide micronized 6 mg Oral Tablet</i>	1	GLYNASE	AL, PA-HRM, QL(60 EA per 30 days)
<i>glyburide micronized 3 mg Oral Tablet</i>	1	GLYNASE	AL, PA-HRM, QL(120 EA per 30 days)
<i>glyburide micronized 1.5 mg Oral Tablet</i>	1	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>	1	GLUCOVANCE	AL, PA-HRM, QL(120 EA per 30 days)
<i>glyburide-metformin 1.25-250 mg Oral Tablet</i>	1	GLUCOVANCE	AL, PA-HRM, QL(240 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
GLYXAMBI	1		QL(30 EA per 30 days)
JARDIANCE	1		QL(30 EA per 30 days)
JENTADUETO	1		QL(60 EA per 30 days)
JENTADUETO XR 5-1000 mg Oral Tablet Extended Release 24 Hour	1		QL(30 EA per 30 days)
JENTADUETO XR 2.5-1000 mg Oral Tablet Extended Release 24 Hour	1		QL(60 EA per 30 days)
<i>metformin hcl 1000 mg Oral Tablet</i>	1	GLUCOPHAGE	QL(75 EA per 30 days)
<i>metformin hcl 850 mg Oral Tablet</i>	1	GLUCOPHAGE	QL(90 EA per 30 days)
<i>metformin hcl 500 mg Oral Tablet</i>	1	GLUCOPHAGE	QL(150 EA per 30 days)
<i>metformin hcl er 750 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOPHAGE XR	QL(60 EA per 30 days)
<i>metformin hcl er 500 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOPHAGE XR	QL(120 EA per 30 days)
<i>miglitol</i>	1	GLYSET	QL(90 EA per 30 days)
MOUNJARO	1		PA, QL(2 ML per 28 days)
<i>nateglinide</i>	1	STARLIX	QL(90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml Subcutaneous Solution Pen-injector	1		1 pen, QL(1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml Subcutaneous Solution Pen-injector	1		QL(3 ML per 28 days)
OZEMPIC (1 MG/DOSE) 4 mg/3ml Subcutaneous Solution Pen-injector	1		1 pen, QL(3 ML per 28 days)
OZEMPIC (1 MG/DOSE) 2 mg/1.5ml Subcutaneous Solution Pen-injector	1		2 pens, QL(3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	1		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)
<i>pioglitazone hcl 15 mg Oral Tablet</i>	1	ACTOS	QL(90 EA per 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	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)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>repaglinide 2 mg Oral Tablet</i>	1	PRANDIN	QL(240 EA per 30 days)
RYBELSUS 14 mg Oral Tablet, 7 mg Oral Tablet	1		QL(30 EA per 30 days)
RYBELSUS 3 mg Oral Tablet	1		QL(30 EA per 180 days)
SYMLINPEN 120	1		PA, QL(10.8 ML per 28 days)
SYMLINPEN 60	1		PA, QL(6 ML per 28 days)
SYNJARDY	1		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	1		QL(30 EA per 30 days)
SYNJARDY XR 12.5-1000 mg Oral Tablet Extended Release 24 Hour, 5-1000 mg Oral Tablet Extended Release 24 Hour	1		QL(60 EA per 30 days)
<i>tolbutamide</i>	1	ORINASE	QL(180 EA per 30 days)
TRADJENTA	1		QL(30 EA per 30 days)
TRULICITY	1		QL(2 ML per 28 days)
VICTOZA	1		QL(9 ML per 30 days)
XIGDUO XR 10-1000 mg Oral Tablet Extended Release 24 Hour, 10-500 mg Oral Tablet Extended Release 24 Hour, 5-500 mg Oral Tablet Extended Release 24 Hour	1		QL(30 EA per 30 days)
XIGDUO XR 2.5-1000 mg Oral Tablet Extended Release 24 Hour, 5-1000 mg Oral Tablet Extended Release 24 Hour	1		QL(60 EA per 30 days)
XULTOPHY	1		QL(15 ML per 30 days), ST
Glycemic Agents			
BAQSIMI ONE PACK	1		
BAQSIMI TWO PACK	1		
<i>diazoxide 50 mg/ml Oral Suspension</i>	1	PROGLYCEM	
GLUCAGEN DIAGNOSTIC	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
GLUCAGEN HYPOKIT	1		
<i>glucagon emergency 1 mg/ml Injection Solution Reconstituted</i>	1		
<i>glucagon emergency 1 mg Injection Kit</i>	1	GLUCAGON EMERGENCY	
<i>glucagon hcl (diagnostic)</i>	1		
GVOKE HYPOPEN 1-PACK	1		
GVOKE HYPOPEN 2-PACK	1		
GVOKE KIT	1		
GVOKE PFS	1		
KORLYM	1		NDS, PA, QL(120 EA per 30 days), LA, NM
Insulins			
HUMULIN R U-500 (CONCENTRATED)	1		PA
HUMULIN R U-500 KWIKPEN	1		PA
LANTUS	1		
LANTUS SOLOSTAR	1		
LEVEMIR	1		
LEVEMIR FLEXTOUCH	1		
NOVOLIN 70/30	1		
NOVOLIN 70/30 FLEXPEN	1		
NOVOLIN 70/30 FLEXPEN RELION	1		
NOVOLIN 70/30 RELION	1		
NOVOLIN N	1		
NOVOLIN N FLEXPEN	1		
NOVOLIN N FLEXPEN RELION	1		
NOVOLIN N RELION	1		
NOVOLIN R	1		
NOVOLIN R FLEXPEN	1		
NOVOLIN R FLEXPEN RELION	1		
NOVOLIN R RELION	1		
NOVOLOG	1		
NOVOLOG 70/30 FLEXPEN RELION	1		
NOVOLOG FLEXPEN	1		
NOVOLOG FLEXPEN RELION	1		
NOVOLOG MIX 70/30	1		
NOVOLOG MIX 70/30 FLEXPEN	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NOVOLOG MIX 70/30 RELION	1		
NOVOLOG PENFILL	1		
NOVOLOG RELION 100 unit/ml Injection Solution	1		
TOUJEO MAX SOLOSTAR	1		
TOUJEO SOLOSTAR	1		
TRESIBA	1		
TRESIBA FLEXTOUCH	1		
BLOOD PRODUCTS AND MODIFIERS			
Anticoagulants			
<i>dabigatran etexilate mesylate 150 mg Oral Capsule, 75 mg Oral Capsule</i>	1	PRADAXA	QL(60 EA per 30 days), ST
ELIQUIS 2.5 mg Oral Tablet	1		QL(60 EA per 30 days)
ELIQUIS 5 mg Oral Tablet	1		QL(120 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK	1		QL(74 EA per 180 days)
<i>enoxaparin sodium 30 mg/0.3ml Injection Solution Prefilled Syringe</i>	1	LOVENOX	28 syringes, QL(8.4 ML per 14 days)
<i>enoxaparin sodium 40 mg/0.4ml Injection Solution Prefilled Syringe</i>	1	LOVENOX	28 syringes, QL(11.2 ML per 14 days)
<i>enoxaparin sodium 60 mg/0.6ml Injection Solution Prefilled Syringe</i>	1	LOVENOX	28 syringes, QL(16.8 ML per 14 days)
<i>enoxaparin sodium 120 mg/0.8ml Injection Solution Prefilled Syringe, 80 mg/0.8ml Injection Solution Prefilled Syringe</i>	1	LOVENOX	28 syringes, QL(22.4 ML per 14 days)
<i>enoxaparin sodium 100 mg/ml Injection Solution Prefilled Syringe, 150 mg/ml Injection Solution Prefilled Syringe</i>	1	LOVENOX	QL(28 ML per 14 days)
<i>fondaparinux sodium 2.5 mg/0.5ml Subcutaneous Solution</i>	1	ARIXTRA	14 syringes
<i>fondaparinux sodium 5 mg/0.4ml Subcutaneous Solution</i>	1	ARIXTRA	14 syringes, QL(5.6 ML per 14 days)
<i>fondaparinux sodium 7.5 mg/0.6ml Subcutaneous Solution</i>	1	ARIXTRA	14 syringes, QL(8.4 ML per 14 days)
<i>fondaparinux sodium 10 mg/0.8ml Subcutaneous Solution</i>	1	ARIXTRA	14 syringes, QL(11.2 ML per 14 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>heparin sod (porcine) in d5w 100 unit/ml Intravenous Solution</i>	1		
<i>heparin sodium (porcine) 10000 unit/ml Injection Solution</i>	1		
<i>heparin sodium (porcine) 1000 unit/ml Injection Solution, 20000 unit/ml Injection Solution, 5000 unit/ml Injection Solution</i>	1		PA BvD
<i>heparin sodium (porcine) pf 5000 unit/ml Injection Solution</i>	1		PA BvD
JANTOVEN	1		
PRADAXA	1		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	
XARELTO 10 mg Oral Tablet, 15 mg Oral Tablet, 20 mg Oral Tablet	1		QL(30 EA per 30 days)
XARELTO 2.5 mg Oral Tablet	1		QL(60 EA per 30 days)
XARELTO 1 mg/ml Oral Suspension Reconstituted	1		QL(620 ML per 30 days)
XARELTO STARTER PACK	1		QL(51 EA per 180 days)
Blood Products And Modifiers, Other			
ADAKVEO	1		NDS, PA, NM
<i>anagrelide hcl</i>	1	AGRYLIN	
ARANESP (ALBUMIN FREE)	1		May be payable under part B, PA
EMPAVELI	1		NDS, PA, NM
EPOGEN	1		May be payable under part B, PA, QL(12 ML per 28 days)
LEUKINE	1		NDS, PA, NM
MULPLETA	1		NDS, PA, QL(7 EA per 30 days), NM
NEULASTA ONPRO	1		NDS, PA, NM
NIVESTYM	1		NDS, PA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NYVEPRIA	1		NDS, PA, QL(1.2 ML per 28 days), NM
OXBRYTA 300 mg Oral Tablet Soluble, 500 mg Oral Tablet	1		NDS, PA, QL(150 EA per 30 days), NM
PROCRIT 40000 unit/ml Injection Solution	1		May be payable under part B, 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 Solution, 4000 unit/ml Injection Solution	1		May be payable under part B, PA, QL(12 ML per 28 days)
PROMACTA	1		NDS, PA, NM
PYRUKYND	1		NDS, PA, QL(60 EA per 30 days), NM
PYRUKYND TAPER PACK 7 x 20 MG & 7 x 5 mg Oral Tablet Therapy Pack, 7 x 50 MG & 7 x 20 mg Oral Tablet Therapy Pack	1		NDS, PA, QL(14 EA per 180 days), NM
PYRUKYND TAPER PACK 5 mg Oral Tablet Therapy Pack	1		NDS, PA, QL(60 EA per 30 days), NM
<i>releuko 300 mcg/0.5ml Subcutaneous Solution Prefilled Syringe, 480 mcg/0.8ml Subcutaneous Solution Prefilled Syringe, 480 mcg/1.6ml Injection Solution</i>	1		NDS, PA, NM
RELEUKO 300 mcg/ml Injection Solution	1		NDS, PA, NM
RETACRIT 40000 unit/ml Injection Solution	1		May be payable under part B, 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	1		May be payable under part B, PA, QL(12 ML per 28 days)
TAVNEOS	1		NDS, PA, QL(180 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
UDENYCA	1		NDS, PA, QL(1.2 ML per 28 days), NM
ZARXIO	1		NDS, PA, NM
ZIEXTENZO	1		NDS, PA, QL(1.2 ML per 28 days), NM
Hemostasis Agents			
<i>tranexamic acid 650 mg Oral Tablet</i>	1	LYSTEDA	
Platelet Modifying Agents			
<i>aspirin-dipyridamole er</i>	1	AGGRENOX	
BRILINTA	1		
CABLIVI	1		NDS, PA, QL(31 EA per 30 days), NM
<i>cilostazol</i>	1	PLETAL	
<i>clopidogrel bisulfate 75 mg Oral Tablet</i>	1	PLAVIX	
<i>dipyridamole 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	1	PERSANTINE	
DOPTELET	1		NDS, PA, QL(10 EA per 30 days), NM
DOPTELET	1		NDS, PA, QL(15 EA per 30 days), NM
DOPTELET	1		NDS, PA, QL(60 EA per 30 days), NM
<i>prasugrel hcl</i>	1	EFFIENT	QL(30 EA per 30 days)
TAVALISSE	1		NDS, PA, QL(60 EA per 30 days), NM
ZONTIVITY	1		PA
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS			
Anticoagulants			
<i>enoxaparin sodium 300 mg/3ml Injection Solution</i>	1	LOVENOX	QL(28 ML per 14 days)
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% Intravenous Solution, 25000-0.45 ut/250ml-% Intravenous Solution</i>	1		
<i>heparin sod (porcine) in d5w 40-5 unit/ml-% Intravenous Solution</i>	1		
<i>heparin sodium (porcine) 5000 unit/0.5ml Injection Solution Prefilled Syringe</i>	1		PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>heparin sodium (porcine) pf 5000 unit/0.5ml Injection Solution</i>	1		PA BvD
Blood Formation Modifiers			
MOZOBIL	1		NDS, NM
NPLATE	1		NDS, PA, NM
REBLOZYL	1		NDS, PA, NM
Blood Products/ Modifiers/ Volume Expanders, Other			
<i>aminocaproic acid 250 mg/ml Intravenous Solution</i>	1		
CUTAQUIG	1		May be payable under part B, NDS, PA, NM
CUVITRU	1		May be payable under part B, NDS, PA, NM
FLEBOGAMMA DIF 0.5 gm/10ml Intravenous Solution, 10 gm/200ml Intravenous Solution, 2.5 gm/50ml Intravenous Solution, 20 gm/400ml Intravenous Solution, 5 gm/100ml Intravenous Solution	1		May be payable under part B, NDS, PA, NM
GAMMAGARD 10 gm/100ml Injection Solution, 20 gm/200ml Injection Solution, 30 gm/300ml Injection Solution, 5 gm/50ml Injection Solution	1		May be payable under part B, NDS, PA, NM
GAMUNEX-C 10 gm/100ml Injection Solution, 20 gm/200ml Injection Solution, 40 gm/400ml Injection Solution, 5 gm/50ml Injection Solution	1		May be payable under part B, NDS, PA, NM
HIZENTRA	1		May be payable under part B, NDS, PA, NM
HYQVIA	1		May be payable under part B, NDS, PA, NM
PRIVIGEN 40 gm/400ml Intravenous Solution	1		May be payable under part B, NDS, PA, NM
SYNAGIS	1		NDS, PA, NM
<i>tranexamic acid 1000 mg/10ml Intravenous Solution</i>	1	CYKLOKAPRON	
CARDIOVASCULAR AGENTS			
Alpha-adrenergic Agonists			
<i>clonidine</i>	1	CATAPRES-TTS	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>clonidine hcl 0.1 mg Oral Tablet, 0.2 mg Oral Tablet, 0.3 mg Oral Tablet</i>	1	CATAPRES	
<i>droxidopa 100 mg Oral Capsule</i>	1	NORTHERA	NDS, PA, QL(90 EA per 30 days), NM
<i>droxidopa 200 mg Oral Capsule, 300 mg Oral Capsule</i>	1	NORTHERA	NDS, PA, QL(180 EA per 30 days), NM
<i>midodrine hcl</i>	1	PROAMATINE	
Alpha-adrenergic Blocking Agents			
<i>doxazosin mesylate 1 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	CARDURA	
<i>phenylephrine hcl 10 mg/ml Intravenous Solution</i>	1	VAZCULEP	
<i>prazosin hcl 1 mg Oral Capsule, 2 mg Oral Capsule, 5 mg Oral Capsule</i>	1	MINIPRESS	
<i>terazosin hcl</i>	1	HYTRIN	
Angiotensin li Receptor Antagonists			
<i>candesartan cilexetil 32 mg Oral Tablet</i>	1	ATACAND	QL(30 EA per 30 days)
<i>candesartan cilexetil 16 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	ATACAND	QL(60 EA per 30 days)
EDARBI	1		QL(30 EA per 30 days)
<i>irbesartan</i>	1	AVAPRO	QL(30 EA per 30 days)
<i>losartan potassium 100 mg Oral Tablet</i>	1	COZAAR	QL(45 EA per 30 days)
<i>losartan potassium 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	COZAAR	QL(60 EA per 30 days)
<i>olmesartan medoxomil 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	BENICAR	QL(30 EA per 30 days)
<i>olmesartan medoxomil 5 mg Oral Tablet</i>	1	BENICAR	QL(60 EA per 30 days)
<i>telmisartan</i>	1	MICARDIS	QL(30 EA per 30 days)
<i>valsartan 320 mg Oral Tablet</i>	1	DIOVAN	QL(30 EA per 30 days)
<i>valsartan 160 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	DIOVAN	QL(60 EA per 30 days)
Angiotensin-converting Enzyme (ace) Inhibitors			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<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)
<i>captopril 100 mg Oral Tablet, 12.5 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	CAPOTEN	
<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)
<i>enalaprilat</i>	1		QL(120 ML per 30 days)
<i>fosinopril sodium</i>	1	MONOPRIL	QL(60 EA per 30 days)
<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)
<i>moexipril hcl</i>	1	UNIVASC	
<i>perindopril erbumine</i>	1	ACEON	QL(60 EA per 30 days)
<i>quinapril hcl</i>	1	ACCUPRIL	QL(60 EA per 30 days)
<i>ramipril</i>	1	ALTACE	QL(60 EA per 30 days)
<i>trandolapril</i>	1	MAVIK	QL(60 EA per 30 days)
Antiarrhythmics			
<i>amiodarone hcl 450 mg/9ml Intravenous Solution</i>	1		
<i>amiodarone hcl 100 mg Oral Tablet, 200 mg Oral Tablet, 400 mg Oral Tablet</i>	1	CORDARONE	
<i>amiodarone hcl 150 mg/3ml Intravenous Solution, 900 mg/18ml Intravenous Solution</i>	1	CORDARONE	
<i>disopyramide phosphate</i>	1	NORPACE	
<i>dofetilide</i>	1	TIKOSYN	
<i>flecainide acetate</i>	1	TAMBOCOR	
<i>lidocaine hcl (cardiac) 50 mg/5ml iv soln pfs</i>	1		
<i>lidocaine hcl (cardiac) pf 50 mg/5ml iv soln pfs</i>	1		
<i>lidocaine in d5w 8-5 mg/ml-% Intravenous Solution</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mexiletine hcl 150 mg Oral Capsule, 200 mg Oral Capsule, 250 mg Oral Capsule</i>	1	MEXITIL	
MULTAQ	1		
PACERONE	1		
<i>procainamide hcl 100 mg/ml Injection Solution, 500 mg/ml Injection Solution</i>	1	PRONESTYL	
<i>propafenone hcl</i>	1	RYTHMOL	
<i>propafenone hcl er</i>	1	RYTHMOL SR	
<i>quinidine gluconate er</i>	1		
<i>quinidine sulfate 200 mg Oral Tablet, 300 mg Oral Tablet</i>	1		
<i>sotalol hcl 120 mg Oral Tablet, 160 mg Oral Tablet, 240 mg Oral Tablet, 80 mg Oral Tablet</i>	1	BETAPACE	
<i>sotalol hcl (af)</i>	1	BETAPACE AF	
Beta-adrenergic Blocking Agents			
<i>acebutolol hcl 200 mg Oral Capsule, 400 mg Oral Capsule</i>	1	SECTRAL	
<i>atenolol 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ZEBETA	
<i>carvedilol</i>	1	COREG	
<i>labetalol hcl 100 mg Oral Tablet, 200 mg Oral Tablet, 300 mg Oral Tablet</i>	1	NORMODYNE	
<i>labetalol hcl 5 mg/ml Intravenous Solution</i>	1	NORMODYNE	
<i>metoprolol succinate er</i>	1	TOPROL XL	
<i>metoprolol tartrate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	LOPRESSOR	
<i>metoprolol tartrate 5 mg/5ml Intravenous Solution</i>	1	LOPRESSOR	
<i>nadolol 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	CORGARD	
<i>pindolol</i>	1	VISKEN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>propranolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 60 mg Oral Tablet, 80 mg Oral Tablet</i>	1	INDERAL	
<i>propranolol hcl 1 mg/ml Intravenous Solution, 20 mg/5ml Oral Solution, 40 mg/5ml Oral Solution</i>	1	INDERAL	
<i>propranolol hcl er</i>	1	INDERAL LA	
<i>timolol maleate 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	BLOCADREN	
Calcium Channel Blocking Agents			
<i>diltiazem hcl 125 mg/25ml Intravenous Solution, 25 mg/5ml Intravenous Solution</i>	1		
<i>diltiazem hcl 100 mg Intravenous Solution Reconstituted</i>	1	CARDIZEM	
<i>diltiazem hcl 50 mg/10ml Intravenous Solution</i>	1	CARDIZEM	
<i>nicardipine hcl 2.5 mg/ml Intravenous Solution</i>	1	CARDENE	
<i>verapamil hcl 2.5 mg/ml Intravenous Solution</i>	1	ISOPTIN	
Calcium Channel Blocking Agents, Dihydropyridines			
<i>amlodipine besylate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	NORVASC	
<i>felodipine er</i>	1	PLENDIL	
<i>isradipine</i>	1	DYNACIRC	
<i>nicardipine hcl 20 mg Oral Capsule, 30 mg Oral Capsule</i>	1	CARDENE	
<i>nifedipine er</i>	1	ADALAT CC	
<i>nifedipine er osmotic release</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg Oral Capsule</i>	1	NIMOTOP	
<i>nisoldipine er</i>	1	SULAR	
Calcium Channel Blocking Agents, Nondihydropyridines			
CARTIA XT	1		
<i>diltiazem hcl 120 mg Oral Tablet, 30 mg Oral Tablet, 60 mg Oral Tablet, 90 mg Oral Tablet</i>	1	CARDIZEM	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<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>	1	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>	1	DILACOR XR	
<i>diltiazem hcl er beads</i>	1	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>	1	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>	1	CARDIZEM LA	
<i>dilt-xr</i>	1	DILACOR XR	
MATZIM LA	1		
TAZTIA XT	1		
TIADYLT ER	1		
<i>verapamil hcl 120 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	CALAN	
<i>verapamil hcl er 120 mg Oral Tablet Extended Release, 180 mg</i>	1	CALAN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Oral Tablet Extended Release, 240 mg Oral Tablet Extended Release</i>			
<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>	1	VERELAN	
Cardiovascular Agents, Other			
<i>acetazolamide 125 mg Oral Tablet, 250 mg Oral Tablet</i>	1	DIAMOX	
ALDACTAZIDE 50-50 mg Oral Tablet	1		
<i>aliskiren fumarate</i>	1	TEKTURNA	QL(30 EA per 30 days)
<i>amiloride-hydrochlorothiazide</i>	1	MODURETIC	
<i>amlodipine besy-benazepril hcl</i>	1	LOTREL	
<i>amlodipine besylate-valsartan</i>	1	EXFORGE	
<i>amlodipine-atorvastatin</i>	1	CADUET	QL(30 EA per 30 days)
<i>amlodipine-olmesartan</i>	1	AZOR	QL(30 EA per 30 days)
<i>amlodipine-valsartan-hctz</i>	1	EXFORGE HCT	
<i>atenolol-chlorthalidone</i>	1	TENORETIC	
<i>atropine sulfate 0.25 mg/5ml Injection Solution Prefilled Syringe, 1 mg/10ml Injection Solution Prefilled Syringe</i>	1		
<i>benazepril-hydrochlorothiazide</i>	1	LOTENSIN HCT	QL(60 EA per 30 days)
<i>bisoprolol-hydrochlorothiazide</i>	1	ZIAC	
CAMZYOS	1		NDS, PA, QL(30 EA per 30 days), NM
<i>candesartan cilexetil-hctz 32-12.5 mg Oral Tablet, 32-25 mg Oral Tablet</i>	1	ATACAND HCT	QL(30 EA per 30 days)
<i>candesartan cilexetil-hctz 16-12.5 mg Oral Tablet</i>	1	ATACAND HCT	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>captopril-hydrochlorothiazide</i>	1	CAPOZIDE	
CORLANOR 5 mg Oral Tablet, 7.5 mg Oral Tablet	1		PA, QL(60 EA per 30 days)
DIGITEK	1		
<i>digox</i>	1	LANOXIN	
<i>digoxin 125 mcg Oral Tablet, 250 mcg Oral Tablet</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml Oral Solution, 0.25 mg/ml Injection Solution</i>	1	LANOXIN	
<i>dobutamine hcl 250 mg/20ml Intravenous Solution</i>	1		PA BvD
<i>dobutamine in d5w 1-5 mg/ml-% Intravenous Solution, 2 mg/ml Intravenous Solution, 4-5 mg/ml-% Intravenous Solution</i>	1		PA BvD
EDARBYCLOR	1		QL(30 EA per 30 days)
<i>enalapril-hydrochlorothiazide</i>	1	VASERETIC	QL(60 EA per 30 days)
ENTRESTO 97-103 mg Oral Tablet	1		QL(60 EA per 30 days)
ENTRESTO 49-51 mg Oral Tablet	1		QL(90 EA per 30 days)
ENTRESTO 24-26 mg Oral Tablet	1		QL(180 EA per 30 days)
<i>fosinopril sodium-hctz</i>	1	MONOPRIL-HCT	QL(120 EA per 30 days)
<i>hydrochlorothiazide 25 mg Oral Tablet</i>	1	HYDRODIURIL	
<i>irbesartan-hydrochlorothiazide</i>	1	AVALIDE	QL(30 EA per 30 days)
KERENDIA	1		PA, QL(30 EA per 30 days)
LANOXIN 125 mcg Oral Tablet, 250 mcg Oral Tablet, 62.5 mcg Oral Tablet	1		
<i>lisinopril-hydrochlorothiazide</i>	1	ZESTORETIC	QL(60 EA per 30 days)
<i>losartan potassium-hctz</i>	1	HYZAAR	QL(30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide</i>	1	LOPRESSOR HCT	
<i>metyrosine</i>	1	DEMSER	NDS, PA, NM
<i>milrinone lactate</i>	1		PA BvD
<i>milrinone lactate in dextrose</i>	1		PA BvD
<i>olmesartan medoxomil-hctz</i>	1	BENICAR HCT	QL(30 EA per 30 days)
<i>olmesartan-amlodipine-hctz</i>	1	TRIBENZOR	QL(30 EA per 30 days)
<i>pentoxifylline er</i>	1	TRENTAL	
<i>propranolol-hctz</i>	1	INDERIDE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>quinapril-hydrochlorothiazide</i>	1	ACCURETIC	QL(60 EA per 30 days)
<i>ranolazine er 1000 mg Oral Tablet Extended Release 12 Hour, 500 mg Oral Tablet Extended Release 12 Hour</i>	1	RANEXA	
<i>spironolactone-hctz 25-25 mg Oral Tablet</i>	1	ALDACTAZIDE	
TEKTURNA HCT	1		
<i>telmisartan-amlodipine</i>	1	TWYNSTA	QL(30 EA per 30 days)
<i>telmisartan-hctz</i>	1	MICARDIS-HCT	QL(30 EA per 30 days)
<i>triamterene-hctz 37.5-25 mg Oral Capsule</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg Oral Tablet, 75-50 mg Oral Tablet</i>	1	MAXZIDE	
<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)
<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)
VERQUVO	1		PA, QL(30 EA per 30 days)
Diuretics, Carbonic Anhydrase Inhibitors			
<i>acetazolamide sodium</i>	1	DIAMOX	
Diuretics, Loop			
<i>bumetanide 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	BUMEX	
<i>bumetanide 0.25 mg/ml Injection Solution</i>	1	BUMEX	
<i>furosemide 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	LASIX	
<i>furosemide 10 mg/ml Injection Solution, 10 mg/ml Oral Solution, 8 mg/ml Oral Solution</i>	1	LASIX	
<i>torseamide 10 mg Oral Tablet, 100 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	DEMADEX	
Diuretics, Potassium-sparing			
<i>amiloride hcl 5 mg Oral Tablet</i>	1	MIDAMOR	
<i>eplerenone</i>	1	INSPIRA	

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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>	1	ALDACTONE	
Diuretics, Thiazide			
<i>chlorothiazide sodium</i>	1	DIURIL	
<i>chlorthalidone 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	HYGROTON	
<i>hydrochlorothiazide 50 mg Oral Tablet</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg Oral Capsule, 12.5 mg Oral Tablet</i>	1	MICROZIDE	
<i>indapamide</i>	1	LOZOL	
<i>metolazone</i>	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives			
<i>fenofibrate 150 mg Oral Capsule, 50 mg Oral Capsule</i>	1	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>	1	TRICOR	
<i>fenofibrate micronized 130 mg Oral Capsule, 43 mg Oral Capsule</i>	1	ANTARA	
<i>fenofibrate micronized 134 mg Oral Capsule, 200 mg Oral Capsule, 67 mg Oral Capsule</i>	1	TRICOR	
<i>fenofibric acid 105 mg Oral Tablet, 35 mg Oral Tablet</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg Oral Capsule Delayed Release, 45 mg Oral Capsule Delayed Release</i>	1	TRILIPIX	
<i>gemfibrozil 600 mg Oral Tablet</i>	1	LOPID	
Dyslipidemics, Hmg Coa Reductase Inhibitors			
<i>atorvastatin calcium 80 mg Oral Tablet</i>	1	LIPITOR	QL(30 EA per 30 days)
<i>atorvastatin calcium 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	LIPITOR	QL(45 EA per 30 days)
<i>fluvastatin sodium</i>	1	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)

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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)
<i>pravastatin sodium 80 mg Oral Tablet</i>	1	PRAVACHOL	QL(30 EA per 30 days)
<i>pravastatin sodium 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	PRAVACHOL	QL(45 EA per 30 days)
<i>rosuvastatin calcium 40 mg Oral Tablet</i>	1	CRESTOR	QL(30 EA per 30 days)
<i>rosuvastatin calcium 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	CRESTOR	QL(45 EA per 30 days)
<i>simvastatin 80 mg Oral Tablet</i>	1	ZOCOR	QL(30 EA per 30 days)
<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)
Dyslipidemics, Other			
<i>cholestyramine 4 gm Oral Packet</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose Oral Powder</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm Oral Packet</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose Oral Powder</i>	1	QUESTRAN LIGHT	
<i>colesevelam hcl</i>	1	WELCHOL	
<i>colestipol hcl 1 gm Oral Tablet, 5 gm Oral Packet</i>	1	COLESTID	
<i>colestipol hcl 5 gm Oral Granules</i>	1	COLESTID	
EVKEEZA	1		NDS, PA, NM
<i>ezetimibe</i>	1	ZETIA	
<i>ezetimibe-simvastatin</i>	1	VYTORIN	QL(30 EA per 30 days)
<i>icosapent ethyl 1 gm Oral Capsule</i>	1	VASCEPA	QL(120 EA per 30 days)
JUXTAPID 10 mg Oral Capsule, 5 mg Oral Capsule	1		NDS, PA, QL(30 EA per 30 days), LA, NM
JUXTAPID 20 mg Oral Capsule, 30 mg Oral Capsule	1		NDS, PA, QL(60 EA per 30 days), LA, NM
LEQVIO	1		NDS, PA, QL(1.5 ML per 84 days), NM
NEXLETOL	1		PA, QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NEXLIZET	1		PA, QL(30 EA per 30 days)
<i>niacin er (antihyperlipidemic)</i>	1	NIASPAN	QL(60 EA per 30 days)
NIACOR	1		
<i>omega-3-acid ethyl esters</i>	1	LOVAZA	QL(120 EA per 30 days)
PRALUENT	1		PA, QL(2 ML per 28 days)
PREVALITE 4 gm Oral Packet	1		
PREVALITE 4 gm/dose Oral Powder	1		
REPATHA	1		PA, QL(3 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	1		PA, QL(3.5 ML per 28 days)
REPATHA SURECLICK	1		PA, QL(3 ML per 28 days)
VASCEPA 0.5 gm Oral Capsule	1		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>	1	APRESOLINE	
<i>hydralazine hcl 20 mg/ml Injection Solution</i>	1	APRESOLINE	
<i>minoxidil 10 mg Oral Tablet, 2.5 mg Oral Tablet</i>	1	LONITEN	
Vasodilators, Direct-acting Arterial/ Venous			
<i>isosorbide dinitrate</i>	1	ISORDIL TITRADOSE	
<i>isosorbide mononitrate</i>	1	MONOKET	
<i>isosorbide mononitrate er</i>	1	IMDUR	
NITRO-BID	1		
NITRO-DUR 0.3 mg/hr Transdermal Patch 24 Hour, 0.8 mg/hr Transdermal Patch 24 Hour	1		
<i>nitroglycerin 5 mg/ml Intravenous Solution</i>	1	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>	1	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	1	NITROLINGUAL	
nitroglycerin 0.3 mg Sublingual Tablet Sublingual, 0.4 mg Sublingual Tablet Sublingual, 0.6 mg Sublingual Tablet Sublingual	1	NITROSTAT	
nitroglycerin in d5w 100-5 mcg/ml-% Intravenous Solution	1		
RECTIV	1		
CENTRAL NERVOUS SYSTEM AGENTS			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
amphetamine-dextroamphetamine	1	ADDERALL XR	NDS, NM
amphetamine-dextroamphetamine	1	ADDERALL	NDS, NM
dextroamphetamine sulfate 10 mg Oral Tablet, 5 mg Oral Tablet	1	DEXTROSTAT	NDS, NM
dextroamphetamine sulfate 5 mg/5ml Oral Solution	1	PROCENTRA	NDS, NM
dextroamphetamine sulfate er	1	DEXEDRINE	NDS, NM
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
atomoxetine hcl	1	STRATTERA	PA
dexmethylphenidate hcl	1	FOCALIN	NDS, NM
dexmethylphenidate hcl er	1	FOCALIN XR	NDS, NM
guanfacine hcl er	1	INTUNIV	PA
methylphenidate hcl 10 mg Oral Tablet Chewable, 2.5 mg Oral Tablet Chewable, 5 mg Oral Tablet Chewable	1	METHYLIN	NDS, NM
methylphenidate hcl 10 mg/5ml Oral Solution, 5 mg/5ml Oral Solution	1	METHYLIN	NDS, NM
methylphenidate hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet	1	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,	1		NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>54 mg Oral Tablet Extended Release 24 Hour</i>			
<i>methylphenidate hcl er 10 mg Oral Tablet Extended Release, 20 mg Oral Tablet Extended Release</i>	1	RITALIN SR	NDS, NM
<i>methylphenidate hcl er (cd)</i>	1	METADATE CD	NDS, NM
<i>methylphenidate hcl er (osm) 72 mg Oral Tablet Extended Release</i>	1		NDS, NM
<i>methylphenidate hcl er (osm) 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>	1	CONCERTA	NDS, NM
Central Nervous System, Other			
AUSTEDO	1		NDS, PA, QL(120 EA per 30 days), NM
<i>caffeine citrate 20 mg/ml Oral Solution, 60 mg/3ml Oral Solution</i>	1		
<i>caffeine citrate 60 mg/3ml Intravenous Solution</i>	1	CAFCIT	
EVRYSDI	1		NDS, PA, NM
EXSERVAN	1		NDS, PA, QL(60 EA per 30 days), NM
INGREZZA 40 & 80 mg Oral Capsule Therapy Pack	1		NDS, PA, QL(28 EA per 180 days), NM
INGREZZA 40 mg Oral Capsule, 60 mg Oral Capsule, 80 mg Oral Capsule	1		NDS, PA, QL(30 EA per 30 days), NM
NUEDEXTA	1		PA, QL(60 EA per 30 days)
ONPATTRO	1		NDS, PA, QL(15 ML per 21 days), NM
<i>riluzole 50 mg Oral Tablet</i>	1	RILUTEK	
<i>tetrabenazine</i>	1	XENAZINE	NDS, QL(120 EA per 30 days), NM
TIGLUTIK	1		NDS, PA, QL(600 ML per 30 days), NM
VYONDYS 53	1		NDS, PA, NM
Fibromyalgia Agents			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<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>	1	CYMBALTA	QL(60 EA per 30 days)
<i>duloxetine hcl 40 mg Oral Capsule Delayed Release Particles</i>	1	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>	1	LYRICA	
<i>pregabalin 20 mg/ml Oral Solution</i>	1	LYRICA	
<i>pregabalin er 330 mg Oral Tablet Extended Release 24 Hour</i>	1	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>	1	LYRICA CR	NDS, PA, QL(90 EA per 30 days), NM
SAVELLA	1		
SAVELLA TITRATION PACK	1		
Multiple Sclerosis Agents			
AUBAGIO 7 mg Oral Tablet	1		NDS, QL(28 EA per 28 days), NM
AUBAGIO 14 mg Oral Tablet	1		NDS, QL(30 EA per 30 days), NM
AVONEX PEN	1		NDS, QL(1 EA per 28 days), NM
AVONEX PEN	1		NDS, QL(1 ML per 28 days), NM
AVONEX PREFILLED	1		NDS, QL(1 EA per 28 days), NM
AVONEX PREFILLED	1		NDS, QL(1 ML per 28 days), NM
BAFIERTAM	1		NDS, QL(120 EA per 30 days), ST, NM
BETASERON	1		NDS, QL(14 EA per 28 days), NM
<i>dalfampridine er</i>	1	AMPYRA	NDS, QL(60 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>dimethyl fumarate 120 mg Oral Capsule Delayed Release, 240 mg Oral Capsule Delayed Release</i>	1	TECFIDERA	NDS, QL(60 EA per 30 days), NM
<i>dimethyl fumarate starter pack</i>	1	TECFIDERA	NDS, QL(120 EA per 180 days), NM
EXTAVIA	1		NDS, QL(14 EA per 28 days), NM
<i>fingolimod hcl 0.5 mg Oral Capsule</i>	1	GILENYA	NDS, QL(30 EA per 30 days), NM
GILENYA	1		NDS, QL(30 EA per 30 days), NM
<i>glatiramer acetate 40 mg/ml Subcutaneous Solution Prefilled Syringe</i>	1	COPAXONE	NDS, QL(12 ML per 28 days), NM
<i>glatiramer acetate 20 mg/ml Subcutaneous Solution Prefilled Syringe</i>	1	COPAXONE	NDS, QL(30 ML per 30 days), NM
KESIMPTA	1		NDS, QL(1.2 ML per 28 days), NM
MAVENCLAD (10 TABS)	1		NDS, PA, NM
MAVENCLAD (4 TABS)	1		NDS, PA, NM
MAVENCLAD (5 TABS)	1		NDS, PA, NM
MAVENCLAD (6 TABS)	1		NDS, PA, NM
MAVENCLAD (7 TABS)	1		NDS, PA, NM
MAVENCLAD (8 TABS)	1		NDS, PA, QL(16 EA per 301 days), NM
MAVENCLAD (9 TABS)	1		NDS, PA, QL(18 EA per 301 days), NM
MAYZENT 1 mg Oral Tablet, 2 mg Oral Tablet	1		NDS, QL(30 EA per 30 days), NM
MAYZENT 0.25 mg Oral Tablet	1		NDS, QL(150 EA per 30 days), NM
MAYZENT STARTER PACK 0.25 mg Oral Tablet Therapy Pack	1		NDS, QL(7 EA per 180 days), NM
MAYZENT STARTER PACK 12 x 0.25 mg Oral Tablet Therapy Pack	1		NDS, QL(12 EA per 180 days), NM
OCREVUS	1		NDS, PA, QL(20 ML per 180 days), NM
PLEGRIDY	1		NDS, QL(1 ML per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PLEGRIDY STARTER PACK	1		NDS, QL(1 ML per 28 days), NM
PONVORY	1		NDS, QL(30 EA per 30 days), NM
PONVORY STARTER PACK	1		NDS, QL(14 EA per 180 days), NM
RADICAVA	1		NDS, PA, QL(2800 ML per 28 days), NM
RADICAVA ORS	1		NDS, PA, QL(70 ML per 28 days), NM
RADICAVA ORS STARTER KIT	1		NDS, PA, QL(70 ML per 28 days), NM
REBIF	1		NDS, QL(6 ML per 28 days), NM
REBIF REBIDOSE	1		NDS, QL(6 ML per 28 days), NM
REBIF REBIDOSE TITRATION PACK	1		NDS, QL(4.2 ML per 28 days), NM
REBIF TITRATION PACK	1		NDS, QL(4.2 ML per 28 days), NM
TYSABRI	1		NDS, PA, NM
VUMERITY	1		NDS, QL(120 EA per 30 days), ST, NM
ZEPOSIA	1		NDS, PA, QL(30 EA per 30 days), NM
ZEPOSIA 7-DAY STARTER PACK	1		NDS, PA, QL(7 EA per 180 days), NM
ZEPOSIA STARTER KIT	1		NDS, PA, QL(37 EA per 180 days), NM
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
<i>cevimeline hcl</i>	1	EVOXAC	
<i>chlorhexidine gluconate 0.12 % Mouth/Throat Solution</i>	1	PERIDEX	
DENTA 5000 PLUS	1		
DENTAGEL	1		
KEPIVANCE	1		NDS, NM
ORALONE	1		
<i>pilocarpine hcl 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	SALAGEN	
<i>sf</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>sf 5000 plus</i>	1	PREVIDENT 5000 PLUS	
<i>sodium fluoride 1.1 % Dental Gel</i>	1		
<i>sodium fluoride 1.1 % Dental Cream</i>	1	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 enamel 1.1-5 % Dental Gel</i>	1		
<i>sodium fluoride 5000 plus</i>	1	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 ppm 1.1 % Dental Gel, 1.1 % Dental Paste</i>	1		
<i>sodium fluoride 5000 ppm 1.1 % Dental Cream</i>	1	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 sensitive 1.1-5 % Dental Gel</i>	1		
<i>triamcinolone acetonide 0.1 % Mouth/Throat Paste</i>	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS			
Acne And Rosacea Agents			
<i>acitretin 25 mg Oral Capsule</i>	1	SORIATANE	PA
<i>acitretin 10 mg Oral Capsule, 17.5 mg Oral Capsule</i>	1	SORIATANE	PA, QL(60 EA per 30 days)
<i>adapalene 0.1 % External Cream, 0.3 % External Gel</i>	1	DIFFERIN	
<i>adapalene 0.1 % External Gel</i>	1	DIFFERIN	rx product only
<i>adapalene-benzoyl peroxide 0.1-2.5 % External Gel</i>	1	EPIDUO	
AMNESTEEM	1		
ARAZLO	1		PA
<i>azelaic acid 15 % External Gel</i>	1	FINACEA	
<i>benzoyl peroxide-erythromycin</i>	1	BENZAMYCIN	
CLARAVIS	1		
<i>clindamycin phos-benzoyl perox 1-5 % External Gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % External Gel</i>	1	DUAC	
FABIOR	1		PA
<i>isotretinoin 10 mg Oral Capsule, 20 mg Oral Capsule, 30 mg Oral Capsule, 40 mg Oral Capsule</i>	1	ABSORICA	
<i>ivermectin 1 % External Cream</i>	1	SOOLANTRA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>metronidazole 0.75 % External Cream</i>	1	METROCREAM	
<i>metronidazole 0.75 % External Gel, 1 % External Gel</i>	1	METROGEL	
<i>metronidazole 0.75 % External Lotion</i>	1	METROLOTION	
MYORISAN	1		
ROSADAN 0.75 % External Cream	1		
<i>tazarotene 0.1 % External Cream</i>	1	TAZORAC	
<i>tazarotene 0.05 % External Gel, 0.1 % External Gel</i>	1	TAZORAC	PA
TAZORAC 0.05 % External Cream, 0.05 % External Gel, 0.1 % External Gel	1		PA
<i>tretinoin 0.05 % External Gel</i>	1	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>	1	RETIN-A	PA
<i>tretinoin microsphere 0.04 % External Gel, 0.1 % External Gel</i>	1	RETIN-A	PA
<i>tretinoin microsphere pump</i>	1	RETIN-A	PA
ZENATANE	1		
Dermatitis And Pruritus Agents			
ALA SCALP	1		
<i>ala-cort 1 % External Cream</i>	1	ALA-CORT	
ALA-SCALP	1		
<i>alclometasone dipropionate</i>	1	ACLOVATE	
<i>amcinonide 0.1 % External Cream, 0.1 % External Ointment</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % External Lotion</i>	1	CYCLOCORT	
<i>ammonium lactate 12 % External Cream, 12 % External Lotion</i>	1	LAC-HYDRIN	
<i>betamethasone dipropionate 0.05 % External Cream, 0.05 % External Ointment</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % External Lotion</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % External Cream, 0.05 %</i>	1	DIPROLENE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>External Gel, 0.05 % External Ointment</i>			
<i>betamethasone dipropionate aug 0.05 % External Lotion</i>	1	DIPROLENE	
<i>betamethasone valerate 0.1 % External Cream, 0.1 % External Ointment</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % External Lotion</i>	1	BETA-VAL	
<i>calcipotriene-betameth diprop 0.005-0.064 % External Ointment</i>	1	TACLONEX	QL(400 GM per 28 days)
<i>clobetasol prop emollient base</i>	1	TEMOVATE-E	QL(120 GM per 30 days)
<i>clobetasol propionate 0.05 % External Lotion, 0.05 % External Shampoo</i>	1	CLOBEX	QL(118 ML per 30 days)
<i>clobetasol propionate 0.05 % External Liquid</i>	1	CLOBEX	QL(125 ML per 30 days)
<i>clobetasol propionate 0.05 % External Foam</i>	1	OLUX	QL(100 GM per 30 days)
<i>clobetasol propionate 0.05 % External Solution</i>	1	TEMOVATE	QL(50 ML per 30 days)
<i>clobetasol propionate 0.05 % External Gel, 0.05 % External Ointment</i>	1	TEMOVATE	QL(120 GM per 30 days)
<i>clobetasol propionate 0.05 % External Cream</i>	1	TEMOVATE-E	QL(120 GM per 30 days)
<i>clobetasol propionate e</i>	1	TEMOVATE-E	QL(120 GM per 30 days)
<i>clobetasol propionate emulsion</i>	1	OLUX-E	QL(100 GM per 30 days)
<i>desonide 0.05 % External Cream, 0.05 % External Ointment</i>	1	DESOWEN	
<i>desonide 0.05 % External Lotion</i>	1	DESOWEN	
<i>desoximetasone 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment, 0.25 % External Cream, 0.25 % External Ointment</i>	1	TOPICORT	
<i>diflorasone diacetate</i>	1	PSORCON	
EUCRISA	1		PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fluocinolone acetonide 0.01 % External Cream, 0.025 % External Cream, 0.025 % External Ointment</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % External Solution</i>	1	SYNALAR	
<i>fluocinolone acetonide body</i>	1	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp</i>	1	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment</i>	1	LIDEX	QL(120 GM per 30 days)
<i>fluocinonide 0.05 % External Solution</i>	1	LIDEX	QL(120 ML per 30 days)
<i>fluocinonide emulsified base</i>	1	LIDEX-E	QL(120 GM per 30 days)
<i>fluticasone propionate 0.005 % External Ointment, 0.05 % External Cream</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % External Lotion</i>	1	CUTIVATE	
<i>halobetasol propionate 0.05 % External Cream, 0.05 % External Ointment</i>	1	ULTRAVATE	QL(100 GM per 30 days)
<i>hydrocortisone 1 % External Cream</i>	1	ALA-CORT	
<i>hydrocortisone 1 % External Ointment, 2.5 % External Cream, 2.5 % External Ointment</i>	1	HYTONE	
<i>hydrocortisone 2.5 % External Lotion</i>	1	HYTONE	
<i>hydrocortisone (perianal) 2.5 % External Cream</i>	1	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % External Cream</i>	1	PROCTOCORT	
<i>hydrocortisone butyr lipo base</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % External Cream, 0.1 % External Ointment</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % External Solution</i>	1	LOCOID	
<i>hydrocortisone valerate</i>	1	WESTCORT	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mometasone furoate 0.1 % External Cream, 0.1 % External Ointment</i>	1	ELOCON	
<i>mometasone furoate 0.1 % External Solution</i>	1	ELOCON	
<i>pimecrolimus</i>	1	ELIDEL	PA
<i>prednicarbate</i>	1	DERMATOP	
PROCTO-MED HC	1		
PROCTO-PAK	1		
PROCTOSOL HC	1		
PROCTOZONE-HC	1		
<i>selenium sulfide 2.5 % External Lotion</i>	1	SELSUN	
<i>tacrolimus 0.03 % External Ointment, 0.1 % External Ointment</i>	1	PROTOPIC	QL(60 GM per 30 days)
<i>triamcinolone acetonide 0.025 % External Ointment, 0.1 % External Ointment, 0.5 % External Ointment</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % External Lotion, 0.1 % External Lotion</i>	1	KENALOG	
<i>triamcinolone acetonide 0.05 % External Ointment</i>	1	TRIANEX	
<i>triamcinolone acetonide 0.025 % External Cream, 0.1 % External Cream, 0.5 % External Cream</i>	1	TRIDERM	
<i>triamcinolone in absorbbase</i>	1	TRIANEX	
Dermatological Agents			
EPIFOAM	1		
LEVULAN KERASTICK	1		
PROCTOFOAM HC	1		
UVADEX 20 mcg/ml Extracorporeal Solution	1		
Dermatological Agents, Other			
<i>betamethasone valerate 0.12 % External Foam</i>	1	LUXIQ	
<i>calcipotriene 0.005 % External Solution</i>	1	DOVONEX	QL(60 ML per 30 days)
<i>calcipotriene 0.005 % External Cream, 0.005 % External Ointment</i>	1	DOVONEX	QL(120 GM per 30 days)
CALCITRENE	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>calcitriol 3 mcg/gm External Ointment</i>	1	VECTICAL	
<i>clotrimazole-betamethasone 1-0.05 % External Cream</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % External Lotion</i>	1	LOTRISONE	
CONDYLOX	1		
<i>fluorouracil 0.5 % External Cream</i>	1	CARAC	
<i>fluorouracil 5 % External Cream</i>	1	EFUDEX	
<i>fluorouracil 2 % External Solution, 5 % External Solution</i>	1	EFUDEX	
<i>imiquimod 5 % External Cream</i>	1	ALDARA	
<i>imiquimod 3.75 % External Cream</i>	1	ZYCLARA	
<i>imiquimod pump</i>	1	ZYCLARA	
<i>methoxsalen rapid</i>	1	OXSORALEN-ULTRA	
<i>nystatin-triamcinolone</i>	1	MYCOLOG	
OPZELURA	1		NDS, PA, QL(240 GM per 28 days), NM
OTEZLA	1		NDS, PA, QL(60 EA per 30 days), NM
PANRETIN	1		NDS, PA-NSO, NM
<i>podofilox 0.5 % External Solution</i>	1	CONDYLOX	
REGRANEX	1		NDS, PA, QL(30 GM per 30 days), NM
SANTYL	1		PA, QL(90 GM per 30 days)
<i>silver sulfadiazine 1 % External Cream</i>	1	SILVADENE	
SSD	1		
<i>triamcinolone acetonide 40 mg/ml Injection Suspension</i>	1	KENALOG	
ZYCLARA PUMP 2.5 % External Cream	1		
Pediculicides/scabicides			
<i>lindane</i>	1		
<i>malathion</i>	1	OVIDE	
<i>permethrin 5 % External Cream</i>	1	ELIMITE	
<i>spinosad</i>	1		
Topical Anti-infectives			
<i>acyclovir 5 % External Ointment</i>	1	ZOVIRAX	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>acyclovir 5 % External Cream</i>	1	ZOVIRAX	QL(5 GM per 30 days)
<i>clindamycin phosphate 1 % External Swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % External Gel</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % External Gel, 1 % External Lotion, 1 % External Solution</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % External Foam</i>	1	EVOCLIN	
DENAVIR	1		QL(5 GM per 30 days)
ery	1		
<i>erythromycin 2 % External Solution</i>	1	ERYDERM	
<i>erythromycin 2 % External Gel</i>	1	ERYGEL	
<i>gentamicin sulfate 0.1 % External Cream, 0.1 % External Ointment</i>	1	GARAMYCIN	
<i>mupirocin 2 % External Ointment</i>	1	BACTROBAN	
<i>mupirocin calcium</i>	1	BACTROBAN	
<i>penciclovir</i>	1	DENAVIR	QL(5 GM per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS			
Electrolyte/ Mineral Replacement			
<i>calcium chloride 10 % Intravenous Solution</i>	1		
<i>calcium gluconate 10 % Intravenous Solution</i>	1		
CARBAGLU 200 mg Oral Tablet Soluble	1		NDS, PA, NM
<i>carglumic acid 200 mg Oral Tablet Soluble</i>	1	CARBAGLU	NDS, PA, NM
<i>dextrose 20 % Intravenous Solution, 250 mg/ml Intravenous Solution, 40 % Intravenous Solution, 50 % Intravenous Solution, 70 % Intravenous Solution</i>	1		PA BvD
<i>dextrose 5%/electrolyte #48</i>	1		
<i>dextrose in lactated ringers</i>	1		
<i>dextrose-nacl 5-0.33 % Intravenous Solution</i>	1		
<i>dextrose-sodium chloride 5-0.225 % Intravenous Solution, 5-0.3 % Intravenous Solution</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fluoritab</i>	1		
<i>kcl in dextrose-nacl</i>	1		
<i>kcl-lactated ringers-d5w</i>	1		
KLOR-CON 8 meq Oral Tablet Extended Release	1		
KLOR-CON 10	1		
KLOR-CON M10	1		
KLOR-CON M15	1		
KLOR-CON M20	1		
<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>	1		
<i>magnesium sulfate in d5w</i>	1		
<i>potassium acetate 2 meq/ml Intravenous Solution</i>	1		
<i>potassium chloride 20 meq Oral Packet</i>	1		
<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>	1		
<i>potassium chloride 10 % Oral Solution, 20 MEQ/15ML (10%) Oral Solution, 40 MEQ/15ML (20%) Oral Solution</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq Oral Tablet Extended Release</i>	1		
<i>potassium chloride crys er 15 meq Oral Tablet Extended Release, 20 meq Oral Tablet Extended Release</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq Oral Tablet Extended Release</i>	1	K-TAB	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>potassium chloride er 10 meq Oral Tablet Extended Release, 8 meq Oral Tablet Extended Release</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq Oral Capsule Extended Release, 8 meq Oral Capsule Extended Release</i>	1	MICRO-K	
<i>potassium chloride in dextrose 20-5 meq/l-% Intravenous Solution</i>	1		
<i>potassium chloride in nacl 20-0.45 meq/l-% Intravenous Solution, 20-0.9 meq/l-% Intravenous Solution, 40-0.9 meq/l-% Intravenous Solution</i>	1		
<i>potassium citrate er ringers</i>	1	UROKIT-K	
<i>sodium acetate 2 meq/ml Intravenous Solution</i>	1		
<i>sodium chloride 0.45 % Intravenous Solution, 0.9 % Intravenous Solution, 2.5 meq/ml Injection Solution, 3 % Intravenous Solution, 5 % Intravenous Solution</i>	1		
<i>sodium chloride (pf)</i>	1		
<i>sodium fluoride 2.2 (1 F) mg Oral Tablet, 2.2 (1 F) mg Oral Tablet Chewable</i>	1		
<i>sodium fluoride 0.55 (0.25 F) mg Oral Tablet Chewable, 1.1 (0.5 F) mg Oral Tablet Chewable</i>	1	LURIDE	
<i>sodium fluoride 1.1 (0.5 F) mg/ml Oral Solution</i>	1	LURIDE	
<i>sodium phosphates 45 mmole/15ml Intravenous Solution</i>	1		
Electrolyte/mineral/metal Modifiers			
<i>deferasirox 125 mg Oral Tablet Soluble, 250 mg Oral Tablet Soluble, 500 mg Oral Tablet Soluble</i>	1	EXJADE	NDS, PA, NM
<i>deferasirox 180 mg Oral Tablet, 360 mg Oral Tablet, 90 mg Oral Tablet</i>	1	JADENU	NDS, PA, 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>deferasirox 180 mg Oral Packet, 360 mg Oral Packet, 90 mg Oral Packet</i>	1	JADENU SPRINKLE	NDS, PA, NM
<i>deferasirox granules</i>	1	JADENU SPRINKLE	NDS, PA, NM
<i>deferiprone 1000 mg Oral Tablet, 500 mg Oral Tablet</i>	1	FERRIPROX	NDS, PA, NM
<i>deferoxamine mesylate</i>	1	DESFERAL	PA BvD
FERRIPROX 1000 mg Oral Tablet	1		NDS, PA, NM
FERRIPROX TWICE-A-DAY	1		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	1		NDS, PA, QL(56 EA per 28 days), NM
JYNARQUE 15 mg Oral Tablet, 30 mg Oral Tablet	1		NDS, PA, QL(120 EA per 30 days), NM
<i>penicillamine 250 mg Oral Tablet</i>	1	DEPEN TITRATABS	
<i>trientine hcl</i>	1	SYPRINE	NDS, PA, NM
Electrolytes/minerals/metals/vitamins			
AMINOSYN II	1		PA BvD
AMINOSYN-PF	1		PA BvD
AMINOSYN-PF 7%	1		PA BvD
<i>azesco</i>	1		
CLINISOL SF	1		PA BvD
CLINOLIPID	1		PA BvD
<i>c-nate dha</i>	1		
<i>complete natal dha 29-1-200 & 200 mg Oral Miscellaneous</i>	1		
<i>completenate</i>	1		
<i>dextrose 5 % Intravenous Solution</i>	1		
<i>dextrose 10 % Intravenous Solution</i>	1		PA BvD
<i>dextrose-nacl 10-0.2 % Intravenous Solution, 10-0.45 % Intravenous Solution, 2.5-0.45 % Intravenous Solution, 5-0.2 % Intravenous Solution, 5-0.45 % Intravenous Solution, 5-0.9 % Intravenous Solution</i>	1		
<i>dextrose-sodium chloride 2.5-0.45 % Intravenous Solution, 5-0.45 % Intravenous Solution, 5-0.9 % Intravenous Solution</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
DOJOLVI	1		NDS, PA, NM
INTRALIPID	1		PA BvD
<i>levocarnitine 330 mg Oral Tablet</i>	1	CARNITOR	PA BvD
<i>levocarnitine 1 gm/10ml Oral Solution</i>	1	CARNITOR	PA BvD
<i>levocarnitine sf</i>	1	CARNITOR	PA BvD
<i>m-natal plus</i>	1		
<i>neonatal + dha</i>	1		
<i>neonatal 19</i>	1		
<i>neonatal complete</i>	1		
NUTRILIPID	1		PA BvD
<i>one vite womens plus</i>	1		
<i>pnv tabs 29-1</i>	1		
<i>pnv-dha</i>	1		
<i>pnv-dha+docusate</i>	1		
<i>pnv-omega</i>	1		
<i>pnv-select</i>	1		
PREMASOL	1		PA BvD
<i>prena 1 true</i>	1		
<i>prena1</i>	1		
<i>prena1 pearl</i>	1		
<i>prenaissance</i>	1		
<i>prenaissance plus</i>	1		
<i>prenara</i>	1		
<i>prenatal 27-1 mg Oral Tablet</i>	1		
<i>prenatal 19 Oral Tablet Chewable, 29-1 mg Oral Tablet, 29-1 mg Oral Tablet Chewable</i>	1		
<i>prenatal plus</i>	1		
<i>prenatal plus iron</i>	1		
<i>prenatal plus vitamin/mineral</i>	1		
<i>prenatal vitamin plus low iron</i>	1		
<i>prenatvite plus</i>	1		
<i>prenatvite rx</i>	1		
<i>preplus</i>	1		
<i>pretab</i>	1		
PROSOL	1		PA BvD
<i>relnate dha</i>	1		
<i>se-natal 19</i>	1		
<i>thrivite rx</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TRAVASOL	1		PA BvD
<i>trinatal rx 1</i>	1		
TROPHAMINE	1		PA BvD
<i>virt-c dha</i>	1		
<i>virt-nate dha</i>	1		
<i>virt-pn dha</i>	1		
<i>virt-pn plus</i>	1		
<i>vp-pnv-dha</i>	1		
<i>wescap-c dha</i>	1		
<i>wescap-pn dha</i>	1		
<i>wesnate dha</i>	1		
<i>westab plus</i>	1		
<i>zalvit</i>	1		
Phosphate Binders			
AURYXIA	1		NDS, PA, QL(360 EA per 30 days), NM
<i>calcium acetate 667 mg Oral Tablet</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg Oral Tablet</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg Oral Capsule</i>	1	PHOSLO	
FOSRENOL 1000 mg Oral Packet, 750 mg Oral Packet	1		
<i>lanthanum carbonate 1000 mg Oral Tablet Chewable, 500 mg Oral Tablet Chewable, 750 mg Oral Tablet Chewable</i>	1	FOSRENOL	
<i>sevelamer carbonate</i>	1	REVELA	
VELPHORO	1		NDS, ST, NM
Potassium Binders			
LOKELMA 5 gm Oral Packet	1		PA, QL(30 EA per 30 days)
LOKELMA 10 gm Oral Packet	1		PA, QL(34 EA per 30 days)
<i>sodium polystyrene sulfonate Oral Powder</i>	1	KAYEXALATE	
SPS	1		
VELTASSA	1		PA, QL(30 EA per 30 days)
Vitamin-d Analogs			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>calcitriol 1 mcg/ml Intravenous Solution</i>	1	CALCIJEX	PA BvD
<i>paricalcitol 2 mcg/ml Intravenous Solution, 5 mcg/ml Intravenous Solution</i>	1	ZEMPLAR	PA BvD
Vitamins			
PR NATAL 440 EC	1		
GASTROINTESTINAL AGENTS			
Anti-constipation Agents			
<i>constulose</i>	1	CONSTULOSE	
<i>enulose</i>	1	CONSTULOSE	
GAVILYTE-C	1		
GAVILYTE-G	1		
GAVILYTE-N WITH FLAVOR PACK	1		
<i>generlac</i>	1	CONSTULOSE	
<i>lactulose 10 gm/15ml Oral Solution, 20 gm/30ml Oral Solution</i>	1	CONSTULOSE	
<i>lactulose encephalopathy</i>	1	CONSTULOSE	
LINZESS	1		QL(30 EA per 30 days)
<i>lubiprostone</i>	1	AMITIZA	QL(60 EA per 30 days)
MOVANTIK	1		QL(30 EA per 30 days)
MOVIPREP	1		
<i>na sulfate-k sulfate-mg sulf</i>	1	SUPREP BOWEL PREP KIT	
OSMOPREP	1		
<i>peg 3350-kcl-na bicarb-nacl</i>	1	NULYTELY	
<i>peg-3350/electrolytes</i>	1	GOLYTELY	
<i>peg-3350/electrolytes/ascorbat</i>	1	MOVIPREP	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm Oral Solution Reconstituted</i>	1	MOVIPREP	
PLENVU	1		
RELISTOR 8 mg/0.4ml Subcutaneous Solution	1		PA, QL(12 ML per 30 days)
RELISTOR 12 mg/0.6ml Subcutaneous Solution	1		1 per day, PA, QL(18 ML per 30 days)
SUPREP BOWEL PREP KIT	1		
TRILYTE	1		
Anti-diarrheal Agents			
<i>alosetron hcl</i>	1	LOTRONEX	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>diphenoxylate-atropine 2.5-0.025 mg Oral Tablet</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml Oral Liquid</i>	1	LOMOTIL	
<i>loperamide hcl 2 mg Oral Capsule</i>	1	IMODIUM	
XERMELO	1		NDS, PA, QL(90 EA per 30 days), LA, NM
XIFAXAN	1		PA
Antispasmodics, Gastrointestinal			
<i>dicyclomine hcl 10 mg Oral Capsule, 20 mg Oral Tablet</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml Oral Solution</i>	1	BENTYL	
<i>glycopyrrolate 0.2 mg/ml Injection Solution, 0.4 mg/2ml Injection Solution, 1 mg/5ml Injection Solution</i>	1		
<i>glycopyrrolate 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	ROBINUL	
<i>glycopyrrolate 4 mg/20ml Injection Solution</i>	1	ROBINUL	
<i>methscopolamine bromide 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	PAMINE	
Gastrointestinal Agents, Other			
BYLVAY 1200 mcg Oral Capsule	1		NDS, PA, QL(150 EA per 30 days), NM
BYLVAY 400 mcg Oral Capsule	1		NDS, PA, QL(450 EA per 30 days), NM
BYLVAY (PELLETS) 600 mcg Oral Capsule Sprinkle	1		NDS, PA, QL(300 EA per 30 days), NM
BYLVAY (PELLETS) 200 mcg Oral Capsule Sprinkle	1		NDS, PA, QL(900 EA per 30 days), NM
CLENPIQ	1		
GATTEX	1		NDS, PA, LA, NM
LIVMARLI	1		NDS, PA, QL(90 ML per 30 days), NM
<i>propantheline bromide 15 mg Oral Tablet</i>	1	PRO-BANTHINE	
<i>ursodiol 300 mg Oral Capsule</i>	1	ACTIGALL	
<i>ursodiol 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	URSO	

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

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>40 mg Oral Tablet Delayed Release</i>			
<i>rabeprazole sodium 20 mg Oral Tablet Delayed Release</i>	1	ACIPHEX	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment			
ALDURAZYME	1		NDS, PA, NM
<i>amondys 45</i>	1		NDS, PA, NM
AMVUTTRA	1		NDS, PA, QL(0.5 ML per 84 days), NM
ARALAST NP	1		NDS, PA, NM
CEREZYME	1		NDS, PA, NM
CHOLBAM	1		NDS, PA, NM
CREON	1		
<i>cromolyn sodium 100 mg/5ml Oral Concentrate</i>	1	GASTROCROM	
CRYSVITA 10 mg/ml Subcutaneous Solution	1		NDS, PA, QL(2 ML per 28 days), NM
CRYSVITA 30 mg/ml Subcutaneous Solution	1		NDS, PA, QL(6 ML per 28 days), NM
CRYSVITA 20 mg/ml Subcutaneous Solution	1		NDS, PA, QL(8 ML per 28 days), NM
CYSTAGON	1		LA
ELAPRASE	1		NDS, PA, NM
ELELYSO	1		NDS, PA, NM
ENDARI	1		NDS, PA, QL(180 EA per 30 days), NM
EXONDYS 51	1		NDS, PA, NM
FABRAZYME	1		NDS, PA, NM
FIRDAPSE	1		NDS, PA, QL(240 EA per 30 days), NM
GALAFOLD	1		NDS, PA, QL(14 EA per 28 days), NM
GAMIFANT	1		NDS, PA, NM
LUMIZYME	1		NDS, PA, NM
MEPSEVII	1		NDS, PA, NM
<i>miglustat</i>	1	ZAVESCA	NDS, PA, QL(90 EA per 30 days), NM
NAGLAZYME	1		NDS, PA, NM
NEXVIAZYME	1		NDS, PA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NITYR	1		NDS, PA, NM
NULIBRY	1		NDS, PA, NM
OXLUMO	1		NDS, PA, NM
PALYNZIQ 2.5 mg/0.5ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(4.5 ML per 30 days), NM
PALYNZIQ 10 mg/0.5ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(15 ML per 30 days), NM
PALYNZIQ 20 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(90 ML per 30 days), NM
PROCYSBI	1		NDS, PA, NM
PROLASTIN-C 1000 mg/20ml Intravenous Solution	1		NDS, PA, NM
PROLASTIN-C 1000 mg Intravenous Solution Reconstituted	1		NDS, PA, LA, NM
RAVICTI	1		NDS, PA, QL(525 ML per 30 days), LA, NM
REVCIVI	1		NDS, PA, NM
<i>sapropterin dihydrochloride 100 mg Oral Packet, 100 mg Oral Tablet, 500 mg Oral Packet</i>	1	KUVAN	NDS, PA, NM
<i>sodium phenylbutyrate 500 mg Oral Tablet</i>	1	BUPHENYL	NDS, NM
<i>sodium phenylbutyrate 3 gm/tsp Oral Powder</i>	1	BUPHENYL	NDS, NM
STRENSIQ	1		NDS, PA, NM
TEGSEDI	1		NDS, PA, QL(6 ML per 28 days), NM
VILTEPSO	1		NDS, PA, NM
VPRIV	1		NDS, PA, NM
VYNDAMAX	1		NDS, PA, QL(30 EA per 30 days), NM
VYNDAQEL	1		NDS, PA, QL(120 EA per 30 days), NM
ZENPEP	1		
ZOKINVY	1		NDS, PA, NM
GENITOURINARY AGENTS			
Antispasmodics, Urinary			
<i>flavoxate hcl</i>	1		

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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	1		QL(30 EA per 30 days)
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	1		PA, QL(300 ML per 30 days)
<i>oxybutynin chloride 5 mg Oral Tablet</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml Oral Syrup</i>	1	DITROPAN	
<i>oxybutynin chloride er</i>	1	DITROPAN	
<i>solifenacin succinate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	VESICARE	QL(30 EA per 30 days)
<i>tolterodine tartrate</i>	1	DETROL	
<i>tolterodine tartrate er</i>	1	DETROL LA	QL(30 EA per 30 days)
<i>tropium chloride</i>	1	SANCTURA	
<i>tropium chloride er</i>	1	SANCTURA XR	
Benign Prostatic Hypertrophy Agents			
<i>alfuzosin hcl er</i>	1	UROXATRAL	
<i>dutasteride 0.5 mg Oral Capsule</i>	1	AVODART	
<i>finasteride 5 mg Oral Tablet</i>	1	PROSCAR	
<i>tadalafil 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	CIALIS	PA, QL(30 EA per 30 days)
<i>tamsulosin hcl</i>	1	FLOMAX	
Genitourinary Agents, Other			
<i>bethanechol chloride 10 mg Oral Tablet, 25 mg Oral Tablet, 5 mg Oral Tablet, 50 mg Oral Tablet</i>	1	URECHOLINE	
ELMIRON	1		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (adrenal)			
ALKINDI SPRINKLE 1 mg Oral Capsule Sprinkle, 2 mg Oral Capsule Sprinkle, 5 mg Oral Capsule Sprinkle	1		NDS, PA, NM
ALKINDI SPRINKLE 0.5 mg Oral Capsule Sprinkle	1		PA, NM
<i>betamethasone sod phos & acet 6 (3-3) mg/ml Injection Suspension</i>	1	CELESTONE SOLUSPAN	
<i>dexamethasone 1 mg Oral Tablet, 1.5 mg (21) Oral Tablet Therapy</i>	1		

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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>	1		
<i>dexamethasone 0.5 mg/5ml Oral Elixir</i>	1	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>	1	DECADRON	
<i>dexamethasone 1.5 mg (51) Oral Tablet Therapy Pack</i>	1	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL	1		
<i>dexamethasone sod phosphate pf 10 mg/ml Injection Solution</i>	1		
<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>	1		
<i>dexamethasone sodium phosphate 10 mg/ml Injection Solution</i>	1	HEXADROL	
EMFLAZA 36 mg Oral Tablet	1		NDS, PA, LA, NM
EMFLAZA 22.75 mg/ml Oral Suspension	1		NDS, PA, LA, NM
EMFLAZA 18 mg Oral Tablet	1		NDS, PA, QL(30 EA per 30 days), LA, NM
EMFLAZA 30 mg Oral Tablet, 6 mg Oral Tablet	1		NDS, PA, QL(60 EA per 30 days), LA, NM
<i>fludrocortisone acetate 0.1 mg Oral Tablet</i>	1	FLORINEF	
<i>hydrocortisone 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	CORTEF	
<i>methylprednisolone 4 mg Oral Tablet Therapy Pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg Oral Tablet, 32 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	MEDROL	PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>methylprednisolone acetate 40 mg/ml Injection Suspension, 80 mg/ml Injection Suspension</i>	1	DEPO-MEDROL	
<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>	1	SOLU-MEDROL	
<i>prednisolone 15 mg/5ml Oral Solution</i>	1	PRELONE	PA BvD
<i>prednisolone sodium phosphate 25 mg/5ml Oral Solution</i>	1		PA BvD
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	1	ORAPRED	PA BvD
<i>prednisolone sodium phosphate 15 mg/5ml Oral Solution</i>	1	ORAPRED	PA BvD
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml Oral Solution</i>	1	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>	1		
<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>	1		PA BvD
<i>prednisone 5 mg/5ml Oral Solution</i>	1		PA BvD
SOLU-CORTEF	1		
TOLAK	1		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (pituitary)			
<i>chorionic gonadotropin 10000 unit Intramuscular Solution Reconstituted</i>	1	PREGNYL	PA
<i>desmopressin ace spray refrig</i>	1	MINIRIN	
<i>desmopressin acetate 0.1 mg Oral Tablet, 0.2 mg Oral Tablet</i>	1	DDAVP	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>desmopressin acetate 4 mcg/ml Injection Solution</i>	1	DDAVP	
<i>desmopressin acetate pf</i>	1	DDAVP	
<i>desmopressin acetate spray</i>	1	DDAVP	
INCRELEX	1		NDS, NM
NOCDURNA	1		PA, QL(30 EA per 30 days)
NORDITROPIN FLEXPRO	1		PA
SEROSTIM	1		NDS, PA, NM
VASOSTRICT 20 unit/ml Intravenous Solution	1		
ZORBTIVE	1		NDS, PA, NM
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			
Anabolic Steroids			
ANADROL-50	1		
<i>oxandrolone 10 mg Oral Tablet, 2.5 mg Oral Tablet</i>	1	OXANDRIN	
Androgens			
ANDRODERM	1		
<i>danazol 100 mg Oral Capsule, 200 mg Oral Capsule, 50 mg Oral Capsule</i>	1	DANOCRINE	
JATENZO 237 mg Oral Capsule	1		PA, QL(60 EA per 30 days)
JATENZO 158 mg Oral Capsule, 198 mg Oral Capsule	1		PA, QL(120 EA per 30 days)
<i>methitest</i>	1		
<i>testosterone 1.62 % Transdermal Gel, 12.5 MG/ACT (1%) Transdermal Gel, 20.25 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>	1	ANDROGEL	
<i>testosterone 10 MG/ACT (2%) Transdermal Gel</i>	1	FORTESTA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>testosterone cypionate 100 mg/ml Intramuscular Solution, 200 mg/ml Injection Solution, 200 mg/ml Intramuscular Solution</i>	1	DEPO-TESTOSTERONE	
<i>testosterone enanthate 200 mg/ml Intramuscular Solution</i>	1	DELATESTRYL	
TLANDO	1		PA, QL(60 EA per 30 days)
Estrogens			
DOTTI	1		
<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>	1	CLIMARA	
<i>estradiol 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	ESTRACE	
<i>estradiol 0.1 mg/gm Vaginal Cream</i>	1	ESTRACE	
<i>estradiol 10 mcg Vaginal Tablet</i>	1	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>	1	VIVELLE-DOT	
<i>estradiol valerate 20 mg/ml Intramuscular Oil, 40 mg/ml Intramuscular Oil</i>	1	DELESTROGEN	
ESTRING	1		
FEMRING	1		QL(1 EA per 90 days)
LYLLANA	1		
MENEST	1		
ORIAHNN	1		NDS, PA, QL(56 EA per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
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	1		
PREMARIN 0.625 mg/gm Vaginal Cream	1		
YUVAFEM	1		
Hormonal Agents, Stimulant/ Replacement/ Modifying (sex Hormones/ Modifiers)			
AFIRMELLE	1		
ALTAVERA	1		
<i>alyacen 1/35</i>	1		
<i>alyacen 7/7/7</i>	1		
AMABELZ	1		
AMETHIA	1		
AMETHIA LO	1		
APRI	1		
ARANELLE	1		
ASHLYNA	1		
AUBRA	1		
AUBRA EQ	1		
AUROVELA 1.5/30	1		
AUROVELA 1/20	1		
AUROVELA 24 FE	1		
AUROVELA FE 1.5/30	1		
AUROVELA FE 1/20	1		
AVIANE	1		
AYUNA	1		
AZURETTE	1		
BALZIVA	1		
BEKYREE	1		
BLISOVI 24 FE	1		
BLISOVI FE 1.5/30	1		
BLISOVI FE 1/20	1		
<i>briellyn</i>	1		
CAMRESE	1		
CAMRESE LO	1		
CAZIAN	1		
CRYSSELLE-28	1		
CYCLAFEM 1/35	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
CYCLAFEM 7/7/7	1		
CYRED	1		
CYRED EQ	1		
DASETTA 1/35	1		
DASETTA 7/7/7	1		
DAYSEE	1		
DELYLA	1		
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg Oral Tablet</i>	1	DESOGEN	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) Oral Tablet</i>	1	MIRCETTE	
DOLISHALE	1		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg Oral Tablet</i>	1	BEYAZ	
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg Oral Tablet</i>	1	SAFYRAL	
<i>drospirenone-ethinyl estradiol 3-0.03 mg Oral Tablet</i>	1	YASMIN	
<i>drospirenone-ethinyl estradiol 3-0.02 mg Oral Tablet</i>	1	YAZ	
ELINEST	1		
ELURYNG	1		
EMOQUETTE	1		
ENPRESSE-28	1		
ENSKYCE	1		
ESTARYLLA	1		
<i>estradiol-norethindrone acet 0.5-0.1 mg Oral Tablet, 1-0.5 mg Oral Tablet</i>	1	ACTIVEVELLA	
<i>ethynodiol diac-eth estradiol</i>	1	DEMULEN	
<i>etonogestrel-ethinyl estradiol</i>	1	NUVARING	
FALMINA	1		
FAYOSIM	1		
FEMYNOR	1		
FYAVOLV	1		
GEMMILY	1		
GIANVI	1		
HAILEY 1.5/30	1		
HAILEY 24 FE	1		
HALOETTE	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ICLEVIA	1		
INTROVALE	1		
ISIBLOOM	1		
JAIMIESS	1		
JASMIEL	1		
JINTELI	1		
JOLESSA	1		
JULEBER	1		
JUNEL 1.5/30	1		
JUNEL 1/20	1		
JUNEL FE 1.5/30	1		
JUNEL FE 1/20	1		
JUNEL FE 24	1		
KAITLIB FE	1		
KALLIGA	1		
KARIVA	1		
KELNOR 1/35	1		
KELNOR 1/50	1		
KURVELO	1		
LARIN 1.5/30	1		
LARIN 1/20	1		
LARIN 24 FE	1		
LARIN FE 1.5/30	1		
LARIN FE 1/20	1		
LARISSIA	1		
LAYOLIS FE	1		
LEENA	1		
LESSINA	1		
LEVONEST	1		
<i>levonorgest-eth est & eth est</i>	1	QUARTETTE	
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg Oral Tablet</i>	1	LOSEASONIQUE	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg Oral Tablet</i>	1	SEASONALE	
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg Oral Tablet</i>	1	SEASONIQUE	
<i>levonorgestrel-ethinyl estrad 0.1-20 mcg Oral Tablet</i>	1	ALESSE	
<i>levonorgestrel-ethinyl estrad 90-20 mcg Oral Tablet</i>	1	AMETHYST 28 DAY	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg Oral Tablet</i>	1	NORDETTE	
<i>levonorg-eth estrad triphasic</i>	1	ENPRESSE 28 DAY	
LEVORA 0.15/30 (28)	1		
LILLOW	1		
LOJAIMIESS	1		
LORYNA	1		
LOW-OGESTREL	1		
LO-ZUMANDIMINE	1		
LUTERA	1		
<i>marlissa</i>	1	NORDETTE	
MERZEE	1		
<i>methylegonovine maleate 0.2 mg/ml Injection Solution</i>	1		
MICROGESTIN 1.5/30	1		
MICROGESTIN 1/20	1		
MICROGESTIN 24 FE	1		
MICROGESTIN FE 1.5/30	1		
MICROGESTIN FE 1/20	1		
MILI	1		
MIMVEY	1		
MONO-LINYAH	1		
NECON 0.5/35 (28)	1		
NIKKI	1		
<i>norethin ace-eth estrad-fe 1-20 mg-mcg Oral Tablet, 1.5-30 mg-mcg Oral Tablet</i>	1	LOESTRIN FE	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) Oral Capsule</i>	1	TAYTULLA	
<i>norethindrone acet-ethinyl est</i>	1	LOESTRIN	
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg Oral Tablet, 1-5 mg-mcg Oral Tablet</i>	1	FEMHRT	
<i>norethindron-ethinyl estrad-fe</i>	1		
<i>norgestimate-eth estradiol</i>	1	ORTHO-CYCLEN (28)	
<i>norgestim-eth estrad triphasic</i>	1	ORTHO TRI-CYCLEN	
NORTREL 0.5/35 (28)	1		
NORTREL 1/35 (21)	1		
NORTREL 1/35 (28)	1		
NORTREL 7/7/7	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NYLIA 1/35	1		
NYMYO	1		
OCELLA	1		
ORSYTHIA	1		
PHILITH	1		
PIMTREA	1		
PIRMELLA 1/35	1		
PIRMELLA 7/7/7	1		
PORTIA-28	1		
PREMPHASE	1		
PREMPRO	1		
PREVIFEM	1		
RECLIPSEN	1		
RIVELSA	1		
SETLAKIN	1		
SIMLIYA	1		
SIMPESSE	1		
SPRINTEC 28	1		
SRONYX	1		
SYEDA	1		
TARINA 24 FE	1		
TARINA FE 1/20	1		
TARINA FE 1/20 EQ	1		
TAYSOFY	1		
TILIA FE	1		
TRI FEMYNOR	1		
TRI-ESTARYLLA	1		
TRI-LEGEST FE	1		
TRI-LINYAH	1		
TRI-LO-ESTARYLLA	1		
TRI-LO-MARZIA	1		
TRI-LO-MILI	1		
TRI-LO-SPRINTEC	1		
TRI-MILI	1		
TRI-NYMYO	1		
TRI-PREVIFEM	1		
TRI-SPRINTEC	1		
TRIVORA (28)	1		
TRI-VYLIBRA	1		
TRI-VYLIBRA LO	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TYBLUME 0.1-20 mg-mcg Oral Tablet Chewable	1		
TYDEMY	1		
VELIVET	1		
VESTURA	1		
VIENVA	1		
<i>viorele</i>	1	MIRCETTE	
VOLNEA	1		
VYFEMLA	1		
VYLIBRA	1		
WERA	1		
WYMZYA FE	1		
XULANE	1		
ZAFEMY	1		
ZARAH	1		
ZOVIA 1/35 (28)	1		
ZOVIA 1/35E (28)	1		
ZUMANDIMINE	1		
Progestins			
CAMILA	1		
CRINONE	1		PA
DEBLITANE	1		
ELLA	1		
ERRIN	1		
HEATHER	1		
<i>hydroxyprogesterone caproate 1.25 gm/5ml Intramuscular Solution</i>	1	DELALUTIN	NDS, NM
<i>hydroxyprogesterone caproate 250 mg/ml Intramuscular Oil</i>	1	MAKENA	NDS, NM
INCASSIA	1		
JENCYCLA	1		
LYLEQ	1		
LYZA	1		
<i>medroxyprogesterone acetate 150 mg/ml Intramuscular Suspension, 150 mg/ml Intramuscular Suspension Prefilled Syringe</i>	1	DEPO-PROVERA	
<i>medroxyprogesterone acetate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	PROVERA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>megestrol acetate 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	MEGACE	
<i>megestrol acetate 40 mg/ml Oral Suspension, 400 mg/10ml Oral Suspension, 625 mg/5ml Oral Suspension</i>	1	MEGACE	
NORA-BE	1		
<i>norethindrone 0.35 mg Oral Tablet</i>	1	NOR-QD	
<i>norethindrone acetate 5 mg Oral Tablet</i>	1	AYGESTIN	
NORLYDA	1		
NORLYROC	1		
<i>progesterone 50 mg/ml Intramuscular Oil</i>	1		
<i>progesterone 100 mg Oral Capsule, 200 mg Oral Capsule</i>	1	PROMETRIUM	
SHAROBEL	1		
TULANA	1		
Selective Estrogen Receptor Modifying Agents			
DUAVEE	1		PA
<i>raloxifene hcl</i>	1	EVISTA	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (thyroid)			
EUTHYROX	1		
LEVO-T	1		
<i>levothyroxine sodium 100 mcg Intravenous Solution Reconstituted, 200 mcg Intravenous Solution Reconstituted, 500 mcg Intravenous Solution Reconstituted</i>	1		
<i>levothyroxine sodium 100 mcg/5ml Intravenous Solution, 100 mcg/ml Intravenous Solution, 200 mcg/5ml Intravenous Solution, 500 mcg/5ml Intravenous Solution</i>	1		
<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</i>	1	SYNTHROID	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mcg Oral Tablet, 50 mcg Oral Tablet, 75 mcg Oral Tablet, 88 mcg Oral Tablet</i>			
LEVOXYL	1		
<i>liothyronine sodium 25 mcg Oral Tablet, 5 mcg Oral Tablet, 50 mcg Oral Tablet</i>	1	CYTOMEL	
<i>liothyronine sodium 10 mcg/ml Intravenous Solution</i>	1	TRIOSTAT	
SYNTHROID	1		
UNITHROID	1		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)			
Hormonal Agents, Suppressant (pituitary)			
<i>cabergoline</i>	1	DOSTINEX	
ELIGARD	1		
FENSOLVI (6 MONTH)	1		NDS, PA, QL(1 EA per 168 days), NM
FIRMAGON	1		
FIRMAGON (240 MG DOSE)	1		
<i>lanreotide acetate 120 mg/0.5ml Subcutaneous Solution</i>	1		NDS, NM
<i>leuprolide acetate 1 mg/0.2ml Injection Kit</i>	1	LUPRON	
LUPRON DEPOT (1-MONTH)	1		NDS, NM
LUPRON DEPOT (3-MONTH)	1		NDS, NM
LUPRON DEPOT (4-MONTH)	1		NDS, NM
LUPRON DEPOT (6-MONTH)	1		NDS, NM
LUPRON DEPOT-PED (1-MONTH)	1		NDS, NM
LUPRON DEPOT-PED (3-MONTH)	1		NDS, NM
MYFEMBREE	1		NDS, PA, QL(28 EA per 28 days), 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>	1		
<i>octreotide acetate 100 mcg/ml Injection Solution, 200 mcg/ml Injection Solution, 50 mcg/ml</i>	1	SANDOSTATIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Injection Solution, 500 mcg/ml</i> <i>Injection Solution</i>			
<i>octreotide acetate 1000 mcg/ml</i> <i>Injection Solution</i>	1	SANDOSTATIN	NDS, NM
ORLISSA 150 mg Oral Tablet	1		NDS, PA, QL(30 EA per 30 days), NM
ORLISSA 200 mg Oral Tablet	1		NDS, PA, QL(60 EA per 30 days), NM
SIGNIFOR	1		NDS, PA, QL(60 ML per 30 days), LA, NM
SIGNIFOR LAR	1		NDS, PA, QL(1 EA per 28 days), NM
SOMATULINE DEPOT	1		NDS, NM
SOMAVERT	1		NDS, LA, NM
SUPPRELIN LA	1		NDS, PA, NM
SYNAREL	1		NDS, NM
TRELSTAR MIXJECT	1		NDS, NM
TRIPTODUR	1		NDS, PA, QL(1 EA per 168 days), NM
VANTAS	1		
ZOLADEX	1		
HORMONAL AGENTS, SUPPRESSANT (THYROID)			
Antithyroid Agents			
<i>methimazole 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg Oral Tablet</i>	1		
IMMUNOLOGICAL AGENTS			
Angioedema Agents			
CINRYZE	1		NDS, PA, QL(20 EA per 30 days), LA, NM
HAEGARDA	1		NDS, PA, QL(24 EA per 28 days), LA, NM
<i>icatibant acetate</i>	1	FIRAZYR	NDS, PA, QL(18 ML per 30 days), NM
ORLADEYO	1		NDS, PA, QL(28 EA per 28 days), NM
TAKHZYRO	1		NDS, PA, QL(4 ML per 28 days), NM
Immunoglobulins			
ASCENIV	1		May be payable under part B, NDS, PA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
BIVIGAM	1		May be payable under part B, NDS, PA, NM
FLEBOGAMMA DIF 10 gm/100ml Intravenous Solution, 20 gm/200ml Intravenous Solution, 5 gm/50ml Intravenous Solution	1		May be payable under part B, NDS, PA, NM
GAMMAGARD 1 gm/10ml Injection Solution, 2.5 gm/25ml Injection Solution	1		May be payable under part B, NDS, PA, NM
GAMMAGARD S/D LESS IGA	1		May be payable under part B, NDS, PA, NM
GAMMAPLEX 10 gm/100ml Intravenous Solution, 20 gm/200ml Intravenous Solution, 5 gm/50ml Intravenous Solution	1		May be payable under part B, NDS, PA, NM
GAMUNEX-C 1 gm/10ml Injection Solution, 2.5 gm/25ml Injection Solution	1		May be payable under part B, NDS, PA, NM
PANZYGA	1		May be payable under part B, NDS, PA, NM
PRIVIGEN 10 gm/100ml Intravenous Solution, 20 gm/200ml Intravenous Solution, 5 gm/50ml Intravenous Solution	1		May be payable under part B, NDS, PA, NM
XEMBIFY	1		May be payable under part B, NDS, PA, NM
Immunological Agents, Other			
ADBRY	1		NDS, PA, QL(6 ML per 28 days), NM
ARCALYST	1		NDS, PA, LA, NM
AVSOLA	1		NDS, PA, NM
CIBINQO	1		NDS, PA, QL(30 EA per 30 days), NM
COSENTYX	1		NDS, PA, NM
COSENTYX (300 MG DOSE)	1		NDS, PA, NM
COSENTYX SENSOREADY (300 MG)	1		NDS, PA, NM
COSENTYX SENSOREADY PEN	1		NDS, PA, NM
DUPIXENT 100 mg/0.67ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(1.34 ML per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
DUPIXENT 200 mg/1.14ml Subcutaneous Solution Pen- injector, 200 mg/1.14ml Subcutaneous Solution Prefilled Syringe	1		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	1		NDS, PA, QL(8 ML per 28 days), NM
<i>leflunomide 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	ARAVA	
OLUMIANT 1 mg Oral Tablet, 2 mg Oral Tablet	1		NDS, PA, QL(30 EA per 30 days), NM
ORENCIA 50 mg/0.4ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(1.6 ML per 28 days), NM
ORENCIA 87.5 mg/0.7ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(2.8 ML per 28 days), NM
ORENCIA 125 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(4 ML per 28 days), NM
ORENCIA CLICKJECT	1		NDS, PA, QL(4 ML per 28 days), NM
RIDAURA	1		
RINVOQ 15 mg Oral Tablet Extended Release 24 Hour, 30 mg Oral Tablet Extended Release 24 Hour	1		NDS, PA, QL(30 EA per 30 days), NM
RINVOQ 45 mg Oral Tablet Extended Release 24 Hour	1		NDS, PA, QL(56 EA per 180 days), NM
SAPHNELO	1		NDS, PA, QL(2 ML per 28 days), NM
SKYRIZI 150 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(1 ML per 28 days), NM
SKYRIZI (150 MG DOSE)	1		NDS, PA, QL(1 EA per 28 days), NM
SKYRIZI PEN	1		NDS, PA, QL(1 ML per 28 days), NM
STELARA 45 mg/0.5ml Subcutaneous Solution, 45	1		NDS, PA, QL(0.5 ML per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
mg/0.5ml Subcutaneous Solution Prefilled Syringe			
STELARA 90 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(1 ML per 28 days), NM
TREMFYA	1		NDS, PA, QL(1 ML per 28 days), NM
XELJANZ 10 mg Oral Tablet, 5 mg Oral Tablet	1		NDS, PA, QL(60 EA per 30 days), NM
XELJANZ 1 mg/ml Oral Solution	1		NDS, PA, QL(300 ML per 30 days), NM
XELJANZ XR 11 mg Oral Tablet Extended Release 24 Hour	1		NDS, PA, QL(30 EA per 30 days), NM
XOLAIR 150 mg Subcutaneous Solution Reconstituted	1		NDS, PA, NM
XOLAIR 150 mg/ml Subcutaneous Solution Prefilled Syringe, 75 mg/0.5ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, NM
Immunomodulators			
ACTEMRA 200 mg/10ml Intravenous Solution, 400 mg/20ml Intravenous Solution, 80 mg/4ml Intravenous Solution	1		NDS, PA, QL(40 ML per 30 days), NM
BENLYSTA 120 mg Intravenous Solution Reconstituted, 400 mg Intravenous Solution Reconstituted	1		NDS, PA, NM
ILARIS	1		NDS, PA, QL(2 ML per 28 days), NM
INFLECTRA	1		NDS, PA, NM
Immunostimulants			
ACTIMMUNE	1		NDS, LA, NM
BESREMI	1		NDS, PA-NSO, QL(2 ML per 28 days), NM
INTRON A 10000000 unit Injection Solution Reconstituted, 18000000 unit Injection Solution Reconstituted, 50000000 unit Injection Solution Reconstituted	1		
INTRON A 10000000 unit/ml Injection Solution, 6000000 unit/ml Injection Solution	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PEGASYS 180 mcg/0.5ml Subcutaneous Solution Prefilled Syringe	1		NDS, QL(2 ML per 28 days), NM
PEGASYS 180 mcg/ml Subcutaneous Solution	1		NDS, QL(4 ML per 28 days), NM
Immunosuppressants			
ACTEMRA 162 mg/0.9ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(3.6 ML per 28 days), NM
ACTEMRA ACTPEN	1		NDS, PA, QL(3.6 ML per 28 days), NM
ASTAGRAF XL	1		May be payable under part B, PA-NSO
ATGAM	1		PA BvD
AZASAN	1		PA BvD
<i>azathioprine 100 mg Oral Tablet, 75 mg Oral Tablet</i>	1	AZASAN	PA BvD
<i>azathioprine 50 mg Oral Tablet</i>	1	IMURAN	PA BvD
<i>azathioprine sodium</i>	1	IMURAN	PA BvD
BENLYSTA 200 mg/ml Subcutaneous Solution Auto-injector, 200 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(8 ML per 28 days), NM
CIMZIA	1		NDS, PA, QL(3 EA per 28 days), NM
CIMZIA STARTER KIT 6 X 200 mg/ml Subcutaneous Prefilled Syringe Kit	1		NDS, PA, QL(3 EA per 28 days), NM
<i>cyclosporine 100 mg Oral Capsule, 25 mg Oral Capsule</i>	1	SANDIMMUNE	PA BvD
<i>cyclosporine 50 mg/ml Intravenous Solution</i>	1	SANDIMMUNE	PA BvD
<i>cyclosporine modified 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	NEORAL	PA BvD
<i>cyclosporine modified 100 mg/ml Oral Solution</i>	1	NEORAL	PA BvD
ENBREL 25 mg Subcutaneous Solution Reconstituted	1		NDS, PA, QL(8 EA per 28 days), NM
ENBREL 25 mg/0.5ml Subcutaneous Solution, 25	1		NDS, PA, QL(8 ML per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
mg/0.5ml Subcutaneous Solution Prefilled Syringe, 50 mg/ml Subcutaneous Solution Prefilled Syringe			
ENBREL MINI	1		NDS, PA, QL(8 ML per 28 days), NM
ENBREL SURECLICK	1		NDS, PA, QL(8 ML per 28 days), NM
ENSPRYNG	1		NDS, PA, QL(3 ML per 28 days), NM
ENVARUSUS XR	1		PA BvD
<i>everolimus 1 mg Oral Tablet</i>	1	ZORTRESS	May be payable under part B, NDS, PA-NSO, NM
<i>everolimus 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 0.75 mg Oral Tablet</i>	1	ZORTRESS	May be payable under part B, PA-NSO
GENGRAF 100 mg Oral Capsule, 25 mg Oral Capsule	1		PA BvD
GENGRAF 100 mg/ml Oral Solution	1		PA BvD
HUMIRA 10 mg/0.1ml Subcutaneous Prefilled Syringe Kit, 20 mg/0.2ml Subcutaneous Prefilled Syringe Kit	1		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	1		NDS, PA, QL(4 EA per 28 days), NM
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Prefilled Syringe Kit	1		NDS, PA, QL(2 EA per 28 days), NM
HUMIRA PEDIATRIC CROHNS START 80 mg/0.8ml Subcutaneous Prefilled Syringe Kit	1		NDS, PA, QL(3 EA per 28 days), NM
HUMIRA PEN 80 mg/0.8ml Subcutaneous Pen-injector Kit	1		NDS, PA, QL(3 EA per 28 days), NM
HUMIRA PEN 40 mg/0.4ml Subcutaneous Pen-injector Kit, 40	1		NDS, PA, QL(4 EA per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
mg/0.8ml Subcutaneous Pen-injector Kit			
HUMIRA PEN-CD/UC/HS STARTER 80 mg/0.8ml Subcutaneous Pen-injector Kit	1		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	1		NDS, PA, QL(6 EA per 28 days), NM
HUMIRA PEN-PEDIATRIC UC START	1		1 starter kit, NDS, PA, QL(4 EA per 28 days), NM
HUMIRA PEN-PS/UV/ADOL HS START	1		NDS, PA, QL(4 EA per 28 days), NM
HUMIRA PEN-PSOR/UVEIT STARTER	1		NDS, PA, QL(3 EA per 28 days), NM
KEVZARA	1		NDS, PA, QL(2.28 ML per 28 days), NM
KINERET	1		NDS, PA, NM
LUPKYNIS	1		NDS, PA, QL(180 EA per 30 days), NM
<i>mercaptopurine 50 mg Oral Tablet</i>	1	PURINETHOL	
<i>methotrexate 2.5 mg Oral Tablet</i>	1		
<i>methotrexate (anti-rheumatic)</i>	1	RHEUMATREX	
<i>methotrexate sodium 2.5 mg Oral Tablet</i>	1		
<i>methotrexate sodium 250 mg/10ml Injection Solution, 50 mg/2ml Injection Solution</i>	1		
<i>methotrexate sodium 1 gm Injection Solution Reconstituted</i>	1		PA BvD
<i>methotrexate sodium (pf)</i>	1		
<i>mycophenolate mofetil 250 mg Oral Capsule, 500 mg Intravenous Solution Reconstituted, 500 mg Oral Tablet</i>	1	CELLCEPT	PA BvD
<i>mycophenolate mofetil 200 mg/ml Oral Suspension Reconstituted</i>	1	CELLCEPT	PA BvD
<i>mycophenolate mofetil hcl</i>	1	CELLCEPT	PA BvD
<i>mycophenolate sodium</i>	1	MYFORTIC	PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NULOJIX	1		May be payable under part B, NDS, PA-NSO, NM
PROGRAF 0.2 mg Oral Packet, 1 mg Oral Packet	1		PA BvD
PROGRAF 5 mg/ml Intravenous Solution	1		PA BvD
RENFLEXIS	1		NDS, PA, NM
REZUROCK	1		NDS, PA, QL(60 EA per 30 days), NM
SANDIMMUNE 100 mg/ml Oral Solution	1		PA BvD
SIMPONI 50 mg/0.5ml Subcutaneous Solution Auto-injector, 50 mg/0.5ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(0.5 ML per 28 days), NM
SIMPONI 100 mg/ml Subcutaneous Solution Auto-injector, 100 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(4 ML per 28 days), NM
SIMULECT	1		NDS, PA BvD, NM
<i>sirolimus 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	RAPAMUNE	PA BvD
<i>sirolimus 1 mg/ml Oral Solution</i>	1	RAPAMUNE	PA BvD
<i>tacrolimus 0.5 mg Oral Capsule, 1 mg Oral Capsule, 5 mg Oral Capsule</i>	1	PROGRAF	PA BvD
THYMOGLOBULIN	1		NDS, PA BvD, NM
XATMEP	1		May be payable under part B, PA-NSO
XELJANZ XR 22 mg Oral Tablet Extended Release 24 Hour	1		NDS, PA, QL(30 EA per 30 days), NM
Vaccines			
ACTHIB	1		
ADACEL	1		
<i>bcg vaccine</i>	1		
BEXSERO	1		
BOOSTRIX	1		
DAPTACEL	1		
DENGVAXIA	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>diphtheria-tetanus toxoids dt</i>	1		
ENGERIX-B	1		PA BvD
GARDASIL 9	1		
HAVRIX	1		
HIBERIX	1		
IMOVAX RABIES	1		PA BvD
IMOVAX RABIES	1		PA BvD
INFANRIX	1		
IPOL	1		
IXIARO	1		
JYNNEOS	1		
KINRIX	1		
MENACTRA Intramuscular Solution	1		
MENQUADFI Intramuscular Solution	1		
MENVEO Intramuscular Solution Reconstituted	1		
MENVEO Intramuscular Solution	1		
M-M-R II	1		
PEDIARIX	1		
PEDVAX HIB	1		
PENTACEL	1		
<i>prehevrio</i>	1		PA BvD
PRIORIX	1		
PROQUAD	1		
QUADRACEL	1		
RABAVERT	1		PA BvD
RECOMBIVAX HB	1		PA BvD
ROTARIX	1		
ROTATEQ	1		
SHINGRIX	1		QL(2 EA per 999 days)
TDVAX	1		
TENIVAC	1		
<i>tetanus-diphtheria toxoids td 2-2 If/0.5ml Intramuscular Suspension</i>	1		
TICE BCG	1		
TICOVAC	1		
TRUMENBA	1		
TWINRIX	1		
TYPHIM VI	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VAQTA	1		
VARIVAX	1		
VAXELIS	1		
YF-VAX	1		
INFLAMMATORY BOWEL DISEASE AGENTS			
Aminosalicylates			
<i>balsalazide disodium</i>	1	COLAZAL	
DIPENTUM	1		
<i>mesalamine 800 mg Oral Tablet Delayed Release</i>	1	ASACOL HD	QL(180 EA per 30 days)
<i>mesalamine 1000 mg Rectal Suppository</i>	1	CANASA	
<i>mesalamine 400 mg Oral Capsule Delayed Release</i>	1	DELZICOL	QL(180 EA per 30 days)
<i>mesalamine 1.2 gm Oral Tablet Delayed Release</i>	1	LIALDA	QL(120 EA per 30 days)
<i>mesalamine 4 gm Rectal Enema</i>	1	ROWASA	
<i>mesalamine er 500 mg Oral Capsule Extended Release</i>	1	PENTASA	
<i>mesalamine-cleanser</i>	1	ROWASA	
PENTASA	1		
<i>sulfasalazine 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release</i>	1	AZULFIDINE	
Glucocorticoids			
<i>budesonide 3 mg Oral Capsule Delayed Release Particles</i>	1	ENTOCORT	
<i>budesonide er 9 mg Oral Tablet Extended Release 24 Hour</i>	1	UCERIS	PA, QL(30 EA per 30 days)
<i>hydrocortisone 100 mg/60ml Rectal Enema</i>	1	CORTENEMA	
TARPEYO	1		NDS, PA, QL(120 EA per 30 days), NM
IRRIGATING SOLUTIONS			
Irrigating Solutions			
<i>acetic acid 0.25 % Irrigation Solution</i>	1		
<i>ringers irrigation</i>	1		
<i>sorbitol 3 % Irrigation Solution, 3.3 % Irrigation Solution</i>	1		
<i>sorbitol-mannitol</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>sterile water for irrigation</i>	1		
<i>water for irrigation, sterile</i>	1		
MEDICAL DEVICES AND SUPPLIES			
Medical Devices And Supplies			
<i>alcohol prep</i>	1		
ASSURE ID INSULIN SAFETY SYR	1		
<i>autopen</i>	1		
BD AUTOSHIELD	1		
BD AUTOSHIELD DUO	1		
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	1		
BD INSULIN SYRINGE	1		
BD INSULIN SYRINGE MICROFINE	1		
BD INSULIN SYRINGE U/F	1		
BD INSULIN SYRINGE ULTRAFINE	1		
BD PEN	1		
BD PEN MINI	1		
BD PEN NEEDLE MICRO U/F	1		
BD PEN NEEDLE MINI U/F	1		
BD PEN NEEDLE NANO 2ND GEN	1		
BD PEN NEEDLE NANO U/F	1		
BD PEN NEEDLE ORIGINAL U/F	1		
BD PEN NEEDLE SHORT U/F	1		
BD SAFETYGLIDE INSULIN SYRINGE	1		
BD SAFETY-LOK INSULIN SYRINGE	1		
BD SWAB SINGLE USE REGULAR	1		
BD VEO INSULIN SYR U/F 1/2UNIT	1		
BD VEO INSULIN SYRINGE U/F	1		
CARETOUCH PEN NEEDLES 33G X 4 MM Miscellaneous	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
CEQUR SIMPLICITY 2U	1		QL(10 EA per 30 days)
<i>gauze pads 2"X2" Pad</i>	1		
<i>gnp sterile gauze 2"X2" Pad</i>	1		
INPEN 100-BLUE-LILLY-HUMALOG	1		QL(1 EA per 365 days)
INPEN 100-BLUE-NOVOLOG-FIASP	1		QL(1 EA per 365 days)
INPEN 100-GREY-LILLY-HUMALOG	1		QL(1 EA per 365 days)
INPEN 100-GREY-NOVOLOG-FIASP	1		QL(1 EA per 365 days)
INPEN 100-PINK-LILLY-HUMALOG	1		QL(1 EA per 365 days)
INPEN 100-PINK-NOVOLOG-FIASP	1		QL(1 EA per 365 days)
<i>insulin syringe</i>	1		
<i>insulin syringe-needle u-100 27G X 1/2" 0.5 ml Miscellaneous, 27G X 1/2" 1 ml Miscellaneous, 28G X 1/2" 0.5 ml Miscellaneous, 28G X 1/2" 1 ml Miscellaneous, 29G X 1/2" 0.5 ml Miscellaneous, 29G X 1/2" 1 ml Miscellaneous, 30G 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>	1		
<i>insulin syringes</i>	1		
NOVOPEN ECHO	1		
OMNIPOD 5 G6 INTRO (GEN 5)	1		
OMNIPOD 5 G6 POD (GEN 5)	1		
OMNIPOD CLASSIC PDM (GEN 3)	1		
OMNIPOD CLASSIC PODS (GEN 3)	1		
OMNIPOD DASH INTRO (GEN 4)	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
OMNIPOD DASH PDM (GEN 4)	1		
OMNIPOD DASH PODS (GEN 4)	1		
<i>pen needles</i>	1		
<i>pen needles 3/16"</i>	1		
<i>pen needles 5/16"</i>	1		
PENTIPS	1		
<i>raya sure pen needle</i>	1		
<i>safety pen needles</i>	1		
<i>sure comfort pen needles 31G X 6 MM Miscellaneous</i>	1		
V-GO 20	1		
V-GO 30	1		
V-GO 40	1		
<i>zevrx insulin syringe</i>	1		
<i>zevrx sterile alcohol prep pad</i>	1		
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
<i>alendronate sodium 70 mg/75ml Oral Solution</i>	1	FOSAMAX	
<i>alendronate sodium 35 mg Oral Tablet, 70 mg Oral Tablet</i>	1	FOSAMAX	QL(4 EA per 28 days)
<i>alendronate sodium 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	FOSAMAX	QL(30 EA per 30 days)
<i>calcitonin (salmon) 200 unit/act Nasal Solution</i>	1	MIACALCIN	
<i>calcitonin (salmon) 200 unit/ml Injection Solution</i>	1	MIACALCIN	PA BvD
<i>calcitriol 0.25 mcg Oral Capsule, 0.5 mcg Oral Capsule</i>	1	ROCALTROL	PA BvD
<i>calcitriol 1 mcg/ml Oral Solution</i>	1	ROCALTROL	PA BvD
<i>cinacalcet hcl 60 mg Oral Tablet, 90 mg Oral Tablet</i>	1	SENSIPAR	PA BvD, PA BvD
<i>cinacalcet hcl 30 mg Oral Tablet</i>	1	SENSIPAR	PA BvD, 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>	1	HECTOROL	PA BvD
<i>doxercalciferol 4 mcg/2ml Intravenous Solution</i>	1	HECTOROL	PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
EVENITY	1		2 syringes, NDS, PA, QL(2.34 ML per 30 days), NM
FOSAMAX PLUS D	1		
<i>ibandronate sodium 150 mg Oral Tablet</i>	1	BONIVA	
<i>ibandronate sodium 3 mg/3ml Intravenous Solution</i>	1	BONIVA	May be payable under part B, PA
MIACALCIN	1		PA BvD
NATPARA	1		NDS, PA, QL(2 EA per 28 days), LA, NM
<i>pamidronate disodium 30 mg/10ml Intravenous Solution, 6 mg/ml Intravenous Solution, 90 mg/10ml Intravenous Solution</i>	1		PA BvD
<i>paricalcitol 1 mcg Oral Capsule, 2 mcg Oral Capsule, 4 mcg Oral Capsule</i>	1	ZEMPLAR	PA BvD
PROLIA	1		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>	1	ACTONEL	
<i>risedronate sodium 35 mg Oral Tablet Delayed Release</i>	1	ATELVIA	QL(4 EA per 28 days)
<i>teriparatide (recombinant) 620 mcg/2.48ml Subcutaneous Solution Pen-injector</i>	1		May be payable under part B, 1 pen, NDS, PA, QL(2.48 ML per 28 days), NM
TYMLOS	1		May be payable under part B, 1 pen, NDS, PA, QL(1.56 ML per 30 days), NM
XGEVA	1		NDS, PA-NSO, NM
<i>zoledronic acid 5 mg/100ml Intravenous Solution</i>	1	RECLAST	PA BvD
<i>zoledronic acid 4 mg/100ml Intravenous Solution, 4 mg/5ml Intravenous Concentrate</i>	1	ZOMETA	PA BvD
OPHTHALMIC AGENTS			
Ophthalmic Agents, Other			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
AKTEN	1		
<i>atropine sulfate 1 % Ophthalmic Solution</i>	1	ISOPTO ATROPINE	
<i>bacitra-neomycin-polymyxin-hc</i>	1	CORTISPORIN	
BLEPHAMIDE	1		
BLEPHAMIDE S.O.P.	1		
<i>cyclopentolate hcl 0.5 % Ophthalmic Solution, 1 % Ophthalmic Solution, 2 % Ophthalmic Solution</i>	1	CYCLOGYL	
<i>cyclosporine 0.05 % Ophthalmic Emulsion</i>	1	RESTASIS	
CYSTADROPS	1		NDS, NM
CYSTARAN	1		NDS, LA, NM
<i>dorzolamide hcl-timolol mal</i>	1	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % Ophthalmic Solution</i>	1	COSOPT	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 Ophthalmic Ointment</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 Ophthalmic Suspension</i>	1	MAXITROL	
<i>neomycin-polymyxin-gramicidin</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-hc 3.5-10000-1 Ophthalmic Suspension</i>	1	CORTISPORIN	
NEO-POLYCIN HC	1		
OXERVATE	1		NDS, PA, QL(56 ML per 28 days), NM
PRED-G	1		
<i>proparacaine hcl 0.5 % Ophthalmic Solution</i>	1	ALCAINE	
RESTASIS	1		
RESTASIS MULTIDOSE	1		
ROCKLATAN	1		QL(5 ML per 30 days), ST
<i>sulfacetamide-prednisolone 10-0.23 % Ophthalmic Solution</i>	1	VASOCIDIN	
TEPEZZA	1		NDS, PA, NM
TOBRADEX 0.3-0.1 % Ophthalmic Ointment	1		
TOBRADEX 0.3-0.1 % Ophthalmic Suspension	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TOBRADEX ST	1		
<i>tobramycin-dexamethasone 0.3-0.1 % Ophthalmic Suspension</i>	1	TOBRADEX	
<i>tropicamide 0.5 % Ophthalmic Solution</i>	1		
<i>tropicamide 1 % Ophthalmic Solution</i>	1	MYDRIACYL	
VUITY	1		PA, QL(2.5 ML per 30 days)
Ophthalmic Anti-allergy Agents			
ALOCRIIL	1		
ALOMIDE	1		
ALTAFRIN	1		
<i>azelastine hcl 0.05 % Ophthalmic Solution</i>	1	OPTIVAR	
<i>cromolyn sodium 4 % Ophthalmic Solution</i>	1	OPTICROM	
<i>epinastine hcl</i>	1	ELESTAT	
<i>olopatadine hcl 0.1 % Ophthalmic Solution, 0.2 % Ophthalmic Solution</i>	1	PATADAY	RX only
Ophthalmic Anti-infectives			
<i>ak-poly-bac</i>	1	POLYSPORIN	
AZASITE	1		
<i>bacitracin 500 unit/gm Ophthalmic Ointment</i>	1	BACI-IM	
<i>bacitracin-polymyxin b 500-10000 unit/gm Ophthalmic Ointment</i>	1	POLYSPORIN	
<i>ciprofloxacin hcl 0.3 % Ophthalmic Solution</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm Ophthalmic Ointment</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % Ophthalmic Solution</i>	1	ZYMAXID	
GENTAK	1		
<i>gentamicin sulfate 0.3 % Ophthalmic Solution</i>	1	GARAMYCIN	
<i>levofloxacin 1.5 % Ophthalmic Solution</i>	1	IQUIX	
<i>levofloxacin 0.5 % Ophthalmic Solution</i>	1	QUIXIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>moxifloxacin hcl 0.5 % Ophthalmic Solution</i>	1	VIGAMOX	
<i>moxifloxacin hcl (2x day)</i>	1	MOXEZA	
NATACYN	1		
<i>neomycin-bacitracin zn-polymyx</i>	1	NEOSPORIN	
<i>ofloxacin 0.3 % Ophthalmic Solution</i>	1	OCUFLOX	
POLYCIN	1		
<i>polymyxin b-trimethoprim</i>	1	POLYTRIM	
<i>sulfacetamide sodium 10 % Ophthalmic Solution</i>	1	BLEPH-10	
<i>sulfacetamide sodium 10 % Ophthalmic Ointment</i>	1	SODIUM SULAMYD	
<i>tobramycin 0.3 % Ophthalmic Solution</i>	1	TOBEX	
ZIRGAN	1		
Ophthalmic Anti-inflammatories			
ALREX	1		
<i>bromfenac sodium (once-daily)</i>	1	BROMDAY	
<i>dexamethasone sodium phosphate 0.1 % Ophthalmic Solution</i>	1	MAXIDEX	
<i>diclofenac sodium 0.1 % Ophthalmic Solution</i>	1	VOLTAREN	
<i>difluprednate</i>	1	DUREZOL	
EYSUVIS	1		PA
FLAREX	1		
<i>fluorometholone 0.1 % Ophthalmic Suspension</i>	1	FML	
<i>flurbiprofen sodium</i>	1	OCUFEN	
FML	1		
FML FORTE	1		
<i>ketorolac tromethamine 0.4 % Ophthalmic Solution, 0.5 % Ophthalmic Solution</i>	1	ACULAR	
<i>loteprednol etabonate 0.5 % Ophthalmic Suspension</i>	1	LOTEMAX	
MAXIDEX	1		
<i>prednisolone acetate 1 % Ophthalmic Suspension</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % Ophthalmic Solution</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XIIDRA	1		
Ophthalmic Beta-adrenergic Blocking Agents			
<i>betaxolol hcl 0.5 % Ophthalmic Solution</i>	1	BETOPTIC	
BETOPTIC-S	1		
<i>carteolol hcl</i>	1	OCUPRESS	
<i>levobunolol hcl</i>	1	BETAGAN	
<i>timolol maleate 0.25 % Ophthalmic Solution, 0.5 % Ophthalmic Solution</i>	1	TIMOPTIC	
<i>timolol maleate 0.25 % Ophthalmic Gel Forming Solution, 0.5 % Ophthalmic Gel Forming Solution</i>	1	TIMOPTIC XE	
<i>timolol maleate (once-daily)</i>	1	ISTALOL	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
<i>acetazolamide er</i>	1	DIAMOX	
ALPHAGAN P 0.1 % Ophthalmic Solution	1		
<i>apraclonidine hcl 0.5 % Ophthalmic Solution</i>	1	IOPIDINE	
<i>brimonidine tartrate 0.15 % Ophthalmic Solution, 0.2 % Ophthalmic Solution</i>	1	ALPHAGAN	
<i>brimonidine tartrate-timolol</i>	1	COMBIGAN	
<i>brinzolamide</i>	1	AZOPT	
COMBIGAN	1		
<i>dorzolamide hcl 2 % Ophthalmic Solution</i>	1	TRUSOPT	
<i>methazolamide 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	NEPTAZANE	
PHOSPHOLINE IODIDE	1		
PHOSPHOLINE IODIDE	1		
<i>pilocarpine hcl 1 % Ophthalmic Solution, 2 % Ophthalmic Solution, 4 % Ophthalmic Solution</i>	1	ISOPTO CARPINE	
RHOPRESSA	1		QL(5 ML per 30 days), ST
SIMBRINZA	1		
Ophthalmic Prostaglandin And Prostanoid Analogs			
<i>latanoprost 0.005 % Ophthalmic Solution</i>	1	XALATAN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LUMIGAN	1		
<i>tafluprost (pf)</i>	1	ZIOPTAN	
<i>travoprost (bak free)</i>	1	TRAVATAN	ST
VYZULTA	1		
XELPROS	1		ST
ZIOPTAN 0.0015 % Ophthalmic Solution	1		
OTIC AGENTS			
Otic Agents			
<i>acetic acid 2 % Otic Solution</i>	1	VOSOL	
<i>ciprofloxacin hcl 0.2 % Otic Solution</i>	1	CETRAXAL	
<i>ciprofloxacin-dexamethasone</i>	1	CIPRODEX	
<i>fluocinolone acetonide 0.01 % Otic Oil</i>	1	DERMOTIC	
<i>hydrocortisone-acetic acid</i>	1	VOSOL HC	
<i>neomycin-polymyxin-hc 1 % Otic Solution, 3.5-10000-1 Otic Solution, 3.5-10000-1 Otic Suspension</i>	1	CORTISPORIN	
<i>ofloxacin 0.3 % Otic Solution</i>	1	FLOXIN	
RESPIRATORY TRACT/ PULMONARY AGENTS			
Antihistamines			
<i>azelastine hcl 0.1 % Nasal Solution, 137 mcg/spray Nasal Solution</i>	1	ASTELIN	
<i>azelastine hcl 0.15 % Nasal Solution</i>	1	ASTEPRO	
<i>cetirizine hcl 1 mg/ml Oral Solution, 5 mg/5ml Oral Solution</i>	1	ZYRTEC	rx product only
<i>cyproheptadine hcl 4 mg Oral Tablet</i>	1	PERIACTIN	AL, PA-HRM
<i>cyproheptadine hcl 2 mg/5ml Oral Syrup</i>	1	PERIACTIN	AL, PA-HRM
<i>desloratadine 5 mg Oral Tablet</i>	1	CLARINEX	QL(30 EA per 30 days)
<i>diphenhydramine hcl 50 mg/ml Injection Solution</i>	1	BENADRYL	
<i>hydroxyzine hcl 10 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml Oral Syrup</i>	1	ATARAX	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>levocetirizine dihydrochloride 5 mg Oral Tablet</i>	1	XYZAL	rx product only
<i>olopatadine hcl 0.6 % Nasal Solution</i>	1	PATANASE	
<i>promethazine hcl 6.25 mg/5ml Oral Solution, 6.25 mg/5ml Oral Syrup</i>	1	PHENERGAN	AL, PA-HRM
Anti-inflammatories, Inhaled Corticosteroids			
ARNUIITY ELLIPTA	1		
ASMANEX (120 METERED DOSES) 220 mcg/act Inhalation Aerosol Powder Breath Activated	1		ST
ASMANEX (14 METERED DOSES) 220 mcg/act Inhalation Aerosol Powder Breath Activated	1		ST
ASMANEX (30 METERED DOSES) 110 mcg/act Inhalation Aerosol Powder Breath Activated, 220 mcg/act Inhalation Aerosol Powder Breath Activated	1		ST
ASMANEX (60 METERED DOSES) 220 mcg/act Inhalation Aerosol Powder Breath Activated	1		ST
ASMANEX HFA	1		ST
BECONASE AQ	1		PA
<i>budesonide 0.25 mg/2ml Inhalation Suspension, 0.5 mg/2ml Inhalation Suspension, 1 mg/2ml Inhalation Suspension</i>	1	PULMICORT	PA BvD
FLOVENT DISKUS 100 mcg/act Inhalation Aerosol Powder Breath Activated, 50 mcg/act Inhalation Aerosol Powder Breath Activated	1		QL(60 EA per 30 days)
FLOVENT DISKUS 250 mcg/act Inhalation Aerosol Powder Breath Activated	1		QL(240 EA per 30 days)
FLOVENT HFA 44 mcg/act Inhalation Aerosol	1		QL(10.6 GM per 30 days)
FLOVENT HFA 110 mcg/act Inhalation Aerosol	1		QL(12 GM per 30 days)
FLOVENT HFA 220 mcg/act Inhalation Aerosol	1		QL(24 GM per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>flunisolide 25 MCG/ACT (0.025%) Nasal Solution</i>	1	NASALIDE	
<i>fluticasone propionate 50 mcg/act Nasal Suspension</i>	1	FLONASE	rx product only
<i>mometasone furoate 50 mcg/act Nasal Suspension</i>	1	NASONEX	
PULMICORT FLEXHALER	1		
QVAR REDHALER	1		
Antileukotrienes			
<i>montelukast sodium 10 mg Oral Tablet, 4 mg Oral Packet, 4 mg Oral Tablet Chewable, 5 mg Oral Tablet Chewable</i>	1	SINGULAIR	
<i>zafirlukast</i>	1	ACCOLATE	
<i>zileuton er</i>	1	ZYFLO CR	QL(120 EA per 30 days)
Bronchodilators, Anticholinergic			
ATROVENT HFA	1		
INCRUSE ELLIPTA 62.5 mcg/act Inhalation Aerosol Powder Breath Activated	1		QL(30 EA per 30 days)
<i>ipratropium bromide 0.03 % Nasal Solution, 0.06 % Nasal Solution</i>	1	ATROVENT	
<i>ipratropium bromide 0.02 % Inhalation Solution</i>	1	ATROVENT	PA BvD
SPIRIVA HANDIHALER	1		QL(30 EA per 30 days)
SPIRIVA RESPIMAT	1		QL(4 GM per 30 days)
TUDORZA PRESSAIR	1		ST
YUPELRI	1		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>	1	ACCUNEB	PA BvD
<i>albuterol sulfate 2 mg Oral Tablet, 4 mg Oral Tablet</i>	1	PROVENTIL	
<i>albuterol sulfate 2 mg/5ml Oral Syrup</i>	1	PROVENTIL	
<i>albuterol sulfate 2.5 mg/0.5ml Inhalation Nebulization Solution</i>	1	PROVENTIL	PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>albuterol sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution, (5 MG/ML) 0.5% Inhalation Nebulization Solution</i>	1	PROVENTIL	PA BvD
<i>albuterol sulfate er</i>	1	VOSPIRE ER	
<i>albuterol sulfate hfa</i>	1	PROAIR HFA	
<i>arformoterol tartrate</i>	1	BROVANA	May be payable under part B, PA
DULERA	1		
<i>epinephrine 0.3 mg/0.3ml Injection Solution Auto-injector</i>	1	ADRENACLICK	QL(4 EA per 30 days)
<i>epinephrine 0.15 mg/0.3ml Injection Solution Auto-injector</i>	1	EPIPEN JR	QL(4 EA per 30 days)
<i>formoterol fumarate 20 mcg/2ml Inhalation Nebulization Solution</i>	1	PERFOROMIST	May be payable under part B, PA
<i>levalbuterol hcl 1.25 mg/0.5ml Inhalation Nebulization Solution</i>	1	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>	1	XOPENEX	PA BvD
<i>levalbuterol tartrate</i>	1	XOPENEX HFA	
PROAIR RESPICLICK	1		
SEREVENT DISKUS 50 mcg/act Inhalation Aerosol Powder Breath Activated	1		
STRIVERDI RESPIMAT	1		
<i>terbutaline sulfate 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	BRETHINE	
<i>terbutaline sulfate 1 mg/ml Injection Solution</i>	1	BRETHINE	
Cystic Fibrosis Agents			
CAYSTON	1		NDS, PA, QL(84 ML per 28 days), LA, NM
KALYDECO	1		NDS, PA, QL(60 EA per 30 days), NM
ORKAMBI 100-125 mg Oral Packet, 150-188 mg Oral Packet	1		NDS, PA, QL(60 EA per 30 days), NM
ORKAMBI 100-125 mg Oral Tablet, 200-125 mg Oral Tablet	1		NDS, PA, QL(120 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PULMOZYME 2.5 mg/2.5ml Inhalation Solution	1		May be payable under part B, NDS, PA, NM
SYMDEKO	1		NDS, PA, QL(60 EA per 30 days), NM
TOBI PODHALER	1		NDS, PA, QL(224 EA per 56 days), NM
<i>tobramycin 300 mg/4ml Inhalation Nebulization Solution</i>	1	BETHKIS	May be payable under part B, NDS, PA, QL(224 ML per 56 days), NM
<i>tobramycin 300 mg/5ml Inhalation Nebulization Solution</i>	1	TOBI	May be payable under part B, NDS, PA, QL(280 ML per 56 days), NM
TRIKAFTA	1		NDS, PA, QL(90 EA per 30 days), NM
Mast Cell Stabilizers			
<i>cromolyn sodium 20 mg/2ml Inhalation Nebulization Solution</i>	1	INTAL	PA BvD
Phosphodiesterase Inhibitors, Airways Disease			
<i>aminophylline 25 mg/ml Intravenous Solution</i>	1		
DALIRESP	1		PA, QL(30 EA per 30 days)
ELIXOPHYLLIN	1		
<i>roflumilast 250 mcg Oral Tablet, 500 mcg Oral Tablet</i>	1	DALIRESP	PA, QL(30 EA per 30 days)
<i>theophylline 80 mg/15ml Oral Elixir, 80 mg/15ml Oral Solution</i>	1		
<i>theophylline er 300 mg Oral Tablet Extended Release 12 Hour, 450 mg Oral Tablet Extended Release 12 Hour</i>	1	THEO-DUR	
<i>theophylline er 400 mg Oral Tablet Extended Release 24 Hour, 600 mg Oral Tablet Extended Release 24 Hour</i>	1	UNIPHYL	
Pulmonary Antihypertensives			
ADEMPAS	1		NDS, PA, QL(90 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ALYQ	1		PA, QL(60 EA per 30 days)
<i>ambrisentan</i>	1	LETAIRIS	NDS, PA, QL(30 EA per 30 days), NM
<i>bosentan 125 mg Oral Tablet, 62.5 mg Oral Tablet</i>	1	TRACLEER	NDS, PA, QL(60 EA per 30 days), NM
<i>epoprostenol sodium</i>	1	FLOLAN	May be payable under part B, PA
OPSUMIT	1		NDS, PA, QL(30 EA per 30 days), NM
<i>sildenafil citrate 10 mg/ml Oral Suspension Reconstituted</i>	1	REVATIO	NDS, PA, NM
<i>sildenafil citrate 20 mg Oral Tablet</i>	1	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml Intravenous Solution</i>	1	REVATIO	PA
<i>tadalafil (pah) 20 mg Oral Tablet</i>	1	ADCIRCA	PA, QL(60 EA per 30 days)
TRACLEER 32 mg Oral Tablet Soluble	1		NDS, PA, QL(112 EA per 28 days), NM
TYVASO	1		May be payable under part B, NDS, PA, QL(81.2 ML per 28 days), NM
TYVASO REFILL	1		May be payable under part B, NDS, PA, QL(81.2 ML per 28 days), NM
TYVASO STARTER	1		May be payable under part B, NDS, PA, QL(81.2 ML per 28 days), NM
UPTRAVI 1800 mcg Intravenous Solution Reconstituted	1		NDS, PA, QL(60 EA per 30 days), 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	1		NDS, PA, QL(60 EA per 30 days), LA, NM
UPTRAVI 200 mcg Oral Tablet	1		NDS, PA, QL(140 EA per 28 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
UPTRAVI 200 & 800 mcg Oral Tablet Therapy Pack	1		NDS, PA, QL(200 EA per 180 days), LA, NM
VENTAVIS	1		NDS, PA, LA, NM
Pulmonary Fibrosis Agents			
ESBRIET 267 mg Oral Capsule	1		NDS, PA, QL(270 EA per 30 days), LA, NM
OFEV	1		NDS, PA, QL(60 EA per 30 days), LA, NM
<i>pirfenidone 801 mg Oral Tablet</i>	1	ESBRIET	NDS, PA, QL(90 EA per 30 days), NM
<i>pirfenidone 267 mg Oral Tablet</i>	1	ESBRIET	NDS, PA, QL(270 EA per 30 days), NM
Respiratory Tract Agents, Other			
<i>acetylcysteine 200 mg/ml Intravenous Solution</i>	1	ACETADOTE	
<i>acetylcysteine 10 % Inhalation Solution, 20 % Inhalation Solution</i>	1	MUCOMYST	PA BvD
ADVAIR HFA	1		
ANORO ELLIPTA 62.5-25 mcg/act Inhalation Aerosol Powder Breath Activated	1		QL(60 EA per 30 days)
BREO ELLIPTA 100-25 mcg/act Inhalation Aerosol Powder Breath Activated, 200-25 mcg/act Inhalation Aerosol Powder Breath Activated	1		QL(60 EA per 30 days)
BREZTRI AEROSPHERE	1		QL(10.7 GM per 28 days)
<i>budesonide-formoterol fumarate</i>	1	SYMBICORT	ST
COMBIVENT RESPIMAT	1		QL(4 GM per 20 days)
FASENRA	1		NDS, PA, QL(1 ML per 28 days), NM
FASENRA PEN	1		NDS, PA, QL(1 ML per 28 days), NM
<i>fluticasone-salmeterol 100-50 mcg/act Inhalation Aerosol Powder Breath Activated, 250-50 mcg/act Inhalation Aerosol Powder Breath Activated, 500-50 mcg/act Inhalation Aerosol Powder Breath Activated</i>	1	ADVAIR DISKUS	QL(60 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>	1	AIRDUO	QL(1 EA per 30 days)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml Inhalation Solution</i>	1	DUONEB	PA BvD
NUCALA 40 mg/0.4ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(0.4 ML per 28 days), NM
NUCALA 100 mg/ml Subcutaneous Solution Auto-injector, 100 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(3 ML per 28 days), NM
NUCALA 100 mg Subcutaneous Solution Reconstituted	1		NDS, PA, QL(3 EA per 28 days), LA, NM
<i>remdesivir 100 mg Intravenous Solution Reconstituted</i>	1		NDS, NM
<i>ribavirin 6 gm Inhalation Solution Reconstituted</i>	1	VIRAZOLE	NDS, PA, NM
STIOLTO RESPIMAT	1		
TEZSPIRE	1		NDS, PA, QL(1.91 ML per 28 days), NM
TRELEGY ELLIPTA 100-62.5-25 mcg/act Inhalation Aerosol Powder Breath Activated, 200-62.5-25 mcg/act Inhalation Aerosol Powder Breath Activated	1		QL(60 EA per 30 days)
VEKLURY 100 mg Intravenous Solution Reconstituted	1		NDS, NM
VEKLURY 100 mg/20ml Intravenous Solution	1		NDS, NM
WIXELA INHUB 100-50 mcg/act Inhalation Aerosol Powder Breath Activated, 250-50 mcg/act Inhalation Aerosol Powder Breath Activated, 500-50 mcg/act Inhalation Aerosol Powder Breath Activated	1		QL(60 EA per 30 days)

RESPIRATORY TRACT/ PULMONARY AGENTS

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Respiratory Tract Agents, Other			
<i>azelastine-fluticasone</i>	1	DYMISTA	
SKELETAL MUSCLE RELAXANTS			
Skeletal Muscle Relaxants			
<i>chlorzoxazone 500 mg Oral Tablet</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	FLEXERIL	
<i>metaxalone</i>	1	SKELAXIN	
<i>methocarbamol 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml Injection Solution</i>	1	ROBAXIN	
<i>orphenadrine citrate 30 mg/ml Injection Solution</i>	1	NORFLEX	
<i>orphenadrine citrate er</i>	1	NORFLEX	
SLEEP DISORDER AGENTS			
Sleep Promoting Agents			
<i>doxepin hcl 3 mg Oral Tablet, 6 mg Oral Tablet</i>	1	SILENOR	QL(30 EA per 30 days)
<i>estazolam</i>	1	PROSOM	NDS, QL(30 EA per 30 days), NM
<i>eszopiclone 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	LUNESTA	AL, PA-HRM, QL(30 EA per 30 days)
HETLIOZ	1		NDS, PA, QL(30 EA per 30 days), LA, NM
HETLIOZ LQ	1		NDS, PA, QL(150 ML per 30 days), NM
<i>ramelteon</i>	1	ROZEREM	QL(30 EA per 30 days)
<i>temazepam 15 mg Oral Capsule, 30 mg Oral Capsule, 7.5 mg Oral Capsule</i>	1	RESTORIL	NDS, QL(30 EA per 30 days), NM
<i>zaleplon</i>	1	SONATA	AL, PA-HRM, QL(30 EA per 30 days)
<i>zolpidem tartrate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	AMBIEN	AL, PA-HRM, QL(30 EA per 30 days)
<i>zolpidem tartrate er</i>	1	AMBIEN CR	AL, PA-HRM, QL(30 EA per 30 days)
Wakefulness Promoting Agents			
<i>armodafinil</i>	1	NUVIGIL	PA
<i>modafinil</i>	1	PROVIGIL	PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
SUNOSI	1		PA, QL(30 EA per 30 days)
XYREM	1		NDS, PA, QL(540 ML per 30 days), LA, NM
XYWAV	1		NDS, PA, QL(540 ML per 30 days), NM

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A

<i>abacavir sulfate</i>	75
<i>abacavir sulfate-lamivudine</i>	75
<i>abacavir-lamivudine-zidovudine</i>	75
ABELCET.....	42
ABILIFY MAINTENA.....	67
ABILIFY MYCITE.....	67
ABILIFY MYCITE MAINTENANCE KIT.....	67
ABILIFY MYCITE STARTER KIT.....	68
<i>abiraterone acetate</i>	48
ABRAXANE.....	54
<i>acamprosate calcium</i>	18
<i>acarbose</i>	80
<i>acebutolol hcl</i>	92
<i>acetaminophen-codeine</i>	14
<i>acetaminophen-codeine #2</i>	14
<i>acetaminophen-codeine #3</i>	14
<i>acetaminophen-codeine #4</i>	14
<i>acetazolamide</i>	95
<i>acetazolamide er</i>	153
<i>acetazolamide sodium</i>	97
<i>acetic acid</i>	145, 154
<i>acetylcysteine</i>	160
<i>acitretin</i>	106
ACTEMRA.....	139, 140
ACTEMRA ACTPEN.....	140
ACTHIB.....	143
ACTIMMUNE.....	139
<i>acyclovir</i>	73, 111, 112
<i>acyclovir sodium</i>	73
ADACEL.....	143
ADAKVEO.....	86
<i>adapalene</i>	106
<i>adapalene-benzoyl peroxide</i>	106
ADASUVE.....	67
ADBRY.....	137
ADCETRIS.....	63
<i>adefovir dipivoxil</i>	72
ADEMPAS.....	158
ADVAIR HFA.....	160
AFIRMELLE.....	128
AIMOVIG.....	45
AJOVY.....	45

<i>ak-poly-bac</i>	151
AKTEN.....	150
AKYNZEO.....	42
ALA SCALP.....	107
<i>ala-cort</i>	107
ALA-SCALP.....	107
<i>albendazole</i>	64
<i>albuterol sulfate</i>	156, 157
<i>albuterol sulfate er</i>	157
<i>albuterol sulfate hfa</i>	157
<i>alclometasone dipropionate</i>	107
<i>alcohol prep</i>	146
ALDACTAZIDE.....	95
ALDURAZYME.....	121
ALECENSA.....	55
<i>alendronate sodium</i>	148
<i>alfuzosin hcl er</i>	123
ALIMTA.....	49
ALIQOPA.....	55
<i>aliskiren fumarate</i>	95
ALKINDI SPRINKLE.....	123
<i>allopurinol</i>	45
<i>almotriptan malate</i>	46
ALOCRIAL.....	151
ALOMIDE.....	151
<i>alosetron hcl</i>	118
ALPHAGAN P.....	153
<i>alprazolam</i>	78, 79
<i>alprazolam er</i>	79
ALPRAZOLAM INTENSOL.....	79
<i>alprazolam xr</i>	79
ALREX.....	152
ALTAFRIN.....	151
ALTAVERA.....	128
ALUNBRIG.....	55
<i>alyacen 1/35</i>	128
<i>alyacen 7/7/7</i>	128
ALYMSYS.....	63
ALYQ.....	159
AMABELZ.....	128
<i>amantadine hcl</i>	65
AMBISOME.....	42
<i>ambrisentan</i>	159
<i>amcinonide</i>	107

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

AMETHIA.....	128	APTIOM	34
AMETHIA LO	128	APTIVUS.....	76
<i>amikacin sulfate</i>	19	ARALAST NP	121
<i>amiloride hcl</i>	97	ARANELLE	128
<i>amiloride-hydrochlorothiazide</i>	95	ARANESP (ALBUMIN FREE)	86
<i>aminocaproic acid</i>	89	ARAZLO.....	106
<i>aminophylline</i>	158	ARCALYST	137
AMINOSYN II.....	115	<i>arformoterol tartrate</i>	157
AMINOSYN-PF	115	<i>aripiprazole</i>	68
AMINOSYN-PF 7%.....	115	ARISTADA	68
<i>amiodarone hcl</i>	91	ARISTADA INITIO.....	68
<i>amitriptyline hcl</i>	40	<i>armodafinil</i>	162
<i>amlodipine besy-benazepril hcl</i>	95	ARNUITY ELLIPTA	155
<i>amlodipine besylate</i>	93	ARRANON	49
<i>amlodipine besylate-valsartan</i>	95	<i>arsenic trioxide</i>	51
<i>amlodipine-atorvastatin</i>	95	ARZERRA	63
<i>amlodipine-olmesartan</i>	95	ASCENIV	136
<i>amlodipine-valsartan-hctz</i>	95	<i>asenapine maleate</i>	68
<i>ammonium lactate</i>	107	ASHLYNA	128
AMNESTEEM	106	ASMANEX (120 METERED DOSES)	155
<i>amondys 45</i>	121	ASMANEX (14 METERED DOSES)	155
<i>amoxapine</i>	40	ASMANEX (30 METERED DOSES)	155
<i>amoxicillin</i>	25	ASMANEX (60 METERED DOSES)	155
<i>amoxicillin-pot clavulanate</i>	25, 26	ASMANEX HFA	155
<i>amoxicillin-pot clavulanate er</i>	26	ASPARLAS	51
<i>amphetamine-dextroamphet er</i>	101	<i>aspirin-dipyridamole er</i>	88
<i>amphetamine-dextroamphetamine</i>	101	ASSURE ID INSULIN SAFETY SYR.....	146
<i>amphotericin b</i>	43	ASTAGRAF XL	140
<i>amphotericin b liposome</i>	43	<i>atazanavir sulfate</i>	76
<i>ampicillin</i>	26	<i>atenolol</i>	92
<i>ampicillin sodium</i>	26	<i>atenolol-chlorthalidone</i>	95
<i>ampicillin-sulbactam sodium</i>	26	ATGAM	140
AMVUTTRA	121	<i>atomoxetine hcl</i>	101
ANADROL-50	126	<i>atorvastatin calcium</i>	98
<i>anagrelide hcl</i>	86	<i>atovaquone</i>	65
<i>anastrozole</i>	54	<i>atovaquone-proguanil hcl</i>	65
ANDRODERM	126	<i>atropine sulfate</i>	95, 150
ANORO ELLIPTA	160	ATROVENT HFA.....	156
ALENZIN	36	AUBAGIO.....	103
APOKYN	66	AUBRA.....	128
<i>apomorphine hcl</i>	66	AUBRA EQ.....	128
<i>apraclonidine hcl</i>	153	AUROVELA 1.5/30.....	128
<i>aprepitant</i>	42	AUROVELA 1/20.....	128
APRETUDE	73	AUROVELA 24 FE	128
APRI	128	AUROVELA FE 1.5/30	128

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

AUROVELA FE 1/20.....	128	BD PEN.....	146
AURYXIA.....	117	BD PEN MINI.....	146
AUSTEDO.....	102	BD PEN NEEDLE MICRO U/F.....	146
<i>autopen</i>	146	BD PEN NEEDLE MINI U/F.....	146
AVIANE.....	128	BD PEN NEEDLE NANO 2ND GEN.....	146
AVONEX PEN.....	103	BD PEN NEEDLE NANO U/F.....	146
AVONEX PREFILLED.....	103	BD PEN NEEDLE ORIGINAL U/F.....	146
AVSOLA.....	137	BD PEN NEEDLE SHORT U/F.....	146
AYUNA.....	128	BD SAFETYGLIDE INSULIN SYRINGE.....	146
AYVAKIT.....	55	BD SAFETY-LOK INSULIN SYRINGE.....	146
<i>azacitidine</i>	51	BD SWAB SINGLE USE REGULAR.....	146
AZASAN.....	140	BD VEO INSULIN SYR U/F 1/2UNIT.....	146
AZASITE.....	151	BD VEO INSULIN SYRINGE U/F.....	146
<i>azathioprine</i>	140	BECONASE AQ.....	155
<i>azathioprine sodium</i>	140	BEKYREE.....	128
<i>azelaic acid</i>	106	BELEODAQ.....	72
<i>azelastine hcl</i>	151, 154	<i>benazepril hcl</i>	91
<i>azelastine-fluticasone</i>	162	<i>benazepril-hydrochlorothiazide</i>	95
<i>azesco</i>	115	BENDEKA.....	47
<i>azithromycin</i>	27	BENLYSTA.....	139, 140
<i>aztreonam</i>	20, 25	<i>benzoyl peroxide-erythromycin</i>	106
AZURETTE.....	128	<i>benztropine mesylate</i>	65
B		BESIVANCE.....	28
<i>bacim</i>	20	BESPONSA.....	63
<i>bacitracin</i>	20, 151	BESREMI.....	139
<i>bacitracin-polymyxin b</i>	151	<i>betamethasone dipropionate</i>	107
<i>bacitra-neomycin-polymyxin-hc</i>	150	<i>betamethasone dipropionate aug</i>	107, 108
<i>baclofen</i>	71, 72	<i>betamethasone sod phos & acet</i>	123
BAFIERTAM.....	103	<i>betamethasone valerate</i>	108, 110
<i>balsalazide disodium</i>	145	BETASERON.....	103
BALVERSA.....	55	<i>betaxolol hcl</i>	92, 153
BALZIVA.....	128	<i>bethanechol chloride</i>	123
BAQSIMI ONE PACK.....	83	BETOPTIC-S.....	153
BAQSIMI TWO PACK.....	83	<i>bexarotene</i>	64
BARACLUDGE.....	72	BEXSERO.....	143
BAVENCIO.....	63	<i>bicalutamide</i>	48
BAXDELA.....	28	BICILLIN L-A.....	26
<i>bcg vaccine</i>	143	BIKTARVY.....	73
BD AUTOSHIELD.....	146	<i>bisoprolol fumarate</i>	92
BD AUTOSHIELD DUO.....	146	<i>bisoprolol-hydrochlorothiazide</i>	95
BD INSULIN SYR ULTRAFINE II.....	146	BIVIGAM.....	137
BD INSULIN SYRINGE.....	146	<i>bleomycin sulfate</i>	51
BD INSULIN SYRINGE MICROFINE.....	146	BLEPHAMIDE.....	150
BD INSULIN SYRINGE U/F.....	146	BLEPHAMIDE S.O.P.....	150
BD INSULIN SYRINGE ULTRAFINE.....	146	BLINCYTO.....	63

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

BLISOVI 24 FE	128	CABLIVI	88
BLISOVI FE 1.5/30	128	CABOMETYX.....	56
BLISOVI FE 1/20	128	<i>caffeine citrate</i>	102
BONJESTA	41	<i>calcipotriene</i>	110
BOOSTRIX	143	<i>calcipotriene-betameth diprop</i>	108
<i>bortezomib</i>	51	<i>calcitonin (salmon)</i>	148
<i>bosentan</i>	159	CALCITRENE	110
BOSULIF.....	55	<i>calcitriol</i>	111, 118, 148
BRAFTOVI.....	56	<i>calcium acetate</i>	117
BREO ELLIPTA	160	<i>calcium acetate (phos binder)</i>	117
BREZTRI AEROSPHERE.....	160	<i>calcium chloride</i>	112
<i>briellyn</i>	128	<i>calcium gluconate</i>	112
BRILINTA.....	88	CALQUENCE	56
<i>brimonidine tartrate</i>	153	CAMILA.....	133
<i>brimonidine tartrate-timolol</i>	153	CAMRESE	128
<i>brinzolamide</i>	153	CAMRESE LO.....	128
BRIVIACT	30, 31	CAMZYOS	95
<i>bromfenac sodium (once-daily)</i>	152	<i>candesartan cilexetil</i>	90
<i>bromocriptine mesylate</i>	66	<i>candesartan cilexetil-hctz</i>	95
BRUKINSA.....	56	CAPASTAT SULFATE	46
<i>budesonide</i>	145, 155	CAPLYTA.....	68
<i>budesonide er</i>	145	CAPRELSA	56
<i>budesonide-formoterol fumarate</i>	160	<i>captopril</i>	91
<i>bumetanide</i>	97	<i>captopril-hydrochlorothiazide</i>	96
<i>buprenorphine</i>	12	CARBAGLU	112
<i>buprenorphine hcl</i>	15, 18	<i>carbamazepine</i>	34
<i>buprenorphine hcl-naloxone hcl</i>	18	<i>carbamazepine er</i>	34
<i>bupropion hcl</i>	36	<i>carbidopa</i>	66
<i>bupropion hcl er (smoking det)</i>	19	<i>carbidopa-levodopa</i>	66
<i>bupropion hcl er (sr)</i>	36	<i>carbidopa-levodopa er</i>	66
<i>bupropion hcl er (xl)</i>	36	<i>carbidopa-levodopa-entacapone</i>	65
<i>buspironone hcl</i>	78	<i>carboplatin</i>	47
<i>busulfan</i>	47	CARETOUCH PEN NEEDLES	146
<i>butalbital-acetaminophen</i>	11	<i>carglumic acid</i>	112
<i>butalbital-apap-caffeine</i>	11	<i>carmustine</i>	47
<i>butalbital-aspirin-caffeine</i>	11	<i>carteolol hcl</i>	153
<i>butorphanol tartrate</i>	15	CARTIA XT	93
BYDUREON BCISE.....	80	<i>carvedilol</i>	92
BYETTA 10 MCG PEN	80	<i>casprofungin acetate</i>	43
BYETTA 5 MCG PEN	80	CAYSTON.....	157
BYLVAY	119	CAZIANIANT	128
BYLVAY (PELLETS).....	119	<i>cefaclor</i>	22
C		<i>cefaclor er</i>	23
<i>cabenuva</i>	75	<i>cefadroxil</i>	23
<i>cabergoline</i>	135	<i>cefazolin sodium</i>	23

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

<i>cefazolin sodium-dextrose</i>	23	<i>cimetidine</i>	120
<i>cefdinir</i>	23	<i>cimetidine hcl</i>	120
<i>cefepime hcl</i>	23	CIMZIA	140
<i>cefepime-dextrose</i>	24	CIMZIA STARTER KIT	140
<i>cefixime</i>	24	<i>cinacalcet hcl</i>	148
<i>cefotaxime sodium</i>	24	CINRYZE	136
<i>cefotetan disodium</i>	24	<i>ciprofloxacin hcl</i>	28, 151, 154
<i>cefotetan disodium-dextrose</i>	24	<i>ciprofloxacin in d5w</i>	28
<i>cefoxitin sodium</i>	24	<i>ciprofloxacin-dexamethasone</i>	154
<i>cefoxitin sodium-dextrose</i>	24	<i>cisplatin</i>	47
<i>cefpodoxime proxetil</i>	24	<i>citalopram hydrobromide</i>	37
<i>cefprozil</i>	24	<i>cladribine</i>	50
<i>ceftazidime</i>	24	CLARAVIS	106
<i>ceftazidime and dextrose</i>	24	<i>clarithromycin</i>	27
<i>ceftriaxone sodium</i>	24	<i>clarithromycin er</i>	27
<i>ceftriaxone sodium in dextrose</i>	25	CLENPIQ	119
<i>ceftriaxone sodium-dextrose</i>	25	<i>clindamycin hcl</i>	20
<i>cefuroxime axetil</i>	25	<i>clindamycin palmitate hcl</i>	20
<i>cefuroxime sodium</i>	25	<i>clindamycin phos-benzoyl perox</i>	106
<i>celecoxib</i>	11	<i>clindamycin phosphate</i>	20, 112
CELONTIN.....	33	<i>clindamycin phosphate in d5w</i>	20
<i>cephalexin</i>	25	<i>clindamycin phosphate in nacl</i>	20
CEQR SIMPLICITY 2U.....	147	CLINDESSE	20
CEREZYME	121	CLINISOL SF	115
<i>cetirizine hcl</i>	154	CLINOLIPID	115
<i>cevimeline hcl</i>	105	<i>clobazam</i>	33
<i>chloramphenicol sod succinate</i>	20	<i>clobetasol prop emollient base</i>	108
<i>chlordiazepoxide-amitriptyline</i>	36	<i>clobetasol propionate</i>	108
<i>chlorhexidine gluconate</i>	105	<i>clobetasol propionate e</i>	108
<i>chloroquine phosphate</i>	65	<i>clobetasol propionate emulsion</i>	108
<i>chlorothiazide sodium</i>	98	<i>clofarabine</i>	51
<i>chlorpromazine hcl</i>	41	<i>clomipramine hcl</i>	40
<i>chlorthalidone</i>	98	<i>clonazepam</i>	79
<i>chlorzoxazone</i>	162	<i>clonidine</i>	89
CHOLBAM	121	<i>clonidine hcl</i>	90
<i>cholestyramine</i>	99	<i>clopidogrel bisulfate</i>	88
<i>cholestyramine light</i>	99	<i>clorazepate dipotassium</i>	79
<i>chorionic gonadotropin</i>	125	<i>clotrimazole</i>	43
CIBINQO	137	<i>clotrimazole-betamethasone</i>	111
<i>ciclopirox</i>	43	<i>clozapine</i>	71
<i>ciclopirox olamine</i>	43	<i>c-nate dha</i>	115
<i>cidofovir</i>	72	COARTEM	65
<i>cilostazol</i>	88	<i>colchicine</i>	45
CILOXAN	28	<i>colchicine-probenecid</i>	45
CIMDUO	75	<i>colesevelam hcl</i>	99

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

<i>colestipol hcl</i>	99
<i>colistimethate sodium (cba)</i>	20
COMBIGAN	153
COMBIVENT RESPIMAT	160
COMETRIQ (100 MG DAILY DOSE)	56
COMETRIQ (140 MG DAILY DOSE)	56
COMETRIQ (60 MG DAILY DOSE)	56
COMPLERA.....	74
<i>complete natal dha</i>	115
<i>completenate</i>	115
COMPRO.....	41
CONDYLOX.....	111
<i>constulose</i>	118
COPIKTRA.....	56
CORLANOR.....	96
COSENTYX	137
COSENTYX (300 MG DOSE)	137
COSENTYX SENSOREADY (300 MG)	137
COSENTYX SENSOREADY PEN	137
COTELLIC	56
CREON	121
CRINONE	133
CRIXIVAN	76
<i>cromolyn sodium</i>	121, 151, 158
CRYSELLE-28	128
CRYSVITA	121
CUTAQUIG	89
CUVITRU	89
CYCLAFEM 1/35	128
CYCLAFEM 7/7/7	129
<i>cyclobenzaprine hcl</i>	162
<i>cyclopentolate hcl</i>	150
<i>cyclophosphamide</i>	47, 48
<i>cycloserine</i>	46
CYCLOSET.....	80
<i>cyclosporine</i>	140, 150
<i>cyclosporine modified</i>	140
<i>cyproheptadine hcl</i>	154
CYRAMZA	63
CYRED	129
CYRED EQ	129
CYSTADROPS	150
CYSTAGON.....	121
CYSTARAN	150
<i>cytarabine</i>	50

<i>cytarabine (pf)</i>	50
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D

<i>dabigatran etexilate mesylate</i>	85
<i>dacarbazine</i>	48
<i>dactinomycin</i>	51
<i>dalfampridine er</i>	103
DALIRESP	158
<i>danazol</i>	126
<i>dantrolene sodium</i>	72
DANYELZA	63
<i>dapsone</i>	46
DAPTACEL	143
<i>daptomycin</i>	20
DARZALEX	63
DARZALEX FASPRO.....	51
DASETTA 1/35.....	129
DASETTA 7/7/7	129
<i>daunorubicin hcl</i>	51
DAURISMO	56
DAYSEE.....	129
DEBLITANE	133
<i>decitabine</i>	51
<i>deferasirox</i>	114, 115
<i>deferasirox granules</i>	115
<i>deferiprone</i>	115
<i>deferoxamine mesylate</i>	115
DELSTRIGO	74
DELYLA	129
<i>demeclocycline hcl</i>	29
DENAVIR	112
DENGVAXIA	143
DENTA 5000 PLUS.....	105
DENTAGEL.....	105
DESCOVY.....	75
<i>desipramine hcl</i>	40
<i>desloratadine</i>	154
<i>desmopressin ace spray refrig</i>	125
<i>desmopressin acetate</i>	125, 126
<i>desmopressin acetate pf</i>	126
<i>desmopressin acetate spray</i>	126
<i>desogestrel-ethinyl estradiol</i>	129
<i>desonide</i>	108
<i>desoximetasone</i>	108
<i>desvenlafaxine er</i>	37
<i>desvenlafaxine succinate er</i>	37

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

<i>dexamethasone</i>	123, 124	<i>diphenhydramine hcl</i>	154
DEXAMETHASONE INTENSOL.....	124	<i>diphenoxylate-atropine</i>	119
<i>dexamethasone sod phosphate pf</i>	124	<i>diphtheria-tetanus toxoids dt</i>	144
<i>dexamethasone sodium phosphate</i> ...	124, 152	<i>dipyridamole</i>	88
<i>dexmethylphenidate hcl</i>	101	<i>disopyramide phosphate</i>	91
<i>dexmethylphenidate hcl er</i>	101	<i>disulfiram</i>	18
<i>dexrazoxane hcl</i>	51	<i>divalproex sodium</i>	31
<i>dextroamphetamine sulfate</i>	101	<i>divalproex sodium er</i>	31
<i>dextroamphetamine sulfate er</i>	101	<i>dobutamine hcl</i>	96
<i>dextrose</i>	112, 115	<i>dobutamine in d5w</i>	96
<i>dextrose 5%/electrolyte #48</i>	112	<i>docetaxel</i>	54
<i>dextrose in lactated ringers</i>	112	<i>dofetilide</i>	91
<i>dextrose-nacl</i>	112, 115	DOJOLVI.....	116
<i>dextrose-sodium chloride</i>	112, 115	DOLISHALE	129
DIACOMIT	31	<i>donepezil hcl</i>	36
<i>diazepam</i>	33, 79	DOPTELET	88
DIAZEPAM INTENSOL.....	79	<i>dorzolamide hcl</i>	153
<i>diazoxide</i>	83	<i>dorzolamide hcl-timolol mal</i>	150
<i>diclofenac epolamine</i>	11	<i>dorzolamide hcl-timolol mal pf</i>	150
<i>diclofenac potassium</i>	11	DOTTI	127
<i>diclofenac sodium</i>	11, 152	DOVATO	73
<i>diclofenac sodium er</i>	11	<i>doxazosin mesylate</i>	90
<i>diclofenac-misoprostol</i>	11	<i>doxepin hcl</i>	40, 162
<i>dicloxacillin sodium</i>	26	<i>doxercalciferol</i>	148
<i>dicyclomine hcl</i>	119	<i>doxorubicin hcl</i>	51
<i>didanosine</i>	75	<i>doxorubicin hcl liposomal</i>	51
DIFICID	28	DOXY 100	29
<i>diflorasone diacetate</i>	108	<i>doxycycline hyclate</i>	29, 30
<i>diflunisal</i>	11	<i>doxycycline monohydrate</i>	30
<i>difluprednate</i>	152	<i>doxylamine-pyridoxine</i>	41
DIGITEK.....	96	DRIZALMA SPRINKLE	37
<i>digox</i>	96	<i>dronabinol</i>	42
<i>digoxin</i>	96	<i>droperidol</i>	41
<i>dihydroergotamine mesylate</i>	45	<i>drospiren-eth estrad-levomefol</i>	129
DILANTIN.....	34	<i>drospirenone-ethinyl estradiol</i>	129
DILANTIN INFATABS	34	DROXIA	50
<i>diltiazem hcl</i>	93	<i>droxidopa</i>	90
<i>diltiazem hcl er</i>	94	DUAVEE	134
<i>diltiazem hcl er beads</i>	94	DULERA.....	157
<i>diltiazem hcl er coated beads</i>	94	<i>duloxetine hcl</i>	103
<i>dilt-xr</i>	94	DUPIXENT	137, 138
<i>dimenhydrinate</i>	41	<i>dutasteride</i>	123
<i>dimethyl fumarate</i>	104	E	
<i>dimethyl fumarate starter pack</i>	104	<i>ec-naproxen</i>	11
DIPENTUM	145	<i>econazole nitrate</i>	43

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

EDARBI.....	90	<i>entecavir</i>	72
EDARBYCLOR	96	ENTRESTO.....	96
EDURANT.....	74	<i>enulose</i>	118
<i>efavirenz</i>	74	ENVARBUS XR	141
<i>efavirenz-emtricitab-tenofo df</i>	74	EPIDIOLEX	31
<i>efavirenz-lamivudine-tenofovir</i>	74	EPIFOAM.....	110
ELAPRASE	121	<i>epinastine hcl</i>	151
ELELYSO.....	121	<i>epinephrine</i>	157
ELIGARD	135	<i>epirubicin hcl</i>	51
ELINEST	129	EPITOL	34
ELIQUIS.....	85	<i>eplerenone</i>	97
ELIQUIS DVT/PE STARTER PACK	85	EPOGEN.....	86
ELITEK	64	<i>epoprostenol sodium</i>	159
ELIXOPHYLLIN	158	EPRONTIA.....	31
ELLA.....	133	ERAXIS.....	43
ELMIRON.....	123	ERBITUX.....	63
ELURYNG.....	129	<i>ergoloid mesylates</i>	36
EMCYT	49	<i>ergotamine-caffeine</i>	45
EMFLAZA	124	ERIVEDGE.....	56
EMGALITY.....	45	ERLEADA	49
EMGALITY (300 MG DOSE).....	45	<i>erlotinib hcl</i>	56, 57
EMOQUETTE	129	ERRIN.....	133
EMPAVELI	86	<i>ertapenem sodium</i>	27
EMPLICITI	63	ERWINASE	51
EMSAM.....	37	ERWINAZE	51
<i>emtricitabine</i>	75	<i>ery</i>	112
<i>emtricitabine-tenofovir df</i>	75	ERYTHROCIN LACTOBIONATE	28
EMTRIVA.....	75	ERYTHROCIN STEARATE.....	28
EMVERM	64	<i>erythromycin</i>	28, 112, 151
<i>enalapril maleate</i>	91	<i>erythromycin base</i>	28
<i>enalaprilat</i>	91	<i>erythromycin ethylsuccinate</i>	28
<i>enalapril-hydrochlorothiazide</i>	96	ESBRIET.....	160
ENBREL.....	140	<i>escitalopram oxalate</i>	37, 38
ENBREL MINI	141	<i>esomeprazole magnesium</i>	120
ENBREL SURECLICK	141	<i>esomeprazole sodium</i>	120
ENDARI	121	ESTARYLLA	129
<i>endocet</i>	15	<i>estazolam</i>	162
ENDOCET	15	<i>estradiol</i>	127
ENGERIX-B	144	<i>estradiol valerate</i>	127
ENHERTU.....	63	<i>estradiol-norethindrone acet</i>	129
<i>enoxaparin sodium</i>	85, 88	ESTRING	127
ENPRESSE-28	129	<i>eszopiclone</i>	162
ENSKYCE.....	129	<i>ethambutol hcl</i>	47
ENSPRYNG.....	141	<i>ethosuximide</i>	33
<i>entacapone</i>	66	<i>ethynodiol diac-eth estradiol</i>	129

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

<i>etodolac</i>	11	FENSOLVI (6 MONTH)	135
<i>etodolac er</i>	11	<i>fentanyl</i>	12
<i>etonogestrel-ethinyl estradiol</i>	129	<i>fentanyl citrate</i>	15
ETOPOPHOS	54	FERRIPROX	115
<i>etoposide</i>	54	FERRIPROX TWICE-A-DAY	115
<i>etravirine</i>	74	FETROJA.....	25
EUCRISA.....	108	FETZIMA.....	38
EUTHYROX.....	134	FETZIMA TITRATION	38
EVENITY.....	149	<i>finasteride</i>	123
<i>everolimus</i>	57, 141	<i> fingolimod hcl</i>	104
EVKEEZA	99	FINTEPLA	31
EVOTAZ.....	77	FIRDAPSE	121
EVRYSDI	102	FIRMAGON.....	135
<i>exemestane</i>	54	FIRMAGON (240 MG DOSE).....	135
EXKIVITY.....	57	FIRVANQ	20
EXONDYS 51	121	FLAREX	152
EXSERVAN	102	<i>flavoxate hcl</i>	122
EXTAVIA.....	104	FLEBOGAMMA DIF	89, 137
EYSUVIS	152	<i>flecainide acetate</i>	91
<i>ezetimibe</i>	99	FLOVENT DISKUS	155
<i>ezetimibe-simvastatin</i>	99	FLOVENT HFA	155
F		<i>floxuridine</i>	50
FABIOR.....	106	<i>fluconazole</i>	43
FABRAZYME	121	<i>fluconazole in sodium chloride</i>	43
FALMINA	129	<i>flucytosine</i>	43
<i>famciclovir</i>	73	<i>fludarabine phosphate</i>	52
<i>famotidine</i>	120	<i>fludrocortisone acetate</i>	124
<i>famotidine (pf)</i>	120	<i>flumazenil</i>	40
<i>famotidine premixed</i>	120	<i>flunisolide</i>	156
FANAPT.....	68	<i>fluocinolone acetonide</i>	109, 154
FANAPT TITRATION PACK	68	<i>fluocinolone acetonide body</i>	109
FARXIGA	80	<i>fluocinolone acetonide scalp</i>	109
FARYDAK.....	57	<i>fluocinonide</i>	109
FASENRA.....	160	<i>fluocinonide emulsified base</i>	109
FASENRA PEN.....	160	<i>fluoritab</i>	113
FAYOSIM.....	129	<i>fluorometholone</i>	152
<i>febuxostat</i>	45	<i>fluorouracil</i>	50, 111
<i>felbamate</i>	31	<i>fluoxetine hcl</i>	38
<i>felodipine er</i>	93	<i>fluoxetine hcl (pmd)</i>	38
FEMRING	127	<i>fluphenazine decanoate</i>	67
FEMYNOR.....	129	<i>fluphenazine hcl</i>	67
<i>fenofibrate</i>	98	<i>flurbiprofen</i>	11
<i>fenofibrate micronized</i>	98	<i>flurbiprofen sodium</i>	152
<i>fenofibric acid</i>	98	<i>flutamide</i>	49
<i>fenoprofen calcium</i>	11	<i>fluticasone propionate</i>	109, 156

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

<i>fluticasone-salmeterol</i>	160, 161	GEMMILY.....	129
<i>fluvastatin sodium</i>	98	<i>generlac</i>	118
<i>fluvoxamine maleate</i>	38	GENGRAF.....	141
<i>fluvoxamine maleate er</i>	38	GENTAK.....	151
FML.....	152	<i>gentamicin in saline</i>	19
FML FORTE.....	152	<i>gentamicin sulfate</i>	19, 112, 151
FOLOTYN.....	50	GENVOYA.....	73
<i>fomepizole</i>	40	GIANVI.....	129
<i>fondaparinux sodium</i>	85	GILENYA.....	104
<i>formoterol fumarate</i>	157	GILOTRIF.....	57
FOSAMAX PLUS D.....	149	GIVLAARI.....	34
<i>fosamprenavir calcium</i>	77	<i>glatiramer acetate</i>	104
<i>foscarnet sodium</i>	76	<i>glimepiride</i>	81
<i>fosinopril sodium</i>	91	<i>glipizide</i>	81
<i>fosinopril sodium-hctz</i>	96	<i>glipizide er</i>	81
<i>fosphenytoin sodium</i>	34	<i>glipizide xl</i>	81
FOSRENOL.....	117	<i>glipizide-metformin hcl</i>	81
FOTIVDA.....	57	GLUCAGEN DIAGNOSTIC.....	83
<i>fulvestrant</i>	49	GLUCAGEN HYPOKIT.....	84
<i>furosemide</i>	97	<i>glucagon emergency</i>	84
FUZEON.....	76	<i>glucagon hcl (diagnostic)</i>	84
FYAVOLV.....	129	<i>glyburide</i>	81
FYCOMPA.....	31	<i>glyburide micronized</i>	81
G		<i>glyburide-metformin</i>	81
<i>gabapentin</i>	33	<i>glycopyrrolate</i>	119
GALAFOLD.....	121	GLYDO.....	17
<i>galantamine hydrobromide</i>	36	GLYXAMBI.....	82
<i>galantamine hydrobromide er</i>	36	<i>gnp sterile gauze</i>	147
GAMIFANT.....	121	<i>granisetron hcl</i>	42
GAMMAGARD.....	89, 137	<i>griseofulvin microsize</i>	44
GAMMAGARD S/D LESS IGA.....	137	<i>griseofulvin ultramicrosize</i>	44
GAMMAPLEX.....	137	<i>guanfacine hcl er</i>	101
GAMUNEX-C.....	89, 137	<i>guanidine hcl</i>	46
<i>ganciclovir sodium</i>	72	GVOKE HYPOPEN 1-PACK.....	84
GARDASIL 9.....	144	GVOKE HYPOPEN 2-PACK.....	84
<i>gatifloxacin</i>	151	GVOKE KIT.....	84
GATTEX.....	119	GVOKE PFS.....	84
<i>gauze pads</i>	147	H	
GAVILYTE-C.....	118	HAEGARDA.....	136
GAVILYTE-G.....	118	HAILEY 1.5/30.....	129
GAVILYTE-N WITH FLAVOR PACK.....	118	HAILEY 24 FE.....	129
GAVRETO.....	57	HALAVEN.....	52
GAZYVA.....	63	<i>halobetasol propionate</i>	109
<i>gemcitabine hcl</i>	50	HALOETTE.....	129
<i>gemfibrozil</i>	98	<i>haloperidol</i>	67

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

<i>haloperidol decanoate</i>	67	IBUPAK.....	12
<i>haloperidol lactate</i>	67	<i>ibuprofen</i>	12
HAVRIX.....	144	<i>icatibant acetate</i>	136
HEATHER.....	133	ICLEVIA.....	130
<i>heparin (porcine) in nacl</i>	88	ICLUSIG.....	57
<i>heparin sod (porcine) in d5w</i>	86, 88	<i>icosapent ethyl</i>	99
<i>heparin sodium (porcine)</i>	86, 88	<i>idarubicin hcl</i>	52
<i>heparin sodium (porcine) pf</i>	86, 89	IDHIFA.....	52
HERCEPTIN HYLECTA.....	63	<i>ifosfamide</i>	48
HERZUMA.....	63	ILARIS.....	139
HETLIOZ.....	162	<i>imatinib mesylate</i>	57
HETLIOZ LQ.....	162	IMBRUVICA.....	57, 58
HIBERIX.....	144	IMFINZI.....	63
HIZENTRA.....	89	<i>imipenem-cilastatin</i>	27
HUMIRA.....	141	<i>imipramine hcl</i>	40
HUMIRA PEDIATRIC CROHNS START.....	141	<i>imipramine pamoate</i>	40
HUMIRA PEN.....	141	<i>imiquimod</i>	111
HUMIRA PEN-CD/UC/HS STARTER.....	142	<i>imiquimod pump</i>	111
HUMIRA PEN-PEDIATRIC UC START.....	142	IMLYGIC.....	52
HUMIRA PEN-PS/UV/ADOL HS START.....	142	IMOVAX RABIES.....	144
HUMIRA PEN-PSOR/UEVEIT STARTER.....	142	INBRIJA.....	66
HUMULIN R U-500 (CONCENTRATED).....	84	INCASSIA.....	133
HUMULIN R U-500 KWIKPEN.....	84	INCRELEX.....	126
<i>hydralazine hcl</i>	100	INCRUSE ELLIPTA.....	156
<i>hydrochlorothiazide</i>	96, 98	<i>indapamide</i>	98
<i>hydrocodone-acetaminophen</i>	15	INFANRIX.....	144
<i>hydrocodone-ibuprofen</i>	15	INFLECTRA.....	139
<i>hydrocortisone</i>	109, 124, 145	INGREZZA.....	102
<i>hydrocortisone (perianal)</i>	109	INLYTA.....	58
<i>hydrocortisone butyr lipo base</i>	109	INPEN 100-BLUE-LILLY-HUMALOG.....	147
<i>hydrocortisone butyrate</i>	109	INPEN 100-BLUE-NOVOLOG-FIASP.....	147
<i>hydrocortisone valerate</i>	109	INPEN 100-GREY-LILLY-HUMALOG.....	147
<i>hydrocortisone-acetic acid</i>	154	INPEN 100-GREY-NOVOLOG-FIASP.....	147
<i>hydromorphone hcl</i>	15, 16	INPEN 100-PINK-LILLY-HUMALOG.....	147
<i>hydromorphone hcl pf</i>	16	INPEN 100-PINK-NOVOLOG-FIASP.....	147
<i>hydroxychloroquine sulfate</i>	65	INQOVI.....	50
<i>hydroxyprogesterone caproate</i>	133	INREBIC.....	58
<i>hydroxyurea</i>	50	<i>insulin syringe</i>	147
<i>hydroxyzine hcl</i>	154	<i>insulin syringe-needle u-100</i>	147
<i>hydroxyzine pamoate</i>	78	<i>insulin syringes</i>	147
HYQVIA.....	89	INTELENCE.....	74
I		INTRALIPID.....	116
<i>ibandronate sodium</i>	149	INTRON A.....	139
IBRANCE.....	57	INTROVALE.....	130
IBU.....	12	INVEGA HAFYERA.....	68

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

INVEGA SUSTENNA.....	69
INVEGA TRINZA	69
INVIRASE	77
IPOL.....	144
<i>ipratropium bromide</i>	156
<i>ipratropium-albuterol</i>	161
<i>irbesartan</i>	90
<i>irbesartan-hydrochlorothiazide</i>	96
IRESSA.....	58
<i>irinotecan hcl</i>	54
ISENTRESS.....	73, 74
ISENTRESS HD	74
ISIBLOOM.....	130
<i>isoniazid</i>	47
<i>isosorbide dinitrate</i>	100
<i>isosorbide mononitrate</i>	100
<i>isosorbide mononitrate er</i>	100
<i>isotretinoin</i>	106
<i>isradipine</i>	93
<i>itraconazole</i>	44
<i>ivermectin</i>	65, 106
IXEMPRA KIT	52
IXIARO.....	144

J

JAIMIESS.....	130
JAKAFI.....	58
JANTOVEN.....	86
JARDIANCE.....	82
JASMIEL.....	130
JATENZO.....	126
JEMPERLI	63
JENCYCLA	133
JENTADUETO	82
JENTADUETO XR	82
JEVTANA.....	55
JINTELI	130
JOLESSA.....	130
JULEBER.....	130
JULUCA.....	75
JUNEL 1.5/30.....	130
JUNEL 1/20.....	130
JUNEL FE 1.5/30	130
JUNEL FE 1/20.....	130
JUNEL FE 24	130
JUXTAPID.....	99

JYNARQUE.....	115
JYNNEOS	144

K

KADCYLA	52
KAITLIB FE	130
KALLIGA	130
KALYDECO.....	157
KANJINTI	63
KARIVA	130
<i>kcl in dextrose-nacl</i>	113
<i>kcl-lactated ringers-d5w</i>	113
KELNOR 1/35	130
KELNOR 1/50	130
KEPIVANCE.....	105
KERENDIA.....	96
KESIMPTA	104
<i>ketoconazole</i>	44
<i>ketoprofen</i>	12
<i>ketoprofen er</i>	12
<i>ketorolac tromethamine</i>	152
KEVZARA	142
KEYTRUDA.....	63
KIMMTRAK	58
KINERET.....	142
KINRIX	144
KISQALI (200 MG DOSE)	58
KISQALI (400 MG DOSE)	58
KISQALI (600 MG DOSE)	58
KISQALI FEMARA (400 MG DOSE)	52
KISQALI FEMARA (600 MG DOSE)	52
KISQALI FEMARA(200 MG DOSE)	52
KLOR-CON	113
KLOR-CON 10	113
KLOR-CON M10	113
KLOR-CON M15	113
KLOR-CON M20	113
KLOXXADO	19
KORLYM.....	84
KOSELUGO	58
KRINTAFEL	65
KURVELO	130
KYNMOBI.....	66
KYPROLIS	52

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

L

labetalol hcl..... 92
lacosamide..... 35
lactulose..... 118
lactulose encephalopathy 118
LAGEVRIO..... 78
LAMICTAL XR 31
lamivudine..... 72
lamivudine-zidovudine 75
lamotrigine 31, 32
lamotrigine er 32
lamotrigine starter kit-blue..... 32
lamotrigine starter kit-green 32
lamotrigine starter kit-orange 32
LANOXIN 96
lanreotide acetate 135
lansoprazole..... 120
lanthanum carbonate 117
LANTUS..... 84
LANTUS SOLOSTAR 84
lapatinib ditosylate 58
LARIN 1.5/30 130
LARIN 1/20 130
LARIN 24 FE..... 130
LARIN FE 1.5/30..... 130
LARIN FE 1/20..... 130
LARISSIA..... 130
latanoprost..... 153
LATUDA..... 69
LAYOLIS FE 130
LAZANDA 16
ledipasvir-sofosbuvir 73
LEENA 130
leflunomide..... 138
lenalidomide..... 49
LENVIMA (10 MG DAILY DOSE)..... 58
LENVIMA (12 MG DAILY DOSE)..... 58
LENVIMA (14 MG DAILY DOSE)..... 58
LENVIMA (18 MG DAILY DOSE)..... 59
LENVIMA (20 MG DAILY DOSE)..... 59
LENVIMA (24 MG DAILY DOSE)..... 59
LENVIMA (4 MG DAILY DOSE)..... 59
LENVIMA (8 MG DAILY DOSE)..... 59
LEQVIO..... 99
LESSINA..... 130

letrozole..... 54
leucovorin calcium..... 52, 64
LEUKERAN 48
LEUKINE 86
leuprolide acetate..... 135
levabuterol hcl 157
levabuterol tartrate..... 157
LEVEMIR 84
LEVEMIR FLEXTOUCH..... 84
levetiracetam..... 32
levetiracetam er..... 32
levetiracetam in nacl..... 32
levobunolol hcl 153
levocarnitine 116
levocarnitine sf 116
levocetirizine dihydrochloride 155
levofloxacin 29, 151
levofloxacin in d5w 29
levoleucovorin calcium 52
levoleucovorin calcium pf 52
LEVONEST 130
levonorgest-eth est & eth est..... 130
levonorgest-eth estrad 91-day..... 130
levonorgestrel-ethinyl estrad 130, 131
levonorg-eth estrad triphasic..... 131
LEVORA 0.15/30 (28) 131
LEVO-T 134
levothyroxine sodium..... 134
LEVOXYL..... 135
LEVULAN KERASTICK..... 110
LEXIVA..... 77
LIBTAYO 63
lidocaine 17
lidocaine hcl 17
lidocaine hcl (cardiac)..... 91
lidocaine hcl (cardiac) pf..... 18, 91
lidocaine hcl (pf) 18
lidocaine hcl urethral/mucosal 18
lidocaine in d5w..... 91
lidocaine viscous hcl..... 18
lidocaine-prilocaine..... 18
LILLOW 131
lincomycin hcl..... 21
lindane..... 111
linezolid 21

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

<i>linezolid in sodium chloride</i>	21
LINZESS	118
<i>lithyronine sodium</i>	135
<i>lisinopril</i>	91
<i>lisinopril-hydrochlorothiazide</i>	96
<i>lithium</i>	80
<i>lithium carbonate</i>	80
<i>lithium carbonate er</i>	80
LIVMARLI	119
LIVTENCITY	72
LOJAIMIESS	131
LOKELMA	117
LONSURF	52, 53
<i>loperamide hcl</i>	119
<i>lopinavir-ritonavir</i>	77
<i>lorazepam</i>	80
LORAZEPAM INTENSOL	80
LORBRENA	59
LORYNA	131
<i>losartan potassium</i>	90
<i>losartan potassium-hctz</i>	96
<i>loteprednol etabonate</i>	152
<i>lovastatin</i>	98, 99
LOW-OGESTREL	131
<i>loxapine succinate</i>	67
LO-ZUMANDIMINE	131
<i>lubiprostone</i>	118
LUCEMYRA	19
LUMAKRAS	53
LUMIGAN	154
LUMIZYME	121
LUMOXITI	59
LUPKYNIS	142
LUPRON DEPOT (1-MONTH)	135
LUPRON DEPOT (3-MONTH)	135
LUPRON DEPOT (4-MONTH)	135
LUPRON DEPOT (6-MONTH)	135
LUPRON DEPOT-PED (1-MONTH)	135
LUPRON DEPOT-PED (3-MONTH)	135
LUTERA	131
LYBALVI	69
LYLEQ	133
LYLLANA	127
LYNPARZA	59
LYSODREN	53

LYZA	133
------------	-----

M

<i>magnesium sulfate</i>	113
<i>magnesium sulfate in d5w</i>	113
<i>malathion</i>	111
<i>maprotiline hcl</i>	36
<i>maraviroc</i>	76
MARGENZA	63
<i>marlissa</i>	131
MARPLAN	37
MARQIBO	53
MATULANE	48
MATZIM LA	94
MAVENCLAD (10 TABS)	104
MAVENCLAD (4 TABS)	104
MAVENCLAD (5 TABS)	104
MAVENCLAD (6 TABS)	104
MAVENCLAD (7 TABS)	104
MAVENCLAD (8 TABS)	104
MAVENCLAD (9 TABS)	104
MAVYRET	73
MAXIDEX	152
MAYZENT	104
MAYZENT STARTER PACK	104
<i>meclizine hcl</i>	41
<i>meclofenamate sodium</i>	12
<i>medroxyprogesterone acetate</i>	133
<i>mefenamic acid</i>	12
<i>mefloquine hcl</i>	65
<i>megestrol acetate</i>	134
MEKINIST	59
MEKTOVI	59
<i>meloxicam</i>	12
<i>melphalan hcl</i>	48
<i>memantine hcl</i>	36
<i>memantine hcl er</i>	36
MENACTRA	144
MENEST	127
MENQUADFI	144
MENVEO	144
<i>meprobamate</i>	78
MEPSEVII	121
<i>mercaptapurine</i>	142
<i>meropenem</i>	27
<i>meropenem-sodium chloride</i>	27

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

MERZEE	131	<i>midodrine hcl</i>	90
<i>mesalamine</i>	145	MIGERGOT	45
<i>mesalamine er</i>	145	<i>miglitol</i>	82
<i>mesalamine-cleanser</i>	145	<i>miglustat</i>	121
<i>mesna</i>	64	MILI	131
MESNEX.....	64	<i>milrinone lactate</i>	96
<i>metaxalone</i>	162	<i>milrinone lactate in dextrose</i>	96
<i>metformin hcl</i>	82	MIMVEY	131
<i>metformin hcl er</i>	82	<i>minocycline hcl</i>	30
<i>methadone hcl</i>	13	<i>minocycline hcl er</i>	30
METHADOSE	13	<i>minoxidil</i>	100
<i>methazolamide</i>	153	<i>mirtazapine</i>	37
<i>methenamine hippurate</i>	21	<i>misoprostol</i>	120
<i>methimazole</i>	136	<i>mitomycin</i>	53
<i>methitest</i>	126	<i>mitoxantrone hcl</i>	53
<i>methocarbamol</i>	162	M-M-R II	144
<i>methotrexate</i>	142	<i>m-natal plus</i>	116
<i>methotrexate (anti-rheumatic)</i>	142	<i>modafinil</i>	162
<i>methotrexate sodium</i>	142	<i>moexipril hcl</i>	91
<i>methotrexate sodium (pf)</i>	142	<i>molindone hcl</i>	67
<i>methoxsalen rapid</i>	111	<i>mometasone furoate</i>	110, 156
<i>methscopolamine bromide</i>	119	MONJUVI	63
<i>methylergonovine maleate</i>	131	MONO-LINYAH.....	131
<i>methylphenidate hcl</i>	101	<i>montelukast sodium</i>	156
<i>methylphenidate hcl er</i>	101, 102	<i>morphine sulfate</i>	16
<i>methylphenidate hcl er (cd)</i>	102	<i>morphine sulfate (concentrate)</i>	16
<i>methylphenidate hcl er (osm)</i>	102	<i>morphine sulfate (pf)</i>	16
<i>methylprednisolone</i>	124	<i>morphine sulfate er</i>	13
<i>methylprednisolone acetate</i>	125	<i>morphine sulfate er beads</i>	13, 14
<i>methylprednisolone sodium succ</i>	125	MOUNJARO.....	82
<i>metoclopramide hcl</i>	41	MOVANTIK	118
<i>metolazone</i>	98	MOVIPREP	118
<i>metoprolol succinate er</i>	92	<i>moxifloxacin hcl</i>	29, 152
<i>metoprolol tartrate</i>	92	<i>moxifloxacin hcl (2x day)</i>	152
<i>metoprolol-hydrochlorothiazide</i>	96	<i>moxifloxacin hcl in nacl</i>	29
<i>metronidazole</i>	21, 107	MOZOBIL	89
<i>metyrosine</i>	96	MULPLETA	86
<i>mexiletine hcl</i>	92	MULTAQ	92
MIACALCIN	149	<i>mupirocin</i>	112
<i>miconazole 3</i>	44	<i>mupirocin calcium</i>	112
MICROGESTIN 1.5/30.....	131	MVASI	63
MICROGESTIN 1/20.....	131	<i>mycophenolate mofetil</i>	142
MICROGESTIN 24 FE	131	<i>mycophenolate mofetil hcl</i>	142
MICROGESTIN FE 1.5/30	131	<i>mycophenolate sodium</i>	142
MICROGESTIN FE 1/20	131	MYFEMBREE	135

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

MYLOTARG.....	63
MYORISAN.....	107
MYRBETRIQ.....	123
N	
<i>na sulfate-k sulfate-mg sulf</i>	118
<i>nabumetone</i>	12
<i>nadolol</i>	92
<i>nafcillin sodium</i>	26
<i>nafcillin sodium in dextrose</i>	26
<i>naftifine hcl</i>	44
NAFTIN.....	44
NAGLAZYME.....	121
<i>nalbuphine hcl</i>	17
<i>naloxone hcl</i>	18, 19
<i>naltrexone hcl</i>	18
<i>naproxen</i>	12
<i>naproxen sodium</i>	12
<i>naratriptan hcl</i>	46
NATACYN.....	152
<i>nateglinide</i>	82
NATPARA.....	149
NAYZILAM.....	33
NECON 0.5/35 (28).....	131
<i>nefazodone hcl</i>	38
<i>nelarabine</i>	50
<i>neomycin sulfate</i>	19
<i>neomycin-bacitracin zn-polymyx</i>	152
<i>neomycin-polymyxin b gu</i>	21
<i>neomycin-polymyxin-dexameth</i>	150
<i>neomycin-polymyxin-gramicidin</i>	150
<i>neomycin-polymyxin-hc</i>	150, 154
<i>neonatal + dha</i>	116
<i>neonatal 19</i>	116
<i>neonatal complete</i>	116
NEO-POLYCIN HC.....	150
NERLYNX.....	59
NEULASTA ONPRO.....	86
NEUPRO.....	66
<i>nevirapine</i>	74
<i>nevirapine er</i>	74, 75
NEXLETOL.....	99
NEXLIZET.....	100
NEXVIAZYME.....	121
<i>niacin er (antihyperlipidemic)</i>	100
NIACOR.....	100

<i>nicardipine hcl</i>	93
NICOTROL NS.....	19
<i>nifedipine er</i>	93
<i>nifedipine er osmotic release</i>	93
NIKKI.....	131
<i>nilutamide</i>	49
<i>nimodipine</i>	93
NINLARO.....	53
NIPENT.....	50
<i>nisoldipine er</i>	93
<i>nitazoxanide</i>	65
NITRO-BID.....	100
NITRO-DUR.....	100
<i>nitrofurantoin macrocrystal</i>	21
<i>nitrofurantoin monohyd macro</i>	21
<i>nitroglycerin</i>	100, 101
<i>nitroglycerin in d5w</i>	101
NITYR.....	122
NIVESTYM.....	86
<i>nizatidine</i>	120
NOCDURNA.....	126
NORA-BE.....	134
NORDITROPIN FLEXPRO.....	126
<i>norethin ace-eth estrad-fe</i>	131
<i>norethindrone</i>	134
<i>norethindrone acetate</i>	134
<i>norethindrone acet-ethinyl est</i>	131
<i>norethindrone-eth estradiol</i>	131
<i>norethindron-ethinyl estrad-fe</i>	131
<i>norgestimate-eth estradiol</i>	131
<i>norgestim-eth estrad triphasic</i>	131
NORLYDA.....	134
NORLYROC.....	134
NORTREL 0.5/35 (28).....	131
NORTREL 1/35 (21).....	131
NORTREL 1/35 (28).....	131
NORTREL 7/7/7.....	131
<i>nortriptyline hcl</i>	40
NORVIR.....	77
NOURIANZ.....	66
NOVOLIN 70/30.....	84
NOVOLIN 70/30 FLEXPEN.....	84
NOVOLIN 70/30 FLEXPEN RELION.....	84
NOVOLIN 70/30 RELION.....	84
NOVOLIN N.....	84

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

NOVOLIN N FLEXPEN.....	84	<i>olanzapine-fluoxetine hcl</i>	37
NOVOLIN N FLEXPEN RELION.....	84	<i>olmesartan medoxomil</i>	90
NOVOLIN N RELION.....	84	<i>olmesartan medoxomil-hctz</i>	96
NOVOLIN R.....	84	<i>olmesartan-amlodipine-hctz</i>	96
NOVOLIN R FLEXPEN.....	84	<i>olopatadine hcl</i>	151, 155
NOVOLIN R FLEXPEN RELION.....	84	OLUMIANT.....	138
NOVOLIN R RELION.....	84	<i>omega-3-acid ethyl esters</i>	100
NOVOLOG.....	84	<i>omeprazole</i>	120
NOVOLOG 70/30 FLEXPEN RELION.....	84	OMNIPOD 5 G6 INTRO (GEN 5).....	147
NOVOLOG FLEXPEN.....	84	OMNIPOD 5 G6 POD (GEN 5).....	147
NOVOLOG FLEXPEN RELION.....	84	OMNIPOD CLASSIC PDM (GEN 3).....	147
NOVOLOG MIX 70/30.....	84	OMNIPOD CLASSIC PODS (GEN 3).....	147
NOVOLOG MIX 70/30 FLEXPEN.....	84	OMNIPOD DASH INTRO (GEN 4).....	147
NOVOLOG MIX 70/30 RELION.....	85	OMNIPOD DASH PDM (GEN 4).....	148
NOVOLOG PENFILL.....	85	OMNIPOD DASH PODS (GEN 4).....	148
NOVOLOG RELION.....	85	ONCASPAR.....	53
NOVOPEN ECHO.....	147	<i>ondansetron</i>	42
NOXAFIL.....	44	<i>ondansetron hcl</i>	42
NPLATE.....	89	<i>one vite womens plus</i>	116
NUBEQA.....	49	ONGENTYS.....	66
NUCALA.....	161	ONIVYDE.....	55
NUEDEXTA.....	102	ONPATTRO.....	102
NULIBRY.....	122	ONTRUZANT.....	63
NULOJIX.....	143	ONUREG.....	50
NUPLAZID.....	69	OPDIVO.....	63
NURTEC.....	45	OPDUALAG.....	63
NUTRILIPID.....	116	OPSUMIT.....	159
NUZYRA.....	30	OPZELURA.....	111
NYAMYC.....	44	ORALONE.....	105
NYLIA 1/35.....	132	ORENCIA.....	138
NYMYO.....	132	ORENCIA CLICKJECT.....	138
<i>nystatin</i>	44	ORGOVYX.....	53
<i>nystatin-triamcinolone</i>	111	ORIAHNN.....	127
NYSTOP.....	44	ORILISSA.....	136
NYVEPRIA.....	87	ORKAMBI.....	157
O		ORLADEYO.....	136
OCELLA.....	132	<i>orphenadrine citrate</i>	162
OCREVUS.....	104	<i>orphenadrine citrate er</i>	162
<i>octreotide acetate</i>	135, 136	ORSYTHIA.....	132
ODEFSEY.....	75	<i>oseltamivir phosphate</i>	78
ODOMZO.....	59	OSMOPREP.....	118
OFEV.....	160	OTEZLA.....	111
<i>ofloxacin</i>	29, 152, 154	<i>oxacillin sodium</i>	26
OGIVRI.....	63	<i>oxacillin sodium in dextrose</i>	26
<i>olanzapine</i>	69, 70	<i>oxaliplatin</i>	48

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

<i>oxandrolone</i>	126	<i>peg-kcl-nacl-nasulf-na asc-c</i>	118
<i>oxaprozin</i>	12	PEMAZYRE	59
<i>oxazepam</i>	78	<i>pemetrexed</i>	50
OXBRYTA.....	87	<i>pemetrexed disodium</i>	50
<i>oxcarbazepine</i>	35	<i>pemetrexed ditromethamine</i>	51
OXERVATE	150	<i>pen needles</i>	148
OXLUMO	122	<i>pen needles 3/16</i>	148
OXTELLAR XR	35	<i>pen needles 5/16</i>	148
<i>oxybutynin chloride</i>	123	<i>penciclovir</i>	112
<i>oxybutynin chloride er</i>	123	<i>penicillamine</i>	115
<i>oxycodone hcl</i>	17	<i>penicillin g pot in dextrose</i>	26
<i>oxycodone hcl er</i>	14	<i>penicillin g potassium</i>	26
<i>oxycodone-acetaminophen</i>	17	<i>penicillin g procaine</i>	26
<i>oxycodone-aspirin</i>	17	<i>penicillin v potassium</i>	27
OXYCONTIN.....	14	PENTACEL	144
<i>oxymorphone hcl</i>	17	<i>pentamidine isethionate</i>	65
OZEMPIC (0.25 OR 0.5 MG/DOSE)	82	PENTASA	145
OZEMPIC (1 MG/DOSE)	82	PENTIPS.....	148
OZEMPIC (2 MG/DOSE)	82	<i>pentoxifylline er</i>	96
P		PEPAXTO	48
PACERONE.....	92	<i>perindopril erbumine</i>	91
<i>paclitaxel</i>	55	PERJETA	63
<i>paclitaxel protein-bound part</i>	55	<i>permethrin</i>	111
PADCEV	63	<i>perphenazine</i>	41
<i>paliperidone er</i>	70	<i>perphenazine-amitriptyline</i>	37
<i>palonosetron hcl</i>	42	PERSERIS	70
PALYNZIQ	122	PEXEVA.....	39
<i>pamidronate disodium</i>	149	<i>phenelzine sulfate</i>	37
PANRETIN.....	111	<i>phenobarbital</i>	33, 34
<i>pantoprazole sodium</i>	120	<i>phenylephrine hcl</i>	90
PANZYGA.....	137	PHENYTEK.....	35
<i>paricalcitol</i>	118, 149	<i>phenytoin</i>	35
<i>paramomycin sulfate</i>	20	PHENYTOIN INFATABS.....	35
<i>paroxetine hcl</i>	38	<i>phenytoin sodium</i>	35
<i>paroxetine hcl er</i>	38	<i>phenytoin sodium extended</i>	35
PASER.....	47	PHESGO	63
PAXLOVID (150/100).....	78	PHILITH	132
PAXLOVID (300/100).....	78	PHOSPHOLINE IODIDE	153
PEDIARIX	144	PIFELTRO.....	75
PEDVAX HIB	144	<i>pilocarpine hcl</i>	105, 153
<i>peg 3350-kcl-na bicarb-nacl</i>	118	<i>pimecrolimus</i>	110
<i>peg-3350/electrolytes</i>	118	<i>pimozide</i>	67
<i>peg-3350/electrolytes/ascorbat</i>	118	PIMTREA	132
PEGASYS.....	140	<i>pindolol</i>	92
PEGINTRON.....	53	<i>pioglitazone hcl</i>	82

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

<i>pioglitazone hcl-metformin hcl</i>	82	<i>prednicarbate</i>	110
<i>piperacillin sod-tazobactam so</i>	27	<i>prednisolone</i>	125
PIQRAY (200 MG DAILY DOSE).....	59	<i>prednisolone acetate</i>	152
PIQRAY (250 MG DAILY DOSE).....	60	<i>prednisolone sodium phosphate</i>	125, 152
PIQRAY (300 MG DAILY DOSE).....	60	<i>prednisone</i>	125
<i>pirfenidone</i>	160	<i>pregabalin</i>	103
PIRMELLA 1/35	132	<i>pregabalin er</i>	103
PIRMELLA 7/7/7	132	<i>prehevbrio</i>	144
<i>piroxicam</i>	12	PREMARIN	128
PLEGRIDY.....	104	PREMASOL	116
PLEGRIDY STARTER PACK	105	PREMPHASE.....	132
PLENVU.....	118	PREMPRO	132
<i>pnv tabs 29-1</i>	116	<i>prena 1 true</i>	116
<i>pnv-dha</i>	116	<i>prena1</i>	116
<i>pnv-dha+docusate</i>	116	<i>prena1 pearl</i>	116
<i>pnv-omega</i>	116	<i>prenaissance</i>	116
<i>pnv-select</i>	116	<i>prenaissance plus</i>	116
<i>podofilox</i>	111	<i>prenara</i>	116
POLIVY	63	<i>prenatal</i>	116
POLYCIN	152	<i>prenatal 19</i>	116
<i>polymyxin b sulfate</i>	21	<i>prenatal plus</i>	116
<i>polymyxin b-trimethoprim</i>	152	<i>prenatal plus iron</i>	116
POMALYST	49	<i>prenatal plus vitamin/mineral</i>	116
PONVORY	105	<i>prenatal vitamin plus low iron</i>	116
PONVORY STARTER PACK.....	105	<i>prenatvite plus</i>	116
PORTIA-28	132	<i>prenatvite rx</i>	116
PORTRAZZA	64	<i>preplus</i>	116
<i>posaconazole</i>	44	<i>pretab</i>	116
<i>potassium acetate</i>	113	<i>pretomanid</i>	47
<i>potassium chloride</i>	113	PREVALITE	100
<i>potassium chloride crys er</i>	113	PREVIFEM.....	132
<i>potassium chloride er</i>	113, 114	PREVYMIS.....	72
<i>potassium chloride in dextrose</i>	114	PREZCOBIX	77
<i>potassium chloride in nacl</i>	114	PREZISTA.....	77
<i>potassium citrate er</i>	114	PRIFTIN	47
PR NATAL 440 EC	118	<i>primaquine phosphate</i>	65
PRADAXA.....	86	<i>primidone</i>	34
<i>pralatrexate</i>	51	PRIORIX	144
PRALUENT	100	PRIVIGEN	89, 137
<i>pramipexole dihydrochloride</i>	66	PROAIR RESPICLICK	157
<i>prasugrel hcl</i>	88	<i>probenecid</i>	45
<i>pravastatin sodium</i>	99	<i>procainamide hcl</i>	92
<i>praziquantel</i>	65	<i>prochlorperazine</i>	41
<i>prazosin hcl</i>	90	<i>prochlorperazine edisylate</i>	41
PRED-G	150	<i>prochlorperazine maleate</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.

PROCRIT.....	87
PROCTOFOAM HC.....	110
PROCTO-MED HC.....	110
PROCTO-PAK.....	110
PROCTOSOL HC.....	110
PROCTOZONE-HC.....	110
PROCYSBI.....	122
<i>progesterone</i>	134
PROGRAF.....	143
PROLASTIN-C.....	122
PROLEUKIN.....	53
PROLIA.....	149
PROMACTA.....	87
<i>promethazine hcl</i>	41, 155
PROMETHEGAN.....	42
<i>propafenone hcl</i>	92
<i>propafenone hcl er</i>	92
<i>propantheline bromide</i>	119
<i>proparacaine hcl</i>	150
<i>propranolol hcl</i>	93
<i>propranolol hcl er</i>	93
<i>propranolol-hctz</i>	96
<i>propylthiouracil</i>	136
PROQUAD.....	144
PROSOL.....	116
<i>protamine sulfate</i>	41
<i>protriptyline hcl</i>	40
PULMICORT FLEXHALER.....	156
PULMOZYME.....	158
PURIXAN.....	51
<i>pyrazinamide</i>	47
<i>pyridostigmine bromide</i>	46
<i>pyrimethamine</i>	65
PYRUKYND.....	87
PYRUKYND TAPER PACK.....	87

Q

QINLOCK.....	60
QUADRACEL.....	144
<i>quetiapine fumarate</i>	70
<i>quetiapine fumarate er</i>	70
<i>quinapril hcl</i>	91
<i>quinapril-hydrochlorothiazide</i>	97
<i>quinidine gluconate er</i>	92
<i>quinidine sulfate</i>	92
<i>quinine sulfate</i>	65

QULIPTA.....	45
QVAR REDHALER.....	156
R	
RABAVERT.....	144
<i>rabeprazole sodium</i>	121
RADICAVA.....	105
RADICAVA ORS.....	105
RADICAVA ORS STARTER KIT.....	105
<i>raloxifene hcl</i>	134
<i>ramelteon</i>	162
<i>ramipril</i>	91
<i>ranolazine er</i>	97
<i>rasagiline mesylate</i>	66
RAVICTI.....	122
<i>raya sure pen needle</i>	148
REBIF.....	105
REBIF REBIDOSE.....	105
REBIF REBIDOSE TITRATION PACK.....	105
REBIF TITRATION PACK.....	105
REBLOZYL.....	89
RECARBRIO.....	21
RECLIPSEN.....	132
RECOMBIVAX HB.....	144
RECTIV.....	101
REGANEX.....	111
RELENZA DISKHALER.....	78
<i>releuko</i>	87
RELEUKO.....	87
RELISTOR.....	118
<i>relnate dha</i>	116
<i>remdesivir</i>	161
RENFLEXIS.....	143
<i>repaglinide</i>	82, 83
REPATHA.....	100
REPATHA PUSHTRONEX SYSTEM.....	100
REPATHA SURECLICK.....	100
RESTASIS.....	150
RESTASIS MULTIDOSE.....	150
RETACRIT.....	87
RETEVMO.....	60
RETROVIR.....	75
REVCovi.....	122
REVLIMID.....	49
REVONTO.....	72
REXULTI.....	70

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

REYATAZ	77	<i>sapropterin dihydrochloride</i>	122
REZUROCK.....	143	SARCLISA	64
RHOPRESSA	153	SAVELLA	103
RIABNI.....	64	SAVELLA TITRATION PACK.....	103
<i>ribavirin</i>	73, 161	SCEMBLIX	60
RIDAURA.....	138	<i>scopolamine</i>	42
<i>rifabutin</i>	46	SECUADO	71
<i>rifampin</i>	47	<i>selegiline hcl</i>	66
<i>riluzole</i>	102	<i>selenium sulfide</i>	110
<i>rimantadine hcl</i>	78	SELZENTRY	76
<i>ringers</i>	114	<i>se-natal 19</i>	116
<i>ringers irrigation</i>	145	SEREVENT DISKUS.....	157
RINVOQ.....	138	SEROSTIM	126
<i>risedronate sodium</i>	149	<i>sertraline hcl</i>	39
RISPERDAL CONSTA.....	70	SETLAKIN.....	132
<i>risperidone</i>	71	<i>sevelamer carbonate</i>	117
<i>ritonavir</i>	77	<i>sf 105</i>	
RITUXAN HYCELA.....	64	<i>sf 5000 plus</i>	106
<i>rivastigmine</i>	36	SHAROBEL.....	134
<i>rivastigmine tartrate</i>	36	SHINGRIX.....	144
RIVELSA.....	132	SIGNIFOR.....	136
<i>rizatriptan benzoate</i>	46	SIGNIFOR LAR.....	136
ROCKLATAN.....	150	SIKLOS	51
<i>roflumilast</i>	158	<i>sildenafil citrate</i>	159
<i>romidepsin</i>	60	<i>silver sulfadiazine</i>	111
<i>ropinirole hcl</i>	66	SIMBRINZA.....	153
<i>ropinirole hcl er</i>	66	SIMLIYA.....	132
ROSADAN	21, 107	SIMPESSE.....	132
<i>rosuvastatin calcium</i>	99	SIMPONI.....	143
ROTARIX.....	144	SIMULECT	143
ROTATEQ.....	144	<i>simvastatin</i>	99
ROZLYTREK	60	<i>sirolimus</i>	143
RUBRACA	60	SIRTURO	47
<i>rufinamide</i>	35	SIVEXTRO	21
RUKOBIA.....	76	SKYRIZI	138
RUXIENCE	64	SKYRIZI (150 MG DOSE).....	138
RYBELSUS.....	83	SKYRIZI PEN.....	138
RYBREVANT.....	64	<i>sodium acetate</i>	114
RYDAPT	60	<i>sodium chloride</i>	114
RYLAZE	53	<i>sodium chloride (pf)</i>	114
S		<i>sodium fluoride</i>	106, 114
<i>safety pen needles</i>	148	<i>sodium fluoride 5000 enamel</i>	106
SANDIMMUNE	143	<i>sodium fluoride 5000 plus</i>	106
SANTYL.....	111	<i>sodium fluoride 5000 ppm</i>	106
SAPHNELO	138	<i>sodium fluoride 5000 sensitive</i>	106

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

<i>sodium phenylbutyrate</i>	122	<i>sulindac</i>	12
<i>sodium phosphates</i>	114	<i>sumatriptan</i>	46
<i>sodium polystyrene sulfonate</i>	117	<i>sumatriptan succinate</i>	46
<i>sofosbuvir-velpatasvir</i>	73	<i>sumatriptan succinate refill</i>	45, 46
<i>solifenacin succinate</i>	123	<i>sunitinib malate</i>	60
SOLTAMOX.....	49	SUNOSI	163
SOLU-CORTEF	125	SUPPRELIN LA	136
SOMATULINE DEPOT	136	SUPREP BOWEL PREP KIT	118
SOMAVERT.....	136	<i>sure comfort pen needles</i>	148
<i>sorafenib tosylate</i>	60	SYEDA.....	132
<i>sorbitol</i>	145	SYLVANT.....	64
<i>sorbitol-mannitol</i>	145	SYMDEKO	158
<i>sotalol hcl</i>	92	SYMLINPEN 120	83
<i>sotalol hcl (af)</i>	92	SYMLINPEN 60	83
<i>spinosad</i>	111	SYMPAZAN	34
SPIRIVA HANDIHALER.....	156	SYMTUZA	77
SPIRIVA RESPIMAT	156	SYNAGIS	89
<i>spironolactone</i>	98	SYNAREL	136
<i>spironolactone-hctz</i>	97	SYNERCID.....	21
SPRAVATO (56 MG DOSE)	37	SYNJARDY	83
SPRAVATO (84 MG DOSE)	37	SYNJARDY XR	83
SPRINTEC 28.....	132	SYNRIBO	53
SPRITAM.....	32	SYNTHROID	135
SPRYCEL	60	T	
SPS.....	117	TABLOID.....	51
SRONYX.....	132	TABRECTA	61
SSD	111	<i>tacrolimus</i>	110, 143
<i>stavudine</i>	75	<i>tadalafil</i>	123
STELARA.....	138, 139	<i>tadalafil (pah)</i>	159
<i>sterile water for irrigation</i>	146	TAFINLAR.....	61
STIOLTO RESPIMAT	161	<i>tafluprost (pf)</i>	154
STIVARGA.....	60	TAGRISO.....	61
STRENSIQ.....	122	TAKHZYRO.....	136
<i>streptomycin sulfate</i>	20	TALZENNA	61
STRIBILD.....	74	<i>tamoxifen citrate</i>	49
STRIVERDI RESPIMAT	157	<i>tamsulosin hcl</i>	123
SUBLOCADE.....	18	TARINA 24 FE	132
<i>sucralfate</i>	120	TARINA FE 1/20	132
<i>sulfacetamide sodium</i>	152	TARINA FE 1/20 EQ	132
<i>sulfacetamide sodium (acne)</i>	29	TARPEYO	145
<i>sulfacetamide-prednisolone</i>	150	TASIGNA	61
<i>sulfadiazine</i>	29	TAVALISSE.....	88
<i>sulfamethoxazole-trimethoprim</i>	29	TAVNEOS	87
<i>sulfasalazine</i>	145	TAYSOFY	132
SULFATRIM PEDIATRIC.....	29	<i>tazarotene</i>	107

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

TAZICEF	25	<i>tigecycline</i>	21
TAZORAC	107	TIGLUTIK	102
TAZTIA XT	94	TILIA FE	132
TAZVERIK	61	<i>timolol maleate</i>	93, 153
TDVAX	144	<i>timolol maleate (once-daily)</i>	153
TECENTRIQ	64	<i>tinidazole</i>	21
TEFLARO	25	TIVDAK	64
TEGSEDI	122	TIVICAY	74
TEKTURNA HCT	97	TIVICAY PD	74
<i>telmisartan</i>	90	<i>tizanidine hcl</i>	72
<i>telmisartan-amlodipine</i>	97	TLANDO	127
<i>telmisartan-hctz</i>	97	TOBI PODHALER	158
<i>temazepam</i>	162	TOBRADEX	150
TEMIXYS	75	TOBRADEX ST	151
TEMODAR	48	<i>tobramycin</i>	152, 158
<i>temsirolimus</i>	61	<i>tobramycin sulfate</i>	20
TENIVAC	144	<i>tobramycin-dexamethasone</i>	151
<i>tenofovir disoproxil fumarate</i>	73	TOLAK	125
TEPEZZA	150	<i>tolbutamide</i>	83
TEPMETKO	61	<i>tolcapone</i>	66
<i>terazosin hcl</i>	90	<i>tolmetin sodium</i>	12
<i>terbinafine hcl</i>	44	<i>tolterodine tartrate</i>	123
<i>terbutaline sulfate</i>	157	<i>tolterodine tartrate er</i>	123
<i>terconazole</i>	44	<i>topiramate</i>	32
<i>teriparatide (recombinant)</i>	149	<i>topiramate er</i>	32
<i>testosterone</i>	126	TOPOSAR	55
<i>testosterone cypionate</i>	127	<i>topotecan hcl</i>	55
<i>testosterone enanthate</i>	127	<i>toremifene citrate</i>	49
<i>tetanus-diphtheria toxoids td</i>	144	<i>torseamide</i>	97
<i>tetrabenazine</i>	102	TOUJEO MAX SOLOSTAR	85
<i>tetracycline hcl</i>	30	TOUJEO SOLOSTAR	85
TEZSPIRE	161	TRACLEER	159
THALOMID	49	TRADJENTA	83
<i>theophylline</i>	158	<i>tramadol hcl</i>	17
<i>theophylline er</i>	158	<i>tramadol hcl er</i>	14
<i>thioridazine hcl</i>	67	<i>tramadol hcl er (biphasic)</i>	14
<i>thiotepa</i>	48	<i>tramadol-acetaminophen</i>	17
<i>thiothixene</i>	67	<i>trandolapril</i>	91
<i>thrivite rx</i>	116	<i>tranexamic acid</i>	88, 89
THYMOGLOBULIN	143	<i>tranylcypromine sulfate</i>	37
TIADYLT ER	94	TRAVASOL	117
<i>tiagabine hcl</i>	34	<i>travoprost (bak free)</i>	154
TIBSOVO	61	TRAZIMERA	64
TICE BCG	144	<i>trazodone hcl</i>	39
TICOVAC	144	TREANDA	48

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

TRECATOR	47	<i>tropicamide</i>	151
TRELEGY ELLIPTA	161	<i>trospium chloride</i>	123
TRELSTAR MIXJECT	136	<i>trospium chloride er</i>	123
TREMFYA.....	139	TRULICITY	83
TRESIBA.....	85	TRUMENBA	144
TRESIBA FLEXTOUCH	85	TRUSELTIQ (100MG DAILY DOSE).....	61
<i>tretinoin</i>	64, 107	TRUSELTIQ (125MG DAILY DOSE).....	61
<i>tretinoin microsphere</i>	107	TRUSELTIQ (50MG DAILY DOSE).....	61
<i>tretinoin microsphere pump</i>	107	TRUSELTIQ (75MG DAILY DOSE).....	61
TRI FEMYNOR	132	TRUXIMA	64
<i>triamcinolone acetonide</i>	106, 110, 111	TUDORZA PRESSAIR.....	156
<i>triamcinolone in absorbase</i>	110	TUKYSA	61
<i>triamterene-hctz</i>	97	TULANA	134
<i>trientine hcl</i>	115	TURALIO.....	61
TRI-ESTARYLLA	132	TWINRIX	144
<i>trifluoperazine hcl</i>	67	TYBLUME	133
<i>trifluridine</i>	73	TYBOST	76
<i>trihexyphenidyl hcl</i>	65	TYDEMY	133
TRIKAFTA.....	158	TYMLOS	149
TRI-LEGEST FE	132	TYPHIM VI	144
TRI-LINYAH	132	TYSABRI.....	105
TRI-LO-ESTARYLLA	132	TYVASO.....	159
TRI-LO-MARZIA	132	TYVASO REFILL	159
TRI-LO-MILI	132	TYVASO STARTER.....	159
TRI-LO-SPRINTEC.....	132	U	
TRILYTE	118	UBRELVY	45
<i>trimethoprim</i>	21	UDENYCA.....	88
TRI-MILI.....	132	UNITHROID	135
<i>trimipramine maleate</i>	40	UNITUXIN	64
<i>trinatal rx 1</i>	117	UPTRAVI.....	159, 160
TRINTELLIX.....	39	<i>ursodiol</i>	119
TRI-NYMYO.....	132	UVADEX	110
TRI-PREVIFEM.....	132	V	
TRIPTODUR	136	<i>valacyclovir hcl</i>	73
TRI-SPRINTEC.....	132	VALCHLOR.....	48
TRIUMEQ	75	<i>valganciclovir hcl</i>	72
TRIUMEQ PD	75	<i>valproate sodium</i>	80
TRIVORA (28).....	132	<i>valproic acid</i>	80
TRI-VYLIBRA.....	132	<i>valrubicin</i>	53
TRI-VYLIBRA LO	132	<i>valsartan</i>	90
TRIZIVIR	76	<i>valsartan-hydrochlorothiazide</i>	97
TRODELVY.....	64	VALTOCO 10 MG DOSE	34
TROGARZO.....	76	VALTOCO 15 MG DOSE	34
TROKENDI XR	33	VALTOCO 20 MG DOSE	34
TROPHAMINE	117		

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

VALTOCO 5 MG DOSE	34	<i>viorele</i>	133
<i>vancomycin hcl</i>	21, 22	VIRACEPT	77
<i>vancomycin hcl in dextrose</i>	22	VIREAD.....	73
<i>vancomycin hcl in nacl</i>	22	<i>virt-c dha</i>	117
VANTAS.....	136	<i>virt-nate dha</i>	117
VAQTA.....	145	<i>virt-pn dha</i>	117
<i>varenicline tartrate</i>	19	<i>virt-pn plus</i>	117
VARIVAX	145	VITRAKVI.....	62
VARUBI (180 MG DOSE)	42	VIVITROL.....	18
VASCEPA	100	VIZIMPRO.....	62
VASOSTRICT	126	<i>vocabria</i>	74
VAXELIS.....	145	VOLNEA.....	133
VECTIBIX.....	64	VONJO.....	62
VEKLURY	161	<i>voriconazole</i>	44, 45
VELIVET	133	VOTRIENT	62
VELPHORO	117	<i>vp-pnv-dha</i>	117
VELTASSA	117	VPRIV	122
VEMLIDY	73	VRAYLAR	71
VENCLEXTA.....	61	VUITY.....	151
VENCLEXTA STARTING PACK.....	62	VUMERITY.....	105
<i>venlafaxine besylate er</i>	39	VYEPTI	45
<i>venlafaxine hcl</i>	39	VYFEMLA	133
<i>venlafaxine hcl er</i>	39	VYLIBRA	133
VENTAVIS	160	VYNDAMAX	122
<i>verapamil hcl</i>	93, 94	VYNDAQEL.....	122
<i>verapamil hcl er</i>	94, 95	VYONDYS 53.....	102
VERQUVO	97	VYXEOS	53
VERSACLOZ	71	VYZULTA	154
VERZENIO.....	62	W	
VESTURA	133	<i>warfarin sodium</i>	86
V-GO 20.....	148	<i>water for irrigation, sterile</i>	146
V-GO 30.....	148	WELIREG.....	53
V-GO 40.....	148	WERA	133
VICTOZA	83	<i>wescap-c dha</i>	117
VIENVA.....	133	<i>wescap-pn dha</i>	117
<i>vigabatrin</i>	34	<i>wesnate dha</i>	117
VIGADRONE	34	<i>westab plus</i>	117
VIIBRYD STARTER PACK	39	WIXELA INHUB	161
VIJOICE.....	62	WYMZYA FE.....	133
<i>vilazodone hcl</i>	39	X	
VILTEPSO	122	XALKORI.....	62
VIMPAT.....	35	XARELTO	86
<i>vinblastine sulfate</i>	53	XARELTO STARTER PACK	86
<i>vincristine sulfate</i>	53	XATMEP	143
<i>vinorelbine tartrate</i>	53		

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XCOPRI	33	ZARXIO	88
XCOPRI (250 MG DAILY DOSE)	33	ZEBUTAL	11
XCOPRI (350 MG DAILY DOSE)	33	ZEJULA	62
XELJANZ	139	ZELBORAF	62
XELJANZ XR	139, 143	ZENATANE	107
XELPROS	154	ZENPEP	122
XEMBIFY	137	ZEPOSIA	105
XENLETA	22	ZEPOSIA 7-DAY STARTER PACK	105
XERMELO	119	ZEPOSIA STARTER KIT	105
XGEVA	149	ZEPZELCA	48
XIFAXAN	119	ZERBAXA	25
XIGDUO XR	83	<i>zevrx insulin syringe</i>	148
XIIDRA	153	<i>zevrx sterile alcohol prep pad</i>	148
XOFLUZA (40 MG DOSE)	78	<i>zidovudine</i>	76
XOFLUZA (80 MG DOSE)	78	ZIEXTENZO	88
XOLAIR	139	<i>zileuton er</i>	156
XOSPATA	62	ZIMHI	19
XPOVIO (100 MG ONCE WEEKLY)	53	ZINPLAVA	22
XPOVIO (40 MG ONCE WEEKLY)	54	ZIOPTAN	154
XPOVIO (40 MG TWICE WEEKLY)	54	<i>ziprasidone hcl</i>	71
XPOVIO (60 MG ONCE WEEKLY)	54	<i>ziprasidone mesylate</i>	71
XPOVIO (60 MG TWICE WEEKLY)	54	ZIRABEV	64
XPOVIO (80 MG ONCE WEEKLY)	54	ZIRGAN	152
XPOVIO (80 MG TWICE WEEKLY)	54	ZOKINVY	122
XTANDI	49	ZOLADEX	136
XULANE	133	<i>zoledronic acid</i>	149
XULTOPHY	83	ZOLINZA	54
XYREM	163	<i>zolmitriptan</i>	46
XYWAV	163	<i>zolpidem tartrate</i>	162
Y		<i>zolpidem tartrate er</i>	162
YERVOY	64	ZONISADE	35
YF-VAX	145	<i>zonisamide</i>	35
YONDELIS	48	ZONTIVITY	88
YONSA	49	ZORBTIVE	126
YUPELRI	156	ZOVIA 1/35 (28)	133
YUVAFEM	128	ZOVIA 1/35E (28)	133
Z		ZTALMY	33
ZAFEMY	133	ZULRESSO	37
<i>zafirlukast</i>	156	ZUMANDIMINE	133
<i>zaleplon</i>	162	ZYCLARA PUMP	111
ZALTRAP	54	ZYDELIG	62
<i>zalvit</i>	117	ZYKADIA	62
ZANOSAR	48	ZYNLONTA	64
ZARAH	133	ZYPREXA RELPREVV	71

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This formulary was updated on December 29, 2022. For more recent information or other questions, please contact Geisinger Gold Member Services at (800) 988-4861 or, TTY users should call 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