

Classic Plus Rx (HMO) and Classic Plus Rx – N Kentucky (HMO)

2017 Formulary

(List of Covered Drugs)

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

This formulary was updated on 09/02/2016.

For more recent information or other questions, please contact RiverLink Health Customer Service at 1-866-329-3970 or, for TTY users, 711, 8 am to 8 pm, Monday – Friday and 8 am to 8 pm, Monday – Sunday October 1 through February 14, or visit www.RiverLinkHealth.com.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means RiverLink Health. When it refers to “plan” or “our plan,” it means Classic Plus Rx (HMO) and Classic Plus Rx – N Kentucky (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

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What is the Classic Plus Rx and Classic Plus Rx – N Kentucky 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. We 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 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, 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 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 01/01/2017. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of mid-year non-maintenance formulary changes, we will provide at least 60 days advance notification of changes applicable to the member and a comprehensive list of all changes on the monthly Explanation of Benefits (EOB) mailing, also called the Monthly Prescription Drug Summary. We will also post the changes to our plan website 60 days in advance of the change. Additionally, once the change(s) become effective on the formulary, the updated formulary will be posted on our plan website.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

RiverLink Health 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 us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, we provide 60 capsules per prescription for celecoxib (generic Celebrex). 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, 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.

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 us 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 Classic Plus Rx and Classic Plus Rx – N Kentucky's formulary?" on pages Intro-4 – Intro-5 for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Our plan pays for certain OTC drugs. We will provide these OTC drugs at no cost to you. The cost to

RiverLink Health of these OTC drugs will not count toward your total Part D drug costs (that is, the amount you pay does not count for the coverage gap).

COVERED OVER-THE-COUNTER (OTC) DRUGS

Generic Name	(Reference Brand Name)	Dosage Form
<i>cetirizine hydrochloride</i>	(Zyrtec)	Chewable Tablets, Solution, Tablets
<i>cetirizine hydrochloride/ pseudoephedrine hydrochloride</i>	(Zyrtec-D)	12 Hour Tablets
<i>loratadine</i>	(Claritin)	Solution, Tablets
<i>loratadine/ pseudoephedrine sulfate</i>	(Claritin-D)	12 Hour Tablets 24 Hour Tablets
<i>ketotifen fumarate</i>	(Zaditor)	Drops

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 Service 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 Service 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 us.
- You can ask us 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 Classic Plus Rx and Classic Plus Rx – N Kentucky’s Formulary?

You can ask us 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, we limit 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, tiering or utilization restriction exception. **When you request a formulary, tiering 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 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Current members who are outside of their transition period may experience circumstances that involve changing from one treatment setting to another (level of care change). For example, you are moved from a

hospital to a skilled nursing facility and are accompanied by a discharge list of medications from the hospital formulary. If you experience a level of care change beyond the first 90 days of membership and need a drug that is not on our formulary or if your ability to get your drugs is limited, we may cover a 31-day emergency supply while you pursue a formulary exception. This policy only applies to Part D covered Drugs covered by a network pharmacy unless you qualify for out-of-network access.

For more information

For more detailed information about your Classic Plus Rx and Classic Plus Rx – N Kentucky prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Classic Plus Rx and Classic Plus Rx – N Kentucky, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Classic Plus Rx and Classic Plus Rx – N Kentucky’s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Classic Plus Rx and Classic Plus Rx – N Kentucky. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

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

Drugs are grouped into one of five tiers – 1, 2, 3, 4 or 5. The Drug Tier column tells you the Tier your drug is in. The Tier determines how much you will pay for your drug. Your cost also depends on how much of a supply you get. For example, here is a list of the five tiers and the copay for a one-month (31-day) supply at a network pharmacy.

Tier 1: Preferred Generic Drugs –	\$3 copay
Tier 2: Generic Drugs –	\$15 copay
Tier 3: Preferred Brand Drugs –	\$47 copay
Tier 4: Non-Preferred Brand Drugs –	50% coinsurance
Tier 5: Specialty Drugs (limited to 31-day supply) –	33% coinsurance

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

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
	<i>generic</i> (Brand)	The reference brand name in parentheses is provided for information only to assist in identifying the generic medication and does NOT indicate formulary status or coverage.
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B versus Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from our plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member, you (or your physician) are required to get prior authorization from RiverLink Health before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before our plan will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
NDS	Non-Extended Day Supply	All Drugs in Tier 5 are limited to a 31-day supply. Extended Day Supplies are not covered for drugs on this Tier.
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call RiverLink Health Customer Service at 1-866-329-3970 or, for TTY users, 711, 8 am to 8 pm, Monday – Friday and 8 am to 8 pm, Monday – Sunday October 1 through February 14, or visit www.RiverLinkHealth.com .

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine 120 mg-12 mg/5 ml solution 120-12 mg/5 ml</i>	(Acetaminophen with Codeine)	2 QL (2700 per 30 days)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	(Acetaminophen with Codeine)	2 QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	(Tylenol-Codeine No.3)	2 QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	(Tylenol-Codeine No.3)	2 QL (180 per 30 days)
ALLZITAL ORAL TABLET 25-325 MG		2 PA-HRM; QL (360 per 30 days); AGE (Max 64 Years)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	(Fiorinal with Codeine #3)	2 PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG		4 ST; QL (60 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	(Buprenorphine HCl)	2
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	(Buprenorphine HCl)	2
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	(Fiorinal with Codeine #3)	2 PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	(Fioricet with Codeine)	2 PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	(Tencon)	2 PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	(Esgic)	2 PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff oral tablet</i> (Esgic) 50-325-40 mg	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule</i> (Fiorinal) 50-325-40 mg	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	3	QL (4 per 28 days)
<i>capacet oral capsule</i> 50-325-40 mg (Esgic)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> (Codeine Sulfate)	2	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i> (Xolox)	2	QL (240 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (Xolox)	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (Xolox)	2	QL (300 per 30 days)
<i>endodan oral tablet 4.8355-325 mg</i> (Oxycodone HCl/Aspirin)	2	QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcglhr, 12 mcglhr, 25 mcglhr, 37.5 mcglhour, 50 mcglhr, 75 mcglhr</i> (Duragesic)	2	QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 62.5 mcglhour, 87.5 mcglhour</i> (Duragesic)	5	NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution</i> (Hycet) 10-325 mg/15 ml(15 ml), 2.5-167 mg/5 ml, 7.5-325 mg/15 ml	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Norco) 10-300 mg, 5-300 mg, 7.5-300 mg	2	(includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet</i> (Norco) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200</i> (Ibudone) <i>mg, 5-200 mg, 7.5-200 mg</i>	2	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10</i> (Hydromorphone (mg/ml) (5 ml), 10 mg/ml HCl/PF)	2	
<i>hydromorphone (pf) injection solution 4</i> (Dilaudid) <i>mg/ml</i>	2	
<i>hydromorphone injection solution 2</i> (Hydromorphone HCl) <i>mg/ml</i>	2	
<i>hydromorphone injection syringe 2 mg/ml</i> (Hydromorphone HCl)	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8</i> (Dilaudid) <i>mg</i>	2	QL (180 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (30 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	5	PA; NDS; QL (30 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5-325</i> (Norco) <i>mg</i>	2	QL (360 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i> (Norco)	2	QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i> (Norco)	2	QL (360 per 30 days)
<i>margesic oral capsule 50-325-40 mg</i> (Esgic)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>methadone injection solution 10 mg/ml</i> (Methadone HCl)	2	
<i>methadone oral solution 10 mg/5 ml, 5</i> (Methadone HCl) <i>mg/5 ml</i>	2	QL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i> (Diskets)	2	QL (360 per 30 days)
<i>methadone oral tablet 5 mg</i> (Diskets)	2	QL (180 per 30 days)
<i>methadose oral tablet,soluble 40 mg</i> (Diskets)	2	QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine 10 mg/ml carpject 10 mg/ml</i> (Morphine Sulfate)	2	
<i>morphine 2 mg/ml carpject 2 mg/ml</i> (Morphine Sulfate)	2	
<i>morphine 4 mg/ml syringe plf, latex-free 4 mg/ml</i> (Morphine Sulfate)	2	
<i>morphine 8 mg/ml syringe 8 mg/ml</i> (Morphine Sulfate)	2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> (Morphine Sulfate)	2	QL (180 per 30 days)
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i> (Morphine Sulfate)	2	
<i>morphine intravenous cartridge 15 mg/ml</i> (Morphine Sulfate)	2	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i> (Morphine Sulfate)	2	
<i>morphine oral solution 10 mg/5 ml</i> (Morphine Sulfate)	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> (Morphine Sulfate)	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg</i> (MS Contin)	2	QL (180 per 30 days)
<i>morphine oral tablet extended release 30 mg</i> (MS Contin)	2	QL (120 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	QL (181 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i> (Oxycodone HCl)	2	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i> (Oxycodone HCl)	2	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i> (Roxicodone)	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i> (Oxycodone HCl/Acetaminophen)	2	QL (1800 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Xolox)	2	QL (240 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Xolox)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Xolox)	2	QL (300 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i> (Oxycodone HCl/Aspirin)	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	QL (60 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 80 MG	3	QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg</i> (Opana)	2	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i> (Opana)	2	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i> (Opana ER)	2	QL (60 per 30 days)
<i>reprexain oral tablet 10-200 mg, 2.5-200 mg, 5-200 mg</i> (Ibudone)	2	QL (150 per 30 days)
<i>tencon oral tablet 50-325 mg</i> (Tencon)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	2	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	2	QL (240 per 30 days)
<i>vicodin es oral tablet 7.5-300 mg</i> (Norco)	2	(includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i> (Norco)	2	(includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vicodin oral tablet 5-300 mg</i> (Norco)	2	(includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)
<i>xylon 10 oral tablet 10-200 mg</i> (Ibudone)	2	QL (150 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i> (Esgic)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
Nonsteroidal Anti-Inflammatory Agents		
CALDOLOR INTRAVENOUS RECON SOLN 400 MG/4 ML (100 MG/ML)	4	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i> (Diclofenac Potassium)	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	2	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i> (Diclofenac Sodium)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diflunisal oral tablet 500 mg</i> (Diflunisal)	2	
<i>etodolac oral capsule 200 mg, 300 mg</i> (Etodolac)	2	
<i>etodolac oral tablet 400 mg, 500 mg</i> (Etodolac)	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i> (Etodolac)	2	
<i>fenoprofen oral tablet 600 mg</i> (Fenoprofen Calcium)	2	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	3	PA
<i>flurbiprofen oral tablet 100 mg, 50 mg</i> (Flurbiprofen)	2	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Ibuprofen)	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (Ibuprofen)	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>indomethacin oral capsule 25 mg</i>	(Indomethacin)	1	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	(Indomethacin)	1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule, extended release 75 mg</i>	(Indomethacin)	2	PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)
<i>indomethacin sodium intravenous recon soln 1 mg</i>	(Indomethacin Sodium)	2	PA-HRM; AGE (Max 64 Years)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	(Ketoprofen)	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	(Ketoprofen)	2	
<i>ketorolac oral tablet 10 mg</i>	(Ketorolac Tromethamine)	2	QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	(Ponstel)	2	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	(Mobic)	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	(Mobic)	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	(Nabumetone)	2	
<i>naproxen oral suspension 125 mg/5 ml</i>	(Naprosyn)	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	(Naprosyn)	1	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i>	(Ec-Naprosyn)	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	(Anaprox Ds)	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	(Feldene)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	(Sulindac)	2	
<i>tolmetin oral capsule 400 mg</i>	(Tolmetin Sodium)	2	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	(Tolmetin Sodium)	2	
VOLTAREN TOPICAL GEL 1 %		2	
Anesthetics			
Local Anesthetics			
<i>glydo mucous membrane jelly in applicator 2 %</i>	(Lidocaine HCl)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine (pf) injection solution 15 mg/ml (1.5%), 40 mg/ml (4%), 5 mg/ml (0.5%)</i> (Xylocaine-MPF)	2	
<i>lidocaine 2% viscous soln 2%</i> (Pre-Attached Lta Kit)	2	
<i>lidocaine hcl injection solution 10 mg/ml (1%), 20 mg/ml (2%), 5 mg/ml (0.5%)</i> (Xylocaine)	2	
<i>lidocaine hcl mucous membrane gel 2%</i> (Lidocaine HCl)	2	
<i>lidocaine hcl mucous membrane solution 2%, 4% (40 mg/ml)</i> (Pre-Attached Lta Kit)	2	
<i>lidocaine topical adhesive patch, medicated 5%</i> (Lidoderm)	2	PA
<i>lidocaine topical ointment 5%</i> (Lidocaine)	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5%</i> (EMLA)	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i> (Acamprosate Calcium)	2	
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	PA; QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	PA; QL (60 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> (Buprenorphine HCl)	2	PA; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> (Buprenorphine HCl/Naloxone HCl)	2	PA; QL (90 per 30 days)
<i>buproban oral tablet extended release 150 mg</i> (Zyban)	2	
<i>bupropion hcl (smoking deter) oral tablet extended release 150 mg</i> (Zyban)	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	QL (168 per 84 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	QL (168 per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	QL (53 per 28 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	2	
<i>naloxone injection solution 0.4 mg/ml</i> (Naloxone HCl)	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i> (Naloxone HCl)	2	
<i>naltrexone oral tablet 50 mg</i> (Revia)	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	4	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	4	PA; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	4	PA; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	PA; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	PA; QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> (Chlordiazepoxide HCl)	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> (Clonazepam)	2	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i> (Clonazepam)	2	QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> (Tranxene T-Tab)	2	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i> (Diazepam)	2	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i> (Diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> (Diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i> (Diastat)	2	
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	2	QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	5	PA NSO; NDS; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	5	PA BvD; NDS
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i> (Gentamicin In Nacl, Iso-Osm)	2	
<i>gentamicin injection solution 40 mg/ml</i> (Gentamicin Sulfate)	2	
<i>gentamicin ped 20 mg/2 ml vial latex-free, sdv 20 mg/2 ml</i> (Gentamicin Sulfate/PF)	2	
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i> (Gentamicin Sulfate/PF)	2	
<i>neomycin oral tablet 500 mg</i> (Neomycin Sulfate)	2	
<i>streptomycin intramuscular recon soln 1 gram</i> (Streptomycin Sulfate)	2	

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Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i> (Tobramycin/Sodium Chloride)	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i> (Tobramycin Sulfate)	2	
Antibacterials, Miscellaneous		
<i>bacitracin intramuscular recon soln 50,000 unit</i> (Bacitracin)	2	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i> (Chloramphenicol Sod Succ)	2	
<i>clindamycin 75 mg/5 ml soln 75 mg/5 ml</i> (Cleocin Palmitate)	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	2	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> (Cleocin Phosphate In D5w)	2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (Cleocin Palmitate)	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i> (Cleocin Phosphate)	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin Phosphate)	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	2	
CUBICIN INTRAVENOUS RECON SOLN 500 MG	5	NDS
CUBICIN RF INTRAVENOUS RECON SOLN 500 MG	5	NDS
<i>linezolid intravenous parenteral solution 600 mg/300 ml</i> (Zyvox)	5	NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	5	NDS

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Drug Name		Drug Tier	Requirements/Limits
<i>methenamine hippurate oral tablet 1 gram</i>	(Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	(Metronidazole/Sodium Chloride)	2	
<i>metronidazole oral capsule 375 mg</i>	(Flagyl)	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	(Flagyl)	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	(Macrodantin/Macrobid)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (120 per 30 days); AGE (Max 64 Years)
<i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i>	(Macrobid)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (60 per 30 days); AGE (Max 64 Years)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	(Polymyxin B Sulfate)	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG		5	NDS
<i>trimethoprim oral tablet 100 mg</i>	(Trimethoprim)	2	
<i>vancomycin hcl 1g/200 ml bag 1 gram/200 ml</i>	(Vancomycin Hcl In Dextrose 5 %)	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 750 mg</i>	(Vancomycin HCl)	2	
<i>vancomycin intravenous recon soln 500 mg</i>	(Vancomycin Hcl In Dextrose 5 %)	2	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	(Vancocin HCl)	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 200 MG	5	PA; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS
Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i> (Cefaclor)	2	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> (Cefaclor)	2	
<i>cefadroxil oral capsule 500 mg</i> (Cefadroxil)	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> (Cefadroxil)	2	
<i>cefadroxil oral tablet 1 gram</i> (Cefadroxil)	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> (Cefazolin Sodium/Dextrose, Iso)	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> (Cefazolin Sodium)	2	
<i>cefdinir oral capsule 300 mg</i> (Cefdinir)	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Cefdinir)	2	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i> (Spectracef)	2	
CEFEPIME 1 GM INJECTION 1 GRAM/50 ML	4	
<i>cefepime hcl 1 gm vial 10's, sdv 1 gram</i> (Cefepime HCl)	2	
<i>cefepime hcl 2 gram vial latex/lf, sdv, outer 2 gram</i> (Cefepime HCl)	2	
CEFEPIME INJECTION RECON SOLN 1 GRAM, 2 GRAM	4	
CEFEPIME-DEXTROSE 2 GM/50 ML 2 GRAM/50 ML	4	
<i>cefotaxime injection recon soln 1 gram, 10 gram, 2 gram, 500 mg</i> (Claforan)	2	
<i>cefoxitin 2 gm piggyback bag 2 gram/50 ml</i> (Cefoxitin Sodium/Dextrose, Iso)	2	
<i>cefoxitin 2 gm vial latex/lf, outer 2 gram</i> (Cefoxitin Sodium)	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram</i> (Cefoxitin Sodium)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>cefoxitin intravenous recon soln 2 gram</i>	(Cefoxitin Sodium/Dextrose, Iso)	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	(Cefpodoxime Proxetil)	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	(Cefpodoxime Proxetil)	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	(Cefprozil)	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	(Cefprozil)	2	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i>	(Fortaz)	2	
<i>ceftibuten oral capsule 400 mg</i>	(Cedax)	2	
<i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i>	(Cedax)	2	
<i>ceftriaxone 1 gm piggyback 50ml galaxycontainer 1 gram/50 ml</i>	(Ceftriaxone Na/Dextrose, Iso)	2	
<i>ceftriaxone 2 gm piggyback 50ml galaxycontainer 2 gram/50 ml</i>	(Ceftriaxone Na/Dextrose, Iso)	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 250 mg, 500 mg</i>	(Ceftriaxone Sodium)	2	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	(Ceftriaxone Na/Dextrose, Iso)	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	(Ceftin)	2	
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	(Zinacef)	2	
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	(Zinacef)	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	(Keflex)	1	
<i>cephalexin oral capsule 750 mg</i>	(Keflex)	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	(Cephalexin)	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	(Cephalexin)	1	
MEFOXIN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML		4	

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Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL CAPSULE 400 MG	4	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	4	
<i>tazicef injection recon soln 2 gram, 6 gram</i> (Fortaz)	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 600 mg</i> (Zithromax)	2	
<i>azithromycin oral tablet 500 mg</i> (Zithromax)	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Biaxin)	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i> (Biaxin)	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i> (Clarithromycin)	2	
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet 400 mg</i> (Erythromycin Ethylsuccinate)	2	
<i>e.e.s. granules oral suspension for reconstitution 200 mg/5 ml</i> (Eryped 200)	2	
<i>ery-tab oral tablet, delayed release (drlec) 250 mg, 500 mg</i> (Erythromycin Base)	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i> (Erythromycin Stearate)	2	

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Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (Erythromycin Ethylsuccinate)	2	
<i>erythromycin oral capsule, delayed release (drlec) 250 mg</i> (Erythromycin Base)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i> (Erythromycin Base)	2	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram</i> (Azactam)	2	
<i>aztreonam injection recon soln 2 gram</i> (Azactam)	5	NDS
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	LA; NDS
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i> (Primaxin)	2	
INVANZ INJECTION RECON SOLN 1 GRAM	4	
<i>meropenem intravenous recon soln 1 gram</i> (Merrem)	5	NDS
<i>meropenem intravenous recon soln 500 mg</i> (Merrem)	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i> (Amoxicillin)	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> (Amoxicillin)	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i> (Amoxicillin)	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> (Amoxicillin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> (Augmentin)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> (Amoxicillin/Potassium Clav)	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i> (Ampicillin Trihydrate)	1	
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Ampicillin Trihydrate)	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i> (Ampicillin Sodium)	2	
<i>ampicillin sodium intravenous recon soln 2 gram</i> (Ampicillin Sodium)	2	
<i>ampicillin-sulbactam 1.5 gm vial 10's, sdv, latex-free 1.5 gram</i> (Unasyn)	2	
<i>ampicillin-sulbactam injection recon soln 15 gram, 3 gram</i> (Unasyn)	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i> (Unasyn)	2	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i> (Dicloxacillin Sodium)	2	
<i>nafcillin 2 gm vial 10's, latex-free 2 gram</i> (Nafcillin Sodium)	2	
<i>nafcillin injection recon soln 1 gram, 10 gram</i> (Nafcillin Sodium)	2	
<i>nafcillin intravenous recon soln 2 gram</i> (Nafcillin Sodium)	2	
<i>oxacillin 2 gm vial 10's, outer 2 gram</i> (Oxacillin Sodium)	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> (Oxacillin Sodium/Dextrose, Iso)	2	
<i>oxacillin injection recon soln 10 gram</i> (Oxacillin Sodium)	2	
<i>oxacillin intravenous recon soln 2 gram</i> (Oxacillin Sodium)	2	

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

Drug Name		Drug Tier	Requirements/Limits
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	(Pen G Pot/Dextrose-Water)	2	
<i>penicillin g potassium injection recon soln 5 million unit</i>	(Penicillin G Potassium)	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	(Penicillin G Procaine)	2	
<i>penicillin gk 20 million unit 20 million unit</i>	(Penicillin G Potassium)	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	(Penicillin V Potassium)	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	(Penicillin V Potassium)	2	
<i>pfizerpen-g injection recon soln 20 million unit</i>	(Penicillin G Potassium)	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	(Zosyn)	2	
Quinolones			
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	(Cipro)	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	(Cipro I.V.)	2	
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i>	(Ciprofloxacin Lactate)	2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	(Cipro)	2	
<i>levofloxacin 750 mg/30 ml vial plf, sub 25 mg/ml</i>	(Levofloxacin)	5	NDS
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	(Levofloxacin/D5W)	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	(Levofloxacin)	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	(Levofloxacin)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> (Levaquin)	1	
<i>moxifloxacin oral tablet 400 mg</i> (Avelox)	2	
<i>ofloxacin oral tablet 400 mg</i> (Ofloxacin)	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i> (Sulfadiazine)	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i> (Sulfamethoxazole/Tri methoprim)	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfamethoxazole/Tri methoprim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> (Bactrim)	1	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine)	2	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i> (Sulfamethoxazole/Tri methoprim)	2	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (Doxycycline Hyclate)	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxycycline Hyclate)	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> (Doryx)	2	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i> (Adoxa)	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> (Avidoxy)	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> (Minocin)	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i> (Minocycline HCl)	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i> (Tetracycline HCl)	2	

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Drug Name	Drug Tier	Requirements/Limits
TYGACIL INTRAVENOUS RECON SOLN 50 MG	5	NDS
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	5	PA NSO; NDS; QL (4 per 21 days)
<i>adrucil 2,500 mg/50 ml vial outer, latex-free 2.5 gram/50 ml</i> (Fluorouracil)	2	PA BvD
<i>adrucil intravenous solution 500 mg/10 ml</i> (Fluorouracil)	2	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; NDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	5	PA NSO; NDS; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; NDS; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	2	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)	5	PA NSO; NDS
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS; QL (420 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin injection recon soln 15 unit, 30 unit</i> (Bleomycin Sulfate)	2	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NDS; QL (140 per 365 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS; QL (112 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> (Cyclophosphamide)	5	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	4	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (50 ML)	5	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; LA; NDS
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	PA BvD; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	QL (1 per 84 days)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	QL (1 per 112 days)
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	QL (1 per 168 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (30 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i> (Etoposide)	2	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FARESTON ORAL TABLET 60 MG	5	NDS
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NDS
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	5	NDS
<i>floxuridine injection recon soln 0.5 gram</i> (Floxuridine)	2	PA BvD
<i>fluorouracil 5,000 mg/100 ml latex-free 5 gram/100 ml</i> (Fluorouracil)	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml</i> (Fluorouracil)	2	PA BvD
<i>flutamide oral capsule 125 mg</i> (Flutamide)	2	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	5	PA NSO; NDS
HEXALEN ORAL CAPSULE 50 MG	5	NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; NDS; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide 1 gml/20 ml vial sdv,plf,latex-free 1 gram/20 ml</i> (Ifex)	2	PA BvD
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	PA BvD
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i> (Ifosfamide/Mesna)	5	PA BvD; NDS
<i>imatinib oral tablet 100 mg</i> (Gleevec)	5	PA NSO; NDS; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	5	PA NSO; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	5	PA NSO; NDS; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	5	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	5	PA NSO; NDS
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	5	PA NSO; NDS; QL (6 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> (Leuprolide Acetate)	2	
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	NDS; QL (1 per 84 days)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NDS; QL (1 per 168 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	NDS
LYNPARZA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (480 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i> (Megestrol Acetate)	2	
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i> (Mercaptopurine)	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i> (Methotrexate Sodium/PF)	2	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i> (Methotrexate Sodium/PF)	2	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i> (Methotrexate Sodium)	2	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i> (Methotrexate Sodium)	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i> (Mitoxantrone HCl)	2	
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
NILANDRON ORAL TABLET 150 MG	5	NDS
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	5	PA NSO; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NDS; QL (100 per 21 days)

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Drug Name	Drug Tier	Requirements/Limits
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; LA; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NDS
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	4	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	4	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i> (Tamoxifen Citrate)	2	
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
TARCEVA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (90 per 30 days)
TARGRETIN ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (420 per 30 days)
TARGRETIN TOPICAL GEL 1 %	5	PA NSO; NDS; QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	5	PA NSO; NDS; QL (20 per 21 days)
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS; (vial only)
<i>thiotepa injection recon soln 15 mg</i> (Thiotepa)	5	NDS
<i>toposar intravenous solution 20 mg/ml</i> (Etoposide)	2	
TREANDA INTRAVENOUS RECON SOLN 100 MG	5	NDS
TRELSTAR 22.5 MG SYRINGE WITH MIXJECT 22.5 MG/2 ML	5	NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	NDS
<i>tretinoin (chemotherapy) oral capsule 10 mg</i> (Tretinoin)	5	NDS; (capsule: 10mg)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA BvD; ST
TYKERB ORAL TABLET 250 MG	5	NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NDS
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	5	NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS; QL (42 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NDS
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (140 per 28 days)
ZYTIGA ORAL TABLET 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i> (Atropine Sulfate)	2	
<i>propantheline oral tablet 15 mg</i> (Propantheline Bromide)	2	

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Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	ST ; NDS
BANZEL ORAL SUSPENSION 40 MG/ML	5	ST ; NDS
BANZEL ORAL TABLET 200 MG, 400 MG	5	ST ; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Tegretol)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i> (Carbamazepine)	2	
CELONTIN ORAL CAPSULE 300 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, sprinkle 125 mg</i> (Depakote Sprinkle)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
<i>epitol oral tablet 200 mg</i> (Tegretol)	2	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fosphe</i> nytoin injection solution 100 mg (Cerebyx) <i>pel</i> 2 ml, 500 mg <i>pel</i> 10 ml	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	ST
<i>gabapentin oral capsule</i> 100 mg, 300 mg, 400 mg (Neurontin)	2	
<i>gabapentin oral solution</i> 250 mg/5 ml (Neurontin)	2	
<i>gabapentin oral tablet</i> 600 mg, 800 mg (Neurontin)	2	
GABITRIL ORAL TABLET 12 MG, 16 MG	3	ST
<i>lamotrigine oral tablet</i> 100 mg, 150 mg, 200 mg, 25 mg (Lamictal)	2	
<i>lamotrigine oral tablet extended release</i> 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg (Lamictal XR)	2	
<i>lamotrigine oral tablet, chewable dispersible</i> 25 mg, 5 mg (Lamictal)	2	
<i>lamotrigine oral tablets, dose pack</i> 25 mg (35) (Lamictal (Blue))	2	
<i>levetiracetam intravenous solution</i> 500 mg/5 ml (Keppra)	2	
<i>levetiracetam oral solution</i> 100 mg/ml (Keppra)	2	
<i>levetiracetam oral tablet</i> 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)	2	
<i>levetiracetam oral tablet extended release</i> 24 hr 500 mg, 750 mg (Keppra XR)	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	QL (90 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	3	QL (900 per 30 days)
<i>oxcarbazepine oral suspension</i> 300 mg/5 ml (Trileptal)	2	
<i>oxcarbazepine oral tablet</i> 150 mg, 300 mg, 600 mg (Trileptal)	2	

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Drug Name	Drug Tier	Requirements/Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	4	ST
PEGANONE ORAL TABLET 250 MG	3	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> (Phenobarbital)	2	QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> (Phenobarbital)	2	QL (90 per 30 days)
<i>phenobarbital oral tablet 30 mg</i> (Phenobarbital)	2	QL (200 per 30 days)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin)	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> (Dilantin)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i> (Phenytoin Sodium)	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i> (Phenytoin Sodium)	2	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	5	ST ; NDS; QL (90 per 30 days)
POTIGA ORAL TABLET 50 MG	5	ST ; NDS; QL (270 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
SABRIL ORAL POWDER IN PACKET 500 MG	5	NDS
SABRIL ORAL TABLET 500 MG	5	NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST ; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST ; QL (120 per 30 days)
<i>tiagabine oral tablet 2 mg, 4 mg</i> (Gabitril)	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral capsule, sprinkle, er 24hr</i> (Qudexy XR) 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	2	
<i>topiramate oral tablet 100 mg, 200 mg,</i> (Topamax) <i>25 mg, 50 mg</i>	2	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	4	ST
<i>valproate sodium intravenous solution</i> (Depacon) <i>500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral</i> (Depakene) <i>solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i> (Depakene)	2	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	4	ST ; QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	5	ST ; NDS; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	ST ; QL (60 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg,</i> (Zonegran) <i>50 mg</i>	2	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10</i> (Donepezil HCl) <i>mg, 5 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets</i> (Razadyne ER) <i>24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i> (Galantamine Hbr)	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8</i> (Razadyne) <i>mg</i>	2	QL (60 per 30 days)
<i>memantine oral solution 2 mg/ml</i> (Namenda)	2	QL (360 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	2	QL (60 per 30 days)
<i>memantine oral tablets, dose pack 5-10</i> (Namenda) <i>mg</i>	2	QL (49 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	3	QL (28 per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	QL (30 per 30 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 28-10 MG	3	QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> (Exelon)	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> (Amitriptyline HCl)	2	PA NSO-HRM
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> (Amoxapine)	2	
BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST
<i>bupropion hcl oral tablet 100 mg, 75 mg</i> (Wellbutrin)	2	
<i>bupropion hcl oral tablet extended release 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	
<i>citalopram oral solution 10 mg/5 ml</i> (Citalopram Hydrobromide)	2	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	PA NSO-HRM
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> (Norpramin)	2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> (Doxepin HCl)	2	PA NSO-HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin oral concentrate 10 mg/ml</i> (Doxepin HCl)	2	PA NSO-HRM
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 60 mg</i> (Irenka)	2	(Cymbalta); QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 30 mg</i> (Irenka)	2	(Cymbalta); QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i> (Irenka)	2	(Irenka); QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i> (Lexapro)	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i> (Prozac Weekly)	2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> (Fluoxetine HCl)	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Fluoxetine HCl)	2	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i> (Fluvoxamine Maleate)	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> (Fluvoxamine Maleate)	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	2	PA NSO-HRM
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> (Tofranil-Pm)	2	PA NSO-HRM
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i> (Maprotiline HCl)	2	

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Drug Name	Drug Tier	Requirements/Limits
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron)	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> (Nefazodone HCl)	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	2	
<i>nortriptyline oral solution 10 mg/5 ml</i> (Nortriptyline HCl)	2	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i> (Paxil)	1	
<i>paroxetine hcl oral tablet 30 mg</i> (Paxil)	2	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> (Perphenazine/Amitriptyline HCl)	2	PA NSO-HRM
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	4	ST ; QL (30 per 30 days)
<i>protriptyline oral tablet 10 mg, 5 mg</i> (Protriptyline HCl)	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	4	PA NSO-HRM
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> (Trazodone HCl)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Trimipramine Maleate)	2	PA NSO-HRM
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> (Venlafaxine HCl)	2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Venlafaxine HCl)	2	
VIIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	
VIIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	QL (90 per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	4	QL (180 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	ST; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	ST; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	ST; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	
KORLYM ORAL TABLET 300 MG	5	PA; NDS; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i> (Fortamet)	2	ST; QL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i> (Fortamet)	2	ST; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	2	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	2	QL (90 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (Duetact)	2	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus Met)	2	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> (Prandin)	1	QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i> (Repaglinide/Metformin HCl)	2	QL (150 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NDS; QL (10.8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NDS; QL (6 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	ST; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	
Insulins		
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	QL (30 per 28 days)
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	QL (30 per 28 days)
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i> (Glucotrol)	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i> (Glipizide/Metformin HCl)	2	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> (Glipizide/Metformin HCl)	2	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i> (Glynase)	1	PA-HRM; QL (400 per 30 days); AGE (Max 64 Years)
<i>glyburide micronized oral tablet 3 mg</i> (Glynase)	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>glyburide micronized oral tablet 6 mg</i> (Glynase)	1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg</i> (Glyburide)	1	PA-HRM; QL (280 per 30 days); AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide oral tablet 2.5 mg</i> (Glyburide)	1	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>glyburide oral tablet 5 mg</i> (Glyburide)	1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg</i> (Glucovance)	1	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> (Glucovance)	1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>tolazamide oral tablet 250 mg</i> (Tolazamide)	1	QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i> (Tolazamide)	1	QL (60 per 30 days)
<i>tolbutamide oral tablet 500 mg</i> (Tolbutamide)	2	QL (180 per 30 days)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	PA BvD; NDS
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	PA BvD; NDS
<i>amphotericin b injection recon soln 50 mg</i> (Amphotericin B)	2	PA BvD
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	5	NDS
<i>ciclopirox topical cream 0.77 %</i> (Loprox)	2	
<i>ciclopirox topical gel 0.77 %</i> (Ciclopirox)	2	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	2	
<i>ciclopirox topical solution 8 %</i> (Penlac)	2	
<i>ciclopirox topical suspension 0.77 %</i> (Ciclopirox Olamine)	2	
<i>clotrimazole mucous membrane troche 10 mg</i> (Clotrimazole)	2	
<i>clotrimazole topical cream 1 %</i> (Clotrimazole)	2	
<i>clotrimazole topical solution 1 %</i> (Clotrimazole)	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	(Clotrimazole/Betamet hasone Dip)	2	
<i>econazole topical cream 1 %</i>	(Econazole Nitrate)	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	(Fluconazole In Nacl,Iso-Osm)	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	(Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	(Diflucan)	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	(Ancobon)	5	NDS
<i>griseofulvin microsize oral tablet 500 mg</i>	(Griseofulvin, Microsize)	2	
<i>itraconazole oral capsule 100 mg</i>	(Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i>	(Ketoconazole)	2	
<i>ketoconazole topical cream 2 %</i>	(Ketoconazole)	2	
<i>ketoconazole topical shampoo 2 %</i>	(Nizoral)	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	(Miconazole Nitrate)	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)		5	NDS
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG		5	NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	(Nystatin)	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	(Nystatin)	2	
<i>nystatin oral tablet 500,000 unit</i>	(Nystatin)	2	
<i>nystatin topical cream 100,000 unit/gram</i>	(Nystatin)	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	(Nystatin)	2	
<i>nystatin topical powder 100,000 unit/gram</i>	(Nystatin)	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	(Nystatin/Triamcin)	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	(Nystatin/Triamcin)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystop topical powder 100,000 unit/gram</i> (Nystatin)	2	
<i>terbinafine hcl oral tablet 250 mg</i> (Lamisil)	1	
<i>voriconazole intravenous solution 200 mg</i> (Vfend IV)	2	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	5	NDS
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	2	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i> (Colchicine/Probenecid)	2	
COLCRYS ORAL TABLET 0.6 MG	3	
<i>probenecid oral tablet 500 mg</i> (Probenecid)	2	
ULORIC ORAL TABLET 40 MG, 80 MG	3	QL (30 per 30 days)
Antihistamines		
Antihistamines		
<i>cyproheptadine oral syrup 2 mg/5 ml</i> (Cyproheptadine HCl)	2	
<i>cyproheptadine oral tablet 4 mg</i> (Cyproheptadine HCl)	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i> (Diphenhydramine HCl)	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i> (Hydroxyzine HCl)	2	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i> (Hydroxyzine HCl)	2	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Hydroxyzine HCl)	2	PA-HRM; AGE (Max 64 Years)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	2	
<i>levocetirizine oral tablet 5 mg</i> (Xyzal)	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i> (Promethazine HCl)	2	PA-HRM; AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
AVC VAGINAL VAGINAL CREAM 15 %	3	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel-Vaginal)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i> (Terazol 7)	2	
<i>terconazole vaginal suppository 80 mg</i> (Terconazole)	2	
Antimigraine Agents		
Antimigraine Agents		
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	5	NDS; QL (30 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	NDS; QL (8 per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	3	QL (40 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	2	QL (18 per 28 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i> (Maxalt)	2	QL (18 per 28 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> (Maxalt Mlt)	2	QL (18 per 28 days)
<i>sumatriptan 4 mg/0.5 ml inject latex-free 4 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation, 5 mg/lactuation</i> (Imitrex)	2	QL (12 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	2	QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> (Sumatriptan Succinate)	2	QL (4 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	QL (12 per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig Zmt)	2	QL (12 per 28 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>dapsone oral tablet 100 mg, 25 mg</i> (Dapsone)	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i> (Myambutol)	2	
<i>isoniazid oral solution 50 mg/5 ml</i> (Isoniazid)	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i> (Isoniazid)	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i> (Pyrazinamide)	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	2	
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG	5	PA; NDS; QL (188 per 168 days)
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO ORAL CAPSULE 300-0.5 MG	3	PA BvD
<i>compro rectal suppository 25 mg</i> (Compazine)	2	
<i>dimenhydrinate injection solution 50 mg/ml</i> (Dimenhydrinate)	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA
EMEND INTRAVENOUS RECON SOLN 150 MG	4	QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	4	PA BvD
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	4	PA BvD
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA BvD
<i>granisetron (pf) intravenous solution 100 mcg/ml</i> (Granisetron HCl/PF)	2	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i> (Granisetron HCl)	2	
<i>granisetron hcl oral tablet 1 mg</i> (Granisetron HCl)	2	PA BvD
<i>meclizine oral tablet 12.5 mg, 25 mg</i> (Meclizine HCl)	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> (Ondansetron HCl/PF)	2	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i> (Ondansetron HCl/PF)	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran)	2	PA BvD
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i> (Zofran)	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> (Zofran Odt)	2	PA BvD
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i> (Phenergan)	2	PA-HRM; AGE (Max 64 Years)
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> (Prochlorperazine Edisylate)	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> (Promethazine HCl)	2	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Phenergan)	2	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Phenergan)	2	PA-HRM; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1.5 MG (1 MG OVER 3 DAYS)	4	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
ALBENZA ORAL TABLET 200 MG	5	NDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ALINIA ORAL TABLET 500 MG	4	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	5	NDS
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i> (Malarone)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> (Chloroquine Phosphate)	2	
COARTEM ORAL TABLET 20-120 MG	4	
DARAPRIM ORAL TABLET 25 MG	5	PA; NDS
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>mefloquine oral tablet 250 mg</i> (Mefloquine HCl)	2	
NEBUPENT INHALATION RECON SOLN 300 MG	4	PA BvD
<i>paromomycin oral capsule 250 mg</i> (Paromomycin Sulfate)	2	
PENTAM INJECTION RECON SOLN 300 MG	4	
PRIMAQUINE ORAL TABLET 26.3 MG	4	QL (90 per 30 days)
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; QL (42 per 7 days)
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i> (Amantadine HCl)	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i> (Amantadine HCl)	2	
<i>amantadine hcl oral tablet 100 mg</i> (Amantadine HCl)	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
<i>benzotropine oral tablet 0.5 mg, 1 mg, 2 mg</i> (Benzotropine Mesylate)	2	PA-HRM; AGE (Max 64 Years)
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i> (Cabergoline)	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet CR)	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> (Stalevo 50)	2	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> (Requip)	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL)	2	
<i>selegiline hcl oral capsule 5 mg</i> (Eldepryl)	2	
<i>selegiline hcl oral tablet 5 mg</i> (Selegiline HCl)	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i> (Trihexyphenidyl HCl)	2	PA-HRM; AGE (Max 64 Years)
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> (Trihexyphenidyl HCl)	2	PA-HRM; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i> (Aripiprazole)	2	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	2	QL (60 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i> (Aripiprazole)	2	QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i> (Aripiprazole)	2	QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 28 days)
<i>chlorpromazine 25 mg/ml amp 25's, outer 25 mg/ml</i> (Chlorpromazine HCl)	5	NDS
<i>chlorpromazine injection solution 25 mg/ml</i> (Chlorpromazine HCl)	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> (Chlorpromazine HCl)	2	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	2	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	2	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> (Fazacllo)	2	ST
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST ; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST ; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	ST ; QL (8 per 28 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i> (Fluphenazine Decanoate)	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i> (Fluphenazine HCl)	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i> (Fluphenazine HCl)	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> (Fluphenazine HCl)	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> (Fluphenazine HCl)	2	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	QL (6 per 28 days)
<i>haloperidol dec 50 mg/ml vial 50 mg/ml</i> (Haloperidol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haloperidol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate 50)	2	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haloperidol Lactate)	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i> (Haloperidol Lactate)	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> (Haloperidol)	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	NDS; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	NDS; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	NDS; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	5	NDS; QL (30 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> (Loxapine Succinate)	2	
<i>molindone oral tablet 10 mg</i> (Molindone HCl)	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i> (Molindone HCl)	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i> (Molindone HCl)	2	QL (120 per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	5	NDS; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	5	NDS; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> (Perphenazine)	2	
<i>pimozide oral tablet 1 mg, 2 mg</i> (Orap)	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	QL (90 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST ; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST ; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST ; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	NDS; QL (4 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Risperdal M-Tab)	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i> (Risperdal M-Tab)	2	QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	4	ST ; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	ST ; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	5	ST ; NDS; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> (Thioridazine HCl)	2	PA NSO-HRM
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> (Thiothixene)	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> (Trifluoperazine HCl)	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST ; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST ; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST ; QL (7 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	NDS
APTIVUS ORAL CAPSULE 250 MG	5	NDS
APTIVUS ORAL SOLUTION 100 MG/ML	4	
ATRIPLA ORAL TABLET 600-200-300 MG	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
DESCOVY ORAL TABLET 200-25 MG	5	NDS
<i>didanosine oral capsule, delayed release(drlec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC)	2	
EDURANT ORAL TABLET 25 MG	5	NDS
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
EPZICOM ORAL TABLET 600-300 MG	5	NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE ORAL CAPSULE 200 MG	5	NDS
INVIRASE ORAL TABLET 500 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	3	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	5	NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
LEXIVA ORAL TABLET 700 MG	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	2	
<i>nevirapine oral tablet 200 mg</i> (Viramune)	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> (Viramune XR)	2	
NORVIR ORAL CAPSULE 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 400 MG, 600 MG, 800 MG	5	NDS
RESCRIPTOR ORAL TABLET 200 MG	4	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	NDS
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Zerit)	2	
<i>stavudine oral recon soln 1 mg/ml</i> (Zerit)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	4	
SUSTIVA ORAL TABLET 600 MG	4	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	NDS
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	5	NDS
VITEKTA ORAL TABLET 150 MG, 85 MG	5	NDS
ZIAGEN ORAL SOLUTION 20 MG/ML	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral tablet 300 mg</i> (Zidovudine)	2	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
TAMIFLU ORAL CAPSULE 30 MG	3	QL (84 per 180 days)
TAMIFLU ORAL CAPSULE 45 MG	3	QL (48 per 180 days)
TAMIFLU ORAL CAPSULE 75 MG	3	QL (42 per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL (540 per 180 days)
Hcv Antivirals		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; NDS; QL (30 per 30 days)
OLYSIO ORAL CAPSULE 150 MG	5	PA; NDS; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	5	PA; NDS; QL (28 per 28 days)
TECHNIVIE ORAL TABLET 12.5-75-50 MG	5	PA; NDS; QL (56 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	PA; NDS; QL (112 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NDS
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	5	PA; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA NSO; NDS; QL (4 per 28 days)
Nucleosides And Nucleotides		
<i>acyclovir 1,000 mg/20 ml vial latex-free, sdy 50 mg/ml</i> (Acyclovir Sodium)	5	PA BvD; NDS
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	2	
<i>acyclovir sodium intravenous recon soln 500 mg</i> (Acyclovir Sodium)	5	PA BvD; NDS
<i>acyclovir sodium intravenous solution 50 mg/ml</i> (Acyclovir Sodium)	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	5	NDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> (Famvir)	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	2	PA BvD
<i>ribasphere oral capsule 200 mg</i> (Rebetol)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere oral tablet 200 mg, 400 mg, 600 mg</i> (Copegus)	2	
TYZEKA ORAL TABLET 600 MG	5	NDS
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	5	NDS
VIRAZOLE INHALATION RECON SOLN 6 GRAM	5	PA BvD; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	5	NDS
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	2	
<i>enoxaparin subcutaneous syringe 150 mg/ml</i> (Lovenox)	5	NDS
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	2	QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	2	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	2	QL (18 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i> (Heparin Sodium, Porcine/D5W)	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml)</i> (Heparin Sod, Pork In 0.45% NaCl)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	(Heparin Sodium, Porcine)	2
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	(Heparin Sodium, Porcine/PF)	2
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	(Monoject Prefill Advanced)	2
<i>heparin-0.45% nacl 25,000 units/250 ml (100 units/ml) bag latex-free, inner 25,000 unit/250 ml</i>	(Heparin Sod, Pork In 0.45% NaCl)	2
IPRIVASK SUBCUTANEOUS RECON SOLN 15 MG		5
		PA; NDS; QL (24 per 28 days)
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	(Coumadin)	1
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG		4
		ST; QL (60 per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	(Coumadin)	1
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		3
XARELTO ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)		3
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)		5
		PA; NDS
EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER 10,000 UNIT/ML		3
		PA; QL (12 per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML		3
		PA; QL (12 per 28 days)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		5
		NDS
LEUKINE INJECTION RECON SOLN 250 MCG		5
		NDS

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Drug Name	Drug Tier	Requirements/Limits
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA; QL (0.6 per 28 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	5	NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; NDS; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; NDS; QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NDS; QL (30 per 30 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	ST; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i> (Agrylin)	2	
<i>protamine intravenous solution 10 mg/ml</i> (Protamine Sulfate)	2	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Tranexamic Acid)	2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i> (Cilostazol)	2	
<i>clopidogrel oral tablet 300 mg</i> (Plavix)	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> (Persantine)	2	
EFFIENT ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
<i>pentoxifylline oral tablet extended release 400 mg</i> (Pentoxifylline)	2	
Caloric Agents		
Caloric Agents		
AMINO ACIDS 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i> (Dextrose 10 % in Water)	2	PA BvD
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i> (Dextrose 20 % in Water)	2	PA BvD
<i>dextrose 25 % in water (d25w) intravenous syringe</i> (Dextrose 25 % in Water)	2	PA BvD
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i> (Dextrose 40 % in Water)	2	PA BvD
<i>dextrose 5 % in ringers intravenous parenteral solution 5 %</i> (Dextrose 5 % In Ringers)	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i> (Dextrose 5 % in Water)	2	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i> (Dextrose 50 % in Water)	2	PA BvD
<i>dextrose 50 % in water (d50w) intravenous syringe</i> (Dextrose 50 % in Water)	2	PA BvD
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i> (Dextrose 70 % in Water)	2	PA BvD
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i> (Catapres-Tts 1)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-Tts 1)	2	QL (8 per 28 days)
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg</i> (Clonidine HCl/Chlorthalidone)	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i> (Tenex)	2	PA-HRM; AGE (Max 64 Years)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Midodrine HCl)	2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; NDS; QL (180 per 30 days)
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	
Angiotensin II Receptor Antagonists		
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	3	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	ST
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Lotensin)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> (Lotensin HCT)	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> (Captopril)	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> (Captopril/Hydrochlorothiazide)	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i> (Enalaprilat Dihydrate)	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> (Vaseretic)	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> (Fosinopril Sodium)	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> (Fosinopril/Hydrochlorothiazide)	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i> (Moexipril HCl)	1	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i> (Moexipril/Hydrochlorothiazide)	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> (Aceon)	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> (Mavik)	1	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Cordarone)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> (Tambocor)	2	
<i>lidocaine (pf) intravenous syringe 50 mg/5 ml (1%)</i> (Lidocaine HCl/PF)	2	
<i>lidocaine in 5% dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8%)</i> (Lidocaine HCl/D5w/PF)	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i> (Mexiletine HCl)	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (Cordarone)	2	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i> (Procainamide HCl)	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> (Rythmol)	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i> (Quinidine Gluconate)	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i> (Quinidine Sulfate)	2	
<i>quinidine sulfate oral tablet extended release 300 mg</i> (Quinidine Sulfate)	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i> (Sectral)	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> (Tenoretic 50)	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i> (Betaxolol HCl)	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> (Zebeta)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol-hydrochlorothiazide oral tablet</i> (Ziac) 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg,</i> (Coreg) 3.125 mg, 6.25 mg	1	
<i>esmolol intravenous solution 100 mg/10</i> (Brevibloc) <i>ml (10 mg/ml)</i>	2	PA BvD
<i>labetalol intravenous solution 5 mg/ml</i> (Labetalol HCl)	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300</i> (Trandate) <i>mg</i>	2	
<i>metoprolol succinate oral tablet extended</i> (Toprol XL) <i>release 24 hr 100 mg, 200 mg, 25 mg, 50</i> <i>mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral</i> (Lopressor HCT) <i>tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5</i> (Metoprolol Tartrate) <i>mg/5 ml</i>	2	
<i>metoprolol tartrate intravenous syringe 5</i> (Metoprolol Tartrate) <i>mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25</i> (Lopressor) <i>mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	
<i>pindolol oral tablet 10 mg, 5 mg</i> (Pindolol)	2	
<i>propranolol intravenous solution 1 mg/ml</i> (Propranolol HCl)	2	
<i>propranolol oral capsule, extended release</i> (Inderal LA) <i>24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4</i> (Propranolol HCl) <i>mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40</i> (Propranolol HCl) <i>mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral</i> (Propranolol/Hydrochl <i>tablet 40-25 mg, 80-25 mg</i> orothiazid)	2	
<i>sorine oral tablet 120 mg, 160 mg, 240</i> (Betapace) <i>mg, 80 mg</i>	2	
<i>sotalol 120 mg tablet 120 mg</i> (Betapace)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol af oral tablet 120 mg</i> (Betapace)	2	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i> (Betapace)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> (Timolol Maleate)	2	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD)	2	
<i>diltiazem 24hr er 180 mg cap 180 mg</i> (Cardizem CD)	2	
<i>diltiazem 24hr er 360 mg cap 360 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl intravenous recon soln 100 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i> (Cardizem CD)	2	
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> (Cardizem CD)	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem LA)	2	
<i>dilt-xr oral capsule, ext release degradable 120 mg, 180 mg, 240 mg</i> (Cardizem CD)	2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem CD)	2	
<i>taztia xt oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Cardizem CD)	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i> (Verapamil HCl)	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan Pm)	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> (Calan)	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	2	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	ST
DEMSEER ORAL CAPSULE 250 MG	5	NDS
<i>digitek oral tablet 125 mcg, 250 mcg</i> (Lanoxin)	2	PA-HRM; (High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day); QL (30 per 30 days); AGE (Max 64 Years)
<i>digoxin 0.25 mg/ml syringe 250 mcg/ml</i> (Digoxin)	2	PA-HRM; AGE (Max 64 Years)
<i>digoxin injection solution 250 mcg/ml</i> (Digoxin)	2	PA-HRM; AGE (Max 64 Years)
DIGOXIN ORAL SOLUTION 50 MCG/ML	3	PA-HRM; AGE (Max 64 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i> (Lanoxin)	2	PA-HRM; QL (30 per 30 days); AGE (Max 64 Years)
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i> (Dobutamine HCl/D5W)	2	PA BvD
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i> (Dobutamine HCl)	2	PA BvD
<i>dopamine in 5% dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 800 mg/250 ml (3,200 mcg/ml)</i> (Dopamine HCl/D5W)	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i> (Dopamine HCl)	2	PA BvD
<i>epinephrine hcl (pf) intravenous solution 1 mg/ml (1 ml)</i> (Epinephrine HCl/PF)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Adrenaclick)	2	
<i>epinephrine injection syringe 0.1 mg/ml</i> (Epinephrine)	2	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	QL (4 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	NDS
<i>hydralazine injection solution 20 mg/ml</i> (Hydralazine HCl)	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> (Hydralazine HCl)	2	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	4	PA-HRM; (High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day); QL (30 per 30 days); AGE (Max 64 Years)
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i> (Milrinone Lactate/D5W)	5	PA BvD; NDS
<i>milrinone intravenous solution 1 mg/ml</i> (Milrinone Lactate)	5	PA BvD; NDS
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i> (Levophed Bitartrate)	2	PA BvD
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
Dihydropyridines		
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i> (Adalat CC)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	ST
CLEVIPREX INTRAVENOUS EMULSION 50 MG/100 ML	4	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> (Felodipine)	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i> (Isradipine)	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i> (Nicardipine HCl)	2	
<i>nifedical xl oral tablet extended release 24hr 30 mg, 60 mg</i> (Procardia XL)	2	
<i>nifedipine er 30 mg tablet flc 30 mg</i> (Adalat CC)	2	
<i>nifedipine er 60 mg tablet flc 60 mg</i> (Adalat CC)	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i> (Adalat CC)	2	
<i>nifedipine oral tablet extended release 24hr 90 mg</i> (Procardia XL)	2	
Diuretics		
<i>amiloride oral tablet 5 mg</i> (Amiloride HCl)	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> (Amiloride/Hydrochlorothiazide)	2	
<i>bumetanide injection solution 0.25 mg/ml</i> (Bumetanide)	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> (Bumetanide)	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i> (Chlorothiazide)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Sodium Diuril)	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i> (Chlorthalidone)	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	4	
<i>furosemide injection solution 10 mg/ml</i> (Furosemide)	2	
<i>furosemide injection syringe 10 mg/ml</i> (Furosemide)	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> (Furosemide)	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i> (Microzide)	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> (Hydrochlorothiazide)	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i> (Indapamide)	1	
<i>methyclothiazide oral tablet 5 mg</i> (Methyclothiazide)	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Zaroxolyn)	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	2	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> (Demadex)	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i> (Dyazide)	2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> (Maxzide)	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	2	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine packet outer 4 gram</i> (Questran)	2	
<i>colestipol hcl granules packet 5 gram</i> (Colestid)	2	
<i>colestipol oral granules 5 gram</i> (Colestid)	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> (Lofibra)	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i> (Lofibra)	2	
<i>fenofibric acid (choline) oral capsule, delayed release (drlec) 135 mg, 45 mg</i> (Trilipix)	2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NDS; QL (45 per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (4 per 28 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Lovastatin)	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan)	2	
<i>niacor oral tablet 500 mg</i> (Niacin)	2	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	5	PA; NDS; QL (2 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/ML	5	PA; NDS; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Pravachol)	1	
<i>prevalite oral powder 4 gram</i> (Cholestyramine/Aspartame)	2	
<i>prevalite packet outer 4 gram</i> (Cholestyramine/Aspartame)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA; NDS; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; NDS; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; NDS; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Zocor)	1	
<i>simvastatin oral tablet 80 mg</i> (Zocor)	1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	3	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
WELCHOL ORAL TABLET 625 MG	3	
ZETIA ORAL TABLET 10 MG	4	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG	3	ST
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	ST
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	ST

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Drug Name	Drug Tier	Requirements/Limits
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> (Isochron)	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (Isochron)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> (Isosorbide Mononitrate)	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> (Imdur)	2	
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.6 mg/1hr</i> (Nitro-Dur)	2	QL (30 per 30 days)
<i>minitran transdermal patch 24 hour 0.4 mg/1hr</i> (Nitro-Dur)	2	QL (60 per 30 days)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i> (Minoxidil)	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i> (Nitroglycerin/D5W)	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i> (Nitroglycerin)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.6 mg/1hr</i> (Nitro-Dur)	2	QL (30 per 30 days)
<i>nitroglycerin transdermal patch 24 hour 0.4 mg/1hr</i> (Nitro-Dur)	2	QL (60 per 30 days)
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	5	PA; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NDS; QL (28 per 28 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS
<i>caffeine citrated intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	
<i>caffeine citrated oral solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	5	PA; NDS
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine)	2	QL (120 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Dexedrine)	2	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS
<i>flumazenil intravenous solution 0.1 mg/ml</i> (Romazicon)	2	

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Drug Name	Drug Tier	Requirements/Limits
GILENYA ORAL CAPSULE 0.5 MG	5	PA; NDS; QL (28 per 28 days)
<i>guanfacine oral tablet extended release</i> (Intuniv) 24 hr 1 mg, 2 mg, 3 mg, 4 mg	2	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	5	PA; NDS
<i>lithium carbonate oral capsule</i> 150 mg, 300 mg, 600 mg (Lithium Carbonate)	1	
<i>lithium carbonate oral tablet</i> 300 mg (Lithobid)	2	
<i>lithium carbonate oral tablet extended release</i> 300 mg, 450 mg (Lithobid)	2	
<i>lithium citrate oral solution</i> 8 meq/5 ml (Lithium Citrate)	2	
<i>methylphenidate cd</i> 20 mg cap 20 mg (Metadate Cd)	2	QL (30 per 30 days)
<i>methylphenidate cd</i> 40 mg cap 40 mg (Metadate Cd)	2	QL (30 per 30 days)
<i>methylphenidate oral capsule, er biphasic</i> 30-70 10 mg, 50 mg, 60 mg (Metadate Cd)	2	QL (30 per 30 days)
<i>methylphenidate oral capsule, er biphasic</i> 30-70 30 mg (Metadate Cd)	2	QL (60 per 30 days)
<i>methylphenidate oral capsule, er biphasic</i> 50-50 20 mg, 40 mg (Metadate Cd)	2	QL (30 per 30 days)
<i>methylphenidate oral solution</i> 10 mg/5 ml, 5 mg/5 ml (Methylin)	2	QL (900 per 30 days)
<i>methylphenidate oral tablet</i> 10 mg, 20 mg, 5 mg (Ritalin)	2	QL (90 per 30 days)
<i>methylphenidate oral tablet extended release</i> 10 mg, 20 mg (Methylphenidate HCl)	2	QL (90 per 30 days)
<i>methylphenidate oral tablet extended release</i> 24hr 18 mg, 27 mg, 54 mg (Concerta)	2	QL (30 per 30 days)
<i>methylphenidate oral tablet extended release</i> 24hr 36 mg (Concerta)	2	QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	QL (60 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (60 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; NDS; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG	5	PA; NDS; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NDS; QL (112 per 28 days)
Contraceptives		
Contraceptives		
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (Amethyst)	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (Modicon)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>alyacen</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg (Modicon)	2	
<i>amethia lo</i> oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7) (Seasonique)	2	QL (91 per 84 days)
<i>amethia</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) (Seasonique)	2	QL (91 per 84 days)
<i>apri</i> oral tablet 0.15-0.03 mg (Desogen)	2	
<i>aranelle</i> (28) oral tablet 0.5/1/0.5-35 mg-mcg (Modicon)	2	
<i>ashlyna</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) (Seasonique)	2	
<i>abra</i> oral tablet 0.1-20 mg-mcg (Amethyst)	2	
<i>aviane</i> oral tablet 0.1-20 mg-mcg (Amethyst)	2	
<i>azurette</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Mircette)	2	
<i>balziva</i> (28) oral tablet 0.4-35 mg-mcg (Modicon)	2	
<i>bekyree</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Mircette)	2	
<i>blisovi 24 fe</i> oral tablet 1 mg-20 mcg (24)/75 mg (4) (Loestrin Fe)	2	
<i>blisovi fe 1.5/30</i> (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (Loestrin Fe)	2	
<i>blisovi fe 1/20</i> (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (Loestrin Fe)	2	
<i>briellyn</i> oral tablet 0.4-35 mg-mcg (Modicon)	2	
<i>camila</i> oral tablet 0.35 mg (Nor-Q-D)	2	
<i>camrese lo</i> oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7) (Seasonique)	2	QL (91 per 84 days)
<i>camrese</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) (Seasonique)	2	QL (91 per 84 days)
<i>caziant</i> (28) oral tablet 0.11.125/1.15-25 mg-mcg (Desogen)	2	
<i>cryselle</i> (28) oral tablet 0.3-30 mg-mcg (Norgestrel-Ethinyl Estradiol)	2	
<i>cyclafem 1/35</i> (28) oral tablet 1-35 mg-mcg (Modicon)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclafem</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg (Modicon)	2	
<i>cyred</i> oral tablet 0.15-0.03 mg (Desogen)	2	
<i>dasetta</i> 1/35 (28) oral tablet 1-35 mg-mcg (Modicon)	2	
<i>dasetta</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg (Modicon)	2	
<i>daysee</i> oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7) (Seasonique)	2	QL (91 per 84 days)
<i>deblitane</i> oral tablet 0.35 mg (Nor-Q-D)	2	
<i>delyla</i> (28) oral tablet 0.1-20 mg-mcg (Amethyst)	2	
<i>desog-e.estradiolle.estradiol</i> oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Mircette)	2	
<i>desogestrel-ethinyl estradiol</i> oral tablet 0.15-0.03 mg (Desogen)	2	
<i>drospirenone-ethinyl estradiol</i> oral tablet 3-0.02 mg, 3-0.03 mg (Yaz)	2	
<i>elinest</i> oral tablet 0.3-30 mg-mcg (Norgestrel-Ethinyl Estradiol)	2	
ELLA ORAL TABLET 30 MG	4	QL (6 per 365 days)
<i>emoquette</i> oral tablet 0.15-0.03 mg (Desogen)	2	
<i>enpresse</i> oral tablet 50-30 (6)/75-40 (5)/125-30(10) (Amethyst)	2	
<i>enskyce</i> oral tablet 0.15-0.03 mg (Desogen)	2	
<i>errin</i> oral tablet 0.35 mg (Nor-Q-D)	2	
<i>estarylla</i> oral tablet 0.25-35 mg-mcg (Ortho-Cyclen)	2	
<i>falmina</i> (28) oral tablet 0.1-20 mg-mcg (Amethyst)	2	
<i>gianvi</i> (28) oral tablet 3-0.02 mg (Yaz)	2	
<i>gildagia</i> oral tablet 0.4-35 mg-mcg (Modicon)	2	
<i>gildess</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg (Loestrin)	2	
<i>gildess</i> 1/20 (21) oral tablet 1-20 mg-mcg (Loestrin)	2	
<i>gildess 24 fe</i> oral tablet 1 mg-20 mcg (24)/75 mg (4) (Loestrin Fe)	2	
<i>gildess fe</i> 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (Loestrin Fe)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>gildess fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	(Loestrin Fe)	2	
<i>heather oral tablet 0.35 mg</i>	(Nor-Q-D)	2	
<i>introvale oral tablets,dose pack,3 month 0.15-30 mg-mcg</i>	(Levonorgestrel-Ethin Estradiol)	2	QL (91 per 84 days)
<i>jencycla oral tablet 0.35 mg</i>	(Nor-Q-D)	2	
<i>jolessa oral tablets,dose pack,3 month 0.15-30 mg-mcg</i>	(Levonorgestrel-Ethin Estradiol)	2	QL (91 per 84 days)
<i>jolivette oral tablet 0.35 mg</i>	(Nor-Q-D)	2	
<i>juleber oral tablet 0.15-0.03 mg</i>	(Desogen)	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(Loestrin)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(Loestrin)	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	(Loestrin Fe)	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	(Loestrin Fe)	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	(Loestrin Fe)	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Mircette)	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(Demulen 1-50-21)	2	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Mircette)	2	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	(Amethyst)	2	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Seasonique)	2	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(Loestrin)	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(Loestrin)	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	(Loestrin Fe)	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	(Loestrin Fe)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i> (Modicon)	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Amethyst)	2	
<i>levonor-eth estrad 0.15-0.03 outer 0.15-0.03 mg</i> (Amethyst)	2	QL (91 per 84 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15-30 mg-mcg</i> (Amethyst)	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Amethyst)	2	QL (91 per 84 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i> (Amethyst)	2	
<i>lomedica 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Loestrin Fe)	2	
<i>loryna (28) oral tablet 3-0.02 mg</i> (Yaz)	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> (Norgestrel-Ethinyl Estradiol)	2	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>lyza oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>marlissa oral tablet 0.15-0.03 mg</i> (Amethyst)	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (Loestrin)	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i> (Loestrin)	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i> (Ortho-Cyclen)	2	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i> (Ortho-Cyclen)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Amethyst)	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> (Modicon)	2	
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i> (Modicon)	2	
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i> (Norinyl 1+50)	2	
<i>necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg</i> (Modicon)	2	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> (Modicon)	2	
<i>nikki (28) oral tablet 3-0.02 mg</i> (Yaz)	2	
<i>nora-be oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Loestrin)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Loestrin Fe)	2	
<i>norg-ee 0.18-0.215-0.25/0.035 3x28 day regimen 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho-Cyclen)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i> (Ortho-Cyclen)	2	
<i>norlyroc oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> (Modicon)	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i> (Modicon)	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (Modicon)	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> (Modicon)	2	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	ST; QL (1 per 28 days)
<i>ocella oral tablet 3-0.03 mg</i> (Yaz)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i> (Norgestrel-Ethinyl Estradiol)	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>philith oral tablet 0.4-35 mg-mcg</i> (Modicon)	2	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Mircette)	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i> (Modicon)	2	
<i>portia oral tablet 0.15-0.03 mg</i> (Amethyst)	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i> (Ortho-Cyclen)	2	
<i>quasense oral tablets,dose pack,3 month 0.15-30 mg-mcg</i> (Levonorgestrel-Ethin Estradiol)	2	QL (91 per 84 days)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (Desogen)	2	
<i>setlakin oral tablets,dose pack,3 month 0.15-30 mg-mcg</i> (Levonorgestrel-Ethin Estradiol)	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> (Ortho-Cyclen)	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>syeda oral tablet 3-0.03 mg</i> (Yaz)	2	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Loestrin Fe)	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho-Cyclen)	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Loestrin Fe)	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho-Cyclen)	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Ortho-Cyclen)	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Ortho-Cyclen)	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Ortho-Cyclen)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho-Cyclen)	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho-Cyclen)	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho-Cyclen)	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Amethyst)	2	
<i>velivet triphasic regimen (28) oral tablet 0.11.125/1.15-25 mg-mcg</i> (Desogen)	2	
<i>vestura (28) oral tablet 3-0.02 mg</i> (Yaz)	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Mircette)	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i> (Modicon)	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i> (Modicon)	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> (Norelgestromin/Ethin. Estradiol)	2	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i> (Yaz)	2	
<i>zenchent (28) oral tablet 0.4-35 mg-mcg</i> (Modicon)	2	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i> (Demulen 1-50-21)	2	
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i> (Demulen 1-50-21)	2	
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i> (Evovac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Peridex)	2	
<i>oralone dental paste 0.1 %</i> (Triamcinolone Acetonide)	2	
<i>periogard mucous membrane mouthwash 0.12 %</i> (Peridex)	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen)	2	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Triamcinolone Acetonide)	2	

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Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
Dermatological Agents, Other		
8-MOP ORAL CAPSULE 10 MG	4	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)	5	NDS
<i>acyclovir topical ointment 5 %</i> (Zovirax)	2	QL (5 per 4 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
ALCOHOL PREP PADS	1	
<i>ammonium lactate topical cream 12 %</i> (Ammonium Lactate)	2	
<i>ammonium lactate topical lotion 12 %</i> (Ammonium Lactate)	2	
ANACAINE TOPICAL OINTMENT 10 %	4	
<i>calcipotriene scalp solution 0.005 %</i> (Calcipotriene)	2	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	
<i>calcipotriene topical ointment 0.005 %</i> (Calcipotriene)	2	
<i>calcitrene topical ointment 0.005 %</i> (Calcipotriene)	2	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	2	
CONDYLOX TOPICAL GEL 0.5 %	4	
COSENTYX (150 MG/ML) 300 MG DOSE-2 PENS 150 MG/ML	5	PA; NDS
COSENTYX (150 MG/ML) 300 MG DOSE-2 SYRINGES 150 MG/ML	5	PA; NDS
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	5	NDS
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NDS
<i>fluorouracil topical cream 5 %</i> (Carac)	2	
<i>fluorouracil topical solution 2 %, 5 %</i> (Fluorouracil)	2	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	PA NSO; QL (24 per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i> (Oxsoalene-Ultra)	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS
PICATO TOPICAL GEL 0.015 %	3	QL (3 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
PICATO TOPICAL GEL 0.05 %	3	QL (2 per 56 days)
<i>podofilox topical solution 0.5 %</i> (Condylox)	2	
<i>potassium hydroxide topical solution 5 %</i> (Potassium Hydroxide)	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	
TALTZ 80 MG/ML AUTOINJECTOR P/F,LATEX-FREE,OUTER 80 MG/ML	5	PA; NDS
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NDS
TOLAK TOPICAL CREAM 4 %	4	
VALCHLOR TOPICAL GEL 0.016 %	5	NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Isotretinoin)	2	
Dermatological Antibacterials		
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical swab 1 %</i> (Cleocin T)	2	
<i>ery pads topical swab 2 %</i> (Erythromycin Base/Ethanol)	2	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	2	
<i>erythromycin with ethanol topical solution 2 %</i> (Erythromycin Base/Ethanol)	2	
<i>erythromycin with ethanol topical swab 2 %</i> (Erythromycin Base/Ethanol)	2	
<i>gentamicin topical cream 0.1 %</i> (Gentamicin Sulfate)	2	
<i>gentamicin topical ointment 0.1 %</i> (Gentamicin Sulfate)	2	
<i>metronidazole topical cream 0.75 %</i> (Metrocream)	2	
<i>metronidazole topical gel 0.75 %, 1 %</i> (Rosadan)	2	
<i>metronidazole topical lotion 0.75 %</i> (Metro lotion)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin calcium topical cream 2 %</i> (Bactroban)	2	
<i>mupirocin topical ointment 2 %</i>	2	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> (Neosporin G.U. Irrigant)	2	
<i>rosadan topical cream 0.75 %</i> (Metrocream)	2	
<i>selenium sulfide topical lotion 2.5 %</i> (Selenium Sulfide)	2	
<i>silver nitrate topical ointment 10 %</i> (Silver Nitrate)	2	
<i>silver nitrate topical solution 10 %, 25 %, 50 %</i> (Silver Nitrate)	2	
<i>silver sulfadiazine topical cream 1 %</i> (Silvadene)	2	
<i>ssd topical cream 1 %</i> (Silvadene)	2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (Anusol-HC)	2	
<i>ala-scalp topical lotion 2 %</i> (Scalacort)	2	
<i>alclometasone topical cream 0.05 %</i> (Alclometasone Dipropionate)	2	
<i>alclometasone topical ointment 0.05 %</i> (Alclometasone Dipropionate)	2	
<i>betamethasone dipropionate topical cream 0.05 %</i> (Betamethasone Dipropionate)	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i> (Betamethasone Dipropionate)	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i> (Betamethasone Dipropionate)	2	
<i>betamethasone valerate topical cream 0.1 %</i> (Betamethasone Valerate)	2	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	2	
<i>betamethasone valerate topical lotion 0.1 %</i> (Betamethasone Valerate)	2	
<i>betamethasone valerate topical ointment 0.1 %</i> (Betamethasone Valerate)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical cream 0.05 %</i> (Diprolene AF)	2	
<i>betamethasone, augmented topical gel 0.05 %</i> (Betamethasone Dipropionate)	2	
<i>betamethasone, augmented topical lotion 0.05 %</i> (Diprolene)	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	2	
<i>clobetasol 0.05% cream 0.05 %</i> (Temovate)	2	
<i>clobetasol scalp solution 0.05 %</i> (Clobetasol Propionate)	2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	2	
<i>clobetasol topical gel 0.05 %</i> (Clobetasol Propionate)	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i> (Temovate)	2	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	2	
<i>cormax scalp solution 0.05 %</i> (Clobetasol Propionate)	2	
<i>desonide topical cream 0.05 %</i> (Desowen)	2	
<i>desonide topical ointment 0.05 %</i> (Desonide)	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	2	
<i>fluocinonide 0.05% cream 0.05 %</i> (Vanos)	2	
<i>fluocinonide topical gel 0.05 %</i> (Fluocinonide)	2	
<i>fluocinonide topical ointment 0.05 %</i> (Fluocinonide)	2	
<i>fluocinonide topical solution 0.05 %</i> (Fluocinonide)	2	
<i>fluocinonide-e topical cream 0.05 %</i> (Vanos)	2	
<i>fluticasone topical cream 0.05 %</i> (Cutivate)	2	
<i>fluticasone topical ointment 0.005 %</i> (Fluticasone Propionate)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate topical cream 0.05 %</i> (Ultravate)	2	
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	2	
<i>hydrocortisone buty 0.1% cream 0.1 %</i> (Locoid)	2	
<i>hydrocortisone butyrate topical ointment 0.1 %</i> (Locoid)	2	
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	2	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i> (Locoid)	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i> (Anusol-HC)	1	
<i>hydrocortisone topical lotion 2.5 %</i> (Scalacort)	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i> (Hydrocortisone)	1	
<i>hydrocortisone valerate topical cream 0.2 %</i> (Hydrocortisone Valerate)	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i> (Hydrocortisone Valerate)	2	
<i>mometasone topical cream 0.1 %</i> (Elocon)	2	
<i>mometasone topical ointment 0.1 %</i> (Elocon)	2	
<i>mometasone topical solution 0.1 %</i> (Elocon)	2	
<i>prednicarbate topical cream 0.1 %</i> (Dermatop)	2	
<i>prednicarbate topical ointment 0.1 %</i> (Dermatop)	2	
<i>procto-med hc rectal cream 2.5 %</i> (Hydrocortisone)	2	
<i>procto-pak rectal cream 1 %</i> (Anusol-HC)	2	
<i>proctosol hc rectal cream 2.5 %</i> (Hydrocortisone)	2	
<i>proctozone-hc rectal cream 2.5 %</i> (Hydrocortisone)	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i> (Triamcinolone Acetonide)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i> (Triamcinolone Acetonide)	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> (Triamcinolone Acetonide)	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>trianex topical ointment 0.05 %</i>	(Triamcinolone Acetonide)	2	
<i>u-cort topical cream 1-10 %</i>	(Hydrocortisone Acetate/Urea)	2	
Dermatological Retinoids			
<i>adapalene topical cream 0.1 %</i>	(Differin)	2	
<i>adapalene topical gel 0.1 %</i>	(Differin)	2	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %		4	
<i>tretinoin gel micro 0.04% tube 0.04 %</i>	(Retin-A Micro)	2	PA
<i>tretinoin gel micro 0.1% tube 0.1 %</i>	(Retin-A Micro)	2	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	(Retin-A Micro)	2	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	(Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	(Retin-A)	2	PA
Scabicides And Pediculicides			
<i>malathion topical lotion 0.5 %</i>	(Ovide)	2	
<i>permethrin topical cream 5 %</i>	(Elimite)	2	
Devices			
Devices			
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		2	
BD INSULIN SYR 0.3 ML 31GX5/16 0.3 ML 31 GAUGE X 5/16		2	
BD INSULIN SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16		2	
BD INSULIN SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16		2	
BD ULTRA-FINE PEN NDL 8MMX31G SHORT 31 GAUGE X 5/16"		2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "		1	

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Drug Name	Drug Tier	Requirements/Limits
GAUZE PADS, STERILE 2"X2" 2 X 2 "	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	
VGO 40 DISPOSABLE DEVICE	2	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	5	NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	NDS
MYOZYME INTRAVENOUS RECON SOLN 50 MG	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	5	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
ZAVESCA ORAL CAPSULE 100 MG	5	NDS; QL (90 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000 -27,000 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
AKTEN (PF) OPHTHALMIC GEL 3.5 %	4	
<i>alcaine ophthalmic drops 0.5 %</i> (Proparacaine HCl)	2	
<i>altacaine ophthalmic drops 0.5 %</i> (Tetracaine HCl)	2	
<i>apraclonidine ophthalmic drops 0.5 %</i> (Iopidine)	2	
<i>atropine ophthalmic drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i> (Astepro)	2	QL (30 per 25 days)
<i>azelastine ophthalmic drops 0.05 %</i> (Azelastine HCl)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>carteolol ophthalmic drops 1 %</i> (Carteolol HCl)	1	
<i>cromolyn ophthalmic drops 4 %</i> (Cromolyn Sodium)	2	
<i>cyclopentolate ophthalmic drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	2	
CYSTARAN OPHTHALMIC DROPS 0.44 %	5	NDS
<i>epinastine ophthalmic drops 0.05 %</i> (Elestat)	2	
<i>flucaine ophthalmic drops 0.25-0.5 %</i> (Proparacaine/Fluorescein Sod)	2	
<i>homatropine ophthalmic drops 5 %</i> (Isopto Homatropine)	2	
<i>homatropine hbr ophthalmic drops 5 %</i> (Isopto Homatropine)	2	
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i> (Atrovent)	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 0.06 %</i> (Atrovent)	2	QL (15 per 10 days)
LACRISERT OPHTHALMIC INSERT 5 MG	3	
<i>naphazoline ophthalmic drops 0.1 %</i> (Naphazoline HCl)	1	
<i>olopatadine ophthalmic drops 0.1 %</i> (Patanol)	2	
PATADAY OPHTHALMIC DROPS 0.2 %	4	ST
<i>phenylephrine hcl ophthalmic drops 10 %, 2.5 %</i> (Mydrin)	2	
<i>proparacaine ophthalmic drops 0.5 %</i> (Proparacaine HCl)	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic solution 2 %</i> (Acetic Acid)	2	
<i>bacitracin ophthalmic ointment 500 unit/gram</i> (Bacitracin)	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10,000 unit/gram</i> (Bacitracin/Polymyxin B Sulfate)	2	
<i>bleph-10 ophthalmic drops 10 %</i> (Sulfacetamide Sodium)	2	
CIPRODEX OTIC DROPS, SUSPENSION 0.3-0.1 %	3	
<i>ciprofloxacin hcl ophthalmic drops 0.3 %</i> (Ciloxan)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl otic dropperette 0.2 %</i> (Cetraxal)	2	
COLY-MYCIN S OTIC DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	4	
<i>erythromycin ophthalmic ointment 5 mg/gram (0.5 %)</i> (Ilotycin)	2	
<i>gatifloxacin ophthalmic drops 0.5 %</i> (Zymaxid)	2	
<i>gentak ophthalmic ointment 0.3 % (3 mg/gram)</i> (Garamycin)	2	
<i>gentamicin ophthalmic drops 0.3 %</i> (Garamycin)	2	
<i>gentamicin ophthalmic ointment 0.3 % (3 mg/gram)</i> (Garamycin)	2	
<i>levofloxacin ophthalmic drops 0.5 %</i> (Levofloxacin)	2	
MOXEZA OPHTHALMIC DROPS, VISCOUS 0.5 %	3	
NATACYN OPHTHALMIC DROPS,SUSPENSION 5 %	3	
<i>neomycin-bacitracin-poly-hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neomycin Su/Baci Zn/Poly/HC)	2	
<i>neomycin-bacitracin-polymyxin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neomycin Su/Bacitra/Polymyxin)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic drops 1.75 mg-10,000 unit-0.025mg/ml</i> (Neosporin)	2	
<i>neomycin-polymyxin-hc ophthalmic drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i> (Neomycin/Polymyxin B Sulf/HC)	2	
<i>neomycin-polymyxin-hc otic drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> (Neomycin/Polymyxin B Sulf/HC)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic solution</i> 3.5-10,000-1 mg/ml-unit/ml-%	(Neomycin/Polymyxin B Sulf/HC)	2	
<i>neo-polycin hc ophthalmic ointment</i> 3.5-400-10,000 mg-unit/g-1%	(Neomycin Su/Baci Zn/Poly/HC)	2	
<i>neo-polycin ophthalmic ointment</i> 3.5-400-10,000 mg-unit-unit/g	(Neomycin Su/Bacitra/Polymyxin)	2	
<i>ofloxacin ophthalmic drops 0.3 %</i>	(Ocuflox)	2	
<i>ofloxacin otic drops 0.3 %</i>	(Ocuflox)	2	
<i>polymyxin b sulf-trimethoprim ophthalmic drops 10,000 unit- 1 mg/ml</i>	(Polytrim)	2	
<i>sulfacetamide sodium ophthalmic drops 10 %</i>	(Sulfacetamide Sodium)	2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	(Sulfacetamide Sodium)	2	
<i>sulfacetamide-prednisolone ophthalmic drops 10 %-0.23 % (0.25 %)</i>	(Sulfacetamide/Prednisolone Sp)	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		4	
TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION 0.3-0.05 %		3	
<i>tobramycin ophthalmic drops 0.3 %</i>	(Tobrex)	2	
<i>tobramycin-dexamethasone ophthalmic drops,suspension 0.3-0.1 %</i>	(Tobradex)	2	
<i>trifluridine ophthalmic drops 1 %</i>	(Viroptic)	2	
VIGAMOX OPHTHALMIC DROPS 0.5 %		3	
ZIRGAN OPHTHALMIC GEL 0.15 %		4	
ZYLET OPHTHALMIC DROPS,SUSPENSION 0.3-0.5 %		3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC DROPS,SUSPENSION 0.2 %		3	ST
<i>bromfenac ophthalmic drops 0.09 %</i>	(Bromfenac Sodium)	2	
<i>dexamethasone sodium phosphate ophthalmic drops 0.1 %</i>	(Dexamethasone Sod Phosphate)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium ophthalmic drops 0.1 %</i> (Diclofenac Sodium)	2	
DUREZOL OPHTHALMIC DROPS 0.05 %	3	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i> (Flunisolide)	2	QL (50 per 25 days)
<i>fluorometholone ophthalmic drops, suspension 0.1 %</i> (FML)	2	
<i>flurbiprofen sodium ophthalmic drops 0.03 %</i> (Ocufen)	2	
<i>fluticasone nasal spray, suspension 50 mcglactuation</i> (Fluticasone Propionate)	1	
ILEVRO OPHTHALMIC DROPS, SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic drops 0.4 %, 0.5 %</i> (Acular)	2	
LOTEMAX OPHTHALMIC DROPS, GEL 0.5 %	3	
LOTEMAX OPHTHALMIC DROPS, SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	
NEVANAC OPHTHALMIC DROPS, SUSPENSION 0.1 %	3	
<i>prednisolone acetate ophthalmic drops, suspension 1 %</i> (Omnipred)	2	
<i>prednisolone sodium phosphate ophthalmic drops 1 %</i> (Prednisolone Sod Phosphate)	2	
PROLENSA OPHTHALMIC DROPS 0.07 %	3	
RESTASIS OPHTHALMIC DROPPERETTE 0.05 %	3	PA; QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> (Prevpac)	2	

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Drug Name	Drug Tier	Requirements/Limits
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i> (Cimetidine HCl)	2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i> (Cimetidine)	2	(Rx Product Only)
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i> (Nexium I.V.)	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i> (Famotidine)	2	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> (Famotidine In Nacl,Iso-Osm/PF)	2	
<i>famotidine 40 mg/4 ml vial 25's,outer 10 mg/ml</i> (Famotidine)	2	
<i>famotidine oral tablet 20 mg, 40 mg</i> (Pepcid)	1	(Rx Product Only)
<i>lansoprazole oral capsule,delayed release(drlec) 15 mg, 30 mg</i> (Prevacid)	2	(Rx Product Only)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>omeprazole oral capsule,delayed release(drlec) 10 mg, 20 mg, 40 mg</i> (Prilosec)	1	
<i>pantoprazole oral tablet,delayed release (drlec) 20 mg, 40 mg</i> (Protonix)	1	
<i>ranitidine hcl 50 mg/2 ml vial sdv 50 mg/2 ml (25 mg/ml)</i> (Zantac)	2	(Rx Product Only)
<i>ranitidine hcl injection solution 25 mg/ml</i> (Zantac)	2	(Rx Product Only)
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i> (Ranitidine HCl)	2	(Rx Product Only)
<i>ranitidine hcl oral syrup 15 mg/ml</i> (Ranitidine HCl)	2	(Rx Product Only)
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i> (Zantac)	1	(Rx Product Only)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	QL (60 per 30 days)
BUPHENYL ORAL TABLET 500 MG	5	NDS
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	NDS
<i>constulose oral solution 10 gram/15 ml</i> (Lactulose)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i> (Bentyl)	2	
<i>dicyclomine oral solution 10 mg/5 ml</i> (Dicyclomine HCl)	2	
<i>dicyclomine oral tablet 20 mg</i> (Bentyl)	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i> (Diphenoxylate HCl/Atropine)	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	
<i>enulose oral solution 10 gram/15 ml</i> (Lactulose)	2	
GATTEX 5 MG 30-VIAL KIT 5 MG	5	PA; NDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NDS
<i>generlac oral solution 10 gram/15 ml</i> (Lactulose)	2	
<i>glycopyrrolate injection solution 0.2 mg/ml</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i> (Robinul)	2	
<i>kionex 15 gm/60 ml suspension 15 gram/60 ml</i> (Sodium Polystyrene Sulfonate)	2	
<i>kionex oral powder</i> (Sodium Polystyrene Sulfonate)	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Lactulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Loperamide HCl)	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i> (Methscopolamine Bromide)	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i> (Metoclopramide HCl)	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i> (Metoclopramide HCl)	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
NUTRESTORE ORAL POWDER IN PACKET 5 GRAM	4	

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Drug Name	Drug Tier	Requirements/Limits
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NDS; QL (28 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	5	PA; NDS; QL (28 per 28 days)
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	(Sodium Polystyrene Sulfonate)	2
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	(Sodium Polystyrene Sulfonate)	2
<i>sps 15 gml/60 ml suspension 15 gram/60 ml</i>	(Sodium Polystyrene Sulfonate)	2
<i>ursodiol oral capsule 300 mg</i>	(Actigall)	2
<i>ursodiol oral tablet 250 mg, 500 mg</i>	(Urso)	2
VIBERZI ORAL TABLET 100 MG, 75 MG	5	ST; NDS; QL (60 per 30 days)
Laxatives		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	(Golytely)	2
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	(Golytely)	2
<i>gavilyte-n oral recon soln 420 gram</i>	(Nulytely with Flavor Packs)	2
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM		3
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram</i>	(Golytely)	2
<i>peg-electrolyte soln oral recon soln 420 gram</i>	(Nulytely with Flavor Packs)	2
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	(Gavilyte-N)	2
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	(Polyethylene Glycol 3350)	2

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Drug Name	Drug Tier	Requirements/Limits
<i>trilyte with flavor packets oral recon soln 420 gram</i> (Nulytely with Flavor Packs)	2	
Phosphate Binders		
<i>calcium acetate oral capsule 667 mg</i> (Phoslo)	2	
<i>calcium acetate oral tablet 667 mg</i> (Calcium Acetate)	2	
<i>eliphos oral tablet 667 mg</i> (Calcium Acetate)	2	
<i>magnebind 400 oral tablet 400-200-1 mg</i> (Calcium Carbonate/Mag Carb/Fa)	1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
RENAGEL ORAL TABLET 400 MG, 800 MG	3	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	
RENVELA ORAL TABLET 800 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i> (Oxybutynin Chloride)	2	
<i>oxybutynin chloride oral tablet 5 mg</i> (Oxybutynin Chloride)	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> (Ditropan XL)	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
<i>trospium oral capsule, extended release 24hr 60 mg</i> (Trospium Chloride)	2	
<i>trospium oral tablet 20 mg</i> (Trospium Chloride)	2	

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Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	2	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule, extended release 24hr 0.4 mg</i> (Flomax)	2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> (Terazosin HCl)	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CUPRIMINE ORAL CAPSULE 250 MG	5	NDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	2	PA BvD
DEPEN TITRATABS ORAL TABLET 250 MG	5	PA; NDS
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	NDS
FERRIPROX ORAL TABLET 500 MG	5	NDS
SYPRINE ORAL CAPSULE 250 MG	5	NDS
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	5	PA; NDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	3	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL (150 per 30 days)
<i>androxy oral tablet 10 mg</i> (Fluoxymesterone)	2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> (Danazol)	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i> (Testosterone Enanthate)	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 1.25 gram/ml actuation (1 %)</i> (Vogelxo)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (Androgel)	2	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	3	PA-HRM; AGE (Max 64 Years)
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	2	PA-HRM; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Vivelle-Dot)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Activella)	2	PA-HRM; AGE (Max 64 Years)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i> (Estropipate)	2	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	PA-HRM; AGE (Max 64 Years)
<i>mimvey lo oral tablet 0.5-0.1 mg</i> (Activella)	2	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (Activella)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
VAGIFEM VAGINAL TABLET 10 MCG	3	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i> (Hydrocortisone Sod Succinate)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone)	2	
<i>cortisone oral tablet 25 mg</i> (Cortisone Acetate)	2	PA BvD
<i>dexamethasone oral elixir 0.5 mg/5 ml</i> (Dexamethasone)	2	PA BvD
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> (Dexamethasone)	1	PA BvD
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i> (Dexamethasone Sod Phosphate)	2	
<i>fludrocortisone oral tablet 0.1 mg</i> (Fludrocortisone Acetate)	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	PA BvD
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	2	PA BvD
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol)	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> (Solu-Medrol)	2	
<i>methylprednisolone ss 1 gm vl mdv,latex-free 1,000 mg</i> (Solu-Medrol)	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i> (Prednisone)	2	PA BvD
<i>prednisone oral tablet 1 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> (Prednisone)	1	PA BvD
<i>prednisone oral tablet 10 mg</i> (Prednisone)	1	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i> (Prednisone)	2	
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML	4	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i> (Triamcinolone Acetonide)	2	

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Drug Name	Drug Tier	Requirements/Limits
Pituitary		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (Desmopressin Acetate)	2	QL (15 per 30 days)
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> (Desmopressin Acetate)	2	QL (15 per 30 days)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS; QL (1 per 84 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA; NDS
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	5	PA; NDS
<i>octreotide acet 50 mcg/ml syr</i> (Octreotide Acetate) <i>outer, single-dose, 10 50 mcg/ml (1 ml)</i>	2	
<i>octreotide acetate injection solution 1,000</i> (Sandostatin) <i>mcg/ml, 500 mcg/ml</i>	5	NDS
<i>octreotide acetate injection solution 100</i> (Sandostatin) <i>mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution 50</i> (Octreotide Acetate) <i>mcg/ml</i>	2	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; NDS
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.5 ML (FNL)	5	PA; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	5	PA; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NDS

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Drug Name	Drug Tier	Requirements/Limits	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	NDS; QL (1 per 28 days)	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	NDS	
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NDS; QL (1 per 360 days)	
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; NDS	
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA	
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NDS	
Progestins			
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	4	QL (10 per 28 days)	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	(Hydroxyprogesterone Caproate)	2	PA NSO
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	(Medroxyprogesterone Acetate)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	(Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	(Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	(Megace)	2	
<i>norethindrone acetate oral tablet 5 mg</i>	(Aygestin)	2	
<i>progesterone in oil intramuscular oil 50 mg/ml</i>	(Progesterone)	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	(Prometrium)	2	

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Drug Name	Drug Tier	Requirements/Limits
Thyroid And Antithyroid Agents		
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i> (Levothyroxine Sodium)	5	NDS
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levoxyl)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	2	
<i>propylthiouracil oral tablet 50 mg</i> (Propylthiouracil)	2	
Immunological Agents		
Immunological Agents		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i> (Azathioprine Sodium)	2	PA BvD
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	5	PA BvD; NDS
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	4	PA BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> (Neoral)	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Neoral)	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	5	PA; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 5 %	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i> (Neoral)	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (Neoral)	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	5	PA; NDS
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML, 150 UNIT/ML (10 ML)	4	
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 2.5 GRAM/25 ML (10 %)	5	PA BvD; NDS
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	5	PA; NDS
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil oral capsule 250 mg</i> (Cellcept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (Cellcept)	5	PA BvD; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral tablet 500 mg</i> (Cellcept)	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19)	5	PA; NDS; QL (60 per 30 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	PA BvD; NDS

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Drug Name	Drug Tier	Requirements/Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 27.5 MG/0.55 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
RIDAURA ORAL CAPSULE 3 MG	5	NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	2	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Hecoria)	2	PA BvD
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; NDS; QL (15 per 28 days)
XELJANZ ORAL TABLET 5 MG	5	PA; NDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; NDS; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	5	PA BvD; NDS; QL (120 per 30 days)
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	PA BvD
BEXSERO (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	3	
COMVAX (PF) INTRAMUSCULAR SUSPENSION 5-7.5-125 MCG/0.5 ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; QL (4 per 365 days)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	3	PA BvD; QL (3 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; QL (3 per 365 days)
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	3	QL (1.5 per 365 days)
GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	3	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	3	
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	QL (2 per 365 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	QL (2 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	PA BvD; QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; QL (3 per 365 days)
RECOMBIVAX HB 5 MCG/0.5 ML VL OUTER, P/F, SDV 5 MCG/0.5 ML	3	PA BvD; QL (3 per 365 days)
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SUSPENSION 2 ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
<i>tetanus-diphtheria toxoids-td intramuscular suspension 2-2 lf unit/0.5 ml</i>	(Tetanus, Diphtheria Tox,Adult)	3
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	3	PA BvD
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT -20 MCG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT -20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA 25 UNITS/0.5 ML VIAL SDV, OUTER 25 UNIT/0.5 ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	5	NDS
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	3	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	(Entocort EC)	5	NDS
<i>colocort rectal enema 100 mg/60 ml</i>	(Cortenema)	2	
DELZICOL DR 400 MG CAPSULE 400 MG		3	
DELZICOL ORAL CAPSULE, DELAYED RELEASE (DR/EC) 400 MG		3	
DIPENTUM ORAL CAPSULE 250 MG		5	ST; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	(Cortenema)	2	
Irrigating Solutions			
Irrigating Solutions			
<i>acetic acid irrigation solution 0.25 %</i>	(Acetic Acid)	2	
LACTATED RINGERS IRRIGATION SOLUTION		3	
<i>ringers irrigation solution</i>	(Ringers Solution)	2	
<i>sodium chloride irrigation solution 0.9 %</i>	(Sodium Chloride Irrig Solution)	2	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	(Sorbitol Solution)	2	
<i>sorbitol-mannitol urethral solution 2.7-0.54 g/100 ml</i>	(Mannitol/Sorbitol Solution)	2	
<i>water for irrigation, sterile irrigation solution</i>	(Water For Irrigation, Sterile)	2	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
<i>alendronate oral solution 70 mg/75 ml</i>	(Alendronate Sodium)	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	(Fosamax)	1	
<i>alendronate oral tablet 35 mg, 70 mg</i>	(Fosamax)	1	QL (4 per 28 days)
<i>alendronate oral tablet 40 mg</i>	(Fosamax)	2	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactation</i>	(Miacalcin)	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	(Calcitriol)	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	(Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i>	(Rocaltrol)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Doxercalciferol)	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> (Hectorol)	2	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	4	PA; QL (2.4 per 28 days)
FORTICAL NASAL SPRAY, NON-AEROSOL 200 UNIT/ACTUATION	4	QL (3.7 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i> (Boniva)	2	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	2	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i> (Zemplar)	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i> (Actonel)	2	QL (30 per 30 days)
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	3	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i> (Zometa)	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i> (Zoledronic Acid/Mannitol and Water)	2	
<i>zoledronic acid-mannitol-water intravenous solution 5 mg/100 ml</i> (Reclast)	2	QL (100 per 300 days)

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Drug Name	Drug Tier	Requirements/Limits
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML	5	NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	NDS
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Amifostine Crystalline)	2	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> (Buspirone HCl)	2	
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	4	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	NDS
<i>droperidol injection solution 2.5 mg/ml</i> (Droperidol)	2	
ELMIRON ORAL CAPSULE 100 MG	4	
<i>ergoloid oral tablet 1 mg</i> (Ergoloid Mesylates)	2	
<i>fomepizole intravenous solution 1 gram/ml</i> (Fomepizole)	5	NDS
FUSILEV INTRAVENOUS RECON SOLN 50 MG	5	NDS
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	4	
<i>guanidine oral tablet 125 mg</i> (Guanidine HCl)	2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> (Vistaril)	2	PA-HRM; AGE (Max 64 Years)
KEVEYIS ORAL TABLET 50 MG	5	PA; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium 200 mg vial sdv, plf, latex-free 200 mg</i> (Leucovorin Calcium)	2	
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i> (Leucovorin Calcium)	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> (Leucovorin Calcium)	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Levocarnitine (With Sugar))	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	2	
MESNEX ORAL TABLET 400 MG	5	NDS
MESTINON ORAL SYRUP 60 MG/5 ML	5	NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NDS
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	5	NDS
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon)	2	
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
SENSIPAR ORAL TABLET 30 MG	3	
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	NDS; QL (60 per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (60 per 30 days)
THIOLA ORAL TABLET 100 MG	5	NDS
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i> (Diamox Sequels)	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i> (Acetazolamide)	2	
<i>acetazolamide sodium injection recon soln 500 mg</i> (Acetazolamide Sodium)	2	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	3	
AZOPT OPHTHALMIC DROPS,SUSPENSION 1 %	3	
<i>betaxolol ophthalmic drops 0.5 %</i> (Betaxolol HCl)	2	
<i>bimatoprost ophthalmic drops 0.03 %</i> (Bimatoprost)	2	
<i>brimonidine ophthalmic drops 0.15 %, 0.2 %</i> (Alphagan P)	2	(drops: 0.15%, 0.20%)
COMBIGAN OPHTHALMIC DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic drops 2 %</i> (Trusopt)	2	
<i>dorzolamide-timolol ophthalmic drops 22.3-6.8 mg/ml</i> (Cosopt)	2	
<i>latanoprost ophthalmic drops 0.005 %</i> (Xalatan)	2	
<i>levobunolol ophthalmic drops 0.5 %</i> (Betagan)	2	
LUMIGAN OPHTHALMIC DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i> (Neptazane)	2	
<i>metipranolol ophthalmic drops 0.3 %</i> (Metipranolol)	2	
PHOSPHOLINE IODIDE OPHTHALMIC DROPS 0.125 %	3	
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	2	
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic drops 0.25 %, 0.5 %</i> (Timolol Maleate)	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> (Timoptic-Xe)	2	

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Drug Name	Drug Tier	Requirements/Limits
TRAVATAN Z OPHTHALMIC DROPS 0.004 %	3	QL (2.5 per 25 days)
<i>travoprost (benzalkonium) ophthalmic drops 0.004 %</i>	(Travoprost (Benzalkonium)) 2	QL (2.5 per 25 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	(Calcium Chloride) 2	
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	(Dextrose 10 % and 0.45 % NaCl) 2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	(Dextrose 2.5 % and 0.45 % NaCl) 2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	(Dextrose 5 % and 0.9 % NaCl) 2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	(Dextrose 5 %-0.45 % NaCl) 2	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	(Dextrose 10 % and 0.2 % NaCl) 2	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	(Dextrose 5%-Lactated Ringers) 2	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	(Dextrose 5 %-0.2 % NaCl) 2	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	(Dextrose 5 % and 0.3 % NaCl) 2	
<i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i>	(Dextrose 5 %-0.2 % NaCl) 2	
<i>effer-k oral tablet, effervescent 25 meq</i>	(Klor-Con-Ef) 2	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	(Electrolyte-48 Solution/D5W) 2	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	

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Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
<i>klor-con 10 oral tablet extended release 10 meq</i> (Potassium Chloride)	2	
<i>klor-con m10 tablet 10 meq</i> (Potassium Chloride)	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (Potassium Chloride)	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (Potassium Chloride)	2	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i> (Potassium Chloride)	2	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i> (Magnesium Sulfate/D5W)	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i> (Magnesium Sulfate in Water)	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> (Magnesium Sulfate in Water)	2	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i> (Magnesium Sulfate)	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i> (Magnesium Sulfate)	2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
NORMOSOL-R IV SOLUTION 12'S,LATEX-FREE	4	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	

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Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>potassium acetate intravenous solution 2 meq/ml</i> (Potassium Acetate)	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i> (Potassium Chloride/D5-0.45nacl)	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> (Potassium Chloride In 0.9%NaCl)	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i> (Potassium Chloride In D5w)	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i> (Potassium Chloride In Lr-D5)	2	
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 30 meq/100 ml, 40 meq/100 ml</i> (Potassium Chloride)	2	
<i>potassium chloride intravenous solution 2 meq/ml</i> (Potassium Chloride)	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> (Potassium Chloride)	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> (Potassium Chloride)	2	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	2	
<i>potassium chloride oral tablet extended release 8 meq</i> (K-Tab ER)	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (K-Tab ER)	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Potassium Chloride)	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i> (Potassium Chloride-0.45% NaCl)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	(Potassium Chloride/D5-0.2%NaCl)	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	(Potassium Chloride/D5-0.3%NaCl)	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	(Potassium Chloride/D5-0.9%NaCl)	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	(Urocit-K)	2	
<i>potassium citrate-citric acid oral packet 3,300-1,002 mg</i>	(Potassium Citrate/Citric Acid)	2	
<i>potassium cl 10 meq/50 ml sol 10 meq/50 ml</i>	(Potassium Chloride)	2	
<i>potassium cl 20 meq/50 ml sol 20 meq/50 ml</i>	(Potassium Chloride)	2	
<i>potassium cl er 10 meq tablet flc 10 meq</i>	(K-Tab ER)	2	
<i>ringers intravenous parenteral solution</i>	(Ringers Solution)	2	
<i>sodium acetate intravenous solution 2 meq/ml</i>	(Sodium Acetate)	2	
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	(Sodium Bicarbonate)	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	(Sodium Chloride 0.45 %)	2	
<i>sodium chloride 0.9 % intravenous parenteral solution 0.9 %</i>	(0.9 % Sodium Chloride)	2	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	(Sodium Chloride 3 %)	2	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	(Sodium Chloride 5 %)	2	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	(Sodium Chloride)	2	
<i>sodium lactate intravenous solution 5 meq/ml</i>	(Sodium Lactate)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium phosphate intravenous solution 3 mmol/ml</i> (Sodium Phos,M-Basic-D-Basic)	2	
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML	4	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	4	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 28 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	PA BvD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	QL (13 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 28 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (17.4 per 25 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	2	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i> (Albuterol Sulfate)	2	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i> (Albuterol Sulfate)	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i> (Albuterol Sulfate)	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> (Vospire ER)	2	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i> (Ipratropium Bromide)	2	PA BvD
<i>metaproterenol oral syrup 10 mg/5 ml</i> (Metaproterenol Sulfate)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metaproterenol oral tablet 10 mg, 20 mg</i> (Metaproterenol Sulfate)	2	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 28 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i> (Terbutaline Sulfate)	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i> (Terbutaline Sulfate)	5	NDS
<i>theophylline er 400 mg tablet 400 mg</i> (Theophylline Anhydrous)	2	
<i>theophylline er 600 mg tablet 600 mg</i> (Theophylline Anhydrous)	2	
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml</i> (Theophylline/D5W)	2	
<i>theophylline oral solution 80 mg/15 ml</i> (Theophylline Anhydrous)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> (Theophylline Anhydrous)	2	
<i>theophylline oral tablet extended release 400 mg, 600 mg</i> (Theophylline Anhydrous)	2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote)	2	PA BvD
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> (Acetadote)	2	PA BvD
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> (Cromolyn Sodium)	2	PA BvD
DALIRESP ORAL TABLET 500 MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NDS; QL (270 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (1 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 200-125 MG	5	PA; NDS; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i> (Baclofen)	2	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	2	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i> (Parafon Forte DSC)	2	PA-HRM; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> (Fexmid)	2	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i> (Dantrium)	2	
<i>metaxall oral tablet 800 mg</i> (Skelaxin)	2	PA-HRM; AGE (Max 64 Years)
<i>metaxalone oral tablet 400 mg, 800 mg</i> (Skelaxin)	2	PA-HRM; AGE (Max 64 Years)
<i>methocarbamol oral tablet 500 mg, 750 mg</i> (Robaxin)	2	PA-HRM; AGE (Max 64 Years)
<i>revonto intravenous recon soln 20 mg</i> (Dantrium)	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	PA-HRM; QL (30 per 30 days); AGE (Max 64 Years)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NDS; QL (30 per 30 days)
ROZEREM ORAL TABLET 8 MG	3	
SILENOR ORAL TABLET 3 MG, 6 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XYREM ORAL SOLUTION 500 MG/ML	5	LA; NDS
<i>zaleplon oral capsule 10 mg</i> (Sonata)	2	PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)
<i>zaleplon oral capsule 5 mg</i> (Sonata)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (60 per 30 days); AGE (Max 64 Years)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	2	
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	5	NDS
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	5	PA; NDS
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	PA; NDS
<i>sildenafil intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; NDS; QL (37.5 per 1 day)
<i>sildenafil oral tablet 20 mg</i> (Revatio)	2	PA; QL (90 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; LA; NDS; QL (60 per 30 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS; QL (400 per 365 days)	
Vitamins And Minerals			
Vitamins And Minerals			
<i>multivit-fluor 0.25 mg/ml drop 0.25 mg/ml</i>	(Pedi Mvi No.82 with Fluoride)	2	
<i>pnv prenatal plus multivit tab slf, gluten-free 27 mg iron- 1 mg</i>	(Pnv with Ca,No.72/Iron/Fa)	3	(All Rx Prenatal Vitamins Covered)
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	(Pnv with Ca,No.72/Iron/Fa)	3	(All Rx Prenatal Vitamins Covered)
<i>sodium fluoride oral tablet 1 mg fluoride (2.2 mg)</i>	(Pedi Mvi No.82 with Fluoride)	2	
<i>sodium fluoride oral tablet,chewable 0.25 mg fluorid (0.55 mg)</i>	(Sodium Fluoride)	1	

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<i>clopidogrel</i>	63	<i>cyclobenzaprine</i>	136	<i>desonide</i>	93
<i>clorazepate dipotassium</i>	12	<i>cyclopentolate</i>	98	<i>desoximetasone</i>	93
<i>clorpres</i>	67	<i>cyclophosphamide</i>	23	<i>dexamethasone</i>	109
<i>clotrimazole</i>	42	CYCLOPHOSPHAMIDE	23	<i>dexamethasone sodium phosphate</i>	100, 109
<i>clotrimazole-betamethasone</i>	42, 43	CYCLOSET	38	<i>dexmethylphenidate</i>	80
<i>clozapine</i>	50, 51	<i>cyclosporine</i>	114	<i>dextroamphetamine</i>	80
COARTEM	48	<i>cyclosporine modified</i>	114	<i>dextroamphetamine-amphetamine</i>	80
<i>codeine sulfate</i>	4	<i>cyproheptadine</i>	44	<i>dextrose 10 % and 0.2 % nacl</i>	128
<i>colchicine-probenecid</i>	44	CYRAMZA	23	<i>dextrose 10 % in water (d10w)</i>	66
COLCRYS	44	<i>cyred</i>	84	<i>dextrose 20 % in water (d20w)</i>	66
<i>colestipol</i>	77	CYSTARAN	98	<i>dextrose 25 % in water (d25w)</i>	66
<i>colistin (colistimethate na)</i>	13	<i>d10 %-0.45 % sodium chloride</i>	128	<i>dextrose 40 % in water (d40w)</i>	66
<i>colocort</i>	123	<i>d2.5 %-0.45 % sodium chloride</i>	128	<i>dextrose 5 % in ringers</i>	66
COLY-MYCIN S	99	<i>d5 % and 0.9 % sodium chloride</i>	128	<i>dextrose 5 % in water (d5w)</i>	66
COMBIGAN	127	<i>d5 %-0.45 % sodium chloride</i>	128	<i>dextrose 5 %-lactated ringers</i>	128
COMBIPATCH	107	.....	128	<i>dextrose 5 %-0.2 % sod chloride</i>	128
COMBIVENT RESPIMAT	133	DAKLINZA	58	<i>dextrose 5 %-0.3 % sod. chloride</i>	128
COMETRIQ	23	DALIRESP	135	<i>dextrose 50 % in water (d50w)</i>	66
COMPLERA	55	<i>danazol</i>	107	<i>dextrose 70 % in water (d70w)</i>	66
<i>compro</i>	46	<i>dantrolene</i>	136	<i>dextrose with sodium chloride</i>	128
COMVAX (PF)	118	<i>dapsone</i>	46	<i>diazepam</i>	12
CONDYLOX	90	DAPTACEL (DTAP PEDIATRIC) (PF)	118	<i>diazepam intensol</i>	12
<i>constulose</i>	102	DARAPRIM	48	<i>diclofenac potassium</i>	8
COPAXONE	80	DARZALEX	23	<i>diclofenac sodium</i>	8, 90, 101
CORLANOR	73	<i>dasetta 1/35 (28)</i>	84	<i>diclofenac-misoprostol</i>	8
<i>cormax</i>	93	<i>dasetta 7/7/7 (28)</i>	84	<i>dicloxacillin</i>	19
<i>cortisone</i>	109	<i>daysee</i>	84	<i>dicyclomine</i>	103
COSENTYX	90	<i>deblitane</i>	84	<i>didanosine</i>	55
COSENTYX (2 SYRINGES)	90	<i>decitabine</i>	23	DIFICID	17
COSENTYX PEN	90	<i>deferoxamine</i>	106	<i>diflunisal</i>	8
COSENTYX PEN (2 PENS)	90	<i>delyla (28)</i>	84	<i>digitek</i>	73
COTELLIC	23	DELZICOL	123	<i>digoxin</i>	73
CREON	96	DEMSE R.....	73		
CRIXIVAN	55	DEPEN TITRATABS	106		
<i>cromolyn</i>	98, 103, 135	DEPO-PROVERA	112		
<i>cryselle (28)</i>	83	DESCOVY	55		
CUBICIN	13	<i>desipramine</i>	35		
CUBICIN RF	13	<i>desmopressin</i>	110		
CUPRIMINE	106	<i>desog-e.estradiolle.estradiol</i>	84		
<i>cyclafem 1/35 (28)</i>	83	<i>desogestrel-ethinyl estradiol</i>	84		
<i>cyclafem 7/7/7 (28)</i>	84				

DIGOXIN	73	ELAPRASE	96	EPOGEN	61
<i>dihydroergotamine</i>	45	<i>electrolyte-48 in d5w</i>	128	<i>epoprostenol (glycine)</i>	138
DILANTIN	31	ELIGARD	24	EPZICOM	55
<i>diltiazem hcl</i>	72	ELIGARD (3 MONTH)	24	<i>ergoloid</i>	125
<i>dilt-xr</i>	72	ELIGARD (4 MONTH)	24	ERGOMAR	45
<i>dimenhydrinate</i>	46	ELIGARD (6 MONTH)	24	ERIVEDGE	24
DIPENTUM	123	<i>elinest</i>	84	<i>errin</i>	84
<i>diphenhydramine hcl</i>	44	<i>eliphos</i>	105	<i>ery pads</i>	91
<i>diphenoxylate-atropine</i>	103	ELIQUIS	60	<i>ery-tab</i>	17
<i>dipyridamole</i>	63	ELITEK	96	ERY-TAB	17
<i>disopyramide phosphate</i>	70	ELLA	84	ERYTHROCIN	18
<i>disulfiram</i>	11	ELMIRON	125	<i>erythrocin (as stearate)</i>	17
<i>divalproex</i>	31	EMCYT	24	<i>erythromycin</i>	18, 99
<i>dobutamine</i>	73	EMEND	46, 47	<i>erythromycin ethylsuccinate</i>	18
<i>dobutamine in d5w</i>	73	<i>emoquette</i>	84	<i>erythromycin with ethanol</i>	91
<i>dofetilide</i>	70	EMPLICITI	24	ESBRIET	135
<i>donepezil</i>	34	EMSAM	36	<i>escitalopram oxalate</i>	36
<i>dopamine</i>	74	EMTRIVA	55	<i>esmolol</i>	71
<i>dopamine in 5 % dextrose</i>	73	<i>enalapril maleate</i>	69	<i>esomeprazole sodium</i>	102
<i>dorzolamide</i>	127	<i>enalaprilat</i>	69	<i>estarylla</i>	84
<i>dorzolamide-timolol</i>	127	<i>enalapril-hydrochlorothiazide</i>	69	ESTRACE	107
<i>doxazosin</i>	67	ENBREL	114	<i>estradiol</i>	107, 108
<i>doxepin</i>	35, 36	ENBREL SURECLICK	114	<i>estradiol valerate</i>	108
<i>doxercalciferol</i>	124	<i>endocet</i>	4	<i>estradiol-norethindrone acet</i>	108
<i>doxorubicin, peg-liposomal</i>	23	<i>endodan</i>	4	<i>estropipate</i>	108
<i>doxy-100</i>	21	ENGERIX-B (PF)	118	<i>eszopiclone</i>	136
<i>doxycycline hyclate</i>	21	ENGERIX-B PEDIATRIC (PF)	118, 119	<i>ethambutol</i>	46
<i>doxycycline monohydrate</i>	21	<i>enoxaparin</i>	60	<i>ethosuximide</i>	31
<i>dronabinol</i>	46	<i>enpresse</i>	84	<i>etodolac</i>	8
<i>droperidol</i>	125	<i>enskyce</i>	84	ETOPOPHOS	24
<i>drospirenone-ethinyl estradiol</i>	84	<i>entacapone</i>	49	<i>etoposide</i>	24
DROXIA	23	<i>entecavir</i>	59	EVOTAZ	55
DUAVEE	107	ENTRESTO	68	<i>exemestane</i>	24
DULERA	132	<i>enulose</i>	103	EXJADE	106
<i>duloxetine</i>	36	ENVARBUS XR	114	EXTAVIA	80
DUREZOL	101	EPCLUSA	58	FABRAZYME	96
<i>dutasteride</i>	106	<i>epinastine</i>	98	<i>falmina (28)</i>	84
<i>dutasteride-tamsulosin</i>	106	<i>epinephrine</i>	74	<i>famciclovir</i>	59
DYRENIUM	76	<i>epinephrine hcl (pf)</i>	74	<i>famotidine</i>	102
<i>e.e.s. 400</i>	17	EPIPEN 2-PAK	74	<i>famotidine (pf)</i>	102
<i>e.e.s. granules</i>	17	EPIPEN JR 2-PAK	74	<i>famotidine (pf)-nacl (iso-os)</i>	102
<i>econazole</i>	43	<i>epitol</i>	31	FANAPT	51
EDURANT	55	EPIVIR HBV	55	FARESTON	24
<i>effe-k</i>	128	<i>eplerenone</i>	78	FARYDAK	24
EFFIENT	63				

FASLODEX	24	<i>foscarnet</i>	58	<i>gildess 24 fe</i>	84
<i>felbamate</i>	31	<i>fosinopril</i>	69	<i>gildess fe 1.5/30 (28)</i>	84
<i>felodipine</i>	75	<i>fosinopril-hydrochlorothiazide</i>	69	<i>gildess fe 1/20 (28)</i>	85
FEMRING	108		69	GILENYA	81
<i>fenofibrate</i>	77	<i>fosphenytoin</i>	32	GILOTRIF	24
<i>fenofibrate micronized</i>	77	FREAMINE HBC 6.9 %	66	GLEOSTINE	24
<i>fenofibrate nanocrystallized</i>	77	FREAMINE III 10 %	66	<i>glimepiride</i>	41
<i>fenofibric acid</i>	77	<i>furosemide</i>	76	<i>glipizide</i>	41
<i>fenofibric acid (choline)</i>	77	FUSILEV	125	<i>glipizide-metformin</i>	41
<i>fenoprofen</i>	8	FUZEON	55	GLUCAGEN HYPOKIT	125
<i>fentanyl</i>	4	FYCOMPA	32	GLUCAGON EMERGENCY	
<i>fentanyl citrate</i>	4	<i>gabapentin</i>	32	KIT (HUMAN)	125
FERRIPROX	106	GABITRIL	32	<i>glyburide</i>	41, 42
FETZIMA	36	<i>galantamine</i>	34	<i>glyburide micronized</i>	41
<i>finasteride</i>	106	GAMASTAN S/D	114	<i>glyburide-metformin</i>	42
FIRAZYR	74	GAMMAGARD LIQUID	114	<i>glycopyrrolate</i>	103
FLEBOGAMMA DIF	114	GAMMAPLEX	114	<i>glydo</i>	9
<i>flecainide</i>	70	<i>ganciclovir sodium</i>	59	GLYXAMBI	38
FLECTOR	8	GARDASIL (PF)	119	<i>granisetron (pf)</i>	47
FLOVENT DISKUS	132	GARDASIL 9 (PF)	119	<i>granisetron hcl</i>	47
FLOVENT HFA	133	<i>gatifloxacin</i>	99	GRANIX	61
<i>floxuridine</i>	24	GATTEX 30-VIAL	103	<i>griseofulvin microsize</i>	43
<i>flucaine</i>	98	GATTEX ONE-VIAL	103	<i>guanfacine</i>	67, 81
<i>fluconazole</i>	43	GAUZE PAD	95	<i>guanidine</i>	125
<i>fluconazole in nacl (iso-osm)</i>	43	<i>gavilyte-c</i>	104	<i>halobetasol propionate</i>	94
<i>flucytosine</i>	43	<i>gavilyte-g</i>	104	<i>haloperidol</i>	51
<i>fludrocortisone</i>	109	<i>gavilyte-n</i>	104	<i>haloperidol decanoate</i>	51
<i>flumazenil</i>	80	GAZYVA	24	<i>haloperidol lactate</i>	51
<i>flunisolide</i>	101	<i>gemfibrozil</i>	77	HARVONI	58
<i>fluocinonide</i>	93	<i>generlac</i>	103	HAVRIX (PF)	119
<i>fluocinonide-e</i>	93	<i>gengraf</i>	114	<i>heather</i>	85
<i>fluorometholone</i>	101	GENOTROPIN	110	<i>heparin (porcine)</i>	61
<i>fluorouracil</i>	24, 90	GENOTROPIN MINIQUICK	110	<i>heparin (porcine) in 5 % dex</i>	60
<i>fluoxetine</i>	36		110	<i>heparin (porcine) in 0.45% nacl</i>	61
<i>fluphenazine decanoate</i>	51	<i>gentak</i>	99	<i>heparin, porcine (pf)</i>	61
<i>fluphenazine hcl</i>	51	<i>gentamicin</i>	12, 91, 99	HEPATAMINE 8%	66
<i>flurbiprofen</i>	8	<i>gentamicin in nacl (iso-osm)</i>	12	HERCEPTIN	25
<i>flurbiprofen sodium</i>	101	<i>gentamicin sulfate (ped) (pf)</i>	12	HETLIOZ	136
<i>flutamide</i>	24	<i>gentamicin sulfate (pf)</i>	12	HEXALEN	25
<i>fluticasone</i>	93, 101	GENVOYA	55	HIBERIX (PF)	119
<i>fluvoxamine</i>	36	GEODON	51	<i>homatropaire</i>	98
<i>fomepizole</i>	125	<i>gianvi (28)</i>	84	<i>homatropine hbr</i>	98
<i>fondaparinux</i>	60	<i>gildagia</i>	84	HUMATROPE	110
FORTEO	124	<i>gildess 1.5/30 (21)</i>	84	HUMIRA	115
FORTICAL	124	<i>gildess 1/20 (21)</i>	84		

HUMIRA PEDIATRIC	<i>imiquimod</i>	90	JAKAFI	25
CROHN'S START	IMLYGIC	25	<i>jantoven</i>	61
HUMIRA PEN	115	IMOGAM RABIES-HT (PF)	JANUMET	38
HUMIRA PEN	115	115	JANUMET XR	38
CROHN'S-UC-HS START	IMOVAX RABIES VACCINE	119	JANUVIA	39
115	(PF)	119	JARDIANCE	39
HUMULIN R U-500 (CONC)	INCRELEX	110	<i>jencycla</i>	85
KWIKPEN	indapamide	76	JENTADUETO	39
40	indomethacin	9	JENTADUETO XR	39
HUMULIN R U-500	indomethacin sodium	9	<i>jolessa</i>	85
(CONCENTRATED)	119	9	<i>jolivette</i>	85
<i>hydalazine</i>	INFANRIX (DTAP) (PF)	119	<i>juleber</i>	85
74	INLYTA	25	<i>junel 1.5/30 (21)</i>	85
<i>hydrochlorothiazide</i>	INSULIN SYRINGE-NEEDLE	96	<i>junel 1/20 (21)</i>	85
76	U-100	96	<i>junel fe 1.5/30 (28)</i>	85
<i>hydrocodone-acetaminophen</i>	INTELENCE	55	<i>junel fe 1/20 (28)</i>	85
4, 5	INTRALIPID	66	<i>junel fe 24</i>	85
<i>hydrocodone-ibuprofen</i>	INTRON A	59	JUXTAPID	77
5	<i>introvale</i>	85	KABIVEN	66
<i>hydrocortisone</i>	INVANZ	18	KALETRA	55, 56
94, 109, 123	INVEGA SUSTENNA	51, 52	KALYDECO	135
<i>hydrocortisone butyrate</i>	INVEGA TRINZA	52	KANUMA	96
94	INVIRASE	55	<i>kariva (28)</i>	85
<i>hydrocortisone butyr-emollient</i>	INVOKAMET	38	<i>kelnor 1/35 (28)</i>	85
94	INVOKANA	38	<i>ketoconazole</i>	43
<i>hydrocortisone valerate</i>	IONOSOL-B IN D5W	128	<i>ketoprofen</i>	9
94	IONOSOL-MB IN D5W	128	<i>ketorolac</i>	9, 101
<i>hydromorphone</i>	IPOL	119	KEVEYIS	125
5	<i>ipratropium bromide</i>	98, 133	KEYTRUDA	26
<i>hydromorphone (pf)</i>	IPRIVASK	61	<i>kimidess (28)</i>	85
5	<i>irbesartan</i>	68	KINERET	115
<i>hydroxychloroquine</i>	<i>irbesartan-hydrochlorothiazide</i>	68	KINRIX (PF)	120
48	68	25	<i>kionex</i>	103
<i>hydroxyprogesterone caproate</i>	IRESSA	55	<i>klor-con 10</i>	129
112	ISENTRESS	55	<i>klor-con m10</i>	129
<i>hydroxyurea</i>	ISOLYTE-P IN 5 %	129	<i>klor-con m15</i>	129
25	DEXTROSE	129	<i>klor-con m20</i>	129
<i>hydroxyzine hcl</i>	ISOLYTE-S	129	<i>klor-con sprinkle</i>	129
44	isoniazid	46	KORLYM	39
<i>hydroxyzine pamoate</i>	<i>isosorbide dinitrate</i>	79	KRYSTEXXA	96
125	<i>isosorbide mononitrate</i>	79	<i>kurvelo</i>	85
HYPERRAB S/D (PF)	<i>isradipine</i>	75	KUVAN	96
115	<i>itraconazole</i>	43	KYNAMRO	77
HYQVIA	<i>ivermectin</i>	48	KYPROLIS	26
115	IXEMPRA	25	<i>l norgestle.estradiol-e.estradiol</i>	85
HYQVIA IG COMPONENT	IXIARO (PF)	119		
115				
HYSINGLA ER				
5				
<i>ibandronate</i>				
124				
IBRANCE				
25				
<i>ibuprofen</i>				
8				
ICLUSIG				
25				
<i>ifosfamide</i>				
25				
<i>ifosfamide-mesna</i>				
25				
ILARIS (PF)				
115				
ILEVRO				
101				
<i>imatinib</i>				
25				
IMBRUVICA				
25				
<i>imipenem-cilastatin</i>				
18				
<i>imipramine hcl</i>				
36				
<i>imipramine pamoate</i>				
36				

<i>labetalol</i>	71	<i>lidocaine hcl</i>	10	<i>magnesium sulfate in water</i>	129
LACRISERT.....	98	<i>lidocaine in 5 % dextrose (pf)</i>	70	<i>malathion</i>	95
LACTATED RINGERS.....	123	<i>lidocaine viscous</i>	10	<i>maprotiline</i>	36
<i>lactulose</i>	103	<i>lidocaine-prilocaine</i>	10	<i>margesic</i>	5
<i>lamivudine</i>	56	<i>linezolid</i>	13	<i>marlissa</i>	86
<i>lamivudine-zidovudine</i>	56	LINZESS.....	103	MARPLAN.....	37
<i>lamotrigine</i>	32	<i>liothyronine</i>	113	MATULANE.....	27
LANOXIN.....	74	<i>lisinopril</i>	69	<i>matzim la</i>	72
<i>lansoprazole</i>	102	<i>lisinopril-hydrochlorothiazide</i>	69	<i>meclizine</i>	47
LANTUS.....	40	<i>lithium carbonate</i>	81	<i>medroxyprogesterone</i>	112
LANTUS SOLOSTAR.....	40	<i>lithium citrate</i>	81	<i>mefenamic acid</i>	9
<i>larin 1.5/30 (21)</i>	85	<i>lomefloxacin 24 fe</i>	86	<i>mefloquine</i>	48
<i>larin 1/20 (21)</i>	85	LONSURF.....	26	MEFOXIN IN DEXTROSE	
<i>larin 24 fe</i>	85	<i>loperamide</i>	103	(ISO-OSM).....	16
<i>larin fe 1.5/30 (28)</i>	85	<i>lorazepam</i>	12	<i>megestrol</i>	27, 112
<i>larin fe 1/20 (28)</i>	86	<i>lorcet (hydrocodone)</i>	5	MEKINIST.....	27
<i>latanoprost</i>	127	<i>lorcet hd</i>	5	<i>meloxicam</i>	9
LATUDA.....	52	<i>lorcet plus</i>	5	<i>memantine</i>	34
LAZANDA.....	5	<i>loryna (28)</i>	86	MENACTRA (PF).....	120
<i>leena 28</i>	86	<i>losartan</i>	68	MENEST.....	108
<i>leflunomide</i>	115	<i>losartan-hydrochlorothiazide</i>	68	MENHIBRIX (PF).....	120
LEMTRADA.....	81	LOTEMAX.....	101	MENOMUNE - A/C/Y/W-135	
LENVIMA.....	26	<i>lovastatin</i>	77	.....	120
<i>lessina</i>	86	<i>low-ogestrel (28)</i>	86	MENOMUNE - A/C/Y/W-135	
LETAIRIS.....	138	<i>loxapine succinate</i>	52	(PF).....	120
<i>letrozole</i>	26	LUMIGAN.....	127	MENVEO A-C-Y-W-135-DIP	
<i>leucovorin calcium</i>	126	LUPRON DEPOT.....	26	(PF).....	120
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LEUKINE.....	61	26	<i>meropenem</i>	18
<i>leuprolide</i>	26	LUPRON DEPOT (4 MONTH).....	26	<i>mesna</i>	126
<i>levetiracetam</i>	32	.....	26	MESNEX.....	126
<i>levobunolol</i>	127	LUPRON DEPOT (6 MONTH).....	26	MESTINON.....	126
<i>levocarnitine</i>	126	26	<i>metaproterenol</i>	133, 134
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<i>levocetirizine</i>	44	LUPRON DEPOT-PED (3		<i>metaxalone</i>	136
<i>levofloxacin</i>	20, 21, 99	MONTH).....	110	<i>metformin</i>	39
<i>levofloxacin in d5w</i>	20	<i>lutera (28)</i>	86	<i>methadone</i>	5
<i>levonest (28)</i>	86	LYNPARZA.....	26	<i>methadose</i>	5
<i>levonorgestrel-ethinyl estrad</i>	86	LYRICA.....	32	<i>methazolamide</i>	127
<i>levonorg-eth estrad triphasic</i>	86	LYSODREN.....	26	<i>methenamine hippurate</i>	14
<i>levora-28</i>	86	<i>lyza</i>	86	<i>methimazole</i>	113
<i>levothyroxine</i>	113	<i>magnebind 400</i>	105	<i>methocarbamol</i>	136
LEXIVA.....	56	<i>magnesium sulfate</i>	129	<i>methotrexate sodium</i>	27
<i>lidocaine</i>	10	<i>magnesium sulfate in d5w</i>	129	<i>methotrexate sodium (pf)</i>	27
<i>lidocaine (pf)</i>	10, 70			<i>methoxsalen rapid</i>	90

<i>methscopolamine</i>	103	<i>montelukast</i>	133	<i>neomycin-polymyxin b gu</i>	92
<i>methyclothiazide</i>	76	<i>morphine</i>	6	<i>neomycin-polymyxin b-dexameth</i>	99
<i>methylphenidate</i>	81	MORPHINE	6	.....	99
<i>methylprednisolone</i>	109	<i>morphine concentrate</i>	6	<i>neomycin-polymyxin-gramicidin</i>	99
<i>methylprednisolone acetate</i>	109	MOVANTIK	103	.....	99
<i>methylprednisolone sodium succ</i>	109	MOVIPREP	104	<i>neomycin-polymyxin-hc</i>	99, 100
.....	109	MOXEZA	99	<i>neo-polycin</i>	100
<i>metipranolol</i>	127	<i>moxifloxacin</i>	21	<i>neo-polycin hc</i>	100
<i>metoclopramide hcl</i>	103	MOZOBIL	62	NEPHRAMINE 5.4 %	66
<i>metolazone</i>	76	MULTAQ	70	NEULASTA	62
<i>metoprolol succinate</i>	71	<i>multi-vitamin with fluoride</i>	139	NEUPOGEN	62
<i>metoprolol ta-hydrochlorothiaz</i>	71	<i>mupirocin</i>	92	NEUPRO	49
.....	71	<i>mupirocin calcium</i>	92	NEVANAC	101
<i>metoprolol tartrate</i>	71	<i>mycophenolate mofetil</i>	115, 116	<i>nevirapine</i>	56
<i>metronidazole</i>	14, 45, 91	<i>mycophenolate sodium</i>	116	NEXAVAR	27
<i>metronidazole in nacl (iso-os)</i>	14	MYOZYME	96	<i>niacin</i>	77
.....	14	MYRBETRIQ	105	<i>niacor</i>	77
<i>mexiletine</i>	70	<i>myzilra</i>	87	<i>nicardipine</i>	75
MIACALCIN	124	<i>nabumetone</i>	9	NICOTROL	11
<i>miconazole-3</i>	43	<i>nadolol</i>	71	<i>nifedical xl</i>	75
<i>microgestin 1.5/30 (21)</i>	86	<i>nafcilin</i>	19	<i>nifedipine</i>	75
<i>microgestin 1/20 (21)</i>	86	NAGLAZYME	97	<i>nikki (28)</i>	87
<i>microgestin fe 1.5/30 (28)</i>	86	<i>naloxone</i>	11	NILANDRON	27
<i>microgestin fe 1/20 (28)</i>	86	<i>naltrexone</i>	11	<i>nilutamide</i>	27
<i>midodrine</i>	67	NAMENDA XR	35	NINLARO	27
<i>miglitol</i>	39	NAMZARIC	35	NITRO-BID	79
<i>milrinone</i>	74	<i>naphazoline</i>	98	<i>nitrofurantoin macrocrystal</i>	14
<i>milrinone in 5 % dextrose</i>	74	<i>naproxen</i>	9	<i>nitrofurantoin monohydlm-cryst</i>	14
<i>mimvey</i>	108	<i>naproxen sodium</i>	9	.....	14
<i>mimvey lo</i>	108	<i>naratriptan</i>	45	<i>nitroglycerin</i>	79
<i>minitran</i>	79	NARCAN	11	<i>nitroglycerin in 5 % dextrose</i>	79
<i>minocycline</i>	21	NATACYN	99	NITROSTAT	79
<i>minoxidil</i>	79	<i>nateglinide</i>	39	<i>nora-be</i>	87
MIRCERA	62	NATPARA	124	NORDITROPIN FLEXPRO	111
<i>mirtazapine</i>	37	NEBUPENT	48	.....	111
<i>misoprostol</i>	102	<i>necon 0.5/35 (28)</i>	87	<i>norepinephrine bitartrate</i>	74
<i>mitoxantrone</i>	27	<i>necon 1/35 (28)</i>	87	<i>norethindrone (contraceptive)</i>	87
M-M-R II (PF)	120	<i>necon 1/50 (28)</i>	87	.....	87
<i>moexipril</i>	69	<i>necon 10/11 (28)</i>	87	<i>norethindrone acetate</i>	112
<i>moexipril-hydrochlorothiazide</i>	69	<i>necon 7/7/7 (28)</i>	87	<i>norethindrone ac-eth estradiol</i> ...	87
.....	69	<i>nefazodone</i>	37	<i>norethindrone-e.estradiol-iron</i> ...	87
<i>molindone</i>	52	<i>neomycin</i>	12	<i>norgestimate-ethinyl estradiol</i> ...	87
<i>mometasone</i>	94	<i>neomycin-bacitracin-poly-hc</i>	99	<i>norlyroc</i>	87
<i>mono-lynyah</i>	86	<i>neomycin-bacitracin-polymyxin</i>	99	NORMOSOL-M IN 5 %	
<i>mononessa (28)</i>	86	.....	99	DEXTROSE	129

NORMOSOL-R	129	<i>olopatadine</i>	98	PEDIARIX (PF)	120
NORMOSOL-R PH 7.4	129	OLYSIO	58	PEDVAX HIB (PF)	120
NORTHERA	67	<i>omeprazole</i>	102	<i>peg 3350-electrolytes</i>	104
<i>nortrel 0.5/35 (28)</i>	87	OMNITROPE	111	PEGANONE	33
<i>nortrel 1/35 (21)</i>	87	ONCASPAS	27	PEGASYS	59
<i>nortrel 1/35 (28)</i>	87	<i>ondansetron</i>	47	PEGASYS PROCLICK	59
<i>nortrel 7/7 (28)</i>	87	<i>ondansetron hcl</i>	47	<i>peg-electrolyte soln</i>	104
<i>nortriptyline</i>	37	<i>ondansetron hcl (pf)</i>	47	PEGINTRON	59
NORVIR	56	ONFI	12	PEN NEEDLE, DIABETIC	96
NOVOLIN 70/30	40	OPDIVO	27	<i>penicillin g pot in dextrose</i>	20
NOVOLIN N	40	OPSUMIT	138	<i>penicillin g potassium</i>	20
NOVOLIN R	40	<i>oralone</i>	89	<i>penicillin g procaine</i>	20
NOVOLOG	41	ORENCIA	116	<i>penicillin v potassium</i>	20
NOVOLOG FLEXPEN	40	ORENCIA (WITH MALTOSE)	116	PENTACEL (PF)	120
NOVOLOG MIX 70-30	41	ORENCIA CLICKJECT	126	PENTAM	48
NOVOLOG MIX 70-30 FLEXPEN	40	ORENITRAM	138	<i>pentoxifylline</i>	63
NOVOLOG PENFILL	41	ORFADIN	97	PERIKABIVEN	66
NOXAFIL	43	ORKAMBI	135	<i>perindopril erbumine</i>	69
NUCALA	135	<i>orsythia</i>	88	<i>periogard</i>	89
NUCYNTA	6	OTEZLA	116	<i>permethrin</i>	95
NUCYNTA ER	6	OTEZLA STARTER	116	<i>perphenazine</i>	53
NUEDEXTA	81	OTREXUP (PF)	116	<i>perphenazine-amitriptyline</i>	37
NULOJIX	116	<i>oxacillin</i>	19	<i>pfizerpen-g</i>	20
NUPLAZID	52	<i>oxacillin in dextrose (iso-osm)</i>	19	<i>phenadoz</i>	47
NUTRESTORE	103	<i>oxandrolone</i>	107	<i>phenelzine</i>	37
NUTRILIPID	66	<i>oxcarbazepine</i>	32	<i>phenobarbital</i>	33
NUTROPIN AQ	111	OXTELLAR XR	33	<i>phenylephrine hcl</i>	67, 98
NUTROPIN AQ NUSPIN	111	<i>oxybutynin chloride</i>	105	<i>phenytoin</i>	33
NUVARING	87	<i>oxycodone</i>	6	<i>phenytoin sodium</i>	33
<i>nyamyc</i>	43	<i>oxycodone-acetaminophen</i>	6, 7	<i>phenytoin sodium extended</i>	33
<i>nystatin</i>	43	<i>oxycodone-aspirin</i>	7	<i>philith</i>	88
<i>nystatin-triamcinolone</i>	43	OXYCONTIN	7	PHOSLYRA	105
<i>nystop</i>	44	<i>oxymorphone</i>	7	PHOSPHOLINE IODIDE	127
OCALIVA	104	<i>pacerone</i>	70	PICATO	90, 91
<i>ocella</i>	87	<i>paliperidone</i>	53	<i>pilocarpine hcl</i>	89, 127
OCTAGAM	116	PANRETIN	90	<i>pimozide</i>	53
<i>octreotide acetate</i>	111	<i>pantoprazole</i>	102	<i>pimtrea (28)</i>	88
ODEFSEY	56	<i>paricalcitol</i>	124	<i>pindolol</i>	71
ODOMZO	27	<i>paromomycin</i>	48	<i>pioglitazone</i>	39
OFEV	135	<i>paroxetine hcl</i>	37	<i>pioglitazone-glimepiride</i>	39
<i>ofloxacin</i>	21, 100	PASER	46	<i>pioglitazone-metformin</i>	39
<i>ogestrel (28)</i>	88	PATADAY	98	<i>piperacillin-tazobactam</i>	20
<i>olanzapine</i>	52, 53	PAXIL	37	<i>pirmella</i>	88
<i>olanzapine-fluoxetine</i>	37			<i>piroxicam</i>	9
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PLASMA-LYTE A	130	PREMASOL 10 %	67	<i>propranolol-hydrochlorothiazid</i>	71
PLASMA-LYTE-56 IN 5 %		PREMASOL 6 %	67	<i>propylthiouracil</i>	113
DEXTROSE	130	PREMPHASE	108	PROQUAD (PF)	120
PLEGRIDY	81, 82	PREMPRO	108	PROSOL 20 %	67
<i>podofilox</i>	91	<i>prenatal plus (calcium carb)</i>	139	<i>protamine</i>	62
<i>polyethylene glycol 3350</i>	104	<i>prenatal vitamin plus low iron</i>	139	<i>protriptyline</i>	37
<i>polymyxin b sulfate</i>	14	<i>prevalite</i>	78	PULMOZYME	97
<i>polymyxin b sulf-trimethoprim</i>	100	<i>previfem</i>	88	PURIXAN	28
POMALYST	27	PREZCOBIX	56	<i>pyrazinamide</i>	46
<i>portia</i>	88	PREZISTA	56	<i>pyridostigmine bromide</i>	126
PORTRAZZA	27	PRIFTIN	46	QUADRACEL (PF)	121
<i>potassium acetate</i>	130	PRIMAQUINE	48	<i>quasense</i>	88
<i>potassium chlorid-d5-0.45%nacl</i>	130	<i>primidone</i>	33	<i>quetiapine</i>	53
<i>potassium chloride</i>	130, 131	PRISTIQ	37	<i>quinapril</i>	69
<i>potassium chloride in 0.9%nacl</i>	130	PRIVIGEN	116	<i>quinapril-hydrochlorothiazide</i>	69
<i>potassium chloride in 5 % dex</i>	130	PROAIR HFA	134	<i>quinidine gluconate</i>	70
<i>potassium chloride in lr-d5</i>	130	PROAIR RESPICLICK	134	<i>quinidine sulfate</i>	70
<i>potassium chloride-0.45 % nacl</i>	130	<i>probenecid</i>	44	<i>quinine sulfate</i>	48
<i>potassium chloride-d5-0.2%nacl</i>	131	<i>procainamide</i>	70	QVAR	133
<i>potassium chloride-d5-0.3%nacl</i>	131	PROCALAMINE 3%	67	RABAVERT (PF)	121
<i>potassium chloride-d5-0.9%nacl</i>	131	<i>prochlorperazine</i>	47	<i>raloxifene</i>	108
<i>potassium citrate</i>	131	<i>prochlorperazine edisylate</i>	47	<i>ramipril</i>	69
<i>potassium citrate-citric acid</i>	131	<i>prochlorperazine maleate</i>	47	RANEXA	74
<i>potassium hydroxide</i>	91	PROCRIT	62	<i>ranitidine hcl</i>	102
POTIGA	33	<i>procto-med hc</i>	94	RAPAMUNE	116
PRADAXA	61	<i>procto-pak</i>	94	RASUVO (PF)	117
PRALUENT PEN	77	<i>proctosol hc</i>	94	RAVICTI	104
PRALUENT SYRINGE	77	<i>proctozone-hc</i>	94	REBIF (WITH ALBUMIN)	82
<i>pramipexole</i>	49	PROCYSBI	126	REBIF REBIDOSE	82
<i>pravastatin</i>	78	<i>progesterone in oil</i>	112	REBIF TITRATION PACK	82
<i>prazosin</i>	68	<i>progesterone micronized</i>	112	<i>reclipsen (28)</i>	88
<i>prednicarbate</i>	94	PROGLYCEM	79	RECOMBIVAX HB (PF)	121
<i>prednisolone acetate</i>	101	PROGRAF	116	RELENZA DISKHALER	58
<i>prednisolone sodium phosphate</i>	101, 109	PROLASTIN-C	135	RELISTOR	104
<i>prednisone</i>	109	PROLENSA	101	REMICADE	126
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		PROLIA	124	RENAGEL	105
		PROMACTA	62	REVELA	105
		<i>promethazine</i>	44, 47	<i>repaglinide</i>	39
		<i>promethegan</i>	47	<i>repaglinide-metformin</i>	39
		<i>propafenone</i>	70	REPATHA PUSHTRONEX	78
		<i>propantheline</i>	30		78
		<i>proparacaine</i>	98	REPATHA SURECLICK	78
		<i>propranolol</i>	71		

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<i>revonto</i>	136	SILENOR.....	136	<i>stavudine</i>	57
REXULTI.....	53	<i>silver nitrate</i>	92	STELARA.....	117
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<i>rifampin</i>	46	<i>simvastatin</i>	78	STRENSIQ.....	97
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<i>riluzole</i>	82	SIRTURO.....	46	STRIBILD.....	57
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<i>risedronate</i>	124	<i>sodium chloride</i>	123, 131	<i>sucralfate</i>	102
RISPERDAL CONSTA.....	53	<i>sodium chloride 0.45 %</i>	131	<i>sulfacetamide sodium</i>	100
<i>risperidone</i>	53	<i>sodium chloride 0.9 %</i>	131	<i>sulfacetamide sodium (acne)</i>	92
RITUXAN.....	28	<i>sodium chloride 3 %</i>	131	<i>sulfacetamide-prednisolone</i>	100
<i>rivastigmine</i>	35	<i>sodium chloride 5 %</i>	131	<i>sulfadiazine</i>	21
<i>rivastigmine tartrate</i>	35	<i>sodium fluoride</i>	139	<i>sulfamethoxazole-trimethoprim</i>	
<i>rizatriptan</i>	45	<i>sodium lactate</i>	131	21
<i>ropinirole</i>	49	<i>sodium phosphate</i>	132	<i>sulfasalazine</i>	21
<i>rosadan</i>	92	<i>sodium polystyrene (sorb free)</i>		<i>sulfatrim</i>	21
<i>rosuvastatin</i>	78	104	<i>sulindac</i>	9
ROTARIX.....	121	<i>sodium polystyrene sulfonate</i>		<i>sumatriptan</i>	45
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<i>tacrolimus</i>	94, 117	<i>theophylline in dextrose 5 %</i>	134	<i>tretinoin</i>	95
TAFINLAR	28	THIOLA	126	<i>tretinoin (chemotherapy)</i>	29
TAGRISSO	28	<i>thioridazine</i>	54	<i>tretinoin microspheres</i>	95
TALTZ AUTOINJECTOR	91	<i>thiotepa</i>	29	TREXALL	29
TALTZ AUTOINJECTOR (3 PACK)	91	<i>thiothixene</i>	54	<i>triamcinolone acetonide</i>	89, 94, 109
TALTZ SYRINGE	91	<i>tiagabine</i>	33	<i>triamterene-hydrochlorothiazid</i>	76
TAMIFLU	58	TICE BCG	121	<i>trianex</i>	95
<i>tamoxifen</i>	28	<i>tilia fe</i>	88	TRIBENZOR	68
<i>tamsulosin</i>	106	<i>timolol maleate</i>	72, 127	<i>tri-estarylla</i>	88
TARCEVA	28	TIVICAY	57	<i>trifluoperazine</i>	54
TARGRETIN	28	<i>tizanidine</i>	136	<i>trifluridine</i>	100
<i>tarina fe 1/20 (28)</i>	88	TOBI PODHALER	13	<i>trihexyphenidyl</i>	49
TASIGNA	29	TOBRADEX	100	<i>tri-legest fe</i>	88
<i>tazicef</i>	17	TOBRADEX ST	100	<i>tri-linyah</i>	88
TAZORAC	95	<i>tobramycin</i>	100	<i>tri-lo-estarylla</i>	88
<i>taztia xt</i>	72	<i>tobramycin in 0.225 % nacl</i>	13	<i>tri-lo-marzia</i>	88
TECENTRIQ	29	<i>tobramycin in 0.9 % nacl</i>	13	<i>tri-lo-sprintec</i>	88
TECFIDERA	82	<i>tobramycin sulfate</i>	13	<i>trilyte with flavor packets</i>	105
TECHNIVIE	58	<i>tobramycin-dexamethasone</i>	100	<i>trimethoprim</i>	14
TEFLARO	17	TOLAK	91	<i>trimipramine</i>	38
TEKAMLO	78	<i>tolazamide</i>	42	<i>trinessa (28)</i>	89
TEKURNA	78	<i>tolbutamide</i>	42	TRINTELLIX	38
TEKURNA HCT	78	<i>tolmetin</i>	9	<i>tri-previfem (28)</i>	89
<i>telmisartan</i>	68	<i>tolterodine</i>	105	<i>tri-sprintec (28)</i>	89
<i>telmisartan-hydrochlorothiazid</i>	68	<i>topiramate</i>	33, 34	TRIUMEQ	57
TEMODAR	29	<i>toposar</i>	29	<i>trivora (28)</i>	89
<i>tencon</i>	7	<i>torse mide</i>	76	TROKENDI XR	34
TENIVAC (PF)	121	TOUJEO SOLOSTAR	41	TROPHAMINE 10 %	67
<i>terazosin</i>	106	TPN ELECTROLYTES	132	TROPHAMINE 6%	67
<i>terbinafine hcl</i>	44	TPN ELECTROLYTES II	132	<i>trospium</i>	105
<i>terbutaline</i>	134	TRACLEER	138	TRULICITY	40
<i>terconazole</i>	45	TRADJENTA	40	TRUMENBA	121
<i>testosterone</i>	107	<i>tramadol</i>	7	TRUVADA	57
<i>testosterone cypionate</i>	107	<i>tramadol-acetaminophen</i>	7	TWINRIX (PF)	121, 122
<i>testosterone enanthate</i>	107	<i>trandolapril</i>	69	TYBOST	126
TETANUS,DIPHThERIA		<i>tranexamic acid</i>	62	TYGACIL	22
TOX PED(PF)	121	TRANSDERM-SCOP	48	TYKERB	29
<i>tetanus-diphtheria toxoids-td</i>	121	<i>tranylcypramine</i>	37	TYPHIM VI	122
<i>tetrabenazine</i>	82	TRAVASOL 10 %	67	TYSABRI	117
<i>tetracycline</i>	21	TRAVATAN Z	128	TYVASO	138
THALOMID	126	<i>travoprost (benzalkonium)</i>	128	TYZEKA	60
		<i>trazodone</i>	37	<i>u-cort</i>	95
		TREANDA	29		
		TRECTOR	46		

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UNITUXIN	29	VIRAZOLE	60	zoledronic acid-mannitol-water	
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<i>ursodiol</i>	104	VITEKTA	57	ZOLINZA	30
VAGIFEM	108	VOLTAREN	9	<i>zolmitriptan</i>	46
<i>valacyclovir</i>	60	<i>voriconazole</i>	44	<i>zolpidem</i>	137
VALCHLOR	91	VOTRIENT	30	ZOMACTON	112
<i>valganciclovir</i>	60	VPRIV	97	ZOMETA	125
<i>valproate sodium</i>	34	VRAYLAR	54	<i>zonisamide</i>	34
<i>valproic acid</i>	34	<i>vyfemla (28)</i>	89	ZORBTIVE	112
<i>valproic acid (as sodium salt)</i>	34	<i>warfarin</i>	61	ZORTRESS	117
<i>valsartan</i>	68	<i>water for irrigation, sterile</i>	123	ZOSTAVAX (PF)	122
<i>valsartan-hydrochlorothiazide</i>	68	WELCHOL	78	<i>zovia 1/35e (28)</i>	89
VALSTAR	29	<i>wera (28)</i>	89	<i>zovia 1/50e (28)</i>	89
<i>vancomycin</i>	14	XALKORI	30	ZUBSOLV	11
<i>vancomycin in dextrose 5 %</i>	14	XARELTO	61	ZYDELIG	30
VAQTA (PF)	122	XELJANZ	117	ZYKADIA	30
VARIVAX (PF)	122	XELJANZ XR	117	ZYLET	100
VASCEPA	78	XIFAXAN	15	ZYPREXA RELPREVV	54
VELCADE	29	XOLAIR	135	ZYTIGA	30
<i>velivet triphasic regimen (28)</i>	89	XTANDI	30		
VENCLEXTA	29	<i>xulane</i>	89		
VENCLEXTA STARTING		<i>xylon 10</i>	8		
PACK	30	XYREM	137		
<i>venlafaxine</i>	38	YERVOY	30		
VENTOLIN HFA	135	YF-VAX (PF)	122		
<i>verapamil</i>	72, 73	YONDELIS	30		
VERSACLOZ	54	<i>zafirlukast</i>	133		
<i>vestura (28)</i>	89	<i>zaleplon</i>	137		
VGO 40	96	<i>zarah</i>	89		
VIBERZI	104	ZARXIO	62		
<i>vicodin</i>	8	ZAVESCA	97		
<i>vicodin es</i>	7	<i>zebutal</i>	8		
<i>vicodin hp</i>	7	ZELBORAF	30		
VICTOZA	40	ZEMPLAR	124		
VIDEX 2 GRAM PEDIATRIC		<i>zenatane</i>	91		
	57	<i>zenchent (28)</i>	89		
VIEKIRA PAK	58	ZENPEP	97		
<i>vienva</i>	89	ZEPATIER	58		
VIGAMOX	100	ZETIA	78		
VIIBRYD	38	ZIAGEN	57		
VIMIZIM	97	<i>zidovudine</i>	57, 58		
VIMPAT	34	<i>ziprasidone hcl</i>	54		
<i>vinorelbine</i>	30	ZIRGAN	100		
<i>violele (28)</i>	89	ZOLADEX	30		

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-329-3970 (TTY: 711).

Amharic: ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-329-3970 (መስማት ለተሳናቸው፡ 711)።

Arabic: مقرب ل صتا .ن اجمل اب لكل رفاوتت ةيوغلل ا ةدعاس مل ا تامدخ نإف ، ةغلل ركذا ثدحتت تنك اذا : ةظوحلم (711 : مل كبل او مصل ا فتاه مقر) 1-866-329-3970

Farsi: م م هارف امش ی ارب ناگی اری ترو صب ی ن ابز تالی هست ، دی نک ی م وگت فگ ی سراف ن ابز هب رگا : هجوت دی ری گب سامت 1-866-329-3970 (TTY: 711) اب .ش اب

Bantu: ICITONDERWA: Nimba uvuga ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-866-329-3970 (TTY: 711).

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្លូវភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់ប្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-329-3970 (TTY: 711)។

Chinese: 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 1-866-329-3970 (TTY: 711)。

Dutch: AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-866-329-3970 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-329-3970 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-329-3970 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-329-3970 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-329-3970 (TTY: 711) पर कॉल करें।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-329-3970 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-329-3970 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-329-3970 (TTY: 711) まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-329-3970 (TTY: 711) 번으로 전화해 주십시오.

Kurdish: وت و ب ، یی اړوخ هب ، نامز یت همرای ین اکه یرازوگت همزخ ، یت هکه د مسهق یدروک ین امز هب رهگه ی : یراداگای . مکتب (711 : تتی) 1-866-329-3970 هب یدن هو ی هب . هتس هدر هب

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່ອງຄ່າ, ແມ່ນມີຮັບໃຫ້ທ່ານ. ໂທ 1-866-329-3970 (TTY: 711).

Marshallese: LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ne am ejjelōk wōnān. Kaalōk 1-866-329-3970 (TTY: 711).

Nepali: ध्यान दनुहोस्: तपार्इंले नेपाली बोल्नुहुन्छ भने तपार्इंको नमिति भाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-866-329-3970 (टटिविडः 711) ।

Oromo: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-329-3970 (TTY: 711).

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-329-3970 (TTY: 711).

Punjabi: ਧਿਆਨ ਦਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵੱਚਿ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-866-329-3970 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-866-329-3970 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontramos-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-329-3970 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-329-3970 (телетайп: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-329-3970 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-329-3970 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-329-3970 (TTY: 711).

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-329-3970 (телетайп: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-329-3970 (TTY: 711).

RiverLink Health is an HMO plan with a Medicare contract. Enrollment in RiverLink Health depends on contract renewal. Call Customer Service at 1-866-329-3970 (TTY 711) Monday – Friday 8 am to 8 pm, and Monday – Sunday 8 am to 8 pm from October 1 through February 14. You may reach a voicemail on weekends and holidays; please leave a message and your call will be returned the next business day. RiverLink Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. RiverLink Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

RiverLink Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Customer Service. If you believe that RiverLink Health 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: Customer Service, PO Box 27510, Federal Way, WA 98093, 1-866-329-3970, (TTY: 711), 1-844-612-4062, Customer.Service@RiverLinkHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Customer Service 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, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This formulary was updated on 09/02/2016.

For more recent information or other questions, please contact RiverLink Health Customer Service at 1-866-329-3970 or, for TTY users, 711, 8 am to 8 pm, Monday – Friday and 8 am to 8 pm, Monday – Sunday October 1 through February 14, or visit www.RiverLinkHealth.com.

The Formulary and pharmacy network may change at any time. You will receive notice when necessary.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Copayments/coinsurance may change on January 1 of each year.

This information can be made available in other formats or languages. Please call Customer Service for assistance.

RiverLink Health is a private, not-for-profit organization that offers Medicare approved plans for Medicare beneficiaries with an emphasis on the physician-patient relationship, access and personal customer service.

RiverLink Health is an HMO plan with a Medicare contract. Enrollment in RiverLink Health depends on contract renewal.

RiverLink Health" is underwritten by the Ohio entity RiverLink Health for Ohio residents and by RiverLink Health of Kentucky, Inc. for Kentucky residents.