

**IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan)
2019 Formulary**

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D. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

Drug Name	Tier	Requirements / Limits
Additional Demonstration Drugs		
Additional Demonstration Drugs		
ABREVA 10% CREAM 10 %	3	QL (2 GM per 15 days)
ACID REDUCER 20 MG TABLET MAX STRENGTH 20 MG	3	
ACNE MEDICATION 10% LOTION 10 %	3	
ACNE MEDICATION 5% LOTION 5 %	3	
ALL DAY ALLERGY 10 MG TABLET INDOOR/OUTDOOR 10 MG	3	
ALLERGY 4 MG TABLET 4 MG	3	
ALLERGY MULTI-SYMPATOM CAPLET CAPLET 2-5-325 MG	3	QL (60 EA per 30 days)
ALLERGY RELIEF 10 MG ODT NON-DROWSY 10 MG	3	QL (30 EA per 30 days)
ALLERGY RELIEF 10 MG TABLET 10 MG	3	
ALLI 60 MG CAPSULE STARTER PACK 60 MG	3	PA; QL (90 EA per 30 days)
ANTACID-SIMETHICONE LIQUID 400-400-40 MG/5 ML	3	
ANTI-DANDRUFF 1% SHAMPOO 1 %	3	
ANTI-DIARRHEAL 2 MG SOFTGEL SOFTGEL 2 MG	3	
ANTIFUNGAL 2% CREAM 2 %	3	QL (60 GM per 30 days)
ARTIFICIAL TEARS DROPS 0.5-0.6 %	3	
<i>aspirin ec 325 mg tablet orange 325 mg</i>	3	QL (100 EA per 30 days)
<i>aspirin ec 81 mg tablet 81 mg</i>	3	QL (100 EA per 30 days)
AYR SALINE 0.65% NOSE DROPS 0.65 %	3	
<i>bacitracin 500 unit/gm ointmnt 500 unit/gram</i>	3	
<i>bacitracin zn 500 unit/gm oint 500 unit/gram</i>	3	
<i>benzonatate 100 mg capsule 100 mg</i>	3	QL (180 EA per 30 days)
<i>benzonatate 200 mg capsule 200 mg</i>	3	QL (90 EA per 30 days)
<i>benzoyl peroxide 10% gel aqueous (otc) 10 %</i>	3	
<i>benzoyl peroxide 2.5% gel (otc) 2.5 %</i>	3	
<i>benzoyl peroxide 5% gel aqueous (otc) 5 %</i>	3	
<i>benzoyl peroxide 5% wash (otc) 5 %</i>	3	
<i>bisacodyl ec 5 mg tablet 5 mg</i>	3	QL (60 EA per 30 days)
<i>bromphenir-pseudoephed-dm syr (rx) 2-30-10 mg/5 ml</i>	3	

Drug Name	Tier	Requirements / Limits
<i>calamine lotion 8-8 %</i>	3	
CALCIUM 600 MG TABLET 600 MG CALCIUM (1,500 MG)	3	
<i>calcium carb 500 (1,250) mg tb 500 mg calcium (1,250 mg)</i>	3	
<i>calcium carbonate 648 mg tab 260 mg calcium (648 mg)</i>	3	
<i>calcium gluconate 500 mg tab 45 mg (500 mg)</i>	3	
<i>calcium gluconate 650 mg tab 60 mg calcium (650 mg)</i>	3	
CALPHRON 667 MG TABLET 667 MG	3	
<i>cetirizine hcl 10 mg chew tab outer 10 mg</i>	3	QL (30 EA per 30 days)
<i>cetirizine hcl 5 mg chew tab children's,outer,u-d 5 mg</i>	3	QL (30 EA per 30 days)
<i>cetirizine hcl 5 mg tablet 5 mg</i>	3	
CHILD ALL DAY ALLERGY 1 MG/ML D/F, GLUTEN/F, GRAPE 1 MG/ML	3	
CHILD SALINE 0.65% NASAL SPRAY 0.65 %	3	
CHILD TRIAMINIC COLD-ALLERGY 1-2.5 MG/5 ML	3	
CHILDREN IBUPROFEN 100 MG/5 ML A/F, BUBBLE GUM 100 MG/5 ML	3	
CHILDREN'S IRON 15 MG/ML DROPS 15 MG IRON (75 MG)/ML	3	QL (50 ML per 30 days)
CHILDREN'S SILFEDRINE LIQ 15 MG/5 ML	3	QL (240 ML per 30 days)
<i>chlorpheniramine er 12 mg tab 12 mg</i>	3	
<i>cimetidine 200 mg tablet blister pack (otc) 200 mg</i>	3	
CITRUCEL 500 MG CAPLET 500 MG	3	
<i>clotrimazole 1% cream (otc) 1 %</i>	3	QL (60 GM per 30 days)
<i>clotrimazole 1% solution (otc) 1 %</i>	3	QL (60 ML per 30 days)
<i>clotrimazole 1% cream w/7 applicators 1 %</i>	3	QL (90 GM per 30 days)
COLACE CLEAR 50 MG SOFTGEL 50 MG	3	QL (100 EA per 30 days)
CONDOMS LUBRICATED	3	QL (24 EA per 30 days)
<i>cyanocobalamin 30,000 mcg/30 outer, latex-free, mdv 1,000 mcg/ml</i>	3	
<i>diphenhydramine 50 mg capsule (otc) 50 mg</i>	3	QL (100 EA per 30 days)
<i>docusate sodium 50 mg/5 ml liq 100's, u-d 50 mg/5 ml</i>	3	QL (480 ML per 30 days)
DOK 100 MG TABLET 100 MG	3	QL (100 EA per 30 days)
ED CHLORPED JR SYRUP 2 MG/5 ML	3	
ED-A-HIST PSE TABLET 2.5-60 MG	3	
<i>esomeprazole mag dr 20 mg cap outer (otc) 20 mg</i>	3	QL (30 EA per 30 days)
EYE ALLERGY RELIEF DROPS 0.02675-0.315 %	3	
EYE ITCH RELIEF 0.025% DROPS 0.025 % (0.035 %)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>famotidine 10 mg tablet 10 mg</i>	3	
FC2 FEMALE CONDOM	3	QL (6 EA per 30 days)
<i>ferrous sulf 220 mg/5 ml elix 220 mg (44 mg iron)/5 ml</i>	3	QL (480 ML per 30 days)
<i>ferrous sulf 300 mg/5 ml liq 300 mg (60 mg iron)/5 ml</i>	3	QL (150 ML per 30 days)
<i>ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)</i>	3	QL (90 EA per 30 days)
<i>ferrous sulf ec 325 mg tablet u-d, outer 325 mg (65 mg iron)</i>	3	QL (90 EA per 30 days)
<i>ferrous sulfate 325 mg tablet 325 mg (65 mg iron)</i>	3	QL (90 EA per 30 days)
FIBER LAXATIVE 625 MG CAPLET CAPLET 625 MG	3	
FLEET GLYCERIN ADULT SUPPOS	3	
FLEET PEDIA-LAX STOOL SOFTENER 50 MG/15 ML	3	
FLEET PEDIA-LAX SUPPOSITORIES	3	
<i>folic acid 1,000 mcg tablet (otc) 1 mg</i>	3	
<i>folic acid 400 mcg tablet s/f,p/f,lactose-free 400 mcg</i>	3	
FORACARE 30G LANCETS 30 GAUGE	3	
FUNGOID-D 1% CREAM 1 %	3	
GAVISCON 80-14.2 MG TAB CHEW 80-14.2 MG	3	
GENTEAL TEARS 0.1%-0.2%-0.3% 0.1-0.3-0.2 %	3	
<i>glucose 4 gram tablet chew na/f, caffeine free 4 gram</i>	3	
GS ALLERGY RELIEF 25 MG CAP 25 MG	3	QL (100 EA per 30 days)
GS ALLERGY RELIEF 25 MG TABLET 25 MG	3	QL (100 EA per 30 days)
GS ANTACID PLUS ANTI-GAS LIQ 200-200-20 MG/5 ML	3	
GS ANTI-DIARRHEAL 2 MG CAPLET 2 MG	3	
GS ANTI-ITCH 1% CREAM 1 %	3	
<i>gs aspirin 325 mg tablet 325 mg</i>	3	QL (100 EA per 30 days)
<i>gs aspirin 81 mg chewable tab 81 mg</i>	3	QL (100 EA per 30 days)
GS CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	3	QL (240 ML per 30 days)
<i>gs ibuprofen 200 mg tablet 200 mg</i>	3	QL (100 EA per 30 days)
GS LICE KILLING SHAMPOO W/NIT COMB 0.33-4 %	3	QL (472 ML per 30 days)
GS MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	3	
<i>gs naproxen sod 220 mg caplet 220 mg</i>	3	
<i>gs simethicone 20 mg/0.3 ml 40 mg/0.6 ml</i>	3	QL (30 ML per 30 days)
GS STOMACH RLF 262 MG CHEW TAB GLUTEN-FREE 262 MG	3	
<i>guaifen-codeine 100-10 mg/5 ml (otc) 10-100 mg/5 ml</i>	3	QL (480 ML per 30 days)
GYNOL II 3% GEL 3 %	3	
HM DOUBLE ANTIBIOTIC OINTMENT 500-10,000 UNIT/GRAM	3	

Drug Name	Tier	Requirements / Limits
<i>hm vitamin e 400 unit softgel gluten-free 400 unit</i>	3	
HYDRO SKIN 1% LOTION 1 %	3	QL (120 ML per 30 days)
<i>hydrocortisone 0.5% cream (otc) 0.5 %</i>	3	QL (30 GM per 30 days)
<i>hydrocortisone 0.5% cream 0.5 %</i>	3	QL (30 GM per 30 days)
<i>hydrocortisone 0.5% ointment 0.5 %</i>	3	QL (30 GM per 30 days)
<i>hydrocortisone 1% ointment (otc) 1 %</i>	3	
<i>hydrocortisone 1% cream 1 %</i>	3	QL (30 GM per 30 days)
HYDROMET SYRUP 5-1.5 MG/5 ML	3	QL (480 ML per 30 days)
<i>ibuprofen 200 mg softgel liquid filled caps 200 mg</i>	3	QL (100 EA per 30 days)
KAOPECTATE 262 MG/15 ML SUSP 262 MG/15 ML	3	
KONSYL PSYLLIUM FIBER PACKET GLUTN-F,ORANGE,OUTER 3.4 GRAM	3	
KONSYL PSYLLIUM FIBER POWDER GLUTEN FREE, ORANGE 3.4 GRAM/12 GRAM	3	
KPN TABLET	3	
<i>lansoprazole dr 15 mg capsule 2-14 day treatment (otc) 15 mg</i>	3	QL (30 EA per 30 days)
LICE TREATMENT 1% CREME RINSE 1 %	3	QL (236 ML per 30 days)
LIQUITEARS 1.4% DROPS 1.4 %	3	
LOHIST-D LIQUID 2-30 MG/5 ML	3	
<i>loperamide 1 mg/5 ml liquid 1 mg/5 ml</i>	3	
<i>loratadine 5 mg/5 ml soln child's,a/f,s/f,d/f 5 mg/5 ml</i>	3	
<i>magnesium citrate solution saline laxative</i>	3	
<i>magnesium oxide 250 mg caplet p/f, s/f, gluten/f 250 mg magnesium</i>	3	QL (30 EA per 30 days)
<i>magnesium oxide 400 mg tablet 400 mg (241.3 mg magnesium)</i>	3	QL (30 EA per 30 days)
<i>magnesium oxide 420 mg tablet 420 mg</i>	3	QL (30 EA per 30 days)
<i>magnesium oxide 500 mg tablet p/f,s/f,lactose-free 500 mg</i>	3	QL (30 EA per 30 days)
<i>mag-oxide magnesium 200 mg tab 200 mg magnesium</i>	3	QL (30 EA per 30 days)
<i>meclizine 12.5 mg caplet caplet (otc) 12.5 mg</i>	3	
<i>meclizine 25 mg tablet chew raspberry 25 mg</i>	3	QL (60 EA per 30 days)
MEPHYTON 5 MG TABLET 5 MG	3	
MICONAZOLE 3 COMBO PACK 3 SUP,9GM CRM W/APP 200 MG- 2 % (9 GRAM)	3	QL (1 EA per 30 days)
MICONAZOLE 7 100 MG VAG SUPP 100 MG	3	QL (7 EA per 30 days)
MICONAZOLE 7 CREAM W/APPLICATOR 2 %	3	QL (45 GM per 30 days)
MILK OF MAGNESIA CONCENTRATED 2,400 MG/10 ML	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
MINTOX PLUS TABLET CHEWABLE 200-200-25 MG	3	
MOTION SICKNESS 25 MG TABLET 25 MG	3	
MURO-128 2% EYE DROPS 2 %	3	
NAPHCN-A EYE DROPS 0.025-0.3 %	3	
NASAL DECONGESTANT 30 MG TAB MAXIMUM STRENGTH 30 MG	3	QL (60 EA per 30 days)
<i>niacin 100 mg tablet 100 mg</i>	3	
<i>niacin 50 mg tablet 50 mg</i>	3	
<i>niacin 500 mg tablet (otc) 500 mg</i>	3	
NIACIN FLUSH FREE 500 MG CAP GLUTEN-FREE,P/F,S/F 400 MG NIACIN (500 MG)	3	
<i>niacin sa 250 mg capsule (otc) 250 mg</i>	3	
<i>niacin tr 500 mg capsule 500 mg</i>	3	
NICODERM CQ 14 MG/24HR PATCH 14 MG/24 HR	3	QL (180 EA per 365 days)
NICODERM CQ 21 MG/24HR PATCH 21 MG/24 HR	3	QL (180 EA per 365 days)
NICODERM CQ 7 MG/24HR PATCH OUTER 7 MG/24 HR	3	QL (180 EA per 365 days)
<i>nicotine 2 mg chewing gum original 2 mg</i>	3	QL (4320 EA per 365 days)
<i>nicotine 2 mg lozenge inner 2 mg</i>	3	QL (3600 EA per 365 days)
<i>nicotine 2 mg mini lozenge mini,mint,3 quittube 2 mg</i>	3	QL (3600 EA per 365 days)
<i>nicotine 4 mg chewing gum original 4 mg</i>	3	QL (4320 EA per 365 days)
<i>nicotine 4 mg lozenge outer 4 mg</i>	3	QL (3600 EA per 365 days)
<i>nicotine 4 mg mini lozenge mini,mint,3 quittube 4 mg</i>	3	QL (3600 EA per 365 days)
<i>nicotine transdermal system step 1,2,3 21-14-7 mg/24 hr</i>	3	QL (112 EA per 365 days)
<i>omega-3 1,000 mg softgel softgel 1,000 mg</i>	3	
<i>omeprazole dr 20 mg tablet 20 mg</i>	3	QL (60 EA per 30 days)
ONETOUCH VERIO TEST STRIP 4 VIALS OF 25	3	
OPTION 2 1.5 MG TABLET 1.5 MG	3	QL (1 EA per 30 days)
PANOXYL 10% ACNE FOAMING WASH 10 %	3	
<i>pediatric electrolyte solution</i>	3	QL (2028 ML per 30 days)
PEDIATRIC ENEMA 9.5-3.5 GRAM/59 ML	3	
PERSONAL BEST PEAK FLOW MTR	3	QL (1 EA per 180 days)
<i>phentermine 15 mg capsule 15 mg</i>	3	PA; QL (30 EA per 30 days)
<i>phentermine 30 mg capsule 30 mg</i>	3	PA; QL (30 EA per 30 days)
<i>phentermine 37.5 mg tablet 37.5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>plain niacin 250 mg tablet 250 mg</i>	3	
<i>polyethylene glycol 3350 powd (otc) 17 gram/dose</i>	3	QL (527 GM per 30 days)

Drug Name	Tier	Requirements / Limits
PRENATAL TABLET (OTC) 27 MG IRON- 0.8 MG	3	
PRENATAL VITAMIN TABLET (OTC) 27 MG IRON- 0.8 MG	3	
PRENATAL VITAMINS TABLET PHOSPHORUS FREE 28 MG IRON- 800 MCG	3	
PROMETHAZINE VC-CODEINE SYRUP 6.25-5-10 MG/5 ML	3	QL (480 ML per 30 days)
PROMETHAZINE VC SYRUP 6.25-5 MG/5 ML	3	
<i>promethazine-codeine syrup 6.25-10 mg/5 ml</i>	3	QL (480 ML per 30 days)
<i>promethazine-dm solution 6.25-15 mg/5 ml</i>	3	
<i>pyridoxine 100 mg/ml vial 25's, mdv 100 mg/ml</i>	3	
<i>pyridoxine 25 mg tablet 25 mg</i>	3	
QC 3 DAY VAGINAL 4% CREAM 200 MG/5 GRAM (4 %)	3	QL (25 GM per 30 days)
RA NASAL ALLERGY 24HR SPRAY 55 MCG	3	
<i>ranitidine 75 mg tablet s/f, sodium-free 75 mg</i>	3	
<i>ranitidine 150 mg tablet maximum strength (otc) 150 mg</i>	3	
REESE'S PINWORM 144 MG/ML SUSP 50 MG/ML	3	
REFRESH TEARS 0.5% EYE DROP 0.5 %	3	
REGULOID POWDER	3	
RID COMPLETE 1-2-3 LICE KIT 4-0.33-0.5 %	3	QL (2 EA per 30 days)
RYNEX PSE LIQUID 1-15 MG/5 ML	3	QL (120 ML per 30 days)
SB EAR WAX REMOVAL 6.5% DROP 6.5 %	3	QL (30 ML per 30 days)
SCALPICIN 1% ANTI-ITCH LIQUID 1 %	3	QL (74 ML per 30 days)
SENNA 8.6 MG TABLET 8.6 MG	3	
SENNA 8.8 MG/5 ML SYRUP 8.8 MG/5 ML	3	
SILACE 60 MG/15 ML SYRUP 60 MG/15 ML	3	QL (480 ML per 30 days)
<i>simethicone 80 mg tab chew 80 mg</i>	3	QL (60 EA per 30 days)
SLO-NIACIN 500 MG TABLET 500 MG	3	
SM DOUBLE ANTIBIOTIC OINT 500-10,000 UNIT/GRAM	3	QL (30 GM per 30 days)
SM ENEMA READY TO USE 19-7 GRAM/118 ML	3	
SM EYE WASH SOLUTION	3	
SM FOAMING ANTACID TABLET CHEW 80-20 MG	3	
<i>sodium bicarb 325 mg tablet 325 mg</i>	3	
<i>sodium bicarb 650 mg tablet 10 gr 650 mg</i>	3	
<i>sodium chloride 5% eye drop 5 %</i>	3	
<i>sodium chloride 5% eye oint sterile 5 %</i>	3	
SOOTHE 262 MG CAPLET CAPLET 262 MG	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
STOMACH RELIEF MAX STR LIQUID MAX. STRENGTH 525 MG/15 ML	3	
STOOL SOFTENER 100 MG CAPSULE 100 MG	3	QL (100 EA per 30 days)
STOOL SOFTENER 250 MG SOFTGEL EX-STR, SOFTGEL 250 MG	3	QL (100 EA per 30 days)
SUDOGEST 60 MG TABLET 60 MG	3	QL (60 EA per 30 days)
SUDOGEST COLD AND ALLERGY TAB 4-60 MG	3	QL (60 EA per 30 days)
<i>terbinafine 1% cream 1 %</i>	3	
<i>thiamine 100 mg tablet coated 100 mg</i>	3	
<i>thiamine 250 mg tablet 250 mg</i>	3	
<i>thiamine hcl 50 mg tablet 50 mg</i>	3	
TRIPLE ANTIBIOTIC OINTMENT ORIGINAL STRENGTH 3.5MG-400 UNIT- 5,000 UNIT/GRAM	3	
VCF CONTRACEPTIVE FOAM 12.5 %	3	
VCF CONTRACEPTIVE GEL 4 %	3	
<i>vitamin a 10,000 unit capsule soluble 10,000 unit</i>	3	
<i>vitamin b-1 100 mg tablet 100 mg</i>	3	
<i>vitamin b-12 1,000 mcg tablet 1,000 mcg</i>	3	
VITAMIN B-2 100 MG TABLET GLUTEN-FREE 100 MG	3	
VITAMIN B-6 100 MG TABLET 100 MG	3	
VITAMIN B-6 50 MG TABLET 50 MG	3	
VITAMIN C 500 MG TABLET S/F, P/F, GLUTEN-FREE 500 MG	3	
VITAMIN D2 1.25 MG(50,000 UNIT) 50,000 UNIT	3	
<i>vitamin d2 400 unit tablet s/f,l/f,y/f,gluten/f 400 unit</i>	3	
V-R NASAL ALLERGY SYM SPRAY 5.2 MG/SPRAY (4 %)	3	
WAL-MUCIL 100% NATURAL FIBER 3.4 GRAM/7 GRAM	3	
WAL-MUCIL 100% NATURAL FIBER S/F,114 DOSES,ORANGE 3.4 GRAM/5.8 GRAM	3	
WOMEN'S LAXATIVE 5 MG TABLET 5 MG	3	QL (60 EA per 30 days)
Analgesics		
Analgesics		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL (2790 ML per 31 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (372 EA per 31 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (186 EA per 31 days)
<i>endocet oral tablet 10-325 mg</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (248 EA per 31 days)

Drug Name	Tier	Requirements / Limits
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (155 EA per 31 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg</i>	1	
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	ST; QL (62 EA per 31 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 75 mg</i>	1	
<i>ibuprofen oral tablet 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg</i>	1	PA; QL (124 EA per 31 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	QL (31 EA per 31 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 375 mg, 500 mg</i>	1	
Opioid Analgesics, Long-Acting		
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	2	B vs D
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (62 EA per 31 days)
<i>morphine oral capsule, extend. release pellets 100 mg, 50 mg, 60 mg, 80 mg</i>	1	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	
<i>morphine oral tablet 15 mg, 30 mg</i>	1	
<i>morphine oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	1	
<i>morphine oral tablet extended release 15 mg</i>	1	QL (93 EA per 31 days)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	1	QL (93 EA per 31 days)
<i>tramadol oral tablet extended release 24 hr 200 mg</i>	1	QL (31 EA per 31 days)
Opioid Analgesics, Short-Acting		
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	2	PA
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	
<i>oxycodone oral tablet 5 mg</i>	1	QL (186 EA per 31 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (248 EA per 31 days)
Anesthetics		
Local Anesthetics		

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; QL (93 EA per 31 days)
<i>lidocaine topical ointment 5 %</i>	1	QL (60 GM per 31 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
Opioid Dependence Treatments		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (93 EA per 31 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (93 EA per 31 days)
<i>naltrexone oral tablet 50 mg</i>	1	
Opioid Reversal Agents		
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	
Smoking Cessation Agents		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	2	
NICOTROL INHALATION CARTRIDGE 10 MG	2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	2	
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	2	PA NSO; QL (260.4 ML per 31 days)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>paromomycin oral capsule 250 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	PA; QL (224 EA per 28 days)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; QL (10 ML per 1 day)
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
Antibacterials, Other		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>alcohol pads topical pads, medicated</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	B vs D
<i>daptomycin intravenous recon soln 500 mg</i>	1	PA
FIRVANQ ORAL RECON SOLN 25 MG/ML	2	PA; QL (385 ML per 28 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	2	PA; QL (192.5 ML per 28 days)
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	PA
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	PA; QL (1680 ML per 28 days)
<i>linezolid oral tablet 600 mg</i>	1	PA; QL (28 EA per 14 days)
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	PA
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	PA
<i>tigecycline intravenous recon soln 50 mg</i>	1	PA
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 500 mg, 750 mg</i>	1	B vs D
<i>vancomycin oral capsule 125 mg</i>	1	PA; QL (77 EA per 28 days)
<i>vancomycin oral capsule 250 mg</i>	1	PA; QL (56 EA per 14 days)
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
SUPRAX ORAL CAPSULE 400 MG	2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	
Beta-Lactam, Other		
<i>aztreonam injection recon soln 1 gram</i>	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA NSO; QL (84 ML per 28 days)
<i>ertapenem injection recon soln 1 gram</i>	1	PA
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	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>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	1	
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	
Macrolides		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
<i>azithromycin intravenous recon soln 500 mg</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
<i>ery pads topical swab 2 %</i>	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	2	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
Quinolones		
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	

Drug Name	Tier	Requirements / Limits
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
Sulfonamides		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	2	QL (31 EA per 31 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	2	PA NSO; QL (620 ML per 31 days)
BRIVIACT ORAL TABLET 10 MG	2	PA NSO; QL (248 EA per 31 days)
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	2	PA NSO; QL (62 EA per 31 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	2	
DIASTAT RECTAL KIT 2.5 MG	2	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	QL (155 EA per 31 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	QL (124 EA per 31 days)
<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
<i>roweepra xr oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	2	PA NSO
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	2	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	2	PA NSO; QL (93 EA per 31 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	2	PA NSO; QL (62 EA per 31 days)
LYRICA ORAL SOLUTION 20 MG/ML	2	PA NSO; QL (930 ML per 31 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA NSO; QL (496 ML per 31 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA NSO; QL (62 EA per 31 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL (310 EA per 31 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (310 EA per 31 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL (186 EA per 31 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	PA NSO; QL (248 ML per 31 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA NSO; QL (1240 ML per 31 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (124 EA per 31 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA NSO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	QL (279 EA per 31 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	QL (2232 ML per 31 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (186 EA per 31 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (124 EA per 31 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL (155 EA per 31 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	PA NSO
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA NSO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	2	PA NSO; QL (62 EA per 31 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA NSO
<i>vigabatrin oral tablet 500 mg</i>	1	PA NSO; QL (186 EA per 31 days)
Glutamate Reducing Agents		
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	PA NSO; QL (744 ML per 31 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA NSO; QL (31 EA per 31 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i>	1	QL (62 EA per 31 days)
<i>topiramate oral tablet 25 mg</i>	1	
Sodium Channel Agents		
APTiom ORAL TABLET 200 MG, 400 MG	2	PA NSO; QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
APTIOM ORAL TABLET 600 MG, 800 MG	2	PA NSO; QL (62 EA per 31 days)
BANZEL ORAL SUSPENSION 40 MG/ML	2	QL (2480 ML per 31 days)
BANZEL ORAL TABLET 200 MG, 400 MG	2	QL (248 EA per 31 days)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PEGANONE ORAL TABLET 250 MG	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
VIMPAT ORAL SOLUTION 10 MG/ML	2	PA NSO; QL (1240 ML per 31 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA NSO; QL (62 EA per 31 days)
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid oral tablet 1 mg</i>	1	PA
Cholinesterase Inhibitors		
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	QL (31 EA per 31 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (31 EA per 31 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (31 EA per 31 days)
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200 ML per 31 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (62 EA per 31 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (62 EA per 31 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	1	QL (31 EA per 31 days)
N-Methyl-D-Aspartate (NMDA) Receptor Antagonist		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	ST; QL (31 EA per 31 days)
<i>memantine oral solution 2 mg/ml</i>	1	QL (310 ML per 31 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL (62 EA per 31 days)
<i>memantine oral tablets, dose pack 5-10 mg</i>	1	

Drug Name	Tier	Requirements / Limits
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	2	ST; QL (28 EA per 28 days)
Antidepressants		
Antidepressants, Other		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	PA NSO; QL (1 EA per 28 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (124 EA per 31 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (93 EA per 31 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (93 EA per 31 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (31 EA per 31 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL (62 EA per 31 days)
<i>maprotiline oral tablet 25 mg</i>	1	QL (279 EA per 31 days)
<i>maprotiline oral tablet 50 mg</i>	1	QL (124 EA per 31 days)
<i>maprotiline oral tablet 75 mg</i>	1	QL (93 EA per 31 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	QL (31 EA per 31 days)
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	QL (31 EA per 31 days)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	QL (62 EA per 31 days)
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	2	PA NSO; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	2	QL (186 EA per 31 days)
<i>phenelzine oral tablet 15 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
SSRIs/ SNRIs		
<i>citalopram oral solution 10 mg/5 ml</i>	1	QL (620 ML per 31 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (31 EA per 31 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	1	QL (124 EA per 31 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg</i>	1	QL (31 EA per 31 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (62 EA per 31 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	QL (620 ML per 31 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (31 EA per 31 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	PA NSO; QL (28 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	PA NSO; QL (31 EA per 31 days)
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL (31 EA per 31 days)
<i>fluoxetine oral capsule 20 mg</i>	1	QL (124 EA per 31 days)
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	QL (31 EA per 31 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (620 ML per 31 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (93 EA per 31 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (31 EA per 31 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (62 EA per 31 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (62 EA per 31 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	2	QL (930 ML per 31 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	QL (310 ML per 31 days)
<i>sertraline oral tablet 100 mg</i>	1	QL (62 EA per 31 days)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (31 EA per 31 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	PA NSO; QL (31 EA per 31 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL (31 EA per 31 days)
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	1	QL (93 EA per 31 days)
<i>venlafaxine oral tablet 25 mg, 37.5 mg, 50 mg</i>	1	QL (31 EA per 31 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	PA NSO; QL (31 EA per 31 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	2	PA NSO
Tricyclics		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA NSO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	PA NSO
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	PA NSO
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA NSO
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA NSO
<i>doxepin oral concentrate 10 mg/ml</i>	1	PA NSO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA NSO
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	PA NSO
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	PA NSO
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA NSO
Antiemetics		

Drug Name	Tier	Requirements / Limits
Antiemetics, Other		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 50 mg</i>	1	
<i>chlorpromazine oral tablet 25 mg</i>	1	B vs D
<i>compro rectal suppository 25 mg</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	PA
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	PA
<i>promethegan rectal suppository 25 mg, 50 mg</i>	1	PA
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	QL (10 EA per 30 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	PA
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	PA
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA
<i>granisetron hcl oral tablet 1 mg</i>	1	B vs D
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	B vs D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	B vs D
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B vs D
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	PA
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	PA
<i>amphotericin b injection recon soln 50 mg</i>	1	PA
<i>casposfungin intravenous recon soln 50 mg, 70 mg</i>	1	PA
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	QL (60 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>clotrimazole topical solution 1 %</i>	1	QL (60 ML per 30 days)
<i>econazole topical cream 1 %</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (124 EA per 31 days)
<i>itraconazole oral solution 10 mg/ml</i>	1	PA
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	PA
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>voriconazole intravenous solution 200 mg</i>	1	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	QL (600 ML per 30 days)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	QL (62 EA per 31 days)
ZOLINZA ORAL CAPSULE 100 MG	2	PA NSO; QL (124 EA per 31 days)
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	2	ST
Anti-Inflammatory Agents		
Nonsteroidal Anti-Inflammatory Drugs		
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg</i>	1	
<i>indomethacin oral capsule 50 mg</i>	1	PA; QL (124 EA per 31 days)
<i>naproxen oral tablet 250 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	QL (40 EA per 28 days)
<i>migergot rectal suppository 2-100 mg</i>	1	QL (24 EA per 31 days)
Serotonin (5-HT) 1B/1D Receptor Agonists		
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (12 EA per 31 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (12 EA per 31 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (9 EA per 31 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (4 ML per 28 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine oral tablet 125 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>rifabutin oral capsule 150 mg</i>	1	
Antituberculars		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
RIFAMATE ORAL CAPSULE 300-150 MG	2	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFATER ORAL TABLET 50-120-300 MG	2	
SIRTURO ORAL TABLET 100 MG	2	PA NSO
TRECTOR ORAL TABLET 250 MG	2	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B vs D
LEUKERAN ORAL TABLET 2 MG	2	
MATULANE ORAL CAPSULE 50 MG	2	PA NSO
Antiandrogens		
<i>abiraterone oral tablet 250 mg</i>	1	PA NSO; QL (93 EA per 31 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 60 MG	2	PA NSO; QL (120 EA per 30 days)
<i>flutamide oral capsule 125 mg</i>	1	
<i>nilutamide oral tablet 150 mg</i>	1	
XTANDI ORAL CAPSULE 40 MG	2	PA NSO
YONSA ORAL TABLET 125 MG	2	PA NSO; QL (124 EA per 31 days)
ZYTIGA ORAL TABLET 500 MG	2	PA NSO; QL (62 EA per 31 days)
Antiangiogenic Agents		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA NSO
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	2	PA NSO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	PA NSO
Antiestrogens/Modifiers		

Drug Name	Tier	Requirements / Limits
EMCYT ORAL CAPSULE 140 MG	2	
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene oral tablet 60 mg</i>	1	
Antimetabolites		
<i>hydroxyurea oral capsule 500 mg</i>	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA NSO
PURIXAN ORAL SUSPENSION 20 MG/ML	2	PA NSO
TABLOID ORAL TABLET 40 MG	2	PA NSO
Antineoplastics		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA NSO
MESNEX ORAL TABLET 400 MG	2	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA NSO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	PA NSO
TALZENNA ORAL CAPSULE 0.25 MG	2	PA NSO; QL (93 EA per 31 days)
TALZENNA ORAL CAPSULE 1 MG	2	PA NSO; QL (31 EA per 31 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA NSO
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	PA NSO
ZEJULA ORAL CAPSULE 100 MG	2	PA NSO; QL (93 EA per 31 days)
Antineoplastics, Other		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	2	PA NSO
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	PA NSO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	QL (31 EA per 31 days)
<i>exemestane oral tablet 25 mg</i>	1	
<i>letrozole oral tablet 2.5 mg</i>	1	QL (31 EA per 31 days)
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	PA NSO; QL (56 EA per 28 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	2	PA NSO

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA NSO
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA NSO; QL (31 EA per 31 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA NSO
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA NSO; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA NSO; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA NSO; QL (63 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	2	PA NSO; QL (62 EA per 31 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA NSO; QL (62 EA per 31 days)
VITRAKVI ORAL CAPSULE 100 MG	2	PA NSO; QL (62 EA per 31 days)
VITRAKVI ORAL CAPSULE 25 MG	2	PA NSO; QL (186 EA per 31 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA NSO; QL (310 ML per 31 days)
XOSPATA ORAL TABLET 40 MG	2	PA NSO; QL (93 EA per 31 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA NSO
Molecular Target Inhibitors		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	2	PA NSO; QL (31 EA per 31 days)
ALECENSA ORAL CAPSULE 150 MG	2	PA NSO
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	2	PA NSO
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	2	PA NSO
BALVERSA ORAL TABLET 3 MG, 4 MG	2	PA NSO; QL (62 EA per 31 days)
BALVERSA ORAL TABLET 5 MG	2	PA NSO; QL (31 EA per 31 days)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA NSO
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	2	PA NSO; QL (186 EA per 31 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA NSO

Drug Name	Tier	Requirements / Limits
CALQUENCE ORAL CAPSULE 100 MG	2	PA NSO; QL (124 EA per 31 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA NSO
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)	2	PA NSO
COTELLIC ORAL TABLET 20 MG	2	PA NSO
DAURISMO ORAL TABLET 100 MG	2	PA NSO; QL (31 EA per 31 days)
DAURISMO ORAL TABLET 25 MG	2	PA NSO; QL (62 EA per 31 days)
ERIVEDGE ORAL CAPSULE 150 MG	2	PA NSO; QL (31 EA per 31 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA NSO; QL (31 EA per 31 days)
ICLUSIG ORAL TABLET 15 MG	2	PA NSO; QL (62 EA per 31 days)
ICLUSIG ORAL TABLET 45 MG	2	PA NSO; QL (31 EA per 31 days)
<i>imatinib oral tablet 100 mg</i>	1	PA NSO; QL (93 EA per 31 days)
<i>imatinib oral tablet 400 mg</i>	1	PA NSO; QL (62 EA per 31 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA NSO; QL (31 EA per 31 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	2	PA NSO; QL (31 EA per 31 days)
INLYTA ORAL TABLET 1 MG	2	PA NSO; QL (62 EA per 31 days)
INLYTA ORAL TABLET 5 MG	2	PA NSO; QL (124 EA per 31 days)
IRESSA ORAL TABLET 250 MG	2	PA NSO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA NSO; QL (62 EA per 31 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	2	PA NSO; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	2	PA NSO; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 4 MG	2	PA NSO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
LORBRENA ORAL TABLET 100 MG	2	PA NSO; QL (31 EA per 31 days)
LORBRENA ORAL TABLET 25 MG	2	PA NSO; QL (93 EA per 31 days)
MEKINIST ORAL TABLET 0.5 MG	2	PA NSO; QL (93 EA per 31 days)
MEKINIST ORAL TABLET 2 MG	2	PA NSO; QL (31 EA per 31 days)
MEKTOVI ORAL TABLET 15 MG	2	PA NSO; QL (186 EA per 31 days)
NERLYNX ORAL TABLET 40 MG	2	PA NSO; QL (186 EA per 31 days)
NEXAVAR ORAL TABLET 200 MG	2	PA NSO; QL (124 EA per 31 days)
ODOMZO ORAL CAPSULE 200 MG	2	PA NSO
RYDAPT ORAL CAPSULE 25 MG	2	PA NSO
SPRYCEL ORAL TABLET 100 MG, 140 MG	2	PA NSO; QL (31 EA per 31 days)
SPRYCEL ORAL TABLET 20 MG	2	PA NSO; QL (93 EA per 31 days)
SPRYCEL ORAL TABLET 50 MG, 70 MG, 80 MG	2	PA NSO; QL (62 EA per 31 days)
STIVARGA ORAL TABLET 40 MG	2	PA NSO
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA NSO; QL (31 EA per 31 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA NSO
TAGRISSE ORAL TABLET 40 MG, 80 MG	2	PA NSO
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	2	PA NSO; QL (31 EA per 31 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA NSO; QL (124 EA per 31 days)
TYKERB ORAL TABLET 250 MG	2	PA NSO; QL (186 EA per 31 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA NSO; QL (31 EA per 31 days)
VOTRIENT ORAL TABLET 200 MG	2	PA NSO
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA NSO; QL (62 EA per 31 days)
ZELBORAF ORAL TABLET 240 MG	2	PA NSO; QL (248 EA per 31 days)

Drug Name	Tier	Requirements / Limits
ZYKADIA ORAL CAPSULE 150 MG	2	PA NSO; QL (155 EA per 31 days)
Retinoids		
<i>bexarotene oral capsule 75 mg</i>	1	
PANRETIN TOPICAL GEL 0.1 %	2	PA NSO
TARGRETIN TOPICAL GEL 1 %	2	
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	1	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
Antiprotozoals		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	
ALINIA ORAL TABLET 500 MG	2	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	PA
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	PA NSO
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	
DARAPRIM ORAL TABLET 25 MG	2	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	2	B vs D
PENTAM INJECTION RECON SOLN 300 MG	2	
<i>primaquine oral tablet 26.3 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	PA
Pediculicides/Scabicides		
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
Antiparkinson Agents		
Anticholinergics		

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	PA
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	PA
Antiparkinson Agents, Other		
<i>entacapone oral tablet 200 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	1	PA
Dopamine Agonists		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	2	PA
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	2	PA NSO; QL (62 EA per 31 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	2	PA NSO; QL (31 EA per 31 days)
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	2	PA; QL (31 EA per 31 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	QL (31 EA per 31 days)
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	2	
Antipsychotics		
1st Generation/Typical		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone oral tablet 10 mg, 5 mg</i>	1	PA NSO; QL (124 EA per 31 days)
<i>molindone oral tablet 25 mg</i>	1	PA NSO; QL (279 EA per 31 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	PA NSO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	2	PA NSO; QL (2 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG	2	PA NSO; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	PA NSO; QL (930 ML per 31 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	PA NSO; QL (31 EA per 31 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	PA NSO; QL (62 EA per 31 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA NSO; QL (62 EA per 31 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	2	PA NSO; QL (8 EA per 4 days)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	2	PA NSO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	PA NSO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	2	PA NSO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	PA NSO; QL (31 EA per 31 days)
LATUDA ORAL TABLET 80 MG	2	PA NSO; QL (62 EA per 31 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
NUPLAZID ORAL CAPSULE 34 MG	2	PA NSO; QL (31 EA per 31 days)
NUPLAZID ORAL TABLET 10 MG	2	PA NSO; QL (31 EA per 31 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	PA NSO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (31 EA per 31 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (31 EA per 31 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg</i>	1	PA NSO; QL (62 EA per 31 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	1	PA NSO; QL (31 EA per 31 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (62 EA per 31 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	PA NSO; QL (31 EA per 31 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	PA NSO
<i>risperidone oral solution 1 mg/ml</i>	1	QL (496 ML per 31 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (62 EA per 31 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (124 EA per 31 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (62 EA per 31 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	QL (124 EA per 31 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA NSO; QL (62 EA per 31 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	PA NSO; QL (31 EA per 31 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	2	PA NSO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (62 EA per 31 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	PA NSO
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet,disintegrating 100 mg</i>	1	PA NSO; QL (279 EA per 31 days)
<i>clozapine oral tablet,disintegrating 12.5 mg</i>	1	PA NSO; QL (62 EA per 31 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	1	PA NSO; QL (186 EA per 31 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	1	PA NSO; QL (124 EA per 31 days)

Drug Name	Tier	Requirements / Limits
<i>clozapine oral tablet, disintegrating 25 mg</i>	1	PA NSO; QL (93 EA per 31 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	2	PA NSO; QL (558 ML per 31 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
Antivirals		
Anti-Cytomegalovirus (CMV) Agents		
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	PA NSO
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	
Anti-Hepatitis B (HBV) Agents		
<i>adefovir oral tablet 10 mg</i>	1	PA
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	PA; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (31 EA per 31 days)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	2	
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg</i>	1	QL (62 EA per 31 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL (31 EA per 31 days)
<i>ribavirin oral capsule 200 mg</i>	1	PA
<i>ribavirin oral tablet 200 mg</i>	1	PA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (31 EA per 31 days)
VEMLIDY ORAL TABLET 25 MG	2	PA; QL (31 EA per 31 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	QL (240 GM per 31 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL (31 EA per 31 days)
Anti-Hepatitis C (HCV) Agents, Direct Acting		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	1	PA; QL (31 EA per 31 days)
MAVYRET ORAL TABLET 100-40 MG	2	PA; QL (93 EA per 31 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	1	PA; QL (31 EA per 31 days)
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; QL (31 EA per 31 days)
Anti-Hepatitis C (HCV) Agents, Others		
EPCLUSA ORAL TABLET 400-100 MG	2	PA; QL (31 EA per 31 days)
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	2	PA; QL (2 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	PA; QL (2 ML per 28 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	2	PA NSO; QL (4 EA per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	2	PA; QL (31 EA per 31 days)
Antiherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B vs D
<i>acyclovir topical ointment 5 %</i>	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL (31 EA per 31 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	QL (62 EA per 31 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	2	QL (62 EA per 31 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	QL (186 EA per 31 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	2	QL (31 EA per 31 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	QL (31 EA per 31 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	QL (62 EA per 31 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG	2	QL (31 EA per 31 days)
EDURANT ORAL TABLET 25 MG	2	QL (31 EA per 31 days)
<i>efavirenz oral capsule 200 mg</i>	1	QL (124 EA per 31 days)

Drug Name	Tier	Requirements / Limits
<i>efavirenz oral capsule 50 mg</i>	1	QL (93 EA per 31 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL (31 EA per 31 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	2	QL (62 EA per 31 days)
INTELENCE ORAL TABLET 25 MG	2	QL (124 EA per 31 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL (1240 ML per 31 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (62 EA per 31 days)
PIFELTRO ORAL TABLET 100 MG	2	QL (31 EA per 31 days)
RESCRIPTOR ORAL TABLET 200 MG	2	QL (186 EA per 31 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir oral solution 20 mg/ml</i>	1	QL (930 ML per 31 days)
<i>abacavir oral tablet 300 mg</i>	1	QL (62 EA per 31 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	QL (31 EA per 31 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	QL (62 EA per 31 days)
ATRIPLA ORAL TABLET 600-200-300 MG	2	QL (31 EA per 31 days)
CIMDUO ORAL TABLET 300-300 MG	2	QL (31 EA per 31 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	2	QL (31 EA per 31 days)
DESCOVY ORAL TABLET 200-25 MG	2	QL (31 EA per 31 days)
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	1	QL (31 EA per 31 days)
EMTRIVA ORAL CAPSULE 200 MG	2	QL (31 EA per 31 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL (744 ML per 31 days)
JULUCA ORAL TABLET 50-25 MG	2	QL (31 EA per 31 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	QL (930 ML per 31 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL (62 EA per 31 days)
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL (31 EA per 31 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (62 EA per 31 days)
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL (31 EA per 31 days)
SYMFI ORAL TABLET 600-300-300 MG	2	QL (31 EA per 31 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	QL (31 EA per 31 days)
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	2	QL (1240 ML per 31 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	2	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	QL (1860 ML per 31 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>zidovudine oral tablet 300 mg</i>	1	QL (62 EA per 31 days)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	2	QL (1860 ML per 31 days)
SELZENTRY ORAL TABLET 150 MG, 75 MG	2	QL (62 EA per 31 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	2	QL (124 EA per 31 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL (31 EA per 31 days)
TYBOST ORAL TABLET 150 MG	2	QL (31 EA per 31 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE 250 MG	2	QL (124 EA per 31 days)
APTIVUS ORAL SOLUTION 100 MG/ML	2	QL (310 ML per 31 days)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	1	QL (31 EA per 31 days)
<i>atazanavir oral capsule 200 mg</i>	1	QL (62 EA per 31 days)
CRIXIVAN ORAL CAPSULE 200 MG	2	QL (465 EA per 31 days)
CRIXIVAN ORAL CAPSULE 400 MG	2	QL (279 EA per 31 days)
EVOTAZ ORAL TABLET 300-150 MG	2	QL (31 EA per 31 days)
<i>fosamprenavir oral tablet 700 mg</i>	1	QL (124 EA per 31 days)
INVIRASE ORAL TABLET 500 MG	2	QL (124 EA per 31 days)
KALETRA ORAL TABLET 100-25 MG	2	QL (248 EA per 31 days)
KALETRA ORAL TABLET 200-50 MG	2	QL (124 EA per 31 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	2	QL (1736 ML per 31 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	2	QL (372 EA per 31 days)
NORVIR ORAL SOLUTION 80 MG/ML	2	QL (465 ML per 31 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	QL (31 EA per 31 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL (496 ML per 31 days)
PREZISTA ORAL TABLET 150 MG	2	QL (155 EA per 31 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	2	QL (62 EA per 31 days)
PREZISTA ORAL TABLET 75 MG	2	QL (310 EA per 31 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	2	QL (248 EA per 31 days)
<i>ritonavir oral tablet 100 mg</i>	1	QL (372 EA per 31 days)
VIRACEPT ORAL TABLET 250 MG	2	QL (279 EA per 31 days)
VIRACEPT ORAL TABLET 625 MG	2	QL (124 EA per 31 days)
Anti-Influenza Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	
<i>rimantadine oral tablet 100 mg</i>	1	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	PA
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (155 EA per 31 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (124 EA per 31 days)
Bipolar Agents		
Mood Stabilizers		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (93 EA per 31 days)
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	1	ST; QL (31 EA per 31 days)
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	1	ST; QL (62 EA per 31 days)
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
CYCLOSET ORAL TABLET 0.8 MG	2	PA
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg</i>	1	QL (124 EA per 31 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (62 EA per 31 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (62 EA per 31 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	1	QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	PA
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	PA; QL (124 EA per 31 days)
<i>glyburide oral tablet 5 mg</i>	1	PA; QL (248 EA per 31 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	ST
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	ST
INVOKANA ORAL TABLET 100 MG, 300 MG	2	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST; QL (31 EA per 31 days)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (93 EA per 31 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (31 EA per 31 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL (248 EA per 31 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	ST
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA
TRADJENTA ORAL TABLET 5 MG	2	ST; QL (31 EA per 31 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	ST
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST
Blood Glucose Regulators		
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (93 EA per 31 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (124 EA per 31 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	PA; QL (93 EA per 31 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	PA; QL (124 EA per 31 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	ST; QL (62 EA per 31 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	ST; QL (31 EA per 31 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	ST; QL (62 EA per 31 days)

Drug Name	Tier	Requirements / Limits
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	ST; QL (62 EA per 31 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	ST; QL (62 EA per 31 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	ST; QL (31 EA per 31 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (31 EA per 31 days)
Glycemic Agents		
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	
KORLYM ORAL TABLET 300 MG	2	PA NSO; QL (124 EA per 31 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	
Insulins		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	QL (100 EA per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (45 ML per 31 days)
<i>gauze pad topical bandage 2 x 2 "</i>	1	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	QL (40 ML per 31 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	QL (40 ML per 31 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 ML per 31 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (40 ML per 31 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (40 ML per 31 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	QL (40 ML per 31 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	QL (40 ML per 31 days)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	QL (130 EA per 31 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (45 ML per 31 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 ML per 31 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (40 ML per 31 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (40 ML per 31 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	QL (40 ML per 31 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	QL (130 EA per 31 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	QL (45 ML per 31 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	QL (45 ML per 31 days)
Blood Products/ Modifiers/ Volume Expanders		
Anticoagulants		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	2	
ELIQUIS ORAL TABLET 2.5 MG	2	QL (62 EA per 31 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (76 EA per 31 days)
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (74 EA per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	QL (34 ML per 31 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	QL (27.2 ML per 31 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	QL (10.2 ML per 31 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	QL (13.6 ML per 31 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	QL (20.4 ML per 31 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	B vs D
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	2	QL (62 EA per 31 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>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (31 EA per 31 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (62 EA per 31 days)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	

Drug Name	Tier	Requirements / Limits
Blood Formation Modifiers		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	2	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG	2	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	2	PA NSO; QL (62 EA per 31 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	
Hemostasis Agents		
<i>tranexamic acid oral tablet 650 mg</i>	1	
Platelet Modifying Agents		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	QL (62 EA per 31 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	2	QL (62 EA per 31 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (31 EA per 31 days)
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	PA
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	1	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	2	PA NSO
Alpha-Adrenergic Blocking Agents		
<i>phenoxybenzamine oral capsule 10 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; QL (62 EA per 31 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (31 EA per 31 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (31 EA per 31 days)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	QL (31 EA per 31 days)
Angiotensin-Converting Enzyme (ACE) Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (62 EA per 31 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	QL (62 EA per 31 days)
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (62 EA per 31 days)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	QL (62 EA per 31 days)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (62 EA per 31 days)
Antiarrhythmics		
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	PA
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	2	PA
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL (31 EA per 31 days)
<i>metoprolol succinate oral tablet extended release 24 hr 200 mg</i>	1	QL (62 EA per 31 days)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (31 EA per 31 days)
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	QL (31 EA per 31 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	QL (62 EA per 31 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	QL (62 EA per 31 days)
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
Cardiovascular Agents		
<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>	1	QL (31 EA per 31 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
DEMSEER ORAL CAPSULE 250 MG	2	PA NSO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1	QL (31 EA per 31 days)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	QL (124 EA per 31 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	QL (31 EA per 31 days)
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	PA
<i>metoprolol tartrate-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	1	
<i>propranolol-hydrochlorothiazide oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	QL (62 EA per 31 days)
<i>spironolactone-hydrochlorothiazide oral tablet 25-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg, 75-50 mg</i>	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>	1	QL (31 EA per 31 days)
Cardiovascular Agents, Other		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	PA; QL (62 EA per 31 days)
<i>digitek oral tablet 125 mcg, 250 mcg</i>	1	PA
<i>digox oral tablet 125 mcg, 250 mcg</i>	1	PA
<i>digoxin oral solution 50 mcg/ml</i>	1	PA
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	PA
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	PA

Drug Name	Tier	Requirements / Limits
LANOXIN ORAL TABLET 62.5 MCG	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA NSO
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA NSO
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
KEVEYIS ORAL TABLET 50 MG	2	PA NSO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
Diuretics, Potassium-Sparing		
<i>amiloride oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	QL (31 EA per 31 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	QL (31 EA per 31 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	QL (31 EA per 31 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	1	QL (31 EA per 31 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	1	QL (62 EA per 31 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	QL (62 EA per 31 days)
Dyslipidemics, HMG COA Reductase Inhibitors		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	QL (31 EA per 31 days)
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 5 MG, 60 MG	2	PA NSO; QL (31 EA per 31 days)
JUXTAPID ORAL CAPSULE 20 MG	2	PA NSO; QL (93 EA per 31 days)
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA NSO; QL (4 ML per 28 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	QL (62 EA per 31 days)
<i>niacor oral tablet 500 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	QL (124 EA per 31 days)
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA NSO; QL (3.5 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA NSO; QL (3 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA NSO; QL (3 ML per 28 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	2	
Vasodilators, Direct-Acting Arterial		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
Vasodilators, Direct-Acting Arterial/ Venous		

Drug Name	Tier	Requirements / Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	PA
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	1	PA
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg</i>	1	QL (124 EA per 31 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (31 EA per 31 days)
<i>atomoxetine oral capsule 40 mg</i>	1	QL (62 EA per 31 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	PA; QL (124 EA per 31 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL (62 EA per 31 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	PA; QL (31 EA per 31 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	PA
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	PA
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	PA
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG	2	PA NSO; QL (124 EA per 31 days)
AUSTEDO ORAL TABLET 6 MG, 9 MG	2	PA NSO; QL (62 EA per 31 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
<i>riluzole oral tablet 50 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
Fibromyalgia Agents		
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (62 EA per 31 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	PA; QL (62 EA per 31 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	PA; QL (55 EA per 28 days)
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	2	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA NSO
GILENYA ORAL CAPSULE 0.5 MG	2	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	2	PA
Dental And Oral Agents		
Dental And Oral Agents		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
Dermatological Agents		
Dermatological Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
<i>calcipotriene topical ointment 0.005 %</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA

Drug Name	Tier	Requirements / Limits
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>diclofenac sodium topical gel 1 %</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	PA
<i>doxycycline hyclate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i>	1	QL (12 EA per 28 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	PA
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>pimecrolimus topical cream 1 %</i>	1	PA
<i>podofilox topical solution 0.5 %</i>	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA
<i>tazarotene topical cream 0.1 %</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	PA
VALCHLOR TOPICAL GEL 0.016 %	2	PA NSO
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	2	PA NSO
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	B vs D
KLOR-CON M15 ORAL TABLET, ER PARTICLES/CRYSTALS 15 MEQ	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	2	B vs D
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	B vs D
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	2	PA NSO
FERRIPROX ORAL TABLET 500 MG	2	PA NSO
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>trientine oral capsule 250 mg</i>	1	PA
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	B vs D
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	B vs D
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	B vs D
CLINIMIX E 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	B vs D
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	B vs D
<i>clinisol sf 15 % intravenous parenteral solution 15 %</i>	1	B vs D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	

Drug Name	Tier	Requirements / Limits
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	B vs D
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	
INTRALIPID INTRAVENOUS EMULSION 30 %	2	PA
<i>levocarnitine oral tablet 330 mg</i>	1	B vs D
NUTRILIPID INTRAVENOUS EMULSION 20 %	2	PA
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	2	B vs D
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	B vs D
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
Gastrointestinal Agents, Other		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA NSO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
ENDARI ORAL POWDER IN PACKET 5 GRAM	2	PA NSO; QL (180 EA per 30 days)
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	2	PA NSO
<i>loperamide oral capsule 2 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
OCALIVA ORAL TABLET 10 MG, 5 MG	2	PA NSO; QL (31 EA per 31 days)
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RELISTOR ORAL TABLET 150 MG	2	PA; QL (93 EA per 31 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA; QL (30 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	2	PA; QL (30 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	2	PA; QL (28 ML per 28 days)
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
XERMELO ORAL TABLET 250 MG	2	PA NSO; QL (93 EA per 31 days)
Histamine2 (H2) Receptor Antagonists		
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
Irritable Bowel Syndrome Agents		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	QL (62 EA per 31 days)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	PA; QL (31 EA per 31 days)
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA
Laxatives		
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>gavilyte-n oral recon soln 420 gram</i>	1	
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram</i>	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	1	
Protectants		

Drug Name	Tier	Requirements / Limits
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
Proton Pump Inhibitors		
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	1	QL (31 EA per 31 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 40 mg</i>	1	QL (31 EA per 31 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL (62 EA per 31 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL (31 EA per 31 days)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
CERDELGA ORAL CAPSULE 84 MG	2	PA NSO
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	2	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA NSO
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	2	PA NSO
KUVAN ORAL TABLET, SOLUBLE 100 MG	2	PA NSO
<i>miglustat oral capsule 100 mg</i>	1	PA NSO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	2	PA NSO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	2	PA NSO
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	PA NSO
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	ST; QL (31 EA per 31 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	1	QL (31 EA per 31 days)
<i>trospium oral tablet 20 mg</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	QL (31 EA per 31 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	QL (31 EA per 31 days)
<i>finasteride oral tablet 5 mg</i>	1	QL (31 EA per 31 days)
<i>tamsulosin oral capsule 0.4 mg</i>	1	QL (62 EA per 31 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
DEPEN TITRATABS ORAL TABLET 250 MG	2	
ELMIRON ORAL CAPSULE 100 MG	2	
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	2	PA NSO; QL (56 EA per 28 days)
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	
Phosphate Binders		
<i>calcium acetate oral capsule 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	2	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML	2	PA
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	2	PA NSO
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	2	PA NSO
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>prednisone oral tablet 50 mg</i>	1	B vs D
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET 50 MG	2	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
METHITEST ORAL TABLET 10 MG	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<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>	1	PA

Drug Name	Tier	Requirements / Limits
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	PA
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	PA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	1	PA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	
<i>norlyroc oral tablet 0.35 mg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	PA
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	
Progestins		
<i>camila oral tablet 0.35 mg</i>	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	QL (10 ML per 28 days)
<i>errin oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA NSO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	2	PA
<i>raloxifene oral tablet 60 mg</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVO-T 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	2	
<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>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID 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	2	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET 500 MG	2	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	2	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	2	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	2	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA NSO; QL (62 ML per 31 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	PA NSO
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	2	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	PA
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	2	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	2	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	2	PA NSO; QL (4 ML per 28 days)
Immune Suppressants		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	2	PA NSO
<i>azathioprine oral tablet 50 mg</i>	1	B vs D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B vs D
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B vs D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B vs D
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	2	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	2	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (0.98 ML)	2	PA

Drug Name	Tier	Requirements / Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	2	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B vs D
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B vs D
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B vs D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	B vs D
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B vs D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B vs D
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	2	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA; QL (2.8 ML per 28 days)
<i>sirolimus oral solution 1 mg/ml</i>	1	B vs D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B vs D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B vs D
XATMEP ORAL SOLUTION 2.5 MG/ML	2	PA NSO

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	2	B vs D; QL (62 EA per 31 days)
ZORTRESS ORAL TABLET 1 MG	2	B vs D
Immunizing Agents, Passive		
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	2	PA NSO
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	PA NSO
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	2	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
RIDAURA ORAL CAPSULE 3 MG	2	
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	B vs D
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	B vs D
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	

Drug Name	Tier	Requirements / Limits
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	B vs D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	B vs D
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT-20 MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	2	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide oral capsule 750 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
Glucocorticoids		
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>methylprednisolone oral tablet 4 mg</i>	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
Sulfonamides		
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	1	QL (31 EA per 31 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	B vs D
<i>calcitriol oral solution 1 mcg/ml</i>	1	B vs D
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	2	PA

Drug Name	Tier	Requirements / Limits
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	PA NSO; QL (2 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	2	PA
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	2	PA; QL (62 EA per 31 days)
<i>risedronate oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	QL (31 EA per 31 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
<i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i>	1	QL (4 EA per 28 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	2	B vs D; QL (124 EA per 31 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	PA; QL (5.1 ML per 28 days)
Ophthalmic Agents		
Ophthalmic Agents		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
Ophthalmic Agents, Other		
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	PA NSO
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	PA; QL (60 EA per 30 days)
Ophthalmic Anti-Allergy Agents		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	2	
Ophthalmic Antiglaucoma Agents		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
Ophthalmic Anti-Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL (60 EA per 30 days)
Ophthalmic Prostaglandin And Prostanamide Analogs		

Drug Name	Tier	Requirements / Limits
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
Otic Agents		
Otic Agents		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>ofloxacin oral tablet 300 mg</i>	1	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	PA
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	PA
<i>cyproheptadine oral tablet 4 mg</i>	1	PA
<i>levocetirizine oral tablet 5 mg</i>	1	
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 EA per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES), 220 MCG (60 DOSES)	2	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml</i>	1	B vs D; QL (240 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i>	1	B vs D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B vs D; QL (60 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (10.6 GM per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (21.2 GM per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i>	1	QL (31 EA per 31 days)
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	QL (31 EA per 31 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	QL (62 EA per 31 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B vs D; QL (570 ML per 31 days)
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	1	QL (30 ML per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION, 400 MCG/ACTUATION (30 ACTUAT)	2	QL (1 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	QL (36 GM per 31 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	B vs D; QL (576 ML per 31 days)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B vs D; QL (100 ML per 31 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	

Drug Name	Tier	Requirements / Limits
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (60 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml</i>	1	PA; QL (744 ML per 31 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	1	PA; QL (90 EA per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/3 ml</i>	1	PA; QL (90 ML per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 31 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
Cystic Fibrosis Agents		
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	2	PA NSO; QL (62 EA per 31 days)
KALYDECO ORAL TABLET 150 MG	2	PA NSO; QL (62 EA per 31 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	PA NSO; QL (3472 EA per 31 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA NSO; QL (124 EA per 31 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	2	PA NSO; QL (56 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Drug Name	Tier	Requirements / Limits
Mast Cell Stabilizers		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B vs D
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	2	PA
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA NSO; QL (93 EA per 31 days)
<i>alyq oral tablet 20 mg</i>	1	PA; QL (62 EA per 31 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA
OPSUMIT ORAL TABLET 10 MG	2	PA NSO; QL (31 EA per 31 days)
<i>sildenafil (antihypertensive) oral tablet 20 mg</i>	1	PA
<i>tadalafil (antihypertensive) oral tablet 20 mg</i>	1	PA; QL (62 EA per 31 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	2	PA; QL (62 EA per 31 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; QL (124 EA per 31 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B vs D
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 EA per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	B vs D
Respiratory Tract/ Pulmonary Agents		
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (4 GM per 20 days)
ESBRIET ORAL CAPSULE 267 MG	2	PA NSO; QL (279 EA per 31 days)
ESBRIET ORAL TABLET 267 MG	2	PA NSO; QL (186 EA per 31 days)
ESBRIET ORAL TABLET 801 MG	2	PA NSO; QL (93 EA per 31 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B vs D; QL (558 ML per 31 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA NSO

Drug Name	Tier	Requirements / Limits
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	B vs D
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 350 mg</i>	1	PA; QL (93 EA per 31 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; QL (93 EA per 31 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA
Sleep Disorder Agents		
GABA Receptor Modulators		
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	PA; QL (31 EA per 31 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	PA; QL (31 EA per 31 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	PA; QL (31 EA per 31 days)
Sleep Disorders, Other		
HETLIOZ ORAL CAPSULE 20 MG	2	PA NSO; QL (31 EA per 31 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; QL (62 EA per 31 days)
ROZEREM ORAL TABLET 8 MG	2	QL (31 EA per 31 days)
XYREM ORAL SOLUTION 500 MG/ML	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

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