



A Medicare Advantage and Medicaid Advantage Plus Program

## 2021 FORMULARY (LIST OF COVERED DRUGS)

## FORMULARIO DE MEDICAMENTOS 2021 (LISTADO DE MEDICAMENTOS CUBIERTOS)

## 2021 處方集 (給付藥品清單)

Approved Formulary Submission  
ID Number: 21028, Version 08

### VNSNY CHOICE Total (HMO D-SNP)

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

This formulary was updated on 10/05/2020. For more recent information or other questions, please contact VNSNY CHOICE Total Member Services at 1-866-783-1444 or, for TTY users, 711, 7 days a week from 8 am to 8 pm or visit [www.vnsnychoice.org](http://www.vnsnychoice.org).

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means VNSNY CHOICE Total. When it refers to “plan” or “our plan,” it means VNSNY CHOICE Total.

This document includes a list of the drugs (formulary) for our plan, which is current as of 10/05/20. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover and back cover pages.

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

## What is the VNSNY CHOICE Total Formulary?

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

## Can the Formulary (drug list) change?

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

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

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

move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/05/20. To get updated information about the drugs covered by VNSNY CHOICE Total, please contact us. Our contact information appears on the front cover and back cover pages. If we update our printed formulary with non-maintenance formulary changes, we will send you a notice that includes this information.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 3. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on I-1. The Index provides an alphabetical list of all of the drugs

included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** VNSNY CHOICE Total requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from VNSNY CHOICE Total before you fill your prescriptions. If you don't get approval, VNSNY CHOICE Total may not cover the drug.
- **Quantity Limits:** For certain drugs, VNSNY CHOICE Total limits the amount of the drug that VNSNY CHOICE Total will cover. For example, VNSNY CHOICE Total provides 60 capsules per prescription for Celebrex. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, VNSNY CHOICE Total requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, VNSNY CHOICE Total may not cover Drug B unless you try Drug A first. If Drug A does not work for you, VNSNY CHOICE Total will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front cover and back cover pages.

You can ask VNSNY CHOICE Total to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the VNSNY CHOICE Total formulary?" on page VI for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. VNSNY CHOICE Total pays for certain OTC drugs.

### COVERED OVER-THE-COUNTER (OTC) DRUGS

DRUG		Dosage Form
Generic Name	(Reference Brand Name)	
<i>Cetirizine Hydrochloride</i>	(Zyrtec)	Chewable Tablets, Solution, Tablets
<i>Cetirizine Hydrochloride/ Pseudoephedrine Hydrochloride</i>	(Zyrtec-D)	12 Hour Tablets
<i>Fexofenadine Hydrochloride</i>	(Allegra)	12 hour tablets, 24 hour tablets rapidis, suspension
<i>Fexofenadine/Pseudoephedrine Hydrochloride</i>	(Allegra-D)	12 hour tablets, 24 Hour Tablet
<i>Ketotifen Fumarate</i>	(Zaditor)	Ophthalmic Drops
<i>Levocetirizine Dihydrochloride</i>	(Xyzal)	Solution, Tablets
<i>Loratadine</i>	(Claritin)	Solution, Tablets
<i>Loratadine/ Pseudoephedrine Hydrochloride</i>	(Claritin-D)	12 Hour Tablets 24 Hour Tablets
<i>Olopatadine Hydrochloride</i>	(Pataday)	Ophthalmic Drops

VNSNY CHOICE Total will provide these OTC drugs at no cost to you. The cost to VNSNY CHOICE Total of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap.)

## What if my drug is not on the Formulary?

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

If you learn that VNSNY CHOICE Total does not cover your drug, you have two options:

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

## **How do I request an exception to the VNSNY CHOICE Total Formulary?**

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

A transition fill is provided to current members that are in need of a one-time Emergency Fill or that are prescribed a non-formulary drug as a result of a level of care change.

### **For more information**

For more detailed information about your VNSNY CHOICE Total prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

This information is available for free in other languages. Please call Member Services at 1-866-783-1444 for additional information. (TTY users should call 711 Toll-free) 7 days a week from 8 am to 8 pm. Member Services also has free language interpreter services available for non-English speakers.



# VNSNY CHOICE Total's Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by VNSNY CHOICE Total. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

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

**Please see the following for an explanation of the Drug Tier columns listed in your formulary. See your Chapter 6 of Evidence of Coverage for actual copayments.**

Tier 1: Preferred Generic Drugs

Tier 2: Generic Drugs

Tier 3: Preferred Brand Name Drugs

Tier 4: Non-Preferred Brand Name Drugs

Tier 5: Specialty Drugs

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

**COVERAGE NOTES ABBREVIATIONS**

ABBREVIATION	DESCRIPTION	EXPLANATION
<b>Utilization Management Restrictions</b>		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from VNSNY CHOICE Total before you fill your prescription for this drug. Without prior approval, VNSNY CHOICE Total may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from VNSNY CHOICE Total to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, VNSNY CHOICE Total may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 yrs or older are required to get prior authorization from VNSNY CHOICE Total before you fill your prescription for this drug. Without prior approval, VNSNY CHOICE Total may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member, you (or your physician) are required to get prior authorization from VNSNY CHOICE Total before you fill your prescription for this drug. Without prior approval, VNSNY CHOICE Total may not cover this drug.

ABBREVIATION	DESCRIPTION	EXPLANATION
QL	Quantity Limit Restriction	VNSNY CHOICE Total limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before VNSNY CHOICE Total will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

**The following additional coverage note abbreviations may be found within the body of this document**

**OTHER SPECIAL REQUIREMENTS FOR COVERAGE**

ABBREVIATION	DESCRIPTION	EXPLANATION
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Member Services at 1-866-783-1444, 7 days a week from 8:00 am to 8:00 pm. TTY/TDD users should call 711.
NM	Non-Mail Order Drug	You may be able to receive greater than a 1-month supply of most of the drugs on your formulary via mail order at a reduced cost share. Drugs <u>not</u> available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.
NDS	Non-Extended Day Supply	Those drugs that are limited to a 30-day supply are noted as ‘NDS’ (non-extended day supply) in the Requirements/Limits column of your formulary.

## STRENGTH AND DOSAGE FORM ABBREVIATIONS

ABBREVIATION	DESCRIPTION
adh. patch	adhesive patch
aer br act	aerosol, breath activated
aer pow	aerosol, powder
aer pow ba	aerosol powder, breath activated
aer refill	aerosol refill
aer w/adap	aerosol with adapter
ampul	ampule
blkbaginj	bulk bag injection
cap dr mp	capsule, delayed release multiphasic
cap ds pk	capsule, dose pack
cap er 12h	capsule, 12 hour extended release
cap er 24h	capsule, 24 hour extended release
cap er deg	capsule, extended release degradable
cap er pel	capsule, extended release pellets
cap mphase	capsule, multiphasic
cap.sa 24h	capsule, 24 hour sustained action
cap.sr 12h	capsule, 12 hour sustained release
cap.sr 24h	capsule, 24 hour sustained release
cap24h pct	capsule, 24 hour controlled-onset pellets
cap24h pel	capsule, 24 hour sustained release pellets
cap sprink	capsule, sprinkle
cap sr pel	capsule sustained release pellets
cap w/dev	capsule with device
capsule dr	capsule, delayed release
capsule er	capsule, extended release
capsule sa	capsule, sustained action
cmb cappad	combination: capsule, pad
cmb ont fm	combination: ointment, foam
cmb ont lt	combination: ointment, lotion
cmb tabpad	combination: tablet, pad
combo. pkg	combination package
cpmp 12hr	capsule, 12 hour multiphasic
cpmp 24hr	capsule, 24 hour multiphasic
cpmp 30-70	capsule, multiphasic, 30%-70%

<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
cpmp 50-50	capsule, multiphasic, 50%-50%
cream(g), cream(gm)	cream (grams)
cream(ml)	cream (milliliters)
cream/appl	cream with applicator
cream, er (g)	cream, extended release (grams)
cream pack	cream, package
dehp fr bg	di(2-ethylhexyl)phthalate free bag
dis needle	disposable needle
disk w/dev	disk with inhalation device
disp syrin	disposable syringe
drops susp	drops, suspension
drps hpvis	drops, hyperviscous
emul adhes	emulsion adhesive
emul packt	emulsion packet
emulsn(g)	emulsion (grams)
foam/appl.	foam with applicator
froz.piggy	frozen piggyback
g	gram
gel/pf app	gel with prefilled applicator
gel (gm)	gel (grams)
gel (ml)	gel (milliliters)
gel md pmp	gel in metered dose pump
gel w/appl	gel with applicator
gel w/pump	gel with pump
gran pack	granule pack
hfa aer ad	hfa aerosol adapter
infus. btl	infusion bottle
insuln pen	insulin pen
ip soln	intraperitoneal solution
irrig soln	irrigating solution
iv soln.	intravenous solution
jel	jelly
jelly/app	jelly with applicator
jel/pf app	jelly with pre-filled applicator
kit cl&crm	kit: cleanser and cream

<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
kt crm le	kit: cream, lotion emollient
kt lotn ce	kit: lotion, cream emollient
kt oint le	kit: ointment, lotion emollient
lotion, er	lotion, extended release
lozenge hd	lozenge handle
m.ht patch	medicated heated patch
ma buc tab	mucoadhesive buccal tablet
mcg	microgram
med. pad	medicated pad
med. swab	medicated swab
med. tape	medicated tape
mg	milligram
ml	milliliter
muc er 12h	mucoadhesive system, 12 hour extended release
ndl fr inj	needle for injection
nl fm susp	nail film suspension
oint. (g), oint.(gm)	ointment (grams)
oral conc	oral concentrate
oral susp	oral suspension
paste (g)	paste (grams)
patch td24	patch, 24 hour transdermal
patch td72	patch, 72 hour transdermal
patch tds	patch, biweekly transdermal
patch tdwk	patch, weekly transdermal
pca syring	patient-controlled analgesic syringe
pca vial	patient-controlled analgesic vial
pellet(ea)	pellet (each)
pen ij kit	pen injector kit
pen injctr	pen injector
pggybk btl	piggyback bottle
plast. bag	plastic bag
powd pack	powder pack
sol md pmp	solution with multi-dose pump
sol w/appl	solution with applicator
sol/pf app	solution with pre-filled applicator

<b>ABBREVIATION</b>	<b>DESCRIPTION</b>
sol-gel	solution, gel-forming
soln recon	solution, reconstituted
soln(gram)	solution (grams)
spray susp	spray, suspension
spray/pump	spray with pump
stick(ea)	stick (each)
supp.rect	suppository, rectal
supp.vag	suppository, vaginal
suppos.	suppository
sus er 24h	suspension, 24 hour extended release
sus er rec	suspension, extended release reconstituted
sus mc rec	suspension, microcapsule reconstituted
suspd r pkt	suspension, delayed release packet
susp recon	suspension, reconstituted
syringekit	syringe kit
tab chew	tablet, chewable
tab er 12h	tablet, 12 hour extended release
tab er 24h	tablet, 24 hour extended release
tab er prt	tablet, extended release particles
tab er seq	tablet, extended release sequels
tab disper	tablet, dispersible
tab ds pk	tablet, dose pack
tab er 24	tablet, 24 hour extended release
tab mphase	tablet, multiphasic
tab part	tablet, particles
tab rap dr	tablet, rapid disintegrating delayed release
tab rapdis	tablet, rapid disintegrating
tab subl	tablet, sublingual
tab.sr 12h	tablet, 12 hour sustained release
tab.sr 24h	tablet, 24 hour sustained release
tabergr24hr	tablet, 24 hour gradual extended release
tablet dr	tablet, delayed release
tablet, er	tablet, extended release
tablet eff	tablet, effervescent
tablet sa	tablet, sustained action

ABBREVIATION	DESCRIPTION
tablet sol	tablet, soluble
tb er dspk	tablet, extended release dose pack
tb mp dspk	tablet, multiphasic dose pack
tb rd dspk	tablet, rapid disintegrating dose pack
tb dspk 3mo	tablet, 3-month dose pack
tbmp 12hr	tablet, 12 hour multiphasic
tbmp 24hr	tablet, 24 hour multiphasic
u	unit
vag ring	vaginal ring



# VNSNY CHOICE Total (HMO D-SNP)

## Formulario 2021

### Lista de medicamentos cubiertos:

**LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
SOBRE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN**

Número de identificación de envío de archivo - Formulario aprobado:  
21028, Versión: 08

Este formulario fue actualizado el día 10/05/20. Si desea obtener más información o tiene preguntas, llámenos al 1-866-783-1444, usuarios de TTY al 711, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. o visite [vnsnychoice.org](http://vnsnychoice.org).

**Nota para miembros actuales:** este formulario ha sido modificado desde el año pasado. Lea este documento y asegúrese que en él aún figuran los medicamentos que usted toma.

Cuando en esta lista de medicamentos (formulario) se indica “nosotros”, “nos” o “nuestro/a”, hace referencia a VNSNY CHOICE Total. Cuando se indica “plan” o “nuestro plan”, hace referencia a VNSNY CHOICE Total.

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan que fue actualizada el 10/05/20. Para obtener un formulario más actualizado, comuníquese con nosotros. Nuestra información de contacto y la fecha de la última actualización del formulario aparecen en la portada y en la contraportada.

En general, usted deberá utilizar farmacias de la red de servicios para acceder a su beneficio de medicamentos recetados. Los beneficios, el formulario, las farmacias de la red de servicios y los copagos/el coseguro pueden cambiar el 1 de enero de 2021 y a lo largo del año.

## ¿Qué es el formulario de VNSNY CHOICE Total?

Un formulario es una lista de medicamentos cubiertos seleccionados por VNSNY CHOICE Total con el asesoramiento de un equipo de proveedores de servicios de salud. Dicha lista representa las terapias prescritas consideradas necesarias para un plan de tratamiento efectivo. En general, VNSNY CHOICE Total cubrirá los medicamentos indicados en el formulario, siempre y cuando el medicamento sea necesario desde un punto de vista médico, la receta se surta en una farmacia de la red de servicios VNSNY CHOICE Total y se respeten las demás condiciones del plan. Para obtener más información sobre cómo surtir sus recetas médicas, lea la Evidencia de cobertura.

## ¿El Formulario (lista de medicamentos) puede cambiar?

La mayoría de los cambios en la cobertura de medicamentos se realizan el 1 de enero, pero VNSNY CHOICE Total puede agregar o quitar medicamentos de la Lista de medicamentos durante el año, transferirlos a otros niveles de costo compartido o añadir nuevas restricciones. Debemos seguir las reglas de Medicare cuando se realizan estos cambios.

**Modificaciones que pueden afectarlo este año:** en los siguientes casos, usted se verá afectado por las modificaciones en la cobertura durante el año en curso:

- **Nuevos medicamentos genéricos.** Podemos quitar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si estamos reemplazándolo con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en uno inferior y con las mismas restricciones o menores. Asimismo, al añadir el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos genéricos, pero transferirlo inmediatamente a otro nivel de costo compartido o añadir nuevas restricciones. Si usted está tomando ese medicamento de marca actualmente, es posible que no le informemos antes de realizar este cambio, pero luego le enviaremos información sobre el o los cambios específicos que hayamos realizado.
  - Si realizamos este cambio, usted o la persona autorizada a prescribir recetas pueden solicitar que realicemos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le daremos también incluirá información sobre cómo solicitar una excepción y también podrá encontrar más información vinculada en la sección a continuación, titulada “¿Cómo solicito una excepción al Formulario VNSNY CHOICE Total?”
- **Medicamentos que fueron retirados del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) considera que un medicamento de nuestro formulario no es seguro o si el fabricante del medicamento lo retira del mercado, quitaremos de inmediato el medicamento de nuestro formulario y notificaremos

a los miembros que estén tomándolo.

- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los miembros que estén tomando un medicamento. Por ejemplo, podemos añadir un nuevo medicamento genérico que reemplace un medicamento de marca que figura en el formulario o podemos añadir nuevas restricciones al medicamento de marca o bien transferirlo a otro nivel de costo compartido, o ambas. También podemos realizar cambios a partir de nuevas indicaciones clínicas. Si quitamos medicamentos de nuestro formulario, añadimos un requisito de autorización previa, límites de cantidad o restricciones a la terapia escalonada para un medicamento o transferimos un medicamento a un nivel de costo compartido superior, debemos notificar este cambio a los miembros afectados al menos 30 días antes de realizarlo, o cuando el miembro solicite un nuevo suministro del medicamento, y reciba consecuentemente un suministro para 30 días.
  - Si realizamos estos cambios, usted o la persona autorizada a prescribir recetas pueden solicitar que realicemos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le daremos también incluirá información sobre cómo solicitar una excepción, y además podrá encontrar más información vinculada en la sección a continuación, titulada “¿Cómo solicito una excepción al Formulario VNSNY CHOICE Total?”.

**Modificaciones que no afectarán a las personas que actualmente toman el medicamento.** Por lo general, si usted está tomando un medicamento que figuraba en nuestro formulario 2020 y que estaba cubierto a principio de año, no anularemos o modificaremos la cobertura de ese medicamento por el resto del año 2020, excepto bajo las condiciones indicadas anteriormente. Esto quiere decir que dichos medicamentos seguirán disponibles en el mismo nivel de costo compartido y sin restricciones para los miembros que los estén tomando durante lo que resta del año de cobertura. Usted no recibirá un aviso directo este año sobre las modificaciones que no le afecten. No obstante, las modificaciones lo afectarán a partir del 1 de enero del año siguiente, y es importante que consulte la Lista de medicamentos del próximo año de beneficios para conocer las modificaciones en los medicamentos.

El presente formulario está actualizado al 10/05/20. Para recibir información actualizada sobre los medicamentos cubiertos por VNSNY CHOICE Total, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada. Si actualizamos nuestro formulario impreso con cambios al formulario que no sean de mantenimiento, le enviaremos una notificación con dicha información.

## ¿Cómo uso el formulario?

Usted puede encontrar su medicamento en el formulario de dos formas:

### Afección médica

El formulario comienza en la página 3. Los medicamentos en este formulario están agrupados en categorías que dependen del tipo de afección médica para la cual se los suele utilizar. Por ejemplo, los medicamentos utilizados para tratar una enfermedad cardiovascular se indican bajo la categoría “Cardiovascular”. Si usted sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 3. Luego busque su medicamento bajo dicha categoría.

### Listado alfabético

Si no sabe a qué categoría referirse, puede buscar su medicamento en el Índice que empieza en I-1. En el Índice figura una lista alfabética de todos los medicamentos incluidos en este documento. El Índice incluye tanto medicamentos de marca como genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde podrá encontrar información sobre la cobertura. Busque la página indicada en el Índice y podrá encontrar el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

VNSNY CHOICE Total cubre tanto medicamentos de marca como genéricos. Un medicamento genérico es un medicamento que está aprobado por la FDA, dado que se considera que tiene los mismos ingredientes activos que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que un medicamento de marca.

## ¿Mi cobertura tiene alguna restricción?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites en su cobertura. Algunos de los requisitos y límites pueden ser los siguientes:

- **Autorización previa:** VNSNY CHOICE Total exige a usted o a su médico que obtenga autorización previa para ciertos medicamentos. Esto significa que deberá obtener autorización de VNSNY CHOICE Total antes de surtir sus recetas. Si no obtiene autorización, es posible que VNSNY CHOICE Total no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, VNSNY CHOICE Total limita la cantidad de medicamento que VNSNY CHOICE Total cubrirá. Por ejemplo, VNSNY CHOICE Total provee 60 cápsulas por receta para Celebrex. Esto puede ser provisto además del suministro estándar de un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, VNSNY CHOICE Total exige que primero intente tratar su afección médica con determinado medicamento antes

de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, VNSNY CHOICE Total puede no cubrir el medicamento B hasta que pruebe el medicamento A primero. Si el medicamento A no funciona para usted, VNSNY CHOICE Total cubrirá el medicamento B.

Puede confirmar si su medicamento tiene requisitos o límites adicionales consultando el formulario que comienza en la página 3. También puede obtener más información sobre las restricciones que aplican a ciertos medicamentos cubiertos accediendo a nuestra página web. En dicho sitio web publicamos documentos disponibles en línea que explican nuestro procedimiento de autorización previa y las restricciones de tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto y la fecha de la última actualización del formulario aparecen en la portada y en la contraportada.

Puede solicitar a VNSNY CHOICE Total que realice una excepción a estas restricciones o límites o bien solicitar una lista de otros medicamentos similares para tratar su afección. Consulte la sección “¿Cómo solicito una excepción al Formulario VNSNY CHOICE Total?” en la página XXII para obtener información sobre cómo solicitar una excepción.

## ¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos de venta libre (OTC) son medicamentos no recetados que normalmente no están cubiertos en un plan de medicamentos recetados de Medicare. VNSNY CHOICE Total cubre ciertos medicamentos de venta libre.

### MEDICAMENTOS DE VENTA LIBRE CUBIERTOS:

MEDICAMENTO		Forma farmacéutica
Nombre genérico	(Marca de referencia)	
<i>Clorhidrato de cetirizina</i>	(Zyrtec)	Tabletas masticables, solución, tabletas
<i>Clorhidrato de cetirizina/ Clorhidrato de pseudoefedrina</i>	(Zyrtec-D)	Tabletas de 12 horas
<i>Clorhidrato de fexofenadina</i>	(Allegra)	Tabletas de 12 horas, tabletas de 24 horas de desintegración rápida, suspensión
<i>Fexofenadina/Clorhidrato de pseudoefedrina</i>	(Allegra-D)	Tabletas de 12 horas, tabletas de 24 horas
<i>Fumarato de ketotifeno</i>	(Zaditor)	Gotas oftalmológicas
<i>Clorhidrato de levocetirizina</i>	(Xyzal)	Solución, tabletas
<i>Loratadina</i>	(Claritin)	Solución, tabletas
<i>Loratadina/ Clorhidrato de pseudoefedrina</i>	(Claritin-D)	Tabletas de 12 horas Tabletas de 24 horas
<i>Clorhidrato de olopatadina</i>	(Pataday)	Gotas oftalmológicas

VNSNY CHOICE Total cubre estos medicamentos de venta libre sin costo alguno para usted. El costo asumido por VNSNY CHOICE Total para estos medicamentos de venta libre no contará para sus costos totales de medicamentos de Parte D (es decir, el costo de los medicamentos de venta libre no cuenta por el período sin cobertura).

## ¿Qué sucede si mi medicamento no figura en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero deberá contactar a Servicios para los miembros y consultar si su medicamento está cubierto.

Si le responden que VNSNY CHOICE Total no cubre su medicamento, usted tiene dos opciones:

- Puede solicitar a Servicios para los miembros una lista de medicamentos similares que estén cubiertos por VNSNY CHOICE Total. Cuando reciba la

lista, muéstresela a su doctor y pídale que realice una receta para un medicamento similar que esté cubierto por VNSNY CHOICE Total.

- Puede solicitar a VNSNY CHOICE Total que aplique una excepción y cubra el medicamento. A continuación se explica cómo solicitar una excepción.

## ¿Cómo solicito una excepción al Formulario VNSNY CHOICE Total?

Puede solicitar a VNSNY CHOICE Total que realice una excepción a nuestras condiciones de cobertura. Existen distintos tipos de excepciones que usted puede solicitarnos.

- Puede pedirnos que el plan cubra un medicamento aunque no esté en nuestro formulario. Si su pedido se aprueba, este medicamento quedará cubierto en un nivel de costo compartido predeterminado y no podrá solicitarnos que brindemos el medicamento en un nivel de costo compartido inferior.
- También puede solicitarnos que el plan cubra un medicamento del formulario incluyéndolo en un nivel de costo compartido inferior, si este medicamento no está en el nivel de medicamentos especiales. Si su pedido se aprueba, se reducirá lo que usted paga por su medicamento.
- Asimismo, puede solicitarnos que anulemos las restricciones de cobertura o los límites para su medicamento. Por ejemplo, para ciertos medicamentos, VNSNY CHOICE Total limita la cantidad de medicamentos que cubrirá. Si su medicamento tiene un límite de cantidad, puede pedirnos que eliminemos ese límite y cubramos una cantidad mayor.

Por lo general, VNSNY CHOICE Total solo aprobará su pedido de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de costo compartido inferior o las restricciones de utilización adicionales no son tan eficaces para el tratamiento de su enfermedad o pueden causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial relativa a una excepción a un formulario, nivel o restricción de utilización. **Cuando solicita una excepción a un formulario, nivel o restricción de utilización, debe presentar una declaración de la persona autorizada a dar recetas o el médico para respaldar su pedido.** Por lo general, debemos tomar una decisión dentro de las 72 horas luego de haber recibido la declaración de respaldo de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) en caso de que usted o su médico creen que su salud podría verse seriamente perjudicada si espera hasta 72 horas para que se tome una decisión. Si se le otorga el pedido de excepción acelerada, debemos informarle nuestra decisión, como máximo, 24 horas después de haber recibido la declaración de respaldo de su médico o la persona autorizada a recetar.

## **¿Qué debo hacer antes de consultar con mi médico sobre un cambio de medicamentos o solicitar una excepción?**

Como miembro nuevo de nuestro plan, o bien como miembro que continúa en él, es posible que tome medicamentos que no se encuentran en nuestro formulario. O tal vez tome algún medicamento que se encuentra en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, puede que necesite una autorización previa de nuestra parte antes de obtener sus medicamentos recetados. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno adecuado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras consulta con su médico para decidir las medidas adecuadas para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días en los que es miembro de nuestro plan.

Cubriremos un suministro temporal para 31 días por cada uno de sus medicamentos que no se encuentre en nuestro formulario o en caso de que su capacidad de obtener los medicamentos sea limitada. Si su receta está indicada para menos días, permitiremos obtener varias veces los medicamentos hasta llegar a un máximo de un suministro para 31 días del medicamento. Luego de su primer suministro para 31 días, no pagaremos esos medicamentos, incluso si usted ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no se encuentra en nuestro formulario, o si su capacidad de obtener los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia para 31 días de ese medicamento mientras solicita una excepción al formulario.

Se permite obtener un medicamento en forma transitoria a los miembros actuales que necesitan obtener un medicamento de emergencia por única vez o a quienes se les receta un medicamento que no se encuentra en el formulario a consecuencia de un cambio en el nivel de atención.

### **Para obtener más información**

Para obtener información más detallada sobre su cobertura de medicamentos recetados de VNSNY CHOICE Total, consulte nuestra Evidencia de cobertura y otros materiales del plan.

Si tiene alguna pregunta sobre VNSNY CHOICE Total, comuníquese con nosotros. Nuestra información de contacto y la fecha de la última actualización del formulario aparecen en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de



Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite [www.medicare.gov](http://www.medicare.gov).

Este documento está disponible sin cargo en otros idiomas. Llame a Servicios para los miembros al 1-866-783-1444 para obtener información adicional. (Los usuarios de TTY deben llamar al número gratuito 711). Horario de atención de 8:00 a. m. a 8:00 p. m., los 7 días de la semana. Servicios para los miembros también ofrece servicios gratuitos de intérpretes para las personas que no hablan inglés.

## Formulario de VNSNY CHOICE Total

El formulario que comienza en la página 3 brinda información de cobertura sobre los medicamentos cubiertos por VNSNY CHOICE Total. Si tiene dificultades para encontrar su medicamento en la lista, consulte el índice que comienza en la página I-1.

En la primera columna de la tabla, se indica el nombre del medicamento. Los nombres de la marca del medicamento se escriben con mayúscula (p. ej.: CELEBREX) y los medicamentos genéricos se escriben con minúscula y bastardilla (p. ej.: *naproxen*).

La información que figura en la columna de Requerimientos/Limitaciones indica si VNSNY CHOICE Total tiene algún requisito especial para cubrir su medicamento.

**Consulte la siguiente información para obtener una explicación de las columnas de los niveles de medicamentos que se indican en su formulario. Consulte el capítulo 6 de la Evidencia de cobertura para conocer los copagos actuales.**

Nivel 1: Medicamentos genéricos preferidos

Nivel 2: Medicamentos genéricos

Nivel 3: Medicamentos de marca preferidos

Nivel 4: Medicamentos de marca no preferidos

Nivel 5: Medicamentos especializados

**Pueden encontrarse las siguientes abreviaturas de gestión de uso  
en el cuerpo de este documento**

**ABREVIATURAS DE LOS AVISOS DE COBERTURA**

<b>ABREVIATURA</b>	<b>DESCRIPCIÓN</b>	<b>EXPLICACIÓN</b>
<b>Restricciones en la gestión de uso</b>		
PA	Restricciones de autorización previa	Usted (o su médico) deben obtener una autorización previa de VNSNY CHOICE Total antes de obtener este medicamento con receta. Sin aprobación previa, es posible que VNSNY CHOICE Total no cubra este medicamento.
PA BvD	Restricciones de autorización previa para la determinación de la Parte B frente a la Parte D	Puede que este medicamento sea elegible para el pago de acuerdo con la Parte B o la Parte D de Medicare. Se requiere que usted (o su médico) obtengan autorización previa de VNSNY CHOICE Total para determinar si ese medicamento está cubierto por la Parte D de Medicare antes de obtener este medicamento con receta. Sin aprobación previa, es posible que VNSNY CHOICE Total no cubra este medicamento.
PA-HRM	Restricciones de autorización previa para medicamentos de alto riesgo	Este medicamento se considera potencialmente peligroso de acuerdo con los centros de Servicios de Medicare y Medicaid (CMS), y, por lo tanto, es un medicamento de alto riesgo para los beneficiarios de Medicare de 65 años o mayores. Los miembros de 65 años o mayores deben obtener autorización previa de VNSNY CHOICE Total antes de obtener este medicamento con receta. Sin aprobación previa, es posible que VNSNY CHOICE Total no cubra este medicamento.

<b>ABREVIATURA</b>	<b>DESCRIPCIÓN</b>	<b>EXPLICACIÓN</b>
PA NSO	Restricciones de autorización previa para nuevos afiliados solamente	Si es un miembro nuevo, usted (o su médico) deben obtener una autorización previa de VNSNY CHOICE Total antes de obtener este medicamento con receta. Sin aprobación previa, es posible que VNSNY CHOICE Total no cubra este medicamento.
QL	Restricciones para los límites de cantidad	VNSNY CHOICE Total limita la cantidad de este medicamento que está cubierta por receta o dentro de un plazo específico.
ST	Restricciones en el tratamiento escalonado	Antes de que VNSNY CHOICE Total cubra este medicamento, usted primero debe probar otro medicamento para tratar su enfermedad. Es posible que este medicamento solo se cubra si los otros medicamentos no funcionan para usted.

**Es posible que se encuentren las siguientes abreviaturas de aviso de cobertura adicional en el cuerpo de este documento**

**OTROS REQUISITOS ESPECIALES PARA LA COBERTURA**

<b>ABREVIATURA</b>	<b>DESCRIPCIÓN</b>	<b>EXPLICACIÓN</b>
LA	Medicamentos de acceso limitado	Es posible que estos medicamentos con receta solo estén disponibles en determinadas farmacias. Para obtener más información, consulte su Directorio de proveedores y farmacias, o llame a Servicios para los miembros al 1-866-783-1444, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. Los usuarios de TTY/TDD deben llamar al 711.

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
NM	Medicamento no disponible para envíos por correo postal	Usted puede recibir más de un suministro de 1 mes de la mayoría de los medicamentos que figuran en el formulario por correo postal por un costo compartido reducido. Los medicamentos que <u>no</u> están disponibles para envíos por correo postal se marcan con las iniciales “NM” en la columna Requerimientos/Límites de su formulario.
NDS	Medicamentos de suministro diario no extendido	Los medicamentos que están limitados a un suministro diario por 30 días se marcan con las iniciales “NDS” (medicamentos de suministro diario no extendido) en la columna Requerimientos/Límites de su formulario.

## ABREVIATURAS DE CONCENTRACIÓN Y PRESENTACIÓN

ABREVIATURA	DESCRIPCIÓN
adh. patch	parche adhesivo
aer br act	aerosol, activado por la respiración
aer pow	aerosol, polvo
aer pow ba	aerosol en polvo, activado por la respiración
aer refill	recarga de aerosol
aer w/adap	aerosol con adaptador
ampul	ampolleta
blkbaginj	inyecciones de bolsa a granel
cap dr mp	cápsula de liberación prolongada multifásica
cap ds pk	cápsula, paquete de dosis
cap er 12h	cápsula, 12 horas de liberación extendida
cap er 24h	cápsula, 24 horas de liberación extendida
cap er deg	cápsula de liberación extendida degradable
cap er pel	cápsula de gránulos de liberación extendida
cap mphase	cápsula, multifásica
cap.sa 24h	cápsula, 24 horas de acción sostenida
cap.sr 12h	cápsula, 12 horas de liberación sostenida
cap.sr 24h	cápsula, 24 horas de liberación sostenida
cap24h pct	cápsula, gránulos de 24 horas de acción local controlada
cap24h pel	cápsula, gránulos de 24 horas de liberación sostenida
cap sprink	cápsula, dispersable
cap sr pel	cápsula de gránulos de liberación sostenida
cap w/dev	cápsula con dispositivo
capsule dr	cápsula de liberación prolongada
capsule er	cápsula de liberación extendida
capsule sa	cápsula de acción sostenida
cmb cappad	combinación: cápsula, almohadilla
cmb ont fm	combinación: ungüento, espuma
cmb ont lt	combinación: ungüento, loción
cmb tabpad	combinación: tableta, almohadilla
combo. pkg	paquete combinado
cpmp 12hr	cápsula, 12 horas multifásica

<b>ABREVIATURA</b>	<b>DESCRIPCIÓN</b>
cpmp 24hr	cápsula, 24 horas multifásica
cpmp 30-70	cápsula, multifásicas, 30 %-70 %
cpmp 50-50	cápsula, multifásicas, 50 %-50 %
cream(g), cream(gm)	crema (gramos)
cream(ml)	crema (mililitros)
cream/appl	crema con aplicador
cream, er (g)	crema, liberación extendida (gramos)
cream pack	crema, paquete
dehp fr bg	di(2-etilhexil)ftalato bolsa libre
dis needle	aguja desechable
disk w/dev	disco con dispositivo de inhalación
disp syrin	jeringa desechable
drops susp	gotas, suspensión
drps hpvis	gotas, hiperviscosas
emul adhes	emulsión adhesiva
emul packt	emulsión en paquete
emulsn(g)	emulsión (gramos)
foam/appl.	espuma con aplicador
froz.piggy	solución premezclada congelada
g	gramo
gel/pf app	gel con aplicador llenado previamente
gel (gm)	gel (gramos)
gel (ml)	gel (mililitros)
gel md pmp	gel en bomba de dosis medida
gel w/appl	gel con aplicador
gel w/pump	gel con bomba
gran pack	paquete de gránulos
hfa aer ad	adaptador de aerosoles hfa
infus. btl	frasco de infusión
insuln pen	pluma de insulina
ip soln	solución intraperitoneal
irrig soln	solución de irrigación
iv soln.	solución intravenosa
jel	gel
jelly/app	gel con aplicador

<b>ABREVIATURA</b>	<b>DESCRIPCIÓN</b>
jel/pf app	gel con aplicador llenado previamente
kit cl&crm	kit: limpiador y crema
kt crm le	kit: crema, loción emoliente
kt lotn ce	kit: loción, crema emoliente
kt oint le	kit: ungüento, loción emoliente
lotion, er	loción, liberación extendida
lozenge hd	controlador de comprimidos
m.ht patch	parche de calor medicado
ma buc tab	tableta bucal mucoadhesiva
mcg	microgramo
med. pad	almohadilla medicada
med. swab	hisopo medicado
med. tape	cinta adhesiva medicada
mg	miligramo
ml	mililitro
muc er 12h	sistema mucoadhesivo, 12 horas de liberación extendida
ndl fr inj	aguja para inyección
nl fm susp	suspensión en película para uñas
oint. (g), oint.(gm)	ungüento (gramos)
oral conc	concentrado oral
oral susp	suspensión oral
paste (g)	pasta (gramos)
patch td24	parche, 24 horas transdérmico
patch td72	parche, 72 horas transdérmico
patch tds	parche, transdérmico quincenal
patch tdwk	parche, transdérmico semanal
pca syring	jeringa de analgésico controlado por el paciente
pca vial	vial de analgésico controlado por el paciente
pellet(ea)	gránulos (cada uno)
pen ij kit	kit de pluma de inyección
pen injctr	pluma de inyección
pggybk btl	frasco de solución premezclada
plast. bag	bolsa de plástico
powd pack	paquete de polvo



<b>ABREVIATURA</b>	<b>DESCRIPCIÓN</b>
sol md pmp	solución con bomba multidosificadora
sol w/appl	solución con aplicador
sol/pf app	solución con aplicador llenado previamente
sol-gel	solución formadora de gel
soln recon	solución, reconstituida
soln(gram)	solución (gramos)
spray susp	atomizador, suspensión
spray/pump	atomizador con bomba
stick(ea)	barra (cada una)
supp.rect	supositorio, rectal
supp.vag	supositorio, vaginal
suppos.	supositorio
sus er 24h	suspensión, 24 horas de liberación extendida
sus er rec	suspensión, liberación extendida reconstituida
sus mc rec	suspensión, microcápsula reconstituida
suspdr pkt	suspensión, paquete de liberación prolongada
susp recon	suspensión, reconstituida
syringekit	kit de jeringas
tab chew	tableta, masticable
tab er 12h	tableta, 12 horas de liberación extendida
tab er 24h	tableta, 24 horas de liberación extendida
tab er prt	tableta, partículas de liberación extendida
tab er seq	tableta, hora liberación extendida
tab disper	tableta, dispersable
tab ds pk	tableta, paquete de dosis
tab er 24	tableta, 24 horas de liberación extendida
tab mphase	tableta, multifásica
tab part	tableta, partículas
tab rap dr	tableta, liberación prolongada de desintegración rápida
tab rapdis	tableta, desintegración rápida
tab subl	tableta, sublingual
tab.sr 12h	tableta, 12 horas liberación sostenida
tab.sr 24h	tableta, 24 horas liberación sostenida
tabergr24hr	tableta, 24 horas liberación extendida gradual

<b>ABREVIATURA</b>	<b>DESCRIPCIÓN</b>
tablet dr	tableta, liberación prolongada
tablet, er	tableta, liberación extendida
tablet eff	tableta, efervescente
tablet sa	tableta, acción sostenida
tablet sol	tableta, soluble
tb er dspk	tableta, paquete de dosis de liberación extendida
tb mp dspk	tableta, paquete de dosis multifásica
tb rd dspk	tableta, paquete de dosis de desintegración rápida
tbdspk 3mo	tableta, paquete de dosis para 3 meses
tbmp 12hr	tableta, 12 horas multifásica
tbmp 24hr	tableta, 24 horas multifásica
u	unidad
vag ring	anillo vaginal

# VNSNY CHOICE Total (HMO D-SNP)

## 2021 年處方藥一覽表 (給付藥品清單)

請閱讀：本文件包含  
有關本計劃給付藥品的資訊

核准的處方藥一覽表提交 ID 號碼：21028，版本：08

此處方藥一覽表更新於 10/05/20。如需更多最新的資訊或有其他問題，請聯絡我們，電話：1-866-783-1444，TTY 使用者請撥打 711，每週七天，早上 8 點至晚上 8 點，或造訪 [vnsnychoice.org](http://vnsnychoice.org)。

**現有會員注意事項：**本處方藥一覽表自去年以來已經變更。請閱讀本文件，確保本處方藥一覽表仍然包含您服用的藥品。

此藥品清單（處方藥一覽表）所述的「我們」、「我方」或「我們的」均代表 VNSNY CHOICE Total。在提到「計劃」或「我們的計劃」時，意指我們的 VNSNY CHOICE Total。

此文件包含我們計劃的藥品清單（處方藥一覽表），是截至 10/05/20 的最新版。如需更新的處方藥一覽表，請聯絡我們。我們的聯絡資訊，以及最後更新處方藥一覽表的日期，詳見封面與封底頁。

一般而言，您必須使用網絡內藥房才能享受處方藥福利。自 2021 年 1 月 1 日起和在該年內，福利、處方藥一覽表、藥房網絡和/或共付額/共同保險可能會不時有所調整。

## VNSNY CHOICE Total 處方藥一覽表是什麼？

處方藥一覽表是 VNSNY CHOICE Total 諮詢醫療保健提供者團隊后所挑選的給付藥品清單，代表據信高品質治療方案所需的處方療法。只要該藥品是醫療上必須的，並且在 VNSNY CHOICE Total 網絡內藥房領取處方藥品，且遵守其他的計劃規則，那麼 VNSNY CHOICE Total 將全面給付我們處方藥一覽表所列的藥品。如需更多有關如何配取您的處方藥的資訊，請查看您的承保範圍說明書。

## 處方藥一覽表（藥品清單）是否會變更？

大多數藥品的給付範圍在 1 月 1 日進行變更，但是 VNSNY CHOICE Total 可能會在一年之中添加或刪除藥品清單上的藥品、更改分攤費用等級或增設限制。進行變更時，我們必須遵守 Medicare 的規定。

**今年可能會影響到您的變更：**在下列情況中，您將受到當年給付範圍變更的影響：

- **新的副廠藥。**如果我們要以新的副廠藥取代我們藥品清單上的原廠藥，副廠藥會列在相同或更低的分攤費用等級且限制規定將會相同或更少，而且我們可能會立即刪除該原廠藥。此外，在添加新副廠藥時，我們可能會決定將原廠藥保留在我們的藥品清單中，但會立即將其移至不同的分攤費用等級或添加新的限制。如果您目前正在服用該原廠藥，我們在做出變更前可能不會通知您，但我們會向您寄發關於我們所做的一項或多項具體變更的資訊。
  - 如果我們做出了這樣一個變更，您或您的處方開具者可以要求我們作出例外處理，並繼續為您提供該藥品的承保。我們向您提供的通知還將包含您可能採取的請求例外的步驟的資訊，您還可以在下面標題為「我要如何要求 VNSNY CHOICE Total 處方藥一覽表的例外處理？」部分中找到相關資訊。
- **藥品退出市場。**若美國食品及藥品管理局認為我們處方藥一覽表上的某種藥品不安全，或藥品製造商從市場中撤除該藥品，我們會立即從我們的處方藥一覽表上刪除該藥品，並向使用該藥品的會員發出通知。
- **其他變更。**我們可能會作出影響目前正在使用藥品的會員的其他變更。例如，我們可能會添加一種新的副廠藥來取代目前藥品清單中的原廠藥，或者為原廠藥添加新的限制或將其轉移到不同的分攤費用等級，或者同時作出這兩種變更。或者我們可能會根據新的臨床指南進行變更。如果我們從處方藥一覽表移除藥品或是新增藥品的事先授權、數量限制和/或分階段療法限制，或是將一種藥品轉到較高的費用分攤層級，我們必須在變更生效的至少 30 天前或是會員要求補充藥品時，通知受影響的會員，屆時會員將收到 30 天的藥

品。

- 如果我們作出其他變更，您或您的處方開具者可以要求我們作出例外處理並繼續為您給付該原廠藥。我們向您提供的通知還將包含您可能採取的請求例外的步驟的資訊，您還可以在下面標題為「我要如何要求 VNSNY CHOICE Total 處方藥一覽表的例外處理？」部分中找到相關資訊。

**變更不會影響您當前正在使用的藥品。**一般而言，若您正在使用年初享受給付的 2020 年處方藥一覽表上的藥品，我們不會在 2020 年給付年度中終止或減少此藥品的給付，除非出現上文所述情況。換言之，在給付年度的剩餘時間內，此藥品將以相同的分攤費用向使用此藥品的會員提供，且不設新的限制。對於不會影響您的變更，今年內您不會收到有關直接通知。然而，自明年 1 月 1 日起，這些變更可能會影響到您，因此請務必檢查新福利年度的藥品清單，瞭解藥品是否有任何變更。

所附的處方藥一覽表是截至 10/05/20 的最新版。如要取得關於 VNSNY CHOICE Total 給付藥品的最新資訊，請與我們聯絡。我們的聯絡資訊詳見封面與封底頁。如果我們以未維護的處方藥一覽表變更更新我們的印刷處方藥一覽表，我們將寄給您包含此資訊的通知。

## 如何使用處方藥一覽表？

有兩種方法在處方藥一覽表中查找您所需的藥品：

### **按照病症**

處方藥一覽表從第 3 頁開始。本處方藥一覽表中的藥品依照其所治療的病症類別分類。例如，用於治療心臟病的藥品列於「心血管」類別之下。若您瞭解藥品的用途，在從第 3 頁開始的清單中查找類別名稱。然後，在此類別名稱下查找所需的藥品。

### **按字母排列的清單**

如果您不確定要搜尋的類別，應該在 I-1 開始的「索引」搜尋您的藥品。索引按字母排列本文件包含的所有藥品。原廠藥和副廠藥均列在索引中。從「索引」中查找您的藥品。在您的藥品旁邊，會看到可以找到給付資訊的頁碼。翻到「索引」所列的頁碼，並於清單的第一欄查找藥品的名稱。

## 什麼是副廠藥？

VNSNY CHOICE Total 同時給付原廠藥和副廠藥。副廠藥是一種由 FDA 核准，具有與原廠藥相同活性成分的藥品。通常情況下，副廠藥的價格比原廠藥要低。

## 對於我享受的給付範圍是否有任何限制？

某些給付藥品可能有其他要求或給付範圍限制。這些要求和限制可能包括：

- **事先授權**VNSNY CHOICE Total 要求您或您的醫生針對特定藥品取得事先授權。這表示在依照您的處方領藥之前，必須取得 VNSNY CHOICE Total 的核准。若未經核准，VNSNY CHOICE Total 可能無法給付藥品。
- **數量限制**：VNSNY CHOICE Total 會針對特定藥品限制 VNSNY CHOICE Total 將給付的供應量。例如，VNSNY CHOICE Total 針對每張處方提供 60 顆 Celebrex 膠囊。這可以另外附加在標準的一個月或三個月的藥量上。
- **分階段療法**：在某些情況下，VNSNY CHOICE Total 會在給付用於該病情的另一種藥品之前，要求您先嘗試特定的藥品以治療您的病症。例如，如果 A 藥品與 B 藥品都能治療您的病症，VNSNY CHOICE Total 可能在您先嘗試 A 藥品之後，才給付 B 藥品。如果 A 藥品對您無效，則 VNSNY CHOICE Total 將給付 B 藥品。

查找從第 3 頁開始的處方集，可以瞭解您的藥品是否有其他要求或限制。造訪我們的網站也可以取得關於特定給付藥品限制的更多資訊。我們已在線上刊載文件，解釋我們事先授權和分階段療法的限制。您也可以要求我們寄一份給您。我們的聯絡資訊，以及最後更新處方藥一覽表的日期，詳見封面與封底頁。

您可以要求 VNSNY CHOICE Total 對這些限制進行例外處理，或是要求可以治療您的健康情況的其他類似藥品清單。請參閱第 XXXIX 頁「我要如何要求 VNSNY CHOICE Total 處方藥一覽表的例外處理？」章節，獲得關於如何要求例外處理的資訊。

## 什麼是非處方 (OTC) 藥？

OTC 藥品是 Medicare 處方藥計劃通常不給付的非處方藥。VNSNY CHOICE Total 給付特定的 OTC 藥品。

### 給付的非處方藥 (OTC)

藥品		劑量表
學名	(「參考原廠藥」)	
鹽酸西替利嗪 (cetirizine hydrochloride)	(Zyrtec)	嚼錠、藥水、藥錠
鹽酸西替利嗪 (cetirizine hydrochloride)/ 偽麻黃城鹽酸鹽 (pseudoephedrine hydrochloride)	(Zyrtec-D)	12 小時藥錠
鹽酸非索非那定 (fexofenadine hydrochloride)	(Allegra)	12 小時藥錠、24 小時 藥錠速溶片、混懸劑
非索非那定 (fexofenadine)/ 非索非那定鹽酸鹽 (fexofenadine hydrochloride)	(Allegra-D)	12 小時藥錠、24 小時 藥錠
富馬酸酮替芬 (ketotifen fumarate)	(Zaditor)	眼藥滴劑
左西替利嗪鹽酸鹽 (levocetirizine dihydrochloride)	(Xyzal)	藥水、藥錠
氯雷他定 (loratadine)	(Claritin)	藥水、藥錠
氯雷他定 (loratadine)/ 偽麻黃城鹽酸鹽 (pseudoephedrine hydrochloride)	(Claritin-D)	12 小時藥錠 24 小時藥錠
奧洛他定鹽酸鹽 (olopatadine hydrochloride)	(Pataday)	眼藥滴劑

VNSNY CHOICE Total 將免費向您提供這些 OTC 藥品。VNSNY CHOICE Total 所支付的這些 OTC 藥品成本並不會計入您的 D 部分藥品總成本（亦即您 OTC 藥品的成本並未計入給付範圍缺口。）

### 若我的藥品不在處方藥一覽表上，該怎麼辦？

若您的藥品不在此處方藥一覽表（給付藥品清單）上，那麼您首先應該聯絡會員服務部，詢問您的藥品是否在給付範圍內。

如果您得知 VNSNY CHOICE Total 並未給付您的藥品，您有兩種選擇：

- 您可以要求會員服務部提供 VNSNY CHOICE Total 給付的類似藥品清單。在收到清單時，出示給您的醫生，並要求醫生開具 VNSNY CHOICE Total 給付的類似藥品處方。
- 您可以要求 VNSNY CHOICE Total 進行例外處理以給付您的藥品。有關如何申請例外處理的資訊，請見下方。

## 我要如何要求 VNSNY CHOICE Total 處方藥一覽表的例外處理？

您可以要求 VNSNY CHOICE Total 針對我們的給付規則進行例外處理。您可以要求我們進行例外處理的類型有許多種。

- 您可以要求我們給付不在我們的處方藥一覽表上的藥品。如獲批准，此藥品將按預定分攤費用等級獲得給付，且您不得要求我們以更低的分攤費用等級提供此藥品。
- 如果此藥品在處方藥一覽表上且不屬特殊藥品，您可要求我們按更低的分攤費用等級給付此藥。如經批准，您為藥品支付的費用也會更低。
- 您可以要求我們豁免對您的藥品的給付範圍限制。例如，VNSNY CHOICE Total 會針對我們將給付的藥品，限制我們將給付的藥品金額。如果您的藥品有數量限制，您可以要求我們豁免限制，給付更多的藥量。

一般而言，只有當計劃的處方藥一覽表包含的替代藥品、費用分攤較低的藥品或其他的使用限制對您的治療情況無效，或是會對您造成不良的醫療影響時，VNSNY CHOICE Total 才會核准您對例外處理的要求。

您應當與我們聯絡，要求我們針對處方藥一覽表、藥品等級或使用限制例外處理做出初步的給付決定。

在您要求處方藥一覽表、藥品等級或使用限制例外處理時，您應該提交處方開具者或醫生支持您要求的聲明。通常，我們在收到處方開具者的支持聲明後，必須在 72 小時內做出決定。如果您或您的醫生認為等候 72 小時再作出決定會對您的健康造成嚴重傷害，您可以申請加急（快速）例外處理。如果您的加急申請獲得批准，我們在收到您的醫生或其他處方開具者的支持聲明後，必須在 24 小時內為您做出決定。



## 在我和醫生討論變更我的藥品或要求例外處理之前，我要做什麼？

身為我們計劃的新會員或續約會員，您可能正使用我們處方藥一覽表以外的藥品。或者，您服用的是處方藥一覽表內的藥品，但是您取得藥品的能力受到限制。例如，您在依處方領藥之前，可能需要事先授權。您應該和醫生討論以決定是否應該換用我們給付的適當藥品，或是要求處方藥一覽表例外，以便我們給付您所使用的藥品。與醫生討論決定適合您的行動方針時，在特定的情況下，我們可能於您成為我們會員的前 90 天給付您的藥品。

對於您所使用不在我們處方藥一覽表內的每種藥品，或是如果您取得藥品的能力受限，我們將給付臨時的 31 天藥量。如果為您開具的處方上藥品供應天數較少，我們將允許重複配藥，以提供最多 31 天份的供藥。在提供前 31 天藥量之後，我們將不再為您支付這些藥品的費用，即使您成為計劃會員還不足 90 天。

如果您是長期照護機構的住民，並且您需要我們處方藥一覽表以外的藥品，或是您取得藥品的能力受限，但是您成為我們計劃的會員已經超過 90 天，在您要求處方集例外處理時，我們將支付該藥品的 31 天緊急供應量。

有需要一次性緊急配藥服務或需要配非處方藥因為護理級別變更的會員可以得到一次轉換供應量。

## 如需更多資訊

如需關於 VNSNY CHOICE Total 處方藥給付的更多詳細資訊，請檢視您的「承保範圍說明書」與其他計劃資料。

如果您有關於 VNSNY CHOICE Total 的問題，請與我們聯絡。我們的聯絡資訊，以及最後更新處方藥一覽表的日期，詳見封面與封底頁。

若您對 Medicare 處方藥給付範圍有任何疑問，請致電 Medicare，電話：1-800-MEDICARE (1-800-633-4227)（全天候開通）。TTY 使用者請撥打 1-877-486-2048。或造訪 [www.medicare.gov](http://www.medicare.gov)。

這份資訊同時提供其他語言版本，完全免費。請致電會員服務部，電話：1-866-783-1444 獲取更多資訊。（TTY 使用者請撥打 711 免費電話）服務時間為每週 7 天早上 8 時至晚間 8 時。會員服務部也為非英語系國家人士提供免費的語言口譯服務。

## VNSNY CHOICE Total 的處方藥一覽表

從第 3 頁開始的處方藥一覽表提供關於 VNSNY CHOICE Total 給付藥品的相關給付資訊。如果您在清單中找不到您的藥品，請翻到從第 I-1 頁開始的「索引」。

表格的第一欄列出了藥品名稱。原廠藥名稱是大寫（例如 CELEBREX）而副廠藥則是小寫的斜體字（例如 *naproxen*）。

「要求／限制 (Requirements/Limits)」欄的資訊說明 VNSNY CHOICE Total 針對您的藥品給付是否有任何特殊的要求。

請參閱下文，瞭解處方藥一覽表中所列的藥品等級的說明。請參閱承保範圍說明書的第 6 章，瞭解實際的共付額。

第 1 級：首選副廠藥

第 2 級：副廠藥

第 3 級：首選原廠藥

第 4 級：非首選原廠藥

第 5 級：特殊藥物

以下的使用管理縮寫可能出現於  
本文件的正文  
保險給付注意事項縮寫

縮寫	說明	解釋
<b>使用管理限制</b>		
PA	事先授權限制	在按此處方領取藥品之前，您或（您的醫生）必須先從 VNSNY CHOICE Total 取得事先授權。如未事先核准，VNSNY CHOICE Total 可能無法給付此藥品。
PA BvD	B 部分與 D 部分判定的事先授權限制	此藥品可能符合 Medicare B 部分或 D 部分的給付資格。在按此處方領取藥品之前，您（或您的醫生）必須先從 VNSNY CHOICE Total 取得事先授權，以判定是否根據 Medicare D 部分給付此藥品。如未事先核准，VNSNY CHOICE Total 可能無法給付此藥品。
PA-HRM	高風險藥物的事先授權限制	CMS 認為此藥品具有潛在的傷害性，因此是年滿 65 歲之 Medicare 受益人的高風險藥物。年滿 65 歲的會員在按此處方領取藥品之前，必須先從 VNSNY CHOICE Total 取得事先授權。如未事先核准，VNSNY CHOICE Total 可能無法給付此藥品。
PA NSO	僅限新會員的事先授權限制	如果您是新會員，在按此處方領取藥品之前，您或（您的醫生）必須先從 VNSNY CHOICE Total 取得事先授權。如未事先核准，VNSNY CHOICE Total 可能無法給付此藥品。

縮寫	說明	解釋
QL	數量限制	VNSNY CHOICE Total 限制每張處方簽或是在特定時間內給付此藥品的數量。
ST	分階段療法限制	在 VNSNY CHOICE Total 提供此藥品的給付之前，您必須先嘗試其他藥品以治療您的病症。如果其他藥品對您沒有功效，才會給付此藥品。

以下的其他給付注意事項縮寫可能出現於  
本文件的正文

其他特殊給付要求

縮寫	說明	解釋
LA	取得受限的藥品	此處方藥可能僅在特定的藥房提供。如需更多資訊，請查閱您的「提供者及藥房目錄」或致電會員服務部，電話 1-866-783-1444，每週 7 天，早上 8:00 至晚上 8:00。TTY/TDD 使用者請撥打 711。
NM	非郵購藥品	透過郵購，您可能以更低的分攤費用領取處方藥一覽表大部分藥品 1 個月以上的藥量。無法透過郵購福利提供的藥品，在處方藥一覽表的「要求/限制 (Requirements/Limits) 欄標示為「NM」。
NDS	不延長天數的供藥	在處方藥一覽表的「要求/限制」欄中，最多只能提供 30 天供藥的藥品會帶有「NDS」（不延長天數的供藥）的標注。

## 劑型規格與劑量表縮寫

縮寫	說明
adh. patch	貼布
aer br act	噴霧劑，靠吸氣引動
aer pow	噴霧劑，粉狀
aer pow ba	噴霧劑粉末，靠吸氣引動
aer refill	噴霧補充劑
aer w/adap	附轉接頭的噴霧劑
ampul	安瓿
blkbaginj	散裝袋注射
cap dr mp	膠囊，多段式緩釋藥效
cap ds pk	膠囊，劑量包
cap er 12h	膠囊，12 小時緩釋藥效
cap er 24h	膠囊，24 小時緩釋藥效
cap er deg	膠囊，緩釋藥效，可降解
cap er pel	膠囊，緩釋藥效藥丸
cap mphase	膠囊，多段式
cap.sa 24h	膠囊，24 小時持續藥效
cap.sr 12h	膠囊，12 小時持續藥效
cap.sr 24h	膠囊，24 小時持續性藥效
cap24h pct	膠囊，24 小時控制發作藥丸
cap24h pel	膠囊，24 小時持續性藥效藥丸
cap sprink	膠囊，分散型
cap sr pel	膠囊，緩釋藥效藥丸
cap w/dev	附裝置的膠囊
capsule dr	膠囊，緩釋藥效
capsule er	膠囊，緩釋藥效
capsule sa	膠囊，長效
cmb cappad	整合：膠囊，墊
cmb ont fm	整合：藥膏，泡沫型
cmb ont lt	整合：藥膏，乳液型

縮寫	說明
cmb tabpad	整合：藥錠，墊
combo. pkg	整合包裝
cpmp 12hr	膠囊，12 小時多段式
cpmp 24hr	膠囊，24 小時多段式
cpmp 30-70	膠囊，多段式，30%-70%
cpmp 50-50	膠囊，多段式，50%-50%
cream(g), cream(gm)	乳霜（公克）
cream(ml)	乳霜（毫米）
cream/appl	附塗抹器的乳霜
cream, er (g)	乳霜，長效型（公克）
cream pack	乳霜，包裝
dehp fr bg	不含鄰苯二甲酸二（2-乙基己基） 酯 (di(2-ethylhexyl)phthalate) 的袋子
dis needle	拋棄式針頭
disk w/dev	附吸入式裝置的圓盤
disp syrin	拋棄式針筒
drops susp	滴劑，懸浮
drps hpvis	滴劑，超黏性
emul adhes	乳化劑黏膠
emul packt	乳化劑包
emulsn(g)	乳化劑（公克）
foam/appl.	附塗抹器的泡沫
froz.piggy	冰敷背帶
g	公克
gel/pf app	附預充填塗抹器的凝膠
gel (gm)	凝膠（公克）
gel (ml)	凝膠（毫米）
gel md pmp	有刻度劑量幫浦的凝膠
gel w/appl	附塗抹器的凝膠
gel w/pump	附幫浦的凝膠
gran pack	顆粒包

縮寫	說明
hfa aer ad	hfa 噴霧劑轉接頭
infus. btl	輸液瓶
insuln pen	胰島素筆
ip soln	腹膜內溶液
irrig soln	灌注溶液
iv soln.	靜脈溶液
jel	膠狀物
jelly/app	附塗抹器的膠狀物
jel/pf app	附預充填塗抹器的膠狀物
kit cl&crm	組件：清潔劑與乳霜
kt crm le	組件：乳霜、乳液潤膚劑
kt lotn ce	組件：乳液、乳霜潤膚劑
kt oint le	組件：藥膏，乳液潤膚劑
lotion, er	乳液，緩釋藥效
lozenge hd	菱形握把
m.ht patch	含藥物的熱敷貼片
ma buc tab	黏膜吸附性口頰錠
mcg	微克
med. pad	含藥墊
med. swab	含藥棉花棒
med. tape	含藥膠帶
mg	毫克
ml	毫升
muc er 12h	黏膜吸附性系統，12 小時緩釋藥效
ndl fr inj	注射針
nl fm susp	指甲膜懸浮液
oint.(g), oint.(gm)	藥膏（公克）
oral conc	口服濃縮劑
oral susp	口服懸浮劑
paste (g)	膏（公克）
patch td24	貼布，24 小時經皮膚

縮寫	說明
patch td72	貼布，72 小時經皮膚
patch tds	貼布，雙週經皮膚
patch tdwk	貼布，每週經皮膚
pca syring	由病患控制的止痛針筒
pca vial	由病患控制的止痛小瓶
pellet(ea)	藥丸（每顆）
pen ij kit	筆型注射器組件
pen injctr	筆型注射器
pggybk btl	肩背瓶
plast. bag	塑膠袋
powd pack	粉末包
sol md pmp	附多劑幫浦的溶液
sol w/appl	附塗抹器的溶液
sol/pf app	附預充填塗抹器的溶液
sol-gel	溶液，凝膠狀
soln recon	溶液，重組的
soln(gram)	溶液（公克）
spray susp	噴霧，懸浮液
spray/pump	附幫浦的噴霧
stick(ea)	條狀（每根）
supp.rect	栓劑，肛門
supp.vag	栓劑，陰道
suppos.	栓劑
sus er 24h	懸浮液，24 小時緩釋藥效
sus er rec	懸浮液，緩釋藥效重組
sus mc rec	懸浮液，重組的微膠囊
suspr pkt	懸浮液，緩釋藥效包
susp recon	懸浮液，重組的
syringekit	針筒組件
tab chew	藥錠，可嚼
tab er 12h	藥錠，12 小時緩釋藥效



縮寫	說明
tab er 24h	藥錠，24 小時緩釋藥效
tab er prt	藥錠，緩釋藥效粒子
tab er seq	藥錠，緩釋藥效
tab disper	藥錠，可分散
tab ds pk	藥錠，劑量包
tab er 24	藥錠，24 小時緩釋藥效
tab mphase	藥錠，多段式
tab part	藥錠，粒子
tab rap dr	藥錠，快速崩解緩釋藥效
tab rapdis	藥錠，快速崩解
tab subl	藥錠，舌下
tab.sr 12h	藥錠，12 小時持續性藥效
tab.sr 24h	藥錠，24 小時持續性藥效
tabergr24hr	藥錠，24 小時漸進緩釋藥效
tablet dr	藥錠，緩釋藥效
tablet, er	藥錠，緩釋藥效
tablet eff	藥錠，發泡劑
tablet sa	藥錠，長效
tablet sol	藥錠，可溶解
tb er dspk	藥錠，緩釋劑量包
tb mp dspk	藥錠，多段式劑量包
tb rd dspk	藥錠，快速崩解劑量包
tbdspk 3mo	藥錠，3 個月劑量包
tbmp 12hr	藥錠，12 小時多段式
tbmp 24hr	藥錠，24 小時多段式
u	單位
vag ring	陰道環

## Table of Contents

Analgesics.....	3
Anesthetics.....	9
Anti-Addiction/Substance Abuse Treatment Agents.....	10
Antianxiety Agents.....	11
Antibacterials.....	12
Anticancer Agents.....	21
Anticonvulsants.....	36
Antidementia Agents.....	41
Antidepressants.....	42
Antidiabetic Agents.....	45
Antifungals.....	49
Antigout Agents.....	51
Antihistamines.....	52
Anti-Infectives (Skin And Mucous Membrane).....	52
Antimigraine Agents.....	53
Antimycobacterials.....	54
Antinausea Agents.....	55
Antiparasite Agents.....	57
Antiparkinsonian Agents.....	58
Antipsychotic Agents.....	60
Antivirals (Systemic).....	65
Blood Products/Modifiers/Volume Expanders.....	72
Caloric Agents.....	75
Cardiovascular Agents.....	79
Central Nervous System Agents.....	91
Contraceptives.....	96
Dental And Oral Agents.....	103
Dermatological Agents.....	104
Devices.....	109
Enzyme Replacement/Modifiers.....	110
Eye, Ear, Nose, Throat Agents.....	111
Gastrointestinal Agents.....	116
Genitourinary Agents.....	120
Heavy Metal Antagonists.....	121
Hormonal Agents, Stimulant/Replacement/Modifying.....	122
Immunological Agents.....	129

Inflammatory Bowel Disease Agents.....	140
Irrigating Solutions.....	141
Metabolic Bone Disease Agents.....	141
Miscellaneous Therapeutic Agents.....	143
Ophthalmic Agents.....	145
Replacement Preparations.....	147
Respiratory Tract Agents.....	149
Skeletal Muscle Relaxants.....	153
Sleep Disorder Agents.....	154
Vasodilating Agents.....	154
Vitamins And Minerals.....	155

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	2	QL (5 per 28 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/12hr, 12 mcg/12hr, 25 mcg/12hr, 50 mcg/12hr, 75 mcg/12hr</i> (Duragesic)	2	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg</i>	2	QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Norco)	2	QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i>	2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Norco)	2	QL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i> (Ibudone)	2	QL (150 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	2	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	QL (180 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	5	PA; NDS; QL (30 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5- 325 mg</i>	2	QL (240 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	2	QL (180 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	
<i>methadone oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i> (Dolophine)	2	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i> (Dolophine)	2	QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i>	2	QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	PA BvD
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	2	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	2	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	2	QL (180 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	3	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	2	QL (300 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	2	QL (180 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	3	QL (240 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	4	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	2	QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>	2	QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	2	
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	2	PA; QL (100 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>diflunisal oral tablet 500 mg</i>	2	
DUEXIS ORAL TABLET 800-26.6 MG	5	PA; NDS; QL (90 per 30 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg</i>	2	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	2	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule, extended release 75 mg</i>	2	PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	
<i>ketorolac injection cartridge 15 mg/ml</i>	2	PA-HRM; QL (40 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection cartridge 30 mg/ml</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection solution 15 mg/ml</i>	2	PA-HRM; QL (40 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection solution 30 mg/ml (1 ml)</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection syringe 15 mg/ml</i>	2	PA-HRM; QL (40 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection syringe 30 mg/ml</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine hcl injection solution 10 mg/ml (1%), 20 mg/ml (2%), 5 mg/ml (0.5%)</i> (Xylocaine)	1	
<i>lidocaine hcl mucous membrane jelly 2%</i>	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	2	PA
<i>lidocaine topical adhesive patch,medicated 5%</i> (Lidoderm)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5%</i>	2	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2%</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5%</i>	2	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8%	3	PA; QL (90 per 30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate oral tablet,delayed release (drlec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i> (Suboxone)	2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i> (Suboxone)	2	QL (30 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	QL (336 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
LUCEMYRA ORAL TABLET 0.18 MG	5	NDS; QL (228 per 14 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	NDS; QL (1.5 per 30 days)
<b>Antianxiety Agents</b>		
<b>Benzodiazepines</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)	2	QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	2	QL (90 per 30 days)
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	2	QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	2	QL (180 per 30 days)
<i>diazepam 5 mg/ml oral conc 5 mg/ml</i>	2	QL (1200 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>estazolam oral tablet 1 mg</i>	2	QL (60 per 30 days)
<i>estazolam oral tablet 2 mg</i>	2	QL (30 per 30 days)
<i>flurazepam oral capsule 15 mg</i>	2	QL (60 per 30 days)
<i>flurazepam oral capsule 30 mg</i>	2	QL (30 per 30 days)
<i>lorazepam 2 mg/ml oral concent 2 mg/ml</i> (Lorazepam Intensol)	2	QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	2	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	2	QL (10 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	QL (60 per 30 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	5	PA BvD; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
<b>TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG</b>	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	2	
<b>Antibacterials, Miscellaneous</b>		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	2	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	
<b>CLINDAMYCIN 600 MG/50 ML-NS OUTER,SINGLE-USE,L/F 600 MG/50 ML</b>	2	
<b>CLINDAMYCIN 900 MG/50 ML-NS OUTER,SINGLE-USE,L/F 900 MG/50 ML</b>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	2	
<b>CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML, 900 MG/50 ML</b>	2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	5	PA BvD; NDS
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	5	NDS
<b>FIRVANQ ORAL RECON SOLN 25 MG/ML</b>	4	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	5	NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	
<i>metronidazole oral tablet 250 mg</i>	1	
<i>metronidazole oral tablet 500 mg</i> (Flagyl)	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)	2	QL (120 per 30 days)
<i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> (Macrobid)	2	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
<b>SYNERCID INTRAVENOUS RECON SOLN 500 MG</b>	5	NDS
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	2	QL (40 per 30 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	2	QL (80 per 30 days)
<b>XIFAXAN ORAL TABLET 200 MG</b>	5	PA; NDS; QL (9 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)
<b>Cephalosporins</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefixime oral capsule 400 mg</i> (Suprax)	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	2	
<i>cefotaxime injection recon soln 1 gram</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ceftazidime injection recon soln 1 gram, 2 gram</i> (Fortaz)	2	
<i>ceftazidime injection recon soln 6 gram</i> (Tazicef)	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i> (Keflex)	1	
<i>cephalexin oral capsule 750 mg</i> (Keflex)	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
<b>TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG</b>	5	NDS
<b>Macrolides</b>		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<b>Miscellaneous B-Lactam Antibiotics</b>		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	2	
<b>Penicillins</b>		
<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>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	
<b>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</b>	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin 1 g/ml 50 ml inj 1 gram/50 ml</i>	2	
<i>nafcillin injection recon soln 1 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	NDS
<i>nafcillin injection recon soln 2 gram</i>	2	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin gk 5 million unit plf, latex-free 5 million unit</i> (Pfizerpen-G)	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
<b>Quinolones</b>		
<b>BAXDELA ORAL TABLET 450 MG</b>	5	PA; NDS; QL (28 per 14 days)
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<b>Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 75 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 200 mg, 50 mg</i> (Doryx)	2	
<i>doxycycline monohydrate oral capsule 100 mg, 75 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	2	
<i>okebo oral capsule 75 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<b>Anticancer Agents</b>		
<b>Anticancer Agents</b>		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	5	PA NSO; NDS
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	2	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; NDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	5	PA NSO; NDS; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; NDS; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	NDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	5	NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
BESPONSА INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS; QL (420 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
BLENREP INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	2	
<i>cladribine intravenous solution 10 mg/10 ml</i>	2	PA BvD
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	5	NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	5	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	2	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; LA; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml, 80 mg/8 ml (10 mg/ml)</i>	5	NDS
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i> (Taxotere)	5	NDS
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	2	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	PA BvD; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	2	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NDS
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
<i>flutamide oral capsule 125 mg</i>	2	
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	
<i>gemcitabine intravenous recon soln 2 gram</i>	5	NDS
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA NSO; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; NDS; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ICLUSIG ORAL TABLET 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	5	PA NSO; NDS; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NDS; QL (8 per 28 days)
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	5	NDS
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	2	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS; QL (8 per 21 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln (Alkeran (as HCl)) 50 mg</i>	5	NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA NSO; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	2	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	PA BvD
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA NSO; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (14 per 21 days)
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA NSO; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG	5	PA NSO; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; LA; NDS; QL (28 per 28 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA NSO; NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NDS; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TARGRETIN TOPICAL GEL 1 %	5	PA NSO; NDS; QL (60 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
<i>temsirolimus intravenous recon soln (Torisel)</i> <i>30 mg/3 ml (10 mg/ml) (first)</i>	5	PA BvD; NDS; QL (4 per 28 days)
<i>thiotepa injection recon soln 100 mg, (Tepadina)</i> <i>15 mg</i>	5	NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
<i>toposar intravenous solution 20 mg/ml</i>	2	
<i>topotecan intravenous recon soln 4 (Hycamtin)</i> <i>mg</i>	5	NDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	NDS
<i>toremifene oral tablet 60 mg (Fareston)</i>	5	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 420 MG	5	PA NSO; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	NDS; QL (1 per 28 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA NSO; NDS
TRUXIMA INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
TYKERB ORAL TABLET 250 MG	5	PA NSO; NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NDS
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	5	NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA NSO; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	2	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	2	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PA NSO; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	5	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PA NSO; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA NSO; NDS; QL (120 per 30 days)
<b>Anticonvulsants</b>		
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	5	NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	NDS; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	5	NDS
BANZEL ORAL TABLET 200 MG, 400 MG	5	NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
<b>CELONTIN ORAL CAPSULE 300 MG</b>	4	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	PA NSO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	PA NSO; QL (60 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	4	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	4	
<i>divalproex oral capsule, delayed release sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
<b>EPIDIOLEX ORAL SOLUTION 100 MG/ML</b>	5	PA NSO; NDS
<i>epilex oral tablet 200 mg</i>	2	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	
<b>FINTEPLA ORAL SOLUTION 2.2 MG/ML</b>	5	PA NSO; NDS
<i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx)	2	
<b>FYCOMPA ORAL SUSPENSION 0.5 MG/ML</b>	5	NDS; QL (720 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	4	ST
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	4	ST; QL (90 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter (Blue))	2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)- 50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	2	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> (Lamictal ODT Starter (Green))	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	2	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	5	NDS
PEGANONE ORAL TABLET 250 MG	4	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	3	QL (1200 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
<b>Antidementia Agents</b>		
<b>Antidementia Agents</b>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	2	PA; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	PA; QL (360 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	2	PA; QL (60 per 30 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule</i> 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24</i> (Exelon) <i>hour 13.3 mg/24 hour, 4.6 mg/24 hr,</i> <i>9.5 mg/24 hr</i>	2	QL (30 per 30 days)
<b>Antidepressants</b>		
<b>Antidepressants</b>		
<i>amitriptyline oral tablet 10 mg, 100</i> <i>mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amitriptyline-chlordiazepoxide oral</i> <i>tablet 12.5-5 mg, 25-10 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150</i> <i>mg, 25 mg, 50 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75</i> <i>mg</i>	2	
<i>bupropion hcl oral tablet extended</i> (Wellbutrin XL) <i>release 24 hr 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet sustained-</i> (Wellbutrin SR) <i>release 12 hr 100 mg, 150 mg, 200</i> <i>mg</i>	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg,</i> (Celexa) <i>40 mg</i>	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50</i> (Anafranil) <i>mg, 75 mg</i>	2	
<i>desipramine oral tablet 10 mg, 25</i> (Norpramin) <i>mg</i>	2	
<i>desipramine oral tablet 100 mg, 150</i> <i>mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet</i> (Pristiq) <i>extended release 24 hr 100 mg, 25</i> <i>mg, 50 mg</i>	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg,</i> <i>150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	2	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	PA NSO-HRM; AGE (Max 64 Years)
<b>PAXIL ORAL SUSPENSION 10 MG/5 ML</b>	4	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<b>SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)</b>	5	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone oral tablet 300 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg</i>	2	QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	2	QL (90 per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	5	NDS
<b>Antidiabetic Agents</b>		
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	4	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NDS; QL (112 per 28 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	2	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	1	QL (60 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	2	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	2	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	QL (120 per 30 days)
<i>repaglinide oral tablet 1 mg</i> (Prandin)	2	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i> (Prandin)	2	QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	2	QL (150 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	4	ST; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10- 1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5- 1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
<b>Insulins</b>		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70- 30)	3	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70- 30)	2	QL (40 per 28 days)
NOVOLOG MIX 70- 30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL (30 per 28 days)

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	5	NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 (Nyamyc) unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed (Noxafil) release ( drlec) 100 mg</i>	5	NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln (Vfend IV) 200 mg</i>	5	PA BvD; NDS
<i>voriconazole oral suspension for (Vfend) reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	NDS
<i>voriconazole oral tablet 200 mg, 50 (Vfend) mg</i>	2	
<b>Antigout Agents</b>		
<b>Antigout Agents, Other</b>		
<i>allopurinol oral tablet 100 mg, 300 (Zyloprim) mg</i>	1	
<i>colchicine oral tablet 0.6 mg (Colcrys)</i>	4	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg (Uloric)</i>	2	ST; QL (30 per 30 days)

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>Antiparasite Agents</b>		
<b>Antiparasite Agents</b>		
<i>albendazole oral tablet 200 mg</i> (Albenza)	5	NDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	5	NDS
ALINIA ORAL TABLET 500 MG	5	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	5	NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet 250 mg</i>	2	QL (50 per 30 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	2	QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
KRINTAFEL ORAL TABLET 150 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>paromomycin oral capsule 250 mg</i>	2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	2	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	2	
PRIMAQUINE ORAL TABLET 26.3 MG	2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Antiparkinsonian Agents</b>		
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	PA; NDS; QL (60 per 30 days)
<i>benztropine injection solution 1 mg/ml</i> (Cogentin)	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	4	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	4	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	4	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	4	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	4	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	5	PA; NDS; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	5	PA; NDS; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 50 MG	4	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, (Mirapex) 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg (Azilect)</i>	2	
<i>ropinirole oral tablet 0.25 mg, 3 mg, (Requip) 5 mg</i>	2	
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	2	
<i>ropinirole oral tablet extended (Requip XL) release 24 hr 12 mg, 2 mg, 6 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 4 mg, 8 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG	5	PA; NDS; QL (30 per 30 days)
<b>Antipsychotic Agents</b>		
<b>Antipsychotic Agents</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	2	QL (60 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	ST; NDS; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	ST; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 28 days)
CAPLYTA ORAL CAPSULE 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	2	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	2	QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	5	ST; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG	4	ST; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)- 2MG(2)- 4MG(2)-6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	NDS; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	NDS; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	NDS; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LATUDA ORAL TABLET 80 MG	3	QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i> (Invega)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	2	QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i> (Invega)	5	NDS; QL (30 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg</i> (Seroquel XR)	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i> (Seroquel XR)	2	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NDS; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	NDS; QL (4 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i>	2	QL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG	5	ST; NDS; QL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG, 5 MG	4	ST; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
<b>Antivirals (Systemic)</b>		
<b>Antiretrovirals</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	NDS
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	NDS
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	2	
ATRIPLA ORAL TABLET 600-200-300 MG	5	NDS
BIKTARVY ORAL TABLET 50-200-25 MG	5	NDS
CIMDUO ORAL TABLET 300-300 MG	5	NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 200- 25 MG	5	NDS
<i>didanosine oral capsule, delayed release(drlec) 125 mg, 200 mg, 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50- 300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
<i>efavirenz oral capsule 200 mg</i> (Sustiva)	5	NDS
<i>efavirenz oral capsule 50 mg</i> (Sustiva)	2	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	2	
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	
EMTRIVA ORAL CAPSULE 200 MG	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
EVOTAZ ORAL TABLET 300- 150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150- 150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NDS
KALETRA ORAL TABLET 100- 25 MG	4	QL (300 per 30 days)
KALETRA ORAL TABLET 200- 50 MG	5	NDS; QL (120 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400- 100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	2	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	2	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200- 25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREZISTA ORAL TABLET 75 MG	4	
RESCRIPTOR ORAL TABLET 200 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	NDS
SELZENTRY ORAL TABLET 25 MG	4	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SYMFI LO ORAL TABLET 400-300-300 MG	5	NDS
SYMFI ORAL TABLET 600-300-300 MG	5	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
<b>Antivirals, Miscellaneous</b>		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
<b>Hcv Antivirals</b>		
EPCLUSA ORAL TABLET 400-100 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA; NDS; QL (28 per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	5	PA; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NDS; QL (84 per 28 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epcclusa)	5	PA; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	5	PA; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	5	PA; NDS; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG	5	PA; NDS; QL (28 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	PA; NDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; NDS; QL (30 per 30 days)
<b>Interferons</b>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NDS
<b>Nucleosides And Nucleotides</b>		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	NDS
<i>cidofovir intravenous solution 75 mg/ml</i>	5	NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	5	PA BvD; NDS
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	5	PA BvD; NDS
<i>ribasphere oral capsule 200 mg</i>	2	
<i>ribasphere oral tablet 600 mg</i>	5	NDS
<i>ribasphere ribapak oral tablets, dose pack 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	NDS
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA BvD; NDS
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	

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

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

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
<i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i>	2	PA BvD
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	2	
<i>dextrose 5 % in water (d5w)</i> <i>intravenous piggyback 5 %</i>	2	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agents</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; NDS; QL (180 per 30 days)
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
<i>eprosartan oral tablet 600 mg</i>	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	
<i>olmesartan-amlodipin-hcthiaazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	2	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<b>EPANED ORAL SOLUTION 1 MG/ML</b>	4	ST
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 20 mg</i> (Prinivil)	1	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QBRELIS ORAL SOLUTION 1 MG/ML	5	ST; NDS
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<b>Antiarrhythmic Agents</b>		
<i>amiodarone oral tablet 100 mg, 400 mg</i> (Pacerone)	2	
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	PA-HRM; AGE (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	
<i>procainamide intravenous syringe 100 mg/ml</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	2	
<b>BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> (Lopressor)	2	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<b>Calcium-Channel Blocking Agents</b>		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg</i> (Taztia XT)	2	
<i>diltiazem hcl oral capsule, extended release 24 hr 420 mg</i> (Tiadyt ER)	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> (Verelan)	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i> (Verelan)	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	1	
<b>Cardiovascular Agents, Miscellaneous</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	
DEMSER ORAL CAPSULE 250 MG	5	NDS
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinephrine injection auto-injector</i> (EpiPen Jr) 0.15 mg/0.3 ml	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector</i> (Auvi-Q) 0.3 mg/0.3 ml	2	QL (4 per 30 days)
<i>hydralazine injection solution</i> 20 mg/ml	2	
<i>hydralazine oral tablet</i> 10 mg, 100 mg, 25 mg, 50 mg	2	
<i>icatibant subcutaneous syringe</i> 30 mg/3 ml (Firazyr)	5	PA; NDS; QL (18 per 30 days)
<i>metyrosine oral capsule</i> 250 mg (Demser)	5	NDS
<i>milrinone intravenous solution</i> 1 mg/ml	5	PA BvD; NDS
<i>ranolazine oral tablet extended release</i> 12 hr 1,000 mg, 500 mg (Ranexa)	2	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	QL (4 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NDS; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; NDS; QL (120 per 30 days)
<b>Dihydropyridines</b>		
<i>amlodipine oral tablet</i> 10 mg, 2.5 mg, 5 mg (Norvasc)	1	
<i>amlodipine-benazepril oral capsule</i> 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg (Lotrel)	2	
<i>amlodipine-benazepril oral capsule</i> 2.5-10 mg	2	
<i>amlodipine-olmesartan oral tablet</i> 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	2	
<i>amlodipine-valsartan oral tablet</i> 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	2	
<i>amlodipine-valsartan-hcthiiazid oral tablet</i> 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg (Exforge HCT)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<b>KATERZIA ORAL SUSPENSION 1 MG/ML</b>	4	ST; QL (300 per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	2	PA-HRM; AGE (Max 64 Years)
<i>nifedipine oral capsule 20 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	2	
<b>Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide oral tablet 500 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	2	
<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> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	2	
<i>niacor oral tablet 500 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	4	PA; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravachol)	1	
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	PA; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg</i>	1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	3	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	3	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	2	
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	4	ST
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Vasodilators</b>		
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> (Minitran)	2	
<b>Central Nervous System Agents</b>		
<b>Central Nervous System Agents</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution</i> (Cafcit) 60 mg/3 ml (20 mg/ml)	2	PA BvD
<i>caffeine citrate oral solution</i> 60 mg/3 ml (20 mg/ml)	2	
<i>clonidine hcl oral tablet extended release</i> 12 hr 0.1 mg (Kapvay)	2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; NDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release</i> 12 hr 10 mg (Ampyra)	2	PA; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet</i> 10 mg, 2.5 mg, 5 mg (Focalin)	2	QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release</i> 10 mg, 15 mg, 5 mg (Dexedrine Spansule)	2	QL (120 per 30 days)
<i>dextroamphetamine oral tablet</i> 10 mg, 5 mg (Zenedi)	2	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release</i> 24hr 10 mg, 15 mg, 5 mg (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release</i> 24hr 20 mg, 25 mg, 30 mg (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i> 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg (Adderall)	2	QL (60 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; NDS
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>flumazenil intravenous solution</i> 0.1 mg/ml	2	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe</i> 20 mg/ml (Copaxone)	5	PA; NDS; QL (30 per 30 days)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAYZENT ORAL TABLET 2 MG	5	PA; NDS; QL (30 per 30 days)
<i>metadate er oral tablet extended release 20 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	2	QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA; NDS; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NDS; QL (20 per 180 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	5	PA; NDS; QL (2800 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; NDS; QL (14 per 7 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	5	PA; NDS; QL (60 per 30 days)
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; NDS; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	5	PA; NDS
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	5	PA; NDS
<b>Contraceptives</b>		
<b>Contraceptives</b>		
afirmelle oral tablet 0.1-20 mg-mcg	2	
altavera (28) oral tablet 0.15-0.03 mg	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	
amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	2	QL (91 per 84 days)
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2	QL (91 per 84 days)
apri oral tablet 0.15-0.03 mg	2	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	2	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2	QL (91 per 84 days)
aubra eq oral tablet 0.1-20 mg-mcg	2	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>ayuna oral tablet 0.15-0.03 mg</i>	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>camila oral tablet 0.35 mg</i>	1	
<i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	2	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	1	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri)	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Syeda)	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
<b>ELLA ORAL TABLET 30 MG</b>	4	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	2	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	
<i>errin oral tablet 0.35 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50 (28))	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	2	
<i>heather oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>kalliga oral tablet 0.15-0.03 mg</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	
<i>l norgest/le.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	2	QL (91 per 84 days)
<i>l norgest/le.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	2	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Introvale)	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	2	
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	2	
<i>lutura (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri Femynor)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	2	
<i>norlyda oral tablet 0.35 mg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg, 1-35 mg-mcg</i>	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<b>SLYND ORAL TABLET 4 MG (28)</b>	4	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>syeda oral tablet 3-0.03 mg</i>	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	1	
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	2	
<i>tulana oral tablet 0.35 mg</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	2	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	2	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	2	
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline oral capsule 30 mg</i> (Evovac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	1	
<i>oralone dental paste 0.1 %</i>	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Dermatological Agents</b>		
<b>Dermatological Agents, Other</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	2	
<i>acitretin oral capsule 17.5 mg</i>	2	
<i>acyclovir topical cream 5 %</i> (Zovirax)	2	QL (5 per 4 days)
<i>acyclovir topical ointment 5 %</i> (Zovirax)	2	QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	2	
<i>ammonium lactate topical lotion 12 %</i> (Geri-Hydrolac)	2	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (120 per 30 days)
DENAVIR TOPICAL CREAM 1 %	5	NDS
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	QL (24 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS
PICATO TOPICAL GEL 0.015 %	3	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %	3	QL (2 per 56 days)
<i>podofilox topical solution 0.5 %</i>	2	
REGRANEX TOPICAL GEL 0.01 %	5	PA; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
TOLAK TOPICAL CREAM 4 %	4	
VALCHLOR TOPICAL GEL 0.016 %	5	NDS
VEREGEN TOPICAL OINTMENT 15 %	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
<b>Dermatological Antibacterials</b>		
clindamycin phosphate topical foam 1 % (Evoclin)	2	QL (100 per 30 days)
clindamycin phosphate topical solution 1 % (Cleocin T)	2	QL (180 per 30 days)
clindamycin phosphate topical swab 1 % (Clindacin ETZ)	2	
clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 % (Neuac)	2	
clindamycin-benzoyl peroxide topical gel 1-5 % (Benzaclin)	2	
ery pads topical swab 2 %	2	
erythromycin with ethanol topical gel 2 % (Erygel)	2	QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %	2	QL (180 per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 % (Benzamycin)	2	
gentamicin topical cream 0.1 %	2	QL (120 per 30 days)
gentamicin topical ointment 0.1 %	2	QL (120 per 30 days)
metronidazole topical cream 0.75 % (Rosadan)	2	
metronidazole topical gel 0.75 % (Rosadan)	2	
metronidazole topical gel 1 % (Metrogel)	2	
metronidazole topical lotion 0.75 % (MetroLotion)	2	
mupirocin topical ointment 2 % (Centany)	1	QL (220 per 30 days)
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	2	
rosadan topical cream 0.75 %	2	
selenium sulfide topical lotion 2.5 %	2	
silver sulfadiazine topical cream 1 % (SSD)	2	
ssd topical cream 1 %	4	
sulfacetamide sodium (acne) topical suspension 10 % (Klaron)	2	
<b>Dermatological Anti-Inflammatory Agents</b>		
ala-cort topical cream 1 %	1	
ala-scalp topical lotion 2 %	2	
alclometasone topical cream 0.05 %	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam (Luxiq) 0.12 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	2	
<i>cormax scalp solution 0.05 %</i>	2	
<i>desonide topical cream 0.05 %</i> (DesOwen)	2	
<i>desonide topical lotion 0.05 %</i> (DesOwen)	2	
<i>desonide topical ointment 0.05 %</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desoximetasone topical cream 0.05 %</i> , 0.25 % (Topicort)	2	QL (120 per 30 days)
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.05 %</i> , 0.25 % (Topicort)	2	QL (120 per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	2	QL (60 per 30 days)
<b>EUCRISA TOPICAL OINTMENT 2 %</b>	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	2	QL (118 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>procto-pak topical cream with perineal applicator 1 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	2	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	2	
<b>Dermatological Retinoids</b>		
<i>adapalene topical cream 0.1 %</i> (Differin)	2	
<i>adapalene topical gel 0.1 %</i> (Differin)	2	
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA

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Drug Name		Drug Tier	Requirements/Limits
<i>tretinoin topical gel 0.01 %</i>	(Retin-A)	2	PA
<i>tretinoin topical gel 0.025 %</i>	(Avita)	2	PA
<i>tretinoin topical gel 0.05 %</i>	(Atralin)	2	PA
<b>Scabicides And Pediculicides</b>			
<i>malathion topical lotion 0.5 %</i>	(Ovide)	2	
<i>permethrin topical cream 5 %</i>	(Elimite)	2	
<b>Devices</b>			
<b>Devices</b>			
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		2	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"		2	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		2	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		2	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"		2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "		1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Utilet Insulin Syringe)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Advocate Syringes)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe)	2	
OMNIPOD / VGO		2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips)	2	
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "		1	

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Drug Name	Drug Tier	Requirements/Limits
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NDS; QL (14 per 28 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORFADIN ORAL CAPSULE 20 MG	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Kuvan)	5	NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	
<b>Eye, Ear, Nose, Throat Agents</b>		
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>		
<i>alcaïne ophthalmic (eye) drops 0.5 %</i>	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>ofloxacin ophthalmic (eye) drops (Ocuflox) 0.3 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim (Polytrim) ophthalmic (eye) drops 10,000 unit-1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (Bleph-10) (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
<i>tobramycin ophthalmic (eye) drops (Tobrex) 0.3 %</i>	1	
<i>tobramycin-dexamethasone (TobraDex) ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
<i>bromfenac ophthalmic (eye) drops</i> 0.09 %	2	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>dexamethasone sodium phosphate</i> <i>ophthalmic (eye) drops</i> 0.1 %	2	
<i>diclofenac sodium ophthalmic (eye)</i> <i>drops</i> 0.1 %	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)	2	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops</i> 0.01 %	2	
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension</i> 0.1 %	4	
<i>flurbiprofen sodium ophthalmic</i> <i>(eye) drops</i> 0.03 %	2	
<i>fluticasone propionate nasal</i> (24 Hour Allergy <i>spray,suspension</i> 50 mcg/actuation Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>ketorolac ophthalmic (eye) drops</i> (Acular) 0.5 %	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loteprednol etabonate ophthalmic (Lotemax) (eye) drops,suspension 0.5 %</i>	2	
<i>mometasone nasal spray,non-aerosol (Nasonex) 50 mcglactuation</i>	2	QL (34 per 28 days)
<i>prednisolone acetate ophthalmic (Pred Forte) (eye) drops,suspension 1 %</i>	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
<b>PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %</b>	3	
<b>RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %</b>	3	QL (60 per 30 days)
<b>XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION</b>	3	ST; QL (32 per 30 days)
<b>XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %</b>	3	QL (60 per 30 days)
<b>Gastrointestinal Agents</b>		
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 200 mg (Acid Reducer (cimetidine))</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<b>DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG</b>	3	ST; QL (30 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	
<i>esomeprazole sodium intravenous (Nexium IV) recon soln 40 mg</i>	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	
<i>famotidine intravenous solution 10 mg/ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i> (Prevacid)	2	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i> (Prevacid)	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>nizatidine oral solution 150 mg/10 ml</i>	2	
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	2	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	2	ST; QL (30 per 30 days)
<i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i>	2	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
<b>Gastrointestinal Agents, Other</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	QL (60 per 30 days)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	NDS
<i>constulose oral solution 10 gram/15 ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	PA-HRM; AGE (Max 64 Years)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i>	2	
<b>GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG</b>	5	PA; NDS
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
<b>LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG</b>	3	QL (30 per 30 days)
<b>LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM</b>	3	QL (90 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
<b>MOVANTIK ORAL TABLET 12.5 MG, 25 MG</b>	3	QL (30 per 30 days)
<b>OICALIVA ORAL TABLET 10 MG, 5 MG</b>	5	PA; NDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>propantheline oral tablet 15 mg</i>	2	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS
RELISTOR ORAL TABLET 150 MG	5	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; NDS; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	NDS
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
TRULANCE ORAL TABLET 3 MG	4	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i> (Actigall)	2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VIBERZI ORAL TABLET 100 MG, 75 MG	5	ST; NDS; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (90 per 30 days)
<b>Laxatives</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	
<b>Phosphate Binders</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
<i>lanthanum oral tablet, chewable</i> (Fosrenol) <i>1,000 mg, 500 mg, 750 mg</i>	5	NDS
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	5	NDS
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg</i>	2	
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	2	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	3	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	2	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trosipium oral capsule,extended release 24hr 60 mg</i>	2	
<i>trosipium oral tablet 20 mg</i>	2	
<b>Genitourinary Agents, Miscellaneous</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	5	PA; NDS
THIOLA ORAL TABLET 100 MG	5	NDS
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
<i>clovique oral capsule 250 mg</i>	5	PA; NDS; QL (240 per 30 days)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	5	PA; NDS
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	2	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	5	PA; NDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	2	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	5	PA; NDS
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	5	PA; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NDS
<i>trientine oral capsule 250 mg</i> (Clovique)	5	PA; NDS; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b>		
<b>Androgens</b>		
ANADROL-50 ORAL TABLET 50 MG	5	PA; NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>oxandrolone oral tablet 10 mg</i> (Oxandrin)	5	NDS
<i>oxandrolone oral tablet 2.5 mg</i> (Oxandrin)	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i> (Vogelxo)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i> (AndroGel)	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> (AndroGel)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>	2	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
<b>Estrogens And Antiestrogens</b>		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DUAVEE ORAL TABLET 0.45-20 MG	3	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	PA-HRM; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	2	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	PA-HRM; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvafem vaginal tablet 10 mcg</i>	2	QL (18 per 28 days)
<b>Glucocorticoids/Mineralocorticoids</b>		
<i>a-hydrocort injection recon soln 100 mg</i>	2	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	
<i>cortisone oral tablet 25 mg</i>	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	2	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NDS; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	PA; NDS; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
HEMADY ORAL TABLET 20 MG	4	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i> (Solu-Medrol)	2	
<i>prednisolone 15 mg/5 ml soln alf, dlf 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	2	
<b>Pituitary</b>		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	5	NDS
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	PA; NDS; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NDS; QL (60 per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NDS
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	5	PA; NDS; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	QL (30 per 30 days)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	QL (30 per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA; NDS
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
<i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg</i>	2	PA BvD
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.5 mg, 0.75 mg</i>	5	PA BvD; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	4	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl)</i> (CellCept Intravenous) <i>intravenous recon soln 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule</i> (CellCept) <i>250 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral</i> (CellCept) <i>suspension for reconstitution 200</i> <i>mg/ml</i>	5	PA BvD; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate mofetil oral tablet</i> (CellCept) 500 mg	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG	5	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO- INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	5	PA; NDS
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	5	PA; NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	2	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 80 MG/ML	5	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
ZORTRESS ORAL TABLET 1 MG	5	PA BvD; NDS
<b>Vaccines</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	PA BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	QL (1 per 365 days)
<b>Inflammatory Bowel Disease</b>		
<b>Agents</b>		
<b>Inflammatory Bowel Disease Agents</b>		
<i>alosetron oral tablet 0.5 mg</i> (Lotronex)	2	
<i>alosetron oral tablet 1 mg</i> (Lotronex)	5	NDS
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	2	
<i>colocort rectal enema 100 mg/60 ml</i>	2	
DIPENTUM ORAL CAPSULE 250 MG	5	NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	2	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> (Apriso)	2	
<i>mesalamine oral tablet,delayed release (drlec) 1.2 gram</i> (Lialda)	2	
<i>mesalamine oral tablet,delayed release (drlec) 800 mg</i> (Asacol HD)	2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	5	NDS
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet,delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
<b>Irrigating Solutions</b>		
<b>Irrigating Solutions</b>		
LACTATED RINGERS IRRIGATION SOLUTION	4	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/lactuation</i>	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>cinacalcet oral tablet 30 mg</i> (Sensipar)	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i> (Sensipar)	5	NDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NDS; QL (120 per 30 days)
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2)	5	PA; NDS; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	3	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	2	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	5	NDS
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	2	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	2	
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	ST; QL (1 per 180 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg</i>	2	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i> (Actonel)	2	QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	2	QL (4 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	
<i>zoledronic acid-mannitol-water</i> (Reclast) <i>intravenous piggyback 5 mg/100 ml</i>	2	QL (100 per 300 days)
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (4 per 28 days)
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	5	NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	
ELMIRON ORAL CAPSULE 100 MG	5	NDS; QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NDS

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	2	
<i>pyridostigmine bromide oral tablet</i> (Mestinon Timespan) <i>extended release 180 mg</i>	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (60 per 30 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NDS
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NDS; QL (120 per 30 days)
<b>Ophthalmic Agents</b>		
<b>Antiglaucoma Agents</b>		
<i>acetazolamide oral capsule,</i> <i>extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg,</i> <i>250 mg</i>	2	
<i>acetazolamide sodium injection</i> <i>recon soln 500 mg</i>	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>betaxolol ophthalmic (eye) drops</i> <i>0.5 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops</i> <i>0.03 %</i>	2	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops</i> (Alphagan P) <i>0.15 %</i>	4	
<i>brimonidine ophthalmic (eye) drops</i> <i>0.2 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<b>COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %</b>	3	
<i>dorzolamide ophthalmic (eye) drops (Trusopt) 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)</i>	2	
<i>latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)</i>	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<b>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</b>	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % (Isopto Carpine)</i>	2	
<b>RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %</b>	3	QL (2.5 per 25 days)
<b>ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %</b>	3	QL (2.5 per 25 days)
<b>SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %</b>	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 % (Timoptic)</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 % (Timoptic-XE)</i>	4	
<i>travoprost ophthalmic (eye) drops 0.004 % (Travatan Z)</i>	2	QL (2.5 per 25 days)
<b>VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %</b>	4	QL (5 per 30 days)
<b>XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %</b>	4	ST; QL (2.5 per 25 days)
<b>ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %</b>	4	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Replacement Preparations</b>		
<b>Replacement Preparations</b>		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	2	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	PA BvD
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	PA BvD
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	2	PA BvD
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	PA BvD
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	2	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral tablet (K-Tab) extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet,er (Klor-Con M10) particles/crystals 10 meq</i>	2	
<i>potassium chloride oral tablet,er (Klor-Con M20) particles/crystals 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium citrate oral tablet (Urocit-K 10) extended release 10 meq (1,080 mg)</i>	2	
<i>potassium citrate oral tablet (Urocit-K 15) extended release 15 meq</i>	2	
<i>potassium citrate oral tablet (Urocit-K 5) extended release 5 meq (540 mg)</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Respiratory Tract Agents</b>		
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115- 21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	PA BvD
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 28 days)
<b>Antileukotrienes</b>		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
<b>Bronchodilators</b>		
<i>albuterol 5 mg/ml solution 5 mg/ml</i>	2	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i>	2	PA BvD; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	2	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i>	2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 28 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NDS
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	QL (60 per 30 days)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine intravenous solution (Acetadote) 200 mg/ml (20%)</i>	2	
<i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i>	2	PA BvD
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
DALIRESP ORAL TABLET 250 MCG	3	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; NDS; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (120 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,L/F,SUV 1,000 MG (+-)/20 ML	5	PA BvD; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	5	PA; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NDS
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>chlorzoxazone oral tablet 250 mg</i>	5	PA-HRM; NDS; AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg</i>	2	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	2	
<i>methocarbamol oral tablet 500 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	2	PA-HRM; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>revonto intravenous recon soln 20 mg</i>	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
<b>Sleep Disorder Agents</b>		
<b>Sleep Disorder Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NDS; QL (30 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	QL (30 per 30 days)
<b>Vasodilating Agents</b>		
<b>Vasodilating Agents</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	5	PA; NDS; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NDS; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	2	PA
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	5	PA; NDS
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; NDS; QL (37.5 per 1 day)

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

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

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## INDEX

<i>abacavir</i> .....	65	<i>a-hydrocort</i> .....	124	<i>ambrisentan</i> .....	154
<i>abacavir-lamivudine</i> .....	65	AIMOVIG		<i>amethia</i> .....	96
<i>abacavir-lamivudine-</i>		AUTOINJECTOR.....	53	<i>amethia lo</i> .....	96
<i>zidovudine</i> .....	65	AJOVY AUTOINJECTOR....	53	<i>amiloride</i> .....	87
ABELCET.....	49	AJOVY SYRINGE.....	53	<i>amiloride-hydrochlorothiazide</i> ..	87
ABILIFY MAINTENA.....	60	AKYNZEO		AMINOSYN 10 %.....	75
ABRAXANE.....	21	(FOSNETUPITANT).....	55	AMINOSYN 7 % WITH	
<i>acamprosate</i> .....	10	AKYNZEO		ELECTROLYTES.....	75
<i>acarbose</i> .....	45	(NETUPITANT).....	55	AMINOSYN 8.5 %.....	76
<i>acebutolol</i> .....	83	<i>ala-cort</i> .....	105	AMINOSYN 8.5 %-	
<i>acetaminophen-codeine</i> .....	3	<i>ala-scalp</i> .....	105	ELECTROLYTES.....	76
<i>acetazolamide</i> .....	145	<i>albendazole</i> .....	57	AMINOSYN II 10 %.....	76
<i>acetazolamide sodium</i> .....	145	<i>albuterol sulfate</i> .....	150	AMINOSYN II 15 %.....	76
<i>acetic acid</i> .....	112	<i>alcaine</i> .....	111	AMINOSYN II 7 %.....	76
<i>acetic acid-aluminum acetate</i> ..	112	<i>alclometasone</i> .....	105, 106	AMINOSYN II 8.5 %.....	76
<i>acetylcysteine</i> .....	152	ALCOHOL PADS.....	104	AMINOSYN II 8.5 %-	
<i>acitretin</i> .....	104	ALDURAZYME.....	110	ELECTROLYTES.....	76
ACTEMRA.....	130	ALECENSA.....	21	AMINOSYN M 3.5 %.....	76
ACTEMRA ACTPEN.....	129	<i>alendronate</i> .....	141	AMINOSYN-HBC 7%.....	76
ACTHAR.....	143	<i>alfuzosin</i> .....	121	AMINOSYN-PF 10 %.....	76
ACTHIB (PF).....	136	ALIMTA.....	21	AMINOSYN-PF 7 %	
ACTIMMUNE.....	143	ALINIA.....	57	(SULFITE-FREE).....	77
<i>acyclovir</i> .....	71, 104	ALIQOPA.....	21	AMINOSYN-RF 5.2 %.....	77
<i>acyclovir sodium</i> .....	71	<i>aliskiren</i> .....	90	<i>amiodarone</i> .....	82
ADACEL(TDAP		<i>allopurinol</i> .....	51	AMITIZA.....	117
ADOLESN/ADULT)(PF)....	136	<i>alosetron</i> .....	140	<i>amitriptyline</i> .....	42
ADAKVEO.....	75	ALPHAGAN P.....	145	<i>amitriptyline-chlordiazepoxide</i> ..	42
<i>adapalene</i> .....	108	<i>alprazolam</i> .....	11	<i>amlodipine</i> .....	86
ADCETRIS.....	21	ALREX.....	115	<i>amlodipine-atorvastatin</i> .....	88
<i>adefovir</i> .....	71	<i>altavera (28)</i> .....	96	<i>amlodipine-benazepril</i> .....	86
ADEMPAS.....	154	ALTRENO.....	108	<i>amlodipine-olmesartan</i> .....	86
<i>adriamycin</i> .....	21	ALUNBRIG.....	21	<i>amlodipine-valsartan</i> .....	86
<i>adrucil</i> .....	21	<i>alyacen 1/35 (28)</i> .....	96	<i>amlodipine-valsartan-hcthiazid</i> ..	86
ADVAIR DISKUS.....	149	<i>alyacen 7/7/7 (28)</i> .....	96	<i>ammonium lactate</i> .....	104
ADVAIR HFA.....	149	<i>alyq</i> .....	154	<i>amoxapine</i> .....	42
AFINITOR.....	21	<i>amabelz</i> .....	122	<i>amoxicil-clarithromy-</i>	
AFINITOR DISPERZ.....	21	<i>amantadine hcl</i> .....	58	<i>lansopraz</i> .....	116
<i>afirmelle</i> .....	96	AMBISOME.....	50	<i>amoxicillin</i> .....	17

<i>amoxicillin-pot clavulanate</i> .....	17, 18	AUBAGIO.....	91	BELSOMRA.....	154
<i>amphotericin b</i> .....	50	<i>aubra eq</i> .....	96	<i>benazepril</i> .....	81
<i>ampicillin</i> .....	18	<i>aurovela 1.5/30 (21)</i> .....	96	<i>benazepril-hydrochlorothiazide</i> .....	81
<i>ampicillin sodium</i> .....	18	<i>aurovela 1/20 (21)</i> .....	97	BENDEKA.....	22
<i>ampicillin-sulbactam</i> .....	18	<i>aurovela 24 fe</i> .....	97	BENLYSTA.....	143
ANADROL-50.....	122	<i>aurovela fe 1.5/30 (28)</i> .....	97	<i>benztropine</i> .....	58
<i>anagrelide</i> .....	75	<i>aurovela fe 1-20 (28)</i> .....	97	BEPREVE.....	112
<i>anastrozole</i> .....	21	AUSTEDO.....	91	BESIVANCE.....	113
ANORO ELLIPTA.....	150	AVASTIN.....	21	BESPONSA.....	22
APOKYN.....	58	<i>aviane</i> .....	97	<i>betamethasone acet,sod phos.</i> .....	124
<i>apraclonidine</i> .....	111	AVONEX.....	91, 92	<i>betamethasone dipropionate</i> .....	106
<i>aprepitant</i> .....	55	AVSOLA.....	130	<i>betamethasone valerate</i> .....	106
<i>apri</i> .....	96	<i>ayuna</i> .....	97	<i>betamethasone, augmented</i> .....	106
APTIOM.....	36	AYVAKIT.....	21	BETASERON.....	92
APTIVUS.....	65	<i>azacitidine</i> .....	22	<i>betaxolol</i> .....	83, 145
APTIVUS (WITH VITAMIN E).....	65	<i>azathioprine</i> .....	130	<i>bethanechol chloride</i> .....	120
<i>aranelle (28)</i> .....	96	<i>azathioprine sodium</i> .....	130	BETHKIS.....	12
ARCALYST.....	130	<i>azelastine</i> .....	112	BEVYXXA.....	72
<i>aripiprazole</i> .....	60	<i>azithromycin</i> .....	16	<i>bexarotene</i> .....	22
ARISTADA.....	60, 61	AZOPT.....	145	BEXSERO.....	136
ARISTADA INITIO.....	60	<i>aztreonam</i> .....	17	<i>bicalutamide</i> .....	22
<i>armodafinil</i> .....	154	<i>azurette (28)</i> .....	97	BICILLIN L-A.....	18
ARNUITY ELLIPTA.....	149	<i>bacitracin</i> .....	13, 112	BIDIL.....	91
<i>arsenic trioxide</i> .....	21	<i>bacitracin-polymyxin b</i> .....	113	BIKTARVY.....	65
<i>ascomp with codeine</i> .....	3	<i>baclofen</i> .....	153	<i>bimatoprost</i> .....	145
<i>ashlyna</i> .....	96	<i>balsalazide</i> .....	140	<i>bisoprolol fumarate</i> .....	83
<i>aspirin-dipyridamole</i> .....	75	BALVERSA.....	22	<i>bisoprolol-hydrochlorothiazide</i> .....	83
ASSURE ID INSULIN SAFETY.....	109	<i>balziva (28)</i> .....	97	BLENREP.....	22
<i>atazanavir</i> .....	65	BANZEL.....	36	<i>bleomycin</i> .....	22
<i>atenolol</i> .....	83	BAVENCIO.....	22	<i>bleph-10</i> .....	113
<i>atenolol-chlorthalidone</i> .....	83	BAXDELA.....	19	BLINCYTO.....	22
<i>atomoxetine</i> .....	91	BCG VACCINE, LIVE (PF).....	136	<i>blisovi 24 fe</i> .....	97
<i>atorvastatin</i> .....	88	BD ULTRA-FINE NANO PEN NEEDLE.....	109	<i>blisovi fe 1.5/30 (28)</i> .....	97
<i>atovaquone</i> .....	57	BD VEO INSULIN SYR HALF UNIT.....	109	<i>blisovi fe 1/20 (28)</i> .....	97
<i>atovaquone-proguanil</i> .....	57	BD VEO INSULIN SYRINGE UF.....	109	BOOSTRIX TDAP.....	136
ATRIPLA.....	65	<i>bekyree (28)</i> .....	97	BORTEZOMIB.....	22
<i>atropine</i> .....	112	BELEODAQ.....	22	BOSULIF.....	22
ATROVENT HFA.....	150			BRAFTOVI.....	22
				BREO ELLIPTA.....	149
				<i>briellyn</i> .....	97

BRILINTA.....	75	CAPLYTA.....	61	CHANTIX CONTINUING	
<i>brimonidine</i> .....	145	CAPRELSA.....	23	MONTH BOX.....	10
BRIVIACT.....	36	<i>captopril</i> .....	81	CHANTIX STARTING	
<i>bromfenac</i> .....	115	<i>captopril-hydrochlorothiazide</i> ...81		MONTH BOX.....	10
<i>bromocriptine</i> .....	58	CARBAGLU.....	117	<i>chateal eq (28)</i> .....	97
BROMSITE.....	115	<i>carbamazepine</i> .....	36, 37	<i>chloramphenicol sod succinate</i> ..	13
BRUKINSA.....	22	<i>carbidopa</i> .....	58	<i>chlordiazepoxide hcl</i> .....	11
<i>budesonide</i> .....	140, 149	<i>carbidopa-levodopa</i> .....	58	<i>chlorhexidine gluconate</i> .....	103
<i>bumetanide</i> .....	87	<i>carbidopa-levodopa-</i>		<i>chloroquine phosphate</i> .....	57
<i>buprenorphine</i> .....	3	<i>entacapone</i> .....	58	<i>chlorothiazide</i> .....	87
<i>buprenorphine hcl</i> .....	3, 10	<i>carbinoxamine maleate</i> .....	52	<i>chlorothiazide sodium</i> .....	87
<i>buprenorphine-naloxone</i> .....	10	<i>carboplatin</i> .....	23	<i>chlorpromazine</i> .....	61
<i>bupropion hcl</i> .....	42	CAROSPIR.....	90	<i>chlorthalidone</i> .....	87
<i>bupropion hcl (smoking deter)</i> .	10	<i>carteolol</i> .....	146	<i>chlorzoxazone</i> .....	153
<i>buspirone</i> .....	11	<i>cartia xt</i> .....	84	<i>cholestyramine (with sugar)</i> .....	88
<i>butalbital compound w/codeine</i> ...3		<i>carvedilol</i> .....	83	<i>cholestyramine light</i> .....	88
<i>butalbital-acetaminop-caf-cod</i> ...3		<i>casprofungin</i> .....	50	<i>ciclopirox</i> .....	50
<i>butalbital-acetaminophen</i> .....	3	CAYSTON.....	17	<i>cidofovir</i> .....	71
<i>butalbital-acetaminophen-caff</i> ...3		<i>caziant (28)</i> .....	97	<i>cilostazol</i> .....	75
<i>butalbital-aspirin-caffeine</i> .....3, 4		<i>cefaclor</i> .....	15	CIMDUO.....	65
<i>butorphanol</i> .....	4	<i>cefadroxil</i> .....	15	<i>cimetidine</i> .....	116
BYNFEZIA.....	125	<i>cefazolin</i> .....	15	<i>cimetidine hcl</i> .....	116
BYSTOLIC.....	83	<i>cefdinir</i> .....	15	CIMZIA.....	130
<i>cabergoline</i> .....	58	<i>cefepime</i> .....	15	CIMZIA POWDER FOR	
CABLIVI.....	75	<i>cefixime</i> .....	15	RECONST.....	130
CABOMETYX.....	22	<i>cefotaxime</i> .....	15	<i>cinacalcet</i> .....	141
<i>caffeine citrate</i> .....	92	<i>cefoxitin</i> .....	15	CINQAIR.....	152
<i>calcipotriene</i> .....	104	<i>cefpodoxime</i> .....	15	CINRYZE.....	73
<i>calcitonin (salmon)</i> .....	141	<i>cefprozil</i> .....	15	CINVANTI.....	55
<i>calcitriol</i> .....	141	<i>ceftazidime</i> .....	16	<i>ciprofloxacin</i> .....	19
<i>calcium acetate (phosphat</i>		<i>ceftriaxone</i> .....	16	<i>ciprofloxacin hcl</i> .....	19, 113
<i>bind)</i> .....	120	<i>cefuroxime axetil</i> .....	16	<i>ciprofloxacin in 5% dextrose</i> ... 19	
<i>calcium chloride</i> .....	147	<i>cefuroxime sodium</i> .....	16	<i>ciprofloxacin-dexamethasone</i> .	113
CALDOLOR.....	7	<i>celecoxib</i> .....	7	<i>citalopram</i> .....	42
CALQUENCE.....	23	CELONTIN.....	37	<i>cladribine</i> .....	23
<i>camila</i> .....	97	<i>cephalexin</i> .....	16	<i>clarithromycin</i> .....	16
<i>candesartan</i> .....	80	CERDELGA.....	110	<i>clemastine</i> .....	52
<i>candesartan-</i>		CEREZYME.....	110	CLENPIQ.....	119
<i>hydrochlorothiazid</i> .....	80	<i>cevimeline</i> .....	103	<i>clindamycin hcl</i> .....	13
CAPASTAT.....	54	CHANTIX.....	10		



CLINDAMYCIN IN 0.9 % SOD CHLOR.....	13	<i>clindamycin in 5 % dextrose</i> .....	13	CLINDAMYCIN IN 5 % DEXTROSE.....	13	<i>clindamycin pediatric</i> .....	13	<i>clindamycin phosphate</i> 14, 52, 105		<i>clindamycin-benzoyl peroxide</i> .105		CLINIMIX 5%/D15W SULFITE FREE.....	77	CLINIMIX 5%/D25W SULFITE-FREE.....	77	CLINIMIX 4.25%/D10W SULF FREE.....	77	CLINIMIX 4.25%/D5W SULFIT FREE.....	77	CLINIMIX 4.25%-D25W SULF-FREE.....	77	CLINIMIX 5%- D20W(SULFITE-FREE).....	77	CLINIMIX E 2.75%/D5W SULF FREE.....	77	CLINIMIX E 4.25%/D10W SUL FREE.....	77	CLINIMIX E 4.25%/D5W SULF FREE.....	77	CLINIMIX E 5%/D15W SULFIT FREE.....	78	CLINIMIX E 5%/D20W SULFIT FREE.....	78	CLINOLIPID.....	78	<i>clobazam</i> .....	37	<i>clobetasol</i> .....	106	<i>clobetasol-emollient</i> .....	106	<i>clofarabine</i> .....	23	<i>clomipramine</i> .....	42	<i>clonazepam</i> .....	11, 12	<i>clonidine</i> .....	79	<i>clonidine hcl</i> .....	79, 92	<i>clopidogrel</i> .....	75	<i>clorazepate dipotassium</i> .....	12	<i>clotrimazole</i> .....	50	<i>clotrimazole-betamethasone</i> .....	50	<i>clovique</i> .....	121	<i>clozapine</i> .....	61	COARTEM.....	57	<i>codeine sulfate</i> .....	4	<i>colchicine</i> .....	51	<i>colesevelam</i> .....	88	<i>colestipol</i> .....	88	<i>colistin (colistimethate na)</i> .....	14	<i>colocort</i> .....	140	COMBIGAN.....	146	COMBIVENT RESPIMAT..	151	COMETRIQ.....	23	COMPLERA.....	65	<i>compro</i> .....	55	<i>constulose</i> .....	117	COPAXONE.....	92	COPIKTRA.....	23	CORLANOR.....	85	<i>cormax</i> .....	106	<i>cortisone</i> .....	124	COSENTYX (2 SYRINGES) .....	130	COSENTYX PEN (2 PENS)	130	COTELLIC.....	23	CREON.....	110	CRIXIVAN.....	65	<i>cromolyn</i> .....	112, 118, 152	<i>cryselle (28)</i> .....	97	<i>cyclafem 1/35 (28)</i> .....	97	<i>cyclafem 7/7/7 (28)</i> .....	97	<i>cyclobenzaprine</i> .....	153	<i>cyclopentolate</i> .....	112	<i>cyclophosphamide</i> .....	23	CYCLOPHOSPHAMIDE.....	23	<i>cyclosporine</i> .....	130	<i>cyclosporine modified</i> .....	130	<i>cyproheptadine</i> .....	52	CYRAMZA.....	23	<i>cyred eq</i> .....	97	CYSTADANE.....	143	CYSTADROPS.....	112	CYSTARAN.....	112	<i>dalfampridine</i> .....	92	DALIRESP.....	152	<i>danazol</i> .....	122	<i>dantrolene</i> .....	153	<i>dapsone</i> .....	54	DAPTACEL (DTAP PEDIATRIC) (PF).....	136	<i>daptomycin</i> .....	14	DARZALEX.....	23	DARZALEX FASPRO.....	23	<i>dasetta 1/35 (28)</i> .....	97	<i>dasetta 7/7/7 (28)</i> .....	97	DAURISMO.....	23	<i>daysee</i> .....	98	<i>deblitane</i> .....	98	<i>decitabine</i> .....	23	<i>deferasirox</i> .....	121	<i>deferoxamine</i> .....	121	DELSTRIGO.....	66	<i>demeclocycline</i> .....	20	DEMSEER.....	85	DENAVIR.....	104	DEPO-PROVERA.....	129	DESCOVY.....	66	<i>desipramine</i> .....	42	<i>desmopressin</i> .....	125	<i>desog-e.estradiolle.estradiol</i> .....	98	<i>desogestrel-ethinyl estradiol</i> .....	98	<i>desonide</i> .....	106	<i>desoximetasone</i> .....	107	<i>desvenlafaxine succinate</i> .....	42	<i>dexamethasone</i> .....	124	<i>dexamethasone sodium phos (pf)</i> .....	124
--	----	--	----	-------------------------------------	----	------------------------------------	----	--	--	--	--	---------------------------------------	----	---------------------------------------	----	---------------------------------------	----	--	----	---------------------------------------	----	---	----	--	----	--	----	--	----	--	----	--	----	-----------------	----	-----------------------	----	-------------------------	-----	-----------------------------------	-----	--------------------------	----	---------------------------	----	-------------------------	--------	------------------------	----	----------------------------	--------	--------------------------	----	--------------------------------------	----	---------------------------	----	---	----	-----------------------	-----	------------------------	----	--------------	----	------------------------------	---	-------------------------	----	--------------------------	----	-------------------------	----	---	----	-----------------------	-----	---------------	-----	----------------------	-----	---------------	----	---------------	----	---------------------	----	-------------------------	-----	---------------	----	---------------	----	---------------	----	---------------------	-----	------------------------	-----	--------------------------------	-----	-----------------------	-----	---------------	----	------------	-----	---------------	----	-----------------------	---------------	----------------------------	----	---------------------------------	----	----------------------------------	----	------------------------------	-----	-----------------------------	-----	-------------------------------	----	-----------------------	----	---------------------------	-----	------------------------------------	-----	-----------------------------	----	--------------	----	-----------------------	----	----------------	-----	-----------------	-----	---------------	-----	----------------------------	----	---------------	-----	----------------------	-----	-------------------------	-----	----------------------	----	--	-----	-------------------------	----	---------------	----	----------------------	----	--------------------------------	----	---------------------------------	----	---------------	----	---------------------	----	------------------------	----	-------------------------	----	--------------------------	-----	---------------------------	-----	----------------	----	-----------------------------	----	--------------	----	--------------	-----	-------------------	-----	--------------	----	--------------------------	----	---------------------------	-----	--	----	--	----	-----------------------	-----	-----------------------------	-----	---------------------------------------	----	----------------------------	-----	---	-----

<i>dexamethasone sodium phosphate</i> .....	115, 124	DOPTELET (10 TAB PACK)	73	<i>elinest</i> .....	98
DEXILANT.....	116	DOPTELET (15 TAB PACK)	73	ELIQUIS.....	72
<i>dexmethylphenidate</i> .....	92	DOPTELET (30 TAB PACK)	73	ELIQUIS DVT-PE TREAT	
<i>dextrazoxane hcl</i> .....	143	<i>dorzolamide</i> .....	146	30D START.....	72
<i>dextroamphetamine</i> .....	92	<i>dorzolamide-timolol</i> .....	146	ELITEK.....	110
<i>dextroamphetamine-amphetamine</i> .....	92	<i>dotti</i> .....	122	<i>elixophyllin</i> .....	151
<i>dextrose 10 % in water (d10w)</i>	.78	DOVATO.....	66	ELLA.....	98
<i>dextrose 5 % in water (d5w)</i> ....	78	<i>doxazosin</i> .....	79	ELMIRON.....	143
<i>diazepam</i> .....	12, 37	<i>doxepin</i> .....	42	<i>eluryng</i> .....	98
<i>diazepam intensol</i> .....	12	<i>doxercalciferol</i> .....	141, 142	EMCYT.....	24
<i>diazoxide</i> .....	143	<i>doxorubicin</i> .....	24	EMEND.....	55
<i>diclofenac epolamine</i> .....	7	<i>doxorubicin, peg-liposomal</i> .....	24	EMFLAZA.....	124
<i>diclofenac potassium</i> .....	7	<i>doxy-100</i> .....	20	EMGALITY PEN.....	53
<i>diclofenac sodium</i> .....	7, 115	<i>doxycycline hyclate</i> .....	20	EMGALITY SYRINGE.....	53
<i>diclofenac-misoprostol</i> .....	7	<i>doxycycline monohydrate</i> .....	20	<i>emoquette</i> .....	98
<i>dicloxacillin</i> .....	18	DRIZALMA SPRINKLE.....	43	EMPLICITI.....	24
<i>dicyclomine</i> .....	118	<i>dronabinol</i> .....	55	EMSAM.....	43
<i>didanosine</i> .....	66	<i>droperidol</i> .....	55	<i>emtricitabine</i> .....	66
DIFICID.....	17	<i>drospirenone-ethinyl estradiol</i> ...98		EMTRIVA.....	66
<i>diflorasone</i> .....	107	DROXIA.....	24	<i>enalapril maleate</i> .....	81
<i>diflunisal</i> .....	7	DUAVEE.....	123	<i>enalaprilat</i> .....	81
<i>digitek</i> .....	85	DUEXIS.....	7	<i>enalapril-hydrochlorothiazide</i> ...81	
<i>digox</i> .....	85	<i>duloxetine</i> .....	43	ENBREL.....	131
<i>digoxin</i> .....	85	DUPIXENT PEN.....	130	ENBREL MINI.....	131
<i>dihydroergotamine</i> .....	53	DUPIXENT SYRINGE.....	131	ENBREL SURECLICK.....	131
<i>diltiazem hcl</i> .....	84, 85	DUREZOL.....	115	ENDARI.....	143
<i>dilt-xr</i> .....	85	<i>dutasteride</i> .....	121	<i>endocet</i> .....	4
<i>dimenhydrinate</i> .....	55	<i>dutasteride-tamsulosin</i> .....	121	ENGERIX-B (PF).....	137
DIPENTUM.....	140	<i>econazole</i> .....	50	ENGERIX-B PEDIATRIC	
<i>diphenhydramine hcl</i> .....	52	EDARBI.....	80	(PF).....	137
<i>diphenoxylate-atropine</i> .....	118	EDARBYCLOR.....	80	ENHERTU.....	24
<i>dipyridamole</i> .....	75	EDURANT.....	66	<i>enoxaparin</i> .....	72
<i>disopyramide phosphate</i> .....	82	<i>efavirenz</i> .....	66	<i>enpresse</i> .....	98
<i>disulfiram</i> .....	11	EGRIFTA.....	125	<i>enskyce</i> .....	98
<i>divalproex</i> .....	37	EGRIFTA SV.....	126	ENSPRYNG.....	92
<i>docetaxel</i> .....	24	ELAPRASE.....	110	<i>entacapone</i> .....	58
<i>dofetilide</i> .....	82	ELIGARD.....	24	<i>entecavir</i> .....	71
<i>donepezil</i> .....	41	ELIGARD (3 MONTH).....	24	ENTRESTO.....	80
		ELIGARD (4 MONTH).....	24	<i>enulose</i> .....	118
		ELIGARD (6 MONTH).....	24	EPANED.....	81

EPCLUSA.....	70	<i>everolimus</i>	121
EPIDIOLEX.....	37	( <i>immunosuppressive</i> ) .....	131
<i>epinastine</i> .....	112	EVOTAZ.....	66
<i>epinephrine</i> .....	86	EVRYSDI.....	143
<i>epitol</i> .....	37	<i>exemestane</i> .....	25
EPIVIR HBV .....	66	EXONDYS-51.....	143
<i>eplerenone</i> .....	90	EXTAVIA.....	92
<i>epoprostenol (glycine)</i> .....	154	EZALLOR SPRINKLE.....	89
<i>eprosartan</i> .....	80	<i>ezetimibe</i> .....	89
<i>ergoloid</i> .....	41	<i>ezetimibe-simvastatin</i> .....	89
ERGOMAR.....	53	FABRAZYME.....	110
ERIVEDGE.....	24	<i>falmina (28)</i> .....	98
ERLEADA.....	24	<i>famciclovir</i> .....	71
<i>erlotinib</i> .....	24	<i>famotidine</i> .....	116, 117
<i>errin</i> .....	98	<i>famotidine (pf)</i> .....	116
<i>ertapenem</i> .....	17	<i>famotidine (pf)-nacl (iso-os)</i> .....	116
<i>ery pads</i> .....	105	FANAPT.....	61
<i>erythromycin</i> .....	17, 113	FARXIGA.....	45
<i>erythromycin ethylsuccinate</i> .....	17	FARYDAK.....	25
<i>erythromycin with ethanol</i> .....	105	FASENRA.....	152
<i>erythromycin-benzoyl peroxide</i>		FASENRA PEN.....	152
.....	105	<i>febuxostat</i> .....	51
ESBRIET.....	152	<i>felbamate</i> .....	37
<i>escitalopram oxalate</i> .....	43	<i>felodipine</i> .....	87
<i>esomeprazole sodium</i> .....	116	FEMRING.....	123
<i>estarylla</i> .....	98	<i>femynor</i> .....	98
<i>estazolam</i> .....	12	<i>fenofibrate</i> .....	89
<i>estradiol</i> .....	123	<i>fenofibrate micronized</i> .....	89
<i>estradiol valerate</i> .....	123	<i>fenofibrate nanocrystallized</i> .....	89
<i>estradiol-norethindrone acet</i> ... ..	123	<i>fenofibric acid (choline)</i> .....	89
<i>eszopiclone</i> .....	154	<i>fenoprofen</i> .....	7
<i>ethambutol</i> .....	54	<i>fentanyl</i> .....	4
<i>ethosuximide</i> .....	37	<i>fentanyl citrate</i> .....	4
<i>ethynodiol diac-eth estradiol</i> .....	98	FERRIPROX.....	121
<i>etodolac</i> .....	7	FETZIMA.....	43
<i>etonogestrel-ethinyl estradiol</i> ....	98	FIASP FLEXTOUCH U-100	
ETOPOPHOS.....	24	INSULIN.....	47
<i>etoposide</i> .....	25	FIASP PENFILL U-100	
EUCRISA.....	107	INSULIN.....	47
EVENITY.....	142	FIASP U-100 INSULIN.....	47
		<i>finasteride</i> .....	121
		FINTEPLA.....	37
		FIRVANQ.....	14
		<i>flavoxate</i> .....	120
		FLEBOGAMMA DIF.....	131
		<i>flecainide</i> .....	82
		FLOVENT DISKUS.....	149
		FLOVENT HFA.....	149, 150
		<i>floxuridine</i> .....	25
		<i>fluconazole</i> .....	50
		<i>fluconazole in nacl (iso-osm)</i> ...	50
		<i>flucytosine</i> .....	50
		<i>fludrocortisone</i> .....	124
		<i>flumazenil</i> .....	92
		<i>flunisolide</i> .....	115
		<i>fluocinolone</i> .....	107
		<i>fluocinolone acetonide oil</i> .....	115
		<i>fluocinonide</i> .....	107
		<i>fluocinonide-e</i> .....	107
		<i>fluorometholone</i> .....	115
		<i>fluorouracil</i> .....	25, 104
		<i>fluoxetine</i> .....	43
		<i>fluphenazine decanoate</i> .....	61
		<i>fluphenazine hcl</i> .....	61
		<i>flurazepam</i> .....	12
		<i>flurbiprofen</i> .....	7
		<i>flurbiprofen sodium</i> .....	115
		<i>flutamide</i> .....	25
		<i>fluticasone propionate</i> .....	107, 115
		<i>fluvastatin</i> .....	89
		<i>fluvoxamine</i> .....	43
		<i>fomepizole</i> .....	143
		<i>fondaparinux</i> .....	72
		FORTEO.....	142
		<i>fosamprenavir</i> .....	66
		<i>fosaprepitant</i> .....	55
		<i>foscarnet</i> .....	69
		<i>fosinopril</i> .....	81
		<i>fosinopril-hydrochlorothiazide</i> ..	81
		<i>fosphenytoin</i> .....	37

FREAMINE HBC 6.9 %.....	78	GENVOYA.....	66	<i>haloperidol lactate</i> .....	62
FREAMINE III 10 %.....	78	GILENYA.....	92	HARVONI.....	70
FULPHILA.....	73	GILOTRIF.....	25	HAVRIX (PF).....	137
<i>fulvestrant</i> .....	25	GIVLAARI.....	75	<i>heather</i> .....	98
<i>furosemide</i> .....	87	<i>glatiramer</i> .....	92, 93	HEMADY.....	124
FUZEON.....	66	<i>glatopa</i> .....	93	<i>heparin (porcine)</i> .....	72
<i>fyavolv</i> .....	123	<i>glimepiride</i> .....	49	<i>heparin, porcine (pf)</i> .....	72
FYCOMPA.....	37, 38	<i>glipizide</i> .....	49	HEPATAMINE 8%.....	78
<i>gabapentin</i> .....	38	<i>glipizide-metformin</i> .....	49	HERCEPTIN.....	25
GALAFOLD.....	110	<i>glyburide</i> .....	49	HERCEPTIN HYLECTA.....	25
<i>galantamine</i> .....	41	<i>glyburide micronized</i> .....	49	HERZUMA.....	25
GAMASTAN.....	131	<i>glyburide-metformin</i> .....	49	HETLIOZ.....	154
GAMMAGARD LIQUID... 131		<i>glycopyrrolate</i> .....	118	HIBERIX (PF).....	137
GAMMAGARD S-D (IGA <		<i>glydo</i> .....	9	HUMATROPE.....	126
1 MCG/ML).....	131	GOCOVRI.....	58, 59	HUMIRA.....	132
GAMMAPLEX.....	131	GRALISE.....	38	HUMIRA PEN.....	132
GAMMAPLEX (WITH		GRALISE 30-DAY		HUMIRA PEN CROHNS-	
SORBITOL).....	131	STARTER PACK.....	38	UC-HS START.....	132
GAMUNEX-C.....	132	<i>granisetron (pf)</i> .....	55	HUMIRA PEN PSOR-	
<i>ganciclovir sodium</i> .....	71	<i>granisetron hcl</i> .....	55, 56	UVEITS-ADOL HS.....	132
GARDASIL 9 (PF).....	137	GRANIX.....	73	HUMIRA(CF).....	132
<i>gatifloxacin</i> .....	113	<i>griseofulvin microsize</i> .....	50	HUMIRA(CF) PEDI	
GATTEX 30-VIAL.....	118	<i>griseofulvin ultramicrosize</i> .....	50	CROHNS STARTER.....	132
GAUZE PAD.....	109	<i>guanfacine</i> .....	79, 93	HUMIRA(CF) PEN.....	132
<i>gavilyte-c</i> .....	119	GVOKE HYPOPEN 1-		HUMIRA(CF) PEN	
<i>gavilyte-g</i> .....	119	PACK.....	144	CROHNS-UC-HS.....	132
<i>gavilyte-n</i> .....	119	GVOKE HYPOPEN 2-		HUMIRA(CF) PEN PSOR-	
GAVRETO.....	25	PACK.....	144	UV-ADOL HS.....	132
GAZYVA.....	25	GVOKE PFS 1-PACK		HUMULIN R U-500	
<i>gemcitabine</i> .....	25	SYRINGE.....	144	(CONC) INSULIN.....	47
<i>gemfibrozil</i> .....	89	GVOKE PFS 2-PACK		HUMULIN R U-500	
<i>generlac</i> .....	118	SYRINGE.....	144	(CONC) KWIKPEN.....	47
<i>gengraf</i> .....	132	HAEGARDA.....	73	<i>hydralazine</i> .....	86
GENOTROPIN.....	126	<i>hailey</i> .....	98	<i>hydrochlorothiazide</i> .....	87
GENOTROPIN		<i>hailey 24 fe</i> .....	98	<i>hydrocodone-acetaminophen</i> .....	4
MINIQUICK.....	126	<i>hailey fe 1.5/30 (28)</i> .....	98	<i>hydrocodone-ibuprofen</i> .....	4
<i>gentak</i> .....	113	<i>hailey fe 1/20 (28)</i> .....	98	<i>hydrocortisone</i> .....	107, 124, 140
<i>gentamicin</i> .....	13, 105, 113	<i>halobetasol propionate</i> .....	107	<i>hydrocortisone butyrate</i> .....	107
<i>gentamicin sulfate (ped) (pf)</i> ...13		<i>haloperidol</i> .....	62	<i>hydrocortisone valerate</i> .....	108
<i>gentamicin sulfate (pf)</i> .....	13	<i>haloperidol decanoate</i> .....	61, 62	<i>hydrocortisone-acetic acid</i> .....	113

<i>hydromorphone</i> .....	4	INFANRIX (DTAP) (PF)....	137	IXEMPRA.....	27
<i>hydromorphone (pf)</i> .....	4	INFLECTRA.....	133	IXIARO (PF).....	137
<i>hydroxychloroquine</i> .....	57	INFUGEM.....	26	<i>jaimiess</i> .....	99
<i>hydroxyprogesterone</i>		INGREZZA.....	93	JAKAFI.....	27
<i>cap(ppres)</i> .....	129	INGREZZA INITIATION		<i>jantoven</i> .....	73
<i>hydroxyurea</i> .....	25	PACK.....	93	JANUMET.....	45
<i>hydroxyzine hcl</i> .....	52	INLYTA.....	26, 27	JANUMET XR.....	45
<i>hydroxyzine pamoate</i> .....	144	INQOVI.....	27	JANUVIA.....	45
HYPERRAB (PF).....	133	INREBIC.....	27	JARDIANCE.....	45
HYPERRAB S/D (PF).....	133	INSULIN SYRINGE-		<i>jasmiel (28)</i> .....	99
HYQVIA.....	133	NEEDLE U-100.....	109	<i>jencycla</i> .....	99
<i>ibandronate</i> .....	142	INTELENCE.....	66	JENTADUETO.....	45
IBRANCE.....	25	INTRALIPID.....	78	JENTADUETO XR.....	45, 46
<i>ibu</i> .....	8	INTRON A.....	70	<i>jinteli</i> .....	123
<i>ibuprofen</i> .....	8	<i>introvale</i> .....	99	<i>juleber</i> .....	99
<i>icatibant</i> .....	86	INVEGA SUSTENNA.....	62	JULUCA.....	67
ICLUSIG.....	25, 26	INVEGA TRINZA.....	62	<i>junel 1.5/30 (21)</i> .....	99
IDHIFA.....	26	INVELTYS.....	115	<i>junel 1/20 (21)</i> .....	99
<i>ifosfamide</i> .....	26	INVIRASE.....	66	<i>junel fe 1.5/30 (28)</i> .....	99
ILARIS (PF).....	133	IONOSOL-B IN D5W.....	147	<i>junel fe 1/20 (28)</i> .....	99
ILEVRO.....	115	IONOSOL-MB IN D5W.....	147	<i>junel fe 24</i> .....	99
ILUMYA.....	133	IPOL.....	137	JUXTAPID.....	89
<i>imatinib</i> .....	26	<i>ipratropium bromide</i> .....	112, 151	JYNARQUE.....	88
IMBRUVICA.....	26	<i>ipratropium-albuterol</i> .....	151	KABIVEN.....	78
IMFINZI.....	26	<i>irbesartan</i> .....	80	KALETRA.....	67
<i>imipenem-cilastatin</i> .....	17	<i>irbesartan-hydrochlorothiazide</i> .....	80	<i>kalliga</i> .....	99
<i>imipramine hcl</i> .....	43	IRESSA.....	27	KALYDECO.....	152
<i>imipramine pamoate</i> .....	43	<i>irinotecan</i> .....	27	KANJINTI.....	27
<i>imiquimod</i> .....	104	ISENTRESS.....	66, 67	KANUMA.....	110
IMLYGIC.....	26	ISENTRESS HD.....	66	<i>kariva (28)</i> .....	99
IMOGAM RABIES-HT (PF)		<i>isibloom</i> .....	99	KATERZIA.....	87
.....	133	ISOLYTE-P IN 5 %		KEDRAB (PF).....	133
IMOVAX RABIES		DEXTROSE.....	147	<i>kelnor 1/35 (28)</i> .....	99
VACCINE (PF).....	137	ISOLYTE-S.....	147	<i>kelnor 1-50 (28)</i> .....	99
IMPAVIDO.....	57	<i>isoniazid</i> .....	54	KESIMPTA PEN.....	93
INBRIJA.....	59	<i>isosorbide dinitrate</i> .....	91	<i>ketoconazole</i> .....	50, 51
<i>incassia</i> .....	98	<i>isosorbide mononitrate</i> .....	91	<i>ketoprofen</i> .....	8
INCRELEX.....	126	<i>isradipine</i> .....	87	<i>ketorolac</i> .....	8, 9, 115
<i>indapamide</i> .....	88	<i>itraconazole</i> .....	50	KEVEYIS.....	144
<i>indomethacin</i> .....	8	<i>ivermectin</i> .....	57	KEVZARA.....	133

KEYTRUDA.....	27	<i>leflunomide</i> .....	133	LONSURF.....	28
KINERET.....	133	LEMTRADA.....	93	<i>loperamide</i> .....	118
KINRIX (PF).....	138	LENVIMA.....	28	<i>lopinavir-ritonavir</i> .....	67
<i>kionex (with sorbitol)</i> .....	118	<i>lessina</i> .....	100	<i>lorazepam</i> .....	12
KISQALI.....	27	<i>letrozole</i> .....	28	<i>lorazepam intensol</i> .....	12
KISQALI FEMARA CO- PACK.....	27	<i>leucovorin calcium</i> .....	144	LOBRENA.....	28
<i>klor-con m10</i> .....	147	LEUKERAN.....	28	<i>lorcet (hydrocodone)</i> .....	5
<i>klor-con m15</i> .....	147	LEUKINE.....	73	<i>lorcet hd</i> .....	5
<i>klor-con m20</i> .....	147	<i>leuprolide</i> .....	28	<i>lorcet plus</i> .....	5
KORLYM.....	46	<i>levetiracetam</i> .....	38, 39	<i>loryna (28)</i> .....	100
KOSELUGO.....	27	<i>levobunolol</i> .....	146	<i>losartan</i> .....	80
KRINTAFEL.....	57	<i>levocarnitine</i> .....	144	<i>losartan-hydrochlorothiazide</i> ....	80
KRYSTEXXA.....	110	<i>levocarnitine (with sugar)</i> .....	144	LOTEMAX.....	115
<i>kurvelo (28)</i> .....	99	<i>levocetirizine</i> .....	52	LOTEMAX SM.....	115
KUVAN.....	110	<i>levofloxacin</i> .....	19, 113	<i>loteprednol etabonate</i> .....	116
KYNMOBI.....	59	<i>levofloxacin in d5w</i> .....	19	<i>lovastatin</i> .....	89
KYPROLIS.....	28	<i>levoleucovorin calcium</i> .....	144	<i>low-ogestrel (28)</i> .....	100
<i>l norgestle.estradiol-e.estrad</i> ....	99	<i>levonest (28)</i> .....	100	<i>loxapine succinate</i> .....	63
<i>labetalol</i> .....	83	<i>levonorgestrel-ethinyl estrad</i> ...	100	<i>lo-zumandimine (28)</i> .....	100
LACTATED RINGERS.....	141	<i>levonorg-eth estrad triphasic</i> ...	100	LUCEMYRA.....	11
<i>lactulose</i> .....	118	<i>levora-28</i> .....	100	LUMIGAN.....	146
<i>lamivudine</i> .....	67	<i>levothyroxine</i> .....	129	LUMOXITI.....	28
<i>lamivudine-zidovudine</i> .....	67	LEXIVA.....	67	LUPRON DEPOT.....	28, 126
<i>lamotrigine</i> .....	38	LIBTAYO.....	28	LUPRON DEPOT (3 MONTH).....	28, 126
<i>lansoprazole</i> .....	117	<i>lidocaine</i> .....	10	LUPRON DEPOT (4 MONTH).....	28
<i>lanthanum</i> .....	120	<i>lidocaine (pf)</i> .....	9, 82	LUPRON DEPOT (6 MONTH).....	28
LANTUS SOLOSTAR U-100 INSULIN.....	48	<i>lidocaine hcl</i> .....	10	LUPRON DEPOT (6 MONTH).....	28
LANTUS U-100 INSULIN... 48		<i>lidocaine viscous</i> .....	10	LUPRON DEPOT-PED.....	126
<i>larin 1.5/30 (21)</i> .....	99	<i>lidocaine-prilocaine</i> .....	10	LUPRON DEPOT-PED (3 MONTH).....	126
<i>larin 1/20 (21)</i> .....	99	<i>lillow (28)</i> .....	100	<i>lutera (28)</i> .....	100
<i>larin 24 fe</i> .....	99	<i>linezolid</i> .....	14	LYNPARZA.....	29
<i>larin fe 1.5/30 (28)</i> .....	100	<i>linezolid in dextrose 5%</i> .....	14	LYSODREN.....	29
<i>larin fe 1/20 (28)</i> .....	100	LINZESS.....	118	<i>lyza</i> .....	100
<i>larissia</i> .....	100	<i>liothyronine</i> .....	129	<i>magnesium sulfate</i> .....	147
<i>latanoprost</i> .....	146	<i>lisinopril</i> .....	81	<i>magnesium sulfate in d5w</i> .....	147
LATUDA.....	62, 63	<i>lisinopril-hydrochlorothiazide</i> ... 81		<i>magnesium sulfate in water</i> ....	147
LAZANDA.....	5	<i>lithium carbonate</i> .....	93	<i>malathion</i> .....	109
<i>ledipasvir-sofosbuvir</i> .....	70	LIVALO.....	89		
		<i>lojaimiess</i> .....	100		
		LOKELMA.....	118		

<i>maprotiline</i> .....	43	<i>mesna</i> .....	144	<i>mili</i> .....	100
<i>marlissa (28)</i> .....	100	MESNEX.....	144	<i>milrinone</i> .....	86
MARPLAN.....	43	<i>metadate er</i> .....	94	<i>mimvey</i> .....	123
MARQIBO.....	29	<i>metaproterenol</i> .....	151	<i>minitran</i> .....	91
MATULANE.....	29	<i>metformin</i> .....	46	<i>minocycline</i> .....	20
<i>matzim la</i> .....	85	<i>methadone</i> .....	5	<i>minoxidil</i> .....	91
MAVENCLAD (10 TABLET PACK).....	93	<i>methadose</i> .....	5	<i>mirtazapine</i> .....	44
MAVENCLAD (4 TABLET PACK).....	93	<i>methazolamide</i> .....	146	<i>misoprostol</i> .....	117
MAVENCLAD (5 TABLET PACK).....	93	<i>methenamine hippurate</i> .....	14	MITIGARE.....	52
MAVENCLAD (6 TABLET PACK).....	93	<i>methimazole</i> .....	129	<i>mitoxantrone</i> .....	29
MAVENCLAD (7 TABLET PACK).....	93	<i>methocarbamol</i> .....	153	M-M-R II (PF).....	138
MAVENCLAD (8 TABLET PACK).....	93	<i>methotrexate sodium</i> .....	29	<i>moexipril</i> .....	81
MAVENCLAD (9 TABLET PACK).....	93	<i>methotrexate sodium (pf)</i> .....	29	<i>molindone</i> .....	63
MAVYRET.....	70	<i>methoxsalen</i> .....	104	<i>mometasone</i> .....	108, 116
MAYZENT.....	93, 94	<i>methscopolamine</i> .....	118	<i>mondoxyne nl</i> .....	20
<i>meclizine</i> .....	56	<i>methyldopa</i> .....	79	MONJUVI.....	29
<i>medroxyprogesterone</i> .....	129	<i>methyldopa-</i> <i>hydrochlorothiazide</i> .....	79	<i>mono-lynyah</i> .....	100
<i>mefenamic acid</i> .....	9	<i>methylphenidate hcl</i> .....	94	<i>montelukast</i> .....	150
<i>mefloquine</i> .....	57	<i>methylprednisolone</i> .....	124, 125	<i>morphine</i> .....	5
<i>megestrol</i> .....	29, 129	<i>methylprednisolone acetate</i> .....	124	MORPHINE.....	5
MEKINIST.....	29	<i>methylprednisolone sodium</i> <i>succ</i> .....	125	<i>morphine concentrate</i> .....	5
MEKTOVI.....	29	<i>metipranolol</i> .....	146	MOVANTIK.....	118
<i>meloxicam</i> .....	9	<i>metoclopramide hcl</i> .....	118	<i>moxifloxacin</i> .....	19, 113
<i>melphalan hcl</i> .....	29	<i>metolazone</i> .....	88	MOZOBIL.....	73
<i>memantine</i> .....	41	<i>metoprolol succinate</i> .....	83	MULPLETA.....	74
MENACTRA (PF).....	138	<i>metoprolol ta-hydrochlorothiaz</i>	83	MULTAQ.....	82
MENQUADFI (PF).....	138	<i>metoprolol tartrate</i> .....	83, 84	<i>mupirocin</i> .....	105
MENVEO A-C-Y-W-135- DIP (PF).....	138	<i>metronidazole</i> .....	14, 53, 105	MVASI.....	29
MEPSEVII.....	110	<i>metronidazole in nacl (iso-os)</i> ..	14	MYCAPSSA.....	126
<i>mercaptopurine</i> .....	29	<i>metyrosine</i> .....	86	<i>mycophenolate mofetil</i> ....	133, 134
<i>meropenem</i> .....	17	<i>mexiletine</i> .....	82	<i>mycophenolate mofetil (hcl)</i> ..	133
<i>mesalamine</i> .....	141	MIACALCIN.....	142	MYLOTARG.....	29
		<i>miconazole-3</i> .....	51	MYRBETRIQ.....	120
		<i>microgestin fe 1/20 (28)</i> .....	100	<i>nabumetone</i> .....	9
		<i>midazolam</i> .....	12	<i>nadolol</i> .....	84
		<i>midodrine</i> .....	79	<i>nafacillin</i> .....	18
		<i>miglitol</i> .....	46	<i>nafacillin in dextrose iso-osm</i> ....	18
		<i>miglustat</i> .....	110	NAGLAZYME.....	110
				<i>naloxone</i> .....	11
				<i>naltrexone</i> .....	11

NAMZARIC.....	41, 42	<i>nitisinone</i> .....	110	NOVOLOG FLEXPEN U-	
<i>naproxen</i> .....	9	<i>nitrofurantoin macrocrystal</i> .....	14	100 INSULIN.....	48
<i>naproxen-esomeprazole</i> .....	9	<i>nitrofurantoin monohydlm-</i>		NOVOLOG MIX 70-30 U-	
<i>naratriptan</i> .....	53	<i>cryst</i> .....	14	100 INSULN.....	48
NARCAN.....	11	<i>nitroglycerin</i> .....	91	NOVOLOG MIX 70-	
NATACYN.....	113	NITYR.....	110	30FLEXPEN U-100.....	48
<i>nateglinide</i> .....	46	NIVESTYM.....	74	NOVOLOG PENFILL U-100	
NATPARA.....	142	<i>nizatidine</i> .....	117	INSULIN.....	48
NAYZILAM.....	39	NOCDURNA (MEN).....	127	NOVOLOG U-100 INSULIN	
<i>necon 0.5/35 (28)</i> .....	100	NOCDURNA (WOMEN)....	127	ASPART.....	49
<i>nefazodone</i> .....	44	NORDITROPIN FLEXPRO		NOXAFIL.....	51
<i>neomycin</i> .....	13	.....	127	NPLATE.....	74
<i>neomycin-bacitracin-poly-hc</i> ...	113	<i>norethindrone (contraceptive)</i>	101	NUBEQA.....	30
<i>neomycin-bacitracin-</i>		<i>norethindrone acetate</i> .....	129	NUCALA.....	152
<i>polymyxin</i> .....	113	<i>norethindrone ac-eth estradiol</i>		NUEDEXTA.....	94
<i>neomycin-polymyxin b gu</i> .....	105	.....	101, 123	NULOJIX.....	134
<i>neomycin-polymyxin b-</i>		<i>norethindrone-e.estradiol-iron</i>	101	NUPLAZID.....	63
<i>dexameth</i> .....	113	<i>norgestimate-ethinyl estradiol</i>	101	NUTRILIPID.....	78
<i>neomycin-polymyxin-</i>		<i>norlyda</i> .....	101	NUTROPIN AQ NUSPIN...	127
<i>gramicidin</i> .....	114	NORMOSOL-M IN 5 %		<i>nyamyc</i> .....	51
<i>neomycin-polymyxin-hc</i> .....	114	DEXTROSE.....	147	<i>nystatin</i> .....	51
<i>neo-polycin</i> .....	114	NORMOSOL-R PH 7.4.....	148	<i>nystatin-triamcinolone</i> .....	51
<i>neo-polycin hc</i> .....	114	NORTHERA.....	79	<i>nystop</i> .....	51
NEPHRAMINE 5.4 %.....	78	<i>nortrel 0.5/35 (28)</i> .....	101	OCALIVA.....	118
NERLYNX.....	29	<i>nortrel 1/35 (21)</i> .....	101	OCREVUS.....	94
NEULASTA.....	74	<i>nortrel 1/35 (28)</i> .....	101	OCTAGAM.....	134
NEUPOGEN.....	74	<i>nortrel 7/7/7 (28)</i> .....	101	<i>octreotide acetate</i> .....	127
NEUPRO.....	59	<i>nortriptyline</i> .....	44	ODEFSEY.....	67
<i>nevirapine</i> .....	67	NORVIR.....	67	ODOMZO.....	30
NEXAVAR.....	29	NOVOLIN 70/30 U-100		OFEV.....	153
NEXLETOL.....	89	INSULIN.....	48	<i>ofloxacin</i> .....	114
NEXLIZET.....	89	NOVOLIN 70-30 FLEXPEN		<i>ogestrel (28)</i> .....	101
<i>niacin</i> .....	89, 90	U-100.....	48	OGIVRI.....	30
<i>niacor</i> .....	90	NOVOLIN N FLEXPEN.....	48	<i>okebo</i> .....	20
<i>nicardipine</i> .....	87	NOVOLIN N NPH U-100		<i>olanzapine</i> .....	63
NICOTROL.....	11	INSULIN.....	48	<i>olmesartan</i> .....	80
<i>nifedipine</i> .....	87	NOVOLIN R FLEXPEN.....	48	<i>olmesartan-amlodipin-</i>	
<i>nikki (28)</i> .....	100	NOVOLIN R REGULAR U-		<i>hcthiazyd</i> .....	80
<i>nilutamide</i> .....	30	100 INSULN.....	48	<i>olmesartan-</i>	
NINLARO.....	30			<i>hydrochlorothiazide</i> .....	80



<i>olopatadine</i> .....	112	OXYCONTIN.....	6	<i>phenadoz</i> .....	56
OLUMIANT.....	134	<i>oxymorphone</i> .....	6	<i>phenelzine</i> .....	44
<i>omega-3 acid ethyl esters</i> .....	90	OZEMPIC.....	46	<i>phenobarbital</i> .....	39
<i>omeprazole</i> .....	117	<i>pacerone</i> .....	82	<i>phenylephrine hcl</i> .....	79
<i>omeprazole-sodium</i>		<i>paclitaxel</i> .....	30	<i>phenytoin</i> .....	39
<i>bicarbonate</i> .....	117	PADCEV.....	30	<i>phenytoin sodium</i> .....	39
OMNIPOD / VGO.....	109	<i>paliperidone</i> .....	63	<i>phenytoin sodium extended</i> .....	39
OMNITROPE.....	127	PALYNZIQ.....	111	<i>philith</i> .....	101
ONCASPAR.....	30	<i>pamidronate</i> .....	142	PHOSLYRA.....	120
<i>ondansetron</i> .....	56	PANRETIN.....	104	PICATO.....	104
<i>ondansetron hcl</i> .....	56	<i>pantoprazole</i> .....	117	PIFELTRO.....	67
<i>ondansetron hcl (pf)</i> .....	56	<i>paricalcitol</i> .....	142	<i>pilocarpine hcl</i> .....	103, 146
ONGENTYS.....	59	<i>paroex oral rinse</i> .....	103	<i>pimecrolimus</i> .....	108
ONIVYDE.....	30	<i>paromomycin</i> .....	57	<i>pimozide</i> .....	63
ONTRUZANT.....	30	<i>paroxetine hcl</i> .....	44	<i>pimtrea (28)</i> .....	101
ONUREG.....	30	PAXIL.....	44	<i>pindolol</i> .....	84
OPDIVO.....	30	PEDIARIX (PF).....	138	<i>pioglitazone</i> .....	46
OPSUMIT.....	154	PEDVAX HIB (PF).....	138	<i>piperacillin-tazobactam</i> .....	19
<i>oralone</i> .....	103	PEGANONE.....	39	PIQRAY.....	30
ORENCIA.....	134	PEGASYS.....	71	<i>pirmella</i> .....	101
ORENCIA (WITH		PEGINTRON.....	71	<i>piroxicam</i> .....	9
MALTOSE).....	134	PEMAZYRE.....	30	PLASMA-LYTE 148.....	148
ORENCIA CLICKJECT.....	134	PEN NEEDLE, DIABETIC.....	109	PLASMA-LYTE A.....	148
ORFADIN.....	111	<i>penicillamine</i> .....	121	PLEGRIDY.....	95
ORLISSA.....	127	<i>penicillin g potassium</i> .....	18	<i>podofilox</i> .....	104
ORKAMBI.....	153	<i>penicillin g procaine</i> .....	18	POLIVY.....	30
<i>orsythia</i> .....	101	<i>penicillin v potassium</i> .....	18, 19	<i>polycin</i> .....	114
<i>oseltamivir</i> .....	69	PENNSAID.....	9	<i>polymyxin b sulfate</i> .....	14
OSMOLEX ER.....	59	PENTACEL (PF).....	138	<i>polymyxin b sulf-trimethoprim</i> .....	114
OTEZLA.....	134	<i>pentamidine</i> .....	57	POMALYST.....	31
OTEZLA STARTER.....	134	<i>pentoxifylline</i> .....	75	<i>portia 28</i> .....	101
<i>oxaliplatin</i> .....	30	PERIKABIVEN.....	78	PORTRAZZA.....	31
<i>oxandrolone</i> .....	122	<i>perindopril erbumine</i> .....	81	<i>posaconazole</i> .....	51
<i>oxazepam</i> .....	12	<i>periogard</i> .....	103	<i>potassium chloride</i> .....	148
<i>oxcarbazepine</i> .....	39	PERJETA.....	30	<i>potassium chloride-0.45 % nacl</i>	
OXTELLAR XR.....	39	<i>permethrin</i> .....	109	.....	148
<i>oxybutynin chloride</i> .....	120	<i>perphenazine</i> .....	63	<i>potassium citrate</i> .....	148
<i>oxycodone</i> .....	5, 6	<i>perphenazine-amitriptyline</i> .....	44	PRADAXA.....	73
<i>oxycodone-acetaminophen</i> .....	6	PERSERIS.....	63	PRALUENT PEN.....	90
<i>oxycodone-aspirin</i> .....	6	<i>pfizerpen-g</i> .....	19	<i>pramipexole</i> .....	59

<i>prasugrel</i> .....	75	PROLEUKIN.....	31	REBIF REBIDOSE.....	95
<i>pravastatin</i> .....	90	PROLIA.....	142	REBIF TITRATION PACK..	95
<i>prazosin</i> .....	79	PROMACTA.....	74	<i>reclipsen (28)</i> .....	101
<i>prednicarbate</i> .....	108	<i>promethazine</i> .....	52, 56	RECOMBIVAX HB (PF).....	139
<i>prednisolone</i> .....	125	<i>promethegan</i> .....	56	RECTIV.....	145
<i>prednisolone acetate</i> .....	116	<i>propafenone</i> .....	82	REGRANEX.....	104
<i>prednisolone sodium phosphate</i> .....	116, 125	<i>propantheline</i> .....	119	RELENZA DISKHALER.....	69
<i>prednisone</i> .....	125	<i>proparacaine</i> .....	112	RELISTOR.....	119
<i>pregabalin</i> .....	39, 40	<i>propranolol</i> .....	84	REMICADE.....	134
PREMARIN.....	123	<i>propranolol-hydrochlorothiazid</i>	84	RENFLEXIS.....	134
PREMPHASE.....	123	<i>propylthiouracil</i> .....	129	<i>repaglinide</i> .....	46
PREMPRO.....	124	PROQUAD (PF).....	138	<i>repaglinide-metformin</i> .....	46
PRETOMANID.....	54	PROSOL 20 %.....	79	REPATHA PUSHTRONEX..	90
<i>prevalite</i> .....	90	<i>protamine</i> .....	75	REPATHA SURECLICK.....	90
<i>previfem</i> .....	101	<i>protriptyline</i> .....	44	REPATHA SYRINGE.....	90
PREVYMIS.....	69	PULMOZYME.....	111	RESCRIPTOR.....	68
PREZCOBIX.....	67	PURIXAN.....	31	RESTASIS.....	116
PREZISTA.....	67, 68	<i>pyrazinamide</i> .....	54	RETACRIT.....	74
PRIFTIN.....	54	<i>pyridostigmine bromide</i> ... 144, 145		RETEVMO.....	31
PRIMAQUINE.....	57	<i>pyrimethamine</i> .....	57	RETROVIR.....	68
<i>primidone</i> .....	40	QBRELIS.....	82	REVCOVI.....	111
PRIVIGEN.....	134	QINLOCK.....	31	REVLIMID.....	31
PROAIR RESPICLICK.....	151	QUADRACEL (PF).....	138	<i>revonto</i> .....	154
<i>probenecid</i> .....	52	<i>quetiapine</i> .....	63	REXULTI.....	63, 64
<i>probenecid-colchicine</i> .....	52	<i>quinapril</i> .....	82	REYATAZ.....	68
<i>procainamide</i> .....	82	<i>quinapril-hydrochlorothiazide</i> ... 82		RHOPRESSA.....	146
PROCALAMINE 3%.....	78	<i>quinidine gluconate</i> .....	82	<i>ribasphere</i> .....	71
<i>prochlorperazine</i> .....	56	<i>quinidine sulfate</i> .....	83	<i>ribasphere ribapak</i> .....	71
<i>prochlorperazine edisylate</i> .....	56	<i>quinine sulfate</i> .....	57	<i>ribavirin</i> .....	71
<i>prochlorperazine maleate</i> .....	56	RABAVERT (PF).....	139	RIDAURA.....	134
<i>procto-med hc</i> .....	108	<i>rabeprazole</i> .....	117	<i>rifabutin</i> .....	54
<i>procto-pak</i> .....	108	RADICAVA.....	95	<i>rifampin</i> .....	54
<i>proctosol hc</i> .....	108	<i>raloxifene</i> .....	124	<i>riluzole</i> .....	95
<i>proctozone-hc</i> .....	108	<i>ramipril</i> .....	82	<i>rimantadine</i> .....	69
<i>progesterone</i> .....	129	<i>ranitidine hcl</i> .....	117	RINVOQ.....	135
<i>progesterone micronized</i> .....	129	<i>ranolazine</i> .....	86	<i>risedronate</i> .....	142
PROGRAF.....	134	<i>rasagiline</i> .....	59	RISPERDAL CONSTA.....	64
PROLASTIN-C.....	153	RASUVO (PF).....	134	<i>risperidone</i> .....	64
PROLENSA.....	116	RAVICTI.....	119	<i>ritonavir</i> .....	68
		REBIF (WITH ALBUMIN)...	95	RITUXAN.....	31

RITUXAN HYCELA.....	31	SIKLOS.....	75	<i>sps (with sorbitol)</i> .....	119
<i>rivastigmine</i> .....	42	<i>sildenafil (pulm.hypertension)</i>		<i>sronyx</i> .....	102
<i>rivastigmine tartrate</i> .....	42	.....	154, 155	<i>ssd</i> .....	105
<i>rizatriptan</i> .....	53	SILIQ.....	135	<i>stavudine</i> .....	68
ROCKLATAN.....	146	<i>silver sulfadiazine</i> .....	105	STELARA.....	135
<i>ropinirole</i> .....	59	SIMBRINZA.....	146	STERILE PADS.....	109
<i>rosadan</i> .....	105	<i>simliya (28)</i> .....	102	STIMATE.....	128
<i>rosuvastatin</i> .....	90	<i>simpesse</i> .....	102	STIOLTO RESPIMAT.....	151
ROTARIX.....	139	SIMPONI.....	135	STIVARGA.....	32
ROTATEQ VACCINE.....	139	SIMPONI ARIA.....	135	STRENSIQ.....	111
ROZLYTREK.....	31	<i>simvastatin</i> .....	90	<i>streptomycin</i> .....	13
RUBRACA.....	31	<i>sirolimus</i> .....	135	STRIBILD.....	68
RUKOBIA.....	68	SIRTURO.....	55	STRIVERDI RESPIMAT...	151
RUXIENCE.....	31	SKYRIZI.....	135	SUBLOCADE.....	11
RYBELSUS.....	46	SLYND.....	102	<i>subvenite</i> .....	40
RYDAPT.....	31	<i>sodium chloride 0.9 %</i> .....	148	<i>sucalfate</i> .....	117
SAIZEN.....	128	<i>sodium phenylbutyrate</i> .....	119	<i>sulfacetamide sodium</i> .....	114
SAIZEN SAIZENPREP.....	128	<i>sodium polystyrene (sorb free)</i>		<i>sulfacetamide sodium (acne)</i> ..	105
SANDOSTATIN LAR		.....	119	<i>sulfacetamide-prednisolone</i> .....	114
DEPOT.....	128	<i>sodium polystyrene sulfonate</i> ..	119	<i>sulfadiazine</i> .....	19
SANTYL.....	104	<i>sofosbuvir-velpatasvir</i> .....	70	<i>sulfamethoxazole-</i>	
SAPHRIS.....	64	SOLQUA 100/33.....	49	<i>trimethoprim</i> .....	19
<i>sapropterin</i> .....	111	SOLTAMOX.....	31	<i>sulfasalazine</i> .....	141
SARCLISA.....	31	SOLU-CORTEF ACT-O-		<i>sulindac</i> .....	9
SAVELLA.....	95	VIAL (PF).....	125	<i>sumatriptan</i> .....	53, 54
<i>scopolamine base</i> .....	56	SOMATULINE DEPOT.....	128	<i>sumatriptan succinate</i> .....	54
SECUADO.....	64	SOMAVERT.....	128	SUNOSI.....	154
<i>selegiline hcl</i> .....	59	<i>sorine</i> .....	84	SUPPRELIN LA.....	128
<i>selenium sulfide</i> .....	105	<i>sotalol</i> .....	84	SUPREP BOWEL PREP	
SELZENTRY.....	68	<i>sotalol af</i> .....	84	KIT.....	119
SE-NATAL-19.....	155	SOVALDI.....	70	SUTENT.....	32
SEREVENT DISKUS.....	151	SPIRIVA RESPIMAT.....	151	<i>syeda</i> .....	102
SEROSTIM.....	128	SPIRIVA WITH		SYLATRON.....	32
<i>sertraline</i> .....	44	HANDIHALER.....	151	SYLVANT.....	32
<i>setlakin</i> .....	101	<i>spironolactone</i> .....	88	SYMDEKO.....	153
<i>sevelamer carbonate</i> .....	120	<i>spironolacton-hydrochlorothiaz</i>	88	SYMFI.....	68
<i>sevelamer hcl</i> .....	120	SPRAVATO.....	44	SYMFI LO.....	68
<i>sharobel</i> .....	102	<i>sprintec (28)</i> .....	102	SYMJEPI.....	86
SHINGRIX (PF).....	139	SPRITAM.....	40	SYMLINPEN 120.....	46
SIGNIFOR.....	128	SPRYCEL.....	32	SYMLINPEN 60.....	46

SYMPAZAN.....	40	TEMODAR.....	33	<i>tolmetin</i> .....	9
SYMTUZA.....	68	<i>temsirolimus</i> .....	33	<i>tolterodine</i> .....	120
SYNAGIS.....	69	<i>tencon</i> .....	6	<i>topiramate</i> .....	40
SYNAREL.....	128	TENIVAC (PF).....	139	<i>toposar</i> .....	33
SYNDROS.....	56	<i>tenofovir disoproxil fumarate</i> ...	68	<i>topotecan</i> .....	33
SYNERCID.....	14	TEPEZZA.....	112	<i>toremifene</i> .....	33
SYNJARDY.....	46	<i>terazosin</i> .....	121	<i>torsemid</i> .....	88
SYNJARDY XR.....	47	<i>terbinafine hcl</i> .....	51	TOTECT.....	145
SYNRIBO.....	32	<i>terbutaline</i> .....	151	TOUJEO MAX U-300	
TABLOID.....	32	<i>terconazole</i> .....	53	SOLOSTAR.....	49
TABRECTA.....	32	<i>testosterone</i> .....	122	TOUJEO SOLOSTAR U-300	
<i>tacrolimus</i> .....	108, 135	<i>testosterone cypionate</i> .....	122	INSULIN.....	49
<i>tadalafil</i> .....	155	<i>testosterone enanthate</i> .....	122	TOVIAZ.....	120
<i>tadalafil (pulm. hypertension)</i>	155	TETANUS,DIPHThERIA		TRACLEER.....	155
TAFINLAR.....	32	TOX PED(PF).....	139	TRADJENTA.....	47
TAGRISSO.....	32	<i>tetrabenazine</i> .....	96	<i>tramadol</i> .....	6
TAKHZYRO.....	145	<i>tetracycline</i> .....	20	<i>tramadol-acetaminophen</i> .....	6
TALTZ AUTOINJECTOR..	135	THALOMID.....	145	<i>trandolapril</i> .....	82
TALTZ SYRINGE.....	135	<i>theophylline</i> .....	151, 152	<i>tranexamic acid</i> .....	75
TALZENNA.....	32	THIOLA.....	121	<i>tranylcypromine</i> .....	44
<i>tamoxifen</i> .....	32	THIOLA EC.....	121	TRAVASOL 10 %.....	79
<i>tamsulosin</i> .....	121	<i>thioridazine</i> .....	64	<i>travoprost</i> .....	146
TARGRETIN.....	32	<i>thiotepa</i> .....	33	TRAZIMERA.....	33
<i>tarina 24 fe</i> .....	102	<i>thiothixene</i> .....	64	<i>trazodone</i> .....	44
<i>tarina fe 1-20 eq (28)</i> .....	102	<i>tiadylt er</i> .....	85	TREANDA.....	33
TASIGNA.....	32	<i>tiagabine</i> .....	40	TRECTOR.....	55
TAVALISSE.....	75	TIBSOVO.....	33	TRELEGY ELLIPTA.....	152
<i>tazarotene</i> .....	108	TICE BCG.....	33	TRELSTAR.....	33
TAZORAC.....	108	<i>tigecycline</i> .....	20	TREMFYA.....	135
<i>taztia xt</i> .....	85	<i>timolol maleate</i> .....	84, 146	<i>treprostinil sodium</i> .....	155
TAZVERIK.....	32	<i>tinidazole</i> .....	57	<i>tretinoin</i> .....	108, 109
TDVAX.....	139	TIVICAY.....	68	<i>tretinoin (antineoplastic)</i> .....	33
TECENTRIQ.....	32	TIVICAY PD.....	68	<i>tri femynor</i> .....	102
TECFIDERA.....	95, 96	<i>tizanidine</i> .....	154	<i>triamcinolone acetonide</i>	
TEFLARO.....	16	TOBI PODHALER.....	13	.....	103, 108, 125
<i>telmisartan</i> .....	80	<i>tobramycin</i> .....	114	<i>triamterene-hydrochlorothiazid</i>	88
<i>telmisartan-amlodipine</i> .....	80	<i>tobramycin in 0.225 % nacl</i> .....	13	<i>triazolam</i> .....	12
<i>telmisartan-hydrochlorothiazid</i>	80	<i>tobramycin sulfate</i> .....	13	<i>trientine</i> .....	121
<i>temazepam</i> .....	12	<i>tobramycin-dexamethasone</i> ....	114	<i>tri-estarylla</i> .....	102
TEMIXYS.....	68	TOLAK.....	104	<i>trifluoperazine</i> .....	64

<i>trifluridine</i> .....	114	TYVASO.....	155	<i>vigabatrin</i> .....	40
<i>trihexyphenidyl</i> .....	59, 60	UCERIS.....	141	<i>vigadrone</i> .....	40
TRIKAFTA.....	153	UDENYCA.....	74	VIIBRYD.....	45
<i>tri-legest fe</i> .....	102	UNITUXIN.....	34	VIMIZIM.....	111
<i>tri-lynyah</i> .....	102	UPTRAVI.....	155	VIMPAT.....	40, 41
<i>tri-lo-estarylla</i> .....	102	<i>ursodiol</i> .....	119	<i>vinblastine</i> .....	34
<i>tri-lo-marzia</i> .....	102	<i>valacyclovir</i> .....	71	<i>vincasar pfs</i> .....	34
<i>tri-lo-mili</i> .....	102	VALCHLOR.....	104	<i>vincristine</i> .....	34
<i>tri-lo-sprintec</i> .....	102	<i>valganciclovir</i> .....	71	<i>vinorelbine</i> .....	34
<i>trilyte with flavor packets</i> .....	120	<i>valproate sodium</i> .....	40	<i>vioele (28)</i> .....	103
<i>trimethoprim</i> .....	14	<i>valproic acid</i> .....	40	VIRACEPT.....	69
<i>tri-mili</i> .....	102	<i>valproic acid (as sodium salt)</i> .....	40	VIREAD.....	69
<i>trimipramine</i> .....	44	<i>valrubicin</i> .....	34	VISTOGARD.....	145
TRINTELLIX.....	44	<i>valsartan</i> .....	80	VITRAKVI.....	34, 35
<i>tri-previfem (28)</i> .....	102	<i>valsartan-hydrochlorothiazide</i> ..	81	VIZIMPRO.....	35
TRIPTODUR.....	128	VALTOCO.....	40	<i>volnea (28)</i> .....	103
<i>tri-sprintec (28)</i> .....	102	<i>vancomycin</i> .....	14	<i>voriconazole</i> .....	51
TRIUMEQ.....	68	VAQTA (PF).....	140	VOSEVI.....	70
<i>trivora (28)</i> .....	102	VARIVAX (PF).....	140	VOTRIENT.....	35
<i>tri-vylibra</i> .....	103	VASCEPA.....	90	VPRIV.....	111
<i>tri-vylibra lo</i> .....	103	VECTIBIX.....	34	VRAYLAR.....	64
TRODELVY.....	33	VELCADE.....	34	VUMERITY.....	96
TROGARZO.....	69	<i>velivet triphasic regimen (28)</i> ..	103	VYEPTI.....	54
TROPHAMINE 10 %.....	79	VELPHORO.....	120	<i>vyfemla (28)</i> .....	103
TROPHAMINE 6%.....	79	VEMLIDY.....	69	<i>vylibra</i> .....	103
<i>trospium</i> .....	121	VENCLEXTA.....	34	VYNDAMAX.....	86
TRULANCE.....	119	VENCLEXTA STARTING PACK.....	34	VYXEOS.....	35
TRULICITY.....	47	<i>venlafaxine</i> .....	44, 45	VYZULTA.....	146
TRUMENBA.....	139	<i>verapamil</i> .....	85	<i>warfarin</i> .....	73
TRUVADA.....	69	VEREGEN.....	104	WELCHOL.....	90
TRUXIMA.....	33	VERSACLOZ.....	64	<i>wera (28)</i> .....	103
TUKYSA.....	34	VERZENIO.....	34	XADAGO.....	60
<i>tulana</i> .....	103	VIBERZI.....	119	XALKORI.....	35
TURALIO.....	34	<i>vicodin hp</i> .....	6	XARELTO.....	73
TWINRIX (PF).....	139	VICTOZA.....	47	XARELTO DVT-PE TREAT 30D START.....	73
TYBOST.....	145	VIDEX 2 GRAM PEDIATRIC.....	69	XATMEP.....	35
TYKERB.....	34	VIEKIRA PAK.....	70	XCOPRI.....	41
TYMLOS.....	143	<i>vienna</i> .....	103		
TYPHIM VI.....	140				
TYSABRI.....	136				

XCOPRI MAINTENANCE PACK.....	41	ZEPOSIA.....	96
XCOPRI TITRATION PACK.....	41	ZEPOSIA STARTER KIT.....	96
XELJANZ.....	136	ZEPOSIA STARTER PACK.....	96
XELJANZ XR.....	136	ZEPZELCA.....	36
XELPROS.....	146	<i>zidovudine</i> .....	69
XERMELO.....	119	ZIEXTENZO.....	74
XGEVA.....	143	ZIOPTAN (PF).....	146
XHANCE.....	116	<i>ziprasidone hcl</i> .....	65
XIFAXAN.....	14, 15	<i>ziprasidone mesylate</i> .....	65
XIGDUO XR.....	47	ZIRABEV.....	36
XIIDRA.....	116	ZIRGAN.....	115
XOFLUZA.....	70	ZOLADEx.....	36
XOLAIR.....	153	<i>zoledronic acid</i> .....	143
XOSPATA.....	35	<i>zoledronic acid-mannitol-water</i> .....	143
XPOVIO.....	35	ZOLINZA.....	36
XTAMPZA ER.....	6	<i>zolmitriptan</i> .....	54
XTANDI.....	35	<i>zolpidem</i> .....	154
<i>xulane</i> .....	103	ZOMACTON.....	128
XULTOPHY 100/3.6.....	49	<i>zonisamide</i> .....	41
XURIDEN.....	145	ZORBTIVE.....	129
XYOSTED.....	122	ZORTRESS.....	136
XYREM.....	154	ZOSTAVAX (PF).....	140
YERVOY.....	35	<i>zovia 1/35e (28)</i> .....	103
YF-VAX (PF).....	140	ZTLIDO.....	10
YONDELIS.....	35	ZULRESSO.....	45
YONSA.....	35	<i>zumandimine (28)</i> .....	103
<i>yuvafem</i> .....	124	ZYDELIG.....	36
<i>zafirlukast</i> .....	150	ZYKADIA.....	36
<i>zaleplon</i> .....	154	ZYLET.....	115
ZALTRAP.....	35	ZYPREXA RELPREVV.....	65
<i>zarah</i> .....	103	ZYTIGA.....	36
ZARXIO.....	74		
<i>zebutal</i> .....	6		
ZEJULA.....	36		
ZELBORAF.....	36		
<i>zenatane</i> .....	105		
ZENPEP.....	111		
ZEPATIER.....	70		

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