



2021 Formulary (list of covered drugs)

PLEASE READ: This document contains information about the drugs we cover in this plan.

This formulary was updated on 10/25/2021
For more recent information or other questions,
please contact Aspire Health Plan.

(888) 495-3160 | TTY users 711
24 hours a day, 7 days a week or visit
www.aspirehealthplan.org



ASPIREHEALTHPLAN

in collaboration with



Community Hospital
of the Monterey Peninsula
Montage Health



Salinas Valley
Memorial
Healthcare System

Aspire Health Value (HMO) | Aspire Health Advantage (HMO)
Aspire Health Group Plus (HMO-POS) | Aspire Health Plus (HMO-POS)

HPMS Approved Formulary File Submission ID 21043, Version Number 19
H8764_RX_CompFormulary_0820_C

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 Aspire Health Plan. When it refers to “plan” or “our plan,” it means Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/25/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1, 2021, and from time to time during the year.

Contents

What is the Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus Formulary?	iv
Can the Formulary (drug list) change?.....	iv
How do I use the Formulary?	v
What are generic drugs?.....	vi
Are there any restrictions on my coverage?	vi
How do I request an exception to the Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus, or Aspire Health Plus Formulary?	vii
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?.....	viii
For more information	ix
Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus, or Aspire Health Plus Formulary	ix
Index of drugs	1

What is the Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus Formulary?

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

Can the Formulary (drug list) change?

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

Changes that can affect you this year.

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled *“How do I request an exception to the Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus Formulary?”*
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove

drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled *“How do I request an exception to the Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus Formulary?”*

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 10/25/2021. To get updated information about the drugs covered by Aspire Health Plan, please contact us. Our contact information appears on the front and back cover pages. Our website (www.aspirehealthplan.org) has an electronic version of our formulary that can be downloaded. It is updated monthly and is our most current drug formulary. If we remove a drug during the year, add new restrictions to a brand name drug, or move a brand name drug to a different cost-sharing tier we will have a sheet posted on our website that identifies these changes specifically. This information can be found under the Drug Coverage section of our website.

How do I use the Formulary?

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

MEDICAL CONDITION

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR AGENTS”. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

ALPHABETICAL LISTING

If you are not sure what category to look under, you should look for your drug in the index that begins on page i-1. The index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

Aspire Health 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:** Aspire Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Aspire Health Plan before you fill your prescriptions. If you don't get approval, Aspire Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Aspire Health Plan limits the amount of the drug that Aspire Health Plan will cover. For example, Aspire Health Plan provides 60 capsules per 30 days for celecoxib. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Aspire Health 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, Aspire Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Aspire Health 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on-line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Aspire Health 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 Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus formulary?*" on page vii 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 Aspire Health 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 Aspire Health 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 Aspire Health Plan.
- You can ask Aspire Health 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 Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus, or Aspire Health Plus Formulary?

You can ask Aspire Health 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 predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Aspire Health 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, Aspire Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary 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 receiving 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 receive a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we will 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.

Exceptions are available for beneficiaries who have experienced a change in the level of care they are receiving which requires them to transition from one facility or treatment center to another. Examples of situations in which beneficiaries would be eligible for the one-time temporary fill exception when they are outside of the three-month effective date into the Part D program are as follows:

- i. Beneficiary was discharged from the hospital and was provided a discharge list of medications based upon the formulary of the hospital.
- ii. Beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert back to their Part D plan formulary.
- iii. Beneficiaries who give up Hospice Status to revert back to standard Medicare Part A and B benefits.
- iv. Beneficiaries who are discharged from Chronic Psychiatric Hospitals with medication regimens that are highly individualized.

For more information

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

If you have questions about Aspire Health 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>.

Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus, or Aspire Health Plus Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Aspire Health Plan. If you have trouble finding your drug in the list, turn to the index that begins on page i-1.

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

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

Prescription drugs are grouped into one of six tiers. Aspire Health 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.

Tier 1 — Preferred Generic: Generic or brand drugs that are available at the lowest cost share for the plan

Tier 2 — Generic: Generic or brand drugs that the plan offers at a higher cost to you than

Tier 1 Preferred Generic drugs

Tier 3 — Preferred Brand: Generic or brand drugs that the plan offers at a lower cost to you than

Tier 4 Non-Preferred drugs

Tier 4 — Non-Preferred Drug: Generic or brand drugs that the plan offers at a higher cost to you than

Tier 3 Preferred Brand drugs

Tier 5 — Specialty Tier: Some injectables and other high-cost drugs

Tier 6 — Select Insulins: Certain insulin products that help control blood sugar for people with diabetes.

The cost of your prescription depends on:

- Which tier your drug is on
- Whether you fill your prescription at a network pharmacy
- Your current drug payment stage - please read your Evidence of Coverage (EOC) for more information
- For members of the Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus, all drugs listed in tier 1 and 2 have additional cost-sharing reductions in the coverage gap

If you qualified for extra help with your drug costs, your costs may be different from those described above. Please refer to your Evidence of Coverage (EOC) or call us to find out what your costs are.

The following table describes the abbreviations used in the Drug List Table.

ABBREVIATION	DESCRIPTION
PA	Prior Authorization Applies
PA NSO	PA for New Starts Only
PA BvD	Part D vs. Part B Only
PA-HRM	PA for High Risk Meds
QL	Quantity Limit Applies
ST	Step Therapy Applies
ST NSO	ST for New Starts Only
CB	Capped Benefit
GM	Male Only
GF	Female Only
AGE (Max x Years)	Prior Authorization Age Edit
AGE (Min x Years)	Prior Authorization Age Edit
AGE (Min x Years and Max y Years)	Prior Authorization Age Edit
AGE (Min x Years and Max y Years)	Prior Authorization Age Edit
EX	Excluded Drug
FF	First Fill (Generic Use Incentive)
LA	Limited Access Drug
GC	Gap Coverage
NDS	Non-Extended Days' Supply
NM	Non-Mail Order Drug
HI	Home Infusion Drug
*	ADD Drug

Table of Contents

Analgesics	3
Anesthetics	9
Anti-Addiction/Substance Abuse Treatment Agents	10
Antianxiety Agents	11
Antibacterials	12
Anticancer Agents	20
Anticonvulsants	36
Antidementia Agents	41
Antidepressants	41
Antidiabetic Agents	44
Antifungals	48
Antigout Agents	50
Antihistamines	51
Anti-Infectives (Skin And Mucous Membrane)	51
Antimigraine Agents	52
Antimycobacterials	53
Antinausea Agents	54
Antiparasite Agents	55
Antiparkinsonian Agents	56
Antipsychotic Agents	58
Antivirals (Systemic)	63
Blood Products/Modifiers/Volume Expanders	70
Caloric Agents	73
Cardiovascular Agents	76
Central Nervous System Agents	88
Contraceptives	93
Dental And Oral Agents	100

Dermatological Agents	100
Devices	105
Enzyme Replacement/Modifiers	106
Eye, Ear, Nose, Throat Agents	108
Gastrointestinal Agents	112
Genitourinary Agents	116
Heavy Metal Antagonists	117
Hormonal Agents, Stimulant/Replacement/Modifying	117
Immunological Agents	124
Inflammatory Bowel Disease Agents	134
Irrigating Solutions	135
Metabolic Bone Disease Agents	135
Miscellaneous Therapeutic Agents	137
Ophthalmic Agents	139
Replacement Preparations	140
Respiratory Tract Agents	142
Skeletal Muscle Relaxants	146
Sleep Disorder Agents	147
Vasodilating Agents	147
Vitamins And Minerals	148

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution</i> 120-12 mg/5 ml	1	GC; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-15 mg, 300-30 mg	2	GC; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-60 mg	2	GC; QL (180 per 30 days)
<i>ascomp with codeine oral capsule</i> 30-50-325-40 mg	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>buprenorphine hcl injection solution</i> (Buprenex) 0.3 mg/ml	2	GC
<i>buprenorphine hcl injection syringe</i> 0.3 mg/ml	2	GC
<i>buprenorphine transdermal patch</i> (Butrans) weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	2	GC; QL (4 per 28 days)
<i>butalbital compound w/codeine oral capsule</i> 30-50-325-40 mg	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-300-40-30 mg (Fioricet with Codeine)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-325-40-30 mg	2	PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen oral tablet</i> (Tencon) 50-325 mg	2	PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule</i> 50-325-40 mg (Zebutal)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral tablet</i> 50-325-40 mg (Esgic)	2	PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule</i> 50-325-40 mg	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral tablet</i> 50-325-40 mg	2	PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	2	GC; QL (5 per 28 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	GC; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	GC; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	GC; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	GC; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	GC; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	4	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	GC; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	GC; QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	4	QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i>	4	QL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	4	QL (150 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	GC; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	GC
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	GC; QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	GC; QL (180 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	5	PA; NDS; QL (30 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	2	GC; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lorcet hd oral tablet 10-325 mg</i>	2	GC; QL (180 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	GC; QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	GC
<i>methadone oral solution 10 mg/5 ml</i>	2	GC; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	GC; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	GC; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	GC; QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i>	2	GC; QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	GC; QL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	GC
<i>morphine oral solution 10 mg/5 ml</i>	2	GC; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	GC; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	2	GC; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	2	GC; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	GC; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	GC; QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	4	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	4	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	4	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg</i>	2	GC; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	GC; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	GC; QL (120 per 30 days)
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	2	GC; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits None
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	3	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	GC; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	GC; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	GC; QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	GC; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	4	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	4	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	4	QL (60 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	2	PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	1	GC; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	2	GC; QL (300 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	4	QL (180 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	3	QL (240 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
Nonsteroidal Anti-Inflammatory Agents		

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

Drug Name	Drug Tier	Requirements/Limits
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	4	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex)	2	GC; QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i> (Celebrex)	4	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i> (Cataflam)	2	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	GC; QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	2	GC; QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	2	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	2	GC; QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	GC; QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	2	GC
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	4	PA; QL (100 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	4	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	4	
<i>diflunisal oral tablet 500 mg</i>	2	GC
<i>etodolac oral capsule 200 mg, 300 mg</i>	4	
<i>etodolac oral tablet 400 mg</i> (Lodine)	4	
<i>etodolac oral tablet 500 mg</i>	4	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	GC
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen-famotidine oral tablet 800-26.6 mg (Duexis)</i>	4	PA; QL (90 per 30 days)
<i>indomethacin oral capsule 25 mg</i>	2	PA-HRM; GC; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	2	PA-HRM; GC; QL (120 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule, extended release 75 mg</i>	4	PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	4	
<i>ketorolac injection cartridge 15 mg/ml</i>	2	PA-HRM; GC; QL (40 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection cartridge 30 mg/ml</i>	2	PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection solution 15 mg/ml</i>	2	PA-HRM; GC; QL (40 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection solution 30 mg/ml (1 ml)</i>	2	PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection syringe 15 mg/ml</i>	2	PA-HRM; GC; QL (40 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection syringe 30 mg/ml</i>	2	PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	2	PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac oral tablet 10 mg</i>	2	PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)
<i>mefenamic acid oral capsule 250 mg</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen)	2	GC
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	GC
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	GC
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn)	2	GC
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i> (Vimovo)	5	PA; NDS; QL (60 per 30 days)
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	5	PA; NDS; QL (224 per 28 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	4	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	GC
<i>tolmetin oral capsule 400 mg</i>	4	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	4	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	GC; QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	1	GC
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	GC
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i> (Xylocaine (Cardiac (PF)))	1	GC
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	1	GC
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	GC; QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PA; GC
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	2	PA; GC; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	4	PA; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	GC
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	4	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	2	GC
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	GC; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	4	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	4	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	GC; QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	GC
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	QL (336 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	GC
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	5	NDS; QL (228 per 14 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	GC
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	GC
<i>naltrexone oral tablet 50 mg</i>	2	GC
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	3	QL (4 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	NDS; QL (1.5 per 30 days)
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	GC; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	GC; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)	2	GC; QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	2	GC; QL (90 per 30 days)
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	GC
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	GC; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	GC; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	GC; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	2	GC; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	2	GC; QL (180 per 30 days)
<i>diazepam 5 mg/ml oral conc 5 mg/ml</i>	4	QL (1200 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	GC; QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	GC; QL (10 per 28 days)
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	4	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	4	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	GC; QL (120 per 30 days)
<i>estazolam oral tablet 1 mg</i>	2	GC; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>estazolam oral tablet 2 mg</i>	2	GC; QL (30 per 30 days)
<i>flurazepam oral capsule 15 mg</i>	2	GC; QL (60 per 30 days)
<i>flurazepam oral capsule 30 mg</i>	2	GC; QL (30 per 30 days)
<i>lorazepam 2 mg/ml oral concent 2 mg/ml</i> (Lorazepam Intensol)	2	GC; QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	GC; QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	2	GC; QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	GC; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	GC; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	GC; QL (150 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	2	GC; QL (10 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	4	QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	GC; QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	GC; QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	GC; QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	GC
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	GC
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	2	GC
<i>neomycin oral tablet 500 mg</i>	1	GC
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	5	PA BvD; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution</i> 40 mg/ml	4	
Antibacterials, Miscellaneous		
<i>bacitracin intramuscular recon soln</i> 50,000 unit	4	
<i>chloramphenicol sod succinate</i> <i>intravenous recon soln 1 gram</i>	2	GC
CLINDAMYCIN 600 MG/50 ML- NS OUTER,SINGLE-USE,L/F 600 MG/50 ML	2	GC
CLINDAMYCIN 900 MG/50 ML- NS OUTER,SINGLE-USE,L/F 900 MG/50 ML	2	GC
<i>clindamycin hcl oral capsule 150 mg,</i> (Cleocin HCl) <i>300 mg, 75 mg</i>	1	GC
<i>clindamycin in 5 % dextrose</i> <i>intravenous piggyback 300 mg/50 ml</i>	2	GC
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML, 900 MG/50 ML	2	GC
<i>clindamycin pediatric oral recon soln</i> <i>75 mg/5 ml</i>	4	
<i>clindamycin phosphate injection</i> <i>solution 150 (mg/ml) (6 ml)</i>	2	GC
<i>clindamycin phosphate injection</i> (Cleocin) <i>solution 150 mg/ml</i>	2	GC
<i>clindamycin phosphate intravenous</i> <i>solution 300 mg/2 ml</i>	2	GC
<i>clindamycin phosphate intravenous</i> <i>solution 600 mg/4 ml</i>	2	GC
<i>colistin (colistimethate na) injection</i> (Coly-Mycin M <i>recon soln 150 mg</i> Parenteral)	5	PA BvD; NDS
<i>daptomycin intravenous recon soln</i> (Cubicin) <i>500 mg</i>	5	NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	
<i>linezolid in dextrose 5% intravenous</i> (Zyvox) <i>piggyback 600 mg/300 ml</i>	5	NDS
<i>linezolid oral suspension for</i> (Zyvox) <i>reconstitution 100 mg/5 ml</i>	5	NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	GC
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	GC
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrodantin)	2	GC; QL (120 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i> (Macrodantin)	4	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	2	GC; QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	GC
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	NDS
<i>trimethoprim oral tablet 100 mg</i>	1	GC
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	GC
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	4	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	4	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	5	PA; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	GC
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	4	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	GC
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	GC
<i>cefadroxil oral tablet 1 gram</i>	4	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	GC
<i>cefdinir oral capsule 300 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	4	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	GC
<i>cefixime oral capsule 400 mg</i> (Suprax)	4	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	4	
<i>cefotaxime injection recon soln 1 gram</i>	2	GC
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	4	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	4	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	GC
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	GC
<i>ceftazidime injection recon soln 1 gram, 2 gram</i> (Fortaz)	2	GC
<i>ceftazidime injection recon soln 6 gram</i> (Tazicef)	2	GC
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	GC
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	GC
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	GC
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	GC
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	GC
<i>cephalexin oral capsule 750 mg</i> (Keflex)	4	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NDS
Macrolides		
<i>azithromycin intravenous recon soln</i> (Zithromax) 500 mg	2	GC
<i>azithromycin oral suspension for reconstitution</i> (Zithromax) 100 mg/5 ml, 200 mg/5 ml	4	
<i>azithromycin oral tablet</i> 250 mg (6 pack), 500 mg (3 pack), 600 mg	1	GC
<i>azithromycin oral tablet</i> 250 mg, 500 mg (Zithromax)	1	GC
<i>clarithromycin oral suspension for reconstitution</i> 125 mg/5 ml, 250 mg/5 ml	4	
<i>clarithromycin oral tablet</i> 250 mg, 500 mg	2	GC
<i>clarithromycin oral tablet extended release</i> 24 hr 500 mg	4	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	NDS; QL (100 per 10 days)
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i> (E.E.S. Granules) 200 mg/5 ml	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i> (EryPed 400) 400 mg/5 ml	4	
<i>erythromycin oral tablet</i> 250 mg, 500 mg	2	GC
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln</i> 1 gram, 2 gram (Azactam)	2	GC
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>ertapenem injection recon soln</i> 1 gram (Invanz)	4	
<i>imipenem-cilastatin intravenous recon soln</i> 250 mg	2	GC
<i>imipenem-cilastatin intravenous recon soln</i> 500 mg (Primaxin IV)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	4	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	4	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	4	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	4	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	1	GC
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	4	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	2	GC
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	GC
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	GC
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	GC
<i>nafcillin 1 gm/ 50 ml inj 1 gram/50 ml</i>	2	GC
<i>nafcillin injection recon soln 1 gram</i>	2	GC
<i>nafcillin injection recon soln 10 gram</i>	5	NDS
<i>nafcillin injection recon soln 2 gram</i>	2	GC
<i>penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)</i>	4	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	GC
<i>penicillin gk 5 million unit p/f, latex-free 5 million unit (Pfizerpen-G)</i>	4	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>pfizerpen-g injection recon soln 20 million unit</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	2	GC
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	4	
Quinolones		
BAXDELA ORAL TABLET 450 MG	5	PA; NDS; QL (28 per 14 days)
<i>ciprofloxacin hcl 750 mg tab f/c 750 mg</i>	1	GC
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	GC
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)</i>	1	GC
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	GC
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>moxifloxacin oral tablet 400 mg</i>	4	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	GC
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	4	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	GC
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	4	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	GC
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	GC
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	GC
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	GC
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	4	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg, 50 mg</i> (Doryx)	4	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	GC
<i>doxycycline monohydrate oral capsule 150 mg</i>	4	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	GC
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	GC
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	GC
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	4	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	GC
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	GC
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	4	
<i>mondoxyne nl oral capsule 100 mg</i>	2	GC
<i>mondoxyne nl oral capsule 75 mg</i>	4	
<i>okebo oral capsule 75 mg</i>	4	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	GC
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	5	PA NSO; NDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	5	PA NSO; NDS
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD; GC
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	2	PA BvD; GC
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; NDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	5	PA NSO; NDS; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; NDS; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	GC
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	NDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	5	NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	5	PA NSO; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
BESPONSА INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
BLENREP INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	GC
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	2	GC
<i>cladribine intravenous solution 10 mg/10 ml</i>	2	PA BvD; GC
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	5	NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	5	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	2	PA BvD; ST; GC
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	4	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NDS; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; LA; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	NDS
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml, 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	NDS
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	2	PA BvD; GC
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	PA BvD; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	

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

Drug Name	Drug Tier	Requirements/Limits
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20</i> (Toposar) <i>mg/ml</i>	2	GC
<i>exemestane oral tablet 25 mg</i> (Aromasin)	4	
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NDS
<i>floxuridine injection recon soln 0.5</i> <i>gram</i>	2	PA BvD; GC
<i>fluorouracil intravenous solution 1</i> <i>gram/20 ml, 5 gram/100 ml, 500</i> <i>mg/10 ml</i>	2	PA BvD; GC
<i>flutamide oral capsule 125 mg</i>	2	GC
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250</i> (Faslodex) <i>mg/5 ml</i>	5	NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NDS
<i>gemcitabine intravenous recon soln 1</i> <i>gram, 200 mg</i>	2	GC
<i>gemcitabine intravenous recon soln 2</i> <i>gram</i>	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA NSO; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	GC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; NDS; QL (60 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	GC
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	GC
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; GC; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; GC; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	5	PA NSO; NDS; QL (4 per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NDS; QL (8 per 28 days)
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	5	NDS
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>irinotecan intravenous solution 100</i> (Camptosar) <i>mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i>	2	GC
<i>irinotecan intravenous solution 500</i> <i>mg/25 ml</i>	2	GC
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS; QL (8 per 21 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NDS
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	GC
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO-HRM; GC; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln (Alkeran (as HCl)) 50 mg</i>	5	NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	GC
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	PA BvD; GC
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	PA BvD; GC
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	PA BvD; GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	GC
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA NSO; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	2	GC
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	2	GC
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	PA BvD; GC
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (14 per 21 days)
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	5	PA NSO; NDS; QL (2 per 28 days)
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA NSO; NDS
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML	5	PA NSO; NDS; QL (15 per 21 days)
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML	5	PA NSO; NDS; QL (10 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	PA NSO; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; LA; NDS; QL (28 per 28 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NDS; QL (30 per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA NSO; NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NDS; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	GC
TARGRETIN TOPICAL GEL 1 %	5	PA NSO; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
<i>temsirolimus intravenous recon soln (Torisel) 30 mg/3 ml (10 mg/ml) (first)</i>	5	PA BvD; NDS; QL (4 per 28 days)
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>thiotepa injection recon soln 100 mg, 15 mg (Tepadina)</i>	5	NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i>	2	GC
<i>topotecan intravenous recon soln 4 mg (Hycamtin)</i>	5	NDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	NDS
<i>toremifene oral tablet 60 mg (Fareston)</i>	5	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	NDS; QL (1 per 28 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA NSO; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
UKONIQ ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NDS
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	5	NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA NSO; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	2	PA BvD; GC
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA BvD; GC
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	2	PA BvD; GC
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	GC
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PA NSO; NDS; QL (20 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	5	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PA NSO; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	5	PA NSO; NDS
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NDS
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA NSO; NDS; QL (120 per 30 days)
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	GC
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	GC
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	GC
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	GC
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	GC
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	4	PA NSO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	4	PA NSO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	4	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	GC
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	GC
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	GC
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i>	2	GC
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	GC
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	GC
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	4	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	GC
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	GC; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	GC; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	GC; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	GC; QL (120 per 30 days)
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	4	ST
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	4	ST; QL (90 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	GC
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter (Blue))	4	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	4	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> (Lamictal ODT Starter (Green))	4	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	GC
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	4	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	GC
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	GC
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	GC
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	GC
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	GC
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	5	NDS
PEGANONE ORAL TABLET 250 MG	4	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	4	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA NSO-HRM; GC; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	GC
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	GC
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	GC
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	GC
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	GC
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	GC
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	2	GC; QL (90 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	4	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	GC
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	5	NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NDS; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	GC
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	GC
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	GC
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	GC
<i>valproic acid oral capsule 250 mg</i>	2	GC
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	3	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	GC
<i>zonisamide oral capsule 50 mg</i>	2	GC
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	2	GC; QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	4	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	2	GC; QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	4	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	2	GC; QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	4	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	GC; QL (60 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	4	QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	4	QL (360 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	2	GC; QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	GC; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	4	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	GC
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	GC
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	GC
<i>citalopram oral solution 10 mg/5 ml</i>	2	GC; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	1	GC; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	4	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	4	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	4	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC
<i>doxepin oral concentrate 10 mg/ml</i>	1	GC
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	GC; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	4	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	GC
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	GC
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	4	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	GC
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	GC
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	GC
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	GC
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	GC
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	GC
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	GC
<i>nortriptyline oral solution 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	PA NSO-HRM; GC; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	4	PA NSO-HRM; AGE (Max 64 Years)
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	GC
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	GC
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	GC
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	4	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>trazodone oral tablet 300 mg</i>	4	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	GC; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	GC; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	GC
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg</i>	4	QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	4	QL (90 per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	5	NDS
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	GC; QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	4	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NDS; QL (112 per 28 days)
<i>metformin oral solution 500 mg/5 ml (Riomet)</i>	4	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	GC; FF; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	GC; FF; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	GC; FF; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	GC; FF; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	GC; FF; QL (60 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	4	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	GC; QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)</i>	1	GC; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	GC; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	GC; QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	4	QL (150 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	4	ST; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	6	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	QL (40 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	6	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	6	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	6	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	6	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	6	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6	QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	6	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	6	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	6	QL (30 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	6	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	6	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	6	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	1	GC; QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	1	GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	2	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	2	GC; QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 250 mg</i>	2	GC; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 500 mg, 5-500 mg</i>	2	GC; QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	2	PA-HRM; GC; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25- 250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA-HRM; GC; AGE (Max 64 Years)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	PA BvD; NDS
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD; GC
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	5	NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	GC; QL (180 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	4	QL (300 per 30 days)
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	4	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	GC; QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	4	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	GC
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	GC
<i>clotrimazole topical solution 1 %</i>	2	GC
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	GC; QL (90 per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	4	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	4	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	PA BvD; GC
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	4	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	2	GC
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	GC
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	5	NDS
<i>ketoconazole oral tablet 200 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole topical cream 2 %</i>	2	GC; QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	GC; QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	2	GC
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	5	NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	GC; QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	GC
<i>nystatin topical cream 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	GC; QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	4	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	4	
<i>nystop topical powder 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	5	NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	GC
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	2	GC
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	GC
<i>allopurinol oral tablet 300 mg</i>	1	GC
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	4	PA; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST; GC; QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	2	GC; QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	GC
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	GC
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>clemastine oral tablet 2.68 mg</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>cyproheptadine oral tablet 4 mg</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	GC
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	4	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	2	PA-HRM; GC; AGE (Max 64 Years)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	GC
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	GC
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	GC
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	4	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	GC
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA-HRM; GC; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	2	GC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	GC
<i>terconazole vaginal suppository 80 mg</i>	4	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution</i> (D.H.E.45) <i>1 mg/ml</i>	5	NDS; QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non- aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	5	NDS; QL (20 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	4	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	2	GC; QL (12 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	GC; QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i> (Imitrex)	4	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i> (Imitrex)	4	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	2	GC; QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	2	GC; QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	4	PA; QL (1 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	4	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	4	QL (6 per 30 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	GC
<i>ethambutol oral tablet 100 mg</i>	2	GC
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	GC
<i>isoniazid oral solution 50 mg/5 ml</i>	2	GC
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	GC
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	4	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	GC
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD
<i>aprepitant oral capsule 125 mg</i>	4	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	4	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	4	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	4	PA BvD; QL (6 per 28 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	4	QL (36 per 28 days)
<i>compro rectal suppository 25 mg</i>	4	
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	GC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	4	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	2	GC
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA BvD; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))	4	QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	2	GC
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	GC
<i>granisetron hcl oral tablet 1 mg</i>	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine oral tablet 12.5 mg</i>	2	GC
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	2	GC
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	GC
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	4	PA BvD
<i>ondansetron hcl oral tablet 24 mg</i>	4	PA BvD
<i>ondansetron hcl oral tablet 4 mg</i> (Zofran)	2	PA BvD; GC
<i>ondansetron hcl oral tablet 8 mg</i>	2	PA BvD; GC
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD; GC
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	4	PA-HRM; AGE (Max 64 Years)
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	2	GC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	GC
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	4	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	4	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; GC; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	4	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	4	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	PA-HRM; GC; QL (10 per 30 days); AGE (Max 64 Years)
SYNDROS ORAL SOLUTION 5 MG/ML	5	PA; NDS; QL (120 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i> (Albenza)	5	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	GC
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	GC
<i>chloroquine phosphate oral tablet 250 mg</i>	2	GC; QL (50 per 30 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	2	GC; QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	GC; QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	GC
KRINTAFEL ORAL TABLET 150 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	GC
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	NDS
<i>paromomycin oral capsule 250 mg</i> (Humatin)	4	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	2	PA BvD; GC
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	4	
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	4	PA; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	GC
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	GC
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	GC
<i>amantadine hcl oral tablet 100 mg</i>	2	GC
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	PA; NDS; QL (60 per 30 days)
<i>benztropine injection solution 1 mg/ml</i> (Cogentin)	2	GC
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	GC
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	GC
<i>cabergoline oral tablet 0.5 mg</i>	2	GC
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	GC
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg</i> (Sinemet)	2	GC
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	GC
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	GC
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	4	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	4	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	4	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	4	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	4	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	GC
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	5	PA; NDS; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG	5	PA; NDS; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg,</i> (Mirapex) <i>0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	GC
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	GC
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	
<i>selegiline hcl oral capsule 5 mg</i>	2	GC
<i>selegiline hcl oral tablet 5 mg</i>	2	GC
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	GC
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	GC
XADAGO ORAL TABLET 100 MG, 50 MG	5	PA; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15</i> (Abilify) <i>mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	4	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	ST; NDS; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	ST; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 28 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	2	ST; GC; QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	GC
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	2	GC; QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	2	GC; QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	2	GC; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	5	ST; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG	4	ST; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	GC
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	GC
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	2	GC
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	2	GC
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)	2	GC
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	2	GC
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	GC
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	GC
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	GC
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	NDS; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	NDS; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	NDS; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	GC; QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	GC; QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	GC; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	GC; QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	GC; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet, disintegrating</i> (Zyprexa Zydis) 10 mg, 15 mg, 20 mg, 5 mg	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr</i> (Invega) 1.5 mg, 3 mg	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr</i> (Invega) 6 mg	4	QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr</i> (Invega) 9 mg	5	NDS; QL (30 per 30 days)
<i>perphenazine oral tablet</i> 16 mg, 2 mg, 4 mg, 8 mg	4	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet</i> 1 mg, 2 mg	2	GC
<i>quetiapine oral tablet</i> 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)	2	GC; QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr</i> (Seroquel XR) 150 mg, 200 mg, 50 mg	4	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr</i> (Seroquel XR) 300 mg, 400 mg	4	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	NDS; QL (4 per 28 days)
<i>risperidone oral solution</i> 1 mg/ml (Risperdal)	2	GC; QL (480 per 30 days)
<i>risperidone oral tablet</i> 0.25 mg	2	GC; QL (60 per 30 days)
<i>risperidone oral tablet</i> 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	2	GC; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet, disintegrating</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg	4	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating</i> 3 mg, 4 mg	4	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet</i> 10 mg, 100 mg, 25 mg, 50 mg	2	GC
<i>thiothixene oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	4	
<i>trifluoperazine oral tablet</i> 1 mg, 10 mg, 2 mg, 5 mg	2	GC
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule</i> 20 mg, (Geodon) 40 mg, 60 mg, 80 mg	2	GC; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular</i> (Geodon) <i>recon soln</i> 20 mg/ml (final conc.)	2	GC; QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution</i> 20 mg/ml (Ziagen)	4	
<i>abacavir oral tablet</i> 300 mg (Ziagen)	2	GC
<i>abacavir-lamivudine oral tablet</i> 600- 300 mg (Epzicom)	2	GC
<i>abacavir-lamivudine-zidovudine oral</i> (Trizivir) <i>tablet</i> 300-150-300 mg	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	NDS
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	2	GC
BIKTARVY ORAL TABLET 50- 200-25 MG	5	NDS
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
CIMDUO ORAL TABLET 300-300 MG	5	NDS
COMPLERA ORAL TABLET 200- 25-300 MG	5	NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
DELSTRIGO ORAL TABLET 100- 300-300 MG	5	NDS
DESCOVY ORAL TABLET 200-25 MG	5	NDS
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	2	GC
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
<i>efavirenz oral capsule 200 mg</i> (Sustiva)	5	NDS
<i>efavirenz oral capsule 50 mg</i> (Sustiva)	2	GC
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	2	GC
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	5	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	5	NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	GC
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167- 250 mg, 200-300 mg</i> (Truvada)	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	5	NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	4	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	4	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	GC
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	GC
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	GC; QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	GC; QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	5	NDS; QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine oral tablet 200 mg</i>	2	GC
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	4	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NDS
PREZISTA ORAL TABLET 75 MG	4	
RESCRIPTOR ORAL TABLET 200 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	GC
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	NDS
SELZENTRY ORAL TABLET 25 MG	4	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	GC
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	GC
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	GC
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	GC
<i>zidovudine oral tablet 300 mg</i>	2	GC
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	4	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	GC; QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	GC; QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	GC; QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	GC; QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NDS; QL (336 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	GC
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA; NDS; QL (28 per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	5	PA; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NDS; QL (84 per 28 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	5	PA; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	5	PA; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	5	PA; NDS; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG	5	PA; NDS; QL (28 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	PA; NDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; NDS; QL (30 per 30 days)
Interferons		

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

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	2	GC
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	GC
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD; GC
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	NDS
<i>cidofovir intravenous solution 75 mg/ml</i>	5	NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	GC
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	GC
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	5	PA BvD; NDS
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	5	PA BvD; NDS
<i>ribasphere oral capsule 200 mg</i>	2	GC
<i>ribasphere oral tablet 600 mg</i>	5	NDS
<i>ribasphere ribapak oral tablets, dose pack 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	NDS
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA BvD; NDS
<i>ribavirin oral capsule 200 mg</i>	2	GC
<i>ribavirin oral tablet 200 mg</i>	2	GC
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	GC
VEKLURY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	4	QL (43 per 42 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL (60 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	GC; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	2	GC; QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	2	GC; QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	GC; QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	GC; QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	GC; QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	5	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	GC
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	GC
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	GC
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	GC
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	GC
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	ST; QL (60 per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	1	GC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NDS; QL (20 per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
MULPLETA ORAL TABLET 3 MG	5	PA; NDS; QL (7 per 7 days)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (6 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	GC
<i>anagrelide oral capsule 1 mg</i>	2	GC
CABLIVI INJECTION KIT 11 MG	5	PA; NDS; QL (30 per 30 days)
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NDS
<i>protamine intravenous solution 10 mg/ml</i>	2	GC
SIKLOS ORAL TABLET 1,000 MG, 100 MG	4	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	2	GC
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	GC; QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	4	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	GC
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	GC
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	4	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 5%/D25W SULFITE- FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D25W SULF- FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	PA BvD; GC
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	GC
<i>dextrose 5%-water iv soln single use 5 %</i>	2	GC
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	4	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	4	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	4	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	GC
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	GC
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	GC
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	4	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	GC
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	GC
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	4	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	4	
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
<i>eprosartan oral tablet 600 mg</i>	4	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	GC
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	GC
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	GC
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	4	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	GC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	GC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	4	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	4	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	GC
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	GC
<i>benazepril oral tablet 5 mg</i>	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	GC
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	GC
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	4	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	2	ST; GC
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	2	GC
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	GC
EPANED ORAL SOLUTION 1 MG/ML	4	ST
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	GC
<i>lisinopril oral tablet 20 mg</i> (Prinivil)	1	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	GC
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	GC
QBRELIS ORAL SOLUTION 1 MG/ML	5	ST; NDS
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	2	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	GC
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 400 mg</i> (Pacerone)	4	
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	PA-HRM; GC; AGE (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	4	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	GC
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	GC
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	
<i>pacerone oral tablet 200 mg</i>	1	GC
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	GC
<i>procainamide intravenous syringe 100 mg/ml</i>	2	GC
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	4	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	GC
<i>quinidine gluconate oral tablet extended release 324 mg</i>	4	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	GC
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	GC
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	GC
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	GC
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	GC
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	2	GC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	GC
<i>labetalol intravenous solution 5 mg/ml</i>	2	GC
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	GC
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	2	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	2	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	2	GC
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	GC
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	2	GC
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	GC
<i>metoprolol tartrate oral tablet 25 mg</i>	1	GC
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	GC
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	GC
<i>pindolol oral tablet 10 mg, 5 mg</i>	4	
<i>propranolol intravenous solution 1 mg/ml</i>	2	GC
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	4	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	GC
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	GC
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	GC
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	GC
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	GC
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	2	GC
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	GC
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	GC
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT)	4	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	2	GC
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	GC
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	GC
<i>diltiazem hcl oral tablet 90 mg</i>	2	GC
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	GC
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	4	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	GC
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	GC
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	GC
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	2	GC
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> (Verelan)	2	GC
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i> (Verelan)	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	GC
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	1	GC
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	GC
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	GC
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	GC
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	GC
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	GC; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	2	GC; QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i> (Adrenalin)	1	GC
<i>hydralazine injection solution 20 mg/ml</i>	2	GC
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	GC
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	PA; NDS; QL (18 per 30 days)
<i>metyrosine oral capsule 250 mg</i> (Demser)	5	NDS
<i>milrinone intravenous solution 1 mg/ml</i>	5	PA BvD; NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i> (Ranexa)	4	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	QL (4 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NDS; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; NDS; QL (120 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	GC
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	2	GC
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	2	GC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	GC
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	4	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	4	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	ST; QL (300 per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	4	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	4	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	GC
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	2	GC
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	GC
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	GC
<i>bumetanide injection solution 0.25 mg/ml</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	GC
<i>chlorothiazide oral tablet 500 mg</i>	2	GC
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	2	GC
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	GC
<i>furosemide injection solution 10 mg/ml</i>	1	GC
<i>furosemide injection syringe 10 mg/ml</i>	2	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NDS; QL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; NDS; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	GC
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	2	GC
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	GC
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	GC
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	4	
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	4	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	GC
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	GC
<i>cholestyramine light oral powder 4 gram</i>	2	GC
<i>cholestyramine light packet 4 gram</i>	2	GC
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	GC
<i>colestipol oral packet 5 gram</i> (Colestid)	2	GC
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 per 30 days)
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	GC; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	4	
<i>fenofibrate micronized oral capsule 43 mg</i>	2	GC
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	GC
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	GC
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	4	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	4	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	GC
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NDS; QL (45 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i> (Niaspan Extended-Release)	4	
<i>niacin oral tablet extended release 24 hr 500 mg</i> (Niaspan Extended-Release)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>niacor oral tablet 500 mg</i>	2	GC
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	GC; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC
<i>prevalite oral powder in packet 4 gram</i>	2	GC
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	1	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg</i>	1	GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	2	GC; QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	2	GC; QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	2	GC
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	4	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	4	ST
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	4	
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	GC
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso)	2	GC
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	GC
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	GC
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	GC
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	2	GC
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	GC; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	GC; QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA NSO; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA NSO; NDS; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	PA BvD; GC
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	GC
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	4	

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

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; NDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; GC; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	GC; QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine Spansule)	4	QL (120 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenzedi)	4	QL (180 per 30 days)
<i>dextroamphetamine oral tablet 15 mg</i> (Zenzedi)	4	QL (90 per 30 days)
<i>dextroamphetamine oral tablet 20 mg, 30 mg</i> (Zenzedi)	4	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	4	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	4	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	GC; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	5	PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	5	PA; NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	5	PA; NDS; QL (60 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; NDS
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	GC
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	5	PA; NDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	GC
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5	PA NSO; NDS
INGREZZA ORAL CAPSULE 40 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	5	PA; NDS; QL (6 per 365 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	2	GC
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	GC
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	GC
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 2 MG	5	PA; NDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS
<i>metadate er oral tablet extended release 20 mg</i>	4	QL (90 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	4	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	4	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	4	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	4	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	4	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	GC; QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	GC; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	4	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	4	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i>	4	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	4	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	4	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	4	QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20- 10 MG	5	PA; NDS; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	5	PA; NDS
PONVORY ORAL TABLET 20 MG	5	PA; NDS; QL (30 per 30 days)
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	5	PA; NDS; QL (2800 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	GC; QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; NDS; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46- 0.92 MG	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	5	PA; NDS
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	GC
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	GC; QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC; QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	2	GC
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	GC
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC; QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	GC
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	GC
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>ayuna oral tablet 0.15-0.03 mg</i>	2	GC
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>camila oral tablet 0.35 mg</i>	1	GC
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	GC
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	2	GC
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	GC
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2	GC
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC; QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	1	GC
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Azurette (28))</i>	2	GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)</i>	2	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg (Jasmiel (28))</i>	2	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg (Syeda)</i>	2	GC
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	GC
ELLA ORAL TABLET 30 MG	4	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	4	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	GC
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	GC
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>errin oral tablet 0.35 mg</i>	1	GC
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	2	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50 (28))	2	GC
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	4	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	GC
<i>hailey oral tablet 1.5-30 mg-mcg</i>	2	GC
<i>heather oral tablet 0.35 mg</i>	1	GC
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	GC; QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	1	GC
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	GC; QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	GC
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC; QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	GC
<i>jencycla oral tablet 0.35 mg</i>	1	GC
<i>juleber oral tablet 0.15-0.03 mg</i>	2	GC
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	GC
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	GC
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>kalliga oral tablet 0.15-0.03 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	2	GC
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	GC
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (LoJaimiess)	2	GC; QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	2	GC; QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	GC
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	GC
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	GC
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	2	GC
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Altavera (28))	2	GC
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia)	2	GC; QL (91 per 84 days)
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	2	GC
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	GC
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	2	GC
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	GC; QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	GC
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	2	GC
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>lyleq oral tablet 0.35 mg</i>	1	GC
<i>lyza oral tablet 0.35 mg</i>	1	GC
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	GC
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	GC
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	GC
<i>noreth-ee-fe 1-0.02(24)-75 cap inner 1 mg-20 mcg (24)/75 mg (4)</i> (Merzee)	2	GC
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	GC
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	2	GC
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	1	GC
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Aurovela 24 Fe)	2	GC
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	2	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri Femynor)	2	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	2	GC
<i>norlyda oral tablet 0.35 mg</i>	1	GC
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	GC
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	2	GC
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg, 1-35 mg-mcg</i>	2	GC
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	GC
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	GC
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	GC; QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	1	GC
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC; QL (91 per 84 days)
SLYND ORAL TABLET 4 MG (28)	4	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>syeda oral tablet 3-0.03 mg</i>	2	GC
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	GC
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	GC
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tulana oral tablet 0.35 mg</i>	1	GC
<i>tyblume oral tablet,chewable 0.1 mg-20 mcg</i>	2	GC
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	GC
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	GC
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	GC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	4	QL (3 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>zafemy transdermal patch weekly</i> <i>150-35 mcg/24 hr</i>	4	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	2	GC
<i>zovia 1/35e (28) oral tablet 1-35 mg- mcg</i>	2	GC
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	2	GC
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	4	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	1	GC
<i>denta 5000 plus dental cream 1.1 %</i>	1	GC
<i>dentagel dental gel 1.1 %</i>	1	GC
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	1	GC
<i>oralone dental paste 0.1 %</i>	2	GC
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	GC
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	GC
<i>sf 5000 plus dental cream 1.1 %</i>	1	GC
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	1	GC
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	2	GC
Dermatological Agents		
Dermatological Agents, Other		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	GC
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	2	GC
<i>acitretin oral capsule 17.5 mg</i>	2	GC
<i>acyclovir topical cream 5 %</i> (Zovirax)	4	QL (5 per 4 days)
<i>acyclovir topical ointment 5 %</i> (Zovirax)	4	QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	GC
<i>ammonium lactate topical cream 12 %</i>	2	GC
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene scalp solution 0.005 %</i>	4	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	4	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	4	QL (120 per 30 days)
DENAVIR TOPICAL CREAM 1 %	5	NDS
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	GC
<i>fluorouracil topical solution 2 %, 5 %</i>	2	GC
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	GC; QL (24 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS
PICATO TOPICAL GEL 0.015 %	3	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %	3	QL (2 per 56 days)
<i>podofilox topical solution 0.5 %</i>	2	GC
REGRANEX TOPICAL GEL 0.01 %	5	PA; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
TOLAK TOPICAL CREAM 4 %	4	
VALCHLOR TOPICAL GEL 0.016 %	5	NDS
VEREGEN TOPICAL OINTMENT 15 %	5	NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	GC
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	4	QL (100 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	2	GC; QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	2	GC
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	4	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzaclin)	4	
<i>ery pads topical swab 2 %</i>	2	GC
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	4	QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin with ethanol topical solution 2 %</i>	2	GC; QL (180 per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	4	
<i>gentamicin topical cream 0.1 %</i>	2	GC; QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	GC; QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	4	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	GC
<i>metronidazole topical gel 1 %</i> (Metrogel)	4	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	4	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	GC; QL (220 per 30 days)
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	GC
NEOSPORIN GU IRRIGANT IRRIGATION SOLUTION 40 MG-200,000 UNIT/ML	2	GC
<i>rosadan topical cream 0.75 %</i>	4	
<i>selenium sulfide topical lotion 2.5 %</i>	2	GC
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	GC
<i>ssd topical cream 1 %</i>	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	4	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i>	1	GC
<i>ala-scalp topical lotion 2 %</i>	4	
<i>alclometasone topical cream 0.05 %</i>	2	GC
<i>alclometasone topical ointment 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	GC
<i>betamethasone valerate topical cream 0.1 %</i>	2	GC
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical lotion 0.1 %</i>	2	GC
<i>betamethasone valerate topical ointment 0.1 %</i>	2	GC
<i>betamethasone, augmented topical cream 0.05 %</i>	2	GC
<i>betamethasone, augmented topical gel 0.05 %</i>	2	GC
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	GC
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	GC
<i>clobetasol scalp solution 0.05 %</i>	2	GC
<i>clobetasol topical cream 0.05 %</i> (Temovate)	2	GC
<i>clobetasol topical foam 0.05 %</i> (Olux)	4	
<i>clobetasol topical gel 0.05 %</i>	4	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	4	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	4	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	4	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	GC
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	4	
<i>cormax scalp solution 0.05 %</i>	2	GC
<i>desonide topical cream 0.05 %</i> (DesOwen)	4	
<i>desonide topical lotion 0.05 %</i> (DesOwen)	4	
<i>desonide topical ointment 0.05 %</i>	4	
<i>desoximetasone topical cream 0.05 %</i> (Topicort)	4	QL (120 per 30 days)
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	2	GC; QL (120 per 30 days)
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	4	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	4	QL (120 per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	4	QL (180 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	GC
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	GC
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	GC
<i>fluocinonide topical cream 0.05 %</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide topical gel 0.05 %</i>	2	GC
<i>fluocinonide topical ointment 0.05 %</i>	2	GC
<i>fluocinonide topical solution 0.05 %</i>	2	GC
<i>fluocinonide-e topical cream 0.05 %</i>	4	
<i>fluticasone propionate topical cream (Cutivate) 0.05 %</i>	2	GC
<i>fluticasone propionate topical ointment 0.005 %</i>	2	GC
<i>halobetasol propionate topical cream 0.05 %</i>	2	GC
<i>halobetasol propionate topical ointment 0.05 %</i>	2	GC
<i>hydrocortisone butyrate topical cream 0.1 %</i>	4	QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion 0.1 % (Locoid)</i>	4	QL (236 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	4	QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	4	QL (120 per 30 days)
<i>hydrocortisone topical cream 1 % (Ala-Cort)</i>	1	GC
<i>hydrocortisone topical cream 2.5 %</i>	1	GC
<i>hydrocortisone topical lotion 2.5 %</i>	2	GC
<i>hydrocortisone topical ointment 1 % (Anti-Itch (HC))</i>	1	GC
<i>hydrocortisone topical ointment 2.5 %</i>	1	GC
<i>hydrocortisone valerate topical cream 0.2 %</i>	4	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	4	
<i>mometasone topical cream 0.1 %</i>	2	GC
<i>mometasone topical ointment 0.1 %</i>	2	GC
<i>mometasone topical solution 0.1 %</i>	2	GC
<i>pimecrolimus topical cream 1 % (Elidel)</i>	4	QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	2	GC
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	GC
<i>procto-pak topical cream with perineal applicator 1 %</i>	2	GC
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	GC
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	4	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	GC
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	GC
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	2	GC
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	4	
<i>adapalene topical gel 0.1 %</i> (Differin)	2	GC
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	4	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	4	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	4	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	4	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	4	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	4	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	4	
<i>permethrin topical cream 5 %</i> (Elimite)	2	GC
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	GC
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	2	GC
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	GC
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	2	GC
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	GC
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)	2	GC
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1 ML 29 GAUGE X 1/2" (Advocate Syringes)	2	GC
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1/2 ML 28 GAUGE (Lite Touch Insulin Syringe)	2	GC
OMNIPOD / VGO	2	GC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips)	2	GC
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	1	GC

Enzyme

Replacement/Modifiers

Enzyme Replacement/Modifiers

ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NDS; QL (14 per 28 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NDS
ORFADIN ORAL CAPSULE 20 MG	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Kuvan)	5	NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000 - 84,000 UNIT, 25,000-79,000 - 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	

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

Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>alcaine ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	4	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	GC; QL (30 per 25 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	4	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	GC
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	2	ST; GC
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	GC
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	2	GC
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	5	NDS
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	NDS
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	GC
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	GC; QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	GC; QL (15 per 10 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	4	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	2	GC
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	4	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	2	GC
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA; NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	GC
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	2	GC
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	ST
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	2	GC
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	1	GC
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> (Ciprodex)	2	GC
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	GC; QL (3.5 per 4 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	4	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	GC
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	4	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	4	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	GC
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	GC
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	2	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	GC
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	GC
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	GC
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	GC
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	GC
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	GC
<i>ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)</i>	2	GC
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	GC
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	GC
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml (Polytrim)</i>	1	GC
<i>sulfacetamide sodium ophthalmic (eye) drops 10 % (Bleph-10)</i>	2	GC
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	GC
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	GC
<i>tobramycin ophthalmic (eye) drops 0.3 % (Tobrex)</i>	1	GC
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 % (TobraDex)</i>	2	GC
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	GC
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		

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

Drug Name	Drug Tier	Requirements/Limits
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
<i>bromfenac ophthalmic (eye) drops</i> 0.09 %	4	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>dexamethasone sodium phosphate</i> <i>ophthalmic (eye) drops 0.1 %</i>	2	GC
<i>diclofenac sodium ophthalmic (eye)</i> <i>drops 0.1 %</i>	2	GC
<i>difluprednate ophthalmic (eye) drops</i> (Durezol) 0.05 %	2	GC
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)	2	GC; QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops 0.01 %</i>	4	
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension 0.1 %</i>	4	
<i>flurbiprofen sodium ophthalmic (eye)</i> <i>drops 0.03 %</i>	2	GC
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief) <i>spray,suspension 50 mcg/actuation</i>	1	GC; QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>ketorolac ophthalmic (eye) drops 0.5</i> (Acular) <i>%</i>	2	GC; QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops,gel 0.5 %</i>	2	GC
<i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops,suspension 0.5 %</i>	2	GC
<i>mometasone nasal spray,non-aerosol</i> (Nasonex) 50 mcg/actuation	2	GC; QL (34 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	GC
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	4	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	GC
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	2	GC
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	GC
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	ST; QL (30 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	GC
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	2	GC
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	GC
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	GC
<i>famotidine intravenous solution 10 mg/ml</i>	2	GC
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	4	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	GC
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	GC
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Prevacid 24Hr)	4	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	4	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	GC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	GC
<i>nizatidine oral solution 150 mg/10 ml</i>	2	GC
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 40 mg</i>	1	GC
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	1	GC
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	4	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	GC
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	GC; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	GC; QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	2	ST; GC; QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	GC
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	QL (60 per 30 days)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	NDS
<i>constulose oral solution 10 gram/15 ml</i>	2	GC
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	4	
<i>dicyclomine oral capsule 10 mg</i>	2	GC
<i>dicyclomine oral solution 10 mg/5 ml</i>	4	
<i>dicyclomine oral tablet 20 mg</i>	2	GC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	4	PA-HRM; AGE (Max 64 Years)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	4	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i>	2	GC
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NDS
<i>generlac oral solution 10 gram/15 ml</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	GC
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	2	GC
<i>kionex oral powder</i>	2	GC
<i>lactulose oral solution 10 gram/15 ml (Constulose)</i>	2	GC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	QL (90 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	GC
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	3	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	4	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	GC
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	GC
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	GC
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
<i>propantheline oral tablet 15 mg</i>	4	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS
RELISTOR ORAL TABLET 150 MG	5	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; NDS; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	2	GC
<i>sodium polystyrene sulfonate oral powder</i>	2	GC
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	GC
TRULANCE ORAL TABLET 3 MG	4	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	GC
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	GC
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	GC
VIBERZI ORAL TABLET 100 MG, 75 MG	5	ST; NDS; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (90 per 30 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	GC
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	GC
<i>gavilyte-n oral recon soln 420 gram</i>	2	GC
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	GC
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	GC
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	GC
<i>lanthanum oral tablet,chewable</i> (Fosrenol) 1,000 mg, 500 mg, 750 mg	5	NDS
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	5	NDS
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	4	
<i>sevelamer hcl oral tablet 400 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	2	GC
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
<i>flavoxate oral tablet 100 mg</i>	2	GC
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	GC
<i>oxybutynin chloride oral tablet 5 mg</i>	2	GC
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	2	GC
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	GC
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	GC
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	GC
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	
<i>tropium oral capsule,extended release 24hr 60 mg</i>	4	
<i>tropium oral tablet 20 mg</i>	4	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	GC; QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	GC
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	4	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	GC
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	GC
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	5	PA; NDS
<i>tiopronin oral tablet 100 mg</i> (Thiola)	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>clovique oral capsule 250 mg</i>	5	PA; NDS; QL (240 per 30 days)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	5	PA; NDS
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	2	PA; GC
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	5	PA; NDS
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	5	PA; NDS
<i>deferoxamine injection recon soln 2 gram</i>	2	PA; GC
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	2	PA; GC
FERRIPROX 1,000 MG TAB(2X/DAY) 1,000 MG	5	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG	5	PA; NDS
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	5	PA; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NDS
<i>trientine oral capsule 250 mg</i> (Clovique)	5	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	5	PA; NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	GC
<i>oxandrolone oral tablet 10 mg</i> (Oxandrin)	5	NDS
<i>oxandrolone oral tablet 2.5 mg</i> (Oxandrin)	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA; GC
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; GC; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	2	PA; GC; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	PA; GC; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA; GC; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA; GC; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	PA-HRM; GC; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	3	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	PA-HRM; GC; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	PA-HRM; GC; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	PA-HRM; GC; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	GC
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	2	GC; QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	GC
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	2	PA-HRM; GC; AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	PA-HRM; GC; QL (8 per 28 days); AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	2	PA-HRM; GC; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	GC
<i>yuvaferm vaginal tablet 10 mcg</i>	2	GC; QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	2	GC
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	GC
<i>cortisone oral tablet 25 mg</i>	2	GC
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	2	GC
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	2	GC
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	GC
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NDS; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	PA; NDS; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	2	GC
HEMADY ORAL TABLET 20 MG	4	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	GC
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	GC
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	2	GC
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	2	GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	GC
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i> (Solu-Medrol)	2	GC
<i>prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD; GC
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD; GC
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD; GC
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD; GC
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD; GC
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
<i>triamcinolone acetonide injection</i> (Kenalog) <i>suspension 40 mg/ml</i>	2	GC
Pituitary		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	5	NDS
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin injection solution 4</i> (DDAVP) <i>mcg/ml</i>	4	
<i>desmopressin nasal spray, non- aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral tablet 0.1 mg, 0.2</i> (DDAVP) <i>mg</i>	2	GC
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG, 2 MG	5	PA; NDS; QL (60 per 30 days)
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NDS; QL (60 per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NDS
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	5	PA; NDS; QL (120 per 30 days)
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	QL (30 per 30 days)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	QL (30 per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	2	GC
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	GC
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	GC
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	5	PA; NDS
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	5	PA; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	5	PA; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA NSO; NDS; QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NDS; QL (1 per 360 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NDS; QL (1 per 168 days)
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NDS
Progestins		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	QL (10 per 28 days)
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i> (Makena)	5	NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	GC; QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	GC; QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	GC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	GC
<i>progesterone intramuscular oil 50 mg/ml</i>	2	GC
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	GC
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	GC
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	GC
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	GC
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	2	GC
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD; GC
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD; GC
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	2	PA BvD; GC
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD; GC
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD; GC
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD; GC
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD; GC
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.25 mg</i>	4	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.5 mg, 0.75 mg</i>	5	PA BvD; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	PA BvD
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA BvD; GC
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD; GC
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	4	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	5	PA; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	GC
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD; GC
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD; GC
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD; GC
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG	5	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	5	PA; NDS
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	5	PA; NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	4	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD; GC
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NDS
TALTZ SYRINGE (2 PACK) SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NDS
TALTZ SYRINGE (3 PACK) SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
ZORTRESS ORAL TABLET 1 MG	5	PA BvD; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	QL (1 per 365 days)

Inflammatory Bowel Disease

Agents

Inflammatory Bowel Disease Agents

<i>alosectron oral tablet 0.5 mg</i>	(Lotronex)	2	GC
<i>alosectron oral tablet 1 mg</i>	(Lotronex)	5	NDS
<i>balsalazide oral capsule 750 mg</i>	(Colazal)	2	GC
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	(Entocort EC)	4	
<i>colocort rectal enema 100 mg/60 ml</i>		2	GC
DIPENTUM ORAL CAPSULE 250 MG		5	NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	(Cortenema)	4	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	(Delzicol)	4	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	(Apriso)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	4	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD)	4	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	5	NDS
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	GC
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	2	GC
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
Irrigating Solutions		
Irrigating Solutions		
LACTATED RINGERS IRRIGATION SOLUTION	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	4	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	GC; QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	5	NDS
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	GC; QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	GC
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	GC
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	4	
<i>cinacalcet oral tablet 30 mg</i> (Sensipar)	2	GC; QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i> (Sensipar)	5	NDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NDS; QL (120 per 30 days)
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	2	GC
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	5	PA; NDS; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	3	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	4	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	4	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	GC; QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	5	NDS
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	2	GC
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	2	GC
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	4	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	4	
<i>paricalcitol oral capsule 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	ST; QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	4	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	4	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	4	QL (4 per 28 days)
<i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i> (Atelvia)	4	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1.56 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	4	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	4	QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	5	NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	GC
ELMIRON ORAL CAPSULE 100 MG	5	NDS; QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NDS
GVOKE HYPOPEN 1PK 0.5 MG/0.1 ML 0.5 MG/0.1 ML	3	
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML 1 MG/0.2 ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML	3	
GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	GC
<i>hydroxyzine pamoate oral capsule 25 (Vistaril) mg, 50 mg</i>	2	GC
KEVEYIS ORAL TABLET 50 MG	5	PA; NDS; QL (120 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	2	GC
<i>leucovorin calcium injection solution 10 mg/ml</i>	2	GC
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	GC
<i>levocarnitine (with sugar) oral (Carnitor) solution 100 mg/ml</i>	2	GC
<i>levocarnitine oral tablet 330 mg (Carnitor)</i>	2	GC
<i>levoleucovorin calcium intravenous (Fusilev) recon soln 50 mg</i>	5	NDS
<i>mesna intravenous solution 100 (Mesnex) mg/ml</i>	2	GC
MESNEX ORAL TABLET 400 MG	5	NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NDS
<i>pyridostigmine bromide oral syrup (Mestinon) 60 mg/5 ml</i>	4	
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet (Mestinon) 60 mg</i>	2	GC
<i>pyridostigmine bromide oral tablet (Mestinon Timespan) extended release 180 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (60 per 30 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NDS
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NDS; QL (120 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	GC
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	GC
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	GC
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	GC
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	4	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	4	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	GC
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	GC
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	2	GC
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	2	GC
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	GC; QL (2.5 per 25 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	2	GC
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	2	GC
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	1	GC
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	4	
<i>travoprost (benzalkonium) ophthalmic (eye) drops 0.004 %</i>	4	QL (2.5 per 25 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	4	ST; QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	4	QL (30 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	2	GC
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	

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

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	GC
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	GC
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	GC
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	GC
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	PA BvD; GC
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	PA BvD; GC
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	2	PA BvD; GC
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	PA BvD; GC
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	2	PA BvD; GC
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	GC
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	4	
<i>potassium chloride oral tablet (K-Tab) extended release 10 meq, 8 meq</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	2	GC
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	2	GC
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	2	GC
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	GC
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	GC
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	GC
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	GC
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	GC
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	GC; QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	PA BvD; GC
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	3	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 28 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (30.6 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	GC
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	GC
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	4	
Bronchodilators		
<i>albuterol 5 mg/ml solution 5 mg/ml</i>	2	PA BvD; GC; QL (120 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	2	GC; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	GC; QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	GC; QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	2	PA BvD; GC; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	2	PA BvD; GC; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	GC
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	GC
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	GC
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i>	4	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; GC; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; GC; QL (540 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	GC
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	4	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NDS
<i>theophylline oral solution 80 mg/15 ml</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	GC
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	4	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	GC
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution (Acetadote) 200 mg/ml (20 %)</i>	2	GC
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD; GC
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD; GC
DALIRESP ORAL TABLET 250 MCG	3	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; NDS; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (120 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,L/F,SUV 1,000 MG (+/-)/20 ML	5	PA BvD; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	GC
<i>chlorzoxazone oral tablet 250 mg</i>	5	PA-HRM; NDS; AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA-HRM; GC; AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
COMFORT PAC- CYCLOBENZAPRINE KIT 10 MG	1	PA-HRM; GC; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA-HRM; GC; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg</i>	2	GC
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	2	GC
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	PA-HRM; GC; AGE (Max 64 Years)
<i>revonto intravenous recon soln 20 mg</i>	2	GC
<i>tizanidine oral tablet 2 mg</i>	2	GC
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	GC
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; GC; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	4	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; NDS; QL (150 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NDS; QL (30 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; NDS; QL (540 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	5	PA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	GC; QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	GC; QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	5	PA; NDS; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NDS; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	2	PA; GC
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	5	PA; NDS
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; NDS; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; GC; QL (90 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	5	PA; NDS; QL (60 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)	2	PA; GC; QL (30 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NDS; QL (112 per 28 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	5	PA; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	3	

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

INDEX

A		
abacavir	63	
abacavir-lamivudine	63	
abacavir-lamivudine-zidovudine	63	
ABELCET	48	
ABILIFY MAINTENA	58	
abiraterone	20	
ABRAXANE	20	
acamprosate	10	
acarbose	44	
accutane	100	
acebutolol	80	
acetaminophen-codeine	3	
acetazolamide	139	
acetazolamide sodium	139	
acetic acid	108	
acetylcysteine	145	
acitretin	100	
ACTEMRA	124, 125	
ACTEMRA ACTPEN	124	
ACTHAR	137	
ACTHIB (PF)	130	
ACTIMMUNE	137	
acyclovir	69, 100	
acyclovir sodium	69	
ADACEL(TDAP ADOLESN/ADULT)(PF)	131	
ADAKVEO	73	
adapalene	105	
ADCETRIS	20	
adefovir	69	
ADEMPAS	147	
adriamycin	20	
adrucil	20	
ADVAIR DISKUS	142	
ADVAIR HFA	142	
AFINITOR	20	
AFINITOR DISPERZ	20	
afirmelle	93	
a-hydrocort	119	
AIMOVIG AUTOINJECTOR	52	
AJOVY AUTOINJECTOR	52	
AJOVY SYRINGE	52	
AKYNZEO (FOSNETUPITANT)	54	
AKYNZEO (NETUPITANT)	54	
ala-cort	102	
ala-scalp	102	
albendazole	55	
albuterol sulfate	143, 144	
alcaine	108	
alclometasone	102	
ALCOHOL PADS	100	
ALDURAZYME	106	
ALECENSA	20	
alendronate	135	
alfuzosin	116	
ALIMTA	21	
ALIQOPA	21	
aliskiren	87	
allopurinol	50	
alosetron	134	
ALPHAGAN P	139	
alprazolam	11	
ALREX	111	
altavera (28)	93	
ALTRENO	105	
ALUNBRIG	21	
alyacen 1/35 (28)	93	
alyacen 7/7/7 (28)	93	
alyq	147	
amabelz	118	
amantadine hcl	56	
AMBISOME	49	
ambrisentan	148	
amethia	93	
amethia lo	93	
amiloride	84	
amiloride-hydrochlorothiazide	84	
AMINOSYN 10 %	73	
AMINOSYN 7 % WITH ELECTROLYTES	73	
AMINOSYN 8.5 %	74	
AMINOSYN 8.5 %- ELECTROLYTES	74	
AMINOSYN II 10 %	74	
AMINOSYN II 15 %	74	
AMINOSYN II 7 %	74	
AMINOSYN II 8.5 %	74	
AMINOSYN II 8.5 %- ELECTROLYTES	74	
AMINOSYN M 3.5 %	74	
AMINOSYN-HBC 7%	74	
AMINOSYN-PF 10 %	74	
AMINOSYN-PF 7 % (SULFITE-FREE)	74	
AMINOSYN-RF 5.2 %	74	
amiodarone	79	
AMITIZA	113	
amitriptyline	41	
amitriptyline-chlordiazepoxide	41	
amlodipine	83	
amlodipine-atorvastatin	85	
amlodipine-benazepril	83	
amlodipine-olmesartan	83	
amlodipine-valsartan	84	

amlodipine-valsartan-hcthiazyd	84	atomoxetine	88	BD VEO INSULIN SYRINGE	
.....	84	atorvastatin	85	UF	105, 106
ammonium lactate	100	atovaquone	55	bekyree (28)	93
amoxapine	42	atovaquone-proguanil	56	BELEODAQ	21
amoxicil-clarithromy-lansopraz	112	atropine	108	BELSOMRA	147
.....	112	ATROVENT HFA	144	benazepril	78
amoxicillin	17	AUBAGIO	88	benazepril-hydrochlorothiazide	78
amoxicillin-pot clavulanate	17	aubra eq	93	BENDEKA	21
amphotericin b	49	aurovela 1.5/30 (21)	93	BENLYSTA	137
ampicillin	17	aurovela 1/20 (21)	93	benztropine	56
ampicillin sodium	17	aurovela 24 fe	93	bepotastine besilate	108
ampicillin-sulbactam	17	aurovela fe 1.5/30 (28)	93	BESIVANCE	109
ANADROL-50	117	aurovela fe 1-20 (28)	93	BESPONSA	21
anagrelide	73	AUSTEDO	88	betamethasone acet,sod phos	119
anastrozole	21	AVASTIN	21	betamethasone dipropionate	102
ANORO ELLIPTA	144	aviane	93	betamethasone valerate	102, 103
APOKYN	56	AVONEX	88	betamethasone, augmented	103
apraclonidine	108	AVSOLA	125	BETASERON	88
aprepitant	54	ayuna	93	betaxolol	80, 139
apri	93	AYVAKIT	21	bethanechol chloride	116
APTIOM	36	azacitidine	21	BEVYXXA	70
APTIVUS	64	azathioprine	125	bexarotene	21
APTIVUS (WITH VITAMIN		azathioprine sodium	125	BEXSERO	131
E)	64	azelastine	108	bicalutamide	21
aranelle (28)	93	azithromycin	16	BICILLIN L-A	17
ARCALYST	125	AZOPT	139	BIDIL	87
aripiprazole	58, 59	aztreonam	16	BIKTARVY	64
ARISTADA	59	azurette (28)	93	bimatoprost	139
ARISTADA INITIO	59	B		bisoprolol fumarate	80
armodafinil	147	bacitracin	13, 108	bisoprolol-hydrochlorothiazide	80
ARNUITY ELLIPTA	142	bacitracin-polymyxin b	109	BLNREP	22
arsenic trioxide	21	baclofen	146	bleomycin	22
ascomp with codeine	3	balsalazide	134	bleph-10	109
asenapine maleate	59	BALVERSA	21	BLINCYTO	22
ashlyna	93	balziva (28)	93	blisovi 24 fe	94
ASPARLAS	21	BAVENCIO	21	blisovi fe 1.5/30 (28)	94
aspirin-dipyridamole	73	BAXDELA	18	blisovi fe 1/20 (28)	94
ASSURE ID INSULIN		BCG VACCINE, LIVE (PF)	131	BOOSTRIX TDAP	131
SAFETY	105	BD ULTRA-FINE NANO PEN		BORTEZOMIB	22
atazanavir	64	NEEDLE	105	BOSULIF	22
atenolol	80	BD VEO INSULIN SYR			
atenolol-chlorthalidone	80	(HALF UNIT)	105		

BRAFTOVI	22	CALQUENCE	22	CERDELGA	106
BREO ELLIPTA	142	camila	94	CEREZYME	106
BREZTRI AEROSPHERE ..	144	candesartan	77	cevimeline	100
briellyn	94	candesartan-hydrochlorothiazid		CHANTIX	10
BRILINTA	73	.....	77	CHANTIX CONTINUING	
brimonidine	139	CAPASTAT	53	MONTH BOX	10
BRIVIACT	36	CAPLYTA	59	CHANTIX STARTING	
bromfenac	111	CAPRELSA	22	MONTH BOX	10
bromocriptine	56, 57	captopril	78	chateal eq (28)	94
BROMSITE	111	captopril-hydrochlorothiazide	78	chloramphenicol sod succinate	
BRONCHITOL	145	CARBAGLU	113	.....	13
BRUKINSA	22	carbamazepine	36	chlordiazepoxide hcl	11
budesonide	134, 142	carbidopa	57	chlorhexidine gluconate	100
bumetanide	84	carbidopa-levodopa	57	chloroquine phosphate	56
buprenorphine	3	carbidopa-levodopa-entacapone		chlorothiazide	84
buprenorphine hcl	3, 10	.....	57	chlorothiazide sodium	84
buprenorphine-naloxone	10	carbinoxamine maleate	51	chlorpromazine	59
bupropion hcl	42	carboplatin	22	chlorthalidone	84
bupropion hcl (smoking deter)		CAROSPIR	87	chlorzoxazone	146
.....	10	carteolol	139	cholestyramine (with sugar) ..	85
buspirone	11	cartia xt	81	cholestyramine light	85
butalbital compound w/codeine	3	carvedilol	80	ciclopirox	49
butalbital-acetaminop-caf-cod	3	caspofungin	49	cidofovir	69
butalbital-acetaminophen	3	CAYSTON	16	cilostazol	73
butalbital-acetaminophen-caff	3	caziant (28)	94	CIMDUO	64
butalbital-aspirin-caffeine	3	cefaclor	14	cimetidine	112
butorphanol	4	cefadroxil	14	cimetidine hcl	112
BYNFEZIA	121	cefazolin	14	CIMZIA	125
BYSTOLIC	80	cefdinir	14, 15	CIMZIA POWDER FOR	
C		cefepime	15	RECONST	125
CABENUVA	64	cefexime	15	cinacalcet	135
cabergoline	57	cefotaxime	15	CINQAIR	145
CABLIVI	73	cefoxitin	15	CINRYZE	71
CABOMETYX	22	cefepodoxime	15	CINVANTI	54
caffeine citrate	88	cefprozil	15	ciprofloxacin	18
calcipotriene	101	ceftazidime	15	ciprofloxacin hcl	18, 109
calcitonin (salmon)	135	ceftriaxone	15	ciprofloxacin in 5 % dextrose	18
calcitriol	135	cefuroxime axetil	15	ciprofloxacin-dexamethasone	
calcium acetate(phosphat bind)		cefuroxime sodium	15	.....	109
.....	115	celecoxib	7	citalopram	42
calcium chloride	140	CELONTIN	36	cladribine	22
CALDOLOR	7	cephalexin	15	clarithromycin	16

clemastine	51	CLINIMIX E 8%-D10W		COSENTYX PEN (2 PENS) 125
CLENPIQ	115	SULFITEFREE	75	COTELLIC
clindamycin hcl	13	CLINIMIX E 8%-D14W		CREON
CLINDAMYCIN IN 0.9 %		SULFITEFREE	75	CRIXIVAN
SOD CHLOR	13	CLINOLIPID	75	cromolyn
clindamycin in 5 % dextrose..	13	clobazam	36	108, 113, 145
CLINDAMYCIN IN 5 %		clobetasol	103	cryselle (28)
DEXTROSE	13	clobetasol-emollient	103	94
clindamycin pediatric	13	clofarabine	22	cyclafem 1/35 (28)
clindamycin phosphate	13, 51,	clomipramine	42	94
101		clonazepam	11	cyclafem 7/7/7 (28)
clindamycin-benzoyl peroxide		clonidine	77	94
.....	101	clonidine hcl	76, 88	cyclobenzaprine
CLINIMIX 5%/D15W		clopidogrel	73	147
SULFITE FREE	74	clorazepate dipotassium	11	cyclopentolate
CLINIMIX 5%/D25W		clotrimazole	49	108
SULFITE-FREE	74	clotrimazole-betamethasone ..	49	cyclophosphamide
CLINIMIX 4.25%/D10W SULF		clovique	117	22, 23
FREE	75	clozapine	59	CYCLOPHOSPHAMIDE
CLINIMIX 4.25%/D5W		COARTEM	56	23
SULFIT FREE	75	codeine sulfate	4	cyclosporine
CLINIMIX 4.25%-D25W		colchicine	50	125
SULF-FREE	75	colesevelam	85	cyclosporine modified
CLINIMIX 5%-		colestipol	85	125
D20W(SULFITE-FREE) ...	75	colistin (colistimethate na)	13	cyproheptadine
CLINIMIX 6%-D5W		colocort	134	51
(SULFITE-FREE)	75	COMBIGAN	139	CYRAMZA
CLINIMIX 8%-		COMBIVENT RESPIMAT ..	144	23
D10W(SULFITE-FREE) ...	75	COMETRIQ	22	cyred eq
CLINIMIX 8%-		COMFORT PAC-		94
D14W(SULFITE-FREE) ...	75	CYCLOBENZAPRINE ...	147	CYSTADANE
CLINIMIX E 2.75%/D5W		COMPLERA	64	137
SULF FREE	75	compro	54	CYSTADROPS
CLINIMIX E 4.25%/D10W		constulose	113	108
SUL FREE	75	COPAXONE	89	CYSTARAN
CLINIMIX E 4.25%/D5W		COPIKTRA	22	108
SULF FREE	75	CORLANOR	82	D
CLINIMIX E 5%/D15W		cormax	103	dalfampridine
SULFIT FREE	75	cortisone	119	89
CLINIMIX E 5%/D20W		COSENTYX	125	DALIRESP
SULFIT FREE	75	COSENTYX (2 SYRINGES)		145
		.....	125	danazol
				117
				dantrolene
				147
				DANYELZA
				23
				dapsone
				53
				DAPTACEL (DTAP
				PEDIATRIC) (PF)
				131
				daptomycin
				13
				DARZALEX
				23
				DARZALEX FASPRO
				23
				dasetta 1/35 (28)
				94
				dasetta 7/7/7 (28)
				94
				DAURISMO
				23
				daysee
				94
				deblitane
				94
				decitabine
				23
				deferasirox
				117
				deferiprone
				117
				deferoxamine
				117
				DELSTRIGO
				64

demeclocycline	19	digitek	83	DUPIXENT SYRINGE	125
DENAVIR	101	digox	83	DUREZOL	111
denta 5000 plus	100	digoxin	83	dutasteride	116
dentagel	100	dihydroergotamine	52	dutasteride-tamsulosin	116
DEPO-PROVERA	124	diltiazem hcl	82	E	
DESCOVY	64	dilt-xr	82	econazole	49
desipramine	42	dimenhydrinate	54	EDARBI	77
desmopressin	121	dimethyl fumarate	89	EDARBYCLOR	77
desog-e.estradiol/e.estradiol... 94		DIPENTUM	134	EDURANT	64
desogestrel-ethinyl estradiol .. 94		diphenhydramine hcl	51	efavirenz	64
desonide	103	diphenoxylate-atropine	113	efavirenz-emtricitabin-tenofov	
desoximetasone	103	dipyridamole	73	.....	64
desvenlafaxine succinate	42	disopyramide phosphate	79	efavirenz-lamivu-tenofov disop	
dexamethasone	119	disulfram	10	.....	64
dexamethasone sodium phos		divalproex	37	EGRIFTA	121
(pf)	119, 120	docetaxel	23	EGRIFTA SV	121
dexamethasone sodium		dofetilide	79	ELAPRASE	106
phosphate	111, 120	donepezil	41	ELIGARD	23
DEXILANT	112	DOPTELET (10 TAB PACK)71		ELIGARD (3 MONTH)	23
dexmethylphenidate	89	DOPTELET (15 TAB PACK)71		ELIGARD (4 MONTH)	23
dexrazoxane hcl	137	DOPTELET (30 TAB PACK)71		ELIGARD (6 MONTH)	23
dextroamphetamine	89	dorzolamide	139	elinest	94
dextroamphetamine-		dorzolamide-timolol	139	ELIQUIS	70
amphetamine	89	dotti	118	ELIQUIS DVT-PE TREAT 30D	
dextrose 10 % in water (d10w)		DOVATO	64	START	70
.....	76	doxazosin	77	ELITEK	106
dextrose 5 % in water (d5w) .. 76		doxepin	42	elixophyllin	144
DIACOMIT	37	doxercalciferol	135	ELLA	94
diazepam	11, 37	doxorubicin	23	ELMIRON	137
diazepam intensol	11	doxorubicin, peg-liposomal ...23		eluryng	94
diazoxide	137	doxy-100	19	EMCYT	24
diclofenac epolamine	7	doxycycline hyclate	19	EMEND	54
diclofenac potassium	7	doxycycline monohydrate 19, 20		EMFLAZA	120
diclofenac sodium	7, 111	DRIZALMA SPRINKLE	42	EMGALITY PEN	52
diclofenac-misoprostol	7	dronabinol	54	EMGALITY SYRINGE	52
dicloxacillin	18	droperidol	54	emoquette	94
dicyclomine	113	drosiprenone-ethinyl estradiol 94		EMPLICITI	24
didanosine	64	DROXIA	23	EMSAM	42
DIFICID	16	droxidopa	77	emtricitabine	64
diflorasone	103	DUAVEE	118	emtricitabine-tenofovir (tdf)... 64	
diflunisal	7	duloxetine	42	EMTRIVA	65
difluprednate	111	DUPIXENT PEN	125	enalapril maleate	78

enalaprilat.....	78	erythromycin-benzoyl peroxide	102	FARYDAK.....	24
enalapril-hydrochlorothiazide	79	.....	102	FASENRA.....	146
ENBREL.....	125, 126	ESBRIET.....	145	FASENRA PEN.....	145
ENBREL MINI.....	125	escitalopram oxalate.....	42	febuxostat.....	51
ENBREL SURECLICK.....	126	esomeprazole sodium.....	112	felbamate.....	37
ENDARI.....	137	estarylla.....	95	felodipine.....	84
endocet.....	4	estazolam.....	11, 12	FEMRING.....	119
ENGERIX-B (PF).....	131	estradiol.....	118	femynor.....	95
ENGERIX-B PEDIATRIC (PF)	131	estradiol valerate.....	118	fenofibrate.....	86
.....	131	estradiol-norethindrone acet.	118	fenofibrate micronized.....	86
ENHERTU.....	24	eszopiclone.....	147	fenofibrate nanocrystallized...	86
enoxaparin.....	70	ethambutol.....	53	fenofibric acid (choline).....	86
enpresse.....	94	ethosuximide.....	37	fenoprofen.....	7
enskyce.....	94	ethynodiol diac-eth estradiol	95	fentanyl.....	4
ENSPRYNG.....	89	etodolac.....	7	fentanyl citrate.....	4
entacapone.....	57	etonogestrel-ethinyl estradiol	95	FERRIPROX.....	117
entecavir.....	69	ETOPOPHOS.....	24	FERRIPROX (2 TIMES A	117
ENTRESTO.....	77	etoposide.....	24	DAY).....	117
enulose.....	113	etravirine.....	65	FETZIMA.....	43
EPANED.....	79	EUCRISA.....	103	FIASP FLEXTOUCH U-100	46
EPCLUSA.....	68	EVENITY.....	136	INSULIN.....	46
EPIDIOLEX.....	37	everolimus	126	FIASP PENFILL U-100	46
epinastine.....	108	(immunosuppressive).....	126	INSULIN.....	46
epinephrine.....	83	EVOTAZ.....	65	FIASP U-100 INSULIN.....	46
epitol.....	37	EVRYSDI.....	137	finasteride.....	116
EPIVIR HBV.....	65	exemestane.....	24	FINTEPLA.....	37
eplerenone.....	87	EXKIVITY.....	24	FIRVANQ.....	13
epoprostenol (glycine).....	148	EXONDYS-51.....	137	flavoxate.....	116
eprosartan.....	77	EXTAVIA.....	89	FLEBOGAMMA DIF.....	126
ERBITUX.....	24	EYSUVIS.....	111	flecainide.....	79
ergoloid.....	41	EZALLOR SPRINKLE.....	86	FLOVENT DISKUS.....	142, 143
ERGOMAR.....	52	ezetimibe.....	86	FLOVENT HFA.....	143
ERIVEDGE.....	24	ezetimibe-simvastatin.....	86	floxuridine.....	24
ERLEADA.....	24	F		fluconazole.....	49
erlotinib.....	24	FABRAZYME.....	106	fluconazole in nacl (iso-osm)	49
errin.....	95	falmina (28).....	95	flucytosine.....	49
ertapenem.....	16	famciclovir.....	69	fludrocortisone.....	120
ery pads.....	101	famotidine.....	112	flumazenil.....	89
erythromycin.....	16, 109	famotidine (pf).....	112	flunisolide.....	111
erythromycin ethylsuccinate..	16	famotidine (pf)-nacl (iso-os)	112	fluocinolone.....	103
erythromycin with ethanol..	101, 102	FANAPT.....	59, 60	fluocinolone acetonide oil....	111
		FARXIGA.....	44	fluocinonide.....	103, 104

fluocinonide-e	104	GAMMAPLEX	126	GRALISE 30-DAY STARTER PACK	38
fluoride (sodium)	100	GAMMAPLEX (WITH SORBITOL)	126	granisetron (pf)	54
fluorometholone	111	GAMUNEX-C	126	granisetron hcl	54
fluorouracil	24, 101	ganciclovir sodium	69	GRANIX	71
fluoxetine	43	GARDASIL 9 (PF)	131	griseofulvin microsize	49
fluphenazine decanoate	60	gatifloxacin	109	griseofulvin ultramicrosize	49
fluphenazine hcl	60	GATTEX 30-VIAL	113	guanfacine	77, 90
flurazepam	12	GAUZE PAD	106	GVOKE HYPOPEN 1-PACK	137
flurbiprofen	7	gavilyte-c	115	GVOKE HYPOPEN 2-PACK	138
flurbiprofen sodium	111	gavilyte-g	115	GVOKE PFS 1-PACK SYRINGE	138
flutamide	24	gavilyte-n	115	GVOKE PFS 2-PACK SYRINGE	138
fluticasone propionate ..	104, 111	GAVRETO	24	H	
fluvastatin	86	GAZYVA	24	HAEGARDA	71
fluvoxamine	43	gemcitabine	24, 25	hailey	95
fomepizole	137	gemfibrozil	86	hailey 24 fe	95
fondaparinux	70	generlac	113	hailey fe 1.5/30 (28)	95
FORTEO	136	gengraf	126	hailey fe 1/20 (28)	95
fosamprenavir	65	GENOTROPIN	121	halobetasol propionate	104
fosaprepitant	54	GENOTROPIN MINIQUICK	121	haloperidol	60
foscarnet	67	gentak	109	haloperidol decanoate	60
fosinopril	79	gentamicin	12, 102, 109	haloperidol lactate	60
fosinopril-hydrochlorothiazide	79	gentamicin sulfate (ped) (pf) ..	12	HARVONI	68
fosphephenytoin	37	gentamicin sulfate (pf)	12	HAVRIX (PF)	131, 132
FOTIVDA	24	GENVOYA	65	heather	95
FREAMINE HBC 6.9 %	76	GILENYA	89	HEMADY	120
FREAMINE III 10 %	76	GILOTRIF	25	heparin (porcine)	70
FULPHILA	71	GIVLAARI	73	heparin, porcine (pf)	70, 71
fulvestrant	24	glatiramer	89, 90	HEPATAMINE 8%	76
furosemide	84	glatopa	90	HERCEPTIN	25
FUZEON	65	glimepiride	48	HERCEPTIN HYLECTA	25
fyavolv	119	glipizide	48	HERZUMA	25
FYCOMPA	37	glipizide-metformin	48	HETLIOZ	147
G		glyburide	48	HETLIOZ LQ	147
gabapentin	37, 38	glyburide micronized	48	HIBERIX (PF)	132
GALAFOLD	106	glyburide-metformin	48	HUMATROPE	121
galantamine	41	glycopyrrolate	114	HUMIRA	127
GAMASTAN	126	glydo	9	HUMIRA PEN	127
GAMIFANT	126	GOCOVRI	57		
GAMMAGARD LIQUID ...	126	GRALISE	38		
GAMMAGARD S-D (IGA < 1 MCG/ML)	126				

HUMIRA PEN CROHNS-UC- HS START.....	126	ibuprofen-famotidine	8	INVEGA HAFYERA	60
HUMIRA PEN PSOR- UVEITS-ADOL HS	127	icatibant.....	83	INVEGA SUSTENNA	60, 61
HUMIRA(CF).....	127	iclevia	95	INVEGA TRINZA	61
HUMIRA(CF) PEDI CROHNS STARTER.....	127	ICLUSIG.....	25	INVELTYS	111
HUMIRA(CF) PEN.....	127	IDHIFA	25	INVIRASE	65
HUMIRA(CF) PEN CROHNS- UC-HS.....	127	ifosfamide	25	IONOSOL-B IN D5W	140
HUMIRA(CF) PEN PEDIATRIC UC.....	127	ILARIS (PF)	127	IONOSOL-MB IN D5W	140
HUMIRA(CF) PEN PSOR-UV- ADOL HS	127	ILEVRO	111	IPOL	132
HUMULIN R U-500 (CONC) INSULIN.....	47	ILUMYA	128	ipratropium bromide	108, 144
HUMULIN R U-500 (CONC) KWIKPEN	47	imatinib	25	ipratropium-albuterol.....	144
hydralazine	83	IMBRUVICA	25	irbesartan	77
hydrochlorothiazide.....	84, 85	IMFINZI	25	irbesartan-hydrochlorothiazide	77
hydrocodone-acetaminophen ...	4	imipenem-cilastatin	16	IRESSA	26
hydrocodone-ibuprofen	4	imipramine hcl.....	43	irinotecan	26
hydrocortisone	104, 120, 134	imipramine pamoate.....	43	ISENTRESS.....	65
hydrocortisone butyrate.....	104	imiquimod.....	101	ISENTRESS HD.....	65
hydrocortisone valerate	104	IMLYGIC	25, 26	isibloom	95
hydrocortisone-acetic acid ...	109	IMOGAM RABIES-HT (PF)	128	ISOLYTE-P IN 5 % DEXTROSE.....	140
hydromorphone.....	4	IMOVAX RABIES VACCINE (PF).....	132	ISOLYTE-S.....	141
hydromorphone (pf)	4	IMPAVIDO	56	isoniazid.....	53
hydroxychloroquine.....	56	INBRIJA	57	isosorbide dinitrate.....	87
hydroxyprogesterone cap(ppres)	124	incassia.....	95	isosorbide mononitrate	88
hydroxyurea	25	INCRELEX	121	isradipine	84
hydroxyzine hcl	51	indapamide.....	85	itraconazole	49
hydroxyzine pamoate	138	indomethacin	8	ivermectin.....	56
HYPERRAB (PF).....	127	INFANRIX (DTAP) (PF)	132	IXEMPRA	26
HYPERRAB S/D (PF).....	127	INFLECTRA	128	IXIARO (PF).....	132
HYQVIA.....	127	INFUGEM.....	26	J	
I		INGREZZA	90	jaimiess	95
ibandronate.....	136	INGREZZA INITIATION PACK.....	90	JAKAFI	26
IBRANCE	25	INLYTA.....	26	jantoven	71
ibu.....	7	INQOVI	26	JANUMET	44
ibuprofen	7	INREBIC	26	JANUMET XR	44
		INSULIN SYRINGE-NEEDLE U-100	106	JANUVIA.....	45
		INTELENCE	65	JARDIANCE.....	45
		INTRALIPID.....	76	jasmiel (28).....	95
		INTRON A	69	JEMPERLI	26
		introvale	95	jencycla.....	95
				JENTADUETO.....	45
				JENTADUETO XR	45

jinteli.....	119	KRYSTEXXA.....	107	levofloxacin.....	19, 109
juleber.....	95	kurvelo (28).....	96	levofloxacin in d5w.....	18
JULUCA.....	65	KYNMOBI.....	57	levoleucovorin calcium.....	138
junel 1.5/30 (21).....	95	KYPROLIS.....	27	levonest (28).....	96
junel 1/20 (21).....	95	L		levonorgestrel-ethinyl estrad..	96
junel fe 1.5/30 (28).....	95	l norgest/e.estradiol-e.estrad...96		levonorg-eth estrad triphasic..	96
junel fe 1/20 (28).....	95	labetalol.....	80	levora-28.....	96
junel fe 24.....	95	LACTATED RINGERS.....	135	levothyroxine.....	124
JUXTAPID.....	86	lactulose.....	114	LEXIVA.....	65
JYNARQUE.....	85	lamivudine.....	65	LIBTAYO.....	27
K		lamivudine-zidovudine.....	65	lidocaine.....	9
KABIVEN.....	76	lamotrigine.....	38	lidocaine (pf).....	9, 79
kalliga.....	95	lansoprazole.....	112, 113	lidocaine hcl.....	9
KALYDECO.....	146	lanthanum.....	115	lidocaine viscous.....	10
KANJINTI.....	26	LANTUS SOLOSTAR U-100		lidocaine-prilocaine.....	10
KANUMA.....	106	INSULIN.....	47	lillow (28).....	96
kariva (28).....	96	LANTUS U-100 INSULIN...47		linezolid.....	13
KATERZIA.....	84	lapatinib.....	27	linezolid in dextrose 5%.....	13
KEDRAB (PF).....	128	larin 1.5/30 (21).....	96	LINZESS.....	114
kelnor 1/35 (28).....	96	larin 1/20 (21).....	96	liothyronine.....	124
kelnor 1-50 (28).....	96	larin 24 fe.....	96	lisinopril.....	79
KESIMPTA PEN.....	90	larin fe 1.5/30 (28).....	96	lisinopril-hydrochlorothiazide	79
ketoconazole.....	49, 50	larin fe 1/20 (28).....	96	lithium carbonate.....	90
ketoprofen.....	8	larissia.....	96	LIVALO.....	86
ketorolac.....	8, 9, 111	latanoprost.....	139	lojaimiess.....	96
KEVEYIS.....	138	LATUDA.....	61	LOKELMA.....	114
KEVZARA.....	128	LAZANDA.....	4	LONSURF.....	27
KEYTRUDA.....	26	ledipasvir-sofosbuvir.....	68	loperamide.....	114
KINERET.....	128	leflunomide.....	128	lopinavir-ritonavir.....	65
KINRIX (PF).....	132	LEMTRADA.....	90	lorazepam.....	12
kionex.....	114	LENVIMA.....	27	lorazepam intensol.....	12
kionex (with sorbitol).....	114	lessina.....	96	LORBRENA.....	27
KISQALI.....	27	letrozole.....	27	lorcet (hydrocodone).....	4
KISQALI FEMARA CO-PACK		leucovorin calcium.....	138	lorcet hd.....	5
.....	26, 27	LEUKERAN.....	27	lorcet plus.....	5
klor-con m10.....	141	LEUKINE.....	71	loryna (28).....	96
klor-con m15.....	141	leuprolide.....	27	losartan.....	77
klor-con m20.....	141	levetiracetam.....	38	losartan-hydrochlorothiazide..	77
KLOXXADO.....	10	levobunolol.....	140	LOTEMAX.....	111
KORLYM.....	45	levocarnitine.....	138	LOTEMAX SM.....	111
KOSELUGO.....	27	levocarnitine (with sugar).....	138	loteprednol etabonate.....	111
KRINTAFEL.....	56	levocetirizine.....	51	lovastatin.....	86

low-ogestrel (28).....	97	MAVENCLAD (6 TABLET PACK)	90	methotrexate sodium.....	28
loxapine succinate	61	MAVENCLAD (7 TABLET PACK)	90	methotrexate sodium (pf)	28
lo-zumandimine (28).....	97	MAVENCLAD (8 TABLET PACK)	90	methoxsalen.....	101
lubiprostone	114	MAVENCLAD (9 TABLET PACK)	90	methscopolamine	114
LUCEMYRA	10	MAVYRET	68	methyl dopa	77
LUMAKRAS	28	MAYZENT.....	90	methyl dopa-hydrochlorothiazide	77
LUMIGAN.....	140	MAYZENT STARTER PACK	91	methylphenidate hcl.....	91
LUMOXITI.....	28	meclizine.....	55	methylprednisolone.....	120
LUPRON DEPOT	28, 122	medroxyprogesterone.....	124	methylprednisolone acetate ..	120
LUPRON DEPOT (3 MONTH)	28, 121	mefenamic acid.....	9	methylprednisolone sodium succ	120
LUPRON DEPOT (4 MONTH)	28	mefloquine	56	metipranolol	140
LUPRON DEPOT (6 MONTH)	28	megestrol.....	28, 124	metoclopramide hcl	114
LUPRON DEPOT-PED	122	MEKINIST	28	metolazone	85
LUPRON DEPOT-PED (3 MONTH).....	122	MEKTOVI.....	28	metoprolol succinate.....	81
lutera (28).....	97	meloxicam.....	9	metoprolol ta-hydrochlorothiaz	81
LYBALVI	61	melphalan hcl.....	28	metoprolol tartrate.....	81
lyleq.....	97	memantine.....	41	metronidazole.....	14, 52, 102
lyllana	119	MENACTRA (PF)	132	metronidazole in nacl (iso-os)	14
LYNPARZA	28	MENQUADFI (PF).....	132	metyrosine	83
LYSODREN	28	MENVEO A-C-Y-W-135-DIP (PF).....	132	mexiletine	80
lyza	97	MEPSEVII.....	107	MIACALCIN	136
M		mercaptapurine	28	miconazole-3	50
magnesium sulfate	141	meropenem	17	microgestin fe 1/20 (28)	97
magnesium sulfate in d5w ...	141	merzee	97	midazolam	12
magnesium sulfate in water .	141	mesalamine	134, 135	midodrine.....	77
malathion.....	105	mesna	138	miglitol	45
maprotiline	43	MESNEX.....	138	miglustat	107
marlissa (28)	97	metadate er.....	91	mili	97
MARPLAN	43	metaproterenol.....	144	milrinone	83
MARQIBO.....	28	metformin	45	mimvey	119
MATULANE	28	methadone.....	5	minitrans.....	88
matzim la.....	82	methadose	5	minocycline	20
MAVENCLAD (10 TABLET PACK).....	90	methazolamide.....	140	minoxidil	88
MAVENCLAD (4 TABLET PACK).....	90	methenamine hippurate.....	14	mirtazapine	43
MAVENCLAD (5 TABLET PACK).....	90	methimazole.....	124	misoprostol	113
		methocarbamol	147	MITIGARE	51
				mitoxantrone	29
				M-M-R II (PF)	132
				moexipril	79

molindone	61	neomycin-bacitracin-poly-hc	109	norethindrone (contraceptive)	97
mometasone	104, 111	neomycin-bacitracin-polymyxin	109	norethindrone acetate	124
mondoxylene nl	20	.....	109	norethindrone ac-eth estradiol	97, 119
MONJUVI.....	29	neomycin-polymyxin b gu	102	norethindrone-e.estradiol-iron	97
mono-linyah	97	neomycin-polymyxin b-	109	norgestimate-ethinyl estradiol	97
montelukast	143	dexameth.....	109	norlyda	97
morphine	5	neomycin-polymyxin-	109	NORMOSOL-M IN 5 %	
MORPHINE.....	5	gramicidin	109	DEXTROSE	141
morphine concentrate	5	neomycin-polymyxin-hc	110	NORMOSOL-R PH 7.4.....	141
MOVANTIK.....	114	neo-polycin	110	nortrel 0.5/35 (28).....	97
moxifloxacin	19, 109	neo-polycin hc	110	nortrel 1/35 (21)	98
MOZOBIL	71	NEOSPORIN GU IRRIGANT	102	nortrel 1/35 (28)	98
MULPLETA	72	.....	102	nortrel 7/7/7 (28).....	98
MULTAQ	80	NEPHRAMINE 5.4 %.....	76	nortriptyline	43
mupirocin	102	NERLYNX	29	NORVIR.....	66
MVASI.....	29	NEULASTA	72	NOVOLIN 70/30 U-100	
MYCAPSSA.....	122	NEUPOGEN.....	72	INSULIN	47
mycophenolate mofetil	128	NEUPRO	58	NOVOLIN 70-30 FLEXPEN U-	
mycophenolate mofetil (hcl)	128	nevirapine	65, 66	100	47
MYLOTARG.....	29	NEXAVAR.....	29	NOVOLIN N FLEXPEN	47
MYRBETRIQ.....	116	NEXLETOL	86	NOVOLIN N NPH U-100	
N		NEXLIZET	86	INSULIN	47
nabumetone	9	niacin	86	NOVOLIN R FLEXPEN.....	47
nadolol.....	81	niacor.....	87	NOVOLIN R REGULAR U-	
nafcillin	18	nicardipine	84	100 INSULN.....	47
nafcillin in dextrose iso-osm..	18	NICOTROL	11	NOVOLOG FLEXPEN U-100	
NAGLAZYME	107	nifedipine	84	INSULIN	47
naloxone	10	nikki (28).....	97	NOVOLOG MIX 70-30 U-100	
naltrexone	10	nilutamide	29	INSULN	47
NAMZARIC	41	NINLARO	29	NOVOLOG MIX 70-	
naproxen.....	9	nitazoxanide.....	56	30FLEXPEN U-100	47
naproxen-esomeprazole.....	9	nitisinone.....	107	NOVOLOG PENFILL U-100	
naratriptan	52	nitrofurantoin macrocrystal ...	14	INSULIN	48
NARCAN.....	10	nitrofurantoin monohyd/m-cryst	14	NOVOLOG U-100 INSULIN	
NATACYN	109	.....	14	ASPART	48
nateglinide.....	45	nitroglycerin.....	88	NOXAFIL	50
NATPARA.....	136	NITYR	107	NPLATE	72
NAYZILAM	38	NIVESTYM.....	72	NUBEQA	29
nebivolol.....	81	nizatidine.....	113	NUCALA	146
necon 0.5/35 (28).....	97	NOCDURNA (MEN)	122	NUEDEXTA	91
nefazodone	43	NOCDURNA (WOMEN)	122	NULOJIX	128
neomycin	12	NORDITROPIN FLEXPRO	122		

NUPLAZID	61	ONIVYDE	29	paricalcitol	136
NURTEC ODT	52	ONTRUZANT	29	paroex oral rinse	100
NUTRILIPID	76	ONUREG	29	paromomycin	56
NUTROPIN AQ NUSPIN ..	122	OPDIVO	29	paroxetine hcl	43
nyamyc	50	OPSUMIT	148	PAXIL	43
nylia 7/7/7 (28)	98	oralone	100	PEDIARIX (PF)	132
nymyo	98	ORENCIA	128	PEDVAX HIB (PF)	132
nystatin	50	ORENCIA (WITH MALTOSE)	128	PEGANONE	39
nystatin-triamcinolone ..	50	.....	128	PEGASYS	69
nystop	50	ORENCIA CLICKJECT	128	PEGINTRON	69
NYVEPRIA	72	ORFADIN	107	PEMAZYRE	30
O		ORGOVYX	123	PEN NEEDLE, DIABETIC .	106
OCALIVA	114	ORLISSA	123	penicillamine	117
OCREVUS	91	ORKAMBI	146	penicillin g potassium	18
OCTAGAM	128	ORLADEYO	72	penicillin g procaine	18
octreotide acetate	122	orsythia	98	penicillin v potassium	18
ODEFSEY	66	oseltamivir	67	PENNSAID	9
ODOMZO	29	OSMOLEX ER	58	PENTACEL (PF)	133
OFEV	146	OTEZLA	128	pentamidine	56
ofloxacin	110	OTEZLA STARTER	129	pentoxifylline	73
ogestrel (28)	98	oxaliplatin	29	PEPAXTO	30
OGIVRI	29	oxandrolone	117	PERIKABIVEN	76
okebo	20	oxazepam	12	perindopril erbumine	79
olanzapine	61, 62	oxcarbazepine	38, 39	periogard	100
olmesartan	78	OXLUMO	138	PERJETA	30
olmesartan-amlodipin-hcthia		OXTELLAR XR	39	permethrin	105
.....	78	oxybutynin chloride	116	perphenazine	62
olmesartan-hydrochlorothiazide		oxycodone	5, 6	perphenazine-amitriptyline	43
.....	78	oxycodone-acetaminophen	6	PERSERIS	62
olopatadine	108	oxycodone-aspirin	6	pfizerpen-g	18
OLUMIANT	128	OXYCONTIN	6	phenadoz	55
omega-3 acid ethyl esters	87	oxymorphone	6	phenelzine	43
omeprazole	113	OZEMPIC	45	phenobarbital	39
omeprazole-sodium bicarbonate		P		phenylephrine hcl	77
.....	113	pacerone	80	phenytoin	39
OMNIPOD / VGO	106	paclitaxel	29	phenytoin sodium	39
OMNITROPE	122	PADCEV	29	phenytoin sodium extended	39
ONCASPAR	29	paliperidone	62	PHESGO	30
ondansetron	55	PALYNZIQ	107	philith	98
ondansetron hcl	55	pamidronate	136	PHOSLYRA	115
ondansetron hcl (pf)	55	PANRETIN	101	PICATO	101
ONGENTYS	58	pantoprazole	113	PIFELTRO	66

pilocarpine hcl	100, 140	pregabalin	39	propylthiouracil.....	124
pimecrolimus	104	PREMARIN.....	119	PROQUAD (PF).....	133
pimozide.....	62	PREMPHASE.....	119	PROSOL 20 %.....	76
pimtree (28).....	98	PREMPRO.....	119	protamine.....	73
pindolol	81	PRETOMANID.....	53	protriptyline.....	43
pioglitazone.....	45	prevalite	87	PULMOZYME	107
piperacillin-tazobactam	18	previfem.....	98	PURIXAN	30
PIQRAY	30	PREVYMIS.....	67, 68	pyrazinamide.....	53
pirmella	98	PREZCOBIX.....	66	pyridostigmine bromide.....	138
piroxicam	9	PREZISTA.....	66	pyrimethamine	56
PLASMA-LYTE 148.....	141	PRIFTIN	53	Q	
PLASMA-LYTE A	141	PRIMAQUINE.....	56	QBRELIS	79
PLEGRIDY.....	91, 92	primidone.....	39	QINLOCK.....	30
podofilox	101	PRIVIGEN.....	129	QUADRACEL (PF).....	133
POLIVY	30	PROAIR RESPICLICK.....	144	quetiapine	62
polycin.....	110	probenecid.....	51	quinapril.....	79
polymyxin b sulfate.....	14	probenecid-colchicine.....	51	quinapril-hydrochlorothiazide	79
polymyxin b sulf-trimethoprim		procainamide	80	quinidine gluconate.....	80
.....	110	PROCALAMINE 3%	76	quinidine sulfate.....	80
POMALYST	30	prochlorperazine.....	55	quinine sulfate.....	56
PONVORY	92	prochlorperazine edisylate.....	55	R	
PONVORY 14-DAY		prochlorperazine maleate.....	55	RABAVERT (PF).....	133
STARTER PACK.....	92	procto-med hc.....	104	rabeprazole	113
portia 28	98	procto-pak	104	RADICAVA.....	92
PORTRAZZA.....	30	proctosol hc.....	104	raloxifene.....	119
posaconazole.....	50	proctozone-hc	105	ramipril	79
potassium chloride.....	141, 142	progesterone.....	124	ranolazine	83
potassium chloride-0.45 % nacl		progesterone micronized.....	124	rasagiline	58
.....	142	PROGRAF.....	129	RASUVO (PF).....	129
potassium citrate.....	142	PROLASTIN-C	146	RAVICTI.....	114
PRADAXA	71	PROLENSA.....	112	RAYALDEE	136
PRALUENT PEN.....	87	PROLEUKIN	30	REBIF (WITH ALBUMIN)...	92
pramipexole	58	PROLIA.....	136	REBIF REBIDOSE	92
prasugrel.....	73	PROMACTA.....	72	REBIF TITRATION PACK ..	92
pravastatin.....	87	promethazine	51, 55	reclipsen (28).....	98
prazosin	77	promethegan	55	RECOMBIVAX HB (PF)	133
prednicarbate.....	104	propafenone	80	RECTIV.....	139
prednisolone.....	120	propantheline.....	114	REGANEX.....	101
prednisolone acetate.....	112	proparacaine.....	108	RELENZA DISKHALER.....	68
prednisolone sodium phosphate		propranolol.....	81	RELISTOR.....	114
.....	112, 120	propranolol-hydrochlorothiazid		REMICADE.....	129
prednisone	120	.....	81	RENFLEXIS	129

repaglinide.....	45	ROTATEQ VACCINE	133	simpesse.....	98
repaglinide-metformin.....	45	ROZLYTREK	31	SIMPONI.....	129
REPATHA PUSHTRONEX..	87	RUBRACA	31	SIMPONI ARIA	129
REPATHA SURECLICK.....	87	rufinamide.....	39	simvastatin.....	87
REPATHA SYRINGE	87	RUKOBIA	66	sirolimus	129
RESCRIPTOR	66	RUXIENCE	31	SIRTURO	54
RESTASIS	112	RYBELSUS.....	46	SKYRIZI	129, 130
RETACRIT	72	RYBREVANT.....	31	SLYND	98
RETEVMO	30	RYDAPT	31	sodium chloride 0.9 %.....	142
RETROVIR	66	S		sodium fluoride-pot nitrate...100	
REVCOVI.....	107	SAIZEN	123	sodium phenylbutyrate	114
REVLIMID	30	SAIZEN CLICK.EASY	123	sodium polystyrene (sorb free)	
revonto.....	147	SAIZEN SAIZENPREP	123	.....	115
REXULTI	62	SANDOSTATIN LAR DEPOT		sodium polystyrene sulfonate	
REYATAZ.....	66	.....	123	.....	115
REYVOW	52	SANTYL.....	101	sofosbuvir-velpatasvir	68
REZUROCK.....	129	sapropterin	107	SOLQUA 100/33.....	48
RHOPRESSA	140	SARCLISA	31	SOLTAMOX.....	31
RIABNI.....	30	SAVELLA.....	92	SOLU-CORTEF ACT-O-VIAL	
ribasphere.....	69	scopolamine base.....	55	(PF)	121
ribasphere ribapak	69	SECUADO	63	SOMATULINE DEPOT	123
ribavirin	69	selegiline hcl	58	SOMAVERT	123
RIDAURA	129	selenium sulfide.....	102	sorine.....	81
rifabutin	53	SELZENTRY	66	sotalol.....	81
rifampin	53, 54	SE-NATAL-19	148	sotalol af	81
riluzole.....	92	SEREVENT DISKUS.....	144	SOVALDI	68
rimantadine	68	SEROSTIM	123	SPIRIVA RESPIMAT	144
RINVOQ	129	sertraline.....	43, 44	SPIRIVA WITH	
risedronate.....	136	setlakin	98	HANDIHALER	144
RISPERDAL CONSTA.....	62	sevelamer carbonate	115	spironolactone	85
risperidone.....	62, 63	sevelamer hcl	115, 116	spironolacton-hydrochlorothiaz	
ritonavir	66	sf 5000 plus.....	100	.....	85
RITUXAN.....	31	sharobel.....	98	SPRAVATO.....	44
RITUXAN HYCELA.....	31	SHINGRIX (PF).....	133	sprintec (28).....	98
rivastigmine	41	SIGNIFOR.....	123	SPRITAM.....	39
rivastigmine tartrate.....	41	SIKLOS	73	SPRYCEL	31
rizatriptan	52, 53	sildenafil (pulm.hypertension)		sps (with sorbitol)	115
ROCKLATAN.....	140	.....	148	sronyx	98
ropinirole.....	58	SILIQ	129	ssd	102
rosadan	102	silver sulfadiazine.....	102	stavudine.....	66
rosuvastatin	87	SIMBRINZA	140	STELARA	130
ROTARIX.....	133	simliya (28).....	98	STERILE PADS	106

STIMATE	123	SYNRIBO	31	tenofovir disoproxil fumarate.	67
STIOLTO RESPIMAT	144	T		TEPEZZA	108
STIVARGA	31	TABLOID	31	TEPMETKO	32
STRENSIQ	107	TABRECTA	31	terazosin	116
streptomycin	12	tacrolimus	105, 130	terbinafine hcl	50
STRIBILD	66	tadalafil	148	terbutaline	145
STRIVERDI RESPIMAT	145	tadalafil (pulm. hypertension)		terconazole	52
SUBLOCADE	11	.....	148	testosterone	118
subvenite	39	TAFINLAR	31	testosterone cypionate	117
sucralfate	113	TAGRISSO	32	testosterone enanthate	118
sulfacetamide sodium	110	TAKHZYRO	139	TETANUS, DIPHThERIA TOX	
sulfacetamide sodium (acne)	102	TALTZ AUTOINJECTOR ...	130	PED(PF)	133
sulfacetamide-prednisolone .	110	TALTZ SYRINGE	130	tetrabenazine	92
sulfadiazine	19	TALTZ SYRINGE (2 PACK)		tetracycline	20
sulfamethoxazole-trimethoprim		.....	130	THALOMID	139
.....	19	TALTZ SYRINGE (3 PACK)		theophylline	145
sulfasalazine	135	.....	130	THIOLA EC	116
sulindac	9	TALZENNA	32	thioridazine	63
sumatriptan	53	tamoxifen	32	thiotepa	32
sumatriptan succinate	53	tamsulosin	116	thiothixene	63
sunitinib	31	TARGRETIN	32	tiadylt er	82
SUNOSI	147	tarina 24 fe	98	tiagabine	40
SUPPRELIN LA	123	tarina fe 1-20 eq (28)	98	TIBSOVO	32
SUPREP BOWEL PREP KIT		TASIGNA	32	TICE BCG	32
.....	115	TAVALISSE	73	tigecycline	20
SUTAB	115	tazarotene	105	timolol maleate	81, 140
syeda	98	TAZORAC	105	tinidazole	56
SYLATRON	31	taztia xt	82	tiopronin	116
SYLVANT	31	TAZVERIK	32	TIVDAK	32
SYMBICORT	143	TDVAX	133	TIVICAY	67
SYMDEKO	146	TECENTRIQ	32	TIVICAY PD	67
SYMJEPI	83	TEFLARO	16	tizanidine	147
SYMLINPEN 120	46	telmisartan	78	TOBI PODHALER	12
SYMLINPEN 60	46	telmisartan-amlodipine	78	tobramycin	12, 110
SYMPAZAN	39, 40	telmisartan-hydrochlorothiazid		tobramycin in 0.225 % nacl ...	12
SYMTUZA	66	.....	78	tobramycin sulfate	13
SYNAGIS	68	temazepam	12	tobramycin-dexamethasone ..	110
SYNAREL	123	TEMIXYS	67	TOLAK	101
SYNDROS	55	TEMODAR	32	tolmetin	9
SYNERCID	14	temsirolimus	32	tolterodine	116
SYNJARDY	46	tencon	6	topiramate	40
SYNJARDY XR	46	TENIVAC (PF)	133	toposar	32

topotecan	32	tri-linyah.....	99	UKONIQ	33
toremifene	32	tri-lo-estarylla	99	UNITUXIN	33
torseamide	85	tri-lo-marzia	99	UPTRAVI.....	148
TOTECT	139	tri-lo-mili.....	99	ursodiol	115
TOUJEO MAX U-300		tri-lo-sprintec	99	V	
SOLOSTAR.....	48	trilyte with flavor packets	115	valacyclovir	69
TOUJEO SOLOSTAR U-300		trimethoprim	14	VALCHLOR	101
INSULIN.....	48	tri-mili	99	valganciclovir	70
TOVIAZ.....	116	trimipramine	44	valproate sodium	40
TRACLEER.....	148	TRINTELLIX.....	44	valproic acid	40
TRADJENTA	46	tri-nymyo	99	valproic acid (as sodium salt).....	40
tramadol.....	6	tri-previfem (28).....	99	valrubicin.....	33
tramadol-acetaminophen	6	TRIPTODUR.....	123	valsartan.....	78
trandolapril	79	tri-sprintec (28).....	99	valsartan-hydrochlorothiazide.....	78
tranexamic acid.....	73	TRIUMEQ	67	VALTOCO	40
tranylcypropromine.....	44	trivora (28).....	99	vancomycin	14
TRAVASOL 10 %	76	tri-vylibra	99	VAQTA (PF).....	134
travoprost	140	tri-vylibra lo.....	99	VARIVAX (PF)	134
travoprost (benzalkonium) ...	140	TRODEL VY	33	VASCEPA.....	87
TRAZIMERA	32	TROGARZO	67	VECTIBIX	33
trazodone.....	44	TROPHAMINE 10 %	76	VEKLURY	70
TREANDA	33	TROPHAMINE 6%	76	VELCADE	33
TRECATOR	54	trospium	116	velivet triphasic regimen (28).....	99
TRELEGY ELLIPTA	145	TRULANCE.....	115	VELPHORO	116
TRELSTAR	33	TRULICITY	46	VEMLIDY	67
TREMFYA	130	TRUMENBA.....	133	VENCLEXTA.....	33, 34
treprostiril sodium.....	148	TRUSELTIQ	33	VENCLEXTA STARTING	
tretinoin	105	TRUXIMA.....	33	PACK	34
tretinoin (antineoplastic)	33	TUKYSA	33	venlafaxine	44
tri femynor	98	tulana	99	verapamil	82
triamcinolone acetonide	100,	TURALIO	33	VEREGEN	101
105, 121		TWINRIX (PF).....	134	VERSACLOZ	63
triamterene-hydrochlorothiazid		tyblume	99	VERZENIO	34
.....	85	TYBOST	139	vestura (28).....	99
triazolam.....	12	TYMLOS	136	VIBERZI	115
trientine	117	TYPHIM VI.....	134	vicodin hp	6
tri-estarylla	98	TYSABRI	130	VICTOZA	46
trifluoperazine.....	63	TYVASO	148	VIDEX 2 GRAM PEDIATRIC	
trifluridine	110	U		.....	67
trihexyphenidyl.....	58	UBRELVY	53	VIEKIRA PAK	68
TRIKAFTA.....	146	UCERIS	135	vienna.....	99
tri-legest fe	99	UDENYCA.....	72	vigabatrin.....	40

vigadrone.....	40	XATMEP.....	34	zebutal.....	6
VIIBRYD.....	44	XCOPRI.....	40	ZEJULA.....	35
VIMIZIM.....	107	XCOPRI MAINTENANCE		ZELBORAF.....	35
VIMPAT.....	40	PACK.....	40	zenatane.....	101
vinblastine.....	34	XCOPRI TITRATION PACK		ZENPEP.....	107
vincasar pfs.....	34	.....	41	ZEPATIER.....	68
vincristine.....	34	XELJANZ.....	130	ZEPOSIA.....	92
vinorelbine.....	34	XELJANZ XR.....	130	ZEPOSIA STARTER KIT.....	92
violele (28).....	99	XELPROS.....	140	ZEPOSIA STARTER PACK.....	93
VIRACEPT.....	67	XERMELO.....	115	ZEPZELCA.....	35
VIREAD.....	67	XGEVA.....	137	zidovudine.....	67
VISTOGARD.....	139	XHANCE.....	112	ZIEXTENZO.....	73
VITRAKVI.....	34	XIFAXAN.....	14	ZIOPTAN (PF).....	140
VIZIMPRO.....	34	XIGDUO XR.....	46	ziprasidone hcl.....	63
VOCABRIA.....	67	XIIDRA.....	112	ziprasidone mesylate.....	63
volnea (28).....	99	XOFLUZA.....	68	ZIRABEV.....	35
voriconazole.....	50	XOLAIR.....	146	ZIRGAN.....	110
VOSEVI.....	68	XOSPATA.....	34	ZOLADEX.....	36
VOTRIENT.....	34	XPOVIO.....	34, 35	zoledronic acid.....	137
VPRIV.....	107	XTAMPZA ER.....	6	zoledronic acid-mannitol-water	
VRAYLAR.....	63	XTANDI.....	35	.....	137
VUMERITY.....	92	xulane.....	99	ZOLINZA.....	36
VYEPTI.....	53	XULTOPHY 100/3.6.....	48	zolmitriptan.....	53
vyfemla (28).....	99	XURIDEN.....	139	zolpidem.....	147
vylibra.....	99	XYOSTED.....	118	ZOMACTON.....	123, 124
VYNDAMAX.....	83	XYREM.....	147	zonisamide.....	41
VYNDAQEL.....	83	XYWAV.....	147	ZORBTIVE.....	124
VYXEOS.....	34	Y		ZORTRESS.....	130
VYZULTA.....	140	YERVOY.....	35	ZOSTAVAX (PF).....	134
W		YF-VAX (PF).....	134	zovia 1/35e (28).....	100
warfarin.....	71	YONDELIS.....	35	ZTLIDO.....	10
WELCHOL.....	87	YONSA.....	35	ZULRESSO.....	44
WELIREG.....	34	yuvaferm.....	119	zumandimine (28).....	100
wera (28).....	99	Z		ZYDELIG.....	36
X		zafemy.....	100	ZYKADIA.....	36
XADAGO.....	58	zafirlukast.....	143	ZYLET.....	110
XALKORI.....	34	zaleplon.....	147	ZYNLONTA.....	36
XARELTO.....	71	ZALTRAP.....	35	ZYPREXA RELPREVV.....	63
XARELTO DVT-PE TREAT		zarah.....	100	ZYTIGA.....	36
30D START.....	71	ZARXIO.....	73		



ASPIRE HEALTH PLAN

Your Medicare Advantage.

All-in-one plans. Exceptional service. Great value.

in collaboration with



Community Hospital
of the Monterey Peninsula
Montage Health



Salinas Valley
Memorial
Healthcare System

This formulary was updated on 10/25/2021

For more recent information or other questions,
please contact Aspire Health Plan.

(888) 495-3160 | TTY users 711
24 hours a day, 7 days a week or visit
www.aspirehealthplan.org

Other providers are available in our network.

Member Services (855) 570-1600 (TTY:711)
10 Ragsdale Drive, Suite 101 | Monterey, CA 93940
www.aspirehealthplan.org