



Medicare Blue Choice® Advanced (HMO-POS)
Medicare Blue Choice® Optimum (HMO-POS)
Medicare Blue Choice® Select (HMO)
Medicare Blue Choice® Value (HMO)
Medicare Blue Choice® Value Plus (HMO-POS)

**2019 Formulary
(List of Covered Drugs)**

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

This formulary was updated on 8/23/2018. For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-877-883-9577 or, for TTY users, 1-800-421-1220, Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. – 8:00 p.m., or visit ExcellusMedicare.com/Formulary.

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.

Excellus BlueCross BlueShield contracts with the Federal Government and is an HMO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.



When this drug list (formulary) refers to “we,” “us,” or “our,” it means Excellus BlueCross BlueShield. When it refers to “plan” or “our plan,” it means Excellus BlueCross BlueShield.

This document includes a list of the drugs (formulary) for our plan which is current as of 8/23/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Medicare Blue Choice[®] Advanced (HMO-POS), Medicare Blue Choice[®] Optimum (HMO-POS), Medicare Blue Choice[®] Select (HMO), Medicare Blue Choice[®] Value (HMO) and Medicare Blue Choice[®] Value Plus (HMO-POS) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a 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?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **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 new generic drug 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 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.

The enclosed formulary is current as of 8/23/2018. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If an update to the formulary causes changes to any of the drugs you take, we will notify you 30 days prior to the effective date of the change. The updated formulary will be on our website and a printed copy can be requested on our website or by calling us at the telephone numbers found on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 90. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Medicare Blue Choice® Advanced (HMO-POS), Medicare Blue Choice® Optimum (HMO-POS), Medicare Blue Choice® Select (HMO), Medicare Blue Choice® Value (HMO) and Medicare Blue Choice® Value Plus (HMO-POS) Formulary?” on page III 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 Customer Care and ask if your drug is covered.

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

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

How do I request an exception to the Medicare Blue Choice® Advanced (HMO-POS), Medicare Blue Choice® Optimum (HMO-POS), Medicare Blue Choice® Select (HMO), Medicare Blue Choice® Value (HMO) and Medicare Blue Choice® Value Plus (HMO-POS) Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception.

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

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

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

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

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

Any member experiencing a level of care change, such as a change in their treatment setting, will be provided a one time, up to 31-day supply of medication. This includes emergency supplies of non-formulary drugs and most Part D drugs which require prior authorization or step therapy, or that have an approved quantity limit lower than the beneficiary's current dose.

For more information

For more detailed information about your Excellus BlueCross BlueShield prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Excellus BlueCross BlueShield's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 90.

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

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

EXPLANATION OF REQUIREMENTS/LIMITS	
QUANTITY LIMITS (QL)	For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 30 tablets per prescription for JANUVIA.
PRIOR AUTHORIZATION (PA)	Certain medications require prior authorization. This means that you need approval before you fill your prescription. If you don't get approval, the drug may not be covered.
STEP THERAPY (ST)	In some cases, we require 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
VERIFICATION FOR PART B OR PART D (B/D PA)	These medications require prior authorization only to determine whether they qualify for payment under Part B or Part D.

EXPLANATION OF TIERS: 30-DAY SUPPLY

	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
Medicare Blue Choice® Advanced (HMO-POS)	\$0	\$15	\$47 [‡]	\$100 [‡]	27% [‡]
Medicare Blue Choice® Optimum (HMO-POS)	\$0	\$12	\$47	\$100	33%
Medicare Blue Choice® Select (HMO)	\$0	\$15	\$47 [*]	\$100 [*]	26% [*]
Medicare Blue Choice® Value (HMO)	\$0	\$15	\$47 ⁺	\$100 ⁺	28% ⁺
Medicare Blue Choice® Value Plus (HMO-POS)	\$0	\$15	\$47	\$100	33%
[‡] \$300 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5. [*] \$360 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5. ⁺ \$225 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5.					

EXPLANATION OF TIERS: 90-DAY SUPPLY

Save money with a 90-day supply on drugs in Tier 1 through Tier 4.

Available through Mail Order and many Retail Pharmacies	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
Medicare Blue Choice® Advanced (HMO-POS)	\$0	\$30	\$94 [‡]	\$200 [‡]	27% [‡]
Medicare Blue Choice® Optimum (HMO-POS)	\$0	\$24	\$94	\$200	33%
Medicare Blue Choice® Select (HMO)	\$0	\$30	\$94 [*]	\$200 [*]	26% [*]
Medicare Blue Choice® Value (HMO)	\$0	\$30	\$94 ⁺	\$200 ⁺	28% ⁺
Medicare Blue Choice® Value Plus (HMO-POS)	\$0	\$30	\$94	\$200	33%
[‡] \$300 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5. [*] \$360 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5. ⁺ \$225 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5.					

DESCRIPTION OF TIERS	
TIER 1	Preferred Generic: Select generic drugs that are used for maintenance of health for chronic conditions and offer clinical and cost savings advantages. Includes many of the preventive vaccines recommended for adult immunization.
TIER 2	Generic: Most other generic drugs on our formulary.
TIER 3	Preferred Brand: Preferred brand-name drugs that have unique significant clinical advantages and offer overall greater value over the other products in the same drug class. Certain generic drugs may appear in Tier 3 due to the high cost of the drug or the potential safety concerns for our Part D members.
TIER 4	Non-Preferred Drug: All other brand-name drugs on our formulary. Certain generic drugs may appear in Tier 4 due to the high cost of the drug or the potential safety concerns for our Part D members.
TIER 5	Specialty: High cost specialty generic and brand-name drugs that exceed \$670 per month. For drugs in Tier 5, you pay a percentage of the cost through coinsurance.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS		
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA	Tier 4	ST
<i>buprenorphine patch</i>	Tier 4	ST
BUTRANS	Tier 4	ST
EMBEDA	Tier 4	ST
<i>fentanyl (12 patch, 25 patch, 50 patch, 75 patch, 100 patch)</i>	Tier 2	ST
<i>fentanyl (62.5 patch, 87.5 patch)</i>	Tier 5	ST
<i>fentanyl 37.5 mcg/hr patch</i>	Tier 4	ST
<i>hydromorphone er</i>	Tier 3	ST
HYSINGLA ER (ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET)	Tier 4	ST
HYSINGLA ER (ER 80 MG TABLET, ER 100 MG TABLET, ER 120 MG TABLET)	Tier 5	ST
<i>morphine sulfate er (er 10 mg cap, er 20 mg cap, er 30 mg cap, er 45 mg cap, er 50 mg cap, er 60 mg cap, er 75 mg cap, er 80 mg cap, er 90 mg cap, er 100 mg cap, er 120 mg cap)</i>	Tier 3	ST
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	Tier 2	ST
NUCYNTA ER	Tier 4	ST
<i>oxycodone hcl er</i>	Tier 4	ST
OXYCONTIN	Tier 4	ST
<i>oxymorphone hcl er</i>	Tier 3	ST
<i>tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, hcl er 100 mg capsule, hcl er 100 mg tablet, hcl er 200 mg tablet, hcl er 200 mg capsule, hcl er 300 mg capsule, hcl er 300 mg tablet)</i>	Tier 3	ST
XARTEMIS XR	Tier 4	ST
XTAMPZA ER	Tier 4	ST
ZOHYDRO ER	Tier 4	ST
OPIOID ANALGESICS, SHORT-ACTING		
ABSTRAL	Tier 5	PA
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen-cod #3 tablet, acetaminophen-cod #4 tablet)</i>	Tier 2	
ACTIQ	Tier 5	PA
<i>asa-butalb-caffeine-codeine</i>	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
ASCOMP WITH CODEINE	Tier 4	
<i>aspirin-caffeine-dihydrocodein</i>	Tier 2	
BUPRENEX	Tier 4	
<i>buprenorphine hcl (0.3 mg/ml syring, 0.3 mg/ml vial, 2 mg tablet sl, 8 mg tablet sl)</i>	Tier 2	
<i>butalb-acetaminoph-caff-codein</i>	Tier 4	
<i>butalb-caff-acetaminoph-codein</i>	Tier 4	
<i>butalbital compound-codeine</i>	Tier 4	
<i>butalbital-acetaminophen (50-325, 50-300)</i>	Tier 4	
<i>butalbital-acetaminophen-caff (butalb-acetamin-caff 50-325-40, butalb-acetamin-caff 50-300-40, butalbit-acetaminophen-caff cp)</i>	Tier 4	
<i>butalbital-aspirin-caffeine</i>	Tier 4	
<i>butorphanol tartrate</i>	Tier 4	
<i>codeine sulfate</i>	Tier 2	
DISKETS	Tier 2	
DURAMORPH	Tier 2	
ENDOCET	Tier 2	
<i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)</i>	Tier 5	PA
<i>fentanyl citrate oftc 200 mcg</i>	Tier 4	PA
FENTORA	Tier 5	PA
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-325, hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-325 mg, hydrocodone-acetamin 5-300 mg, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 5-163/7.5, hydrocodone-acetamin 7.5-300, hydrocodone-acetamin 7.5-325, hydrocodone-acetamin 10-325/15, hydrocodone-acetamin 10-325 mg, hydrocodone-acetamin 10-300 mg, hydrocodone-acetamn 7.5-325/15)</i>	Tier 2	
<i>hydrocodone-ibuprofen</i>	Tier 2	
<i>hydromorphone hcl (0.5 mg/0.5 ml, hcl 1 mg/ml amp, 1 mg/ml carpuct, 1 mg/ml syringe, 1 mg/ml solution, 2 mg/ml carpuct, 2 mg/ml vial, hcl 2 mg/ml amp, 2 mg tablet, 2 mg/ml isecure, hcl 4 mg/ml amp, 4 mg/ml carpuct, 4 mg tablet, 5 mg/5 ml soln, 8 mg tablet, hcl 10 mg/ml vl, 10 mg/ml vial, hcl 10 mg/ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl, 500 mg/50 ml via)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
INFUMORPH	Tier 4	
LAZANDA	Tier 5	PA
<i>levorphanol tartrate</i>	Tier 5	
LORCET	Tier 2	
LORCET HD	Tier 2	
LORCET PLUS	Tier 2	
MARGESIC	Tier 4	
<i>methadone hcl (5 mg/5 ml solution, hcl 5 mg tablet, hcl 10 mg/ml vial, 10 mg/ml oral conc, 10 mg/5 ml solution, hcl 10 mg tablet, hcl 200 mg/20 ml vl)</i>	Tier 2	
METHADONE INTENSOL	Tier 2	
METHADOSE (10 MG/ML ORAL CONC, 40 MG TABLET DISPR)	Tier 2	
<i>morphine sulfate (0.5 mg/ml vial, 1 mg/ml vial p-f, sulfate 1 mg/ml vial, 2 mg/ml isecure syr, 2 mg/ml carpject, 4 mg/ml syringe, 4 mg/ml carpject, 4 mg/ml isecure syr, 5 mg/ml syringe, 5 mg/ml vial, sulfate 8 mg/ml vial, 8 mg/ml isecure syrng, 8 mg/ml carpject, sulfate 10 mg/ml vial, 10 mg/ml isecure syrg, 10 mg/ml carpject)</i>	Tier 3	
<i>morphine sulfate (sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml soln, sulfate ir 15 mg tab, sulfate ir 30 mg tab)</i>	Tier 2	
<i>nalbuphine hcl</i>	Tier 2	
NUCYNTA	Tier 4	
<i>oxycodone hcl (oxycodon 10 mg/0.5 ml oral syr, oxycodone hcl 5 mg/5 ml soln, oxycodone hcl 5 mg capsule, oxycodone hcl 5 mg tablet, oxycodone hcl 10 mg tablet, oxycodone hcl 15 mg tablet, oxycodone hcl 20 mg tablet, oxycodone hcl 30 mg tablet, oxycodone hcl 100 mg/5 ml soln)</i>	Tier 2	
<i>oxycodone hcl-aspirin</i>	Tier 2	
<i>oxycodone hcl-ibuprofen</i>	Tier 2	
<i>oxycodone-acetaminophen (oxycodon-acetaminophen 2.5-325, oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325)</i>	Tier 2	
<i>oxymorphone hcl</i>	Tier 3	
<i>pentazocine-naloxone hcl</i>	Tier 3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY, 1,200 MCG SPRAY, 1,600 MCG SPRAY)	Tier 5	PA
TENCON	Tier 4	
<i>tramadol hcl</i>	Tier 2	
<i>tramadol hcl-acetaminophen</i>	Tier 2	
VANATOL LQ	Tier 4	
VICODIN	Tier 2	
VICODIN ES	Tier 2	
VICODIN HP	Tier 2	
ZEBUTAL	Tier 4	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine 5% ointment</i>	Tier 3	
<i>lidocaine 5% patch</i>	Tier 3	PA, QL (90 per 30 days)
<i>lidocaine hcl (0.5% vial, 1% 50 mg/5 ml vl, 1% ampul, 1% vial, 1% 20 mg/2 ml vl, 1% 300 mg/30 ml, 1% 20 mg/2 ml, 1% 50 mg/5 ml, 1.5% ampul, 2% 40 mg/2 ml vl, 2% ampul, 2% jelly, 2% 40 mg/2 ml, 2% vial, 2% 100 mg/5 ml, 4% solution, 4% ampul)</i>	Tier 2	
<i>lidocaine hcl viscous</i>	Tier 2	
<i>lidocaine-prilocaine</i>	Tier 2	
LIDODERM	Tier 4	PA, QL (90 per 30 days)
PLIAGLIS	Tier 4	
SYNERA	Tier 4	
ANTI-ADDICTION, SUBSTANCE ABUSE TREATMENTS		
ALCOHOL DETERRENTS, ANTI-CRAVING		
<i>acamprosate calcium</i>	Tier 3	
<i>disulfiram</i>	Tier 3	
VIVITROL	Tier 5	
OPIOID ANTAGONISTS		
<i>buprenorphine-naloxone (buprenorph-nalox 8-2 mg sl film, buprenorphin-naloxon 8-2 mg sl, buprenorphn-naloxn 2-0.5 mg sl)</i>	Tier 2	
EVZIO 2 MG AUTO-INJECTOR	Tier 5	QL (1 per 30 days)
<i>naloxone hcl</i>	Tier 2	
<i>naltrexone hcl</i>	Tier 2	
NARCAN 4 MG NASAL SPRAY	Tier 3	QL (2 per 30 days)
SUBOXONE (2 MG-0.5 MG SL FILM, 4 MG-1 MG SL FILM, 8 MG-2 MG SL FILM, 12 MG-3 MG SL FILM)	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTI-ADDICTION, SUBSTANCE ABUSE TREATMENTS (CONTINUED)		
SMOKING CESSATION AGENTS		
<i>bupropion hcl sr 150 mg tablet</i>	Tier 2	
CHANTIX	Tier 3	QL (336 per 365 days)
NICOTROL	Tier 4	
NICOTROL NS	Tier 4	
ANTI-INFLAMMATORY AGENTS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib</i>	Tier 2	QL (60 per 30 days)
<i>diclofenac 1.5% topical soln</i>	Tier 3	
<i>diclofenac potassium</i>	Tier 2	
<i>diclofenac sodium (sod dr 25 mg tab, sod dr 50 mg tab, sod dr 75 mg tab, sod ec 25 mg tab, sod ec 50 mg tab, sod ec 75 mg tab, sodium 1% gel)</i>	Tier 2	
<i>diclofenac sodium er</i>	Tier 2	
<i>diclofenac sodium-misoprostol</i>	Tier 2	
<i>diflunisal</i>	Tier 2	
<i>etodolac</i>	Tier 2	
<i>etodolac er</i>	Tier 2	
<i>fenoprofen 600 mg tablet</i>	Tier 2	
FLECTOR	Tier 4	PA, QL (60 per 30 days)
<i>flurbiprofen</i>	Tier 2	
IBU	Tier 2	
<i>ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	Tier 2	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	Tier 2	
<i>indomethacin er</i>	Tier 2	
<i>ketoprofen (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	Tier 2	
<i>ketoprofen er 200 mg capsule</i>	Tier 2	QL (30 per 30 days)
<i>ketorolac 10 mg tablet</i>	Tier 2	QL (20 per 30 days)
KLOFENSAID II	Tier 3	
<i>meclofenamate sodium</i>	Tier 2	
<i>meloxicam 15 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>meloxicam 7.5 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>meloxicam 7.5 mg/5 ml susp</i>	Tier 4	QL (300 per 30 days)
<i>nabumetone</i>	Tier 2	
<i>naproxen (125 mg/5 ml suspen, 250 mg tablet, 375 mg tablet, dr 375 mg tablet, dr 500 mg tablet, 500 mg tablet)</i>	Tier 2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTI-INFLAMMATORY AGENTS (CONTINUED)		
<i>naproxen sodium ds</i>	Tier 2	
<i>oxaprozin</i>	Tier 2	
<i>piroxicam</i>	Tier 2	
<i>sulindac</i>	Tier 2	
<i>tolmetin sodium</i>	Tier 2	
VIMOVO	Tier 5	QL (60 per 30 days)
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	Tier 2	
BETHKIS	Tier 5	B/D PA
GENTAK	Tier 2	
<i>gentamicin sulfate (0.1% cream, 0.1% ointment, 0.3% eye ointment, 0.3% eye drop, 3 mg/ml eye drop, 20 mg/2 ml vial, ped 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	Tier 2	
<i>gentamicin sulfate in ns (isoton 60 mg/50 ml, isoton 80 mg/50 ml, 80 mg/ns 100 ml pb, 100 mg/ns 100 ml, iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 80 mg/100 ml, 80 mg/ns 50 ml pb, isoton 100 mg/50 ml)</i>	Tier 2	
KITABIS PAK	Tier 5	
<i>neomycin sulfate</i>	Tier 2	
<i>paromomycin sulfate</i>	Tier 2	
<i>streptomycin sulfate</i>	Tier 2	
TOBI	Tier 5	B/D PA
TOBI PODHALER	Tier 5	
<i>tobramycin 0.3% eye drop</i>	Tier 2	
<i>tobramycin 300 mg/5 ml ampule</i>	Tier 5	B/D PA
<i>tobramycin sulfate (1.2 gram/30 ml vial, 1.2 gm vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	Tier 2	
TOBEX 0.3% EYE OINTMENT	Tier 4	
ANTIBACTERIALS, OTHER		
<i>acetic acid 0.25% irrig soln</i>	Tier 4	
BACIIM	Tier 2	
<i>bacitracin (500 unit/gm ophth, 50,000 unit vial)</i>	Tier 2	
<i>bacitracin-polymyxin eye oint</i>	Tier 2	
<i>chloramphenicol sod succinate</i>	Tier 2	
CLEOCIN 100 MG VAGINAL OVULE	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
CLINDACIN ETZ 1% PLEDGET	Tier 4	
CLINDACIN P	Tier 4	
CLINDAGEL	Tier 5	
<i>clindamycin hcl</i>	Tier 2	
<i>clindamycin palmitate hcl</i>	Tier 2	
<i>clindamycin pediatric</i>	Tier 2	
<i>clindamycin phosphate (ph 1% solution, ph 1% gel, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, 300 mg/2 ml addvan, ph 600 mg/4 ml vl, 600 mg/4 ml addvan, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion, 900 mg/6 ml addvan)</i>	Tier 2	
<i>clindamycin phosphate 1% foam</i>	Tier 4	
<i>clindamycin phosphate-d5w</i>	Tier 2	
CLINDESSE	Tier 4	
<i>colistimethate</i>	Tier 4	
CORTISPORIN CREAM	Tier 4	
DALVANCE	Tier 5	
<i>daptomycin</i>	Tier 5	
<i>lansoprazol-amoxicil-clarithro</i>	Tier 4	QL (112 per 30 days)
<i>lincomycin hcl</i>	Tier 3	
<i>linezolid 100 mg/5 ml susp</i>	Tier 5	
<i>linezolid 600 mg tablet</i>	Tier 5	QL (60 per 30 days)
<i>linezolid-0.9% nacl</i>	Tier 5	
<i>linezolid-d5w</i>	Tier 5	
<i>methenamine hippurate</i>	Tier 2	
METRO IV	Tier 2	
<i>metronidazole (0.75% lotion, top 1% gel pump, topical 0.75% gl, 0.75% cream, topical 1% gel, vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml)</i>	Tier 2	
MONUROL	Tier 4	
<i>mupirocin</i>	Tier 2	
NEO-POLYCIN	Tier 2	
NEO-POLYCIN HC	Tier 2	
NEO-SYNALAR 0.5%-0.025% CREAM	Tier 4	
<i>neomycin-bacitracin-poly-hc</i>	Tier 2	
<i>neomycin-bacitracin-polymyxin</i>	Tier 2	
<i>neomycin-poly-hc eye drops</i>	Tier 2	
<i>neomycin-polymyxin b</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
<i>nitrofurantoin (25 mg cap, 50 mg cap, 100 mg cap)</i>	Tier 2	
<i>nitrofurantoin 25 mg/5 ml susp</i>	Tier 3	
<i>nitrofurantoin mono-macro</i>	Tier 2	
NORITATE	Tier 5	
NUVESSA	Tier 4	
POLYCIN	Tier 2	
<i>polymyxin b sulfate</i>	Tier 2	
PRIMSOL	Tier 4	
ROSADAN (0.75% CREAM, 0.75% GEL)	Tier 2	
<i>silver sulfadiazine</i>	Tier 2	
SIVEXTRO	Tier 5	PA, QL (6 per 6 days)
SSD	Tier 2	
SULFAMYLON 8.5% CREAM	Tier 4	
SYNERCID	Tier 5	
THERMAZENE	Tier 2	
<i>tigecycline</i>	Tier 5	
<i>trimethoprim</i>	Tier 2	
<i>vancomycin</i>	Tier 2	
<i>vancomycin hcl (125 mg capsule, 250 mg capsule)</i>	Tier 3	
<i>vancomycin hcl (hcl 1g/200 ml bag, 1 gm vial, 1 gm add-van vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg vial, 500 mg a-v vial, hcl 750 mg vial)</i>	Tier 2	
<i>vancomycin in 0.9% sodium chloride</i>	Tier 2	
<i>vancomycin-d5w 500 mg/100 ml</i>	Tier 2	
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 375 mg/5 ml suspen, 500 mg capsule)</i>	Tier 2	
<i>cefaclor er</i>	Tier 2	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg/5 ml susp, 500 mg capsule)</i>	Tier 2	
<i>cefazolin sodium</i>	Tier 2	
<i>cefazolin sodium-dextrose (1 g/50, 2 g/100, 2 g/50)</i>	Tier 2	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	Tier 2	
<i>cefepime</i>	Tier 4	
<i>cefepime hcl</i>	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
<i>cefepime-dextrose</i>	Tier 4	
<i>cefixime</i>	Tier 2	
CEFOTAN 2 GM VIAL	Tier 2	
<i>cefotaxime sodium</i>	Tier 2	
<i>cefotetan & dextrose</i>	Tier 2	
<i>cefotetan (1 gm vial, 2 gm vial, 10 gm vial)</i>	Tier 2	
<i>cefoxitin</i>	Tier 2	
<i>cefoxitin sodium</i>	Tier 2	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg/5 ml susp, 100 mg tablet, 200 mg tablet)</i>	Tier 2	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	Tier 2	
<i>ceftazidime</i>	Tier 2	
<i>ceftibuten (180 mg/5 ml susp, 400 mg capsule)</i>	Tier 2	
<i>ceftriaxone (1 gm-d5w bag, 1 gm vial, 1 gm piggyback, 2 gm-d5w bag, 2 gm vial, 2 gm piggyback, 2 gm add vial, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	Tier 2	
<i>cefuroxime</i>	Tier 2	
<i>cefuroxime sodium</i>	Tier 2	
<i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 500 mg tablet, 500 mg capsule, 750 mg capsule)</i>	Tier 2	
DAXBIA	Tier 4	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 500 MG/5 ML SUSPENSION)	Tier 4	
TEFLARO	Tier 4	
ZERBAXA	Tier 5	
BETA-LACTAM, OTHER		
AZACTAM-ISO-OSMOTIC DEXTROSE	Tier 4	
<i>aztreonam</i>	Tier 2	
CAYSTON	Tier 5	
DORIBAX	Tier 4	
<i>doripenem</i>	Tier 4	
<i>ertapenem</i>	Tier 4	
<i>imipenem-cilastatin sodium</i>	Tier 2	
INVANZ (1 GM VIAL, 1 GM ADVANTAGE VIAL)	Tier 4	
<i>meropenem</i>	Tier 3	
<i>meropenem-0.9% nacl</i>	Tier 3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
VABOMERE	Tier 4	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg/5 ml susp, 125 mg tab chew, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg tablet, 500 mg capsule, 875 mg tablet)</i>	Tier 2	
<i>amoxicillin-clavulanate pot er</i>	Tier 2	
<i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 200-28.5 mg tab chew, 250-62.5 mg/5 ml sus, 250-125 mg tablet, 400-57 mg/5 ml susp, 400-57 mg tab chew, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	Tier 2	
<i>ampicillin sodium</i>	Tier 2	
<i>ampicillin trihydrate (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)</i>	Tier 2	
<i>ampicillin-sulbactam (1.5 gm vl, 3 gm vial, 15 gm vl)</i>	Tier 4	
BICILLIN C-R	Tier 4	
BICILLIN L-A	Tier 4	
<i>dicloxacillin sodium</i>	Tier 2	
<i>nafcillin</i>	Tier 4	
<i>nafcillin sodium</i>	Tier 4	
<i>oxacillin</i>	Tier 4	
<i>oxacillin sodium</i>	Tier 4	
<i>penicillin g potassium</i>	Tier 2	
<i>penicillin g procaine</i>	Tier 2	
<i>penicillin g sodium</i>	Tier 2	
<i>penicillin gk-iso-osm dextrose</i>	Tier 4	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	Tier 2	
PFIZERPEN	Tier 4	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram)</i>	Tier 2	
ZOSYN (2.25 GRAM VIAL, 2.25 GM/50 ML GALAXY BAG, 3.375 GRAM VIAL, 3.375 GM/50 ML GALAXY, 4.5 GM/100 ML GALAXY BAG)	Tier 4	
MACROLIDES		
AZASITE	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	Tier 2	
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	Tier 2	
<i>clarithromycin er</i>	Tier 2	
DIFICID	Tier 5	QL (20 per 10 days)
E.E.S. 400	Tier 2	
ERY 2% PADS	Tier 2	
ERY-TAB	Tier 3	
ERYPED 200	Tier 4	
ERYPED 400	Tier 4	
ERYTHROCIN LACTOBIONATE (500 MG VIAL, 500 MG ADDVNT VL)	Tier 4	
ERYTHROCIN STEARATE	Tier 4	
<i>erythromycin (0.5% eye ointment, 2% solution, 2% pledgets, 2% gel)</i>	Tier 2	
<i>erythromycin (250 mg filmtab, dr 250 mg cap, 500 mg filmtab)</i>	Tier 3	
<i>erythromycin 200 mg/5 ml gran</i>	Tier 4	
<i>erythromycin es 400 mg tab</i>	Tier 3	
PCE	Tier 4	
QUINOLONES		
BAXDELA	Tier 5	QL (28 per 14 days)
BESIVANCE	Tier 4	
CILOXAN 0.3% OINTMENT	Tier 4	
<i>ciprofloxacin</i>	Tier 2	
<i>ciprofloxacin er</i>	Tier 2	QL (30 per 30 days)
<i>ciprofloxacin hcl (0.2% otic soln, 0.3% eye drop, hcl 250 mg tab, hcl 500 mg tab, hcl 750 mg tab)</i>	Tier 2	
<i>ciprofloxacin hcl 100 mg tab</i>	Tier 4	
<i>ciprofloxacin-d5w</i>	Tier 2	
FLOXIN	Tier 2	
<i>gatifloxacin</i>	Tier 2	
<i>levofloxacin (0.5% eye drops, 25 mg/ml solution, 250 mg/10 ml soln, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 500 mg/20 ml soln, 750 mg/30 ml vial, 750 mg tablet)</i>	Tier 2	
<i>levofloxacin-d5w (250 mg/50 ml-d5w, 500 mg/100 ml-d5w)</i>	Tier 2	
MOXEZA	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
<i>moxifloxacin 0.5% eye drops</i>	Tier 3	
<i>moxifloxacin 400 mg/250 ml bag</i>	Tier 4	
<i>moxifloxacin hcl 400 mg tablet</i>	Tier 2	
<i>ofloxacin (0.3% ear drops, 0.3% eye drops, 300 mg tablet, 400 mg tablet)</i>	Tier 2	
SULFONAMIDES		
<i>polymyxin b sul-trimethoprim</i>	Tier 2	
<i>sulfacetamide 10% eye drops</i>	Tier 2	
<i>sulfadiazine</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim (ds tablet, inj vial, ss tablet, susp)</i>	Tier 2	
SULFATRIM	Tier 2	
TETRACYCLINES		
<i>demeclocycline hcl</i>	Tier 2	
DOXY 100	Tier 2	
<i>doxycycline hyclate (75 mg tab, 150 mg tab)</i>	Tier 4	
<i>doxycycline hyclate (dr 50 mg tab, dr 75 mg tab, dr 100 mg tab, dr 150 mg tab, dr 200 mg tab)</i>	Tier 3	
<i>doxycycline hyclate (hyc 100 mg vial, hyclate 20 mg tab, hyclate 50 mg cap, hyclate 100 mg tab, hyclate 100 mg vl, hyclate 100 mg cap)</i>	Tier 2	
<i>doxycycline ir-dr</i>	Tier 4	
<i>doxycycline mono 75 mg capsule</i>	Tier 4	
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet, mono 150 mg tablet)</i>	Tier 2	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	Tier 2	
<i>minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	Tier 3	
<i>minocycline hcl er (er 45 mg tablet, er 90 mg tablet, er 135 mg tablet)</i>	Tier 4	
<i>minocycline hcl er (er 65 mg tablet, er 115 mg tablet)</i>	Tier 5	
MONDOXYNE NL	Tier 2	
MORGIDOX (50 MG CAPSULE, 100 MG CAPSULE)	Tier 2	
ORACEA	Tier 4	
SOLOXIDE	Tier 3	
<i>tetracycline hcl</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
VIBRAMYCIN 50 MG/5 ML SYRUP	Tier 4	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BANZEL 200 MG TABLET	Tier 4	QL (480 per 30 days)
BANZEL 40 MG/ML SUSPENSION	Tier 5	QL (2400 per 30 days)
BANZEL 400 MG TABLET	Tier 5	QL (240 per 30 days)
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	Tier 5	QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLN	Tier 4	QL (600 per 30 days)
BRIVIACT 50 MG/5 ML VIAL	Tier 4	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg/5 ml soln, 500 mg/5 ml vial, 500 mg tablet, 750 mg tablet, 1,000 mg tablet)</i>	Tier 2	
<i>levetiracetam er 500 mg tablet</i>	Tier 2	QL (180 per 30 days)
<i>levetiracetam er 750 mg tablet</i>	Tier 2	QL (120 per 30 days)
<i>levetiracetam-nacl</i>	Tier 4	
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml soln, 20 mg/5 ml elix, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	Tier 2	
ROWEEPRA	Tier 2	
ROWEEPRA XR 500 MG TABLET	Tier 2	QL (180 per 30 days)
ROWEEPRA XR 750 MG TABLET	Tier 2	QL (120 per 30 days)
SPRITAM (250 MG TABLET, 500 MG TABLET, 1,000 MG TABLET)	Tier 4	PA, QL (60 per 30 days)
SPRITAM 750 MG TABLET	Tier 4	PA, QL (120 per 30 days)
VIMPAT (10 MG/ML SOLUTION, 200 MG/20 ML VIAL)	Tier 5	
VIMPAT (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	Tier 4	QL (60 per 30 days)
BENZODIAZEPINES		
<i>clonazepam</i>	Tier 2	
<i>clorazepate dipotassium</i>	Tier 2	
ONFI (2.5 MG/ML SUSPENSION, 10 MG TABLET, 20 MG TABLET)	Tier 4	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	Tier 4	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	Tier 2	
LYRICA 20 MG/ML ORAL SOLUTION	Tier 3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICONVULSANTS (CONTINUED)		
<i>zonisamide</i>	Tier 2	
GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS		
DIASTAT	Tier 4	
DIASTAT ACUDIAL	Tier 4	
<i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i>	Tier 4	
<i>divalproex sodium</i>	Tier 2	
<i>divalproex sodium er</i>	Tier 2	
<i>gabapentin (100 mg capsule, 250 mg/5 ml soln, 300 mg capsule, 300 mg/6 ml soln, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	Tier 2	
GABITRIL (12 MG TABLET, 16 MG TABLET)	Tier 4	
<i>primidone</i>	Tier 2	
SABRIL 500 MG TABLET	Tier 5	QL (180 per 30 days)
<i>tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)</i>	Tier 2	
<i>valproate sodium</i>	Tier 2	
<i>valproic acid (250 mg/5 ml soln, 250 mg capsule, 500 mg/10 ml sol)</i>	Tier 2	
<i>vigabatrin</i>	Tier 5	QL (180 per 30 days)
GLUTAMATE REDUCING AGENTS		
<i>felbamate (400 mg tablet, 600 mg tablet)</i>	Tier 4	
<i>felbamate 600 mg/5 ml susp</i>	Tier 5	
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Tier 4	
<i>lamotrigine (25 mg tablet, 25 mg tb start kit, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Tier 2	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>	Tier 3	
<i>lamotrigine (blue)</i>	Tier 2	
<i>lamotrigine (green)</i>	Tier 2	
<i>lamotrigine (orange)</i>	Tier 2	
<i>lamotrigine er</i>	Tier 3	
<i>lamotrigine odt</i>	Tier 3	
QUDEXY XR	Tier 4	PA
<i>topiramate</i>	Tier 2	
<i>topiramate er</i>	Tier 4	PA
TROKENDI XR (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE)	Tier 4	PA, QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICONVULSANTS (CONTINUED)		
TROKENDI XR 200 MG CAPSULE	Tier 5	PA, QL (90 per 30 days)
SODIUM CHANNEL AGENTS		
APTIOM (400 MG TABLET, 800 MG TABLET)	Tier 5	QL (30 per 30 days)
APTIOM 200 MG TABLET	Tier 4	QL (30 per 30 days)
APTIOM 600 MG TABLET	Tier 5	QL (60 per 30 days)
<i>carbamazepine (100 mg/5 ml susp, 100 mg tab chew, 200 mg tablet)</i>	Tier 2	
<i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	Tier 2	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	Tier 4	
DILANTIN-125	Tier 4	
EPITOL	Tier 2	
<i>fosphenytoin sodium</i>	Tier 2	
GRALISE 30-DAY STARTER PACK	Tier 4	PA
GRALISE ER 300 MG TABLET	Tier 4	PA, QL (60 per 30 days)
GRALISE ER 600 MG TABLET	Tier 4	PA, QL (90 per 30 days)
HORIZANT ER 300 MG TABLET	Tier 4	PA, QL (90 per 30 days)
HORIZANT ER 600 MG TABLET	Tier 4	PA, QL (60 per 30 days)
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml susp, 600 mg tablet)</i>	Tier 2	
OXTELLAR XR	Tier 4	
PEGANONE	Tier 4	
PHENYTEK	Tier 4	
<i>phenytoin (50 mg infatab, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)</i>	Tier 2	
<i>phenytoin sodium (50 mg/ml vial, 100 mg/2 ml vial, 250 mg/5 ml vial)</i>	Tier 2	
<i>phenytoin sodium extended</i>	Tier 2	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	Tier 4	
TEGRETOL XR	Tier 4	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates</i>	Tier 3	
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	Tier 2	
<i>donepezil hcl 23 mg tablet</i>	Tier 3	QL (30 per 30 days)
<i>donepezil hcl odt</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEMENTIA AGENTS (CONTINUED)		
<i>galantamine 4 mg/ml oral soln</i>	Tier 2	
<i>galantamine er</i>	Tier 2	QL (30 per 30 days)
<i>galantamine hbr</i>	Tier 2	QL (60 per 30 days)
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)</i>	Tier 2	QL (60 per 30 days)
<i>rivastigmine (9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	Tier 3	
<i>rivastigmine 4.6 mg/24hr patch</i>	Tier 3	QL (30 per 30 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine 5-10 mg titration pk</i>	Tier 2	QL (49 per 28 days)
<i>memantine hcl (5 mg tablet, 10 mg tablet)</i>	Tier 2	QL (60 per 30 days)
<i>memantine hcl 2 mg/ml solution</i>	Tier 2	QL (300 per 30 days)
<i>memantine hcl er (er 14 mg capsule, er 21 mg capsule, er 28 mg capsule)</i>	Tier 2	QL (30 per 30 days)
<i>memantine hcl er 7 mg capsule</i>	Tier 2	QL (120 per 30 days)
NAMZARIC (7 MG-10 MG CAPSULE, 14 MG-10 MG CAPSULE, 21 MG-10 MG CAPSULE, 28 MG-10 MG CAPSULE)	Tier 4	PA, QL (30 per 30 days)
NAMZARIC TITRATION PACK	Tier 4	PA, QL (28 per 28 days)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
APLENZIN	Tier 4	QL (30 per 30 days)
<i>bupropion hcl</i>	Tier 2	
<i>bupropion hcl sr (100 mg tablet, 200 mg tablet)</i>	Tier 2	
<i>bupropion xl</i>	Tier 2	
<i>maprotiline hcl</i>	Tier 2	
<i>mirtazapine</i>	Tier 2	
<i>nefazodone hcl</i>	Tier 2	
<i>trazodone hcl</i>	Tier 2	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	Tier 5	QL (30 per 30 days)
MARPLAN	Tier 4	
<i>phenelzine sulfate</i>	Tier 2	
<i>tranylcypromine sulfate</i>	Tier 2	
SEROTONIN/ NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	Tier 1	
<i>citalopram hbr 10 mg/5 ml soln</i>	Tier 2	
<i>desvenlafaxine er</i>	Tier 4	QL (30 per 30 days)
<i>desvenlafaxine fumarate er</i>	Tier 4	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANTS (CONTINUED)		
<i>desvenlafaxine succinate er</i>	Tier 2	QL (30 per 30 days)
<i>duloxetine hcl (dr 20 mg cap, dr 40 mg cap, dr 60 mg cap)</i>	Tier 2	QL (60 per 30 days)
<i>duloxetine hcl dr 30 mg cap</i>	Tier 2	QL (90 per 30 days)
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>escitalopram oxalate 5 mg/5 ml</i>	Tier 4	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	Tier 4	QL (30 per 30 days)
FETZIMA 20-40 MG TITRATION PAK	Tier 4	QL (28 per 28 days)
<i>fluoxetine 20 mg/5 ml solution</i>	Tier 2	
<i>fluoxetine dr 90 mg capsule (weekly)</i>	Tier 3	QL (8 per 28 days)
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	Tier 1	
<i>fluoxetine hcl (10 mg tablet, 20 mg tablet, 60 mg tablet)</i>	Tier 3	
<i>fluvoxamine maleate</i>	Tier 2	
<i>fluvoxamine maleate er</i>	Tier 2	
<i>paroxetine cr</i>	Tier 3	
<i>paroxetine er</i>	Tier 3	
<i>paroxetine hcl</i>	Tier 2	
PAXIL 10 MG/5 ML SUSPENSION	Tier 4	
PEXEVA	Tier 4	
<i>sertraline hcl (20 mg/ml oral soln, 20 mg/ml oral conc)</i>	Tier 2	
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 1	
TRINTELLIX	Tier 4	QL (30 per 30 days)
<i>venlafaxine hcl</i>	Tier 2	
<i>venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)</i>	Tier 2	QL (90 per 30 days)
VIIBRYD	Tier 4	QL (30 per 30 days)
TRICYCLICS		
<i>amitriptyline hcl</i>	Tier 3	
<i>amoxapine</i>	Tier 3	
<i>clomipramine hcl</i>	Tier 3	
<i>desipramine hcl</i>	Tier 3	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANTS (CONTINUED)		
<i>imipramine hcl</i>	Tier 3	
<i>imipramine pamoate</i>	Tier 4	
<i>nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, 20 mg/10 ml soln, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i>	Tier 3	
<i>protriptyline hcl</i>	Tier 3	
<i>trimipramine maleate</i>	Tier 3	
ANTIEMETICS		
ANTIEMETICS, OTHER		
COMPRO	Tier 2	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	Tier 2	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg/2 ml vial, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg tablet)</i>	Tier 2	
<i>metoclopramide hcl odt</i>	Tier 4	
PHENADOZ	Tier 4	
PHENERGAN (12.5 MG, 25 MG, 50 MG)	Tier 4	
<i>prochlorperazine</i>	Tier 2	
<i>prochlorperazine maleate</i>	Tier 2	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg tablet, 12.5 mg suppos, 25 mg tablet, 25 mg/ml ampul, 25 mg/ml vial, 25 mg suppository, 50 mg/ml ampul, 50 mg/ml vial, 50 mg tablet, 50 mg suppository)</i>	Tier 4	
PROMETHEGAN	Tier 4	
<i>scopolamine</i>	Tier 3	
<i>trimethobenzamide hcl</i>	Tier 3	B/D PA
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO 300-0.5 MG CAPSULE	Tier 4	B/D PA, QL (2 per 28 days)
ANZEMET (50 MG TABLET, 100 MG TABLET)	Tier 4	B/D PA, QL (4 per 28 days)
<i>aprepitant (40 mg capsule, 80 mg capsule)</i>	Tier 3	B/D PA, QL (4 per 30 days)
<i>aprepitant 125 mg capsule</i>	Tier 3	B/D PA, QL (2 per 30 days)
<i>aprepitant 125-80-80 mg pack</i>	Tier 3	B/D PA, QL (6 per 30 days)
CESAMET	Tier 5	PA, QL (120 per 30 days)
CINVANTI	Tier 4	QL (36 per 30 days)
<i>dronabinol</i>	Tier 4	PA
EMEND (125 MG POWDER PACKET, TRIPACK)	Tier 4	B/D PA, QL (6 per 30 days)
EMEND (40 MG CAPSULE, 80 MG CAPSULE)	Tier 4	B/D PA, QL (4 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIEMETICS (CONTINUED)		
EMEND 125 MG CAPSULE	Tier 4	B/D PA, QL (2 per 30 days)
EMEND 150 MG VIAL	Tier 4	QL (2 per 30 days)
<i>granisetron hcl (0.1 mg/ml vial, 1 mg/ml vial, 4 mg/4 ml vial)</i>	Tier 2	
<i>granisetron hcl 1 mg tablet</i>	Tier 2	B/D PA, QL (60 per 30 days)
<i>ondansetron 4 mg/5 ml solution</i>	Tier 3	B/D PA
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	Tier 2	B/D PA, QL (90 per 30 days)
<i>ondansetron hcl (hcl 4 mg/2 ml amp, hcl 4 mg/2 ml vial, 40 mg/20 ml vial)</i>	Tier 2	
<i>ondansetron hcl 24 mg tablet</i>	Tier 2	B/D PA, QL (30 per 30 days)
<i>ondansetron odt</i>	Tier 2	B/D PA, QL (90 per 30 days)
<i>palonosetron hcl</i>	Tier 4	
SANCUSO	Tier 5	ST, QL (4 per 28 days)
SYNDROS	Tier 5	PA
VARUBI 166.5 MG/92.5 ML VIAL	Tier 4	
VARUBI 90 MG TABLET	Tier 4	B/D PA, QL (4 per 28 days)
ZUPLENZ (4 MG FILM, 8 MG FILM)	Tier 4	B/D PA, ST
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET	Tier 5	B/D PA
AMBISOME	Tier 4	B/D PA
<i>amphotericin b</i>	Tier 2	B/D PA
CANCIDAS	Tier 5	
<i>casprofungin acetate</i>	Tier 5	
CICLODAN (0.77% CREAM, 8% SOLUTION)	Tier 4	ST
<i>ciclopirox (0.77% topical susp, 0.77% cream, 0.77% gel, 1% shampoo, 8% solution)</i>	Tier 2	
<i>clotrimazole (1% cream, 1% solution, 10 mg troche)</i>	Tier 2	
<i>clotrimazole-betamethasone (crm, lot)</i>	Tier 2	
CRESEMBA	Tier 5	
<i>econazole nitrate</i>	Tier 2	
ERAXIS (WATER DILUENT)	Tier 4	
ERTACZO	Tier 4	ST
EXELDERM (1% SOLUTION, 1% CREAM)	Tier 4	ST
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Tier 2	
<i>fluconazole in dextrose</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIFUNGALS (CONTINUED)		
<i>fluconazole in saline (200 mg/100 ml, 400 mg/200 ml)</i>	Tier 2	
<i>fluconazole-nacl</i>	Tier 2	
<i>flucytosine</i>	Tier 5	
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	Tier 3	
<i>griseofulvin ultramicrosized</i>	Tier 3	
<i>itraconazole</i>	Tier 3	
JUBLIA	Tier 4	PA
KERYDIN	Tier 4	PA
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	Tier 2	
<i>ketoconazole 2% foam</i>	Tier 4	
LUZU	Tier 4	ST
MENTAX	Tier 4	ST
<i>miconazole 3 200 mg vag supp</i>	Tier 2	
MYCAMINE	Tier 5	
<i>naftifine hcl</i>	Tier 4	
NAFTIN (1% GEL, 2% GEL)	Tier 4	ST
NATACYN	Tier 4	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG/16.7 ML VIAL)	Tier 5	
NYAMYC	Tier 2	
NYATA 100,000 UNIT/GM POWDER	Tier 2	
<i>nystatin (100,000 unit/gm powd, 100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml sus)</i>	Tier 2	
<i>nystatin-triamcinolone</i>	Tier 2	
NYSTOP	Tier 2	
<i>oxiconazole nitrate</i>	Tier 4	
OXISTAT 1% LOTION	Tier 4	ST
SPORANOX 10 MG/ML SOLUTION	Tier 5	
<i>terbinafine hcl</i>	Tier 2	
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	Tier 2	
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet)</i>	Tier 5	
<i>voriconazole 200 mg vial</i>	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
<i>allopurinol</i>	Tier 1	
<i>colchicine 0.6 mg capsule</i>	Tier 4	QL (60 per 30 days)
<i>colchicine 0.6 mg tablet</i>	Tier 4	QL (120 per 30 days)
COLCRYS	Tier 3	QL (120 per 30 days)
DUZALLO	Tier 4	PA, QL (30 per 30 days)
MITIGARE	Tier 4	QL (60 per 30 days)
<i>probenecid</i>	Tier 2	
<i>probenecid-colchicine</i>	Tier 2	
ULORIC (40 MG TABLET, 80 MG TABLET)	Tier 3	ST, QL (30 per 30 days)
ZURAMPIC	Tier 4	PA, QL (30 per 30 days)
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
<i>dihydroergotamine 4 mg/ml sry</i>	Tier 5	QL (8 per 28 days)
<i>dihydroergotamine mesylate (1 mg/ml vl, 1 mg/ml amp)</i>	Tier 5	
ERGOMAR	Tier 4	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	Tier 3	QL (40 per 30 days)
MIGERGOT	Tier 4	QL (20 per 28 days)
PROPHYLACTIC		
INNOPRAN XL	Tier 4	
<i>propranolol hcl er</i>	Tier 2	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Tier 2	
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
<i>almotriptan malate</i>	Tier 2	QL (12 per 30 days)
<i>eletriptan hbr</i>	Tier 2	QL (12 per 30 days)
<i>frovatriptan succinate</i>	Tier 2	QL (18 per 30 days)
<i>naratriptan</i>	Tier 2	QL (18 per 30 days)
<i>naratriptan hcl</i>	Tier 2	QL (18 per 30 days)
ONZETRA XSAIL	Tier 4	ST, QL (16 per 30 days)
<i>rizatriptan</i>	Tier 2	QL (24 per 30 days)
<i>sumatriptan 20 mg nasal spray</i>	Tier 3	QL (12 per 30 days)
<i>sumatriptan 5 mg nasal spray</i>	Tier 3	QL (18 per 30 days)
<i>sumatriptan succ 100 mg tablet</i>	Tier 2	QL (9 per 30 days)
<i>sumatriptan succ-naproxen sod</i>	Tier 3	QL (10 per 30 days)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet)</i>	Tier 2	QL (18 per 30 days)
<i>sumatriptan succinate (4 mg/0.5 ml inject, 4 mg/0.5 ml cart, 6 mg/0.5 ml refill, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5 ml inject)</i>	Tier 3	QL (10 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIMIGRAINE AGENTS (CONTINUED)		
SUMAVEL DOSEPRO 4 MG/0.5 ML	Tier 4	ST, QL (5 per 30 days)
SUMAVEL DOSEPRO 6 MG/0.5 ML	Tier 5	ST, QL (5 per 30 days)
TREXIMET 10-60 MG TABLET	Tier 4	ST, QL (16 per 30 days)
ZEMBRACE SYMTOUCH	Tier 4	ST, QL (8 per 30 days)
<i>zolmitriptan</i>	Tier 2	QL (12 per 30 days)
<i>zolmitriptan odt</i>	Tier 2	QL (12 per 30 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>guanidine hcl</i>	Tier 4	
MESTINON 60 MG/5 ML SYRUP	Tier 4	
<i>pyridostigmine bromide</i>	Tier 2	
<i>pyridostigmine bromide er</i>	Tier 2	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	Tier 2	
<i>rifabutin</i>	Tier 4	
ANTITUBERCULARS		
CAPASTAT SULFATE	Tier 4	
<i>cycloserine</i>	Tier 5	
<i>ethambutol hcl</i>	Tier 2	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 100 mg/ml vial, 300 mg tablet)</i>	Tier 2	
PASER	Tier 4	
PRIFTIN	Tier 4	
<i>pyrazinamide</i>	Tier 2	
RIFAMATE	Tier 4	
<i>rifampin</i>	Tier 2	
RIFATER	Tier 4	
SIRTURO	Tier 5	QL (68 per 28 days)
TRECTOR	Tier 4	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
ALKERAN 2 MG TABLET	Tier 4	B/D PA
BENDEKA	Tier 5	PA
<i>busulfan</i>	Tier 5	
<i>cyclophosphamide (1 gm vial, 2 gm vial, 500 mg vial)</i>	Tier 2	
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	Tier 4	B/D PA
<i>dacarbazine</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
EVOMELA	Tier 5	
GLEOSTINE	Tier 4	
HEXALEN	Tier 5	
<i>ifosfamide (1 gm/20 ml vial, 1 gm vial, 3 gm vial, 3 gm/60 ml vial)</i>	Tier 2	
LEUKERAN	Tier 3	
MATULANE	Tier 5	
<i>melphalan 2mg tablet</i>	Tier 2	B/D PA
<i>melphalan hcl</i>	Tier 5	
MUSTARGEN	Tier 5	
<i>thiotepa</i>	Tier 2	
TREANDA (25 MG VIAL, 45 MG/0.5 ML VIAL, 100 MG VIAL, 180 MG/2 ML VIAL)	Tier 5	PA
VALCHLOR	Tier 5	PA, QL (60 per 30 days)
YONDELIS	Tier 5	PA
ZANOSAR	Tier 4	
ANTIANDROGENS		
<i>bicalutamide</i>	Tier 2	
ERLEADA	Tier 5	PA, QL (120 per 30 days)
<i>flutamide</i>	Tier 2	
<i>nilutamide</i>	Tier 5	
XTANDI	Tier 5	PA, QL (120 per 30 days)
YONSA	Tier 5	PA, QL (240 per 30 days)
ANTIANGIOGENIC AGENTS		
POMALYST	Tier 5	PA, QL (21 per 28 days)
REVLIMID	Tier 5	QL (30 per 30 days)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE)	Tier 5	PA, QL (30 per 30 days)
THALOMID 200 MG CAPSULE	Tier 5	PA, QL (60 per 30 days)
VOTRIENT	Tier 5	PA, QL (120 per 30 days)
ANTIESTROGENS/MODIFIERS		
EMCYT	Tier 4	
FARESTON	Tier 5	
FASLODEX	Tier 5	
SOLTAMOX	Tier 4	
<i>tamoxifen citrate</i>	Tier 2	
ANTIMETABOLITES		
<i>cladribine</i>	Tier 5	B/D PA
<i>clofarabine</i>	Tier 5	
<i>cytarabine (2 g/20 ml vial, 20 mg/ml vial, 100 mg/5 ml vial, 1000 mg/50 ml vial)</i>	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
DROXIA	Tier 4	
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	Tier 2	
<i>gemcitabine hcl (1 gram/26.3 ml vl, hcl 1 gram vial, 2 gram/52.6 ml vl, hcl 2 gram vial, 200 mg/5.26 ml vl, hcl 200 mg vial)</i>	Tier 5	
<i>hydroxyurea</i>	Tier 2	
<i>mercaptopurine</i>	Tier 2	
NIPENT	Tier 5	
PURIXAN	Tier 4	
TABLOID	Tier 4	
ANTINEOPLASTICS, OTHER		
ABRAXANE	Tier 5	
ADRIAMYCIN (10 MG/5 ML VIAL, 20 MG/10 ML VIAL, 50 MG/25 ML VIAL, 200 MG/100 ML VIAL)	Tier 2	
ADRUCIL (5 GRAM/100 ML VIAL, 500 MG/10 ML VIAL, 2,500 MG/50 ML VIAL)	Tier 2	B/D PA
ALIMTA	Tier 5	
ALIQOPA	Tier 5	PA
ALUNBRIG (90 MG-180 MG TAB PACK, 90 MG TABLET, 180 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
ALUNBRIG 30 MG TABLET	Tier 5	PA, QL (180 per 30 days)
ARRANON	Tier 5	
BESPONSA	Tier 5	PA
BICNU	Tier 4	
BLEO 15K	Tier 2	
<i>bleomycin sulfate (15 vial, 30 vial)</i>	Tier 2	B/D PA
BLINCYTO 35MCG VIAL+STABILIZER	Tier 5	PA
<i>bortezomib</i>	Tier 5	PA
BRAFTOVI 50 MG CAPSULE	Tier 5	PA, QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE	Tier 5	PA, QL (150 per 30 days)
BUSULFEX	Tier 5	
CAPRELSA 100 MG TABLET	Tier 5	PA, QL (60 per 30 days)
CAPRELSA 300 MG TABLET	Tier 5	PA, QL (30 per 30 days)
<i>carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)</i>	Tier 2	
<i>cisplatin</i>	Tier 2	
<i>dactinomycin</i>	Tier 5	
<i>daunorubicin hcl (20 mg/4 ml vial, 50 mg/10 ml vial)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
<i>decitabine</i>	Tier 2	
<i>dexrazoxane</i>	Tier 5	
<i>docetaxel (20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/8 ml vial, 160 mg/16 ml vial, 200 mg/10 ml vial)</i>	Tier 5	
<i>doxorubicin hcl (10 mg/5 ml vial, 10 mg vial, 20 mg/10 ml vial, 50 mg/25 ml vial, 50 mg vial, 150 mg/75 ml vial, 200 mg/100 ml vial)</i>	Tier 2	
<i>doxorubicin hcl liposome</i>	Tier 2	
ELLEENCE	Tier 5	
<i>epirubicin hcl (50 mg/25 ml vial, 200 mg/100 ml vial)</i>	Tier 2	
ERIVEDGE	Tier 5	PA, QL (30 per 30 days)
ERWINAZE	Tier 5	PA
FIRMAGON 2 X 120 MG KIT	Tier 5	
FIRMAGON 80 MG KIT	Tier 4	
<i>fluorouracil (2.5 gm/50 ml btl, 2.5 gm/50 ml vial, 5 gm/100 ml vial, 5 gm/100 ml btl, 500 mg/10 ml vial, 1,000 mg/20 ml vl, 2,500 mg/50 ml vl, 5,000 mg/100 ml)</i>	Tier 2	B/D PA
FOLOTYN 20 MG/ML VIAL	Tier 5	PA
FOLOTYN 40 MG/2 ML VIAL	Tier 5	PA
FUSILEV	Tier 5	
HALAVEN	Tier 5	PA
IDAMYCIN PFS	Tier 5	
<i>idarubicin hcl</i>	Tier 5	
IDHIFA	Tier 5	PA, QL (30 per 30 days)
<i>irinotecan hcl</i>	Tier 2	
ISTODAX	Tier 5	PA
IXEMPRA	Tier 5	PA
JAKAFI	Tier 5	PA
KADCYLA (100 MG VIAL, 160 MG VIAL)	Tier 5	PA
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	Tier 5	PA
KISQALI	Tier 5	PA, QL (63 per 28 days)
KISQALI FEMARA 200 MG CO-PACK	Tier 5	PA, QL (49 per 28 days)
KISQALI FEMARA 400 MG CO-PACK	Tier 5	PA, QL (70 per 28 days)
KISQALI FEMARA 600 MG CO-PACK	Tier 5	PA, QL (91 per 28 days)
KYPROLIS (30 MG VIAL, 60 MG VIAL)	Tier 5	PA
<i>leucovorin calcium</i>	Tier 2	
<i>levoleucovorin calcium (175 mg/17.5 ml, 250 mg/25 ml vl)</i>	Tier 5	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
<i>levoleucovorin calcium (50 mg vial, 175 mg vial)</i>	Tier 4	
LONSURF 15 MG-6.14 MG TABLET	Tier 5	PA, QL (100 per 28 days)
LONSURF 20 MG-8.19 MG TABLET	Tier 5	PA, QL (80 per 28 days)
MARQIBO	Tier 5	PA
MEKINIST 0.5 MG TABLET	Tier 5	PA, QL (90 per 30 days)
MEKINIST 2 MG TABLET	Tier 5	PA, QL (30 per 30 days)
<i>mitomycin (5 mg vial, 20 mg vial)</i>	Tier 4	
<i>mitomycin 40 mg vial</i>	Tier 5	
<i>mitoxantrone hcl</i>	Tier 2	
NINLARO	Tier 5	PA, QL (3 per 28 days)
<i>oxaliplatin (100 mg/20 ml vial, 100 mg vial)</i>	Tier 4	
<i>oxaliplatin (50 mg vial, 50 mg/10 ml vial)</i>	Tier 5	
<i>paclitaxel</i>	Tier 2	
PROLEUKIN	Tier 5	
<i>romidepsin</i>	Tier 5	PA
RUBRACA	Tier 5	PA, QL (120 per 30 days)
SYLATRON	Tier 5	PA
SYNRIBO	Tier 5	PA
TAFINLAR	Tier 5	PA, QL (120 per 30 days)
THERACYS	Tier 4	
TORISEL	Tier 5	PA
TRISENOX 10 MG/10 ML AMPULE	Tier 4	
TRISENOX 12 MG/6 ML VIAL	Tier 5	
UNITUXIN	Tier 5	
VELCADE	Tier 5	PA
VERZENIO	Tier 5	PA, QL (60 per 30 days)
<i>vinblastine sulfate</i>	Tier 2	B/D PA
VINCASAR PFS (1 MG/ML VIAL, 2 MG/2 ML VIAL)	Tier 2	B/D PA
<i>vincristine sulfate (1 mg/ml vial, 2 mg/2 ml vial)</i>	Tier 2	B/D PA
<i>vinorelbine tartrate</i>	Tier 2	
VYXEOS	Tier 5	PA
XALKORI	Tier 5	PA
YERVOY 200 MG/40 ML VIAL	Tier 5	PA
YERVOY 50 MG/10 ML VIAL	Tier 5	PA
ZEJULA	Tier 5	PA, QL (90per 30 days)
ZELBORAF	Tier 5	PA
ZINECARD	Tier 5	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
ZOLINZA	Tier 5	PA, QL (120 per 30 days)
ZYTIGA 250 MG TABLET	Tier 5	QL (120 per 30 days)
ZYTIGA 500 MG TABLET	Tier 5	QL (60 per 30 days)
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	Tier 2	
<i>exemestane</i>	Tier 3	
<i>letrozole</i>	Tier 2	
ENZYME INHIBITORS		
ETOPOPHOS	Tier 4	
<i>etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	Tier 2	
TOPOSAR	Tier 2	
<i>topotecan hcl (4 mg/4 ml vial, 4 mg vial)</i>	Tier 5	
MOLECULAR TARGET INHIBITORS		
AFINITOR (2.5 MG TABLET, 5 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
AFINITOR (7.5 MG TABLET, 10 MG TABLET)	Tier 5	PA, QL (60 per 30 days)
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET)	Tier 5	PA
AFINITOR DISPERZ 5 MG TABLET	Tier 5	PA, QL (112 per 28 days)
ALECENSA	Tier 5	PA, QL (240 per 30 days)
BELEODAQ	Tier 5	PA
BOSULIF (400 MG TABLET, 500 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
BOSULIF 100 MG TABLET	Tier 5	PA, QL (120 per 30 days)
CABOMETYX	Tier 5	PA, QL (30 per 30 days)
CALQUENCE	Tier 5	PA, QL (60 per 30 days)
COMETRIQ	Tier 5	PA
COTELLIC	Tier 5	PA, QL (63 per 28 days)
CYRAMZA	Tier 5	PA
FARYDAK	Tier 5	PA, QL (6 per 21 days)
GILOTRIF	Tier 5	PA, QL (30 per 30 days)
IBRANCE	Tier 5	PA, QL (21 per 28 days)
ICLUSIG	Tier 5	PA
<i>imatinib mesylate 100 mg tab</i>	Tier 5	PA, QL (120 per 30 days)
<i>imatinib mesylate 400 mg tab</i>	Tier 5	PA, QL (60 per 30 days)
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
IMBRUVICA 140 MG CAPSULE	Tier 5	PA, QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
INLYTA 1 MG TABLET	Tier 5	PA, QL (180 per 30 days)
INLYTA 5 MG TABLET	Tier 5	PA, QL (120 per 30 days)
IRESSA	Tier 5	PA, QL (30 per 30 days)
JEVTANA	Tier 5	PA
LENVIMA (18 MG DAILY, 24 MG DAILY)	Tier 5	PA, QL (90 per 30 days)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	Tier 5	PA, QL (60 per 30 days)
LENVIMA 10 MG DAILY DOSE	Tier 5	PA, QL (30 per 30 days)
LYNPARZA (100 MG TABLET, 150 MG TABLET)	Tier 5	PA, QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE	Tier 5	PA, QL (480 per 30 days)
MEKTOVI	Tier 5	PA, QL (180 per 30 days)
NERLYNX	Tier 5	PA, QL (180 per 30 days)
NEXAVAR	Tier 5	PA, QL (120 per 30 days)
ODOMZO	Tier 5	PA, QL (30 per 30 days)
RYDAPT	Tier 5	PA, QL (240 per 30 days)
SPRYCEL (20 MG TABLET, 50 MG TABLET, 70 MG TABLET)	Tier 5	PA, QL (60 per 30 days)
SPRYCEL (80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
STIVARGA	Tier 5	PA
SUTENT	Tier 5	PA, QL (30 per 30 days)
TAGRISO	Tier 5	PA, QL (30 per 30 days)
TARCEVA	Tier 5	QL (30 per 30 days)
TASIGNA	Tier 5	PA, QL (120 per 30 days)
TYKERB	Tier 5	PA, QL (150 per 30 days)
VECTIBIX	Tier 5	
VENCLEXTA 10 MG TABLET	Tier 4	PA, QL (42 per 28 days)
VENCLEXTA 100 MG TABLET	Tier 5	PA, QL (112 per 28 days)
VENCLEXTA 50 MG TABLET	Tier 4	PA, QL (224 per 28 days)
VENCLEXTA STARTING PACK	Tier 5	PA, QL (42 per 28 days)
ZALTRAP 100 MG/4 ML VIAL	Tier 5	PA
ZALTRAP 200 MG/8 ML VIAL	Tier 5	PA
ZYDELIG	Tier 5	PA, QL (60 per 30 days)
ZYKADIA	Tier 5	PA
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
ARZERRA	Tier 5	PA
AVASTIN	Tier 5	PA
BAVENCIO	Tier 5	PA
DARZALEX	Tier 5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
EMPLICITI	Tier 5	PA
ERBITUX 100 MG/50 ML VIAL	Tier 5	PA
ERBITUX 200 MG/100 ML VIAL	Tier 5	PA
GAZYVA	Tier 5	PA
HERCEPTIN	Tier 5	
IMFINZI	Tier 5	PA
LARTRUVO	Tier 5	PA
MYLOTARG	Tier 5	PA
OPDIVO (40 MG/4 ML VIAL, 100 MG/10 ML VIAL, 240 MG/24 ML VIAL)	Tier 5	PA
PERJETA	Tier 5	PA
PORTRAZZA	Tier 5	PA
RITUXAN	Tier 5	PA
RITUXAN HYCELA	Tier 5	PA
TECENTRIQ	Tier 5	PA
RETINOIDS		
<i>bexarotene</i>	Tier 5	
PANRETIN	Tier 5	
TARGRETIN 1% GEL	Tier 5	
<i>tretinoin 10 mg capsule</i>	Tier 5	
TREATMENT ADJUNCTS		
ELITEK	Tier 5	
<i>mesna</i>	Tier 2	
MESNEX 400 MG TABLET	Tier 5	
ANTIPARASITICS		
ANTHELMINTICS		
ALBENZA	Tier 4	
BILTRICIDE	Tier 4	
EMVERM	Tier 4	
<i>ivermectin</i>	Tier 2	
<i>praziquantel</i>	Tier 3	
SOOLANTRA	Tier 4	ST
ANTIPROTOZOALS		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	Tier 4	
<i>atovaquone</i>	Tier 5	
<i>atovaquone-proguanil hcl</i>	Tier 4	
<i>chloroquine phosphate</i>	Tier 2	
COARTEM	Tier 4	
DARAPRIM	Tier 5	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPARASITICS (CONTINUED)		
<i>hydroxychloroquine sulfate</i>	Tier 2	
<i>mefloquine hcl</i>	Tier 2	
NEBUPENT	Tier 4	B/D PA
PENTAM 300	Tier 4	
<i>primaquine</i>	Tier 4	
QUALAQUIN	Tier 4	PA
<i>quinine sulfate</i>	Tier 3	PA
SOLOSEC	Tier 4	
<i>tinidazole</i>	Tier 2	
PEDICULICIDES/ SCABICIDES		
EURAX	Tier 4	
<i>lindane 1% shampoo</i>	Tier 3	
<i>malathion</i>	Tier 3	
<i>permethrin 5% cream</i>	Tier 3	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (mes 0.5 mg tab, mes 1 mg tablet, 2 mg/2 ml ampule, mes 2 mg tablet, 2 mg/2 ml vial)</i>	Tier 2	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)</i>	Tier 2	
ANTIPARKINSON AGENTS, OTHER		
<i>entacapone</i>	Tier 2	QL (240 per 30 days)
GOCOVRI ER 137 MG CAPSULE	Tier 5	PA, QL (60 per 30 days)
GOCOVRI ER 68.5 MG CAPSULE	Tier 5	PA, QL (30 per 30 days)
OSMOLEX ER	Tier 4	PA, QL (30 per 30 days)
<i>tolcapone</i>	Tier 5	
DOPAMINE AGONISTS		
APOKYN	Tier 5	
NEUPRO	Tier 4	QL (30 per 30 days)
<i>pramipexole 0.125 mg tablet</i>	Tier 2	
<i>pramipexole dihydrochloride (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	Tier 2	QL (90 per 30 days)
<i>pramipexole er</i>	Tier 3	QL (30 per 30 days)
<i>ropinirole er</i>	Tier 3	QL (60 per 30 days)
<i>ropinirole hcl</i>	Tier 2	
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	Tier 5	
<i>carbidopa-levodopa (10-100 mg odt, 25-250 mg odt, 25-100 mg odt)</i>	Tier 3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPARKINSON AGENTS (CONTINUED)		
<i>carbidopa-levodopa (10-100 tab, 25-100 tab, 25-250 tab)</i>	Tier 2	
<i>carbidopa-levodopa er</i>	Tier 2	
<i>carbidopa-levodopa-entacapone</i>	Tier 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	Tier 2	QL (30 per 30 days)
<i>selegiline hcl</i>	Tier 2	
XADAGO 100 MG TABLET	Tier 5	ST, QL (30 per 30 days)
XADAGO 50 MG TABLET	Tier 5	ST, QL (46 per 30 days)
ZELAPAR	Tier 4	ST
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
ADASUVE	Tier 4	
<i>chlorpromazine hcl (10 mg tablet, 25 mg/ml amp, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	Tier 3	
<i>fluphenazine decanoate</i>	Tier 2	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg/ml conc, 5 mg tablet, 10 mg tablet)</i>	Tier 2	
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 5 mg/ml ampul, 10 mg tablet, 20 mg tablet)</i>	Tier 2	
<i>haloperidol decanoate</i>	Tier 2	
<i>haloperidol decanoate 100</i>	Tier 2	
<i>haloperidol lactate</i>	Tier 2	
<i>loxapine</i>	Tier 2	
<i>perphenazine</i>	Tier 2	
<i>perphenazine-amitriptyline</i>	Tier 3	
<i>pimozide</i>	Tier 3	
<i>prochlorperazine 10 mg/2 ml vl</i>	Tier 2	
<i>thioridazine hcl</i>	Tier 2	
<i>thiothixene</i>	Tier 2	
<i>trifluoperazine hcl</i>	Tier 2	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA	Tier 5	
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Tier 2	
<i>aripiprazole 1 mg/ml solution</i>	Tier 3	
<i>aripiprazole odt</i>	Tier 3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPSYCHOTICS (CONTINUED)		
ARISTADA	Tier 5	
ARISTADA INITIO	Tier 5	QL (2.4 per 180 days)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, TITRATION PACK)	Tier 4	PA, QL (60 per 30 days)
FANAPT (6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Tier 5	PA, QL (60 per 30 days)
GEODON 20 MG/ML VIAL	Tier 4	
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	Tier 5	ST
INVEGA SUSTENNA 39 MG/0.25 ML	Tier 4	ST
INVEGA TRINZA (273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML)	Tier 5	ST
LATUDA	Tier 5	PA, QL (30 per 30 days)
NUPLAZID 17 MG TABLET	Tier 5	PA, QL (60 per 30 days)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	Tier 2	
<i>olanzapine 10 mg vial</i>	Tier 4	
<i>olanzapine odt</i>	Tier 3	
<i>olanzapine-fluoxetine hcl</i>	Tier 4	
<i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)</i>	Tier 4	QL (30 per 30 days)
<i>paliperidone er 6 mg tablet</i>	Tier 4	QL (60 per 30 days)
<i>quetiapine fumarate</i>	Tier 2	
<i>quetiapine fumarate er (er 300 mg tablet, er 400 mg tablet)</i>	Tier 3	QL (60 per 30 days)
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 200 mg tablet)</i>	Tier 3	QL (30 per 30 days)
REXULTI (0.25 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
REXULTI (0.5 MG TABLET, 1 MG TABLET)	Tier 5	PA, QL (120 per 30 days)
RISPERDAL CONSTA (12.5 MG SYR, 25 MG SYR)	Tier 4	
RISPERDAL CONSTA (37.5 MG SYR, 50 MG SYR)	Tier 5	
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPSYCHOTICS (CONTINUED)		
<i>risperidone odt</i>	Tier 3	
SAPHRIS (2.5 MG TAB SL CHRY, 5 MG TAB SL CHERRY)	Tier 4	PA, QL (60 per 30 days)
SAPHRIS 10 MG TAB SL BLK CHERY	Tier 5	PA, QL (60 per 30 days)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	Tier 5	PA, QL (30 per 30 days)
VRAYLAR 1.5 MG-3 MG PACK	Tier 4	PA
<i>ziprasidone hcl</i>	Tier 2	
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT, 300 MG VL KIT, 405 MG VL KIT)	Tier 4	
TREATMENT-RESISTANT		
<i>clozapine</i>	Tier 2	
<i>clozapine odt</i>	Tier 2	
VERSACLOZ	Tier 4	QL (540 per 30 days)
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen</i>	Tier 2	
<i>dantrolene sodium</i>	Tier 2	
<i>tizanidine hcl</i>	Tier 2	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>cidofovir</i>	Tier 5	
<i>ganciclovir sodium (500 mg vial, 500 mg/10 ml vial)</i>	Tier 3	B/D PA
PREVYMIS (240 MG TABLET, 480 MG TABLET)	Tier 5	QL (30 per 30 days)
PREVYMIS (240 MG/12 ML VIAL, 480 MG/24 ML VIAL)	Tier 5	B/D PA
<i>valganciclovir hcl (hcl 50 mg/ml, 450 mg tablet)</i>	Tier 5	
VISTIDE	Tier 5	
ZIRGAN	Tier 4	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	Tier 2	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 4	QL (600 per 30 days)
<i>entecavir</i>	Tier 5	QL (30 per 30 days)
EPIVIR HBV 25 MG/5 ML SOLN	Tier 4	
<i>lamivudine 100 mg tablet</i>	Tier 2	
<i>lamivudine hbv</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
TYZEKA	Tier 5	QL (30 per 30 days)
VEMLIDY	Tier 5	
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING		
DAKLINZA	Tier 5	PA, QL (30 per 30 days)
EPCLUSA	Tier 5	PA, QL (30 per 30 days)
HARVONI	Tier 5	PA, QL (30 per 30 days)
MAVYRET	Tier 5	PA, QL (90 per 30 days)
OLYSIO	Tier 5	PA, QL (30 per 30 days)
SOVALDI	Tier 5	PA, QL (30 per 30 days)
TECHNIVIE	Tier 5	PA, QL (60 per 30 days)
VIEKIRA PAK	Tier 5	PA, QL (112 per 28 days)
VIEKIRA XR	Tier 5	PA, QL (90 per 30 days)
VOSEVI	Tier 5	PA, QL (30 per 30 days)
ZEPATIER	Tier 5	PA, QL (28 per 28 days)
ANTI-HEPATITIS C (HCV) AGENTS, OTHER		
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	Tier 5	
MODERIBA (200-400 MG DOSEPACK, 400-400 MG DOSEPACK, 600-600 MG DOSEPACK, 600-400 MG DOSEPACK)	Tier 5	
MODERIBA 200 MG TABLET	Tier 4	
PEGASYS 180 MCG/0.5 ML SYRINGE	Tier 5	QL (2 per 28 days)
PEGASYS 180 MCG/ML VIAL	Tier 5	
PEGASYS PROCLICK 135 MCG/0.5	Tier 5	
PEGASYS PROCLICK 180 MCG/0.5	Tier 5	QL (2 per 28 days)
PEGINTRON	Tier 5	QL (4 per 28 days)
PEGINTRON REDIPEN	Tier 5	QL (4 per 28 days)
REBETOL 40 MG/ML SOLUTION	Tier 5	
RIBASPHERE (200 MG TABLET, 200 MG CAPSULE)	Tier 4	
RIBASPHERE (400 MG TABLET, 600 MG TABLET)	Tier 5	
RIBASPHERE RIBAPAK	Tier 5	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	Tier 2	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
ATRIPLA	Tier 5	QL (30 per 30 days)
COMPLERA	Tier 5	
EDURANT	Tier 5	
<i>efavirenz (50 mg capsule, 200 mg capsule)</i>	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
<i>efavirenz 600 mg tablet</i>	Tier 5	
INTELENCE (100 MG TABLET, 200 MG TABLET)	Tier 5	QL (120 per 30 days)
INTELENCE 25 MG TABLET	Tier 4	QL (120 per 30 days)
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	Tier 2	
<i>nevirapine er</i>	Tier 2	QL (30 per 30 days)
ODEFSEY	Tier 5	QL (30 per 30 days)
RESCRIPTOR	Tier 4	
SYMFI	Tier 5	QL (30 per 30 days)
SYMFI LO	Tier 5	QL (30 per 30 days)
VIRAMUNE 50 MG/5 ML SUSP	Tier 4	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	Tier 2	
<i>abacavir-lamivudine</i>	Tier 5	
<i>abacavir-lamivudine-zidovudine</i>	Tier 5	
CIMDUO	Tier 5	QL (30 per 30 days)
DESCOVY	Tier 5	QL (30 per 30 days)
<i>didanosine (dr 125 mg capsule, dr 200 mg capsule, dr 250 mg capsule, dr 400 mg capsule)</i>	Tier 2	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	Tier 4	
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	Tier 2	
<i>lamivudine-zidovudine</i>	Tier 4	
RETROVIR 200 MG/20 ML VIAL	Tier 4	
<i>stavudine (1 mg/ml solution, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	Tier 2	
<i>tenofovir disoproxil fumarate</i>	Tier 5	
TRIUMEQ	Tier 5	QL (30 per 30 days)
TRUVADA	Tier 5	
VIDEX 2 GM PEDIATRIC SOLN	Tier 4	
VIDEX 4 GM PEDIATRIC SOLN	Tier 4	
VIDEX EC 125 MG CAPSULE	Tier 4	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	Tier 5	
ZERIT 1 MG/ML SOLUTION	Tier 4	
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	Tier 2	
ANTI-HIV AGENTS, OTHER		
FUZEON	Tier 5	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
SELZENTRY (75 MG TABLET, 150 MG TABLET)	Tier 5	QL (60 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLN	Tier 4	
SELZENTRY 25 MG TABLET	Tier 4	QL (240 per 30 days)
SELZENTRY 300 MG TABLET	Tier 5	QL (120 per 30 days)
TROGARZO	Tier 5	
TYBOST	Tier 3	
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	Tier 5	
<i>atazanavir sulfate</i>	Tier 5	
CRIXIVAN	Tier 4	
EVOTAZ	Tier 5	QL (30 per 30 days)
INVIRASE	Tier 5	
KALETRA 100-25 MG TABLET	Tier 4	
KALETRA 200-50 MG TABLET	Tier 5	
LEXIVA 50 MG/ML SUSPENSION	Tier 4	
LEXIVA 700 MG TABLET	Tier 5	
<i>lopinavir-ritonavir</i>	Tier 4	
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG TABLET)	Tier 3	
NORVIR 100 MG POWDER PACKET	Tier 4	
PREZCOBIX	Tier 5	QL (30 per 30 days)
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	Tier 5	
REYATAZ 50 MG POWDER PACKET	Tier 5	
<i>ritonavir</i>	Tier 2	
VIRACEPT	Tier 5	
ANTI-HIV, INTEGRASE INHIBITORS		
BIKTARVY	Tier 5	QL (30 per 30 days)
GENVOYA	Tier 5	QL (30 per 30 days)
ISENTRESS (100 MG TABLET CHEW, 400 MG TABLET)	Tier 5	QL (60 per 30 days)
ISENTRESS 100 MG POWDER PACKET	Tier 4	
ISENTRESS 25 MG TABLET CHEW	Tier 3	
ISENTRESS HD	Tier 5	QL (60 per 30 days)
JULUCA	Tier 5	QL (30 per 30 days)
STRIBILD	Tier 5	
TIVICAY (10 MG TABLET, 25 MG TABLET)	Tier 4	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
TIVICAY 50 MG TABLET	Tier 5	
VITEKTA	Tier 5	QL (30 per 30 days)
ANTI-INFLUENZA AGENTS		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml soln)</i>	Tier 2	
<i>oseltamivir 6 mg/ml suspension</i>	Tier 3	
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	Tier 2	
RELENZA	Tier 4	QL (56 per 30 days)
<i>rimantadine hcl</i>	Tier 2	
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	Tier 2	
<i>acyclovir 200 mg/5 ml susp</i>	Tier 4	
<i>acyclovir 5% ointment</i>	Tier 4	QL (30 per 30 days)
<i>acyclovir sodium (sodium 500 mg vial, 500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	Tier 2	B/D PA
DENAVIR	Tier 5	QL (5 per 30 days)
<i>famciclovir</i>	Tier 2	QL (90 per 30 days)
<i>trifluridine</i>	Tier 2	
<i>valacyclovir</i>	Tier 2	
ZOVIRAX 5% CREAM	Tier 5	QL (15 per 30 days)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>bupirone hcl</i>	Tier 2	
<i>chlordiazepoxide-amitriptyline</i>	Tier 4	
<i>hydroxyzine pamoate</i>	Tier 3	
BENZODIAZEPINES		
<i>alprazolam</i>	Tier 2	
<i>alprazolam er</i>	Tier 2	
<i>alprazolam odt</i>	Tier 2	
<i>alprazolam xr</i>	Tier 2	
<i>chlordiazepoxide hcl</i>	Tier 2	
<i>diazepam (2 mg tablet, 5 mg/ml vial, 5 mg tablet, 5 mg/5 ml oral soln, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg/2 ml carpupject, 10 mg tablet, 50 mg/10 ml vial)</i>	Tier 2	
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg/ml carpupject, 2 mg/ml syringe, 2 mg/ml vial, 2 mg tablet, 4 mg/ml vial, 4 mg/ml carpupject, 20 mg/10 ml vial, 40 mg/10 ml vial)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANXIOLYTICS (CONTINUED)		
<i>oxazepam</i>	Tier 2	
BIPOLAR AGENTS		
MOOD STABILIZERS		
EQUETRO	Tier 4	
<i>lithium</i>	Tier 2	
<i>lithium carbonate (150 mg cap, 300 mg cap)</i>	Tier 2	
<i>lithium carbonate (300 mg tab, 600 mg cap)</i>	Tier 4	
<i>lithium carbonate er</i>	Tier 2	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose</i>	Tier 2	
AVANDIA (2 MG TABLET, 4 MG TABLET)	Tier 4	QL (60 per 30 days)
AVANDIA 8 MG TABLET	Tier 4	QL (30 per 30 days)
<i>chlorpropamide</i>	Tier 3	PA, QL (90 per 30 days)
CYCLOSET	Tier 4	
<i>glimepiride 1 mg tablet</i>	Tier 1	QL (180 per 30 days)
<i>glimepiride 2 mg tablet</i>	Tier 1	QL (90 per 30 days)
<i>glimepiride 4 mg tablet</i>	Tier 1	QL (60 per 30 days)
<i>glipizide</i>	Tier 1	QL (120 per 30 days)
<i>glipizide er (er 2.5 mg tablet, er 5 mg tablet)</i>	Tier 1	QL (90 per 30 days)
<i>glipizide er 10 mg tablet</i>	Tier 1	QL (60 per 30 days)
<i>glipizide xl (2.5 mg tablet, 5 mg tablet)</i>	Tier 1	QL (90 per 30 days)
<i>glipizide xl 10 mg tablet</i>	Tier 1	QL (60 per 30 days)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	Tier 2	QL (120 per 30 days)
<i>glipizide-metformin 2.5-250 mg</i>	Tier 2	QL (240 per 30 days)
GLUCOVANCE	Tier 4	PA, QL (120 per 30 days)
<i>glyburid-metformin 1.25-250 mg</i>	Tier 3	PA, QL (60 per 30 days)
<i>glyburide 1.25 mg tablet</i>	Tier 3	PA, QL (60 per 30 days)
<i>glyburide 2.5 mg tablet</i>	Tier 3	PA, QL (90 per 30 days)
<i>glyburide 5 mg tablet</i>	Tier 3	PA, QL (120 per 30 days)
<i>glyburide micronized</i>	Tier 3	PA, QL (60 per 30 days)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	Tier 3	PA, QL (120 per 30 days)
GLYNASE	Tier 4	PA, QL (60 per 30 days)
GLYXAMBI	Tier 3	QL (30 per 30 days)
INVOKAMET	Tier 3	QL (60 per 30 days)
INVOKAMET XR	Tier 3	QL (60 per 30 days)
INVOKANA 100 MG TABLET	Tier 3	QL (60 per 30 days)
INVOKANA 300 MG TABLET	Tier 3	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
JANUMET	Tier 3	QL (60 per 30 days)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	Tier 3	QL (30 per 30 days)
JANUMET XR 50-1,000 MG TABLET	Tier 3	QL (60 per 30 days)
JANUVIA	Tier 3	QL (30 per 30 days)
JARDIANCE	Tier 3	QL (30 per 30 days)
JENTADUETO	Tier 3	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG	Tier 3	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TB	Tier 3	QL (30 per 30 days)
<i>metformin er 1000 mg osmotic tablet (generic for fortamet)</i>	Tier 4	QL (60 per 30 days)
<i>metformin er 500 mg osmotic tablet (generic for fortamet)</i>	Tier 4	QL (150 per 30 days)
<i>metformin hcl 1000mg tablet (immediate-release)</i>	Tier 1	QL (60 per 30 days)
<i>metformin hcl 500 mg tablet (immediate-release)</i>	Tier 1	QL (150 per 30 days)
<i>metformin hcl 850 mg tablet (immediate-release)</i>	Tier 1	QL (90 per 30 days)
<i>metformin hcl er 1000 mg tablet (generic for glumetza)</i>	Tier 5	PA, QL (60 per 30 days)
<i>metformin hcl er 500mg (generic for glucophage xr)</i>	Tier 1	QL (120 per 30 days)
<i>metformin hcl er 500mg (generic for glumetza)</i>	Tier 5	PA, QL (120 per 30 days)
<i>metformin hcl er 750 mg (generic for glucophage xr)</i>	Tier 1	QL (90 per 30 days)
<i>miglitol</i>	Tier 2	
<i>nateglinide</i>	Tier 2	
OZEMPIC 0.25-0.5 MG DOSE PEN	Tier 3	QL (1.5 per 28 days)
OZEMPIC 1 MG DOSE PEN	Tier 3	QL (3 per 28 days)
<i>pioglitazone hcl</i>	Tier 1	QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	Tier 2	QL (30 per 30 days)
<i>pioglitazone-metformin</i>	Tier 2	QL (90 per 30 days)
<i>repaglinide</i>	Tier 2	QL (240 per 30 days)
<i>repaglinide-metformin hcl</i>	Tier 3	QL (150 per 30 days)
RIOMET	Tier 4	QL (765 per 30 days)
SEGLUROMET (2.5-1,000 MG TABLET, 7.5-1,000 MG TABLET, 7.5-500 MG TABLET)	Tier 3	QL (60 per 30 days)
SEGLUROMET 2.5-500 MG TABLET	Tier 3	QL (120 per 30 days)
STEGLATRO	Tier 3	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
STEGLUJAN	Tier 3	QL (30 per 30 days)
SYMLINPEN 120	Tier 3	QL (12 per 28 days)
SYMLINPEN 60	Tier 3	QL (12 per 28 days)
SYNJARDY	Tier 3	QL (60 per 30 days)
SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)	Tier 3	QL (30 per 30 days)
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	Tier 3	QL (60 per 30 days)
<i>tolazamide</i>	Tier 2	QL (60 per 30 days)
<i>tolbutamide</i>	Tier 2	QL (180 per 30 days)
TRADJENTA	Tier 3	QL (30 per 30 days)
TRULICITY	Tier 3	QL (2 per 28 days)
VICTOZA 2-PAK	Tier 3	QL (9 per 30 days)
VICTOZA 3-PAK	Tier 3	QL (9 per 30 days)
GLYCEMIC AGENTS		
GLUCAGEN 1 MG HYPOKIT	Tier 3	
GLUCAGON EMERGENCY KIT	Tier 3	
PROGLYCEM	Tier 4	
INSULINS		
ADMELOG	Tier 3	B/D PA
ADMELOG SOLOSTAR	Tier 3	
BASAGLAR KWIKPEN U-100	Tier 3	
HUMALOG 100 UNITS/ML CARTRIDGE	Tier 3	
HUMALOG 100 UNITS/ML VIAL	Tier 3	B/D PA
HUMALOG JUNIOR KWIKPEN	Tier 3	
HUMALOG KWIKPEN U-100	Tier 3	
HUMALOG KWIKPEN U-200	Tier 3	
HUMALOG MIX 50-50	Tier 3	
HUMALOG MIX 50-50 KWIKPEN	Tier 3	
HUMALOG MIX 75-25	Tier 3	
HUMALOG MIX 75-25 KWIKPEN	Tier 3	
HUMULIN 70-30	Tier 3	
HUMULIN 70/30 KWIKPEN	Tier 3	
HUMULIN N	Tier 3	
HUMULIN N KWIKPEN	Tier 3	
HUMULIN R	Tier 3	B/D PA
HUMULIN R U-500	Tier 3	B/D PA
HUMULIN R U-500 KWIKPEN	Tier 3	
LANTUS	Tier 3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
LANTUS SOLOSTAR	Tier 3	
LEVEMIR	Tier 3	
LEVEMIR FLEXTOUCH	Tier 3	
TOUJEO MAX SOLOSTAR	Tier 3	
TOUJEO SOLOSTAR	Tier 3	
TRESIBA FLEXTOUCH U-100	Tier 3	
TRESIBA FLEXTOUCH U-200	Tier 3	
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		
ANTICOAGULANTS		
BRILINTA	Tier 3	QL (60 per 30 days)
COUMADIN	Tier 4	
ELIQUIS (5 MG STARTER PACK, 5 MG TABLET)	Tier 3	QL (74 per 30 days)
ELIQUIS 2.5 MG TABLET	Tier 3	QL (60 per 30 days)
<i>enoxaparin sodium</i>	Tier 3	
<i>fondaparinux sodium</i>	Tier 4	
FRAGMIN (7,500 UNITS/0.3 ML SYR, 10,000 UNITS/ML SYRING, 12,500 UNITS/0.5 ML, 15,000 UNITS/0.6 ML, 18,000 UNITS/0.72 ML, 95,000 UNITS/3.8 ML VL)	Tier 5	
<i>heparin 25,000 unit/500-1/2 ns</i>	Tier 2	
<i>heparin sodium</i>	Tier 2	
<i>heparin sodium in 0.45% nacl (heparin-1/2ns 25,000 units/500, heparin-1/2ns 12,500 units/250, heparin 25,000 unit/250-1/2 ns)</i>	Tier 2	
<i>heparin sodium-0.9% nacl (heparin 1,000 unit/500 ml-ns, heparin 2,000 unit/1,000 ml-ns, heparin-ns 1,000 units/500 ml, heparin-ns 2,000 unit/1,000 ml)</i>	Tier 2	
<i>heparin sodium-d5w</i>	Tier 2	
JANTOVEN	Tier 1	
<i>warfarin sodium</i>	Tier 1	
XARELTO (10 MG TABLET, 20 MG TABLET)	Tier 3	QL (30 per 30 days)
XARELTO 15 MG TABLET	Tier 3	QL (60 per 30 days)
XARELTO STARTER PACK	Tier 3	QL (51 per 30 days)
ZONTIVITY	Tier 4	PA, QL (30 per 30 days)
BLOOD FORMATION MODIFIERS		
<i>anagrelide hcl</i>	Tier 2	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/ML VIAL, 25 MCG/0.42 ML SYRINGE, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL)	Tier 4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS (CONTINUED)		
ARANESP (100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 150 MCG/0.75 ML VIAL, 200 MCG/ML VIAL, 200 MCG/0.4 ML SYRINGE, 300 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	Tier 5	PA
<i>azacitidine</i>	Tier 2	
DOPTELET	Tier 5	PA, QL (15 per 30 days)
EPOGEN (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNITS/2 ML VIAL)	Tier 4	PA
EPOGEN 20,000 UNITS/ML VIAL	Tier 5	PA
GRANIX	Tier 5	
LEUKINE	Tier 5	
MIRCERA (30 MCG/0.3 ML SYRINGE, 50 MCG/0.3 ML SYRINGE, 75 MCG/0.3 ML SYRINGE, 100 MCG/0.3 ML SYRINGE, 150 MCG/0.3 ML SYRINGE)	Tier 4	
MIRCERA 200 MCG/0.3 ML SYRINGE	Tier 5	
MOZOBIL	Tier 5	PA
NEULASTA	Tier 5	QL (2 per 30 days)
NEUPOGEN	Tier 5	
PROCRIT (2,000 VIAL, 3,000 VIAL, 4,000 VIAL, 10,000 VIAL)	Tier 4	PA
PROCRIT (20,000 VIAL, 40,000 VIAL)	Tier 5	PA
PROMACTA (12.5 MG TABLET, 50 MG TABLET, 75 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
PROMACTA 25 MG TABLET	Tier 5	PA, QL (90 per 30 days)
<i>protamine sulfate</i>	Tier 4	
ZARXIO	Tier 5	
HEMOSTASIS AGENTS		
<i>tranexamic acid 650 mg tablet</i>	Tier 2	
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er</i>	Tier 4	QL (60 per 30 days)
<i>cilostazol</i>	Tier 2	
<i>clopidogrel 300 mg tablet</i>	Tier 2	QL (1 per 30 days)
<i>clopidogrel 75 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	Tier 2	
PRADAXA	Tier 4	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS (CONTINUED)		
<i>prasugrel hcl</i>	Tier 2	QL (30 per 30 days)
<i>ticlopidine hcl</i>	Tier 2	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	Tier 2	
<i>clonidine patch</i>	Tier 3	QL (8 per 28 days)
CLORPRES	Tier 4	
<i>guanfacine hcl</i>	Tier 2	
<i>methyldopa</i>	Tier 2	
<i>methyldopa-hydrochlorothiazide</i>	Tier 2	
<i>methyldopate hcl</i>	Tier 2	
<i>midodrine hcl</i>	Tier 2	
NORTHERA	Tier 5	PA, QL (180 per 30 days)
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA XL	Tier 4	
<i>phenoxybenzamine hcl</i>	Tier 5	
<i>prazosin hcl</i>	Tier 2	
<i>terazosin hcl</i>	Tier 2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	Tier 2	QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid</i>	Tier 2	QL (30 per 30 days)
EDARBI (40 MG TABLET, 80 MG TABLET)	Tier 4	ST, QL (30 per 30 days)
EDARBYCLOR (40-12.5 MG TABLET, 40-25 MG TABLET)	Tier 4	ST, QL (30 per 30 days)
<i>eprosartan mesylate</i>	Tier 2	QL (30 per 30 days)
<i>irbesartan (75 mg tablet, 150 mg tablet)</i>	Tier 1	QL (60 per 30 days)
<i>irbesartan 300 mg tablet</i>	Tier 1	QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	QL (30 per 30 days)
<i>losartan potassium (50 mg tab, 100 mg tab)</i>	Tier 1	QL (60 per 30 days)
<i>losartan potassium 25 mg tab</i>	Tier 1	QL (120 per 30 days)
<i>losartan-hetz 50-12.5 mg tab</i>	Tier 1	QL (60 per 30 days)
<i>losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)</i>	Tier 1	QL (30 per 30 days)
<i>olmesartan medoxomil</i>	Tier 2	
<i>olmesartan-amlodipine-hetz</i>	Tier 2	QL (30 per 30 days)
<i>olmesartan-hydrochlorothiazide</i>	Tier 2	
<i>telmisartan</i>	Tier 2	QL (30 per 30 days)
<i>telmisartan-amlodipine</i>	Tier 3	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>telmisartan-hydrochlorothiazid</i>	Tier 2	QL (30 per 30 days)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	Tier 1	QL (60 per 30 days)
<i>valsartan 320 mg tablet</i>	Tier 1	QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	Tier 1	QL (30 per 30 days)
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 2	
<i>captopril</i>	Tier 2	
<i>captopril-hydrochlorothiazide</i>	Tier 2	
<i>enalapril maleate</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril sodium</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 2	
<i>lisinopril</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>moexipril hcl</i>	Tier 2	
<i>moexipril-hydrochlorothiazide</i>	Tier 2	
<i>perindopril erbumine</i>	Tier 2	
<i>quinapril hcl</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 2	
<i>trandolapril-verapamil er</i>	Tier 3	QL (30 per 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl (hcl 100 mg tablet, 150 mg/3 ml vial, 150 mg/3 ml syringe, hcl 200 mg tablet, hcl 400 mg tablet, 450 mg/9 ml vial, 900 mg/18 ml vial)</i>	Tier 2	
<i>dofetilide</i>	Tier 2	
<i>flecainide acetate</i>	Tier 2	
<i>lidocaine hcl (1% syringe, 1% abboject, 2% luer-jet, 2% syringe, 2% abboject)</i>	Tier 2	
<i>mexiletine hcl</i>	Tier 2	
MULTAQ	Tier 3	QL (60 per 30 days)
PACERONE	Tier 2	
<i>procainamide hcl</i>	Tier 2	
<i>propafenone hcl</i>	Tier 2	
<i>propafenone hcl er</i>	Tier 2	
<i>quinidine gluc 80 mg/ml vial</i>	Tier 2	
<i>quinidine gluc er 324 mg tab</i>	Tier 3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	Tier 2	
SORINE	Tier 2	
<i>sotalol</i>	Tier 2	
<i>sotalol af</i>	Tier 2	
SOTYLIZE	Tier 4	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	Tier 2	
<i>atenolol</i>	Tier 1	
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	Tier 2	
<i>bisoprolol fumarate</i>	Tier 2	
BYSTOLIC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	Tier 3	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET	Tier 3	QL (60 per 30 days)
BYVALSON	Tier 3	QL (120 per 30 days)
<i>carvedilol</i>	Tier 1	
<i>carvedilol er</i>	Tier 3	QL (30 per 30 days)
<i>labetalol hcl (100 mg tablet, 100 mg/20 ml vl, 200 mg/40 ml vl, 200 mg tablet, 300 mg tablet)</i>	Tier 2	
<i>metoprolol succinate er</i>	Tier 1	
<i>metoprolol tartrate (1 mg/ml carpject, tart 5 mg/5 ml amp, tart 5 mg/5 ml vial)</i>	Tier 2	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	Tier 1	
<i>metoprolol-hydrochlorothiazide</i>	Tier 2	
<i>nadolol</i>	Tier 2	
<i>nadolol-bendroflumethiazide</i>	Tier 2	
<i>pindolol</i>	Tier 2	
<i>propranolol hcl (1 mg/ml vial, 10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg/5 ml soln, 40 mg tablet, 60 mg tablet, 80 mg tablet)</i>	Tier 2	
<i>propranolol-hydrochlorothiazid</i>	Tier 2	
CALCIUM CHANNEL BLOCKING AGENTS		
AFEDITAB CR	Tier 2	
<i>amlodipine besylate</i>	Tier 1	
<i>amlodipine besylate-benazepril</i>	Tier 1	
<i>amlodipine-atorvastatin</i>	Tier 3	QL (30 per 30 days)
<i>amlodipine-olmesartan</i>	Tier 2	QL (30 per 30 days)
<i>amlodipine-valsartan</i>	Tier 2	QL (30 per 30 days)
<i>amlodipine-valsartan-hctz</i>	Tier 3	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
CARDENE I.V. (CARDENE-DEX 20 MG/200 ML SOLN, CARDENE-NACL 20 MG/200 ML SOLN, CARDENE-NACL 40 MG/200 ML IV)	Tier 4	
CARTIA XT	Tier 2	
CLEVIPREX	Tier 4	
DILT-XR	Tier 2	
<i>diltiazem 12hr er</i>	Tier 2	
<i>diltiazem 24hr cd (24hr 360 mg cap, 24hr 300 mg cap, 24hr 240 mg cap, 24hr 180 mg cap, 24hr 120 mg cap)</i>	Tier 2	
<i>diltiazem 24hr er (24hr er 240 mg tab, 24hr er 300 mg cap, 24hr er 420 mg cap, 24hr er 420 mg tab, 24hr er 360 mg tab, 24hr er 240 mg cap, 24hr er 180 mg tab, 24hr er 360 mg cap, 24hr er 300 mg tab, 24hr er 180 mg cap, 24hr er 120 mg cap)</i>	Tier 2	
<i>diltiazem er</i>	Tier 2	
<i>diltiazem hcl (25 mg/5 ml vial, 30 mg tablet, 50 mg/10 ml vial, 60 mg tablet, 90 mg tablet, hcl 100 mg vial, 120 mg tablet, 125 mg/25 ml vial)</i>	Tier 2	
<i>felodipine er</i>	Tier 2	
<i>isradipine</i>	Tier 2	
MATZIM LA	Tier 2	
<i>nicardipine hcl (20 mg capsule, 25 mg/10 ml vial, 25 mg/10 ml ampule, 30 mg capsule)</i>	Tier 2	
NIFEDICAL XL	Tier 2	
<i>nifedipine er (er 30 mg tablet, er 60 mg tablet, er 90 mg tablet)</i>	Tier 2	
<i>nimodipine</i>	Tier 2	
<i>nisoldipine</i>	Tier 2	
TAZTIA XT	Tier 2	
<i>verapamil er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule)</i>	Tier 2	
<i>verapamil er (er 120 mg tablet, er 180 mg tablet, er 240 mg tablet)</i>	Tier 1	
<i>verapamil er pm</i>	Tier 2	
<i>verapamil hcl (2.5 mg/ml vial, 2.5 mg/ml ampul, 5 mg/2 ml vial, 10 mg/4 ml vial, 360 mg cap pellet)</i>	Tier 2	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>verapamil sr</i>	Tier 2	
CARDIOVASCULAR AGENTS, OTHER		
CORLANOR	Tier 4	QL (60 per 30 days)
DEMSER	Tier 5	
DIGITEK	Tier 2	
DIGOX	Tier 2	
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet, 500 mcg/2 ml ampule)</i>	Tier 2	
<i>digoxin 0.05 mg/ml solution</i>	Tier 4	
ENTRESTO	Tier 3	QL (60 per 30 days)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 187.5 MCG TABLET, 250 MCG TABLET, 500 MCG/2 ML AMPULE)	Tier 4	
<i>pentoxifylline</i>	Tier 2	
RANEXA ER 1,000 MG TABLET	Tier 3	QL (60 per 30 days)
RANEXA ER 500 MG TABLET	Tier 3	QL (120 per 30 days)
TEKTURNA	Tier 3	QL (30 per 30 days)
TEKTURNA HCT	Tier 3	QL (30 per 30 days)
VECAMYL	Tier 5	
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide sodium</i>	Tier 2	
<i>methazolamide</i>	Tier 2	
DIURETICS, LOOP		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg/4 ml vial, 1 mg tablet, 2 mg tablet, 2.5 mg/10 ml vial)</i>	Tier 2	
<i>ethacrynate sodium</i>	Tier 5	
<i>ethacrynic acid</i>	Tier 3	
<i>furosemide (10 mg/ml solution, 20 mg/2 ml vial, 40 mg/4 ml syringe, 40 mg/5 ml soln, 40 mg/4 ml vial, 100 mg/10 ml vial, 100 mg/10 ml syringe)</i>	Tier 2	
<i>furosemide (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	Tier 1	
<i>torseamide</i>	Tier 2	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	Tier 2	
<i>amiloride-hydrochlorothiazide</i>	Tier 2	
DYRENIUM	Tier 4	
<i>eplerenone</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>spironolactone</i>	Tier 1	
<i>spironolactone-hctz</i>	Tier 2	
<i>triamterene-hydrochlorothiazid</i>	Tier 2	
DIURETICS, THIAZIDE		
<i>chlorothiazide</i>	Tier 1	
<i>chlorothiazide sodium</i>	Tier 2	
<i>chlorthalidone</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>methyclothiazide</i>	Tier 2	
<i>metolazone</i>	Tier 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	Tier 2	QL (30 per 30 days)
<i>fenofibrate 120 mg tablet</i>	Tier 5	QL (30 per 30 days)
<i>fenofibrate 40 mg tablet</i>	Tier 4	QL (30 per 30 days)
<i>fenofibric acid (35 mg tablet, 105 mg tablet)</i>	Tier 2	
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	Tier 2	QL (30 per 30 days)
<i>gemfibrozil</i>	Tier 2	
TRIGLIDE	Tier 4	QL (30 per 30 days)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
ALTOPREV (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	Tier 4	ST, QL (30 per 30 days)
<i>atorvastatin calcium</i>	Tier 1	
<i>ezetimibe-simvastatin</i>	Tier 2	QL (30 per 30 days)
<i>fluvastatin er</i>	Tier 2	QL (30 per 30 days)
<i>fluvastatin sodium 20 mg cap</i>	Tier 2	QL (30 per 30 days)
<i>fluvastatin sodium 40 mg cap</i>	Tier 2	QL (60 per 30 days)
LIVALO	Tier 4	QL (30 per 30 days)
<i>lovastatin</i>	Tier 1	
<i>pravastatin sodium</i>	Tier 1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	Tier 1	QL (45 per 30 days)
<i>rosuvastatin calcium 40 mg tab</i>	Tier 1	QL (30 per 30 days)
<i>simvastatin</i>	Tier 1	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (packet, powder)</i>	Tier 2	
<i>cholestyramine light (packet, powder)</i>	Tier 2	
<i>colesevelam hcl (hcl 3.75 g packet, 625 mg tablet)</i>	Tier 3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>colestipol hcl (hcl 1 gm tablet, hcl granules, hcl granules packet, micronized 1 gm tab)</i>	Tier 2	
<i>ezetimibe</i>	Tier 2	QL (30 per 30 days)
JUXTAPID	Tier 5	PA, QL (30 per 30 days)
KYNAMRO	Tier 5	PA, QL (4 per 28 days)
<i>niacin er (er 750 mg tablet, er 1,000 mg tablet)</i>	Tier 2	QL (60 per 30 days)
<i>niacin er 500 mg tablet</i>	Tier 2	QL (90 per 30 days)
NIACOR	Tier 3	
<i>omega-3 acid ethyl esters</i>	Tier 2	QL (120 per 30 days)
PRALUENT PEN	Tier 5	PA, QL (2 per 28 days)
PRALUENT SYRINGE (75 MG/ML SYRINGE, 150 MG/ML SYRINGE)	Tier 5	PA, QL (2 per 28 days)
PREVALITE (PACKET, POWDER)	Tier 2	
REPATHA PUSHTRONEX	Tier 5	PA, QL (4 per 30 days)
REPATHA SURECLICK	Tier 5	PA, QL (2 per 28 days)
REPATHA SYRINGE	Tier 5	PA, QL (2 per 28 days)
VASCEPA	Tier 3	QL (120 per 30 days)
WELCHOL 3.75G PACKET	Tier 4	
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tablet, 20 mg/ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 2	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	Tier 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
BIDIL	Tier 4	QL (180 per 30 days)
DILATRATE-SR	Tier 4	
GONITRO	Tier 4	
<i>isosorbide dinitrate</i>	Tier 2	
<i>isosorbide dinitrate er</i>	Tier 2	
<i>isosorbide mononitrate</i>	Tier 2	
<i>isosorbide mononitrate er</i>	Tier 2	
MINITRAN	Tier 2	
NITRO-BID	Tier 4	
NITRO-DUR (0.1 PATCH, 0.2 PATCH, 0.3 PATCH, 0.4 PATCH, 0.6 PATCH, 0.8 PATCH)	Tier 4	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.6 mg tablet sl)</i>	Tier 2	
<i>nitroglycerin 400 mcg lingual spray</i>	Tier 4	
<i>nitroglycerin 5 mg/ml vial</i>	Tier 4	
<i>nitroglycerin patch</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
NITROLINGUAL	Tier 4	
NITROMIST	Tier 4	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>dextroamp-amphet er 30 mg cap</i>	Tier 3	QL (60 per 30 days)
<i>dextroamphetamine sulfate (5 mg tab, 5 mg/5 ml, 10 mg tab)</i>	Tier 4	
<i>dextroamphetamine sulfate er</i>	Tier 4	
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap)</i>	Tier 3	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine</i>	Tier 3	
<i>methamphetamine hcl</i>	Tier 4	PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl</i>	Tier 3	
<i>clonidine hcl er</i>	Tier 3	QL (120 per 30 days)
DAYTRANA	Tier 4	QL (30 per 30 days)
<i>dexmethylphenidate hcl</i>	Tier 3	
<i>dexmethylphenidate hcl er (er 15 mg cp, er 20 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i>	Tier 3	QL (30 per 30 days)
<i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp)</i>	Tier 3	QL (60 per 30 days)
<i>guanfacine hcl er (er 1 mg tablet, er 2 mg tablet)</i>	Tier 3	QL (60 per 30 days)
<i>guanfacine hcl er (er 3 mg tablet, er 4 mg tablet)</i>	Tier 3	QL (30 per 30 days)
METADATE ER	Tier 2	
METHYLIN (2.5 MG TAB, 5 MG TABLET, 10 MG TABLET)	Tier 4	
<i>methylphenidate cd 30 mg cap</i>	Tier 3	QL (60 per 30 days)
<i>methylphenidate er (er 10 mg cap, er 18 mg tab, er 20 mg cap, er 27 mg tab)</i>	Tier 3	QL (90 per 30 days)
<i>methylphenidate er (er 10 mg tab, er 20 mg tab)</i>	Tier 3	
<i>methylphenidate er (er 30 mg cap, er 36 mg tab, er 54 mg tab)</i>	Tier 3	QL (60 per 30 days)
<i>methylphenidate er (er 40 mg cap, er 72 mg tab)</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate hcl (2.5 mg chew tb, 5 mg tablet, 5 mg chew tab, 10 mg chew tab, 10 mg tablet, 20 mg tablet)</i>	Tier 3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap)</i>	Tier 3	QL (90 per 30 days)
<i>methylphenidate hcl cd (40 mg cap, 50 mg cap, 60 mg cap)</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate hcl er (er 50 mg cap, er 60 mg cap)</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate la (10 mg cap, 20 mg cap)</i>	Tier 3	QL (90 per 30 days)
<i>methylphenidate la (40 mg cap, 60 mg cap)</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate la 30 mg cap</i>	Tier 3	QL (60 per 30 days)
RELEXXII	Tier 5	QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (9 MG TABLET, 12 MG TABLET)	Tier 5	PA, QL (120 per 30 days)
AUSTEDO 6 MG TABLET	Tier 5	PA, QL (60 per 30 days)
INGREZZA 40 MG CAPSULE	Tier 5	PA, QL (60 per 30 days)
INGREZZA 80 MG CAPSULE	Tier 5	PA, QL (30 per 30 days)
LUCEMYRA	Tier 5	
NUEDEXTA	Tier 4	PA, QL (60 per 30 days)
<i>riluzole</i>	Tier 2	
<i>tetrabenazine 12.5 mg tablet</i>	Tier 5	PA, QL (240 per 30 days)
<i>tetrabenazine 25 mg tablet</i>	Tier 5	PA, QL (120 per 30 days)
FIBROMYALGIA AGENTS		
LYRICA (200 MG CAPSULE, 225 MG CAPSULE)	Tier 3	QL (90 per 30 days)
LYRICA 100 MG CAPSULE	Tier 3	QL (180 per 30 days)
LYRICA 150 MG CAPSULE	Tier 3	QL (120 per 30 days)
LYRICA 25 MG CAPSULE	Tier 3	QL (720 per 30 days)
LYRICA 300 MG CAPSULE	Tier 3	QL (60 per 30 days)
LYRICA 50 MG CAPSULE	Tier 3	QL (360 per 30 days)
LYRICA 75 MG CAPSULE	Tier 3	QL (240 per 30 days)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 4	ST, QL (60 per 30 days)
SAVELLA TITRATION PACK	Tier 4	ST
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	Tier 5	PA, QL (60 per 30 days)
AUBAGIO	Tier 5	QL (30 per 30 days)
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)	Tier 5	QL (4 per 28 days)
AVONEX PEN	Tier 5	QL (4 per 30 days)
BETASERON	Tier 5	PA, QL (14 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
COPAXONE 20 MG/ML SYRINGE	Tier 5	PA, QL (30 per 30 days)
COPAXONE 40 MG/ML SYRINGE	Tier 5	QL (12 per 28 days)
EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	Tier 5	PA, QL (15 per 30 days)
GILENYA 0.5 MG CAPSULE	Tier 5	QL (30 per 30 days)
<i>glatiramer 20 mg/ml syringe</i>	Tier 5	QL (30 per 30 days)
<i>glatiramer 40 mg/ml syringe</i>	Tier 5	QL (12 per 28 days)
GLATOPA 20 MG/ML SYRINGE	Tier 5	QL (30 per 30 days)
GLATOPA 40 MG/ML SYRINGE	Tier 5	QL (12 per 28 days)
LEMTRADA	Tier 5	PA
OCREVUS	Tier 5	PA
PLEGRIDY	Tier 5	QL (1 per 28 days)
PLEGRIDY PEN	Tier 5	QL (1 per 28 days)
REBIF	Tier 5	QL (12 per 28 days)
REBIF REBIDOSE	Tier 5	QL (12 per 28 days)
TECFIDERA	Tier 5	QL (60 per 30 days)
TYSABRI	Tier 5	PA
ZINBRYTA	Tier 5	PA
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl</i>	Tier 3	
<i>chlorhexidine 0.12% rinse</i>	Tier 2	
KEPIVANCE	Tier 5	
ORALONE	Tier 2	
PAROEX	Tier 2	
PERIOGARD	Tier 2	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	Tier 3	
<i>triamcinolone 0.1% paste</i>	Tier 2	
DERMATOLOGICAL AGENTS		
DERMATOLOGICAL AGENTS		
ABSORICA (10 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE, 35 MG CAPSULE, 40 MG CAPSULE)	Tier 5	
ACANYA	Tier 4	
<i>acitretin</i>	Tier 4	
<i>adapalene (0.1% cream, 0.1% gel, 0.3% gel, 0.3% gel pump)</i>	Tier 4	PA
<i>adapalene-benzoyl peroxide</i>	Tier 3	
<i>ammonium lactate</i>	Tier 2	
AMNESTEEM	Tier 3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
ATRALIN	Tier 4	PA
AVITA	Tier 4	PA
AZELEX	Tier 4	
<i>calcipotriene (0.005% solution, 0.005% ointment, 0.005% cream)</i>	Tier 3	
<i>calcipotriene-betamethasone dp</i>	Tier 4	
CALCITRENE	Tier 3	
<i>calcitriol 3 mcg/g ointment</i>	Tier 4	
CARAC	Tier 5	
CLARAVIS	Tier 3	
<i>clind ph-benzoyl perox 1.2-5%</i>	Tier 3	
<i>clindamycin phos-tretinoin</i>	Tier 4	
<i>clindamycin-benzoyl perox 1-5%</i>	Tier 3	
<i>clindamycin-benzoyl peroxide</i>	Tier 3	
CONDYLOX (0.5% TOPICAL SOLN, 0.5% GEL)	Tier 4	
COSENTYX (2 SYRINGES)	Tier 5	PA, QL (10 per 28 days)
COSENTYX PEN	Tier 5	PA, QL (10 per 28 days)
COSENTYX PEN (2 PENS)	Tier 5	PA, QL (10 per 28 days)
COSENTYX SYRINGE	Tier 5	PA, QL (10 per 28 days)
<i>dapsone 5% gel</i>	Tier 3	
<i>diclofenac sodium 3% gel</i>	Tier 5	PA
DIFFERIN (0.1% CREAM, 0.1% LOTION, 0.1% GEL, 0.3% GEL PUMP, 0.3% GEL)	Tier 4	PA
<i>doxepin 5% cream</i>	Tier 4	PA
ELIDEL	Tier 4	QL (100 per 30 days)
ENSTILAR	Tier 5	ST
EPIDUO FORTE	Tier 4	
<i>erythromycin-benzoyl peroxide</i>	Tier 3	
FABIOR	Tier 4	PA
FINACEA	Tier 4	
<i>fluorouracil (2% topical soln, 5% cream, 5% topical soln)</i>	Tier 2	
<i>fluorouracil 0.5% cream</i>	Tier 5	
<i>imiquimod 5% cream packet</i>	Tier 3	
<i>isotretinoin</i>	Tier 3	
<i>methoxsalen</i>	Tier 5	
MYORISAN	Tier 3	
ONEXTON GEL PUMP	Tier 4	
PICATO	Tier 5	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
<i>podofilox</i>	Tier 2	
PRUDOXIN	Tier 4	
REGRANEX	Tier 5	
RETIN-A	Tier 4	PA
RETIN-A MICRO	Tier 4	PA
RETIN-A MICRO PUMP (PUMP 0.04% GEL, PUMP 0.08% GEL, PUMP 0.1% GEL)	Tier 4	PA
RETIN-A MICRO PUMP 0.06% GEL	Tier 5	PA
SANTYL	Tier 4	
<i>selenium sulfide 2.5% lotion</i>	Tier 2	
<i>sodium sulfacetamide 10% lot</i>	Tier 2	
SORILUX	Tier 4	
<i>sulfacetamide sodium (sod 10% top susp, sodium 10% lotn)</i>	Tier 2	
TACLONEX 0.005%-0.064% SUSPENS	Tier 5	ST
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	Tier 2	QL (100 per 30 days)
TALTZ AUTOINJECTOR	Tier 5	PA, QL (4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	Tier 5	PA, QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	Tier 5	PA, QL (4 per 28 days)
TALTZ SYRINGE	Tier 5	PA, QL (4 per 28 days)
TALTZ SYRINGE (2 PACK)	Tier 5	PA, QL (4 per 28 days)
TALTZ SYRINGE (3 PACK)	Tier 5	PA, QL (4 per 28 days)
<i>tazarotene</i>	Tier 3	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% CREAM, 0.1% GEL)	Tier 4	PA
TOLAK	Tier 4	
TRETIN-X 0.075% CREAM	Tier 4	PA
<i>tretinoin (0.01% gel, 0.025% gel, 0.025% cream, 0.05% cream, 0.05% gel, 0.1% cream)</i>	Tier 3	PA
<i>tretinoin microsphere</i>	Tier 4	PA
UVADEX	Tier 4	
VEREGEN	Tier 5	
XERESE	Tier 4	
ZENATANE	Tier 3	
ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM PUMP, 3.75% CREAM)	Tier 5	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
AMINOSYN	Tier 4	B/D PA
AMINOSYN II (8.5% IV SOLUTION, 10% IV SOLUTION, 15% IV SOLUTION)	Tier 4	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
AMINOSYN II WITH ELECTROLYTES	Tier 4	B/D PA
AMINOSYN M	Tier 4	B/D PA
AMINOSYN WITH ELECTROLYTES	Tier 4	B/D PA
AMINOSYN-HBC	Tier 4	B/D PA
AMINOSYN-PF	Tier 4	B/D PA
AMINOSYN-RF	Tier 4	B/D PA
<i>calcium gluconate (gluc 1,000 mg/10 ml vl, gluc 5,000 mg/50 ml vl, gluc 10,000 mg/100 ml, gluconate 10% vial)</i>	Tier 2	
CARBAGLU	Tier 5	PA
CLINIMIX	Tier 4	B/D PA
CLINIMIX E	Tier 4	B/D PA
CLINIMIX N14G30E	Tier 4	B/D PA
CLINIMIX N9G15E	Tier 4	B/D PA
CLINIMIX N9G20E	Tier 4	B/D PA
CLINISOL	Tier 4	B/D PA
DENTA 5000 PLUS	Tier 2	
DENTAGEL	Tier 2	
<i>dextrose 10%-0.2% nacl</i>	Tier 2	
<i>dextrose 10%-0.45% nacl</i>	Tier 2	
<i>dextrose 2.5%-0.45% nacl</i>	Tier 2	
<i>dextrose 5%-0.2% nacl</i>	Tier 2	
<i>dextrose 5%-0.2% nacl-kcl</i>	Tier 2	
<i>dextrose 5%-0.225% nacl</i>	Tier 2	
<i>dextrose 5%-0.225% nacl-kcl</i>	Tier 2	
<i>dextrose 5%-0.3% nacl</i>	Tier 2	
<i>dextrose 5%-0.3% nacl-kcl</i>	Tier 2	
<i>dextrose 5%-0.33% nacl</i>	Tier 2	
<i>dextrose 5%-0.33% nacl-kcl</i>	Tier 2	
<i>dextrose 5%-0.45% nacl</i>	Tier 2	
<i>dextrose 5%-0.45% nacl-kcl</i>	Tier 2	
<i>dextrose 5%-0.9% nacl</i>	Tier 2	
<i>dextrose 5%-1/2ns-kcl</i>	Tier 2	
<i>dextrose 5%-1/4ns-kcl (d5%-1/4ns-kcl 40 iv sol, d5%-1/4ns-kcl 30 iv sol)</i>	Tier 2	
<i>dextrose 5%-electrolyte #48</i>	Tier 2	
<i>dextrose 5%-ns-kcl</i>	Tier 2	
<i>dextrose 5%-potassium chloride</i>	Tier 2	
FREAMINE HBC	Tier 4	B/D PA
FREAMINE III	Tier 4	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
HEPATAMINE	Tier 2	B/D PA
IONOSOL MB-DEXTROSE 5%	Tier 4	
ISOLYTE P WITH DEXTROSE	Tier 4	
ISOLYTE S	Tier 4	
KABIVEN	Tier 4	B/D PA
<i>kcl 20 meq in d5w-lact ringer</i>	Tier 4	
<i>kcl 40 meq in d5w-lact ringer</i>	Tier 4	
<i>kcl-ns 1,000 ml iv soln</i>	Tier 2	
KLOR-CON 10	Tier 2	
KLOR-CON 20 MEQ PACKET (SELECT MANUFACTURERS ONLY)	Tier 4	
KLOR-CON 8	Tier 2	
KLOR-CON M10	Tier 2	
KLOR-CON M15	Tier 2	
KLOR-CON M20	Tier 2	
KLOR-CON SPRINKLE	Tier 2	
<i>lactated ringers</i>	Tier 2	
<i>magnesium chl 200 mg/ml vial</i>	Tier 4	
<i>magnesium sulf 1 g/100 ml-d5w</i>	Tier 4	
<i>magnesium sulfate (2 g/50 ml bag, 4 g/50 ml bag, 4 g/100 ml bag, 20 g/500 ml bag, 40 g/1,000 ml)</i>	Tier 4	
<i>magnesium sulfate (50% syringe, 50% vial)</i>	Tier 2	
NEPHRAMINE	Tier 4	B/D PA
NORMOSOL-M AND DEXTROSE	Tier 4	
NORMOSOL-R	Tier 4	
NORMOSOL-R AND DEXTROSE	Tier 4	
NORMOSOL-R PH 7.4	Tier 4	
PERIKABIVEN	Tier 4	B/D PA
PHYSIOLYTE	Tier 2	
PHYSIOSOL	Tier 2	
PLASMA-LYTE 148	Tier 4	
PLASMA-LYTE 56 IN DEXTROSE	Tier 4	
PLASMA-LYTE A PH 7.4	Tier 4	
<i>potassium chloride (2 meq/ml vial, er 8 meq tablet, er 8 meq capsule, 10 meq/50 ml sol, 10 meq/5 ml conc, 10% (20 meq/15ml), 10% (40 meq/30ml), 10 meq/100 ml sol, er 10 meq capsule, er 10 meq tablet, 20 meq/100 ml sol, 20% (40 meq/15ml), 20 meq/50 ml sol, 20 meq/10 ml conc, er 20 meq tablet, 30 meq/100 ml sol, 40 meq/100 ml sol, 40 meq/20 ml conc)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
<i>potassium citrate er</i>	Tier 2	
<i>potassium cl 20 meq packet (select manufacturers only)</i>	Tier 4	
<i>potassium cl 20 meq-0.45% nacl</i>	Tier 4	
PREMASOL	Tier 4	B/D PA
PREVIDENT 5000 1.1% DRY MOUTH	Tier 4	
PREVIDENT 5000 ENAMEL PROTECT	Tier 4	
PREVIDENT 5000 SENSITIVE	Tier 4	
PROCALAMINE	Tier 4	B/D PA
PROSOL	Tier 4	B/D PA
RENACIDIN	Tier 4	
<i>ringers injection</i>	Tier 2	
<i>ringers irrigation</i>	Tier 2	
SF 1.1% GEL	Tier 2	
SF 5000 PLUS	Tier 2	
<i>sodium chloride (saline 0.45% soln-excel con, saline 0.9% soln-excel cont, sodium chloride 0.45% soln, sodium chloride 0.45% solution, sodium chloride 0.9% 50 ml, sodium chloride 0.9% solution, sodium chloride 0.9% soln, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% irrig., sodium chloride 0.9% 100 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 500 ml, sodium chloride 3% iv soln, sodium chloride 4 meq/ml vl, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml)</i>	Tier 2	
<i>sodium chloride-water</i>	Tier 2	
<i>sodium fluoride 1 mg oral tablet</i>	Tier 2	
<i>sodium lactate</i>	Tier 2	
TIS-U-SOL PENTALYTE	Tier 2	
TPN ELECTROLYTES	Tier 2	
TRAVASOL	Tier 4	B/D PA
TROPHAMINE	Tier 4	B/D PA
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	Tier 4	
CUPRIMINE	Tier 5	ST
DEPEN	Tier 5	
EXJADE	Tier 5	
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	Tier 5	
JADENU	Tier 5	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
JADENU SPRINKLE	Tier 5	
JYNARQUE	Tier 5	PA, QL (56 per 28 days)
KIONEX (15 GM/60 ML SUSPENSION, POWDER)	Tier 2	
SAMSCA	Tier 5	PA
<i>sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sodium polystyrene sulf powder, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)</i>	Tier 2	
SPS	Tier 2	
<i>trientine hcl</i>	Tier 5	ST
VELTASSA	Tier 4	QL (30 per 30 days)
PHOSPHATE BINDERS		
AURYXIA	Tier 5	
<i>calcium acetate (667 mg capsule, 667 mg tablet, 667 mg gelcap)</i>	Tier 2	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	Tier 4	
<i>lanthanum carbonate</i>	Tier 4	
PHOSLYRA	Tier 4	
<i>sevelamer 0.8 gm powder packet</i>	Tier 5	QL (180 per 30 days)
<i>sevelamer 2.4 gm powder packet</i>	Tier 5	
<i>sevelamer carbonate 800 mg tab</i>	Tier 3	QL (270 per 30 days)
VITAMINS		
PRENATAL VITAMIN ORAL TABLET	Tier 4	
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
<i>atropine sulfate (0.05 mg/ml syringe, 0.1 mg/ml syringe, 0.1 mg/ml abboject, 0.5 mg/5 ml abboject)</i>	Tier 2	
BENTYL 10 MG/ML AMPUL	Tier 4	
<i>dicyclomine 10 mg/5 ml soln</i>	Tier 3	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	Tier 2	
GLYCATE	Tier 4	
<i>glycopyrrolate (0.2 mg/ml vial, 0.4 mg/2 ml vl, 1 mg/5 ml vial, 1 mg tablet, 2 mg tablet, 4 mg/20 ml vial)</i>	Tier 2	
<i>methscopolamine bromide</i>	Tier 2	
GASTROINTESTINAL AGENTS, OTHER		
<i>chlordiazepoxide/clidinium (select manufacturers only)</i>	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GASTROINTESTINAL AGENTS (CONTINUED)		
<i>diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)</i>	Tier 2	
GATTEX	Tier 5	PA
<i>loperamide 2 mg capsule</i>	Tier 2	
MOVANTIK	Tier 3	QL (30 per 30 days)
MYTESI	Tier 4	PA
OSMOPREP	Tier 4	
<i>peg 3350-electrolyte solution</i>	Tier 2	
PYLERA	Tier 3	
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML VIAL, 12 MG/0.6 ML SYRINGE)	Tier 5	PA, QL (30 per 30 days)
RELISTOR 150 MG TABLET	Tier 5	PA, QL (90 per 30 days)
SUPREP	Tier 4	
SYMPROIC	Tier 4	PA, QL (30 per 30 days)
TRILYTE WITH FLAVOR PACKETS	Tier 2	
<i>ursodiol</i>	Tier 2	
XIFAXAN 200 MG TABLET	Tier 4	
XIFAXAN 550 MG TABLET	Tier 5	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (200 mg tablet, 300 mg/5 ml soln, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	Tier 2	
<i>famotidine (20 mg tablet, 20 mg/2 ml vial, 20 mg piggyback, 40 mg/4 ml vial, 40 mg tablet, 200 mg/20 ml vial)</i>	Tier 2	
<i>nizatidine (15 mg/ml solution, 150 mg capsule, 300 mg capsule)</i>	Tier 2	
<i>ranitidine hcl (15 mg/ml syrup, hcl 50 mg/2 ml vial, 150 mg/10 ml syrup, 150 mg capsule, hcl 150 mg/6 ml vl, 300 mg capsule)</i>	Tier 3	
<i>ranitidine hcl (150 mg tablet, 300 mg tablet)</i>	Tier 2	
IRRITABLE BOWEL SYNDROME AGENTS		
<i>alosetron hcl</i>	Tier 5	QL (60 per 30 days)
LINZESS	Tier 3	QL (30 per 30 days)
VIBERZI	Tier 5	QL (60 per 30 days)
LAXATIVES		
CLENPIQ	Tier 4	
CONSTULOSE	Tier 2	
ENULOSE	Tier 2	
GAVILYTE-C	Tier 2	
GAVILYTE-G	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GASTROINTESTINAL AGENTS (CONTINUED)		
GAVILYTE-H AND BISACODYL	Tier 2	
GAVILYTE-N	Tier 2	
GENERLAC	Tier 2	
KRISTALOSE	Tier 4	
<i>lactulose</i>	Tier 2	
MOVIPREP	Tier 4	
<i>peg 3350 electrolyte soln</i>	Tier 2	
<i>peg-3350 and electrolytes</i>	Tier 2	
<i>polyethylene glycol 3350</i>	Tier 2	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	Tier 4	
<i>misoprostol</i>	Tier 2	
<i>sucralfate</i>	Tier 2	
PROTON PUMP INHIBITORS		
DEXILANT	Tier 4	
<i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>	Tier 2	QL (60 per 30 days)
<i>esomeprazole sodium</i>	Tier 3	
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	Tier 2	QL (60 per 30 days)
<i>lansoprazole (odt 15 mg tablet, odt 30 mg tablet)</i>	Tier 4	QL (60 per 30 days)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 40 MG PACKET)	Tier 4	QL (60 per 30 days)
<i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i>	Tier 2	QL (60 per 30 days)
<i>omeprazole dr 20 mg capsule</i>	Tier 2	QL (120 per 30 days)
<i>omeprazole-sodium bicarbonate (20-1,680 pkt, 20-1,100 cap, 40-1,100 cap, 40-1,680 pkt)</i>	Tier 4	QL (60 per 30 days)
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	Tier 2	QL (60 per 30 days)
<i>pantoprazole sodium 40 mg vial</i>	Tier 3	
PRILOSEC DR SUSPENSION	Tier 4	
<i>rabeprazole sodium</i>	Tier 2	QL (60 per 30 days)
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ADAGEN	Tier 5	
ALDURAZYME	Tier 5	PA
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	Tier 5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (CONTINUED)		
CERDELGA	Tier 5	PA, QL (56 per 28 days)
CEREZYME	Tier 5	PA
CHOLBAM	Tier 5	PA
CREON	Tier 3	
CYSTADANE	Tier 5	
CYSTAGON	Tier 4	
ELAPRASE	Tier 5	PA
ELELYSO	Tier 5	PA
EXONDYS 51	Tier 5	PA
FABRAZYME (5 MG VIAL, 35 MG VIAL)	Tier 5	PA
GLASSIA	Tier 5	PA
KANUMA	Tier 5	PA
KRYSTEXXA	Tier 5	PA
KUVAN	Tier 5	PA
LUMIZYME	Tier 5	
<i>miglustat</i>	Tier 5	PA
NAGLAZYME	Tier 5	PA
OCALIVA	Tier 5	PA, QL (30 per 30 days)
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	Tier 5	PA
PALYNZIQ	Tier 5	PA
PANCREAZE	Tier 3	
PROCYSBI	Tier 5	PA
PROLASTIN C (1,000 MG/20 ML VL, 1,000 MG VIAL)	Tier 5	PA
RAVICTI	Tier 5	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	Tier 5	
STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL)	Tier 5	PA
STRENSIQ 80 MG/0.8 ML VIAL	Tier 5	PA, QL (38.4 per 28 days)
SUCRAID	Tier 5	
VIMIZIM	Tier 5	PA
VPRIV	Tier 5	PA
ZAVESCA	Tier 5	PA
ZEMAIRA	Tier 5	PA
ZENPEP	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin er</i>	Tier 2	QL (30 per 30 days)
<i>flavoxate hcl</i>	Tier 2	
GELNIQUE (10% GEL SACHET, 10% GEL SACHETS, 10% GEL PUMP)	Tier 4	QL (30 per 30 days)
MYRBETRIQ	Tier 3	QL (30 per 30 days)
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml syrup)</i>	Tier 2	
<i>oxybutynin chloride er</i>	Tier 2	QL (60 per 30 days)
<i>tolterodine tartrate</i>	Tier 2	
<i>tolterodine tartrate er</i>	Tier 2	QL (30 per 30 days)
TOVIAZ	Tier 4	QL (30 per 30 days)
<i>trospium chloride</i>	Tier 2	
<i>trospium chloride er</i>	Tier 2	QL (30 per 30 days)
VESICARE	Tier 3	QL (30 per 30 days)
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	Tier 2	QL (60 per 30 days)
<i>doxazosin mesylate</i>	Tier 2	
<i>dutasteride</i>	Tier 2	QL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	Tier 2	QL (30 per 30 days)
<i>finasteride 5 mg tablet</i>	Tier 2	
RAPAFLO	Tier 3	
<i>tamsulosin hcl</i>	Tier 1	QL (60 per 30 days)
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	Tier 2	
CIALIS (2.5 MG TABLET, 5 MG TABLET)	Tier 3	PA, QL (30 per 30 days)
ELMIRON	Tier 4	
LITHOSTAT	Tier 5	
THIOLA	Tier 4	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
GLUCOCORTICOID/ MINERALOCORTICOID		
ALA-CORT	Tier 2	
<i>alclometasone dipropionate</i>	Tier 2	
<i>amcinonide (0.1% ointment, 0.1% lotion, 0.1% cream)</i>	Tier 3	
ANALPRAM HC (1% CREAM, 2.5%-1% LOTION)	Tier 2	
APEXICON E	Tier 4	
ARISTOSPAN	Tier 4	B/D PA
<i>betamethasone diprop augmented (0.05% lot, 0.05% oin, 0.05% crm, 0.05% gel)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL) (CONTINUED)		
<i>betamethasone dipropionate (0.05% oint, 0.05% crm, 0.05% lot)</i>	Tier 2	
<i>betamethasone valer 0.12% foam</i>	Tier 3	
<i>betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm)</i>	Tier 2	
CAPEX SHAMPOO	Tier 4	ST
CELESTONE	Tier 4	
<i>clobetasol emollient 0.05% crm</i>	Tier 2	
<i>clobetasol emollnt 0.05% foam</i>	Tier 4	
<i>clobetasol emulsion</i>	Tier 4	
<i>clobetasol propionate (0.05% ointment, 0.05% cream, 0.05% topical lotn, 0.05% solution)</i>	Tier 2	
<i>clobetasol propionate (prop 0.05% foam, prop 0.05% spray, 0.05% gel, 0.05% shampoo)</i>	Tier 4	
<i>clocortolone pivalate</i>	Tier 2	
CORDRAN (4 CM TAPE LARGE, 4 CM TAPE SMALL)	Tier 4	ST
CORTIFOAM	Tier 4	
<i>cortisone acetate</i>	Tier 2	
DECADRON 0.5 MG/5 ML ELIXIR	Tier 2	B/D PA
DELTASONE	Tier 2	B/D PA
DEPO-MEDROL 20 MG/ML VIAL	Tier 4	B/D PA
DESONATE	Tier 4	ST
<i>desonide (0.05% ointment, 0.05% lotion, 0.05% cream)</i>	Tier 3	
<i>desoximetasone (0.05% gel, 0.05% cream, 0.05% ointment, 0.25% cream, 0.25% ointment)</i>	Tier 3	
<i>dexamethasone (0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	Tier 2	B/D PA
DEXAMETHASONE INTENSOL	Tier 2	
<i>dexamethasone sodium phosphate (4 mg/ml vial, 4 mg/ml syringe, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	Tier 2	B/D PA
<i>diflorasone diacetate</i>	Tier 4	
EMFLAZA (22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	Tier 5	PA
EMFLAZA 18 MG TABLET	Tier 5	PA, QL (30 per 30 days)
EMFLAZA 6 MG TABLET	Tier 5	PA, QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL) (CONTINUED)		
<i>fludrocortisone acetate</i>	Tier 2	
<i>fluocinolone acetonide (0.01% solution, 0.01% scalp oil, 0.01% body oil, 0.01% cream, 0.025% ointment, 0.025% cream)</i>	Tier 2	
<i>fluocinonide (0.05% solution, 0.05% gel, 0.05% cream, 0.05% ointment)</i>	Tier 2	
<i>fluocinonide 0.1% cream</i>	Tier 3	
<i>fluocinonide-e</i>	Tier 2	
<i>flurandrenolide (0.05% lotion, 0.05% cream, 0.05% ointment)</i>	Tier 3	
<i>fluticasone prop 0.05% lotion</i>	Tier 3	
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	Tier 2	
H.P. ACTHAR	Tier 5	PA
<i>halobetasol propionate</i>	Tier 2	
HALOG (0.1% CREAM, 0.1% OINTMENT)	Tier 4	ST
<i>hydrocort-pramoxine 1%-1% crm</i>	Tier 2	
<i>hydrocortisone (1% ointment, 1% cream, 1% absorbase, 2.5% ointment, 2.5% lotion, 2.5% cream, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Tier 2	
<i>hydrocortisone butyr 0.1% lotn</i>	Tier 4	
<i>hydrocortisone butyrate (hydrocort buty 0.1% lipid crm, hydrocort buty 0.1% lipo cream, hydrocortisone buty 0.1% cream, hydrocortisone butyr 0.1% oint, hydrocortisone butyr 0.1% soln)</i>	Tier 2	
<i>hydrocortisone valerate</i>	Tier 2	
IMPOYZ	Tier 4	ST
KENALOG-10	Tier 4	
KENALOG-40	Tier 4	
MEDROL 2 MG TABLET	Tier 4	B/D PA
<i>methylprednisolone (4 mg tablet, 8 mg tab, 16 mg tab, 32 mg tab)</i>	Tier 2	B/D PA
<i>methylprednisolone 4 mg dosepk</i>	Tier 2	
<i>methylprednisolone acetate (40 mg/ml vl, 80 mg/ml vl)</i>	Tier 2	B/D PA
<i>methylprednisolone sodium succ (1 gm vl, 40 mg vl, 125 mg)</i>	Tier 2	B/D PA
MICORT-HC	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL) (CONTINUED)		
<i>mometasone furoate (0.1% soln, 0.1% oint, 0.1% cream)</i>	Tier 2	
NOLIX (0.05% CREAM, 0.05% LOTION)	Tier 3	
PANDEL	Tier 4	ST
PRAMOSONE (1% LOTION, 1%-1% CREAM, 2.5%-1% LOTION)	Tier 2	
<i>prednicarbate</i>	Tier 2	
<i>prednisolone</i>	Tier 2	B/D PA
<i>prednisolone sodium phos odt</i>	Tier 2	
<i>prednisolone sodium phosphate (10 mg/5 ml soln, 20 mg/5 ml soln)</i>	Tier 4	B/D PA
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 15 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	Tier 2	B/D PA
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg/5 ml solution, 5 mg tablet, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	Tier 2	B/D PA
<i>prednisone (5 mg tab pack, 10 mg tab pack)</i>	Tier 2	
PREDNISON INTENSOL	Tier 2	B/D PA
PROCTO-MED HC	Tier 2	
PROCTO-PAK	Tier 2	
PROCTOFOAM-HC	Tier 4	
PROCTOSOL-HC	Tier 2	
PROCTOZONE-HC	Tier 2	
RAYOS (DR 1 MG TABLET, DR 2 MG TABLET, DR 5 MG TABLET)	Tier 5	B/D PA
SERNIVO	Tier 5	ST
SOLU-CORTEF (100 MG VIAL, 250 MG VIAL, 500 MG VIAL, 1,000 MG VIAL)	Tier 4	B/D PA
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL, 2,000 MG VIAL)	Tier 4	B/D PA
TAPERDEX	Tier 4	
TOPICORT 0.25% SPRAY	Tier 4	ST
<i>triamcinolone 0.147 mg/g topical spray</i>	Tier 3	
<i>triamcinolone acetonide (0.025% oint, 0.025% cream, 0.025% lotion, 0.1% cream, 0.1% ointment, 0.1% lotion, 0.5% ointment, 0.5% cream)</i>	Tier 2	
<i>triamcinolone acetonide (acet 40mg/ml vl, acet 40 mg/ml vl, acet 50mg/5ml vl, 200 mg/5 ml vial, 400 mg/10 ml vl)</i>	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL) (CONTINUED)		
TRIANEX	Tier 2	
TRIDERM	Tier 2	
U-CORT	Tier 2	
ZODEX	Tier 4	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>chorionic gonadotropin</i>	Tier 4	PA
<i>desmopressin acetate (0.01% spray, 0.01% solution, 0.1 mg/ml sol, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i>	Tier 3	
<i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>	Tier 2	
EGRIFTA 1 MG VIAL	Tier 5	PA
EGRIFTA 2 MG VIAL	Tier 5	PA
GENOTROPIN (MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	Tier 5	PA
GENOTROPIN MINIQUICK 0.2 MG	Tier 3	PA
HUMATROPE	Tier 5	PA
INCRELEX	Tier 5	PA
NOCTIVA	Tier 4	
NORDITROPIN FLEXPRO	Tier 5	PA
NOVAREL (5,000 UNIT VIAL, 10,000 UNITS VIAL)	Tier 4	PA
NUTROPIN AQ	Tier 5	PA
NUTROPIN AQ NUSPIN	Tier 5	PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	Tier 5	PA
PREGNYL	Tier 4	PA
SAIZEN	Tier 5	PA
SAIZEN-SAIZENPREP	Tier 5	PA
SEROSTIM	Tier 5	PA
STIMATE	Tier 4	
ZOMACTON 10 MG VIAL	Tier 5	PA
ZOMACTON 5 MG VIAL	Tier 4	PA
ZORBTIVE	Tier 5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50	Tier 5	
<i>oxandrolone 10 mg tablet</i>	Tier 5	
<i>oxandrolone 2.5 mg tablet</i>	Tier 3	
ANDROGENS		
ANDRODERM	Tier 3	QL (30 per 30 days)
ANDROGEL (1%(2.5G) GEL PACKET, 1%(5G) GEL PACKET)	Tier 3	QL (300 per 30 days)
ANDROGEL (1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	Tier 3	QL (150 per 30 days)
ANDROGEL 1.62%(1.25G) GEL PCKT	Tier 3	QL (38 per 30 days)
ANDROXY	Tier 2	
<i>danazol</i>	Tier 2	
METHITEST	Tier 4	
<i>methyltestosterone</i>	Tier 3	
<i>testosterone (12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	Tier 3	QL (300 per 30 days)
<i>testosterone 10 mg gel pump</i>	Tier 3	QL (120 per 30 days)
<i>testosterone 30 mg/1.5 ml pump</i>	Tier 3	QL (180 per 30 days)
<i>testosterone cypionate</i>	Tier 2	
<i>testosterone enanthate</i>	Tier 2	
ESTROGENS		
ALORA	Tier 4	QL (8 per 28 days)
ALTAVERA	Tier 2	
ALYACEN	Tier 2	
AMABELZ	Tier 2	
AMETHIA	Tier 2	
AMETHIA LO	Tier 2	
ANGELIQ	Tier 4	
APRI	Tier 2	
ARANELLE	Tier 2	
ASHLYNA	Tier 2	
AUBRA	Tier 2	
AVIANE	Tier 2	
AZURETTE	Tier 2	
BALZIVA	Tier 2	
BEKYREE	Tier 2	
BLISOVI 24 FE	Tier 2	
BLISOVI FE (1-20 TABLET, 1.5-30 TABLET)	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS) (CONTINUED)		
BRIELLYN	Tier 2	
CAMRESE	Tier 2	
CAMRESE LO	Tier 2	
CAZANT	Tier 2	
CHATEAL	Tier 2	
CLIMARA	Tier 4	QL (4 per 28 days)
CLIMARA PRO	Tier 4	QL (4 per 28 days)
COMBIPATCH	Tier 4	QL (8 per 28 days)
CRYSSELLE	Tier 2	
CYCLAFEM	Tier 2	
CYRED	Tier 2	
DASETTA	Tier 2	
DAYSEE	Tier 2	
DELESTROGEN 10 MG/ML VIAL	Tier 4	
DELYLA	Tier 2	
DEPO-ESTRADIOL	Tier 4	
<i>desogestr-eth estrad eth estra</i>	Tier 2	
<i>desogestrel-ethinyl estradiol</i>	Tier 2	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 1 MG GEL PACKET)	Tier 4	
<i>drospirenone-eth estra-levomef</i>	Tier 4	
<i>drospirenone-ethinyl estradiol</i>	Tier 2	
DUAVEE	Tier 4	
ELESTRIN	Tier 4	
ELINEST	Tier 2	
EMOQUETTE	Tier 2	
ENPRESSE	Tier 2	
ENSKYCE	Tier 2	
ESTARYLLA	Tier 2	
<i>estradiol (0.01% cream, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	Tier 2	
<i>estradiol twice weekly</i>	Tier 2	QL (8 per 28 days)
<i>estradiol valerate</i>	Tier 2	
<i>estradiol weekly</i>	Tier 2	QL (4 per 28 days)
<i>estradiol-norethindrone acetat</i>	Tier 2	
ESTRING	Tier 4	QL (1 per 90 days)
<i>estropipate</i>	Tier 2	
<i>ethynodiol-ethinyl estradiol</i>	Tier 2	
EVAMIST	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS) (CONTINUED)		
FALMINA	Tier 2	
FAYOSIM	Tier 4	
FEMRING	Tier 4	QL (1 per 90 days)
FEMYNOR	Tier 2	
FYAVOLV	Tier 2	
GIANVI	Tier 2	
GILDAGIA	Tier 2	
INTROVALE	Tier 2	
ISIBLOOM	Tier 2	
JEVANTIQUE LO	Tier 2	
JINTELI	Tier 2	
JOLESSA	Tier 2	
JULEBER	Tier 2	
JUNEL (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	Tier 2	
JUNEL FE (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	Tier 2	
JUNEL FE 24	Tier 2	
KAITLIB FE	Tier 2	
KARIVA	Tier 2	
KELNOR 1-35	Tier 2	
KELNOR 1-50	Tier 2	
KIMIDESS	Tier 2	
KURVELO	Tier 2	
LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)	Tier 2	
LARIN 24 FE	Tier 2	
LARIN FE (1-20 TABLET, 1.5-30 TABLET)	Tier 2	
LARISSIA	Tier 2	
LEENA	Tier 2	
LESSINA	Tier 2	
LEVONEST	Tier 2	
<i>levonorg 0.15mg-ee 20-25-30mcg</i>	Tier 4	
<i>levonorg-eth estrad eth estrad (0.10-0.02-0.01, 0.15-0.03-0.01)</i>	Tier 2	
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03)</i>	Tier 2	
LEVORA-28	Tier 2	
LO LOESTRIN FE	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS) (CONTINUED)		
LOMEDIA 24 FE	Tier 2	
LOPREEZA	Tier 4	
LORYNA	Tier 2	
LOW-OGESTREL	Tier 2	
LUTERA	Tier 2	
MARLISSA	Tier 2	
MELODETTA 24 FE	Tier 2	
MENEST	Tier 4	
MIBELAS 24 FE	Tier 2	
MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB)	Tier 2	
MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)	Tier 2	
MILI	Tier 2	
MIMVEY LO	Tier 2	
MONO-LINYAH	Tier 2	
MONONESSA	Tier 2	
MYZILRA	Tier 2	
NATAZIA	Tier 4	
NECON (0.5-35-28 TABLET, 1-50-28 TABLET, 7-7-7-28 TABLET)	Tier 2	
NIKKI	Tier 2	
<i>noreth-estradiol-fe 1-0.02(24)-75</i>	Tier 4	
<i>norethin-eth estra-ferrous fum</i>	Tier 2	
<i>norethindron-ethinyl estradiol</i>	Tier 2	
<i>norgestimate-ethinyl estradiol</i>	Tier 2	
NORTREL	Tier 2	
NUVARING	Tier 4	
OCELLA	Tier 2	
OGESTREL	Tier 2	
ORSYTHIA	Tier 2	
PHILITH	Tier 2	
PIMTREA	Tier 2	
PIRMELLA	Tier 2	
PORTIA	Tier 2	
PREFEST	Tier 4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, 25 MG VIAL, VAGINAL CREAM-APPL)	Tier 3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS) (CONTINUED)		
PREMPHASE	Tier 3	
PREMPRO	Tier 3	
PREVIFEM	Tier 2	
QUASENSE	Tier 2	
RAJANI	Tier 2	
RECLIPSEN	Tier 2	
RIVELSA	Tier 4	
SETLAKIN	Tier 2	
SPRINTEC	Tier 2	
SRONYX	Tier 2	
SYEDA	Tier 4	
TARINA FE	Tier 2	
TAYTULLA	Tier 4	
TILIA FE	Tier 2	
TRI-ESTARYLLA	Tier 2	
TRI-LEGEST FE	Tier 2	
TRI-LINYAH	Tier 2	
TRI-LO-ESTARYLLA	Tier 2	
TRI-LO-MARZIA	Tier 2	
TRI-LO-SPRINTEC	Tier 2	
TRI-MILI	Tier 2	
TRI-PREVIFEM	Tier 2	
TRI-SPRINTEC	Tier 2	
TRI-VYLIBRA	Tier 2	
TRINESSA	Tier 2	
TRIVORA-28	Tier 2	
TYDEMY	Tier 4	
VELIVET	Tier 2	
VESTURA	Tier 2	
VIENVA	Tier 2	
VIORELE	Tier 2	
VIVELLE-DOT	Tier 4	QL (8 per 28 days)
VYFEMLA	Tier 2	
VYLIBRA	Tier 2	
WERA	Tier 2	
WYMZYA FE	Tier 2	
XULANE	Tier 2	
YUVAFEM	Tier 2	
ZARAH	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS) (CONTINUED)		
ZENCHENT	Tier 2	
ZENCHENT FE	Tier 2	
ZOVIA 1-35E	Tier 2	
ZOVIA 1-50E	Tier 2	
PROGESTERONE AGONISTS/ANTAGONISTS		
ELLA	Tier 3	
PROGESTINS		
CAMILA	Tier 2	
DEBLITANE	Tier 2	
DEPO-SUBQ PROVERA 104	Tier 4	
ERRIN	Tier 2	
HEATHER	Tier 2	
<i>hydroxyprogesterone 1.25 g/5ml</i>	Tier 4	
JENCYCLA	Tier 2	
JOLIVETTE	Tier 2	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	Tier 2	
<i>megestrol 625 mg/5 ml susp</i>	Tier 3	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, acet 400 mg/10 ml)</i>	Tier 2	
NORA-BE	Tier 2	
<i>norethindrone</i>	Tier 2	
<i>norethindrone ac (lupaneta)</i>	Tier 2	
<i>norethindrone acetate</i>	Tier 2	
NORLYROC	Tier 2	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	Tier 2	
SHAROBEL	Tier 2	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
<i>raloxifene hcl</i>	Tier 2	QL (30 per 30 days)
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
CYTOMEL	Tier 4	
<i>levothyroxine 100 mcg vial</i>	Tier 2	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	Tier 1	
LEVOXYL	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID) (CONTINUED)		
<i>liothyronine sodium (5 mcg tab, 10 mcg/ml vl, 25 mcg tab, 50 mcg tab)</i>	Tier 2	
SYNTHROID	Tier 3	
THYROLAR-1	Tier 4	
THYROLAR-1/2	Tier 4	
THYROLAR-1/4	Tier 4	
THYROLAR-2	Tier 4	
THYROLAR-3	Tier 4	
UNITHROID	Tier 1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN	Tier 3	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>bromocriptine mesylate</i>	Tier 2	
<i>cabergoline</i>	Tier 2	
ELIGARD	Tier 4	PA
<i>leuprolide acetate (2wk 1 mg/0.2 ml kit, 2wk 14 mg/2.8 ml kt)</i>	Tier 2	PA
LUPRON DEPOT	Tier 5	PA
LUPRON DEPOT (LUPANETA)	Tier 5	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 11.25 MG 3MO, 15 MG KIT)	Tier 5	PA
LUPRON DEPOT-PED 30 MG 3MO KIT	Tier 5	PA
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml vl, acet 100 mcg/ml syr, acet 200 mcg/ml vl, 1,000 mcg/5 ml vial)</i>	Tier 3	
<i>octreotide acetate (acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	Tier 5	
SANDOSTATIN LAR	Tier 5	
SANDOSTATIN LAR DEPOT	Tier 5	
SIGNIFOR LAR	Tier 5	PA, QL (1 per 28 days)
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML)	Tier 5	PA
SOMATULINE DEPOT 120 MG/0.5 ML	Tier 5	PA
SOMAVERT	Tier 5	PA
SYNAREL	Tier 5	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (CONTINUED)		
TRELSTAR (3.75 MG SYRINGE, 11.25 MG SYRINGE, 22.5 MG VIAL, 22.5 MG SYRINGE)	Tier 5	PA
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL)	Tier 5	PA
TRIPTODUR	Tier 5	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole</i>	Tier 2	
<i>propylthiouracil</i>	Tier 2	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT 500 UNIT KIT	Tier 5	PA
CINRYZE	Tier 5	PA
FIRAZYR	Tier 5	PA
HAEGARDA	Tier 5	PA, QL (16 per 28 days)
RUCONEST	Tier 5	PA
IMMUNE SUPPRESSANTS		
ACTEMRA (162 MG/0.9 ML SYRINGE, 200 MG/10 ML VIAL)	Tier 5	PA
ASTAGRAF XL	Tier 4	B/D PA
AZASAN	Tier 4	B/D PA
<i>azathioprine</i>	Tier 2	B/D PA
<i>azathioprine sodium</i>	Tier 4	B/D PA
BENLYSTA (120 MG VIAL, 400 MG VIAL)	Tier 5	PA
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	Tier 5	PA, QL (4 per 28 days)
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	Tier 5	B/D PA
CELLCEPT 500 MG VIAL	Tier 4	B/D PA
CIMZIA (200 MG/ML STARTER KIT, 200 MG/ML SYRINGE KIT, 200 MG VIAL KIT)	Tier 5	PA, QL (6 per 28 days)
<i>cyclosporine (25 mg capsule, 50 mg/ml ampul, 100 mg capsule)</i>	Tier 2	B/D PA
<i>cyclosporine modified (25 mg, 50 mg, 100mg/ml, 100 mg)</i>	Tier 2	B/D PA
ENBREL (25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE)	Tier 5	PA, QL (8 per 28 days)
ENBREL 25 MG KIT	Tier 5	PA, QL (16 per 28 days)
ENBREL MINI	Tier 5	PA, QL (8 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
ENBREL SURECLICK	Tier 5	PA, QL (8 per 28 days)
ENVARUSUS XR	Tier 4	B/D PA
GENGRAF (25 MG CAPSULE, 50 MG CAPSULE, 100 MG/ML SOLUTION, 100 MG CAPSULE)	Tier 2	B/D PA
HUMIRA (10 MG/0.2 ML SYRINGE, 10 MG/0.1 ML SYRINGE)	Tier 5	PA, QL (2 per 28 days)
HUMIRA (20 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE, 40 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	Tier 5	PA, QL (6 per 28 days)
HUMIRA PED CROHNS 80 MG/0.8 ML	Tier 5	PA, QL (3 per 28 days)
HUMIRA PEDIATRIC CROHN'S (PED CROHNS 40 MG/0.8 ML, PEDIATR CROHN'S 80-40MG)	Tier 5	PA, QL (6 per 28 days)
HUMIRA PEN	Tier 5	PA, QL (6 per 28 days)
HUMIRA PEN CROHN-UC-HS 40 MG	Tier 5	PA, QL (6 per 28 days)
HUMIRA PEN PSORIA-UVEITIS 40MG	Tier 5	PA, QL (6 per 28 days)
INFLECTRA	Tier 5	PA
<i>methotrexate (1 gm vial, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	Tier 2	B/D PA
<i>methotrexate 2.5 mg tablet</i>	Tier 1	B/D PA
<i>methotrexate sodium</i>	Tier 2	B/D PA
<i>mycophenolate 200 mg/ml susp</i>	Tier 3	B/D PA
<i>mycophenolate 500 mg vial</i>	Tier 4	B/D PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	Tier 2	B/D PA
<i>mycophenolic acid</i>	Tier 4	B/D PA
MYFORTIC 180 MG TABLET	Tier 4	B/D PA
MYFORTIC 360 MG TABLET	Tier 5	B/D PA
NEORAL (25 MG GELATIN CAPSULE, 100 MG/ML SOLUTION, 100 MG GELATIN CAPSULE)	Tier 4	B/D PA
NULOJIX	Tier 5	PA
OLUMIANT	Tier 5	PA, QL (30 per 30 days)
ORENCIA (125 MG/ML SYRINGE, 250 MG VIAL)	Tier 5	PA
ORENCIA 50 MG/0.4 ML SYRINGE	Tier 5	PA, QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE	Tier 5	PA, QL (2.8 per 28 days)
ORENCIA CLICKJECT	Tier 5	PA, QL (4 per 28 days)
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE, 5 MG/ML AMPULE)	Tier 4	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
PROLIA	Tier 4	PA
RAPAMUNE (1 MG/ML ORAL SOLN, 1 MG TABLET, 2 MG TABLET)	Tier 5	B/D PA
RAPAMUNE 0.5 MG TABLET	Tier 4	B/D PA
REMICADE	Tier 5	PA
RENFLEXIS	Tier 5	PA
SANDIMMUNE (25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN)	Tier 4	B/D PA
SIMPONI	Tier 5	PA, QL (1 per 28 days)
SIMPONI ARIA	Tier 5	PA
<i>sirolimus</i>	Tier 2	B/D PA
SOLIRIS	Tier 5	PA
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	Tier 5	PA
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	Tier 2	B/D PA
TREMFYA	Tier 5	PA
XATMEP	Tier 5	B/D PA
XELJANZ	Tier 5	PA, QL (60 per 30 days)
XELJANZ XR	Tier 5	PA, QL (30 per 30 days)
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET)	Tier 5	B/D PA
ZORTRESS 0.25 MG TABLET	Tier 4	B/D PA
IMMUNIZING AGENTS, PASSIVE		
ATGAM	Tier 5	PA
BIVIGAM	Tier 5	PA
CARIMUNE NF NANOFILTERED (6 GM VIAL, 12 GM VIAL)	Tier 5	PA
CUVITRU	Tier 5	PA
FLEBOGAMMA DIF	Tier 5	PA
GAMMAGARD LIQUID	Tier 5	PA
GAMMAGARD S-D	Tier 5	PA
GAMMAKED (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	Tier 5	PA
GAMMAPLEX	Tier 5	PA
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	Tier 5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
HIZENTRA	Tier 5	PA
HYQVIA	Tier 5	PA
OCTAGAM	Tier 5	PA
PRIVIGEN	Tier 5	PA
THYMOGLOBULIN	Tier 5	PA
IMMUNOMODULATORS		
ACTIMMUNE	Tier 5	PA
ARCALYST	Tier 5	PA
DUPIXENT	Tier 5	PA, QL (8 per 28 days)
ILARIS	Tier 5	PA
KINERET	Tier 5	PA
<i>leflunomide</i>	Tier 2	
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	Tier 5	PA, QL (60 per 30 days)
RIDAURA	Tier 5	
SIMULECT	Tier 5	
SYLVANT 100 MG VIAL	Tier 5	PA
SYLVANT 400 MG VIAL	Tier 5	PA
TAVALISSE	Tier 5	PA, QL (60 per 30 days)
XOLAIR	Tier 5	PA
VACCINES		
ACTHIB	Tier 4	
ADACEL TDAP	Tier 1	B/D PA
<i>bcg (tice strain)</i>	Tier 4	
<i>bcg vaccine (tice strain)</i>	Tier 4	
BEXSERO	Tier 4	
BOOSTRIX TDAP	Tier 1	B/D PA
CERVARIX	Tier 4	
DAPTACEL DTAP	Tier 4	
<i>diphtheria-tetanus toxoids-ped</i>	Tier 4	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	Tier 4	B/D PA
ENGERIX-B PEDIATRIC-ADOLESCENT	Tier 4	B/D PA
GARDASIL	Tier 4	
GARDASIL 9	Tier 1	
HAVRIX	Tier 4	
HIBERIX	Tier 4	
IMOVAX RABIES VACCINE	Tier 4	B/D PA
INFANRIX DTAP	Tier 4	
IPOL	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
IXIARO	Tier 4	
KINRIX	Tier 4	
M-M-R II VACCINE	Tier 1	
MENACTRA	Tier 4	
MENHIBRIX	Tier 4	
MENOMUNE-A-C-Y-W-135	Tier 4	
MENVEO A-C-Y-W-135-DIP	Tier 4	
PEDIARIX	Tier 4	
PEDVAXHIB	Tier 4	
PENTACEL	Tier 4	
PENTACEL ACTHIB COMPONENT	Tier 4	
PROQUAD	Tier 1	
QUADRACEL DTAP-IPV	Tier 4	
RABAVERT	Tier 4	B/D PA
RECOMBIVAX HB (5 MCG/0.5 ML VL, 5 MCG/0.5 ML SYR, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	Tier 4	B/D PA
ROTARIX	Tier 4	
ROTATEQ	Tier 4	
SHINGRIX	Tier 1	PA
STAMARIL	Tier 4	
TENIVAC	Tier 1	B/D PA
<i>tetanus diphtheria toxoids</i>	Tier 1	B/D PA
TRUMENBA	Tier 4	
TWINRIX VACCINE SYRINGE	Tier 4	
TYPHIM VI	Tier 4	
VAQTA	Tier 4	
VARIVAX VACCINE	Tier 1	
YF-VAX	Tier 4	
ZOSTAVAX	Tier 4	PA
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
ASACOL HD	Tier 3	
<i>balsalazide disodium</i>	Tier 2	
CANASA	Tier 4	
DELZICOL	Tier 3	
DIPENTUM	Tier 5	
GIAZO	Tier 5	
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INFLAMMATORY BOWEL DISEASE AGENTS (CONTINUED)		
<i>mesalamine 800 mg dr tablet</i>	Tier 4	
<i>mesalamine dr 1.2 gm tablet</i>	Tier 2	QL (120 per 30 days)
PENTASA	Tier 3	
GLUCOCORTICOIDS		
<i>budesonide ec</i>	Tier 5	
<i>budesonide er</i>	Tier 5	PA, QL (30 per 30 days)
COLOCORT	Tier 2	
CORTENEMA	Tier 4	
<i>hydrocortisone 100 mg/60 ml</i>	Tier 2	
UCERIS 2 MG RECTAL FOAM	Tier 4	PA
SULFONAMIDES		
<i>sulfasalazine</i>	Tier 2	
<i>sulfasalazine dr</i>	Tier 2	
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sod 70 mg/75 ml</i>	Tier 2	QL (300 per 28 days)
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	Tier 1	QL (4 per 28 days)
<i>alendronate sodium (5 mg tablet, 10 mg tab)</i>	Tier 1	QL (30 per 30 days)
<i>alendronate sodium 40 mg tab</i>	Tier 2	QL (30 per 30 days)
<i>calcitonin-salmon</i>	Tier 2	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution)</i>	Tier 2	
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap, 4 mcg/2 ml vl, 4 mcg/2 ml amp)</i>	Tier 3	
<i>etidronate disodium</i>	Tier 2	
FORTEO	Tier 5	PA, QL (3 per 28 days)
FORTICAL	Tier 2	
HECTOROL (0.5 MCG CAPSULE, 1 MCG CAPSULE, 2 MCG/ML VIAL, 2.5 MCG CAPSULE, 4 MCG/2 ML VIAL)	Tier 4	
<i>ibandronate sodium (3 mg/3 ml vial, 3 mg/3 ml syringe, sodium 150 mg tab)</i>	Tier 2	
MIACALCIN (200 UNIT/ML VIAL, 400 UNIT/2 ML VIAL)	Tier 4	
NATPARA	Tier 5	PA, QL (30 per 30 days)
<i>pamidronate disodium (disod 30 mg vial, 30 mg/10 ml vial, 60 mg/10 ml vial, 90 mg/10 ml vial, disod 90 mg vial)</i>	Tier 2	
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	Tier 2	
<i>paricalcitol (2 mcg/ml vial, 5 mcg/ml vial, 10 mcg/2 ml vial)</i>	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
METABOLIC BONE DISEASE AGENTS (CONTINUED)		
PARSABIV	Tier 5	
RAYALDEE	Tier 5	QL (60 per 30 days)
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	Tier 2	QL (30 per 30 days)
<i>risedronate sodium 150 mg tab</i>	Tier 2	QL (1 per 28 days)
<i>risedronate sodium 35 mg tab</i>	Tier 2	QL (4 per 28 days)
<i>risedronate sodium dr</i>	Tier 2	QL (4 per 28 days)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	Tier 4	
SENSIPAR (60 MG TABLET, 90 MG TABLET)	Tier 5	
SENSIPAR 30 MG TABLET	Tier 3	
TYMLOS	Tier 5	PA, QL (2 per 30 days)
XGEVA	Tier 5	PA
ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE, 2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	Tier 4	
<i>zoledronic acid (4 mg/5 ml vial, 4 mg vial, 5 mg/100 ml)</i>	Tier 4	
ZOMETA 4 MG/100 ML INJECTION	Tier 5	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>alcohol pads</i>	Tier 4	
<i>amifostine</i>	Tier 5	
<i>aminocaproic acid (500 mg tab, 1,000 mg tab)</i>	Tier 4	
<i>autopen</i>	Tier 4	
BOTOX	Tier 4	PA
CARNITOR 1 GM/5 ML VIAL	Tier 4	
CHENODAL	Tier 5	
<i>clomiphene citrate</i>	Tier 4	PA
CUROSURF	Tier 4	
CYTOGAM	Tier 4	
<i>deferoxamine mesylate</i>	Tier 2	
DESFERAL	Tier 4	
DESFERAL MESYLATE	Tier 4	
<i>dextrose in lactated ringers</i>	Tier 2	
<i>dextrose in water</i>	Tier 2	
ENDARI	Tier 5	PA, QL (180 per 30 days)
<i>fomepizole</i>	Tier 5	
<i>gauze pads 2 x 2</i>	Tier 4	
<i>glucose in water</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MISCELLANEOUS THERAPEUTIC AGENTS (CONTINUED)		
GRASTEK	Tier 4	
<i>humapen luxura hd</i>	Tier 4	
<i>inpen (for humalog)</i>	Tier 4	
<i>inpen (for novolog)</i>	Tier 4	
<i>insulin pen needle</i>	Tier 4	
<i>insulin pen needle, safety</i>	Tier 4	
<i>insulin syringe (bd syringe 1 ml, syringe)</i>	Tier 4	
<i>insulin syringe u-500</i>	Tier 4	
INTRALIPID	Tier 4	B/D PA
KALBITOR	Tier 5	PA
KEVEYIS	Tier 5	PA, QL (120 per 30 days)
KORLYM	Tier 5	PA, QL (120 per 30 days)
<i>levocarnitine (1 g/10 ml soln, 200 mg/ml vial, 330 mg tablet)</i>	Tier 2	
<i>methylergonovine 0.2 mg tablet</i>	Tier 4	
METOPIRONE	Tier 5	PA
MYALEPT	Tier 5	PA
<i>novopen echo</i>	Tier 4	
NUTRILIPID	Tier 4	B/D PA
ORALAIR (300 IR SUBLINGUAL TAB, 300 IR ADULT SAMPLE KT, 300 IR STARTER PACK)	Tier 4	
RADICAVA	Tier 5	PA
RAGWITEK	Tier 4	
SIGNIFOR	Tier 5	PA
SMOFLIPID	Tier 4	B/D PA
<i>sterile water for irrigation</i>	Tier 2	
SYNAGIS	Tier 5	
<i>vgo 20</i>	Tier 4	
<i>vgo 30</i>	Tier 4	
<i>vgo 40</i>	Tier 4	
XERMELO	Tier 5	PA, QL (90 per 30 days)
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>atropine 1% eye drops</i>	Tier 2	
CYSTARAN	Tier 5	
EYLEA	Tier 5	PA
JETREA 1.25 MG/ML VIAL	Tier 5	PA
LACRISERT	Tier 4	
LUCENTIS	Tier 5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS (CONTINUED)		
MACUGEN	Tier 5	PA
RESTASIS	Tier 3	
RESTASIS MULTIDOSE	Tier 3	
<i>sulfacetamide 10% eye ointment</i>	Tier 2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIL	Tier 4	
ALOMIDE	Tier 4	
<i>azelastine hcl 0.05% drops</i>	Tier 2	
BEPREVE	Tier 4	
<i>cromolyn 4% eye drops</i>	Tier 2	
EMADINE	Tier 4	
<i>epinastine hcl</i>	Tier 2	
<i>olopatadine hcl 0.1% eye drops</i>	Tier 2	
<i>olopatadine hcl 0.2% eye drop</i>	Tier 3	
OPHTHALMIC ANTI-INFLAMMATORIES		
ACUVAIL	Tier 4	
ALREX	Tier 4	
BLEPHAMIDE	Tier 4	
BLEPHAMIDE S.O.P.	Tier 4	
<i>bromfenac sodium</i>	Tier 2	
CORTISPORIN OINTMENT	Tier 4	
<i>dexamethasone 0.1% eye drop</i>	Tier 2	
<i>diclofenac 0.1% eye drops</i>	Tier 2	
DUREZOL	Tier 3	
FLAREX	Tier 4	
<i>fluorometholone</i>	Tier 2	
<i>flurbiprofen sodium</i>	Tier 2	
FML FORTE	Tier 4	
FML S.O.P.	Tier 4	
ILEVRO	Tier 3	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	Tier 2	
LOTEMAX (0.5% OPHTHALMIC GEL, 0.5% EYE OINTMENT, 0.5% EYE DROPS)	Tier 3	
MAXIDEX	Tier 4	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth ointment, neomycin-polymyxin-dexameth drop)</i>	Tier 2	
NEVANAC	Tier 3	
PRED MILD	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS (CONTINUED)		
PRED-G (1% DROPS, S.O.P. OINTMENT)	Tier 4	
<i>prednisolone ac 1% eye drop</i>	Tier 2	
<i>prednisolone sod 1% eye drop</i>	Tier 2	
<i>sulfacetamide-prednisolone</i>	Tier 2	
TOBRADEX EYE OINTMENT	Tier 4	
TOBRADEX ST	Tier 4	
<i>tobramycin-dexamethasone</i>	Tier 2	
ZYLET	Tier 4	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
<i>acetazolamide</i>	Tier 2	
ALPHAGAN P 0.1% DROPS	Tier 3	
<i>apraclonidine hcl</i>	Tier 2	
AZOPT	Tier 4	
<i>betaxolol hcl 0.5% eye drop</i>	Tier 2	
BETIMOL	Tier 4	
BETOPTIC S	Tier 4	
<i>brimonidine tartrate</i>	Tier 2	
<i>carteolol hcl</i>	Tier 1	
COMBIGAN	Tier 3	
COSOPT PF	Tier 4	QL (60 per 30 days)
<i>dorzolamide hcl</i>	Tier 2	QL (10 per 25 days)
<i>dorzolamide-timolol eye drops</i>	Tier 2	QL (10 per 25 days)
IOPIDINE 1% EYE DROPS	Tier 4	
<i>levobunolol hcl</i>	Tier 1	
<i>metipranolol</i>	Tier 2	
PHOSPHOLINE IODIDE	Tier 4	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	Tier 2	
SIMBRINZA	Tier 4	
<i>timolol 0.25% eye drops</i>	Tier 1	
<i>timolol 0.25% gel-solution</i>	Tier 2	
<i>timolol 0.5% eye drops (generic for istalol)</i>	Tier 4	
<i>timolol 0.5% eye drops (generic for timoptic)</i>	Tier 1	
<i>timolol 0.5% gel-solution</i>	Tier 2	
TIMOPTIC OCUDOSE	Tier 4	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03% eye drops</i>	Tier 2	QL (7.5 per 25 days)
<i>latanoprost 0.005% eye drops</i>	Tier 1	
LUMIGAN	Tier 3	QL (7.5 per 25 days)
TRAVATAN Z	Tier 3	QL (5 per 25 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS (CONTINUED)		
ZIOPTAN	Tier 4	QL (30 per 30 days)
OTIC AGENTS		
OTIC AGENTS		
ACETASOL HC	Tier 2	
<i>acetic acid 2% ear solution</i>	Tier 2	
<i>acetic acid-aluminum</i>	Tier 2	
CIPRO HC	Tier 4	
CIPRODEX	Tier 4	
COLY-MYCIN S	Tier 4	
<i>fluocinolone acetonide oil</i>	Tier 2	
<i>hydrocortisone-acetic acid</i>	Tier 3	
<i>neomycin-polymyxin-hc ear susp</i>	Tier 2	
<i>neomycin-polymyxin-hydrocort</i>	Tier 2	
OTOVEL	Tier 4	
RESPIRATORY TRACT AGENTS		
RESPIRATORY TRACT AGENTS, OTHER		
ADVAIR DISKUS	Tier 3	QL (60 per 30 days)
ADVAIR HFA	Tier 3	QL (12 per 30 days)
BREO ELLIPTA	Tier 3	QL (60 per 30 days)
DULERA	Tier 3	QL (13 per 30 days)
SYMBICORT	Tier 3	QL (11 per 30 days)
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA	Tier 3	QL (30 per 30 days)
ASMANEX	Tier 3	QL (1 per 30 days)
ASMANEX HFA	Tier 3	QL (13 per 30 days)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	Tier 3	B/D PA, QL (120 per 30 days)
<i>budesonide 32 mcg nasal spray</i>	Tier 2	QL (17.2 per 30 days)
FLOVENT 250 MCG DISKUS	Tier 3	QL (240 per 30 days)
FLOVENT DISKUS (50 MCG, 100 MCG)	Tier 3	QL (60 per 30 days)
FLOVENT HFA	Tier 3	QL (24 per 30 days)
<i>flunisolide</i>	Tier 2	QL (50 per 30 days)
<i>fluticasone prop 50 mcg spray</i>	Tier 2	QL (16 per 30 days)
<i>mometasone furoate 50 mcg spry</i>	Tier 2	QL (34 per 30 days)
PULMICORT RESPULE	Tier 4	B/D PA, QL (120 per 30 days)
QVAR	Tier 3	QL (17.4 per 30 days)
QVAR REDIHALER 40 MCG	Tier 3	QL (10.6 per 30 days)
QVAR REDIHALER 80 MCG	Tier 3	QL (21.2 per 30 days)
ANTI-HISTAMINES		
ARBINOXA 4 MG/5 ML LIQUID	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	Tier 2	QL (30 per 25 days)
<i>carbinoxamine maleate 4 mg tab</i>	Tier 2	
<i>clemastine fum 2.68 mg tab</i>	Tier 2	
<i>ciproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrpr)</i>	Tier 2	
<i>desloratadine</i>	Tier 2	QL (30 per 30 days)
<i>diphenhydramine hcl (50 mg/ml syrng, 50 mg/ml vial)</i>	Tier 2	
<i>hydroxyzine hcl (hcl 10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 25 mg tablet, 25 mg/ml vial, 50 mg/ml vial, hcl 50 mg tablet, 50 mg/25 ml syrup, 100 mg/2 ml vial, 500 mg/10 ml vial)</i>	Tier 3	
<i>levocetirizine 2.5 mg/5 ml sol</i>	Tier 2	QL (300 per 30 days)
<i>levocetirizine 5 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>olopatadine 665 mcg nasal spry</i>	Tier 3	QL (31 per 30 days)
SEMPREX-D	Tier 4	
ANTILEUKOTRIENES		
<i>montelukast sod 4 mg granules</i>	Tier 2	
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	Tier 2	QL (30 per 30 days)
<i>zafirlukast</i>	Tier 2	QL (60 per 30 days)
<i>zileuton er</i>	Tier 5	ST, QL (120 per 30 days)
ZYFLO	Tier 5	ST
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	Tier 4	QL (25.8 per 30 days)
COMBIVENT RESPIMAT	Tier 4	QL (8 per 30 days)
<i>ipratropium br 0.02% soln</i>	Tier 2	B/D PA
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	Tier 2	
<i>ipratropium-albuterol</i>	Tier 2	B/D PA
SPIRIVA	Tier 3	QL (30 per 30 days)
SPIRIVA RESPIMAT	Tier 3	QL (4 per 30 days)
STIOLTO RESPIMAT	Tier 3	QL (4 per 30 days)
TUDORZA PRESSAIR	Tier 3	QL (1 per 30 days)
BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)		
<i>aminophylline</i>	Tier 2	
ELIXOPHYLLIN	Tier 4	
THEO-24	Tier 4	
<i>theophylline (er 400 mg tablet, er 600 mg tablet)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
<i>theophylline anhydrous</i>	Tier 2	
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (er 4 mg tab, er 8 mg tab)</i>	Tier 2	
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution)</i>	Tier 2	B/D PA
<i>albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab)</i>	Tier 4	
ARCAPTA NEOHALER	Tier 3	QL (30 per 30 days)
BROVANA	Tier 4	B/D PA, QL (120 per 30 days)
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	Tier 3	QL (2 per 30 days)
EPIPEN	Tier 3	QL (2 per 30 days)
EPIPEN 2-PAK	Tier 3	QL (2 per 30 days)
EPIPEN JR 2-PAK	Tier 3	QL (2 per 30 days)
ISUPREL	Tier 4	
<i>levalbuterol concentrate hcl vial-neb</i>	Tier 3	B/D PA
<i>levalbuterol hcl vial-neb</i>	Tier 3	B/D PA
<i>levalbuterol tar hfa 45mcg inhaler</i>	Tier 4	QL (30 per 30 days)
<i>metaproterenol sulfate (10 mg/5 ml syr, 10 mg tablet, 20 mg tablet)</i>	Tier 2	
PERFOROMIST	Tier 4	B/D PA, QL (120 per 30 days)
PROAIR HFA	Tier 3	QL (17 per 30 days)
PROAIR RESPICLICK	Tier 3	QL (2 per 30 days)
SEREVENT DISKUS	Tier 3	QL (60 per 30 days)
STRIVERDI RESPIMAT	Tier 3	QL (5 per 30 days)
<i>terbutaline sulfate (sulf 1 mg/ml vial, sulfate 2.5 mg tab, sulfate 5 mg tab)</i>	Tier 2	
UTIBRON NEOHALER	Tier 4	QL (60 per 30 days)
VENTOLIN HFA	Tier 3	QL (36 per 30 days)
XOPENEX CONCENTRATE-NEB	Tier 4	B/D PA
XOPENEX SOLUTION-NEB	Tier 4	B/D PA
CYSTIC FIBROSIS		
KALYDECO	Tier 5	PA, QL (60 per 30 days)
ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)	Tier 5	PA, QL (120 per 30 days)
SYMDEKO	Tier 5	PA, QL (56 per 28 days)
MAST CELL STABILIZERS		
<i>cromolyn 100 mg/5 ml oral conc</i>	Tier 4	
<i>cromolyn 20 mg/2 ml neb soln</i>	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA	Tier 5	PA, QL (60 per 30 days)
ADEMPAS	Tier 5	PA, QL (90 per 30 days)
<i>epoprostenol sodium</i>	Tier 2	PA
FLOLAN	Tier 5	PA
LETAIRIS	Tier 5	PA, QL (30 per 30 days)
OPSUMIT	Tier 5	PA, QL (30 per 30 days)
ORENITRAM ER (ER 0.25 MG TABLET, ER 1 MG TABLET)	Tier 5	PA, QL (90 per 30 days)
ORENITRAM ER (ER 2.5 MG TABLET, ER 5 MG TABLET)	Tier 5	PA
ORENITRAM ER 0.125 MG TABLET	Tier 4	PA, QL (90 per 30 days)
REMODULIN	Tier 5	PA
REVATIO 10 MG/12.5 ML VIAL	Tier 5	PA
REVATIO 10 MG/ML ORAL SUSP	Tier 5	PA, QL (180 per 30 days)
REVATIO 20 MG TABLET	Tier 5	PA, QL (90 per 30 days)
<i>sildenafil 10 mg/12.5 ml vial</i>	Tier 5	PA
<i>sildenafil 20 mg tablet</i>	Tier 3	PA, QL (90 per 30 days)
<i>tadalafil</i>	Tier 5	PA, QL (60 per 30 days)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	Tier 5	PA, QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR SUSP	Tier 5	PA, QL (120 per 30 days)
TYVASO	Tier 5	PA, QL (87 per 30 days)
TYVASO INSTITUTIONAL START KIT	Tier 5	PA, QL (87 per 30 days)
TYVASO REFILL KIT	Tier 5	PA, QL (87 per 30 days)
TYVASO STARTER KIT	Tier 5	PA, QL (87 per 30 days)
UPTRAVI (400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	Tier 5	PA, QL (60 per 30 days)
UPTRAVI 200 MCG TABLET	Tier 5	PA, QL (140 per 28 days)
UPTRAVI 200-800 TITRATION PACK	Tier 5	PA, QL (200 per 30 days)
VELETRI	Tier 5	PA
VENTAVIS	Tier 5	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET (267 MG TABLET, 267 MG CAPSULE)	Tier 5	PA, QL (270 per 30 days)
ESBRIET 801 MG TABLET	Tier 5	PA, QL (90 per 30 days)
OFEV	Tier 5	PA, QL (60 per 30 days)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (6 gram/30 ml vl, 10% vial, 20% vial)</i>	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
ANORO ELLIPTA	Tier 3	QL (60 per 30 days)
CINQAIR	Tier 5	PA
DALIRESP 250 MCG TABLET	Tier 4	QL (28 per 28 days)
DALIRESP 500 MCG TABLET	Tier 4	QL (30 per 30 days)
FASENRA	Tier 5	PA, QL (1 per 28 days)
<i>fluticasone-salmeterol</i>	Tier 3	QL (1 per 30 days)
NUCALA	Tier 5	PA
PULMOZYME	Tier 5	PA
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol</i>	Tier 4	QL (120 per 30 days)
<i>carisoprodol compound</i>	Tier 4	
<i>carisoprodol compound-codeine</i>	Tier 4	
<i>carisoprodol-aspirin</i>	Tier 4	
<i>carisoprodol-aspirin-codeine</i>	Tier 4	
<i>chlorzoxazone 250 mg tablet</i>	Tier 5	
<i>chlorzoxazone 500 mg tablet</i>	Tier 2	
<i>cyclobenzaprine hcl</i>	Tier 2	
METAXALL	Tier 4	
<i>metaxalone (400 mg tablet, 800 mg tablet)</i>	Tier 4	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	Tier 2	
<i>orphenadrine er 100 mg tablet</i>	Tier 2	
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
EDLUAR	Tier 4	QL (30 per 30 days)
<i>eszopiclone</i>	Tier 2	QL (30 per 30 days)
<i>zaleplon</i>	Tier 2	QL (30 per 30 days)
<i>zolpidem tartrate (1.75 mg tab sl, 3.5 mg tablet sl)</i>	Tier 3	QL (30 per 30 days)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	Tier 2	QL (30 per 30 days)
<i>zolpidem tartrate er</i>	Tier 2	QL (30 per 30 days)
SLEEP DISORDERS, OTHERS		
<i>armodafinil</i>	Tier 3	PA, QL (30 per 30 days)
BELSOMRA	Tier 4	QL (30 per 30 days)
HETLIOZ	Tier 5	PA, QL (30 per 30 days)
<i>modafinil</i>	Tier 3	PA, QL (60 per 30 days)
NUVIGIL	Tier 4	PA, QL (30 per 30 days)
PROVIGIL	Tier 5	PA, QL (60 per 30 days)
ROZEREM	Tier 4	
SILENOR	Tier 4	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SLEEP DISORDER AGENTS (CONTINUED)		
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	Tier 2	
<i>temazepam (7.5 mg capsule, 22.5 mg capsule)</i>	Tier 3	
XYREM	Tier 5	PA, QL (540 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Index of Drugs

A	ADVAIR DISKUS.....	84	<i>amifostine</i>	80
	ADVAIR HFA.....	84	<i>amikacin sulfate</i>	6
<i>abacavir</i>	AFEDITAB CR.....	45	<i>amiloride hcl</i>	47
<i>abacavir-lamivudine</i>	AFINITOR.....	27	<i>amiloride-hydrochlorothiazide</i>	47
<i>abacavir-lamivudine-zidovudine</i>	AFINITOR DISPERZ.....	27	<i>aminocaproic acid</i>	80
ABELCET.....	AKYNZEO.....	18	<i>aminophylline</i>	85
ABILIFY MAINTENA.....	ALA-CORT.....	62	AMINOSYN.....	54
ABRAXANE.....	ALBENZA.....	29	AMINOSYN II.....	54
ABSORICA.....	<i>albuterol sulfate</i>	86	AMINOSYN II WITH	
ABSTRAL.....	<i>alclometasone dipropionate</i>	62	ELECTROLYTES.....	55
<i>acamprosate calcium</i>	<i>alcohol pads</i>	80	AMINOSYN M.....	55
ACANYA.....	ALDURAZYME.....	60	AMINOSYN WITH	
<i>acarbose</i>	ALECENSA.....	27	ELECTROLYTES.....	55
<i>acebutolol hcl</i>	<i>alendronate sodium</i>	79	AMINOSYN-HBC.....	55
<i>acetaminophen-codeine</i>	<i>alfuzosin hcl er</i>	62	AMINOSYN-PF.....	55
ACETASOL HC.....	ALIMTA.....	24	AMINOSYN-RF.....	55
<i>acetazolamide</i>	ALINIA.....	29	<i>amiodarone hcl</i>	44
<i>acetazolamide sodium</i>	ALIQOPA.....	24	<i>amitriptyline hcl</i>	17
<i>acetic acid</i>	ALKERAN.....	22	<i>amlodipine besylate</i>	45
<i>acetic acid-aluminum</i>	<i>allopurinol</i>	21	<i>amlodipine besylate-benazepril</i>	45
<i>acetylcysteine</i>	<i>almotriptan malate</i>	21	<i>amlodipine-atorvastatin</i>	45
<i>acitretin</i>	ALOCRIAL.....	82	<i>amlodipine-olmesartan</i>	45
ACTEMRA.....	ALOMIDE.....	82	<i>amlodipine-valsartan</i>	45
ACTHIB.....	ALORA.....	67	<i>amlodipine-valsartan-hctz</i>	45
ACTIMMUNE.....	<i>alose tron hcl</i>	59	<i>ammonium lactate</i>	52
ACTIQ.....	ALPHAGAN P.....	83	AMNESTEEM.....	52
ACUVAIL.....	<i>alprazolam</i>	37	<i>amoxapine</i>	17
<i>acyclovir</i>	<i>alprazolam er</i>	37	<i>amoxicillin</i>	10
<i>acyclovir sodium</i>	<i>alprazolam odt</i>	37	<i>amoxicillin-clavulanate pot er</i>	10
ADACEL TDAP.....	<i>alprazolam xr</i>	37	<i>amoxicillin-clavulanate potass</i>	10
ADAGEN.....	ALREX.....	82	<i>amphotericin b</i>	19
<i>adapalene</i>	ALTAVERA.....	67	<i>ampicillin sodium</i>	10
<i>adapalene-benzoyl peroxide</i>	ALTOPREV.....	48	<i>ampicillin trihydrate</i>	10
ADASUVE.....	ALUNBRIG.....	24	<i>ampicillin-sulbactam</i>	10
ADCIRCA.....	ALYACEN.....	67	AMPYRA.....	51
<i>adefovir dipivoxil</i>	AMABELZ.....	67	ANADROL-50.....	67
ADEMPAS.....	<i>amantadine</i>	37	<i>anagrelide hcl</i>	41
ADMELOG.....	AMBISOME.....	19	ANALPRAM HC.....	62
ADMELOG SOLOSTAR.....	<i>amcinonide</i>	62	<i>anastrozole</i>	27
ADRIAMYCIN.....	AMETHIA.....	67	ANDRODERM.....	67
ADRUCIL.....	AMETHIA LO.....	67	ANDROGEL.....	67

ANDROXY.....	67	<i>atorvastatin calcium</i>	48	BASAGLAR KWIKPEN U-	
ANGELIQ.....	67	<i>atovaquone</i>	29	100.....	40
ANORO ELLIPTA.....	88	<i>atovaquone-proguanil hcl</i>	29	BAVENCIO.....	28
ANZEMET.....	18	ATRALIN.....	53	BAXDELA.....	11
APEXICON E.....	62	ATRIPLA.....	34	<i>bcg (tice strain)</i>	77
APLENZIN.....	16	<i>atropine sulfate</i>	58,81	<i>bcg vaccine (tice strain)</i>	77
APOKYN.....	30	ATROVENT HFA.....	85	BEKYREE.....	67
<i>apraclonidine hcl</i>	83	AUBAGIO.....	51	BELBUCA.....	1
<i>aprepitant</i>	18	AUBRA.....	67	BELEODAQ.....	27
APRI.....	67	AURYXIA.....	58	BELSOMRA.....	88
APTIOM.....	15	AUSTEDO.....	51	<i>benazepril hcl</i>	44
APTIVUS.....	36	<i>autopen</i>	80	<i>benazepril-hydrochlorothiazide</i>	44
ARALAST NP.....	60	AVANDIA.....	38	BENDEKA.....	22
ARANELLE.....	67	AVASTIN.....	28	BENLYSTA.....	74
ARANESP.....	41,42	AVIANE.....	67	BENTYL.....	58
ARBINOXA.....	84	AVITA.....	53	<i>benztropine mesylate</i>	30
ARCALYST.....	77	AVONEX.....	51	BEPREVE.....	82
ARCAPTA NEOHALER.....	86	AVONEX PEN.....	51	BERINERT.....	74
<i>aripiprazole</i>	31	<i>azacitidine</i>	42	BESIVANCE.....	11
<i>aripiprazole odt</i>	31	AZACTAM-ISO-OSMOTIC		BESPONSA.....	24
ARISTADA.....	32	DEXTROSE.....	9	<i>betamethasone diprop</i>	
ARISTADA INITIO.....	32	AZASAN.....	74	<i>augmented</i>	62
ARISTOSPAN.....	62	AZASITE.....	10	<i>betamethasone dipropionate</i> ...	63
<i>armodafinil</i>	88	<i>azathioprine</i>	74	<i>betamethasone valerate</i>	63
ARNUITY ELLIPTA.....	84	<i>azathioprine sodium</i>	74	BETASERON.....	51
ARRANON.....	24	<i>azelastine hcl</i>	82,85	<i>betaxolol hcl</i>	45,83
ARZERRA.....	28	AZELEX.....	53	<i>bethanechol chloride</i>	62
<i>asa-butalb-caffeine-codeine</i>	1	<i>azithromycin</i>	11	BETHKIS.....	6
ASACOL HD.....	78	AZOPT.....	83	BETIMOL.....	83
ASCOMP WITH CODEINE.....	2	<i>aztreonam</i>	9	BETOPTIC S.....	83
ASHLYNA.....	67	AZURETTE.....	67	<i>bexarotene</i>	29
ASMANEX.....	84	B		BEXSERO.....	77
ASMANEX HFA.....	84	BACIIM.....	6	<i>bicalutamide</i>	23
<i>aspirin-caffeine-dihydrocodein</i>	2	<i>bacitracin</i>	6	BICILLIN C-R.....	10
<i>aspirin-dipyridamole er</i>	42	<i>bacitracin-polymyxin</i>	6	BICILLIN L-A.....	10
ASTAGRAF XL.....	74	<i>baclofen</i>	33	BICNU.....	24
<i>atazanavir sulfate</i>	36	<i>balsalazide disodium</i>	78	BIDIL.....	49
<i>atenolol</i>	45	BALZIVA.....	67	BIKTARVY.....	36
<i>atenolol-chlorthalidone</i>	45	BANZEL.....	13	BILTRICIDE.....	29
ATGAM.....	76	BARACLUDE.....	33	<i>bimatoprost</i>	83
<i>atomoxetine hcl</i>	50			<i>bisoprolol fumarate</i>	45

<i>bisoprolol-hydrochlorothiazide</i>	45	<i>butalbital-aspirin-caffeine</i>	2	CARDURA XL	43
BIVIGAM	76	<i>butorphanol tartrate</i>	2	CARIMUNE NF	
BLEO 15K	24	BUTRANS	1	NANOFILTERED	76
<i>bleomycin sulfate</i>	24	BYSTOLIC	45	<i>carisoprodol</i>	88
BLEPHAMIDE	82	BYVALSON	45	<i>carisoprodol compound</i>	88
BLEPHAMIDE S.O.P.	82			<i>carisoprodol compound-</i>	
BLINCYTO	24	C		<i>codeine</i>	88
BLISOVI 24 FE	67	<i>cabergoline</i>	73	<i>carisoprodol-aspirin</i>	88
BLISOVI FE	67	CABOMETYX	27	<i>carisoprodol-aspirin-codeine</i>	88
BOOSTRIX TDAP	77	<i>calcipotriene</i>	53	CARNITOR	80
<i>bortezomib</i>	24	<i>calcipotriene-betamethasone dp</i>	53	<i>carteolol hcl</i>	83
BOSULIF	27	<i>calcitonin-salmon</i>	79	CARTIA XT	46
BOTOX	80	CALCITRENE	53	<i>carvedilol</i>	45
BRAFTOVI	24	<i>calcitriol</i>	53,79	<i>carvedilol er</i>	45
BREO ELLIPTA	84	<i>calcium acetate</i>	58	<i>caspofungin acetate</i>	19
BRIELLYN	68	<i>calcium gluconate</i>	55	CAYSTON	9
BRILINTA	41	CALQUENCE	27	CAZIAN	68
<i>brimonidine tartrate</i>	83	CAMILA	72	<i>cefaclor</i>	8
BRIVIACT	13	CAMRESE	68	<i>cefaclor er</i>	8
<i>bromfenac sodium</i>	82	CAMRESE LO	68	<i>cefadroxil</i>	8
<i>bromocriptine mesylate</i>	73	CANASA	78	<i>cefazolin sodium</i>	8
BROVANA	86	CANCIDAS	19	<i>cefazolin sodium-dextrose</i>	8
<i>budesonide</i>	84	<i>candesartan cilexetil</i>	43	<i>cefdinir</i>	8
<i>budesonide ec</i>	79	<i>candesartan-hydrochlorothiazid</i>	43	<i>cefepime</i>	8
<i>budesonide er</i>	79	CAPASTAT SULFATE	22	<i>cefepime hcl</i>	8
<i>bumetanide</i>	47	CAPEX SHAMPOO	63	<i>cefepime-dextrose</i>	9
BUPRENEX	2	CAPRELSA	24	<i>cefixime</i>	9
<i>buprenorphine hcl</i>	2	<i>captopril</i>	44	CEFOTAN	9
<i>buprenorphine patch</i>	1	<i>captopril-hydrochlorothiazide</i>	44	<i>cefotaxime sodium</i>	9
<i>buprenorphine-naloxone</i>	4	CARAC	53	<i>cefotetan</i>	9
<i>bupropion hcl</i>	16	CARAFATE	60	<i>cefotetan & dextrose</i>	9
<i>bupropion hcl sr</i>	5,16	CARBAGLU	55	<i>cefoxitin</i>	9
<i>bupropion xl</i>	16	<i>carbamazepine</i>	15	<i>cefoxitin sodium</i>	9
<i>bupirone hcl</i>	37	<i>carbamazepine er</i>	15	<i>cefpodoxime proxetil</i>	9
<i>busulfan</i>	22	<i>carbidopa</i>	30	<i>cefprozil</i>	9
BUSULFEX	24	<i>carbidopa-levodopa</i>	30,31	<i>ceftazidime</i>	9
<i>butalb-acetaminoph-caff-codein</i>	2	<i>carbidopa-levodopa er</i>	31	<i>ceftibuten</i>	9
<i>butalb-caff-acetaminoph-codein</i>	2	<i>carbidopa-levodopa-entacapone</i>	31	<i>ceftriaxone</i>	9
<i>butalbital compound-codeine</i>	2	<i>carbinoxamine maleate</i>	85	<i>cefuroxime</i>	9
<i>butalbital-acetaminophen</i>	2	<i>carboplatin</i>	24	<i>cefuroxime sodium</i>	9
<i>butalbital-acetaminophen-caffe</i>	2	CARDENE I.V.	46	<i>celecoxib</i>	5

CELESTONE.....	63	CINVANTI.....	18	<i>clobetasol propionate</i>	63
CELLCEPT.....	74	CIPRO HC.....	84	<i>clocortolone pivalate</i>	63
CELONTIN.....	13	CIPRODEX.....	84	<i>clofarabine</i>	23
<i>cephalexin</i>	9	<i>ciprofloxacin</i>	11	<i>clomiphene citrate</i>	80
CERDELGA.....	61	<i>ciprofloxacin er</i>	11	<i>clomipramine hcl</i>	17
CEREZYME.....	61	<i>ciprofloxacin hcl</i>	11	<i>clonazepam</i>	13
CERVARIX.....	77	<i>ciprofloxacin-d5w</i>	11	<i>clonidine hcl</i>	43
CESAMET.....	18	<i>cisplatin</i>	24	<i>clonidine hcl er</i>	50
<i>cevimeline hcl</i>	52	<i>citalopram hbr</i>	16	<i>clonidine patch</i>	43
CHANTIX.....	5	<i>cladribine</i>	23	<i>clopidogrel</i>	42
CHATEAL.....	68	CLARAVIS.....	53	<i>clorazepate dipotassium</i>	13
CHEMET.....	57	<i>clarithromycin</i>	11	CLORPRES.....	43
CHENODAL.....	80	<i>clarithromycin er</i>	11	<i>clotrimazole</i>	19
<i>chloramphenicol sod succinate</i>	6	<i>clemastine fumarate</i>	85	<i>clotrimazole-betamethasone</i>	19
<i>chlordiazepoxide hcl</i>	37	CLENPIQ.....	59	<i>clozapine</i>	33
<i>chlordiazepoxide-amitriptyline</i>	37	CLEOCIN.....	6	<i>clozapine odt</i>	33
<i>chlordiazepoxid/clidinium (select</i> <i>manufacturers only)</i>	58	CLEVIPREX.....	46	COARTEM.....	29
<i>chlorhexidine gluconate</i>	52	CLIMARA.....	68	<i>codeine sulfate</i>	2
<i>chloroquine phosphate</i>	29	CLIMARA PRO.....	68	<i>colchicine</i>	21
<i>chlorothiazide</i>	48	<i>clind ph-benzoyl perox 1.2-5%</i>	53	COLCRYS.....	21
<i>chlorothiazide sodium</i>	48	CLINDACIN ETZ.....	7	<i>colesevelam hcl</i>	48
<i>chlorpromazine hcl</i>	31	CLINDACIN P.....	7	<i>colestipol hcl</i>	49
<i>chlorpropamide</i>	38	CLINDAGEL.....	7	<i>colistimethate</i>	7
<i>chlorthalidone</i>	48	<i>clindamycin hcl</i>	7	COLOCORT.....	79
<i>chlorzoxazone</i>	88	<i>clindamycin palmitate hcl</i>	7	COLY-MYCIN S.....	84
CHOLBAM.....	61	<i>clindamycin pediatric</i>	7	COMBIGAN.....	83
<i>cholestyramine</i>	48	<i>clindamycin phos-tretinoin</i>	53	COMBIPATCH.....	68
<i>cholestyramine light</i>	48	<i>clindamycin phosphate</i>	7	COMBIVENT RESPIMAT.....	85
<i>chorionic gonadotropin</i>	66	<i>clindamycin phosphate-d5w</i>	7	COMETRIQ.....	27
CIALIS.....	62	<i>clindamycin-benzoyl perox 1-</i> <i>5%</i>	53	COMPLERA.....	34
CICLODAN.....	19	<i>clindamycin-benzoyl peroxide</i>	53	COMPRO.....	18
<i>ciclopirox</i>	19	CLINDESSE.....	7	CONDYLOX.....	53
<i>cidofovir</i>	33	CLINIMIX.....	55	CONSTULOSE.....	59
<i>cilostazol</i>	42	CLINIMIX E.....	55	COPAXONE.....	52
CILOXAN.....	11	CLINIMIX N14G30E.....	55	CORDRAN.....	63
CIMDUO.....	35	CLINIMIX N9G15E.....	55	CORLANOR.....	47
<i>cimetidine</i>	59	CLINIMIX N9G20E.....	55	CORTENEMA.....	79
CIMZIA.....	74	CLINISOL.....	55	CORTIFOAM.....	63
CINQAIR.....	88	<i>clobetasol emollient</i>	63	<i>cortisone acetate</i>	63
CINRYZE.....	74	<i>clobetasol emulsion</i>	63	CORTISPORIN.....	7,82
				COSENTYX (2 SYRINGES).....	53

COSENTYX PEN.....	53	<i>daptomycin</i>	7	DEXAMETHASONE
COSENTYX PEN (2 PENS).....	53	DARAPRIM.....	29	INTENSOL.....
COSENTYX SYRINGE.....	53	<i>darifenacin er</i>	62	<i>dexamethasone sodium</i>
COSOPT PF.....	83	DARZALEX.....	28	<i>phosphate</i>
COTELLIC.....	27	DASETTA.....	68	DEXILANT.....
COUMADIN.....	41	<i>daunorubicin hcl</i>	24	<i>dexmethylphenidate hcl</i>
CREON.....	61	DAXBIA.....	9	<i>dexmethylphenidate hcl er</i>
CRESEMBA.....	19	DAYSEE.....	68	<i>dexrazoxane</i>
CRIXIVAN.....	36	DAYTRANA.....	50	<i>dextroamphetamine sulfate</i>
<i>cromolyn sodium</i>	82,86	DEBLITANE.....	72	<i>dextroamphetamine sulfate er</i>
CRYSSELLE.....	68	DECADRON.....	63	<i>dextroamphetamine-amphet er</i>
CUPRIMINE.....	57	<i>decitabine</i>	25	<i>dextroamphetamine-</i>
CUROSURF.....	80	<i>deferoxamine mesylate</i>	80	<i>amphetamine</i>
CUVITRU.....	76	DELESTROGEN.....	68	<i>dextrose 10%-0.2% nacl</i>
CYCLAFEM.....	68	DELTASONE.....	63	<i>dextrose 10%-0.45% nacl</i>
<i>cyclobenzaprine hcl</i>	88	DELYLA.....	68	<i>dextrose 2.5%-0.45% nacl</i>
<i>cyclophosphamide</i>	22	DELZICOL.....	78	<i>dextrose 5%-0.2% nacl</i>
<i>cycloserine</i>	22	<i>demeclocycline hcl</i>	12	<i>dextrose 5%-0.2% nacl-kcl</i>
CYCLOSET.....	38	DEM SER.....	47	<i>dextrose 5%-0.225% nacl</i>
<i>cyclosporine</i>	74	DENAVIR.....	37	<i>dextrose 5%-0.225% nacl-kcl</i>
<i>cyclosporine modified</i>	74	DENTA 5000 PLUS.....	55	<i>dextrose 5%-0.3% nacl</i>
<i>cyproheptadine hcl</i>	85	DENTAGEL.....	55	<i>dextrose 5%-0.3% nacl-kcl</i>
CYRAMZA.....	27	DEPEN.....	57	<i>dextrose 5%-0.33% nacl</i>
CYRED.....	68	DEPO-ESTRADIOL.....	68	<i>dextrose 5%-0.33% nacl-kcl</i>
CYSTADANE.....	61	DEPO-MEDROL.....	63	<i>dextrose 5%-0.45% nacl</i>
CYSTAGON.....	61	DEPO-SUBQ PROVERA 10472.....	72	<i>dextrose 5%-0.45% nacl-kcl</i>
CYSTARAN.....	81	DESCOVY.....	35	<i>dextrose 5%-0.9% nacl</i>
<i>cytarabine</i>	23	DESFERAL.....	80	<i>dextrose 5%-1/2ns-kcl</i>
CYTOGAM.....	80	DESFERAL MESYLATE.....	80	<i>dextrose 5%-1/4ns-kcl</i>
CYTOMEL.....	72	<i>desipramine hcl</i>	17	<i>dextrose 5%-electrolyte #48</i>
D		<i>desloratadine</i>	85	<i>dextrose 5%-ns-kcl</i>
<i>dacarbazine</i>	22	<i>desmopressin acetate</i>	66	<i>dextrose 5%-potassium</i>
<i>dactinomycin</i>	24	<i>desogestr-eth estrad eth estra</i>	68	<i>chloride</i>
DAKLINZA.....	34	<i>desogestrel-ethinyl estradiol</i>	68	<i>dextrose in lactated ringers</i>
DALIRESP.....	88	DESONATE.....	63	<i>dextrose in water</i>
DALVANCE.....	7	<i>desonide</i>	63	DIASTAT.....
<i>danazol</i>	67	<i>desoximetasone</i>	63	DIASTAT ACUDIAL.....
<i>dantrolene sodium</i>	33	<i>desvenlafaxine er</i>	16	<i>diazepam</i>
<i>dapsone</i>	22,53	<i>desvenlafaxine fumarate er</i>	16	<i>diclofenac potassium</i>
DAPTACEL DTAP.....	77	<i>desvenlafaxine succinate er</i>	17	<i>diclofenac sodium</i>
		<i>dexamethasone</i>	63	<i>diclofenac sodium er</i>

<i>diclofenac sodium-misoprostol</i>	5	<i>doxepin hcl</i>	17,53	ELIXOPHYLLIN	85
<i>dicloxacillin sodium</i>	10	<i>doxercalciferol</i>	79	ELLA	72
<i>dicyclomine hcl</i>	58	<i>doxorubicin hcl</i>	25	ELLEENCE	25
<i>didanosine</i>	35	<i>doxorubicin hcl liposome</i>	25	ELMIRON	62
DIFFERIN	53	DOXY 100	12	EMADINE	82
DIFICID	11	<i>doxycycline hyclate</i>	12	EMBEDA	1
<i>diflorasone diacetate</i>	63	<i>doxycycline ir-dr</i>	12	EMCYT	23
<i>diflunisal</i>	5	<i>doxycycline monohydrate</i>	12	EMEND	18,19
DIGITEK	47	<i>dronabinol</i>	18	EMFLAZA	63
DIGOX	47	<i>drospirenone-eth estra-levomef</i>	68	EMOQUETTE	68
<i>digoxin</i>	47	<i>drospirenone-ethinyl estradiol</i>	68	EMPLICITI	29
<i>dihydroergotamine mesylate</i>	21	DROXIA	24	EMSAM	16
DILANTIN	15	DUAVEE	68	EMTRIVA	35
DILANTIN-125	15	DULERA	84	EMVERM	29
DILATRATE-SR	49	<i>duloxetine hcl</i>	17	<i>enalapril maleate</i>	44
DILT-XR	46	DUPIXENT	77	<i>enalapril-hydrochlorothiazide</i>	44
<i>diltiazem 12hr er</i>	46	DURAMORPH	2	ENBREL	74
<i>diltiazem 24hr cd</i>	46	DUREZOL	82	ENBREL MINI	74
<i>diltiazem 24hr er</i>	46	<i>dutasteride</i>	62	ENBREL SURECLICK	75
<i>diltiazem er</i>	46	<i>dutasteride-tamsulosin</i>	62	ENDARI	80
<i>diltiazem hcl</i>	46	DUZALLO	21	ENDOCET	2
DIPENTUM	78	DYRENIUM	47	ENGERIX-B ADULT	77
<i>diphenhydramine hcl</i>	85	E		ENGERIX-B PEDIATRIC- ADOLESCENT	77
<i>diphenoxylate-atropine</i>	59	E.E.S. 400	11	<i>enoxaparin sodium</i>	41
<i>diphtheria-tetanus toxoids-ped</i>	77	<i>econazole nitrate</i>	19	ENPRESSE	68
<i>dipyridamole</i>	42	EDARBI	43	ENSKYCE	68
DISKETS	2	EDARBYCLOR	43	ENSTILAR	53
<i>disulfiram</i>	4	EDLUAR	88	<i>entacapone</i>	30
<i>divalproex sodium</i>	14	EDURANT	34	<i>entecavir</i>	33
<i>divalproex sodium er</i>	14	<i>efavirenz</i>	34,35	ENTRESTO	47
DIVIGEL	68	EGRIFTA	66	ENULOSE	59
<i>docetaxel</i>	25	ELAPRASE	61	ENVARBUS XR	75
<i>dofetilide</i>	44	ELELYSO	61	EPCLUSA	34
<i>donepezil hcl</i>	15	ELESTRIN	68	EPIDUO FORTE	53
<i>donepezil hcl odt</i>	15	<i>eletriptan hbr</i>	21	<i>epinastine hcl</i>	82
DOPTELET	42	ELIDEL	53	<i>epinephrine</i>	86
DORIBAX	9	ELIGARD	73	EPIPEN	86
<i>doripenem</i>	9	ELINEST	68	EPIPEN 2-PAK	86
<i>dorzolamide hcl</i>	83	ELIQUIS	41	EPIPEN JR 2-PAK	86
<i>dorzolamide-timolol</i>	83	ELITEK	29	<i>epirubicin hcl</i>	25
<i>doxazosin mesylate</i>	62				

EPITOL.....	15	<i>eszopiclone</i>	88	<i>fenofibrate</i>	48
EPIVIR HBV.....	33	<i>ethacrynate sodium</i>	47	<i>fenofibric acid</i>	48
<i>eplerenone</i>	47	<i>ethacrynic acid</i>	47	<i>fenoprofen calcium</i>	5
EPOGEN.....	42	<i>ethambutol hcl</i>	22	<i>fantanyl</i>	1
<i>epoprostenol sodium</i>	87	<i>ethosuximide</i>	13	<i>fantanyl citrate</i>	2
<i>eprosartan mesylate</i>	43	<i>ethynodiol-ethinyl estradiol</i>	68	FENTORA.....	2
EQUETRO.....	38	<i>etidronate disodium</i>	79	FERRIPROX.....	57
ERAXIS (WATER		<i>etodolac</i>	5	FETZIMA.....	17
DILUENT).....	19	<i>etodolac er</i>	5	FINACEA.....	53
ERBITUX.....	29	ETOPOPHOS.....	27	<i>finasteride 5 mg tablet</i>	62
<i>ergoloid mesylates</i>	15	<i>etoposide</i>	27	FIRAZYR.....	74
ERGOMAR.....	21	EURAX.....	30	FIRMAGON.....	25
<i>ergotamine-caffeine</i>	21	EVAMIST.....	68	FLAREX.....	82
ERIVEDGE.....	25	EVOMELA.....	23	<i>flavoxate hcl</i>	62
ERLEADA.....	23	EVOTAZ.....	36	FLEBOGAMMA DIF.....	76
ERRIN.....	72	EVZIO.....	4	<i>flecainide acetate</i>	44
ERTACZO.....	19	EXELDERM.....	19	FLECTOR.....	5
<i>ertapenem</i>	9	<i>exemestane</i>	27	FLOLAN.....	87
ERWINAZE.....	25	EXJADE.....	57	FLOVENT DISKUS.....	84
ERY 2% PADS.....	11	EXONDYS 51.....	61	FLOVENT HFA.....	84
ERY-TAB.....	11	EXTAVIA.....	52	FLOXIN.....	11
ERYPED 200.....	11	EYLEA.....	81	<i>fluconazole</i>	19
ERYPED 400.....	11	<i>ezetimibe</i>	49	<i>fluconazole in dextrose</i>	19
ERYTHROCIN		<i>ezetimibe-simvastatin</i>	48	<i>fluconazole in saline</i>	20
LACTOBIONATE.....	11			<i>fluconazole-nacl</i>	20
ERYTHROCIN STEARATE	11	F		<i>flucytosine</i>	20
<i>erythromycin</i>	11	FABIOR.....	53	<i>fludarabine phosphate</i>	24
<i>erythromycin ethylsuccinate</i>	11	FABRAZYME.....	61	<i>fludrocortisone acetate</i>	64
<i>erythromycin-benzoyl peroxide</i>	53	FALMINA.....	69	<i>flunisolide</i>	84
ESBRIET.....	87	<i>famciclovir</i>	37	<i>fluocinolone acetonide</i>	64
<i>escitalopram oxalate</i>	17	<i>famotidine</i>	59	<i>fluocinolone acetonide oil</i>	84
<i>esomeprazole magnesium</i>	60	FANAPT.....	32	<i>fluocinonide</i>	64
<i>esomeprazole sodium</i>	60	FARESTON.....	23	<i>fluocinonide-e</i>	64
ESTARYLLA.....	68	FARYDAK.....	27	<i>fluorometholone</i>	82
<i>estradiol</i>	68	FASENRA.....	88	<i>fluorouracil</i>	25,53
<i>estradiol twice weekly</i>	68	FASLODEX.....	23	<i>fluoxetine dr 90 mg capsule</i>	
<i>estradiol valerate</i>	68	FAYOSIM.....	69	(<i>weekly</i>).....	17
<i>estradiol weekly</i>	68	<i>felbamate</i>	14	<i>fluoxetine hcl</i>	17
<i>estradiol-norethindrone acetat</i>	68	<i>felodipine er</i>	46	<i>fluphenazine decanoate</i>	31
ESTRING.....	68	FEMRING.....	69	<i>fluphenazine hcl</i>	31
<i>estropipate</i>	68	FEMYNOR.....	69	<i>flurandrenolide</i>	64

<i>flurbiprofen</i>	5	<i>ganciclovir sodium</i>	33	GLUCOVANCE.....	38
<i>flurbiprofen sodium</i>	82	GARDASIL.....	77	<i>glyburide</i>	38
<i>flutamide</i>	23	GARDASIL 9.....	77	<i>glyburide micronized</i>	38
<i>fluticasone propionate</i>	64,84	<i>gatifloxacin</i>	11	<i>glyburide-metformin hcl</i>	38
<i>fluticasone-salmeterol</i>	88	GATTEX.....	59	GLYCATE.....	58
<i>fluvastatin er</i>	48	<i>gauze pads 2 x 2</i>	80	<i>glycopyrrolate</i>	58
<i>fluvastatin sodium</i>	48	GAVILYTE-C.....	59	GLYNASE.....	38
<i>fluvoxamine maleate</i>	17	GAVILYTE-G.....	59	GLYXAMBI.....	38
<i>fluvoxamine maleate er</i>	17	GAVILYTE-H AND		GOCOVRI.....	30
FML FORTE.....	82	BISACODYL.....	60	GONITRO.....	49
FML S.O.P.....	82	GAVILYTE-N.....	60	GRALISE.....	15
FOLOTYN.....	25	GAZYVA.....	29	<i>granisetron hcl</i>	19
<i>fomepizole</i>	80	GELNIQUE.....	62	GRANIX.....	42
<i>fondaparinux sodium</i>	41	<i>gemcitabine hcl</i>	24	GRASTEK.....	81
FORTEO.....	79	<i>gemfibrozil</i>	48	<i>griseofulvin</i>	20
FORTICAL.....	79	GENERLAC.....	60	<i>griseofulvin ultramicrosize</i>	20
<i>fosinopril sodium</i>	44	GENGRAF.....	75	<i>guanfacine hcl</i>	43
<i>fosinopril-hydrochlorothiazide</i>	44	GENOTROPIN.....	66	<i>guanfacine hcl er</i>	50
<i>fosphenytoin sodium</i>	15	GENTAK.....	6	<i>guanidine hcl</i>	22
FOSRENOL.....	58	<i>gentamicin sulfate</i>	6	H	
FRAGMIN.....	41	<i>gentamicin sulfate in ns</i>	6	H.P. ACTHAR.....	64
FREAMINE HBC.....	55	GENVOYA.....	36	HAEGARDA.....	74
FREAMINE III.....	55	GEODON.....	32	HALAVEN.....	25
<i>frovatriptan succinate</i>	21	GIANVI.....	69	<i>halobetasol propionate</i>	64
<i>furosemide</i>	47	GIAZO.....	78	HALOG.....	64
FUSILEV.....	25	GILDAGIA.....	69	<i>haloperidol</i>	31
FUZEON.....	35	GILENYA.....	52	<i>haloperidol decanoate</i>	31
FYAVOLV.....	69	GILOTRIF.....	27	<i>haloperidol decanoate 100</i>	31
FYCOMPA.....	14	GLASSIA.....	61	<i>haloperidol lactate</i>	31
G		<i>glatiramer acetate</i>	52	HARVONI.....	34
<i>gabapentin</i>	14	GLATOPA.....	52	HAVRIX.....	77
GABITRIL.....	14	GLEOSTINE.....	23	HEATHER.....	72
<i>galantamine 4 mg/ml oral soln</i>	16	<i>glimepiride</i>	38	HECTOROL.....	79
<i>galantamine er</i>	16	<i>glipizide</i>	38	<i>heparin sodium</i>	41
<i>galantamine hbr</i>	16	<i>glipizide er</i>	38	<i>heparin sodium in 0.45% nacl</i>	41
GAMMAGARD LIQUID.....	76	<i>glipizide xl</i>	38	<i>heparin sodium-0.45% nacl</i>	41
GAMMAGARD S-D.....	76	<i>glipizide-metformin</i>	38	<i>heparin sodium-0.9% nacl</i>	41
GAMMAKED.....	76	GLUCAGEN.....	40	<i>heparin sodium-d5w</i>	41
GAMMAPLEX.....	76	GLUCAGON EMERGENCY		HEPATAMINE.....	56
GAMUNEX-C.....	76	KIT.....	40	HERCEPTIN.....	29
		<i>glucose in water</i>	80		

HETLIOZ.....	88	<i>hydrocortisone</i>	64,79	INFANRIX DTAP.....	77
HEXALEN.....	23	<i>hydrocortisone butyrate</i>	64	INFLECTRA.....	75
HIBERIX.....	77	<i>hydrocortisone valerate</i>	64	INFUMORPH.....	3
HIZENTRA.....	77	<i>hydrocortisone-acetic acid</i>	84	INGREZZA.....	51
HORIZANT.....	15	<i>hydrocortisone-pramoxine</i>	64	INLYTA.....	28
HUMALOG.....	40	<i>hydromorphone er</i>	1	INNOPRAN XL.....	21
HUMALOG JUNIOR		<i>hydromorphone hcl</i>	2	<i>inpen (for humalog)</i>	81
KWIKPEN.....	40	<i>hydroxychloroquine sulfate</i>	30	<i>inpen (for novolog)</i>	81
HUMALOG KWIKPEN U-		<i>hydroxyprogesterone caproate</i>	72	<i>insulin pen needle</i>	81
100.....	40	<i>hydroxyurea</i>	24	<i>insulin pen needle, safety</i>	81
HUMALOG KWIKPEN U-		<i>hydroxyzine hcl</i>	85	<i>insulin syringe</i>	81
200.....	40	<i>hydroxyzine pamoate</i>	37	<i>insulin syringe u-500</i>	81
HUMALOG MIX 50-50.....	40	HYQVIA.....	77	INTELENCE.....	35
HUMALOG MIX 50-50		HYSINGLA ER.....	1	INTRALIPID.....	81
KWIKPEN.....	40			INTRON A.....	34
HUMALOG MIX 75-25.....	40	I		INTROVALE.....	69
HUMALOG MIX 75-25		<i>ibandronate sodium</i>	79	INVANZ.....	9
KWIKPEN.....	40	IBRANCE.....	27	INVEGA SUSTENNA.....	32
<i>humapen luxura hd</i>	81	IBU.....	5	INVEGA TRINZA.....	32
HUMATROPE.....	66	<i>ibuprofen</i>	5	INVIRASE.....	36
HUMIRA.....	75	ICLUSIG.....	27	INVOKAMET.....	38
HUMIRA PEDIATRIC		IDAMYCIN PFS.....	25	INVOKAMET XR.....	38
CROHN'S.....	75	<i>idarubicin hcl</i>	25	INVOKANA.....	38
HUMIRA PEN.....	75	IDHIFA.....	25	IONOSOL MB-DEXTROSE	
HUMIRA PEN CROHN-UC-		<i>ifosfamide</i>	23	5%.....	56
HS STARTER.....	75	ILARIS.....	77	IOPIDINE.....	83
HUMIRA PEN PSORIASIS-		ILEVRO.....	82	IPOL.....	77
UVEITIS.....	75	<i>imatinib mesylate</i>	27	<i>ipratropium bromide</i>	85
HUMULIN 70-30.....	40	IMBRUVICA.....	27	<i>ipratropium-albuterol</i>	85
HUMULIN 70/30		IMFINZI.....	29	<i>irbesartan</i>	43
KWIKPEN.....	40	<i>imipenem-cilastatin sodium</i>	9	<i>irbesartan-hydrochlorothiazide</i>	43
HUMULIN N.....	40	<i>imipramine hcl</i>	18	IRESSA.....	28
HUMULIN N KWIKPEN...	40	<i>imipramine pamoate</i>	18	<i>irinotecan hcl</i>	25
HUMULIN R.....	40	<i>imiquimod</i>	53	ISENTRESS.....	36
HUMULIN R U-500.....	40	IMOVAX RABIES		ISENTRESS HD.....	36
HUMULIN R U-500		VACCINE.....	77	ISIBLOOM.....	69
KWIKPEN.....	40	IMPOYZ.....	64	ISOLYTE P WITH	
<i>hydralazine hcl</i>	49	INCRELEX.....	66	DEXTROSE.....	56
<i>hydrochlorothiazide</i>	48	<i>indapamide</i>	48	ISOLYTE S.....	56
<i>hydrocodone-acetaminophen</i>	2	<i>indomethacin</i>	5	<i>isoniazid</i>	22
<i>hydrocodone-ibuprofen</i>	2	<i>indomethacin er</i>	5	<i>isosorbide dinitrate</i>	49

<i>isosorbide dinitrate er</i>	49	KADCYLA.....	25	KRYSTEXXA.....	61
<i>isosorbide mononitrate</i>	49	KAITLIB FE.....	69	KURVELO.....	69
<i>isosorbide mononitrate er</i>	49	KALBITOR.....	81	KUVAN.....	61
<i>isotretinoin</i>	53	KALETRA.....	36	KYNAMRO.....	49
<i>isradipine</i>	46	KALYDECO.....	86	KYPROLIS.....	25
ISTODAX.....	25	KANUMA.....	61		
ISUPREL.....	86	KARIVA.....	69	L	
<i>itraconazole</i>	20	<i>kcl 20 meq in d5w-lact ringer</i>	56	<i>labetalol hcl</i>	45
<i>ivermectin</i>	29	<i>kcl-ns 1,000 ml iv soln</i>	56	LACRISERT.....	81
IXEMPRA.....	25	KELNOR 1-35.....	69	<i>lactated ringers</i>	56
IXIARO.....	78	KELNOR 1-50.....	69	<i>lactulose</i>	60
		KENALOG-10.....	64	<i>lamivudine</i>	33,35
J		KENALOG-40.....	64	<i>lamivudine hbv</i>	33
JADENU.....	57	KEPIVANCE.....	52	<i>lamivudine-zidovudine</i>	35
JADENU SPRINKLE.....	58	KERYDIN.....	20	<i>lamotrigine</i>	14
JAKAFI.....	25	<i>ketoconazole</i>	20	<i>lamotrigine (blue)</i>	14
JANTOVEN.....	41	<i>ketoprofen</i>	5	<i>lamotrigine (green)</i>	14
JANUMET.....	39	<i>ketorolac tromethamine</i>	5,82	<i>lamotrigine (orange)</i>	14
JANUMET XR.....	39	KEVEYIS.....	81	<i>lamotrigine er</i>	14
JANUVIA.....	39	KEYTRUDA.....	25	<i>lamotrigine odt</i>	14
JARDIANCE.....	39	KIMIDESS.....	69	LANOXIN.....	47
JENCYCLA.....	72	KINERET.....	77	<i>lansoprazol-amoxicil-clarithro</i>	7
JENTADUETO.....	39	KINRIX.....	78	<i>lansoprazole</i>	60
JENTADUETO XR.....	39	KIONEX.....	58	<i>lanthanum carbonate</i>	58
JETREA.....	81	KISQALI.....	25	LANTUS.....	40
JEVANTIQUE LO.....	69	KISQALI FEMARA CO- PACK.....	25	LANTUS SOLOSTAR.....	41
JEVTANA.....	28	KITABIS PAK.....	6	LARIN.....	69
JINTELI.....	69	KLOFENSAID II.....	5	LARIN 24 FE.....	69
JOLESSA.....	69	KLOR-CON 10.....	56	LARIN FE.....	69
JOLIVETTE.....	72	KLOR-CON 20 MEQ PACKET (SELECT MANUFACTURERS ONLY).....	56	LARISSIA.....	69
JUBLIA.....	20	KLOR-CON 8.....	56	LARTRUVO.....	29
JULEBER.....	69	KLOR-CON M10.....	56	<i>latanoprost</i>	83
JULUCA.....	36	KLOR-CON M15.....	56	LATUDA.....	32
JUNEL.....	69	KLOR-CON M20.....	56	LAZANDA.....	3
JUNEL FE.....	69	KLOR-CON SPRINKLE.....	56	LEENA.....	69
JUNEL FE 24.....	69	KORLYM.....	81	<i>leflunomide</i>	77
JUXTAPID.....	49	KRISTALOSE.....	60	LEMTRADA.....	52
JYNARQUE.....	58			LENVIMA.....	28
				LESSINA.....	69
K				LETAIRIS.....	87
KABIVEN.....	56			<i>letrozole</i>	27

<i>leucovorin calcium</i>	25	<i>lisinopril-hydrochlorothiazide</i> ..	44	<i>magnesium sulfate</i>	56
LEUKERAN.....	23	<i>lithium</i>	38	<i>magnesium sulfate-d5w</i>	56
LEUKINE.....	42	<i>lithium carbonate</i>	38	<i>malathion</i>	30
<i>leuprolide acetate</i>	73	<i>lithium carbonate er</i>	38	<i>maprotiline hcl</i>	16
<i>levabuterol concentrate hcl vial- neb</i>	86	LITHOSTAT.....	62	MARGESIC.....	3
<i>levabuterol hcl vial-neb</i>	86	LIVALO.....	48	MARLISSA.....	70
<i>levabuterol tar hfa 45mcg inhaler</i>	86	LO LOESTRIN FE.....	69	MARPLAN.....	16
LEVEMIR.....	41	LOMEDIA 24 FE.....	70	MARQIBO.....	26
LEVEMIR FLEXTOUCH... 41		LONSURF.....	26	MATULANE.....	23
<i>levetiracetam</i>	13	<i>loperamide</i>	59	MATZIM LA.....	46
<i>levetiracetam er</i>	13	<i>lopinavir-ritonavir</i>	36	MAVYRET.....	34
<i>levetiracetam-nacl</i>	13	LOPREEZA.....	70	MAXIDEX.....	82
<i>levobunolol hcl</i>	83	<i>lorazepam</i>	37	<i>meclizine hcl</i>	18
<i>levocarnitine</i>	81	LORCET.....	3	<i>meclofenamate sodium</i>	5
<i>levocetirizine dihydrochloride</i> ..	85	LORCET HD.....	3	MEDROL.....	64
<i>levofloxacin</i>	11	LORCET PLUS.....	3	<i>medroxyprogesterone acetate</i> ..	72
<i>levofloxacin-d5w</i>	11	LORYNA.....	70	<i>mefloquine hcl</i>	30
<i>levoleucovorin calcium</i>	25,26	<i>losartan potassium</i>	43	<i>megestrol acetate</i>	72
LEVONEST.....	69	<i>losartan-hydrochlorothiazide</i> ..	43	MEKINIST.....	26
<i>levonorg-eth estrad eth estrad</i> ..	69	LOTEMAX.....	82	MEKTOVI.....	28
<i>levonorgestrel-eth estradiol</i>	69	<i>lovastatin</i>	48	MELODETTA 24 FE.....	70
LEVORA-28.....	69	LOW-OGESTREL.....	70	<i>meloxicam</i>	5
<i>levorphanol tartrate</i>	3	<i>loxapine</i>	31	<i>melphalan 2mg tablet</i>	23
<i>levothyroxine sodium</i>	72	LUCEMYRA.....	51	<i>melphalan hcl</i>	23
LEVOXYL.....	72	LUCENTIS.....	81	<i>memantine hcl</i>	16
LEXIVA.....	36	LUMIGAN.....	83	<i>memantine hcl er</i>	16
<i>lidocaine</i>	4	LUMIZYME.....	61	MENACTRA.....	78
<i>lidocaine hcl</i>	4,44	LUPRON DEPOT.....	73	MENEST.....	70
<i>lidocaine hcl viscous</i>	4	LUPRON DEPOT (LUPANETA).....	73	MENHIBRIX.....	78
<i>lidocaine-prilocaine</i>	4	LUPRON DEPOT-PED.....	73	MENOMUNE-A-C-Y-W-13578	
LIDODERM.....	4	LUTERA.....	70	MENTAX.....	20
<i>lincomycin hcl</i>	7	LUZU.....	20	MENVEO A-C-Y-W-135- DIP.....	78
<i>lindane</i>	30	LYNPARZA.....	28	<i>mercaptopurine</i>	24
<i>linezolid</i>	7	LYRICA.....	13,51	<i>meropenem</i>	9
<i>linezolid-0.9% nacl</i>	7	LYSODREN.....	73	<i>meropenem-0.9% nacl</i>	9
<i>linezolid-d5w</i>	7	M		<i>mesalamine</i>	78,79
LINZESS.....	59	M-M-R II VACCINE.....	78	<i>mesna</i>	29
<i>liothyronine sodium</i>	73	MACUGEN.....	82	MESNEX.....	29
<i>lisinopril</i>	44	<i>magnesium chloride</i>	56	MESTINON.....	22
				METADATE ER.....	50

<i>metaproterenol sulfate</i>	86	<i>methylphenidate er</i>	50	<i>mitomycin</i>	26
METAXALL	88	<i>methylphenidate hcl</i>	50	<i>mitoxantrone hcl</i>	26
<i>metaxalone</i>	88	<i>methylphenidate hcl cd</i>	50,51	<i>modafinil</i>	88
<i>metformin er 1000 mg osmotic tablet (generic for fortamet)</i>	39	<i>methylphenidate hcl er</i>	51	MODERIBA	34
<i>metformin er 500 mg osmotic tablet (generic for fortamet)</i>	39	<i>methylphenidate la</i>	51	<i>moexipril hcl</i>	44
<i>metformin hcl 1000mg tablet (immediate-release)</i>	39	<i>methylprednisolone</i>	64	<i>moexipril-hydrochlorothiazide</i>	44
<i>metformin hcl 500 mg tablet (immediate-release)</i>	39	<i>methylprednisolone acetate</i>	64	<i>mometasone furoate</i>	65,84
<i>metformin hcl 850 mg tablet (immediate-release)</i>	39	<i>methylprednisolone sodium succ</i>	64	MONDOXYNE NL	12
<i>metformin hcl er 1000 mg tablet (generic for glumetza)</i>	39	<i>methyltestosterone</i>	67	MONO-LINYAH	70
<i>metformin hcl er 500mg (generic for glucophage xr)</i>	39	<i>metipranolol</i>	83	MONONESSA	70
<i>metformin hcl er 500mg (generic for glumetza)</i>	39	<i>metoclopramide hcl</i>	18	<i>montelukast sodium</i>	85
<i>metformin hcl er 750 mg (generic for glucophage xr)</i>	39	<i>metoclopramide hcl odt</i>	18	MONUROL	7
<i>methadone hcl</i>	3	<i>metolazone</i>	48	MORGIDOX	12
METHADONE INTENSOL ..	3	METOPIRONE	81	<i>morphine sulfate</i>	3
METHADOSE	3	<i>metoprolol succinate er</i>	45	<i>morphine sulfate er</i>	1
<i>methamphetamine hcl</i>	50	<i>metoprolol tartrate</i>	45	MOVANTIK	59
<i>methazolamide</i>	47	<i>metoprolol-hydrochlorothiazide</i>	45	MOVIPREP	60
<i>methenamine hippurate</i>	7	METRO IV	7	MOXEZA	11
<i>methimazole</i>	74	<i>metronidazole</i>	7	<i>moxifloxacin</i>	12
METHITEST	67	<i>mexiletine hcl</i>	44	<i>moxifloxacin hcl</i>	12
<i>methocarbamol</i>	88	MIACALCIN	79	MOZOBIL	42
<i>methotrexate</i>	75	MIBELAS 24 FE	70	<i>mupirocin</i>	7
<i>methotrexate sodium</i>	75	<i>miconazole 3</i>	20	MUSTARGEN	23
<i>methoxsalen</i>	53	MICORT-HC	64	MYALEPT	81
<i>methscopolamine bromide</i>	58	MICROGESTIN	70	MYCAMINE	20
<i>methyclothiazide</i>	48	MICROGESTIN FE	70	<i>mycophenolate mofetil</i>	75
<i>methyl dopa</i>	43	<i>midodrine hcl</i>	43	<i>mycophenolic acid</i>	75
<i>methyl dopa-hydrochlorothiazide</i>	43	MIGERGOT	21	MYFORTIC	75
<i>methyl dopate hcl</i>	43	<i>miglitol</i>	39	MYLOTARG	29
<i>methylergonovine maleate</i>	81	<i>miglustat</i>	61	MYORISAN	53
METHYLIN	50	MILI	70	MYRBETRIQ	62
		MIMVEY LO	70	MYTESI	59
		MINITRAN	49	MYZILRA	70
		<i>minocycline hcl</i>	12		
		<i>minocycline hcl er</i>	12	N	
		<i>minoxidil</i>	49	<i>nabumetone</i>	5
		MIRCERA	42	<i>nadolol</i>	45
		<i>mirtazapine</i>	16	<i>nadolol-bendroflumethiazide</i>	45
		<i>misoprostol</i>	60	<i>nafcillin</i>	10
		MITIGARE	21	<i>nafcillin sodium</i>	10

<i>naftifine hcl</i>	20	NEXIUM.....	60	NORMOSOL-R AND	
NAFTIN.....	20	<i>niacin er</i>	49	DEXTROSE.....	56
NAGLAZYME.....	61	NIACOR.....	49	NORMOSOL-R PH 7.4.....	56
<i>nalbuphine hcl</i>	3	<i>nicardipine hcl</i>	46	NORTHERA.....	43
<i>naloxone hcl</i>	4	NICOTROL.....	5	NORTREL.....	70
<i>naltrexone hcl</i>	4	NICOTROL NS.....	5	<i>nortriptyline hcl</i>	18
NAMZARIC.....	16	NIFEDICAL XL.....	46	NORVIR.....	36
<i>naproxen</i>	5	<i>nifedipine er</i>	46	NOVAREL.....	66
<i>naproxen sodium</i>	5	NIKKI.....	70	<i>novopen echo</i>	81
<i>naproxen sodium ds</i>	6	<i>nilutamide</i>	23	NOXAFIL.....	20
<i>naratriptan</i>	21	<i>nimodipine</i>	46	NUCALA.....	88
<i>naratriptan hcl</i>	21	NINLARO.....	26	NUCYNTA.....	3
NARCAN.....	4	NIPENT.....	24	NUCYNTA ER.....	1
NATACYN.....	20	<i>nisoldipine</i>	46	NUEDEXTA.....	51
NATAZIA.....	70	NITRO-BID.....	49	NULOJIX.....	75
<i>nateglinide</i>	39	NITRO-DUR.....	49	NUPLAZID.....	32
NATPARA.....	79	<i>nitrofurantoin</i>	8	NUTRILIPID.....	81
NEBUPENT.....	30	<i>nitrofurantoin mono-macro</i>	8	NUTROPIN AQ.....	66
NECON.....	70	<i>nitroglycerin</i>	49	NUTROPIN AQ NUSPIN.....	66
<i>nefazodone hcl</i>	16	<i>nitroglycerin 400 mcg lingual</i>		NUVARING.....	70
NEO-POLYCIN.....	7	<i>spray</i>	49	NUVESSA.....	8
NEO-POLYCIN HC.....	7	<i>nitroglycerin patch</i>	49	NUVIGIL.....	88
NEO-SYNALAR.....	7	NITROLINGUAL.....	50	NYAMYC.....	20
<i>neomycin sulfate</i>	6	NITROMIST.....	50	NYATA.....	20
<i>neomycin-bacitracin-poly-hc</i>	7	<i>nizatidine</i>	59	<i>nystatin</i>	20
<i>neomycin-bacitracin-polymyxin</i>	7	NOCTIVA.....	66	<i>nystatin-triamcinolone</i>	20
<i>neomycin-polymyxin b</i>	7	NOLIX.....	65	NYSTOP.....	20
<i>neomycin-polymyxin-dexameth</i>	82	NORA-BE.....	72		
<i>neomycin-polymyxin-gramicidin</i>	7	NORDITROPIN FLEXPRO.....	66	O	
<i>neomycin-polymyxin-hc</i>	7,84	<i>noreth-estradiol 1-0.02(24)-75</i>	70	OICALIVA.....	61
<i>neomycin-polymyxin-hydrocort</i>	84	<i>norethin-eth estra-ferrous fum</i>	70	OCELLA.....	70
NEORAL.....	75	<i>norethindron-ethinyl estradiol</i>	70	OCREVUS.....	52
NEPHRAMINE.....	56	<i>norethindrone</i>	72	OCTAGAM.....	77
NERLYNX.....	28	<i>norethindrone ac (lupaneta)</i>	72	<i>octreotide acetate</i>	73
NEULASTA.....	42	<i>norethindrone acetate</i>	72	ODEFSEY.....	35
NEUPOGEN.....	42	<i>norgestimate-ethinyl estradiol</i>	70	ODOMZO.....	28
NEUPRO.....	30	NORITATE.....	8	OFEV.....	87
NEVANAC.....	82	NORLYROC.....	72	<i>ofloxacin</i>	12
<i>nevirapine</i>	35	NORMOSOL-M AND		OGESTREL.....	70
<i>nevirapine er</i>	35	DEXTROSE.....	56	<i>olanzapine</i>	32
NEXAVAR.....	28	NORMOSOL-R.....	56	<i>olanzapine odt</i>	32

<i>olanzapine-fluoxetine hcl</i>	32	OXISTAT.....	20	PEGASYS PROCLICK.....	34
<i>olmesartan medoxomil</i>	43	OXTELLAR XR.....	15	PEGINTRON.....	34
<i>olmesartan-amlodipine-hctz</i>	43	<i>oxybutynin chloride</i>	62	PEGINTRON REDIPEN....	34
<i>olmesartan-hydrochlorothiazide</i>	43	<i>oxybutynin chloride er</i>	62	<i>penicillin g potassium</i>	10
<i>olopatadine hcl</i>	82,85	<i>oxycodone hcl</i>	3	<i>penicillin g procaine</i>	10
OLUMIANT.....	75	<i>oxycodone hcl er</i>	1	<i>penicillin g sodium</i>	10
OLYSIO.....	34	<i>oxycodone hcl-aspirin</i>	3	<i>penicillin gk-iso-osm dextrose</i> ..	10
<i>omega-3 acid ethyl esters</i>	49	<i>oxycodone hcl-ibuprofen</i>	3	<i>penicillin v potassium</i>	10
<i>omeprazole</i>	60	<i>oxycodone-acetaminophen</i>	3	PENTACEL.....	78
<i>omeprazole-sodium bicarbonate</i>	60	OXYCONTIN.....	1	PENTACEL ACTHIB	
OMNITROPE.....	66	<i>oxymorphone hcl</i>	3	COMPONENT.....	78
<i>ondansetron hcl</i>	19	<i>oxymorphone hcl er</i>	1	PENTAM 300.....	30
<i>ondansetron odt</i>	19	OZEMPIC.....	39	PENTASA.....	79
ONEXTON.....	53			<i>pentazocine-naloxone hcl</i>	3
ONFI.....	13	P		<i>pentoxifylline</i>	47
ONZETRA XSAIL.....	21	PACERONE.....	44	PERFOROMIST.....	86
OPDIVO.....	29	<i>paclitaxel</i>	26	PERIKABIVEN.....	56
OPSUMIT.....	87	<i>paliperidone er</i>	32	<i>perindopril erbumine</i>	44
ORACEA.....	12	<i>palonosetron hcl</i>	19	PERIOGARD.....	52
ORALAIR.....	81	PALYNZIQ.....	61	PERJETA.....	29
ORALONE.....	52	<i>pamidronate disodium</i>	79	<i>permethrin</i>	30
ORENCIA.....	75	PANCREAZE.....	61	<i>perphenazine</i>	31
ORENCIA CLICKJECT.....	75	PANDEL.....	65	<i>perphenazine-amitriptyline</i>	31
ORENITRAM ER.....	87	PANRETIN.....	29	PEXEVA.....	17
ORFADIN.....	61	<i>pantoprazole sodium</i>	60	PFIZERPEN.....	10
ORKAMBI.....	86	<i>paricalcitol</i>	79	PHENADOZ.....	18
<i>orphenadrine citrate</i>	88	PAROEX.....	52	<i>phenelzine sulfate</i>	16
ORSYTHIA.....	70	<i>paromomycin sulfate</i>	6	PHENERGAN.....	18
<i>oseltamivir phosphate</i>	37	<i>paroxetine cr</i>	17	<i>phenobarbital</i>	13
OSMOLEX ER.....	30	<i>paroxetine er</i>	17	<i>phenoxybenzamine hcl</i>	43
OSMOPREP.....	59	<i>paroxetine hcl</i>	17	PHENYTEK.....	15
OTEZLA.....	77	PARSABIV.....	80	<i>phenytoin</i>	15
OTOVEL.....	84	PASER.....	22	<i>phenytoin sodium</i>	15
<i>oxacillin</i>	10	PAXIL.....	17	<i>phenytoin sodium extended</i>	15
<i>oxacillin sodium</i>	10	PCE.....	11	PHILITH.....	70
<i>oxaliplatin</i>	26	PEDIARIX.....	78	PHOSLYRA.....	58
<i>oxandrolone</i>	67	PEDVAXHIB.....	78	PHOSPHOLINE IODIDE...	83
<i>oxaprozin</i>	6	<i>peg 3350-electrolyte</i>	59,60	PHYSIOLYTE.....	56
<i>oxazepam</i>	38	<i>peg-3350 and electrolytes</i>	60	PHYSIOSOL.....	56
<i>oxcarbazepine</i>	15	PEGANONE.....	15	PICATO.....	53
<i>oxiconazole nitrate</i>	20	PEGASYS.....	34	<i>pilocarpine hcl</i>	52,83

<i>pimozide</i>	31	PRED MILD.....	82	PROCALAMINE.....	57
PIMTREA.....	70	PRED-G.....	83	<i>prochlorperazine</i>	18
<i>pindolol</i>	45	<i>prednicarbate</i>	65	<i>prochlorperazine edisylate</i>	31
<i>pioglitazone hcl</i>	39	<i>prednisolone</i>	65	<i>prochlorperazine maleate</i>	18
<i>pioglitazone-glimepiride</i>	39	<i>prednisolone acetate</i>	83	PROCRIT.....	42
<i>pioglitazone-metformin</i>	39	<i>prednisolone sodium phos odt</i> ..	65	PROCTO-MED HC.....	65
<i>pipercillin-tazobactam</i>	10	<i>prednisolone sodium phosphate</i>	65,83	PROCTO-PAK.....	65
PIRMELLA.....	70	<i>prednisone</i>	65	PROCTOFOAM-HC.....	65
<i>piroxicam</i>	6	PREDNISON INTENSOL.....	65	PROCTOSOL-HC.....	65
PLASMA-LYTE 148.....	56	PREFEST.....	70	PROCTOZONE-HC.....	65
PLASMA-LYTE 56 IN DEXTROSE.....	56	PREGNYL.....	66	PROCYSBI.....	61
PLASMA-LYTE A PH 7.4... ..	56	PREMARIN.....	70	<i>progesterone</i>	72
PLEGRIDY.....	52	PREMASOL.....	57	PROGLYCEM.....	40
PLEGRIDY PEN.....	52	PREMPHASE.....	71	PROGRAF.....	75
PLIAGLIS.....	4	PREMPRO.....	71	PROLASTIN C.....	61
<i>podofilox</i>	54	PRENATAL VITAMIN ORAL TABLET.....	58	PROLEUKIN.....	26
POLYCIN.....	8	PREVALITE.....	49	PROLIA.....	76
<i>polyethylene glycol 3350</i>	60	PREVIDENT 5000 1.1% DRY MOUTH.....	57	PROMACTA.....	42
<i>polymyxin b sul-trimethoprim</i> ..	12	PREVIDENT 5000 ENAMEL.....	57	<i>promethazine hcl</i>	18
<i>polymyxin b sulfate</i>	8	PROTECT.....	57	PROMETHEGAN.....	18
POMALYST.....	23	PREVIDENT 5000 SENSITIVE.....	57	<i>propafenone hcl</i>	44
PORTIA.....	70	PREVIFEM.....	71	<i>propafenone hcl er</i>	44
PORTRAZZA.....	29	PREVYMIS.....	33	<i>propranolol hcl</i>	45
<i>potassium chloride</i>	56	PREZCOBIX.....	36	<i>propranolol hcl er</i>	21
<i>potassium chloride in d5lr</i>	56	PREZISTA.....	36	<i>propranolol-hydrochlorothiazid</i> 45	
<i>potassium citrate er</i>	57	PRIFTIN.....	22	<i>propylthiouracil</i>	74
<i>potassium cl 20 meq packet (select manufacturers only)</i>	57	PRILOSEC DR SUSPENSION.....	60	PROQUAD.....	78
<i>potassium cl 20 meq-0.45% nacl</i>	57	<i>primaquine</i>	30	PROSOL.....	57
PRADAXA.....	42	<i>primidone</i>	14	<i>protamine sulfate</i>	42
PRALUENT PEN.....	49	PRIMSOL.....	8	<i>protriptyline hcl</i>	18
PRALUENT SYRINGE.....	49	PRIVIGEN.....	77	PROVIGIL.....	88
<i>pramipexole dihydrochloride</i>	30	PROAIR HFA.....	86	PRUDOXIN.....	54
<i>pramipexole er</i>	30	PROAIR RESPICLICK.....	86	PULMICORT RESPULE... ..	84
PRAMOSONE.....	65	<i>probenecid</i>	21	PULMOZYME.....	88
<i>prasugrel hcl</i>	43	<i>probenecid-colchicine</i>	21	PURIXAN.....	24
<i>pravastatin sodium</i>	48	<i>procainamide hcl</i>	44	PYLERA.....	59
<i>praziquantel</i>	29			<i>pyrazinamide</i>	22
<i>prazosin hcl</i>	43			<i>pyridostigmine bromide</i>	22
				<i>pyridostigmine bromide er</i>	22

	REMICADE	76	<i>rivastigmine</i>	16
Q	REMODULIN	87	RIVELSA	71
QUADRACEL DTAP-IPV	RENACIDIN	57	<i>rizatriptan</i>	21
QUALAQUIN	RENFLEXIS	76	ROCALTROL	80
QUASENSE	<i>repaglinide</i>	39	<i>romidepsin</i>	26
QUDEXY XR	<i>repaglinide-metformin hcl</i>	39	<i>ropinirole er</i>	30
<i>quetiapine fumarate</i>	REPATHA PUSHTRONEX	49	<i>ropinirole hcl</i>	30
<i>quetiapine fumarate er</i>	REPATHA SURECLICK	49	ROSDAN	8
<i>quinapril hcl</i>	REPATHA SYRINGE	49	<i>rosuvastatin calcium</i>	48
<i>quinapril-hydrochlorothiazide</i>	RESCRIPTOR	35	ROTARIX	78
<i>quinidine gluconate</i>	RESTASIS	82	ROTATEQ	78
<i>quinidine sulfate</i>	RESTASIS MULTIDOSE	82	ROWEEPRA	13
<i>quinine sulfate</i>	RETIN-A	54	ROWEEPRA XR	13
QVAR	RETIN-A MICRO	54	ROZEREM	88
QVAR REDIHALER	RETIN-A MICRO PUMP	54	RUBRACA	26
	RETROVIR	35	RUCONEST	74
R	REVATIO	87	RYDAPT	28
RABAVERT	REVLIMID	23		
<i>rabeprazole sodium</i>	REXULTI	32	S	
RADICAVA	REYATAZ	36	SABRIL	14
RAGWITEK	RIBASPHERE	34	SAIZEN	66
RAJANI	RIBASPHERE RIBAPAK	34	SAIZEN-SAIZENPREP	66
<i>raloxifene hcl</i>	<i>ribavirin</i>	34	SAMSCA	58
<i>ramipril</i>	RIDAURA	77	SANCUSO	19
RANEXA	<i>rifabutin</i>	22	SANDIMMUNE	76
<i>ranitidine hcl</i>	RIFAMATE	22	SANDOSTATIN LAR	73
RAPAFLO	<i>rifampin</i>	22	SANDOSTATIN LAR	
RAPAMUNE	RIFATER	22	DEPOT	73
<i>rasagiline mesylate</i>	<i>riluzole</i>	51	SANTYL	54
RAVICTI	<i>rimantadine hcl</i>	37	SAPHRIS	33
RAYALDEE	<i>ringers injection</i>	57	SAVELLA	51
RAYOS	<i>ringers irrigation</i>	57	<i>scopolamine</i>	18
REBETOL	RIOMET	39	SEGLUROMET	39
REBIF	<i>risedronate sodium</i>	80	<i>selegiline hcl</i>	31
REBIF REBIDOSE	<i>risedronate sodium dr</i>	80	<i>selenium sulfide</i>	54
RECLIPSEN	RISPERDAL CONSTA	32	SELZENTRY	36
RECOMBIVAX HB	<i>risperidone</i>	32	SEMPREX-D	85
REGRANEX	<i>risperidone odt</i>	33	SENSIPAR	80
RELENZA	<i>ritonavir</i>	36	SEREVENT DISKUS	86
RELEXXII	RITUXAN	29	SERNIVO	65
RELISTOR	RITUXAN HYCELA	29	SEROSTIM	66

<i>sertraline hcl</i>	17	<i>sotalol</i>	45	<i>sumatriptan</i>	21
SETLAKIN.....	71	<i>sotalol af</i>	45	<i>sumatriptan succ-naproxen sod</i>	21
<i>sevelamer carbonate</i>	58	SOTYLIZE.....	45	<i>sumatriptan succinate</i>	21
SF 1.1% GEL.....	57	SOVALDI.....	34	SUMAVEL DOSEPRO.....	22
SF 5000 PLUS.....	57	SPIRIVA.....	85	SUPRAX.....	9
SHAROBEL.....	72	SPIRIVA RESPIMAT.....	85	SUPREP.....	59
SHINGRIX.....	78	<i>spironolactone</i>	48	SUTENT.....	28
SIGNIFOR.....	81	<i>spironolactone-hetz</i>	48	SYEDA.....	71
SIGNIFOR LAR.....	73	SPORANOX.....	20	SYLATRON.....	26
<i>sildenafil 10 mg/12.5 ml vial</i>	87	SPRINTEC.....	71	SYLVANT.....	77
<i>sildenafil 20 mg tablet</i>	87	SPRITAM.....	13	SYMBICORT.....	84
SILENOR.....	88	SPRYCEL.....	28	SYMDEKO.....	86
<i>silver sulfadiazine</i>	8	SPS.....	58	SYMFI.....	35
SIMBRINZA.....	83	SRONYX.....	71	SYMFI LO.....	35
SIMPONI.....	76	SSD.....	8	SYMLINPEN 120.....	40
SIMPONI ARIA.....	76	STAMARIL.....	78	SYMLINPEN 60.....	40
SIMULECT.....	77	<i>stavudine</i>	35	SYMPROIC.....	59
<i>simvastatin</i>	48	STEGLATRO.....	39	SYNAGIS.....	81
<i>sirolimus</i>	76	STEGLUJAN.....	40	SYNAREL.....	73
SIRTURO.....	22	STELARA.....	76	SYNDROS.....	19
SIVEXTRO.....	8	<i>sterile water for irrigation</i>	81	SYNERA.....	4
SMOFLIPID.....	81	STIMATE.....	66	SYNERCID.....	8
<i>sodium chloride</i>	57	STIOLTO RESPIMAT.....	85	SYNJARDY.....	40
<i>sodium chloride-water</i>	57	STIVARGA.....	28	SYNJARDY XR.....	40
<i>sodium fluoride 1 mg oral tablet</i>	57	STRENSIQ.....	61	SYNRIBO.....	26
<i>sodium lactate</i>	57	<i>streptomycin sulfate</i>	6	SYNTHROID.....	73
<i>sodium phenylbutyrate</i>	61	STRIBILD.....	36		
<i>sodium polystyrene sulfonate</i>	58	STRIVERDI RESPIMAT.....	86	T	
<i>sodium sulfacetamide</i>	54	SUBOXONE.....	4	TABLOID.....	24
SOLIRIS.....	76	SUBSYS.....	4	TACLONEX.....	54
SOLOSEC.....	30	SUCRAID.....	61	<i>tacrolimus</i>	54,76
SOLOXIDE.....	12	<i>sucralfate</i>	60	<i>tadalafil</i>	87
SOLTAMOX.....	23	<i>sulfacetamide sodium</i>	12,54,82	TAFINLAR.....	26
SOLU-CORTEF.....	65	<i>sulfacetamide-prednisolone</i>	83	TAGRISSO.....	28
SOLU-MEDROL.....	65	<i>sulfadiazine</i>	12	TALTZ AUTOINJECTOR.....	54
SOMATULINE DEPOT.....	73	<i>sulfamethoxazole-trimethoprim</i>	12	TALTZ AUTOINJECTOR (2	
SOMAVERT.....	73	SULFAMYLON.....	8	PACK).....	54
SOOLANTRA.....	29	<i>sulfasalazine</i>	79	TALTZ AUTOINJECTOR (3	
SORILUX.....	54	<i>sulfasalazine dr</i>	79	PACK).....	54
SORINE.....	45	SULFATRIM.....	12	TALTZ SYRINGE.....	54
		<i>sulindac</i>	6		

TALTZ SYRINGE (2 PACK)	54	<i>theophylline</i>	85	<i>tolbutamide</i>	40
TALTZ SYRINGE (3 PACK)	54	<i>theophylline anhydrous</i>	86	<i>tolcapone</i>	30
<i>tamoxifen citrate</i>	23	THERACYS	26	<i>tolmetin sodium</i>	6
<i>tamsulosin hcl</i>	62	THERMAZENE	8	<i>tolterodine tartrate</i>	62
TAPERDEX	65	THIOLA	62	<i>tolterodine tartrate er</i>	62
TARCEVA	28	<i>thioridazine hcl</i>	31	TOPICORT	65
TARGRETIN	29	<i>thiotepa</i>	23	<i>topiramate</i>	14
TARINA FE	71	<i>thiothixene</i>	31	<i>topiramate er</i>	14
TASIGNA	28	THYMOGLOBULIN	77	TOPOSAR	27
TAVALISSE	77	THYROLAR-1	73	<i>topotecan hcl</i>	27
TAYTULLA	71	THYROLAR-1/2	73	TORISEL	26
<i>tazarotene</i>	54	THYROLAR-1/4	73	<i>torseamide</i>	47
TAZORAC	54	THYROLAR-2	73	TOUJEO MAX SOLOSTAR	41
TAZTIA XT	46	THYROLAR-3	73	TOUJEO SOLOSTAR	41
TECENTRIQ	29	<i>tiagabine hcl</i>	14	TOVIAZ	62
TECFIDERA	52	<i>ticlopidine hcl</i>	43	TPN ELECTROLYTES	57
TECHNIVIE	34	<i>tigecycline</i>	8	TRACLEER	87
TEFLARO	9	TILIA FE	71	TRADJENTA	40
TEGRETOL	15	<i>timolol 0.25% eye drops</i>	83	<i>tramadol hcl</i>	4
TEGRETOL XR	15	<i>timolol 0.25% gel-solution</i>	83	<i>tramadol hcl er</i>	1
TEKTURNA	47	<i>timolol 0.5% eye drops (generic</i>	83	<i>tramadol hcl-acetaminophen</i>	4
TEKTURNA HCT	47	<i>for istalol)</i>	83	<i>trandolapril</i>	44
<i>telmisartan</i>	43	<i>timolol 0.5% eye drops (generic</i>	83	<i>trandolapril-verapamil er</i>	44
<i>telmisartan-amlodipine</i>	43	<i>for timoptic)</i>	83	<i>tranexamic acid</i>	42
<i>telmisartan-hydrochlorothiazid</i>	44	<i>timolol 0.5% gel-solution</i>	83	<i>tranylcypromine sulfate</i>	16
<i>temazepam</i>	89	<i>timolol maleate</i>	21	TRAVASOL	57
TENCON	4	TIMOPTIC OCUDOSE	83	TRAVATAN Z	83
TENIVAC	78	<i>tinidazole</i>	30	<i>trazodone hcl</i>	16
<i>tenofovir disoproxil fumarate</i>	35	TIS-U-SOL PENTALYTE	57	TREANDA	23
<i>terazosin hcl</i>	43	TIVICAY	36,37	TRECATOR	22
<i>terbinafine hcl</i>	20	<i>tizanidine hcl</i>	33	TRELSTAR	74
<i>terbutaline sulfate</i>	86	TOBI	6	TREMFYA	76
<i>terconazole</i>	20	TOBI PODHALER	6	TRESIBA FLEXTOUCH U-	
<i>testosterone</i>	67	TOBRADEX	83	100	41
<i>testosterone cypionate</i>	67	TOBRADEX ST	83	TRESIBA FLEXTOUCH U-	
<i>testosterone enanthate</i>	67	<i>tobramycin</i>	6	200	41
<i>tetanus diphtheria toxoids</i>	78	<i>tobramycin sulfate</i>	6	TRETIN-X	54
<i>tetrabenazine</i>	51	<i>tobramycin-dexamethasone</i>	83	<i>tretinoin</i>	29,54
<i>tetracycline hcl</i>	12	TOBREX	6	<i>tretinoin microsphere</i>	54
THALOMID	23	TOLAK	54	TREXIMET	22
THEO-24	85	<i>tolazamide</i>	40	TRI-ESTARYLLA	71

TRI-LEGEST FE.....	71	TYBOST.....	36	VARUBI.....	19
TRI-LINYAH.....	71	TYDEMY.....	71	VASCEPA.....	49
TRI-LO-ESTARYLLA.....	71	TYKERB.....	28	VECAMYL.....	47
TRI-LO-MARZIA.....	71	TYMLOS.....	80	VECTIBIX.....	28
TRI-LO-SPRINTEC.....	71	TYPHIM VI.....	78	VELCADE.....	26
TRI-MILI.....	71	TYSABRI.....	52	VELETRI.....	87
TRI-PREVIFEM.....	71	TYVASO.....	87	VELIVET.....	71
TRI-SPRINTEC.....	71	TYVASO INSTITUTIONAL		VELTASSA.....	58
TRI-VYLIBRA.....	71	START KIT.....	87	VEMLIDY.....	34
<i>triamcinolone 0.147 mg/g topical</i>		TYVASO REFILL KIT.....	87	VENCLEXTA.....	28
<i>spray.....</i>	65	TYVASO STARTER KIT.....	87	VENCLEXTA STARTING	
<i>triamcinolone acetonide.....</i>	52,65	TYZEKA.....	34	PACK.....	28
<i>triamterene-hydrochlorothiazid</i>	48	U		<i>venlafaxine hcl.....</i>	17
TRIANEX.....	66	U-CORT.....	66	<i>venlafaxine hcl er.....</i>	17
TRIDERM.....	66	UCERIS.....	79	VENTAVIS.....	87
<i>trientine hcl.....</i>	58	ULORIC.....	21	VENTOLIN HFA.....	86
<i>trifluoperazine hcl.....</i>	31	UNITHROID.....	73	<i>verapamil er.....</i>	46
<i>trifluridine.....</i>	37	UNITUXIN.....	26	<i>verapamil er pm.....</i>	46
TRIGLIDE.....	48	UPTRAVI.....	87	<i>verapamil hcl.....</i>	46
<i>trihexyphenidyl hcl.....</i>	30	<i>ursodiol.....</i>	59	<i>verapamil sr.....</i>	47
TRILYTE WITH FLAVOR		UTIBRON NEOHALER.....	86	VEREGEN.....	54
PACKETS.....	59	UVADEX.....	54	VERSACLOZ.....	33
<i>trimethobenzamide hcl.....</i>	18	V		VERZENIO.....	26
<i>trimethoprim.....</i>	8	VABOMERE.....	10	VESICARE.....	62
<i>trimipramine maleate.....</i>	18	<i>valacyclovir.....</i>	37	VESTURA.....	71
TRINESSA.....	71	VALCHLOR.....	23	<i>vgo 20.....</i>	81
TRINTELLIX.....	17	<i>valganciclovir hcl.....</i>	33	<i>vgo 30.....</i>	81
TRIPTODUR.....	74	<i>valproate sodium.....</i>	14	<i>vgo 40.....</i>	81
TRISENOX.....	26	<i>valproic acid.....</i>	14	VIBERZI.....	59
TRIUMEQ.....	35	<i>valsartan.....</i>	44	VIBRAMYCIN.....	13
TRIVORA-28.....	71	<i>valsartan-hydrochlorothiazide</i>	44	VICODIN.....	4
TROGARZO.....	36	VANATOL LQ.....	4	VICODIN ES.....	4
TROKENDI XR.....	14,15	<i>vancomycin.....</i>	8	VICODIN HP.....	4
TROPHAMINE.....	57	<i>vancomycin hcl.....</i>	8	VICTOZA 2-PAK.....	40
<i>tropium chloride.....</i>	62	<i>vancomycin hcl-d5w.....</i>	8	VICTOZA 3-PAK.....	40
<i>tropium chloride er.....</i>	62	<i>vancomycin in 0.9% sodium</i>		VIDEX 2 GM PEDIATRIC	
TRULICITY.....	40	<i>chloride.....</i>	8	SOLN.....	35
TRUMENBA.....	78	VAQTA.....	78	VIDEX 4 GM PEDIATRIC	
TRUVADA.....	35	VARIVAX VACCINE.....	78	SOLN.....	35
TUDORZA PRESSAIR.....	85			VIDEX EC.....	35
TWINRIX.....	78			VIEKIRA PAK.....	34

VIEKIRA XR.....	34	XELJANZ XR.....	76	ZEPATIER.....	34
VIENVA.....	71	XERESE.....	54	ZERBAXA.....	9
<i>vigabatrin</i>	14	XERMELO.....	81	ZERIT.....	35
VIIBRYD.....	17	XGEVA.....	80	<i>zidovudine</i>	35
VIMIZIM.....	61	XIFAXAN.....	59	<i>zileuton er</i>	85
VIMOVO.....	6	XOLAIR.....	77	ZINBRYTA.....	52
VIMPAT.....	13	XOPENEX CONCENTRATE-		ZINECARD.....	26
<i>vinblastine sulfate</i>	26	NEB.....	86	ZIOPTAN.....	84
VINCASAR PFS.....	26	XOPENEX SOLUTION-		<i>ziprasidone hcl</i>	33
<i>vincristine sulfate</i>	26	NEB.....	86	ZIRGAN.....	33
<i>vinorelbine tartrate</i>	26	XTAMPZA ER.....	1	ZODEX.....	66
VIORELE.....	71	XTANDI.....	23	ZOHYDRO ER.....	1
VIRACEPT.....	36	XULANE.....	71	<i>zoledronic acid</i>	80
VIRAMUNE.....	35	XYREM.....	89	ZOLINZA.....	27
VIREAD.....	35	Y		<i>zolmitriptan</i>	22
VISTIDE.....	33	YERVOY.....	26	<i>zolmitriptan odt</i>	22
VITEKTA.....	37	YF-VAX.....	78	<i>zolpidem tartrate</i>	88
VIVELLE-DOT.....	71	YONDELIS.....	23	<i>zolpidem tartrate er</i>	88
VIVITROL.....	4	YONSA.....	23	ZOMACTON.....	66
<i>voriconazole</i>	20	YUVAFEM.....	71	ZOMETA.....	80
VOSEVI.....	34	Z		<i>zonisamide</i>	14
VOTRIENT.....	23	ZAFIRLUKAST.....	85	ZONTIVITY.....	41
VPRIV.....	61	<i>zaleplon</i>	88	ZORBTIVE.....	66
VRAYLAR.....	33	ZALTRAP.....	28	ZORTRESS.....	76
VYFEMLA.....	71	ZANOSAR.....	23	ZOSTAVAX.....	78
VYLIBRA.....	71	ZARAH.....	71	ZOSYN.....	10
VYXEOS.....	26	ZARXIO.....	42	ZOVIA 1-35E.....	72
W		ZAVESCA.....	61	ZOVIA 1-50E.....	72
<i>warfarin sodium</i>	41	ZEBUTAL.....	4	ZOVIRAX.....	37
WELCHOL.....	49	ZEJULA.....	26	ZUPLENZ.....	19
WERA.....	71	ZELAPAR.....	31	ZURAMPIC.....	21
WYMZYA FE.....	71	ZELBORAF.....	26	ZYCLARA.....	54
X		ZEMAIRA.....	61	ZYDELIG.....	28
XADAGO.....	31	ZEMBRACE SYMTOUCH.....	22	ZYFLO.....	85
XALKORI.....	26	ZEMPLAR.....	80	ZYKADIA.....	28
XARELTO.....	41	ZENATANE.....	54	ZYLET.....	83
XARTEMIS XR.....	1	ZENCHENT.....	72	ZYPREXA RELPREVV.....	33
XATMEP.....	76	ZENPEP.....	61	ZYTIGA.....	27
XELJANZ.....	76				

Discrimination is Against the Law

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Our Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact our dedicated Medicare Customer Care representatives at 1-877-883-9577, (TTY: 1-800-421-1220). Monday - Friday, 8 a.m. - 8 p.m.
From October 1 - March 31, 8 a.m. - 8 p.m., 7 days a week.

If you believe that our Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone Number: 1-800-614-6575 (TTY: 1-800-421-1220)
Fax Number: 315-671-6656

You can file a grievance in person, or by mail or fax. If you need help filing a grievance, our Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



A nonprofit independent licensee of the Blue Cross Blue Shield Association

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-883-9577 (TTY: 1-800-421-1220).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 1-800-421-1220).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-883-9577 (TTY: 1-800-421-1220)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-883-9577 (телетайп: 1-800-421-1220).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-883-9577 (TTY: 1-800-421-1220).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-883-9577 (TTY: 1-800-421-1220)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-883-9577 (TTY: 1-800-421-1220).

אויפגעקומען: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. 1-877-883-9577 (TTY: 1-800-421-1220)

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নীচেরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৮৮৩-৯৫৭৭ (TTY: ১-৮০০-৪২১-১২২০)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-883-9577 (TTY: 1-800-421-1220).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-883-9577 (رقم هاتف الصم والبكم: 1-800-421-1220).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-883-9577 (ATS : 1-800-421-1220).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-883-9577 (TTY: 1-800-421-1220)۔

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-883-9577 (TTY: 1-800-421-1220).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-883-9577 (TTY: 1-800-421-1220).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-883-9577 (TTY: 1-800-421-1220).

Y0028_2971d_C

B-5606

A11y 08/06/2018



165 Court Street
Rochester, NY 14647

Important Excellus BlueCross BlueShield Information

This formulary was updated on 8/23/2018. For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-877-883-9577 or, for TTY users, 1-800-421-1220, Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. – 8:00 p.m., or visit ExcellusMedicare.com/Formulary.