

GROUP PDP

Blue Shield of California Medicare Rx Plan (PDP)

2020 Formulary

(List of Covered Drugs)

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

Formulary ID 20478, Version **20**

This formulary was updated on **03/24/2020**. For more recent information or other questions, please contact Blue Shield Medicare Rx Plan (PDP) Member Services, at (888) 239-6469 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30, or visit blueshieldca.com/medFormulary2020.

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 Blue Shield of California. When it refers to "plan" or "our plan," it means Blue Shield Medicare Rx Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of **03/24/2020**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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What is the Blue Shield Medicare Rx Plan Formulary?

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

Can the Formulary (drug list) change?

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

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

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

The enclosed formulary is current as of **03/24/2020**. To get updated information about the drugs covered by Blue Shield Medicare Rx Plan, please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, you will receive a 30 days notice via mail and the changes will be posted on our website at blueshieldca.com/medFormulary2020.

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 Agents". If you know what your drug is used for, look for the category name in the list that begins on page number 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 page 100. 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?

Blue Shield Medicare Rx Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue Shield Medicare Rx Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue Shield Medicare Rx Plan before you fill your prescriptions. If you don't get approval, Blue Shield Medicare Rx Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Shield Medicare Rx Plan limits the amount of the drug that Blue Shield Medicare Rx Plan will cover. For example, our plan provides 18 tablets per 30-day prescription for *sumatriptan* (generic for IMITREX). This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Blue Shield Medicare Rx Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue Shield Medicare Rx Plan may not cover *Drug B* unless you try Drug A first. If Drug A does not work for you, Blue Shield Medicare Rx Plan will then cover Drug B.

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

You can ask Blue Shield Medicare Rx Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Blue Shield Medicare Rx Plan’s formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Blue Shield Medicare Rx Plan does not cover your drug, you have two options:

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

How do I request an exception to the Blue Shield Medicare Rx Plan’s Formulary?

You can ask Blue Shield Medicare Rx Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

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

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

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

Our transition policy applies to members who are stabilized on:

- Part D drugs not on the Blue Shield Medicare Rx Plan formulary, or
- Part D drugs previously covered by exception upon expiration of the exception, or
- Part D drugs on the Blue Shield Medicare Rx Plan formulary with a prior authorization, step therapy or a quantity limit requirement, or
- Part D drugs as listed above, where a distinction cannot be made at point of service whether it is a new or ongoing prescription drug

And are members in any of the following scenarios:

- new members following the annual coordinated election period,
- newly eligible members transitioning from other coverage at the beginning of a contract year,

- transitioning individuals who switch from one Blue Shield plan to another after the beginning of a contract year,
- members residing in long-term care (LTC) facilities, or
- in some cases, current members affected by formulary changes from one plan year to the next.

Members continuing coverage into a new plan year and experiencing negative formulary changes will have coverage continued for selected drugs in the new plan year, as determined by Blue Shield Medicare Rx Plan and in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance for Part D drugs. Plan members on drugs that were not selected for automatic continued coverage will be provided a transition process consistent with the transition process required for new members beginning in the new plan year. The transition policy will be extended across plan years if a member enrolls in a plan with an effective enrollment date of either November 1 or December 1 and needs access to a transition supply.

During the transitional stage, members may talk to their prescribers to decide whether they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug, if it is not on our formulary or has restrictions such as step therapy or prior authorization. Members may contact Blue Shield Medicare Rx Plan Member Services for assistance in initiating a prior authorization or exception request. Prior authorization or exception request forms are available on our website at blueshieldca.com/medFormulary2020 (select "prior authorization forms"), and are also provided upon request to members and prescribers, via mail, email or fax.

Per our transition policy, in conjunction with network pharmacies, a temporary supply of non-formulary Part D drugs or formulary drugs with coverage restrictions will be provided in order to prevent interruptions in continuing therapy. This temporary supply also provides sufficient time for members to work with their prescribers to switch to a therapeutically equivalent formulary medication, or to complete a formulary exception request based on medical necessity. Requests for prior authorization of formulary drugs are reviewed against the CMS approved coverage criteria and formulary exception requests are reviewed for medical necessity by Blue Shield pharmacy technicians, pharmacists and/or physicians. If a formulary exception request is denied, we will provide the prescriber a list of appropriate therapeutic alternatives. A letter will also be sent to you providing instructions on how to appeal the decision.

The transitional supply is a one-time, 30-day temporary supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication) of the non-formulary drug at a retail pharmacy during the first 90 days of new membership beginning on your effective date of coverage in Blue Shield Medicare Rx Plan. Refills may be provided for transition prescriptions dispensed for less than the written amount, due to a plan quantity limit edit for safety or drug utilization edits that are based on approved product labeling, and for up to a total of a 30-day supply. If you are affected by a negative formulary change from one year to the next, we will provide up to a 30-day temporary supply of the non-formulary drug, if you need a refill for the drug during the first 90 days of the new plan year.

Retail and LTC pharmacies have the ability to provide a point-of-sale override for coverage of a transition supply of a drug that is non-formulary, requires prior authorization or step therapy unless the drug is subject to review for Part B vs. Part D determination, limits to prevent coverage of non-Part D drugs or limits that promote safe utilization of a Part D drug. We will cover a 30-day supply

(unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication). The cost-sharing for low-income subsidy (LIS) eligible members for a temporary supply of drugs provided under the transition process will not exceed the statutory maximum co-payment amounts for LIS eligible members. For all other members (non-LIS members), we will apply the same cost-sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception and the same cost-sharing for formulary drugs subject to utilization management edits provided during the transition that would apply once the utilization management criteria are met. Members will not be required to pay additional cost-sharing associated with multiple fills of lesser quantities of Part D drugs based upon quantity limits for safety once the originally prescribed doses of Part D drugs have been determined to be medically necessary after an exception process has been completed.

After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will send written notice within 3 business days of the transitional fill after we cover the temporary supply. This notice will contain an explanation of the temporary nature of the transition supply received, instructions for working with us and the prescriber to identify appropriate therapeutic alternatives that are on our formulary, an explanation of your right to request a formulary exception, and a description of the procedures for requesting a formulary exception. If a transition supply has been provided once and you are currently in the process of receiving a coverage determination, the transition supply may be extended by one additional 30-day prescription fill beyond the initial 30-day supply, unless you present with a prescription written for less than 30 days. The extension of the transition period is on a case-by-case basis, to the extent that your exception request or appeal has not been processed by the end of the minimum day transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).

If you are a resident of a long-term-care facility (like a nursing home), we will cover supplies of Part D drugs in increments of 14 days or less for a temporary 31-day transition supply unless the prescription is written for fewer days during the first 90 days you are enrolled in our Plan, beginning on your effective date of coverage.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out-of-network access.

For more information

For more detailed information about your Blue Shield Medicare Rx Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Blue Shield Medicare Rx Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Blue Shield Medicare Rx Plan's Formulary

The formulary below provides coverage information about the drugs covered by Blue Shield Medicare Rx Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 100 .

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

The information in the Requirements/Limits column tells you if Blue Shield Medicare Rx Plan has any special requirements for coverage of your drug.

LEGEND

TIER	NAME
gen	Generic Drugs
brd	Preferred Brand Drugs
npd	Non-Preferred Drugs
inj	Injectable Drugs
spec	Specialty Tier Drugs

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination"
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Member Services number at (888) 239-6469 [TTY 711], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30.
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.

ED

Excluded Part D Drug

This prescription drug is not normally covered in a Medicare Prescription Drug Plan; however, Blue Shield covers this drug as a supplemental benefit. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help from Medicare or Social Security to pay for your prescriptions, you will not get any extra help to pay for this drug.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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ANALGESICS

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

<i>butalbital/aspirin/caffeine</i>	gen	PA, QL (6 PER 1 DAYS)
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	gen	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg capsule</i>	gen	QL (1 PER 1 DAYS)
<i>diclofenac epolamine</i>	gen	PA, QL (2 PER 1 DAYS)
<i>diclofenac potassium</i>	gen	
<i>diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i>	gen	
<i>diclofenac sodium 1.5 % drops</i>	gen	PA
<i>diclofenac sodium/misoprostol</i>	gen	
<i>diflunisal</i>	gen	
<i>etodolac</i>	gen	
<i>fenoprofen calcium</i>	gen	PA
<i>flurbiprofen</i>	gen	
<i>ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	gen	
INDOCIN 25 MG/5 ML SUSPENSION	npd	PA
<i>indomethacin</i>	gen	PA
<i>ketoprofen</i>	gen	
<i>ketorolac tromethamine 10 mg tablet</i>	gen	PA
<i>meclofenamate sodium</i>	gen	
<i>mefenamic acid</i>	gen	
<i>meloxicam (7.5 mg tablet, 7.5 mg/5ml oral susp, 15 mg tablet)</i>	gen	
<i>nabumetone</i>	gen	
<i>naproxen (125 mg/5ml oral susp, 250 mg tablet, 375 mg tablet dr, 375 mg tablet, 500 mg tablet, 500 mg tablet dr)</i>	gen	
<i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>	gen	
<i>naproxen sodium (375 mg tbmp 24hr, 500 mg tbmp 24hr)</i>	gen	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen/esomeprazole magnesium</i>	gen	QL (2 PER 1 DAYS)
<i>oxaprozin</i>	gen	
<i>piroxicam</i>	gen	
<i>salsalate</i>	gen	
<i>sulindac</i>	gen	
<i>tolmetin sodium</i>	gen	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i>	gen	PA, QL (4 PER 28 DAYS OVER TIME), NDS
<i>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	gen	PA, QL (10 PER 30 DAYS OVER TIME), NDS
<i>fentanyl (37.5mcg/hr patch td72, 62.5mcg/hr patch td72)</i>	npd	PA, QL (10 PER 30 DAYS OVER TIME), NDS
<i>fentanyl 87.5mcg/hr patch td72</i>	spec	PA, QL (10 PER 30 DAYS OVER TIME), NDS
<i>hydrocodone bitartrate</i>	gen	PA, QL (60 PER 30 DAYS OVER TIME), NDS
<i>hydromorphone hcl (8 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)</i>	gen	PA, QL (30 PER 30 DAYS OVER TIME), NDS
<i>hydromorphone hcl 12 mg tab er 24h</i>	gen	PA, QL (60 PER 30 DAYS OVER TIME), NDS
<i>methadone hcl (10 mg/ml oral conc, 10 mg tablet)</i>	gen	PA, QL (90 PER 30 DAYS OVER TIME), NDS
<i>methadone hcl 10 mg/5 ml solution</i>	gen	PA, QL (450 PER 30 DAYS OVER TIME), NDS
<i>methadone hcl 10 mg/ml vial</i>	inj	PA, NDS
<i>methadone hcl 40 mg tablet sol</i>	gen	QL (1 PER 1 DAYS), NDS
<i>methadone hcl 5 mg tablet</i>	gen	PA, QL (180 PER 30 DAYS OVER TIME), NDS
<i>methadone hcl 5 mg/5 ml solution</i>	gen	PA, QL (900 PER 30 DAYS OVER TIME), NDS
<i>morphine sulfate (10 mg cap er pel, 30 mg cap er pel, 40 mg cap er pel, 45 mg cpmp 24hr, 50 mg cap er pel, 60 mg cap er pel, 80 mg cap er pel, 100 mg cap er pel)</i>	gen	PA, QL (60 PER 30 DAYS OVER TIME), NDS
<i>morphine sulfate (30 mg cpmp 24hr, 60 mg cpmp 24hr, 75 mg cpmp 24hr, 90 mg cpmp 24hr, 120 mg cpmp 24hr)</i>	gen	PA, QL (30 PER 30 DAYS OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate (60 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>	gen	QL (60 PER 30 DAYS OVER TIME), NDS
<i>morphine sulfate 15 mg tablet er</i>	gen	QL (180 PER 30 DAYS OVER TIME), NDS
<i>morphine sulfate 20 mg cap er pel</i>	gen	PA, QL (120 PER 30 DAYS OVER TIME), NDS
<i>morphine sulfate 30 mg tablet er</i>	gen	QL (90 PER 30 DAYS OVER TIME), NDS
<i>oxycodone hcl (10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h, 60 mg tab er 12h, 80 mg tab er 12h)</i>	gen	PA, QL (60 PER 30 DAYS OVER TIME), NDS
<i>oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h)</i>	gen	PA, QL (60 PER 30 DAYS OVER TIME), NDS
<i>tramadol hcl (100 mg cpbp 25-75, 100 mg tbmp 24hr, 200 mg cpbp 25-75, 200 mg tab er 24h, 200 mg tbmp 24hr, 300 mg tbmp 24hr, 300 mg tab er 24h, 300 mg cpbp 17-83)</i>	gen	PA, QL (1 PER 1 DAYS), NDS
<i>tramadol hcl 100 mg tab er 24h</i>	gen	PA, QL (3 PER 1 DAYS), NDS
<i>tramadol hcl 150 mg cpbp 25-75</i>	gen	QL (2 PER 1 DAYS), NDS

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen with codeine 300mg-60mg tablet</i>	gen	QL (6 PER 1 DAYS), NDS
<i>acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg/12.5 solution)</i>	gen	QL (1800 PER 30 DAYS OVER TIME), NDS
<i>acetaminophen with codeine phosphate (300mg-15mg tablet, 300mg-30mg tablet)</i>	gen	QL (12 PER 1 DAYS), NDS
<i>acetaminophen/caff/dihydrocod 320.5-30mg capsule</i>	gen	PA, QL (140 PER 30 DAYS OVER TIME), NDS
<i>acetaminophen/caff/dihydrocod 325-30-16 tablet</i>	gen	PA, QL (10 PER 1 DAYS), NDS
<i>butalbital/acetaminophen/cafeine/codeine phosphate</i>	gen	PA, QL (6 PER 1 DAYS), NDS
<i>butorphanol tartrate 10 mg/ml spray</i>	gen	QL (15 PER 28 DAYS OVER TIME), NDS
<i>carisoprodol/aspirin/codeine phosphate</i>	gen	PA, QL (8 PER 1 DAYS), NDS
<i>codeine phosphate/butalbital/aspirin/cafeine</i>	gen	PA, QL (6 PER 1 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>codeine sulfate 15 mg tablet</i>	gen	QL (336 PER 30 DAYS OVER TIME), NDS
<i>codeine sulfate 30 mg tablet</i>	gen	QL (168 PER 30 DAYS OVER TIME), NDS
<i>codeine sulfate 60 mg tablet</i>	gen	QL (84 PER 30 DAYS OVER TIME), NDS
DURAMORPH	inj	PA - Part B vs D Determination, NDS
<i>fentanyl citrate</i>	gen	PA, QL (120 PER 30 DAYS OVER TIME), NDS
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-325/15 solution)</i>	gen	QL (2520 PER 30 DAYS OVER TIME), NDS
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-300mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>	gen	QL (180 PER 30 DAYS OVER TIME), NDS
<i>hydrocodone/acetaminophen 10-300/15 solution</i>	gen	QL (945 PER 30 DAYS OVER TIME), NDS
<i>hydrocodone/acetaminophen 10-325/15 solution</i>	gen	PA, QL (185 PER 1 DAYS), NDS
<i>hydrocodone/acetaminophen 2.5-325 mg tablet</i>	gen	QL (168 PER 30 DAYS OVER TIME), NDS
<i>hydrocodone/acetaminophen 5 mg-300mg tablet</i>	gen	QL (8 PER 1 DAYS), NDS
<i>hydrocodone/acetaminophen 5 mg-325mg tablet</i>	gen	QL (240 PER 30 DAYS OVER TIME), NDS
<i>hydrocodone/acetaminophen 7.5-300 mg tablet</i>	gen	QL (84 PER 30 DAYS OVER TIME), NDS
<i>hydrocodone/ibuprofen</i>	gen	QL (150 PER 30 DAYS OVER TIME), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	gen	QL (675 PER 30 DAYS OVER TIME), NDS
<i>hydromorphone hcl 2 mg tablet</i>	gen	QL (154 PER 30 DAYS OVER TIME), NDS
<i>hydromorphone hcl 3 mg supp.rect</i>	gen	QL (240 PER 30 DAYS OVER TIME), NDS
<i>hydromorphone hcl 4 mg tablet</i>	gen	QL (84 PER 30 DAYS OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydromorphone hcl 8 mg tablet</i>	gen	QL (42 PER 30 DAYS OVER TIME), NDS
<i>ibuprofen/oxycodone hcl</i>	gen	QL (56 PER 30 DAYS OVER TIME), NDS
<i>meperidine hcl 100 mg tablet</i>	gen	PA, QL (84 PER 30 DAYS OVER TIME), NDS
<i>meperidine hcl 50 mg tablet</i>	gen	PA, QL (168 PER 30 DAYS OVER TIME), NDS
<i>meperidine hcl 50 mg/5 ml solution</i>	gen	PA, QL (840 PER 30 DAYS OVER TIME), NDS
<i>morphine sulfate (15 mg tablet, 30 mg tablet)</i>	gen	QL (120 PER 30 DAYS OVER TIME), NDS
<i>morphine sulfate (2 mg/ml cartridge, 2 mg/ml syringe, 4 mg/ml cartridge, 4 mg/ml syringe, 8 mg/ml syringe, 8 mg/ml cartridge, 10 mg/ml syringe, 10 mg/ml cartridge)</i>	inj	PA - Part B vs D Determination, NDS
<i>morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 20 mg supp.rect, 30 mg supp.rect)</i>	gen	QL (84 PER 30 DAYS OVER TIME), NDS, ED
<i>morphine sulfate 10 mg/5 ml solution</i>	gen	QL (630 PER 30 DAYS OVER TIME), NDS
<i>morphine sulfate 100 mg/5ml solution</i>	gen	QL (70 PER 30 DAYS OVER TIME), NDS
<i>morphine sulfate 20 mg/5 ml solution</i>	gen	QL (315 PER 30 DAYS OVER TIME), NDS
<i>morphine sulfate/pf 0.5 mg/ml vial</i>	inj	PA - Part B vs D Determination, NDS
<i>oxycodone hcl (15 mg tablet, 30 mg tablet)</i>	gen	QL (56 PER 30 DAYS OVER TIME), NDS
<i>oxycodone hcl (20 mg/ml oral conc, 20 mg tablet)</i>	gen	QL (120 PER 30 DAYS OVER TIME), NDS
<i>oxycodone hcl (5 mg capsule, 5 mg tablet)</i>	gen	QL (168 PER 30 DAYS OVER TIME), NDS
<i>oxycodone hcl 10 mg tablet</i>	gen	QL (84 PER 30 DAYS OVER TIME), NDS
<i>oxycodone hcl 5 mg/5 ml solution</i>	gen	QL (840 PER 30 DAYS OVER TIME), NDS
<i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet)</i>	gen	QL (168 PER 30 DAYS OVER TIME), NDS
<i>oxycodone hcl/acetaminophen 10mg-300mg tablet</i>	gen	QL (6 PER 1 DAYS), NDS
<i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i>	gen	QL (84 PER 30 DAYS OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone hcl/acetaminophen 2.5-300 mg tablet</i>	gen	PA, QL (168 PER 30 DAYS OVER TIME)
<i>oxycodone hcl/acetaminophen 5 mg-300mg tablet</i>	gen	QL (360 PER 30 DAYS OVER TIME), NDS
<i>oxycodone hcl/acetaminophen 5-325/5 ml solution</i>	gen	QL (840 PER 30 DAYS OVER TIME), NDS
<i>oxycodone hcl/acetaminophen 7.5-300 mg tablet</i>	gen	QL (8 PER 1 DAYS), NDS
<i>oxycodone hcl/acetaminophen 7.5-325 mg tablet</i>	gen	QL (112 PER 30 DAYS OVER TIME), NDS
<i>oxycodone hcl/aspirin</i>	gen	QL (168 PER 30 DAYS OVER TIME), NDS
<i>oxymorphone hcl 10 mg tablet</i>	gen	PA, QL (120 PER 30 DAYS OVER TIME), NDS
<i>oxymorphone hcl 5 mg tablet</i>	gen	PA, QL (180 PER 30 DAYS OVER TIME), NDS
<i>pentazocine hcl/naloxone hcl</i>	gen	PA, QL (18 PER 1 DAYS), NDS
<i>tramadol hcl 100 mg tablet</i>	gen	QL (4 PER 1 DAYS)
<i>tramadol hcl 50 mg tablet</i>	gen	QL (240 PER 30 DAYS OVER TIME), NDS
<i>tramadol hcl/acetaminophen</i>	gen	QL (112 PER 30 DAYS OVER TIME), NDS

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine 5 % adh. patch</i>	gen	PA, QL (90 PER 30 DAYS OVER TIME)
<i>lidocaine 5 % oint. (g)</i>	gen	QL (50 PER 30 DAYS OVER TIME)
<i>lidocaine hcl (2 % jelly(ml), 2 % jel/pf app, 2 % solution, 40 mg/ml solution)</i>	gen	
<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	gen	QL (30 PER 30 DAYS OVER TIME)
<i>lidocaine/prilocaine 2.5 %-2.5% kit</i>	gen	QL (6 PER 30 DAYS OVER TIME)
NAYZILAM	spec	QL (10 PER 30 DAYS OVER TIME)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium</i>	gen	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>disulfiram</i>	gen	
<i>naltrexone hcl</i>	gen	

OPIOID DEPENDENCE TREATMENTS

<i>buprenorphine hcl 2 mg tab subl</i>	gen	QL (84 PER 90 DAYS OVER TIME), NDS
<i>buprenorphine hcl 8 mg tab subl</i>	gen	QL (21 PER 90 DAYS OVER TIME), NDS
<i>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg film, /naloxone 4mg-1 mg film)</i>	gen	QL (5 PER 1 DAYS)
<i>buprenorphine hcl/naloxone hcl 12 mg-3 mg film</i>	gen	QL (2 PER 1 DAYS)
<i>buprenorphine hcl/naloxone hcl 2 mg-0.5mg tab subl</i>	gen	QL (12 PER 1 DAYS), NDS
<i>buprenorphine hcl/naloxone hcl 8 mg-2 mg film</i>	gen	QL (3 PER 1 DAYS)
<i>buprenorphine hcl/naloxone hcl 8 mg-2 mg tab subl</i>	gen	QL (3 PER 1 DAYS), NDS
ZUBSOLV (1.4-0.36 MG TABLET, 5.7-1.4 MG TABLET)	npd	QL (3 PER 1 DAYS), NDS
ZUBSOLV (2.9-0.71 MG TABLET, 11.4-2.9 MG TABLET)	npd	QL (1 PER 1 DAYS), NDS
ZUBSOLV 0.7-0.18 MG TABLET SL	npd	QL (3 PER 1 DAYS)
ZUBSOLV 8.6-2.1 MG TABLET SL	npd	QL (2 PER 1 DAYS), NDS

OPIOID REVERSAL AGENTS

<i>naloxone hcl (0.4 mg/ml vial, 1 mg/ml syringe)</i>	gen	
<i>naloxone hcl 0.4 mg/ml cartridge</i>	gen	QL (2 PER 30 DAYS OVER TIME)
<i>naloxone hcl 2 mg/0.4ml auto injct</i>	gen	PA
NARCAN	brd	QL (2 PER 30 DAYS OVER TIME)

SMOKING CESSATION AGENTS

<i>bupropion hcl 150 mg tab er 12h</i>	gen	QL (2 PER 1 DAYS)
CHANTIX (0.5 MG TABLET, 1 MG TABLET)	brd	QL (2 PER 1 DAYS)
CHANTIX 1 MG CONT MONTH BOX	brd	QL (56 PER 28 DAYS OVER TIME)
CHANTIX STARTING MONTH BOX	brd	QL (60 PER 30 DAYS OVER TIME)
NICOTROL	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NICOTROL NS	brd	

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate 500 mg/2ml vial</i>	inj	
<i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g), 0.3 % drops, 0.3 % oint. (g))</i>	gen	
<i>gentamicin sulfate 40 mg/ml vial</i>	inj	
<i>gentamicin sulfate/pf 100mg/10ml vial port</i>	inj	
<i>neomycin sulfate</i>	gen	
<i>paromomycin sulfate</i>	gen	
<i>streptomycin sulfate</i>	inj	
<i>tobramycin</i>	gen	
<i>tobramycin sulfate (10 mg/ml vial, 40 mg/ml vial)</i>	inj	
TOBREX 0.3% EYE OINTMENT	brd	

ANTIBACTERIALS, OTHER

AEMCOLO	npd	PA, QL (12 PER 30 DAYS OVER TIME)
<i>bacitracin 500 unit/g oint. (g)</i>	gen	
BACTROBAN NASAL	npd	
<i>chloramphenicol sod succinate</i>	inj	
CLEOCIN 100 MG VAGINAL OVULE	brd	
<i>clindamycin hcl</i>	gen	
<i>clindamycin palmitate hcl</i>	gen	
<i>clindamycin phosphate (1 % solution, 1 % lotion, 1 % med. swab, 1 % foam, 1 % gel (gram), 2 % cream/appl)</i>	gen	
<i>clindamycin phosphate 1 % gel daily</i>	gen	PA
<i>clindamycin phosphate in 0.9 % sodium chloride</i>	inj	
<i>clindamycin phosphate/dextrose 5 % in water</i>	inj	
CLINDESSE	brd	
<i>colistin (as colistimethate sodium)</i>	inj	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>daptomycin</i>	spec	
<i>erythromycin base/benzoyl peroxide</i>	gen	
<i>lincomycin hcl</i>	inj	
<i>linezolid (100 mg/5ml susp recon, 600 mg tablet)</i>	gen	PA
<i>linezolid in 0.9 % sodium chloride</i>	spec	
<i>linezolid in dextrose 5 % in water</i>	spec	
<i>methenamine hippurate</i>	gen	
<i>methenamine mandelate 500 mg tablet</i>	gen	
<i>metronidazole (0.75 % gel w/appl, 250 mg tablet, 500 mg tablet)</i>	gen	
<i>metronidazole in sodium chloride</i>	inj	
MONUROL	npd	QL (1 PER 30 DAYS OVER TIME)
<i>mupirocin</i>	gen	
<i>mupirocin calcium</i>	gen	
<i>neomycin sulfate/polymyxin b sulfate</i>	gen	
<i>nitrofurantoin</i>	gen	
<i>nitrofurantoin macrocrystal</i>	gen	
<i>nitrofurantoin monohydrate/macrocrystals</i>	gen	
ORBACTIV	spec	PA, QL (9 PER 30 DAYS OVER TIME)
<i>polymyxin b sulfate</i>	inj	
PRIMSOL	npd	
SULFAMYLON 8.5% CREAM	npd	
SYNERCID	spec	
<i>tigecycline</i>	spec	
<i>tinidazole</i>	gen	
<i>trimethoprim</i>	gen	
<i>vancomycin hcl (1 g vial, 1 g vial port, 1.25 g vial, 1.5 g vial, 10 g vial, 250 mg vial, 500 mg vial port, 500 mg vial, 750 mg vial port, 750 mg vial)</i>	inj	
<i>vancomycin hcl (125 mg capsule, 250 mg capsule)</i>	gen	
<i>vancomycin hcl 50 mg/ml soln recon</i>	gen	PA, QL (450 PER 30 DAYS OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VANDAZOLE	brd	
XIFAXAN 200 MG TABLET	npd	PA, QL (9 PER 30 DAYS OVER TIME)
XIFAXAN 550 MG TABLET	npd	PA, QL (3 PER 1 DAYS)

BETA-LACTAM, CEPHALOSPORINS

<i>cefaclor (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 375 mg/5ml susp recon, 500 mg capsule, 500 mg tab er 12h)</i>	gen	
<i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg/5ml susp recon, 500 mg capsule)</i>	gen	
<i>cefazolin sodium (1 g vial, 10 g vial, 500 mg vial)</i>	inj	
<i>cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 2 g/50 ml piggyback, sodium/dextrose,iso 2 g/100 ml froz.piggy)</i>	inj	
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	gen	
<i>cefditoren pivoxil</i>	gen	
<i>cefepime hcl (1 g vial, 2 g vial)</i>	inj	
<i>cefepime hcl in dextrose 5 % in water</i>	inj	
<i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)</i>	gen	
<i>cefotaxime sodium</i>	inj	
<i>cefotetan disodium (1 g vial, 2 g vial)</i>	inj	
<i>cefotetan disodium in iso-osmotic dextrose</i>	inj	
<i>cefoxitin sodium</i>	inj	
<i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>	gen	
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	gen	
<i>ceftazidime (1 g vial, 2 g vial, 6 g vial)</i>	inj	
<i>ceftibuten (180 mg/5ml susp recon, 400 mg capsule)</i>	gen	
<i>ceftriaxone sodium (1 g vial, 2 g vial, 10 g vial, 250 mg vial, 500 mg vial)</i>	inj	
<i>cefuroxime axetil</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefuroxime sodium</i>	inj	
<i>cephalexin (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg capsule, 250 mg tablet, 500 mg tablet, 500 mg capsule, 750 mg capsule)</i>	gen	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 500 MG/5 ML SUSPENSION)	npd	
TEFLARO 400 MG VIAL	inj	
TEFLARO 600 MG VIAL	spec	

BETA-LACTAM, OTHER

<i>aztreonam</i>	spec	
<i>ertapenem sodium</i>	inj	
<i>imipenem/cilastatin sodium</i>	inj	
<i>meropenem</i>	inj	

BETA-LACTAM, PENICILLINS

<i>amoxicillin (125 mg/5ml susp recon, 125 mg tab chew, 200 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 250 mg tab chew, 400 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 875 mg tablet)</i>	gen	
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet, amoxicillin/potassium 1000-62.5 tab er 12h)</i>	gen	
<i>ampicillin sodium (1 g vial, 10 g vial, 125 mg vial)</i>	inj	
<i>ampicillin sodium/sulbactam sodium (sodium/sulbactam 1.5 g vial, sodium/sulbactam 3 g vial, sodium/sulbactam 15 g vial)</i>	inj	
<i>ampicillin trihydrate (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg capsule, 500 mg capsule)</i>	gen	
AUGMENTIN 125-31.25 MG/5 ML	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BICILLIN C-R	inj	
BICILLIN L-A	inj	
<i>dicloxacillin sodium</i>	gen	
<i>nafcillin in dextrose,iso-osm 1 g/50 ml froz.piggy</i>	inj	
<i>nafcillin sodium (1 g vial, 2 g vial)</i>	inj	
<i>nafcillin sodium 10 g vial</i>	spec	
<i>oxacillin sodium 10 g vial</i>	inj	
<i>penicillin g potassium 20mm unit vial</i>	inj	
<i>penicillin g procaine 1.2mm/2 ml syringe</i>	inj	
<i>penicillin g sodium</i>	inj	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	gen	
<i>piperacillin sodium/tazobactam sodium</i>	inj	

MACROLIDES

<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet)</i>	gen	
<i>azithromycin (500 mg vial port, 500 mg vial)</i>	inj	
<i>azithromycin 600 mg tablet</i>	gen	QL (8 PER 30 DAYS OVER TIME)
<i>clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet)</i>	gen	
ERYGEL	gen	
ERYTHROCIN LACTOBIONATE (LACT 500 MG VIAL, 500 MG ADDVAN VIAL)	inj	
ERYTHROCIN STEARATE	brd	
<i>erythromycin base (5 mg/gram oint. (g), 250 mg tablet dr, 250 mg tablet, 250 mg capsule dr, 333 mg tablet dr, 500 mg tablet dr, 500 mg tablet)</i>	gen	
<i>erythromycin base in ethanol (2 % med. swab, 2 % gel (gram), 2 % solution)</i>	gen	
<i>erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg/5ml susp recon, 400 mg tablet)</i>	gen	
PCE	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZMAX	npd	QL (60 PER 30 DAYS OVER TIME)
QUINOLONES		
BESIVANCE	brd	
CILOXAN 0.3% OINTMENT	brd	
<i>ciprofloxacin</i>	gen	
<i>ciprofloxacin hcl (0.2 % dropperette, 0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	gen	
<i>ciprofloxacin in 5 % dextrose 200mg/0.1l piggyback</i>	inj	
<i>ciprofloxacin lactate 400mg/40ml vial</i>	inj	
<i>ciprofloxacin/ciprofloxacin hcl</i>	gen	
<i>gatifloxacin</i>	gen	QL (2.5 PER 30 DAYS OVER TIME)
<i>levofloxacin (0.5 % drops, 250mg/10ml solution, 250 mg tablet, 500mg/20ml solution, 500 mg tablet, 750 mg tablet)</i>	gen	
<i>levofloxacin 25 mg/ml vial</i>	inj	
<i>levofloxacin/dextrose 5 % in water (5 % 500mg/0.1l piggyback, 5 % 750mg/.15l piggyback)</i>	inj	
MOXEZA	brd	
<i>moxifloxacin hcl (0.5 % drops, 0.5 % drops visc, 400 mg tablet)</i>	gen	
<i>ofloxacin (0.3 % drops, 300 mg tablet, 400 mg tablet)</i>	gen	
SULFONAMIDES		
AVC	brd	
<i>silver sulfadiazine</i>	gen	
SSD	brd	
<i>sulfacetamide sodium (10 % drops, 10 % suspension, 10 % oint. (g))</i>	gen	
<i>sulfadiazine</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp, sulfamethoxazole/trimethoprim 800-160 mg tablet)</i>	gen	
<i>sulfamethoxazole/trimethoprim 80-16mg/ml vial</i>	inj	

TETRACYCLINES

<i>demeclocycline hcl</i>	gen	
<i>doxycycline hyclate (20 mg tablet, 50 mg tablet dr, 50 mg capsule, 75 mg tablet, 100 mg tablet, 100 mg capsule, 150 mg tablet dr, 150 mg tablet, 200 mg tablet dr)</i>	gen	
<i>doxycycline hyclate 100 mg vial</i>	inj	
<i>doxycycline hyclate 50 mg tablet</i>	gen	PA, QL (2 PER 1 DAYS)
<i>doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg tablet, 50 mg capsule, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet, 150 mg capsule, 150 mg tablet)</i>	gen	
<i>doxycycline monohydrate 40 mg cap ir dr</i>	gen	PA, QL (1 PER 1 DAYS)
<i>minocycline hcl (45 mg tab er 24h, 55 mg tab er 24h, 65 mg tab er 24h, 90 mg tab er 24h, 115mg tab er 24h, 135 mg tab er 24h)</i>	gen	PA, QL (1 PER 1 DAYS)
<i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg tablet, 75 mg capsule, 100 mg capsule, 100 mg tablet)</i>	gen	
<i>tetracycline hcl</i>	gen	
VIBRAMYCIN 50 MG/5 ML SYRUP	brd	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	spec	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	npd	ST, QL (20 PER 1 DAYS)
EPIDIOLEX	spec	PA - FOR NEW STARTS ONLY
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/5ml solution, 750 mg tablet, 1000 mg tablet)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levetiracetam 500 mg tab er 24h</i>	gen	QL (6 PER 1 DAYS)
<i>levetiracetam 500 mg/5ml vial</i>	inj	
<i>levetiracetam 750 mg tab er 24h</i>	gen	QL (4 PER 1 DAYS)
<i>levetiracetam in sodium chloride, iso-osmotic</i>	inj	
SPRITAM (250 MG TABLET, 500 MG TABLET)	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
SPRITAM 1,000 MG TABLET	npd	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
SPRITAM 750 MG TABLET	npd	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)

CALCIUM CHANNEL MODIFYING AGENTS

CELONTIN	brd	
<i>ethosuximide (250 mg/5ml solution, 250 mg capsule)</i>	gen	
<i>zonisamide</i>	gen	

GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS

<i>clobazam (10 mg tablet, 20 mg tablet)</i>	gen	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
<i>clobazam 2.5 mg/ml oral susp</i>	gen	PA - FOR NEW STARTS ONLY, QL (16 PER 1 DAYS)
<i>diazepam 12.5-15-20 kit</i>	gen	QL (40 PER 30 DAYS OVER TIME)
<i>diazepam 2.5 mg kit</i>	gen	QL (5 PER 30 DAYS OVER TIME)
<i>diazepam 5-7.5-10mg kit</i>	gen	QL (20 PER 30 DAYS OVER TIME)
<i>divalproex sodium</i>	gen	
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	gen	QL (72 PER 1 DAYS)
<i>gabapentin (600 mg tablet, 800 mg tablet)</i>	gen	QL (4 PER 1 DAYS)
<i>gabapentin 100 mg capsule</i>	gen	QL (12 PER 1 DAYS)
<i>gabapentin 300 mg capsule</i>	gen	QL (8 PER 1 DAYS)
<i>gabapentin 400 mg capsule</i>	gen	QL (6 PER 1 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	gen	PA - FOR NEW STARTS ONLY
<i>primidone</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMPAZAN	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
<i>tiagabine hcl</i>	gen	
<i>valproic acid</i>	gen	
<i>valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500mg/10ml solution)</i>	gen	
<i>valproic acid (as sodium salt) 500 mg/5ml vial</i>	inj	
VALTOCO	spec	QL (10 PER 30 DAYS)
<i>vigabatrin</i>	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)

GLUTAMATE REDUCING AGENTS

<i>felbamate (400 mg tablet, 600 mg/5ml oral susp, 600 mg tablet)</i>	gen	
FYCOMPA (4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	npd	ST, QL (1 PER 1 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	npd	ST, QL (24 PER 1 DAYS)
FYCOMPA 2 MG TABLET	npd	ST, QL (3 PER 1 DAYS)
<i>lamotrigine (200 mg tab er 24, 250 mg tab er 24, 300 mg tab er 24)</i>	gen	ST
<i>lamotrigine (25 mg tab er 24, 50 mg tab er 24)</i>	gen	ST, QL (1 PER 1 DAYS)
<i>lamotrigine (5 mg tb chw dsp, 25 mg tab rapdis, 25 mg tb chw dsp, 25 mg tablet, 25(84)-100 tab ds pk, 25mg (35) tab ds pk, 25(42)-100 tab ds pk, 50 mg tab rapdis, 100 mg tablet, 100 mg tab rapdis, 150 mg tablet, 200 mg tablet, 200 mg tab rapdis)</i>	gen	
<i>lamotrigine 100 mg tab er 24</i>	gen	ST, QL (3 PER 1 DAYS)
<i>lamotrigine 25(21)-50 tb rd dspk</i>	gen	QL (28 PER 30 DAYS OVER TIME)
<i>lamotrigine 25-50-100 tb rd dspk</i>	gen	QL (35 PER 30 DAYS OVER TIME)
<i>lamotrigine 50(42)-100 tb rd dspk</i>	gen	QL (56 PER 30 DAYS OVER TIME)
<i>topiramate (15 mg cap sprink, 25 mg tablet, 25 mg cap sprink, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	gen	
<i>topiramate (25 mg cap spr 24, 50 mg cap spr 24, 100 mg cap spr 24, 150 mg cap spr 24, 200 mg cap spr 24)</i>	gen	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SODIUM CHANNEL AGENTS		
APTIOM (200 MG TABLET, 400 MG TABLET)	npd	ST, QL (1 PER 1 DAYS)
APTIOM (600 MG TABLET, 800 MG TABLET)	npd	ST, QL (2 PER 1 DAYS)
BANZEL 200 MG TABLET	spec	ST, QL (2 PER 1 DAYS)
BANZEL 40 MG/ML SUSPENSION	spec	ST, QL (80 PER 1 DAYS)
BANZEL 400 MG TABLET	spec	ST, QL (8 PER 1 DAYS)
<i>carbamazepine (100 mg tab er 12h, 100 mg/5ml oral susp, 100 mg cpmp 12hr, 100 mg tab chew, 200 mg tab er 12h, 200 mg tablet, 200 mg cpmp 12hr, 300 mg cpmp 12hr, 400 mg tab er 12h)</i>	gen	
DILANTIN (30 MG CAPSULE, 100 MG CAPSULE)	brd	
<i>fosphenytoin sodium</i>	inj	
<i>oxcarbazepine (150 mg tablet, 300 mg/5ml oral susp, 300 mg tablet, 600 mg tablet)</i>	gen	
OXTELLAR XR	npd	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
PEGANONE	npd	
PHENYTEK	npd	
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	gen	
<i>phenytoin sodium extended</i>	gen	
VIMPAT (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	npd	ST, QL (2 PER 1 DAYS)
VIMPAT 10 MG/ML SOLUTION	npd	ST, QL (40 PER 1 DAYS)
VIMPAT 200 MG/20 ML VIAL	inj	PA - FOR NEW STARTS ONLY

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

<i>ergoloid mesylates</i>	gen	PA
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CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tablet, 5 mg tab rapdis, 10 mg tablet, 10 mg tab rapdis)</i>	gen	
<i>donepezil hcl 23 mg tablet</i>	gen	ST, QL (1 PER 1 DAYS)
<i>galantamine hbr (4 mg/ml solution, 4 mg tablet, 8 mg tablet, 12 mg tablet)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>galantamine hbr (8 mg cap24h pel, 16 mg cap24h pel, 24 mg cap24h pel)</i>	gen	QL (1 PER 1 DAYS)
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	brd	QL (1 PER 1 DAYS)
NAMZARIC TITRATION PACK	brd	QL (28 PER 28 DAYS OVER TIME)
<i>rivastigmine</i>	gen	QL (30 PER 30 DAYS OVER TIME)
<i>rivastigmine tartrate</i>	gen	

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

<i>memantine hcl (5 mg tablet, 10 mg tablet)</i>	gen	QL (2 PER 1 DAYS)
<i>memantine hcl (7 mg cap spr 24, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)</i>	gen	QL (1 PER 1 DAYS)
<i>memantine hcl 2 mg/ml solution</i>	gen	QL (10 PER 1 DAYS)
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	gen	
NAMENDA XR TITRATION PACK	brd	QL (28 PER 30 DAYS OVER TIME)

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

<i>amitriptyline hcl/chlordiazepoxide</i>	gen	PA - FOR NEW STARTS ONLY
<i>bupropion hcl (100 mg tab sr 12h, 100 mg tablet)</i>	gen	QL (4 PER 1 DAYS)
<i>bupropion hcl (150 mg tab sr 12h, 150 mg tab er 24h)</i>	gen	QL (3 PER 1 DAYS)
<i>bupropion hcl 200 mg tab sr 12h</i>	gen	QL (2 PER 1 DAYS)
<i>bupropion hcl 300 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
<i>bupropion hcl 450 mg tab er 24h</i>	gen	ST, QL (1 PER 1 DAYS)
<i>bupropion hcl 75 mg tablet</i>	gen	QL (6 PER 1 DAYS)
<i>mirtazapine</i>	gen	
<i>olanzapine/fluoxetine hcl</i>	gen	
<i>perphenazine/amitriptyline hcl</i>	gen	PA - FOR NEW STARTS ONLY

MONOAMINE OXIDASE INHIBITORS

EMSAM	npd	PA - FOR NEW STARTS ONLY
MARPLAN	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenelzine sulfate</i>	gen	
<i>tranylcypromine sulfate</i>	gen	

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

<i>citalopram hydrobromide (10 mg/5 ml solution, 10 mg tablet, 20 mg tablet, 20 mg/10ml solution, 40 mg tablet)</i>	gen	
<i>desvenlafaxine</i>	npd	ST, QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate (25 mg tab er 24h, 50 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate 100 mg tab er 24h</i>	gen	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>	gen	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	npd	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
FETZIMA 20-40 MG TITRATION PAK	npd	PA - FOR NEW STARTS ONLY, QL (28 PER 30 DAYS OVER TIME)
<i>fluoxetine hcl (10 mg tablet, 10 mg capsule, 20 mg tablet, 20 mg capsule, 20 mg/5 ml solution, 40 mg capsule)</i>	gen	
<i>fluoxetine hcl 60 mg tablet</i>	gen	QL (1 PER 1 DAYS)
<i>fluoxetine hcl 90 mg capsule dr</i>	gen	QL (4 PER 28 DAYS OVER TIME)
<i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>	gen	ST, QL (2 PER 1 DAYS)
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	gen	
<i>maprotiline hcl</i>	gen	
<i>nefazodone hcl</i>	gen	
<i>paroxetine hcl</i>	gen	
<i>paroxetine mesylate</i>	gen	QL (1 PER 1 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	npd	QL (30 PER 1 DAYS)
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	gen	
<i>trazodone hcl</i>	gen	
TRINTELLIX	npd	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>venlafaxine hcl (37.5 mg cap er 24h, 150 mg cap er 24h)</i>	gen	QL (2 PER 1 DAYS)
<i>venlafaxine hcl (75 mg cap er 24h, 75 mg tab er 24)</i>	gen	QL (3 PER 1 DAYS)
<i>venlafaxine hcl 150 mg tab er 24</i>	gen	QL (1 PER 1 DAYS)
<i>venlafaxine hcl 225 mg tab er 24</i>	npd	QL (1 PER 1 DAYS)
<i>venlafaxine hcl 37.5 mg tab er 24</i>	gen	QL (6 PER 1 DAYS)
VENLAFAXINE HCL ER 150 MG TAB	gen	QL (1 PER 1 DAYS)
VENLAFAXINE HCL ER 225 MG TAB	npd	QL (1 PER 1 DAYS)
VENLAFAXINE HCL ER 37.5 MG TAB	gen	QL (6 PER 1 DAYS)
VENLAFAXINE HCL ER 75 MG TAB	gen	QL (3 PER 1 DAYS)
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	npd	ST, QL (1 PER 1 DAYS)
VIIBRYD 10-20 MG STARTER PACK	npd	ST, QL (30 PER 30 DAYS OVER TIME)

TRICYCLICS

<i>amitriptyline hcl</i>	gen	PA - FOR NEW STARTS ONLY
<i>amoxapine</i>	gen	
<i>clomipramine hcl</i>	gen	PA - FOR NEW STARTS ONLY
<i>desipramine hcl</i>	gen	
<i>doxepin hcl (10 mg/ml oral conc, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	gen	PA - FOR NEW STARTS ONLY
<i>imipramine hcl</i>	gen	PA - FOR NEW STARTS ONLY
<i>imipramine pamoate</i>	gen	PA - FOR NEW STARTS ONLY
<i>nortriptyline hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	gen	
<i>nortriptyline hcl 10 mg/5 ml solution</i>	gen	PA - FOR NEW STARTS ONLY
<i>nortriptyline oral solution (unit dose)</i>	gen	PA - FOR NEW STARTS ONLY
<i>protriptyline hcl</i>	gen	
<i>trimipramine maleate</i>	gen	PA - FOR NEW STARTS ONLY

ANTIEMETICS

ANTIEMETICS, OTHER

<i>doxylamine succinate/pyridoxine hcl (b6)</i>	gen	PA, QL (4 PER 1 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	gen	
<i>metoclopramide hcl (5 mg/5 ml solution, 5 mg tablet, 10 mg/10ml solution, 10 mg tablet)</i>	gen	
<i>metoclopramide hcl 10 mg tab rapdis</i>	gen	PA, QL (4 PER 1 DAYS)
<i>metoclopramide hcl 5 mg tab rapdis</i>	gen	PA, QL (12 PER 1 DAYS)
<i>metoclopramide hcl 5 mg/ml vial</i>	inj	
<i>perphenazine</i>	gen	
PHENERGAN 50 MG SUPPOSITORY	gen	PA
<i>prochlorperazine</i>	gen	
<i>prochlorperazine edisylate 10 mg/2 ml vial</i>	inj	
<i>prochlorperazine maleate</i>	gen	
<i>promethazine hcl (25 mg supp.rect, 50 mg tablet, 50 mg supp.rect)</i>	gen	PA
<i>promethazine hcl 12.5 mg supp.rect</i>	gen	PA, ED
<i>scopolamine</i>	gen	PA
<i>trimethobenzamide hcl</i>	gen	PA

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant (80 mg capsule, 125mg-80mg cap ds pk, 125 mg capsule)</i>	gen	PA - Part B vs D Determination
<i>aprepitant 40 mg capsule</i>	gen	PA, QL (1 PER 30 DAYS OVER TIME)
<i>dronabinol</i>	gen	PA, QL (6 PER 1 DAYS)
<i>granisetron hcl (1 mg/ml vial, 1 mg/ml(1) vial)</i>	inj	PA - Part B vs D Determination
<i>granisetron hcl 1 mg tablet</i>	gen	PA - Part B vs D Determination, QL (2 PER 1 DAYS)
<i>granisetron hcl/pf 100 mcg/ml vial</i>	inj	PA - Part B vs D Determination
<i>ondansetron</i>	gen	PA - Part B vs D Determination, QL (3 PER 1 DAYS)
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	gen	PA - Part B vs D Determination, QL (3 PER 1 DAYS)
<i>ondansetron hcl 24 mg tablet</i>	gen	PA - Part B vs D Determination, QL (15 PER 30 DAYS OVER TIME)
<i>ondansetron hcl 4 mg/5 ml solution</i>	gen	PA - Part B vs D Determination, QL (15 PER 1 DAYS)
<i>ondansetron hcl/pf</i>	inj	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIFUNGALS		
ABELCET	spec	PA - Part B vs D Determination
AMBISOME	spec	PA - Part B vs D Determination
<i>amphotericin b</i>	inj	PA - Part B vs D Determination
<i>butoconazole nitrate</i>	gen	
<i>caspofungin acetate</i>	spec	PA
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo, 8 % solution)</i>	gen	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	gen	
<i>clotrimazole (1 % solution, 1 % cream (g), 10 mg troche)</i>	gen	
CRESEMBA	spec	PA
<i>econazole nitrate</i>	gen	
ERAXIS (WATER DILUENT)	inj	
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	gen	
<i>fluconazole in dextrose,iso-os 400mg/0.2l piggyback</i>	inj	
<i>fluconazole in sodium chloride, iso-osmotic</i>	inj	
<i>flucytosine</i>	gen	
<i>griseofulvin ultramicrosize</i>	gen	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	gen	
<i>itraconazole (10 mg/ml solution, 100 mg capsule)</i>	gen	PA
<i>ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)</i>	gen	
<i>ketoconazole 2 % foam</i>	gen	ST
<i>luliconazole</i>	gen	ST
<i>miconazole nitrate 200 mg supp.vag</i>	gen	
<i>miconazole nitrate/zinc oxide/petrolatum,white</i>	gen	ST
MYCAMINE	spec	
<i>naftifine hcl (1 % gel (gram), 1 % cream (g), 2 % cream (g))</i>	gen	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NATACYN	brd	
NOXAFIL 300 MG/16.7 ML VIAL	spec	PA
NOXAFIL 40 MG/ML SUSPENSION	brd	PA
<i>nystatin (500k unit tablet, 100000/g oint. (g), 100000/g powder, 100000/ml oral susp, 100000/g cream (g))</i>	gen	
<i>nystatin/triamcinolone acetonide</i>	gen	
<i>oxiconazole nitrate</i>	gen	ST
<i>posaconazole 100 mg tablet dr</i>	gen	PA, QL (3 PER 1 DAYS)
<i>posaconazole 200 mg/5ml oral susp</i>	gen	PA
<i>terbinafine hcl 250 mg tablet</i>	gen	QL (1 PER 1 DAYS)
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	gen	
<i>voriconazole (50 mg tablet, 200 mg/5ml susp recon, 200 mg tablet)</i>	gen	PA
<i>voriconazole 200 mg vial</i>	inj	

ANTIGOUT AGENTS

<i>allopurinol</i>	gen	
<i>colchicine</i>	gen	QL (4 PER 1 DAYS)
COLCRYS	brd	QL (4 PER 1 DAYS)
<i>febuxostat</i>	gen	ST, QL (1 PER 1 DAYS)
KRYSTEXXA	spec	PA
MITIGARE	brd	QL (4 PER 1 DAYS)
<i>probenecid</i>	gen	
<i>probenecid/colchicine</i>	gen	

ANTIMIGRAINE AGENTS

ANTIMIGRAINE AGENTS, OTHER

AIMOVIG AUTOINJECTOR	brd	PA, QL (1 PER 28 DAYS OVER TIME)
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ERGOT ALKALOIDS

<i>dihydroergotamine mesylate (1 mg/ml ampul, 1 mg/ml vial)</i>	inj	
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	spec	PA, QL (8 PER 30 DAYS OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ergotamine tartrate/caffeine 1 mg-100mg tablet</i>	gen	QL (40 PER 28 DAYS OVER TIME)
<i>ergotamine tartrate/caffeine 2-100mg supp.rect</i>	gen	QL (20 PER 30 DAYS OVER TIME)

SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS

<i>almotriptan malate</i>	gen	ST, QL (24 PER 30 DAYS OVER TIME)
<i>eletriptan hydrobromide</i>	gen	ST, QL (18 PER 30 DAYS OVER TIME)
<i>frovatriptan succinate</i>	gen	ST, QL (27 PER 30 DAYS OVER TIME)
<i>naratriptan hcl</i>	gen	QL (18 PER 30 DAYS OVER TIME)
<i>rizatriptan benzoate</i>	gen	QL (24 PER 30 DAYS OVER TIME)
<i>sumatriptan</i>	gen	QL (18 PER 30 DAYS OVER TIME)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	gen	QL (18 PER 30 DAYS OVER TIME)
<i>sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml vial, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr)</i>	gen	QL (8 PER 30 DAYS OVER TIME)
<i>sumatriptan succinate/naproxen sodium</i>	gen	PA, QL (9 PER 30 DAYS OVER TIME)
<i>zolmitriptan</i>	gen	QL (18 PER 30 DAYS OVER TIME)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

<i>guanidine hcl</i>	gen	
<i>pyridostigmine bromide (60 mg/5 ml syrup, 60 mg tablet, 180 mg tablet er)</i>	gen	
<i>pyridostigmine bromide 30 mg tablet</i>	gen	QL (6 PER 1 DAYS)

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

<i>dapsone (25 mg tablet, 100 mg tablet)</i>	gen	
<i>rifabutin</i>	gen	

ANTITUBERCULARS

CAPASTAT SULFATE	inj	
<i>cycloserine</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ethambutol hcl</i>	gen	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	gen	
<i>isoniazid 100 mg/ml vial</i>	inj	
PASER	npd	
PRIFTIN	brd	
<i>pyrazinamide</i>	gen	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	gen	
<i>rifampin 600 mg vial</i>	inj	
RIFATER	npd	
SIRTURO	spec	QL (24 PER 28 DAYS OVER TIME)
TRECTOR	npd	

ANTINEOPLASTICS

ALKYLATING AGENTS

BELRAPZO	spec	PA - FOR NEW STARTS ONLY
<i>bendamustine hcl</i>	spec	PA - FOR NEW STARTS ONLY
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	brd	PA - Part B vs D Determination
GLEOSTINE	brd	
HEXALEN	spec	
LEUKERAN	brd	
MATULANE	brd	
<i>melphalan</i>	gen	
MYLERAN	brd	
TREANDA (45 MG/0.5 ML VIAL, 180 MG/2 ML VIAL)	spec	PA - FOR NEW STARTS ONLY
VALCHLOR	spec	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS OVER TIME)

ANTIANDROGENS

<i>abiraterone acetate</i>	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
<i>bicalutamide</i>	gen	
ERLEADA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flutamide</i>	gen	
<i>nilutamide</i>	spec	QL (1 PER 1 DAYS)
NUBEQA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
XTANDI	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
ZYTIGA 500 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)

ANTIANGIOGENIC AGENTS

POMALYST	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
REVLIMID	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)

ANTIESTROGENS/MODIFIERS

EMCYT	brd	
<i>fulvestrant</i>	spec	
SOLTAMOX	npd	
<i>tamoxifen citrate</i>	gen	
<i>toremifene citrate</i>	gen	

ANTIMETABOLITES

ALIMTA	spec	PA - Part B vs D Determination
DROXIA	brd	
<i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>	gen	
<i>gemcitabine hcl (1 g/26.3ml vial, 2 g/52.6ml vial, 100 mg/ml vial, 200mg/5.26 vial)</i>	inj	PA - Part B vs D Determination
<i>hydroxyurea</i>	gen	
LONSURF 15 MG-6.14 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (100 PER 28 DAYS OVER TIME)
LONSURF 20 MG-8.19 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (80 PER 28 DAYS OVER TIME)
<i>mercaptopurine</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PURIXAN	spec	PA - FOR NEW STARTS ONLY
TABLOID	brd	
ANTINEOPLASTICS, OTHER		
ALUNBRIG (90 MG TABLET, 180 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
ALUNBRIG 30 MG TABLET	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
ALUNBRIG 90 MG-180 MG TAB PACK	spec	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS OVER TIME)
<i>amifostine crystalline</i>	spec	
AYVAKIT	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
BALVERSA 3 MG TABLET	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
BALVERSA 4 MG TABLET	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
BALVERSA 5 MG TABLET	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
BRUKINSA	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
COPIKTRA	spec	PA - FOR NEW STARTS ONLY, LA, QL (56 PER 28 DAYS OVER TIME)
<i>dacarbazine</i>	inj	PA - Part B vs D Determination
ERWINAZE	spec	PA - Part B vs D Determination
<i>fludarabine phosphate 50 mg vial</i>	spec	PA - Part B vs D Determination
<i>fludarabine phosphate 50 mg/2 ml vial</i>	inj	PA - Part B vs D Determination
HALAVEN	spec	PA - Part B vs D Determination
IDHIFA	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
INREBIC	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
IXEMPRA	spec	PA - Part B vs D Determination
KHAPZORY	spec	PA - FOR NEW STARTS ONLY
<i>leucovorin calcium (100 mg vial, 350 mg vial)</i>	inj	
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	gen	
<i>levoleucovorin calcium (10 mg/ml vial, 50 mg vial, 175 mg vial)</i>	inj	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYSODREN	brd	
MARQIBO	spec	PA - FOR NEW STARTS ONLY
NINLARO	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 21 DAYS OVER TIME)
ONCASPAR	spec	PA - Part B vs D Determination
ONIVYDE	spec	PA - FOR NEW STARTS ONLY
<i>romidepsin</i>	spec	PA - Part B vs D Determination
ROZLYTREK 100 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (5 PER 1 DAYS)
ROZLYTREK 200 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
RUBRACA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
RYDAPT	spec	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
SYLATRON	spec	PA - FOR NEW STARTS ONLY
SYNRIBO	spec	PA - Part B vs D Determination
TAZVERIK	spec	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)
TIBSOVO	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
TURALIO	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
VITRAKVI 100 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
VITRAKVI 20 MG/ML SOLUTION	spec	PA - FOR NEW STARTS ONLY, QL (10 PER 1 DAYS)
VITRAKVI 25 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)
VIZIMPRO	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
XOSPATA	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
XPOVIO 100 MG ONCE WEEKLY DOSE	spec	PA - FOR NEW STARTS ONLY, LA, QL (20 PER 28 DAYS OVER TIME)
XPOVIO 60 MG ONCE WEEKLY DOSE	spec	PA - FOR NEW STARTS ONLY, LA, QL (12 PER 28 DAYS OVER TIME)
XPOVIO 80 MG ONCE WEEKLY DOSE	spec	PA - FOR NEW STARTS ONLY, LA, QL (16 PER 28 DAYS OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO 80 MG TWICE WEEKLY DOSE	spec	PA - FOR NEW STARTS ONLY, LA, QL (32 PER 28 DAYS OVER TIME)
ZALTRAP	spec	PA - FOR NEW STARTS ONLY
ZOLINZA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)

AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole</i>	gen	
<i>exemestane</i>	gen	
<i>letrozole</i>	gen	

ENZYME INHIBITORS

LORBRENA 100 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
LORBRENA 25 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
PIQRAY (250 MG DAILY, 300 MG DAILY)	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
PIQRAY 200 MG DAILY DOSE	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)

MOLECULAR TARGET INHIBITORS

AFINITOR 10 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
AFINITOR DISPERZ 2 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
AFINITOR DISPERZ 3 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
AFINITOR DISPERZ 5 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
ALECENSA	spec	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
ALIQOPA	spec	PA - FOR NEW STARTS ONLY
BOSULIF (400 MG TABLET, 500 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
BOSULIF 100 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
BRAFTOVI 50 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
BRAFTOVI 75 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABOMETYX	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
CALQUENCE	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
CAPRELSA 100 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
CAPRELSA 300 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
COTELLIC	spec	PA - FOR NEW STARTS ONLY, LA, QL (63 PER 28 DAYS OVER TIME)
CYRAMZA	spec	PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
DAURISMO 25 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
ERIVEDGE	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
<i>everolimus (2.5 mg tablet, 5 mg tablet)</i>	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
<i>everolimus 7.5 mg tablet</i>	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
FARYDAK	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 21 DAYS OVER TIME)
GILOTRIF	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
IBRANCE	spec	PA - FOR NEW STARTS ONLY, QL (21 PER 28 DAYS OVER TIME)
ICLUSIG 15 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
ICLUSIG 45 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>imatinib mesylate 100 mg tablet</i>	spec	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
<i>imatinib mesylate 400 mg tablet</i>	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
IMBRUVICA (70 MG CAPSULE, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
IMBRUVICA 140 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
INLYTA 1 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)
INLYTA 5 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
IRESSA	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
JAKAFI	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
KISQALI 200 MG DAILY DOSE	spec	PA - FOR NEW STARTS ONLY, QL (21 PER 28 DAYS OVER TIME)
KISQALI 400 MG DAILY DOSE	spec	PA - FOR NEW STARTS ONLY, QL (42 PER 28 DAYS OVER TIME)
KISQALI 600 MG DAILY DOSE	spec	PA - FOR NEW STARTS ONLY, QL (63 PER 28 DAYS OVER TIME)
KISQALI FEMARA 200 MG CO-PACK	spec	PA - FOR NEW STARTS ONLY, QL (49 PER 28 DAYS OVER TIME)
KISQALI FEMARA 400 MG CO-PACK	spec	PA - FOR NEW STARTS ONLY, QL (70 PER 28 DAYS OVER TIME)
KISQALI FEMARA 600 MG CO-PACK	spec	PA - FOR NEW STARTS ONLY, QL (91 PER 28 DAYS OVER TIME)
KYPROLIS	spec	PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
LYNPARZA (100 MG TABLET, 150 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
LYNPARZA 50 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, LA, QL (16 PER 1 DAYS)
MEKINIST 0.5 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MEKINIST 2 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
MEKTOVI	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
NERLYNX	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
NEXAVAR	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
ODOMZO	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
SPRYCEL (100 MG TABLET, 140 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
SPRYCEL (70 MG TABLET, 80 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
SPRYCEL 20 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)
SPRYCEL 50 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
STIVARGA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
SUTENT (37.5 MG CAPSULE, 50 MG CAPSULE)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
SUTENT 12.5 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (7 PER 1 DAYS)
SUTENT 25 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
TAFINLAR	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
TAGRISO	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
TALZENNA 0.25 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
TALZENNA 1 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
TASIGNA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
TYKERB	spec	PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TABLET	brd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
VENCLEXTA 100 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENCLEXTA 50 MG TABLET	brd	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
VENCLEXTA STARTING PACK	spec	PA - FOR NEW STARTS ONLY, QL (84 PER 365 DAYS OVER TIME)
VERZENIO	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
VOTRIENT	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
XALKORI	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
ZEJULA	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
ZELBORAF	spec	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
ZYDELIG	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
ZYKADIA	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

ARZERRA	spec	PA - FOR NEW STARTS ONLY
AVASTIN	spec	PA - Part B vs D Determination
BAVENCIO	spec	PA - FOR NEW STARTS ONLY
BESPONSA	spec	PA - FOR NEW STARTS ONLY
CAMPATH	spec	PA - Part B vs D Determination
DARZALEX	spec	PA - FOR NEW STARTS ONLY
EMPLICITI	spec	PA - FOR NEW STARTS ONLY
GAZYVA	spec	PA - FOR NEW STARTS ONLY
HERCEPTIN	spec	PA - Part B vs D Determination
HERCEPTIN HYLECTA	inj	PA - FOR NEW STARTS ONLY, QL (5 PER 21 DAYS OVER TIME)
IMFINZI	spec	PA - FOR NEW STARTS ONLY
KADCYLA	spec	PA - FOR NEW STARTS ONLY
KEYTRUDA	spec	PA - FOR NEW STARTS ONLY
LARTRUVO	spec	PA - FOR NEW STARTS ONLY
LIBTAYO	spec	PA - FOR NEW STARTS ONLY
OPDIVO	spec	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
POLIVY	spec	PA - FOR NEW STARTS ONLY
PORTRAZZA	spec	PA - Part B vs D Determination
POTELIGEO	spec	PA - FOR NEW STARTS ONLY
RITUXAN	spec	PA - FOR NEW STARTS ONLY
RUXIENCE	spec	PA - FOR NEW STARTS ONLY
SYLVANT	spec	PA - FOR NEW STARTS ONLY
TECENTRIQ	spec	PA - FOR NEW STARTS ONLY
UNITUXIN	spec	PA - FOR NEW STARTS ONLY
YERVOY	spec	PA - FOR NEW STARTS ONLY

RETINOIDS

<i>bexarotene</i>	spec	PA - FOR NEW STARTS ONLY, QL (10 PER 1 DAYS)
PANRETIN	npd	PA - FOR NEW STARTS ONLY
TARGRETIN 1% GEL	spec	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS OVER TIME)
<i>tretinoin 10 mg capsule</i>	gen	

TREATMENT ADJUNCTS

<i>mesna</i>	inj	
MESNEX 1 GRAM/10 ML VIAL	inj	
MESNEX 400 MG TABLET	brd	

ANTIPARASITICS

ANTIHELMINTHICS

<i>albendazole</i>	gen	
<i>ivermectin 3 mg tablet</i>	gen	
<i>praziquantel</i>	gen	

ANTIPROTOZOALS

ALINIA 100 MG/5 ML SUSPENSION	npd	QL (180 PER 3 DAYS OVER TIME)
ALINIA 500 MG TABLET	npd	QL (6 PER 3 DAYS OVER TIME)
<i>atovaquone</i>	gen	PA
<i>atovaquone/proguanil hcl</i>	gen	
<i>benznidazole 100 mg tablet</i>	npd	QL (240 PER 365 DAYS OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>benznidazole 12.5 mg tablet</i>	npd	QL (720 PER 365 DAYS OVER TIME)
<i>chloroquine phosphate</i>	gen	
COARTEM	brd	QL (24 PER 2 DAYS OVER TIME)
DARAPRIM	spec	PA
<i>hydroxychloroquine sulfate</i>	gen	
KRINTAFEL	npd	QL (4 PER 28 DAYS OVER TIME)
<i>mefloquine hcl</i>	gen	
<i>pentamidine isethionate 300 mg vial</i>	gen	
<i>pentamidine isethionate 300 mg vial-neb</i>	npd	PA - Part B vs D Determination
<i>primaquine phosphate</i>	gen	
<i>quinine sulfate</i>	gen	QL (6 PER 1 DAYS)

PEDICULICIDES/SCABICIDES

<i>crotamiton</i>	gen	
EURAX	brd	
<i>lindane 1 % shampoo</i>	gen	
<i>malathion</i>	gen	
<i>permethrin 5 % cream (g)</i>	gen	

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	gen	
<i>benztropine mesylate (2 mg/2 ml vial, 2 mg/2 ml ampul)</i>	inj	
<i>trihexyphenidyl hcl (2 mg/5 ml elixir, 2 mg tablet, 5 mg tablet)</i>	gen	

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (50 mg/5 ml solution, 100 mg tablet, 100 mg capsule)</i>	gen	
<i>carbidopa/levodopa/entacapone</i>	gen	
<i>entacapone</i>	gen	QL (8 PER 1 DAYS)
<i>tolcapone</i>	gen	ST, QL (6 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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DOPAMINE AGONISTS

APOKYN	spec	PA
<i>bromocriptine mesylate</i>	gen	
NEUPRO	npd	QL (30 PER 30 DAYS OVER TIME)
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	gen	
<i>pramipexole di-hcl (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	gen	
<i>ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>ropinirole hcl 12 mg tab er 24h</i>	gen	QL (2 PER 1 DAYS)
<i>ropinirole hcl 8 mg tab er 24h</i>	gen	QL (3 PER 1 DAYS)

DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa</i>	gen	
<i>carbidopa/levodopa</i>	gen	

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

<i>rasagiline mesylate</i>	gen	QL (1 PER 1 DAYS)
<i>selegiline hcl</i>	gen	

ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	gen	
<i>chlorpromazine hcl 25 mg/ml ampul</i>	inj	
<i>fluphenazine decanoate</i>	inj	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>	gen	
<i>fluphenazine hcl 2.5 mg/ml vial</i>	inj	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>haloperidol</i>	gen	
<i>haloperidol decanoate</i>	inj	
<i>haloperidol lactate (5 mg/ml vial, 5 mg/ml ampul, 5 mg/ml syringe)</i>	inj	
<i>haloperidol lactate 2 mg/ml oral conc</i>	gen	
<i>loxapine succinate</i>	gen	
<i>molindone hcl 10 mg tablet</i>	gen	QL (8 PER 1 DAYS)
<i>molindone hcl 25 mg tablet</i>	gen	QL (9 PER 1 DAYS)
<i>molindone hcl 5 mg tablet</i>	gen	QL (12 PER 1 DAYS)
<i>pimozide</i>	gen	
<i>thioridazine hcl</i>	gen	PA - FOR NEW STARTS ONLY
<i>thiothixene</i>	gen	
<i>trifluoperazine hcl</i>	gen	

2ND GENERATION/ATYPICAL

ABILIFY MAINTENA	spec	PA - FOR NEW STARTS ONLY
<i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>aripiprazole (5 mg tablet, 10 mg tab rapdis, 15 mg tab rapdis)</i>	gen	QL (2 PER 1 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	gen	QL (25 PER 1 DAYS)
<i>aripiprazole 2 mg tablet</i>	gen	QL (4 PER 1 DAYS)
ARISTADA	spec	PA - FOR NEW STARTS ONLY
ARISTADA INITIO	spec	PA - FOR NEW STARTS ONLY, QL (2.4 PER 42 DAYS OVER TIME)
CAPLYTA	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
FANAPT TITRATION PACK	npd	PA - FOR NEW STARTS ONLY, QL (8 PER 30 DAYS OVER TIME)
GEODON 20 MG/ML VIAL	inj	
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	spec	PA - FOR NEW STARTS ONLY
INVEGA SUSTENNA 39 MG/0.25 ML	inj	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA TRINZA	spec	PA - FOR NEW STARTS ONLY
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	npd	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
LATUDA (80 MG TABLET, 120 MG TABLET)	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
NUPLAZID 17 MG TABLET	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 10 mg tab rapdis, 15 mg tablet, 15 mg tab rapdis, 20 mg tab rapdis, 20 mg tablet)</i>	gen	
<i>olanzapine 10 mg vial</i>	inj	
<i>paliperidone (1.5 mg tab er 24, 3 mg tab er 24, 9 mg tab er 24)</i>	gen	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
<i>paliperidone 6 mg tab er 24</i>	gen	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
PERSERIS	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 28 DAYS OVER TIME)
<i>quetiapine fumarate</i>	gen	
REXULTI	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL)	inj	
RISPERDAL CONSTA (37.5 MG VIAL, 50 MG VIAL)	spec	
<i>risperidone (0.25 mg tablet, 0.25 mg tab rapdis, 0.5 mg tablet, 0.5 mg tab rapdis, 1 mg tablet, 1 mg tab rapdis, 1 mg/ml solution, 2 mg tablet, 2 mg tab rapdis, 3 mg tab rapdis, 3 mg tablet, 4 mg tab rapdis, 4 mg tablet)</i>	gen	
SAPHRIS	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	npd	PA - FOR NEW STARTS ONLY, QL (7 PER 30 DAYS OVER TIME)
<i>ziprasidone hcl</i>	gen	
<i>ziprasidone mesylate</i>	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYPREXA RELPREVV 210 MG VL KIT	inj	
TREATMENT-RESISTANT		
<i>clozapine</i>	gen	
VERSACLOZ	spec	PA - FOR NEW STARTS ONLY, QL (18 PER 1 DAYS)
ANTISPASTICITY AGENTS		
<i>baclofen 10 mg tablet</i>	gen	QL (8 PER 1 DAYS)
<i>baclofen 20 mg tablet</i>	gen	QL (4 PER 1 DAYS)
<i>baclofen 5 mg tablet</i>	gen	QL (3 PER 1 DAYS)
<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	gen	
<i>tizanidine hcl</i>	gen	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>ganciclovir sodium (500mg/10ml vial, 500 mg vial)</i>	inj	
<i>valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)</i>	gen	
ZIRGAN	npd	QL (5 PER 30 DAYS OVER TIME)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	gen	QL (1 PER 1 DAYS)
BARACLUE 0.05 MG/ML SOLUTION	spec	QL (21 PER 1 DAYS)
<i>entecavir</i>	gen	QL (1 PER 1 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	brd	
<i>lamivudine 100 mg tablet</i>	gen	
TYZEKA	brd	
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING AGENTS		
EPCLUSA	spec	PA, QL (1 PER 1 DAYS)
HARVONI	spec	PA, QL (1 PER 1 DAYS)
MAVYRET	spec	PA, QL (3 PER 1 DAYS)
VOSEVI	spec	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZEPATIER	spec	PA, QL (1 PER 1 DAYS)
ANTI-HEPATITIS C (HCV) AGENTS, OTHER		
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	spec	PA - FOR NEW STARTS ONLY
PEGASYS 180 MCG/0.5 ML SYRINGE	spec	PA, QL (2 PER 30 DAYS OVER TIME)
PEGASYS 180 MCG/ML VIAL	spec	PA, QL (4 PER 30 DAYS OVER TIME)
PEGASYS PROCLICK	spec	PA, QL (2 PER 30 DAYS OVER TIME)
PEGINTRON	spec	PA
PEGINTRON REDIPEN	spec	PA
<i>ribavirin (200 mg capsule, 200 mg tablet, 400 mg tablet, 600 mg tablet)</i>	gen	
ANTI-HIV AGENTS		
CIMDUO	brd	QL (1 PER 1 DAYS)
SYMFI	npd	QL (1 PER 1 DAYS)
TEMIXYS	brd	QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	npd	QL (1 PER 1 DAYS)
GENVOYA	npd	QL (1 PER 1 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	brd	QL (6 PER 1 DAYS)
ISENTRESS 100 MG POWDER PACKET	brd	QL (2 PER 1 DAYS)
ISENTRESS 400 MG TABLET	brd	QL (4 PER 1 DAYS)
ISENTRESS HD	brd	QL (2 PER 1 DAYS)
STRIBILD	brd	QL (1 PER 1 DAYS)
TIVICAY	brd	QL (2 PER 1 DAYS)
VITEKTA	spec	QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA	npd	QL (1 PER 1 DAYS)
COMPLERA	brd	QL (1 PER 1 DAYS)
DELSTRIGO	spec	QL (1 PER 1 DAYS)
EDURANT	brd	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>efavirenz 200 mg capsule</i>	gen	QL (3 PER 1 DAYS)
<i>efavirenz 50 mg capsule</i>	gen	QL (6 PER 1 DAYS)
<i>efavirenz 600 mg tablet</i>	gen	QL (1 PER 1 DAYS)
INTELENCE 100 MG TABLET	brd	QL (4 PER 1 DAYS)
INTELENCE 200 MG TABLET	brd	QL (2 PER 1 DAYS)
INTELENCE 25 MG TABLET	brd	QL (12 PER 1 DAYS)
<i>nevirapine 100 mg tab er 24h</i>	gen	QL (3 PER 1 DAYS)
<i>nevirapine 200 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>nevirapine 400 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
<i>nevirapine 50 mg/5 ml oral susp</i>	gen	QL (40 PER 1 DAYS)
ODEFSEY	brd	QL (1 PER 1 DAYS)
PIFELTRO	spec	QL (2 PER 1 DAYS)
RESCRIPTOR 100 MG TABLET	brd	QL (12 PER 1 DAYS)
RESCRIPTOR 200 MG TABLET	brd	QL (6 PER 1 DAYS)
SYMFI LO	npd	QL (1 PER 1 DAYS)

ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

<i>abacavir sulfate 20 mg/ml solution</i>	gen	QL (30 PER 1 DAYS)
<i>abacavir sulfate 300 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>abacavir sulfate/lamivudine</i>	gen	QL (1 PER 1 DAYS)
<i>abacavir sulfate/lamivudine/zidovudine</i>	gen	QL (2 PER 1 DAYS)
<i>didanosine</i>	gen	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	brd	QL (24 PER 1 DAYS)
EMTRIVA 200 MG CAPSULE	brd	QL (1 PER 1 DAYS)
<i>lamivudine 10 mg/ml solution</i>	gen	QL (30 PER 1 DAYS)
<i>lamivudine 150 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>lamivudine 300 mg tablet</i>	gen	QL (1 PER 1 DAYS)
<i>lamivudine/zidovudine</i>	gen	QL (2 PER 1 DAYS)
<i>stavudine (15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	gen	QL (2 PER 1 DAYS)
<i>stavudine 1 mg/ml soln recon</i>	gen	QL (80 PER 1 DAYS)
<i>tenofovir disoproxil fumarate</i>	gen	QL (1 PER 1 DAYS)
TRUVADA	brd	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIDEX	brd	
VIDEX EC 125 MG CAPSULE	brd	QL (3 PER 1 DAYS)
VIREAD (200 MG TABLET, 250 MG TABLET)	brd	QL (1 PER 1 DAYS)
VIREAD 150 MG TABLET	brd	QL (2 PER 1 DAYS)
VIREAD POWDER	brd	QL (240 PER 30 DAYS OVER TIME)
ZERIT 1 MG/ML SOLUTION	brd	QL (80 PER 1 DAYS)
<i>zidovudine 10 mg/ml syrup</i>	gen	QL (60 PER 1 DAYS)
<i>zidovudine 100 mg capsule</i>	gen	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tablet</i>	gen	QL (2 PER 1 DAYS)

ANTI-HIV AGENTS, OTHER

DESCOVY	brd	QL (1 PER 1 DAYS)
DOVATO	npd	QL (1 PER 1 DAYS)
FUZEON	spec	QL (60 PER 30 DAYS OVER TIME)
JULUCA	npd	QL (1 PER 1 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	brd	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	brd	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TABLET	brd	QL (8 PER 1 DAYS)
SELZENTRY 300 MG TABLET	brd	QL (4 PER 1 DAYS)
TRIUMEQ	npd	QL (1 PER 1 DAYS)
TYBOST	brd	QL (1 PER 1 DAYS)

ANTI-HIV AGENTS, PROTEASE INHIBITORS

APTIVUS 100 MG/ML SOLUTION	brd	QL (10 PER 1 DAYS)
APTIVUS 250 MG CAPSULE	brd	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (150 mg capsule, 200 mg capsule)</i>	gen	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg capsule</i>	gen	QL (1 PER 1 DAYS)
CRIXIVAN 200 MG CAPSULE	brd	QL (9 PER 1 DAYS)
CRIXIVAN 400 MG CAPSULE	brd	QL (6 PER 1 DAYS)
EVOTAZ	npd	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium</i>	gen	QL (4 PER 1 DAYS)
INVIRASE 200 MG CAPSULE	brd	QL (10 PER 1 DAYS)
INVIRASE 500 MG TABLET	brd	QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KALETRA 100-25 MG TABLET	brd	QL (10 PER 1 DAYS)
KALETRA 200-50 MG TABLET	brd	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	brd	QL (56 PER 1 DAYS)
<i>lopinavir/ritonavir</i>	gen	QL (13 PER 1 DAYS)
NORVIR (100 MG SOFTGEL CAP, 100 MG POWDER PACKET)	brd	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	brd	QL (15 PER 1 DAYS)
PREZCOBIX	npd	QL (1 PER 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	brd	QL (12 PER 1 DAYS)
PREZISTA 150 MG TABLET	brd	QL (8 PER 1 DAYS)
PREZISTA 600 MG TABLET	brd	QL (2 PER 1 DAYS)
PREZISTA 75 MG TABLET	brd	
PREZISTA 800 MG TABLET	brd	QL (1 PER 1 DAYS)
REYATAZ 50 MG POWDER PACKET	brd	QL (8 PER 1 DAYS)
<i>ritonavir</i>	gen	QL (12 PER 1 DAYS)
SYM TUZA	npd	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TABLET	brd	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TABLET	brd	QL (4 PER 1 DAYS)

ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate 30 mg capsule</i>	gen	QL (120 PER 180 DAYS OVER TIME)
<i>oseltamivir phosphate 45 mg capsule</i>	gen	QL (42 PER 180 DAYS OVER TIME)
<i>oseltamivir phosphate 6 mg/ml susp recon</i>	gen	QL (1080 PER 365 DAYS OVER TIME)
<i>oseltamivir phosphate 75 mg capsule</i>	gen	QL (60 PER 180 DAYS OVER TIME)
RELENZA	brd	QL (60 PER 180 DAYS OVER TIME)
<i>rimantadine hcl</i>	gen	

ANTIHERPETIC AGENTS

<i>acyclovir (200 mg/5ml oral susp, 200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	gen	
<i>acyclovir 5 % cream (g)</i>	gen	PA, QL (10 PER 30 DAYS OVER TIME)
<i>acyclovir 5 % oint. (g)</i>	gen	PA, QL (30 PER 30 DAYS OVER TIME)
<i>acyclovir sodium 50 mg/ml vial</i>	inj	PA - Part B vs D Determination
DENAVIR	spec	PA, QL (5 PER 30 DAYS OVER TIME)
<i>famciclovir</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trifluridine</i>	gen	
<i>valacyclovir hcl</i>	gen	

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>buspirone hcl</i>	gen	
<i>meprobamate</i>	gen	PA

BENZODIAZEPINES

<i>alprazolam (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tablet, 0.5 mg tab rapdis, 1 mg tablet, 1 mg tab rapdis)</i>	gen	QL (4 PER 1 DAYS)
<i>alprazolam (0.5 mg tab er 24h, 1 mg tab er 24h, 3 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>alprazolam (2 mg tablet, 2 mg tab er 24h, 2 mg tab rapdis)</i>	gen	QL (5 PER 1 DAYS)
<i>alprazolam 1 mg/ml oral conc</i>	gen	QL (10 PER 1 DAYS)
<i>chlordiazepoxide hcl 10 mg capsule</i>	gen	PA, QL (30 PER 1 DAYS)
<i>chlordiazepoxide hcl 25 mg capsule</i>	gen	PA, QL (12 PER 1 DAYS)
<i>chlordiazepoxide hcl 5 mg capsule</i>	gen	PA, QL (60 PER 1 DAYS)
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet)</i>	gen	QL (40 PER 1 DAYS)
<i>clonazepam (1 mg tab rapdis, 1 mg tablet)</i>	gen	QL (20 PER 1 DAYS)
<i>clonazepam (2 mg tab rapdis, 2 mg tablet)</i>	gen	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium 15 mg tablet</i>	gen	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tablet</i>	gen	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium 7.5 mg tablet</i>	gen	QL (12 PER 1 DAYS)
<i>diazepam (5 mg tablet, 5 mg/ml oral conc)</i>	gen	QL (12 PER 1 DAYS)
<i>diazepam 10 mg tablet</i>	gen	QL (6 PER 1 DAYS)
<i>diazepam 2 mg tablet</i>	gen	QL (30 PER 1 DAYS)
<i>diazepam 5 mg/5 ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>lorazepam (2 mg/ml oral conc, 2 mg tablet)</i>	gen	QL (5 PER 1 DAYS)
<i>lorazepam 0.5 mg tablet</i>	gen	QL (20 PER 1 DAYS)
<i>lorazepam 1 mg tablet</i>	gen	QL (10 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxazepam</i>	gen	QL (4 PER 1 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

EQUETRO	brd	
<i>lithium carbonate</i>	gen	
<i>lithium citrate</i>	gen	

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose</i>	gen	
ACTOPLUS MET XR	brd	QL (1 PER 1 DAYS)
<i>alogliptin benzoate</i>	gen	PA, QL (1 PER 1 DAYS)
<i>alogliptin benzoate/metformin hcl</i>	gen	PA, QL (2 PER 1 DAYS)
<i>alogliptin benzoate/pioglitazone hcl</i>	gen	PA, QL (1 PER 1 DAYS)
AVANDIA	npd	PA
BYETTA 10 MCG DOSE PEN INJ	npd	QL (2.4 PER 28 DAYS OVER TIME)
BYETTA 5 MCG DOSE PEN INJ	npd	QL (1.2 PER 28 DAYS OVER TIME)
<i>chlorpropamide</i>	gen	PA
CYCLOSET	npd	ST, QL (6 PER 1 DAYS)
<i>glimepiride</i>	gen	
<i>glipizide</i>	gen	
<i>glipizide/metformin hcl</i>	gen	
<i>glyburide</i>	gen	PA
<i>glyburide,micronized</i>	gen	PA
<i>glyburide/metformin hcl</i>	gen	PA
GLYXAMBI	brd	QL (1 PER 1 DAYS)
INVOKAMET (50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	brd	QL (2 PER 1 DAYS)
INVOKAMET 50-500 MG TABLET	brd	QL (4 PER 1 DAYS)
INVOKAMET XR	brd	QL (2 PER 1 DAYS)
INVOKANA 100 MG TABLET	brd	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVOKANA 300 MG TABLET	brd	QL (1 PER 1 DAYS)
JANUMET	brd	QL (2 PER 1 DAYS)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	brd	QL (1 PER 1 DAYS)
JANUMET XR 50-1,000 MG TABLET	brd	QL (2 PER 1 DAYS)
JANUVIA	brd	QL (1 PER 1 DAYS)
JARDIANCE	brd	QL (1 PER 1 DAYS)
JENTADUETO	brd	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	brd	QL (2 PER 1 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	brd	QL (1 PER 1 DAYS)
<i>metformin hcl (500 mg tab er 24h, 1000 mg tab er 24h)</i>	gen	PA, QL (2 PER 1 DAYS)
<i>metformin hcl (500 mg tablet, 500 mg/5ml solution, 500 mg tab er 24, 500 mg tab er 24h, 750 mg tab er 24h, 850 mg tablet, 1000 mg tab er 24, 1000 mg tablet)</i>	gen	
<i>miglitol</i>	gen	QL (3 PER 1 DAYS)
<i>nateglinide 120 mg tablet</i>	gen	QL (3 PER 1 DAYS)
<i>nateglinide 60 mg tablet</i>	gen	QL (6 PER 1 DAYS)
OZEMPIC 0.25-0.5 MG DOSE PEN	brd	QL (1.5 PER 28 DAYS OVER TIME)
OZEMPIC 1 MG DOSE PEN	brd	QL (3 PER 28 DAYS OVER TIME)
<i>pioglitazone hcl</i>	gen	
<i>pioglitazone hcl/glimepiride</i>	gen	QL (1 PER 1 DAYS)
<i>pioglitazone hcl/metformin hcl</i>	gen	
<i>repaglinide (0.5 mg tablet, 1 mg tablet)</i>	gen	QL (4 PER 1 DAYS)
<i>repaglinide 2 mg tablet</i>	gen	QL (8 PER 1 DAYS)
<i>repaglinide/metformin hcl</i>	gen	QL (5 PER 1 DAYS)
RYBELSUS	brd	QL (1 PER 1 DAYS)
SYMLINPEN 120	spec	PA, QL (10.8 PER 28 DAYS OVER TIME)
SYMLINPEN 60	spec	PA, QL (12 PER 28 DAYS OVER TIME)
SYNJARDY	brd	QL (2 PER 1 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	brd	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	brd	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolazamide</i>	gen	
<i>tolbutamide</i>	gen	
TRADJENTA	brd	QL (1 PER 1 DAYS)
TRULICITY	brd	QL (2 PER 30 DAYS OVER TIME)
VICTOZA 2-PAK	brd	QL (9 PER 30 DAYS OVER TIME)
VICTOZA 3-PAK	brd	QL (9 PER 30 DAYS OVER TIME)

GLYCEMIC AGENTS

BAQSIMI	brd	QL (2 PER 30 DAYS OVER TIME)
GLUCAGEN 1 MG HYPOKIT	brd	QL (2 PER 2 DAYS OVER TIME)
GLUCAGON EMERGENCY KIT	brd	QL (2 PER 2 DAYS OVER TIME)
PROGLYCEM	npd	

INSULINS

HUMALOG	brd	
HUMALOG JUNIOR KWIKPEN	brd	
HUMALOG KWIKPEN U-100	brd	
HUMALOG KWIKPEN U-200	brd	
HUMALOG MIX 50-50	brd	
HUMALOG MIX 50-50 KWIKPEN	brd	
HUMALOG MIX 75-25	brd	
HUMALOG MIX 75-25 KWIKPEN	brd	
HUMULIN 70-30	brd	
HUMULIN 70/30 KWIKPEN	brd	
HUMULIN N	brd	
HUMULIN N KWIKPEN	brd	
HUMULIN R	brd	
HUMULIN R U-500	brd	
HUMULIN R U-500 KWIKPEN	brd	
LANTUS	brd	QL (40 PER 30 DAYS OVER TIME)
LANTUS SOLOSTAR	brd	QL (45 PER 30 DAYS OVER TIME)
TOUJEO MAX SOLOSTAR	brd	QL (18 PER 28 DAYS OVER TIME)
TOUJEO SOLOSTAR	brd	QL (18 PER 28 DAYS OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

ANTICOAGULANTS

COUMADIN	npd	
ELIQUIS 2.5 MG TABLET	brd	QL (70 PER 180 DAYS OVER TIME)
ELIQUIS 5 MG TABLET	brd	QL (60 PER 30 DAYS OVER TIME)
ELIQUIS DVT-PE TREAT START 5MG	brd	QL (74 PER 180 DAYS OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300mg/3ml vial)</i>	inj	QL (60 PER 30 DAYS OVER TIME)
<i>enoxaparin sodium (80mg/0.8ml syringe, 120mg/.8ml syringe)</i>	inj	QL (48 PER 30 DAYS OVER TIME)
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	inj	QL (18 PER 30 DAYS OVER TIME)
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	inj	QL (24 PER 30 DAYS OVER TIME)
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	inj	QL (36 PER 30 DAYS OVER TIME)
<i>fondaparinux sodium 10mg/0.8ml syringe</i>	spec	QL (24 PER 30 DAYS OVER TIME)
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	inj	QL (15 PER 30 DAYS OVER TIME)
<i>fondaparinux sodium 5mg/0.4ml syringe</i>	spec	QL (12 PER 30 DAYS OVER TIME)
<i>fondaparinux sodium 7.5mg/0.6 syringe</i>	spec	QL (18 PER 30 DAYS OVER TIME)
<i>heparin sodium,porcine (1000/ml vial, 5000/ml vial, 10000/ml vial, 20000/ml vial)</i>	gen	
<i>heparin sodium,porcine/pf 5000/ml syringe</i>	gen	
IPRIVASK	spec	QL (24 PER 68 DAYS OVER TIME)
PRADAXA	npd	QL (2 PER 1 DAYS)
<i>warfarin sodium</i>	gen	
XARELTO (10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	brd	QL (1 PER 1 DAYS)
XARELTO 2.5 MG TABLET	brd	QL (2 PER 1 DAYS)
XARELTO STARTER PACK	brd	QL (51 PER 180 DAYS OVER TIME)
ZONTIVITY	npd	QL (1 PER 1 DAYS)

BLOOD FORMATION MODIFIERS

<i>anagrelide hcl</i>	gen	
ARANESP (10 MCG/0.4 ML SYRINGE, 40 MCG/0.4 ML SYRINGE)	inj	PA, QL (1.6 PER 28 DAYS OVER TIME)
ARANESP (100 MCG/ML VIAL, 200 MCG/ML VIAL, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	spec	PA, QL (4 PER 28 DAYS OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANESP (25 MCG/ML VIAL, 40 MCG/ML VIAL, 60 MCG/ML VIAL)	inj	PA, QL (4 PER 28 DAYS OVER TIME)
ARANESP 100 MCG/0.5 ML SYRINGE	spec	PA, QL (2 PER 28 DAYS OVER TIME)
ARANESP 150 MCG/0.3 ML SYRINGE	spec	PA, QL (1.2 PER 28 DAYS OVER TIME)
ARANESP 150 MCG/0.75 ML VIAL	spec	PA, QL (3 PER 28 DAYS OVER TIME)
ARANESP 200 MCG/0.4 ML SYRINGE	spec	PA, QL (1.68 PER 28 DAYS OVER TIME)
ARANESP 25 MCG/0.42 ML SYRING	inj	PA, QL (1.68 PER 28 DAYS OVER TIME)
ARANESP 300 MCG/0.6 ML SYRINGE	spec	PA, QL (2.4 PER 28 DAYS OVER TIME)
ARANESP 60 MCG/0.3 ML SYRINGE	inj	PA, QL (1.2 PER 28 DAYS OVER TIME)
CABLIVI	spec	PA, QL (1 PER 1 DAYS)
LEUKINE	spec	PA
MOZOBIL	spec	PA
NEULASTA	spec	PA
PROMACTA (25 MG TABLET, 50 MG TABLET)	spec	PA, QL (3 PER 1 DAYS)
PROMACTA 12.5 MG SUSPEN PACKET	spec	PA, QL (12 PER 1 DAYS)
PROMACTA 12.5 MG TABLET	spec	PA, QL (1 PER 1 DAYS)
PROMACTA 75 MG TABLET	spec	PA, QL (2 PER 1 DAYS)
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL)	npd	PA
RETACRIT 40,000 UNIT/ML VIAL	spec	PA
TAVALISSE	spec	PA, QL (2 PER 1 DAYS)
ZARXIO	spec	PA

HEMOSTASIS AGENTS

<i>aminocaproic acid (250 mg/ml solution, 500 mg tablet, 1000 mg tablet)</i>	gen	
MEPHYTON	brd	QL (5 PER 7 DAYS OVER TIME), ED
<i>phytonadione (vit k1) 5 mg tablet</i>	gen	QL (5 PER 7 DAYS OVER TIME), ED
<i>tranexamic acid (1000 mg/10 ampul, 1000 mg/10 vial)</i>	inj	
<i>tranexamic acid 650 mg tablet</i>	gen	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PLATELET MODIFYING AGENTS		
<i>aspirin/dipyridamole</i>	gen	
BRILINTA	brd	QL (2 PER 1 DAYS)
<i>cilostazol</i>	gen	
<i>clopidogrel bisulfate 75 mg tablet</i>	gen	QL (1 PER 1 DAYS)
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	gen	PA
OXBRYTA	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
<i>prasugrel hcl</i>	gen	QL (1 PER 1 DAYS)
<i>ticlopidine hcl</i>	gen	

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine</i>	gen	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	gen	
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	gen	
<i>methyl dopa</i>	gen	
<i>midodrine hcl</i>	gen	
NORTHERA 100 MG CAPSULE	spec	PA, QL (252 PER 90 DAYS OVER TIME)
NORTHERA 200 MG CAPSULE	spec	PA, QL (126 PER 90 DAYS OVER TIME)
NORTHERA 300 MG CAPSULE	spec	PA, QL (84 PER 90 DAYS OVER TIME)

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate</i>	gen	
<i>prazosin hcl</i>	gen	
<i>terazosin hcl</i>	gen	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil 16 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>candesartan cilexetil 32 mg tablet</i>	gen	QL (1 PER 1 DAYS)
<i>candesartan cilexetil 4 mg tablet</i>	gen	QL (8 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>candesartan cilexetil 8 mg tablet</i>	gen	QL (4 PER 1 DAYS)
<i>eprosartan mesylate</i>	gen	QL (1 PER 1 DAYS)
<i>irbesartan</i>	gen	QL (1 PER 1 DAYS)
<i>losartan potassium</i>	gen	QL (1 PER 1 DAYS)
<i>olmesartan medoxomil</i>	gen	QL (1 PER 1 DAYS)
<i>telmisartan (20 mg tablet, 40 mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>telmisartan 80 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	gen	QL (2 PER 1 DAYS)
<i>valsartan 320 mg tablet</i>	gen	QL (1 PER 1 DAYS)

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>benazepril hcl 40 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>captopril</i>	gen	
<i>enalapril maleate</i>	gen	
<i>fosinopril sodium 10 mg tablet</i>	gen	QL (8 PER 1 DAYS)
<i>fosinopril sodium 20 mg tablet</i>	gen	QL (4 PER 1 DAYS)
<i>fosinopril sodium 40 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>lisinopril</i>	gen	
<i>moexipril hcl</i>	gen	
<i>perindopril erbumine (2 mg tablet, 4 mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>perindopril erbumine 8 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>quinapril hcl</i>	gen	QL (2 PER 1 DAYS)
<i>ramipril</i>	gen	
<i>trandolapril (1 mg tablet, 2 mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>trandolapril 4 mg tablet</i>	gen	QL (2 PER 1 DAYS)

ANTIARRHYTHMICS

<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	gen	
<i>disopyramide phosphate</i>	gen	
<i>dofetilide</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flecainide acetate</i>	gen	
<i>mexiletine hcl</i>	gen	
MULTAQ	brd	QL (2 PER 1 DAYS)
<i>propafenone hcl</i>	gen	
<i>quinidine gluconate 324 mg tablet er</i>	gen	
<i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>	gen	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	gen	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl</i>	gen	
<i>atenolol</i>	gen	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	gen	
<i>bisoprolol fumarate</i>	gen	
BYSTOLIC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	brd	QL (1 PER 1 DAYS)
BYSTOLIC 20 MG TABLET	brd	QL (2 PER 1 DAYS)
<i>carvedilol</i>	gen	
<i>carvedilol phosphate</i>	gen	ST
INNOPRAN XL	npd	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	gen	
<i>metoprolol succinate</i>	gen	
<i>metoprolol tartrate (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	gen	
<i>nadolol</i>	gen	
<i>pindolol</i>	gen	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40mg/5ml solution, 40 mg tablet, 60 mg tablet, 60 mg cap sa 24h, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	gen	
<i>propranolol hcl 1 mg/ml vial</i>	inj	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	gen	
<i>diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 24h, 120 mg cap er 12h, 120 mg cap sa 24h, 120 mg tablet, 120 mg cap er deg, 180 mg tab er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg cap er 24h, 240 mg cap er deg, 240 mg tab er 24h, 240 mg cap er 24h, 240 mg cap sa 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg tab er 24h, 360 mg cap er 24h, 420 mg tab er 24h, 420 mg cap sa 24h)</i>	gen	
<i>felodipine</i>	gen	
<i>isradipine</i>	gen	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	gen	
<i>nifedipine</i>	gen	
<i>nimodipine</i>	gen	
<i>nisoldipine</i>	gen	
NYMALIZE	spec	QL (2520 PER 180 DAYS OVER TIME)
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg tablet er, 240 mg cap24h pel, 300 mg cap24h pct, 360 mg cap24h pel)</i>	gen	

CARDIOVASCULAR AGENTS, OTHER

ALDACTAZIDE 50-50 TABLET	npd	
<i>aliskiren hemifumarate</i>	gen	ST, QL (1 PER 1 DAYS)
<i>amiloride hcl/hydrochlorothiazide</i>	gen	
<i>amlodipine besylate/atorvastatin calcium</i>	gen	QL (1 PER 1 DAYS)
<i>amlodipine besylate/benazepril hcl</i>	gen	QL (1 PER 1 DAYS)
<i>amlodipine besylate/olmesartan medoxomil</i>	gen	QL (1 PER 1 DAYS)
<i>amlodipine besylate/valsartan</i>	gen	QL (1 PER 1 DAYS)
<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	gen	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atenolol/chlorthalidone</i>	gen	
<i>benazepril hcl/hydrochlorothiazide</i>	gen	
BIDIL	npd	QL (6 PER 1 DAYS)
<i>bisoprolol fumarate/hydrochlorothiazide</i>	gen	
<i>candesartan cilexetil/hydrochlorothiazide</i>	gen	QL (1 PER 1 DAYS)
<i>captopril/hydrochlorothiazide</i>	gen	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	npd	PA, QL (2 PER 1 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	npd	PA, QL (20 PER 1 DAYS)
DEMSER	npd	
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i>	gen	
<i>enalapril maleate/hydrochlorothiazide</i>	gen	
ENTRESTO	brd	QL (2 PER 1 DAYS)
<i>fosinopril sodium/hydrochlorothiazide</i>	gen	QL (4 PER 1 DAYS)
<i>irbesartan/hydrochlorothiazide</i>	gen	QL (1 PER 1 DAYS)
<i>lisinopril/hydrochlorothiazide</i>	gen	
<i>losartan potassium/hydrochlorothiazide</i>	gen	QL (1 PER 1 DAYS)
<i>mecamylamine hcl</i>	gen	
<i>methyldopa/hydrochlorothiazide</i>	gen	
<i>metoprolol tartrate/hydrochlorothiazide</i>	gen	
<i>moexipril hcl/hydrochlorothiazide</i>	gen	
<i>nadolol/bendroflumethiazide</i>	gen	
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	gen	QL (1 PER 1 DAYS)
<i>olmesartan medoxomil/hydrochlorothiazide</i>	gen	QL (1 PER 1 DAYS)
<i>pentoxifylline</i>	gen	
<i>propranolol hcl/hydrochlorothiazide</i>	gen	
<i>quinapril hcl/hydrochlorothiazide</i>	gen	QL (1 PER 1 DAYS)
<i>ranolazine</i>	gen	PA, QL (2 PER 1 DAYS)
<i>spironolactone/hydrochlorothiazide</i>	gen	
<i>telmisartan/amlodipine besylate</i>	gen	QL (1 PER 1 DAYS)
<i>telmisartan/hydrochlorothiazid 40-12.5 mg tablet</i>	gen	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>telmisartan/hydrochlorothiazide (telmisartan/hydrochlorothiazid 80 mg-25mg tablet, telmisartan/hydrochlorothiazid 80-12.5mg tablet)</i>	gen	QL (2 PER 1 DAYS)
<i>trandolapril/verapamil hcl</i>	gen	
<i>triamterene/hydrochlorothiazide</i>	gen	
<i>valsartan/hydrochlorothiazide (valsartan/hydrochlorothiazide 80-12.5mg tablet, valsartan/hydrochlorothiazide 160-25mg tablet, valsartan/hydrochlorothiazide 320mg-25mg tablet, valsartan/hydrochlorothiazide 320-12.5mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>valsartan/hydrochlorothiazide 160-12.5mg tablet</i>	gen	QL (2 PER 1 DAYS)
VYNDAMAX	spec	PA, QL (1 PER 1 DAYS)
VYNDAQEL	spec	PA, QL (4 PER 1 DAYS)

DIURETICS, CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide</i>	gen	
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DIURETICS, LOOP

<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	gen	
<i>bumetanide 0.25 mg/ml vial</i>	inj	
<i>ethacrynic acid</i>	gen	PA
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40mg/5ml solution, 40 mg tablet, 80 mg tablet)</i>	gen	
<i>furosemide 10 mg/ml vial</i>	inj	
<i>torsemide</i>	gen	

DIURETICS, POTASSIUM-SPARING

<i>amiloride hcl</i>	gen	
<i>eplerenone</i>	gen	
<i>spironolactone</i>	gen	
<i>triamterene</i>	gen	ST

DIURETICS, THIAZIDE

<i>chlorothiazide</i>	gen	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chlorthalidone</i>	gen	
DIURIL	npd	
<i>hydrochlorothiazide</i>	gen	
<i>indapamide</i>	gen	
<i>metolazone</i>	gen	

DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES

<i>fenofibrate (40 mg tablet, 50 mg capsule, 120 mg tablet, 150 mg capsule)</i>	gen	QL (1 PER 1 DAYS)
<i>fenofibrate 160 mg tablet</i>	gen	ST, QL (1 PER 1 DAYS)
<i>fenofibrate 54 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>fenofibrate nanocrystallized (145 mg tablet, 145mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>fenofibrate nanocrystallized 160 mg tablet</i>	gen	ST, QL (1 PER 1 DAYS)
<i>fenofibrate nanocrystallized 48 mg tablet</i>	gen	QL (3 PER 1 DAYS)
<i>fenofibrate, micronized (43 mg capsule, 130 mg capsule)</i>	gen	ST, QL (1 PER 1 DAYS)
<i>fenofibrate, micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i>	gen	QL (1 PER 1 DAYS)
<i>fenofibric acid</i>	gen	
<i>fenofibric acid (choline)</i>	gen	QL (1 PER 1 DAYS)
<i>gemfibrozil</i>	gen	QL (2 PER 1 DAYS)

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium</i>	gen	
<i>fluvastatin sodium (20 mg capsule, 40 mg capsule)</i>	gen	QL (2 PER 1 DAYS)
<i>fluvastatin sodium 80 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
<i>lovastatin</i>	gen	
<i>pravastatin sodium</i>	gen	
<i>rosuvastatin calcium</i>	gen	QL (1 PER 1 DAYS)
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	gen	

DYSLIPIDEMICS, OTHER

<i>cholestyramine (with sugar) 4 g powd pack</i>	gen	
<i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>colesevelam hcl</i>	gen	
<i>colestipol hcl (1 g tablet, 5 g packet)</i>	gen	
<i>ezetimibe</i>	gen	QL (1 PER 1 DAYS)
<i>ezetimibe/simvastatin</i>	gen	QL (1 PER 1 DAYS)
JUXTAPID	spec	PA, QL (1 PER 1 DAYS)
<i>niacin (750 mg tab er 24h, 1000 mg tab er 24h)</i>	gen	QL (2 PER 1 DAYS)
<i>niacin 500 mg tab er 24h</i>	gen	QL (4 PER 1 DAYS)
<i>niacin 500 mg tablet</i>	gen	
<i>omega-3 acid ethyl esters</i>	gen	QL (4 PER 1 DAYS)
PRALUENT PEN	brd	PA, QL (2 PER 28 DAYS OVER TIME)
REPATHA PUSHTRONEX	brd	PA, QL (3.5 PER 28 DAYS OVER TIME)
REPATHA SURECLICK	brd	PA, QL (2 PER 28 DAYS OVER TIME)
REPATHA SYRINGE	brd	PA, QL (2 PER 28 DAYS OVER TIME)
VASCEPA 0.5 GM CAPSULE	npd	QL (8 PER 1 DAYS)
VASCEPA 1 GM CAPSULE	npd	QL (4 PER 1 DAYS)

VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	gen	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	gen	

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate</i>	gen	
<i>isosorbide mononitrate</i>	gen	
NITRO-BID	brd	
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	brd	
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4mg/hr patch td24, 0.4 mg tab subl, 0.6mg/hr patch td24, 0.6 mg tab subl, 2.5 mg capsule er, 6.5 mg capsule er, 9 mg capsule er, 400mcg/spr spray)</i>	gen	
NITROMIST	npd	
NITROSTAT	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine sulfate 10 mg tablet</i>	gen	ST, QL (6 PER 1 DAYS)
<i>amphetamine sulfate 5 mg tablet</i>	gen	ST, QL (8 PER 1 DAYS)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h, dextroamphetamine/amphetamine 30 mg tablet)</i>	gen	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 15 mg tablet)</i>	gen	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet)</i>	gen	
<i>dextroamphetamine sulfate 10 mg capsule er</i>	gen	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate 15 mg capsule er</i>	gen	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate 5 mg capsule er</i>	gen	QL (12 PER 1 DAYS)
<i>dextroamphetamine/amphetamine 12.5 mg tablet</i>	gen	QL (5 PER 1 DAYS)
<i>dextroamphetamine/amphetamine 20 mg tablet</i>	gen	QL (3 PER 1 DAYS)
VYVANSE	npd	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule)</i>	gen	QL (4 PER 1 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	gen	QL (1 PER 1 DAYS)
<i>atomoxetine hcl 40 mg capsule</i>	gen	QL (2 PER 1 DAYS)
<i>clonidine hcl 0.1 mg tab er 12h</i>	gen	
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	gen	QL (2 PER 1 DAYS)
<i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	gen	QL (1 PER 1 DAYS)
<i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (10 mg cpbp 30-70, 18 mg tab er 24, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 27 mg tab er 24, 30 mg cpbp 50-50, 40 mg cpbp 50-50, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (10 mg tab chew, 10 mg cpbp 50-50, 10 mg tablet er, 10 mg tablet)</i>	gen	QL (6 PER 1 DAYS)
<i>methylphenidate hcl (2.5 mg tab chew, 5 mg tab chew, 20 mg tablet er, 20 mg tablet)</i>	gen	QL (3 PER 1 DAYS)
<i>methylphenidate hcl (30 mg cpbp 30-70, 36 mg tab er 24)</i>	gen	QL (2 PER 1 DAYS)
<i>methylphenidate hcl 10 mg/5 ml solution</i>	gen	QL (30 PER 1 DAYS)
<i>methylphenidate hcl 5 mg tablet</i>	gen	QL (12 PER 1 DAYS)
<i>methylphenidate hcl 5 mg/5 ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>methylphenidate hcl 72 mg tab er 24</i>	gen	PA, QL (1 PER 1 DAYS)

CENTRAL NERVOUS SYSTEM, OTHER

<i>benzphetamine hcl</i>	gen	PA, QL (3 PER 1 DAYS), ED
<i>butalb/acetaminophen/caffeine 50-325/15 solution</i>	gen	PA, QL (90 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>butalbital/acetaminophen (butalbital/acetaminophen 50mg-300mg capsule, butalbital/acetaminophen 50mg-325mg tablet, butalbital/acetaminophen 50mg-300mg tablet)</i>	gen	PA, QL (6 PER 1 DAYS)
<i>butalbital/acetaminophen/caffeine (butalbital/acetaminophen/caffeine 50-325-40 capsule, butalbital/acetaminophen/caffeine 50-325-40 tablet, butalbital/acetaminophen/caffeine 50-300-40 capsule)</i>	gen	PA, QL (6 PER 1 DAYS)
NUEDEXTA	brd	PA, QL (2 PER 1 DAYS)
<i>phendimetrazine tartrate 35 mg tablet</i>	gen	PA
<i>riluzole</i>	gen	
<i>tetrabenazine 12.5 mg tablet</i>	spec	PA, QL (8 PER 1 DAYS)
<i>tetrabenazine 25 mg tablet</i>	spec	PA, QL (4 PER 1 DAYS)

FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE (DR 20 MG CAP, DR 30 MG CAP)	npd	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
DRIZALMA SPRINKLE (DR 40 MG CAP, DR 60 MG CAP)	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr)</i>	gen	QL (3 PER 1 DAYS)
<i>duloxetine hcl (40 mg capsule dr, 60 mg capsule dr)</i>	gen	QL (2 PER 1 DAYS)
<i>pregabalin (200 mg capsule, 225 mg capsule, 300 mg capsule)</i>	gen	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	gen	QL (3 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	gen	QL (30 PER 1 DAYS)

MULTIPLE SCLEROSIS AGENTS

AUBAGIO	spec	PA, QL (1 PER 1 DAYS)
BETASERON	spec	PA, QL (15 PER 30 DAYS OVER TIME)
COPAXONE 20 MG/ML SYRINGE	spec	PA, QL (30 PER 30 DAYS OVER TIME)
COPAXONE 40 MG/ML SYRINGE	spec	PA, QL (12 PER 28 DAYS OVER TIME)
<i>dalfampridine</i>	brd	PA, QL (2 PER 1 DAYS)
FIRDAPSE	spec	PA, LA, QL (8 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GILENYA	spec	PA, QL (1 PER 1 DAYS)
<i>glatiramer acetate 20 mg/ml syringe</i>	spec	PA, QL (30 PER 30 DAYS OVER TIME)
TECFIDERA	spec	PA, QL (2 PER 1 DAYS)
TYSABRI	spec	PA

DENTAL AND ORAL AGENTS

<i>cevimeline hcl</i>	gen	
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	gen	
KEPIVANCE	spec	PA - Part B vs D Determination
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	gen	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	gen	

DERMATOLOGICAL AGENTS

8-MOP	npd	
<i>acitretin</i>	gen	
<i>adapalene (0.1 % cream (g), 0.1 % med. swab, 0.1 % solution, 0.1 % gel (gram), 0.3 % gel (gram), 0.3 % gel w/pump)</i>	gen	PA
<i>adapalene 0.1 % lotion</i>	gen	
<i>adapalene/benzoyl peroxide</i>	gen	ST
<i>ammonium lactate (12 % lotion, 12 % cream (g))</i>	gen	
ANALPRAM HC 1% CREAM	npd	
ANALPRAM HC 2.5%-1% LOTION	brd	
<i>azelaic acid</i>	gen	QL (50 PER 30 DAYS OVER TIME)
<i>calcipotriene (0.005 % oint. (g), 0.005 % solution, 0.005 % cream (g))</i>	gen	
<i>calcipotriene/betamethasone 0.005-.064 oint. (g)</i>	gen	PA
<i>calcitriol 3 mcg/g oint. (g)</i>	gen	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1.2(1)%-5% gel (gram))</i>	gen	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel w/pump, phos/benzoyl 1.2%-2.5% gel w/pump)</i>	gen	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin phosphate/tretinoin</i>	gen	ST
<i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % cream (g), clotrimazole/betamethasone 1 % lotion)</i>	gen	
CONDYLOX 0.5% GEL	brd	
CORTISPORIN	npd	
COSENTYX (2 SYRINGES)	spec	PA
COSENTYX PEN	spec	PA
COSENTYX PEN (2 PENS)	spec	PA
COSENTYX SYRINGE	spec	PA
<i>dapsone 5 % gel (gram)</i>	gen	PA, QL (90 PER 30 DAYS OVER TIME)
<i>diclofenac sodium 1 % gel (gram)</i>	gen	
<i>diclofenac sodium 3 % gel (gram)</i>	gen	PA, QL (300 PER 365 DAYS OVER TIME)
<i>doxepin hcl 5 % cream (g)</i>	gen	
DUOBRII	spec	PA, QL (200 PER 28 DAYS OVER TIME)
EPIDUO FORTE	brd	ST
EPIFOAM	brd	
<i>fluorouracil 0.5 % cream (g)</i>	gen	PA, QL (30 PER 30 DAYS OVER TIME)
<i>hydrocortisone acetate 2.5 % crm/pe app</i>	gen	
<i>hydrocortisone/pramoxine 1 %-1 % cream/appl</i>	gen	
<i>imiquimod 3.75 % crm md pmp</i>	gen	ST, QL (7.5 PER 28 DAYS OVER TIME)
<i>imiquimod 5 % cream pack</i>	gen	QL (24 PER 30 DAYS OVER TIME)
<i>isotretinoin</i>	gen	
<i>ivermectin 1 % cream (g)</i>	gen	QL (45 PER 30 DAYS OVER TIME)
<i>methoxsalen</i>	gen	
<i>metronidazole (0.75 % gel (gram), 0.75 % cream (g), 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump)</i>	gen	
PICATO 0.015% GEL	brd	QL (3 PER 30 DAYS OVER TIME)
PICATO 0.05% GEL	brd	QL (2 PER 30 DAYS OVER TIME)
<i>pimecrolimus</i>	gen	ST, QL (100 PER 30 DAYS OVER TIME)
<i>podofilox</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRAMOSONE (1% LOTION, 2.5%-1% LOTION)	brd	
PROCTOFOAM-HC	brd	
RECTIV	npd	PA, QL (30 PER 30 DAYS OVER TIME)
REGRANEX	spec	PA, QL (15 PER 2 DAYS OVER TIME)
<i>salicylic acid (6 % lotion er, 6 % crm er (g), 6 % shampoo, 6 % foam, 6 % lotion, 26 % liquid, 27.5 % liq-film, 28.5 % sol-filmer)</i>	gen	ED
SANTYL	brd	QL (180 PER 30 DAYS OVER TIME)
<i>selenium sulfide 2.5 % lotion</i>	gen	
<i>spinosad</i>	gen	QL (240 PER 30 DAYS OVER TIME)
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	spec	PA
<i>sulfacetamide sodium (10 % shampoo, 10 % cleanser)</i>	gen	ED
<i>sulfacetamide sodium/sulfur (sodium/sulfur 9 %-4 % cleanser, sodium/sulfur 10-5%(w/v) lotion, sodium/sulfur 10 %-2 % cream (g), sodium/sulfur 10-5%(w/w) lotion, sodium/sulfur 10 %-2 % cleanser, sodium/sulfur 10 %-1 % cleanser, sodium/sulfur 10 %-4 % med. pad, sodium/sulfur 10-5%(w/w) suspension, sodium/sulfur 10 %-5 % foam, sodium/sulfur 10-5%(w/w) cream (g), sodium/sulfur 10-5%(w/w) cleanser)</i>	gen	ED
<i>sulfacetamide sodium/sulfur (sodium/sulfur cream (g), sodium/sulfur lotion)</i>	gen	PA, QL (57 PER 30 DAYS OVER TIME), ED
<i>sulfacetamide sodium/sulfur 9.8%-4.8% cleanser</i>	gen	PA, QL (285 PER 30 DAYS OVER TIME), ED
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	gen	ST, QL (100 PER 30 DAYS OVER TIME)
<i>tazarotene</i>	gen	PA
TAZORAC 0.05% CREAM	npd	PA
TOLAK	brd	
<i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.025 % cream (g), 0.05 % gel (gram), 0.05 % cream (g), 0.1 % cream (g))</i>	gen	PA
<i>tretinoin microspheres (0.04 % gel (gram), 0.1 % gel w/pump, 0.1 % gel (gram))</i>	gen	PA
<i>urea (35 % foam, 40 % foam, 40 % cream (g), 40 % lotion, 45 % gel (ml), 45 % gel/pf app, 45 % cream (g), 45 % lotion, 50 % sol/pf app)</i>	gen	ED

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>urea 41 % cream (g)</i>	gen	QL (454 PER 30 DAYS OVER TIME), ED
<i>urea 47 % cream (g)</i>	gen	QL (142 PER 30 DAYS OVER TIME), ED
<i>urea 50 % cream (g)</i>	gen	PA, ED

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

CRYSVITA 10 MG/ML VIAL	spec	PA, QL (2 PER 28 DAYS OVER TIME)
CRYSVITA 20 MG/ML VIAL	spec	PA, QL (8 PER 28 DAYS OVER TIME)
CRYSVITA 30 MG/ML VIAL	spec	PA, QL (6 PER 28 DAYS OVER TIME)
<i>levocarnitine 330 mg tablet</i>	gen	

ELECTROLYTE/MINERAL/METAL MODIFIERS

<i>deferasirox (90 mg tablet, 180 mg tablet, 360 mg tablet)</i>	spec	
FERRIPROX 1,000 MG TABLET	spec	PA
JADENU SPRINKLE	spec	
JYNARQUE (45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	spec	PA, QL (56 PER 28 DAYS OVER TIME)
<i>0.9 % sodium chloride (0.9 % 0.9 % iv soln, 0.9 % pgybk prt, 0.9 % pgy vl prt)</i>	inj	
AMINOSYN II	inj	PA - Part B vs D Determination
AMINOSYN II WITH ELECTROLYTES	inj	PA - Part B vs D Determination
AMINOSYN WITH ELECTROLYTES	inj	PA - Part B vs D Determination
AMINOSYN-HBC	inj	PA - Part B vs D Determination
AMINOSYN-PF	inj	PA - Part B vs D Determination
AMINOSYN-RF	inj	PA - Part B vs D Determination
CHEMET	brd	
CLINISOL	inj	PA - Part B vs D Determination
<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>	gen	
<i>deferasirox (125 mg tab disper, 250 mg tab disper, 500 mg tab disper)</i>	spec	
<i>dextrose 10 % and 0.2 % sodium chloride</i>	inj	
<i>dextrose 10 % and 0.45 % sodium chloride</i>	inj	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextrose 10 % in water</i>	inj	
<i>dextrose 2.5 % and 0.45 % sodium chloride</i>	inj	
<i>dextrose 5 % and 0.2 % sodium chloride</i>	inj	
<i>dextrose 5 % and 0.3 % sodium chloride</i>	inj	
<i>dextrose 5 % and 0.45 % sodium chloride</i>	inj	
<i>dextrose 5 % and 0.9 % sodium chloride</i>	inj	
<i>dextrose 5 % in lactated ringers</i>	inj	
<i>dextrose 5 % in water</i>	inj	
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	spec	PA
<i>fluoride (sodium) ((sodium) 0.25(0.55) tab chew, (sodium) 0.5 mg/ml drops, (sodium) 0.5(1.1)mg tab chew, (sodium) 1mg(2.2mg) tab chew)</i>	gen	
<i>fluoride/iron/vitamins a,c,and d</i>	gen	
FLUORITAB	gen	
<i>folic acid 1 mg tablet</i>	gen	ED
HEPATAMINE	inj	PA - Part B vs D Determination
INTRALIPID	inj	PA - Part B vs D Determination
IONOSOL MB-DEXTROSE 5%	inj	
JADENU 180 MG TABLET	spec	
JYNARQUE 15 MG TABLET	spec	PA, LA, QL (3 PER 1 DAYS)
JYNARQUE 30 MG TABLET	spec	PA, LA, QL (1 PER 1 DAYS)
KLOR-CON 10	gen	
KLOR-CON 8	gen	
KLOR-CON M15	gen	
<i>levocarnitine (with sugar)</i>	gen	
<i>levocarnitine 100 mg/ml solution</i>	gen	
<i>magnesium sulfate 4 meq/ml vial</i>	inj	
<i>multivitamin combination no.47/ferrous fum/folate no.1/dha</i>	gen	
NORMOSOL-M AND DEXTROSE	inj	
NUTRILIPID	inj	PA - Part B vs D Determination
<i>parenteral amino acid 15% combination no.1</i>	inj	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pedi multivit no.82 w-fluoride 0.5 mg/ml drops</i>	gen	
<i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i>	gen	
<i>pediatric multivitamin no.16/sodium fluoride</i>	gen	
<i>pediatric multivitamin no.2/sodium fluoride</i>	gen	
<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>	gen	
<i>pediatric multivitamin no.75/sodium fluoride/ferrous sulfate</i>	gen	
<i>pediatric multivitamins no.17 with sodium fluoride</i>	gen	
PLENAMINE	inj	PA - Part B vs D Determination
<i>potassium bicarbonate/citric acid</i>	gen	ED
<i>potassium chloride (2 meq/ml vial, 2 meq/ml ampul)</i>	inj	
<i>potassium chloride (8 meq tablet er, 8 meq capsule er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 20 meq packet, 20 meq tablet er, 20meq/15ml liquid, 20 meq tab er prt, 40meq/15ml liquid)</i>	gen	
<i>potassium chloride in 0.9 % sodium chloride (20 meq/l iv soln, 40 meq/l iv soln)</i>	inj	
<i>potassium chloride in 5 % dextrose in water (20 meq/l iv soln, 40 meq/l iv soln)</i>	inj	
<i>potassium chloride in dextrose 5 % and 0.9 % sodium chloride</i>	inj	
<i>potassium chloride in dextrose 5% and 0.3 % sodium chloride</i>	inj	
<i>potassium chloride in lr-d5 20 meq/l iv soln</i>	inj	
<i>potassium chloride in water for injection, sterile (10meq/0.1l piggyback, 20meq/0.1l piggyback, 40meq/0.1l piggyback)</i>	inj	
<i>potassium chloride/d5-0.2%nacl 20 meq/l iv soln</i>	inj	
<i>potassium chloride/d5-0.45nacl 20 meq/l iv soln</i>	inj	
<i>potassium chloride/potassium bicarbonate/citric acid</i>	gen	
PREMASOL	inj	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prenatal vit with calcium no.40/iron fumarate/folate no.1</i>	gen	
<i>prenatal vitamin</i>	gen	
<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>	gen	
<i>ringer's solution irrig soln</i>	gen	
<i>ringer's solution iv soln</i>	inj	
<i>ringer's solution,lactated irrig soln</i>	gen	
<i>ringer's solution,lactated iv soln</i>	inj	
SMOFLIPID	inj	PA - Part B vs D Determination
<i>sodium chloride 0.45 % 0.45 % iv soln</i>	inj	
<i>sodium chloride 2.5 meq/ml vial</i>	inj	
<i>sodium chloride 3 %</i>	inj	
<i>sodium chloride 5 %</i>	inj	
<i>sodium chloride irrigating solution</i>	gen	
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder)</i>	gen	
<i>sodium polystyrene sulfonate/sorbitol solution</i>	gen	
THRIVITE 19	gen	
TPN ELECTROLYTES	inj	PA - Part B vs D Determination
<i>trientine hcl</i>	spec	PA, QL (8 PER 1 DAYS)
VOL-PLUS	gen	
VOL-TAB RX	gen	

GASTROINTESTINAL AGENTS

ANTISPASMODICS, GASTROINTESTINAL

<i>atropine sulfate (0.1 mg/ml disp syrin, 0.1 mg/ml syringe)</i>	inj	
<i>chlordiazepoxide/clidinium bromide</i>	gen	PA, ED
<i>dicyclomine hcl (10 mg/5 ml solution, 10 mg capsule, 20 mg tablet)</i>	gen	PA
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	gen	
<i>glycopyrrolate 1.5 mg tablet</i>	gen	PA, QL (5 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hyoscyamine sulfate (0.125 mg tablet, 0.125 mg tab rapdis, 0.125 mg tab subl, 0.125mg/ml drops, 0.375 mg tab er 12h, 125mcg/5ml elixir)</i>	gen	ED
<i>methscopolamine bromide</i>	gen	
<i>phenobarb/hyoscy/atropine/scop 16.2 mg tablet</i>	gen	ED
<i>phenobarb/hyoscy/atropine/scop 16.2mg/5ml elixir</i>	gen	PA, QL (40 PER 1 DAYS), ED
<i>propantheline bromide</i>	gen	PA

GASTROINTESTINAL AGENTS, OTHER

CHOLBAM 250 MG CAPSULE	spec	PA, QL (5 PER 1 DAYS)
CHOLBAM 50 MG CAPSULE	spec	PA, QL (4 PER 1 DAYS)
<i>cromolyn sodium 20 mg/ml oral conc</i>	gen	
<i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025mg tablet, hcl/atropine 2.5-.025/5 liquid)</i>	gen	PA
GATTEX 5 MG 30-VIAL KIT	spec	PA
GATTEX 5 MG ONE-VIAL KIT	spec	PA, QL (30 PER 30 DAYS OVER TIME)
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>	gen	QL (112 PER 14 DAYS OVER TIME)
<i>loperamide hcl 2 mg capsule</i>	gen	
MOVANTI	brd	QL (1 PER 1 DAYS)
MYALEPT	spec	PA, LA, QL (60 PER 30 DAYS OVER TIME)
OCALIVA	spec	PA, QL (1 PER 1 DAYS)
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML VIAL, 12 MG/0.6 ML SYRINGE)	spec	PA
<i>ursodiol</i>	gen	

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine</i>	gen	
<i>cimetidine hcl</i>	gen	
<i>famotidine (20 mg tablet, 40mg/5ml oral susp, 40 mg tablet)</i>	gen	
<i>nizatidine (150 mg capsule, 150mg/10ml solution, 300 mg capsule)</i>	gen	
PEPCID 40 MG TABLET	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ranitidine hcl (15 mg/ml syrup, 150 mg capsule, 150 mg tablet, 300 mg tablet, 300 mg capsule)</i>	gen	

IRRITABLE BOWEL SYNDROME AGENTS

<i>alosetron hcl</i>	gen	PA
AMITIZA	brd	QL (2 PER 1 DAYS)
LINZESS	brd	QL (1 PER 1 DAYS)

LAXATIVES

<i>bisacodyl/sodium chlor/sodium bicarb/potassium chl/peg 3350</i>	gen	
KRISTALOSE	npd	
<i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>	gen	
<i>lactulose 10 g packet</i>	gen	PA
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	gen	
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	gen	
SUPREP	brd	

PROTECTANTS

<i>misoprostol</i>	gen	
<i>sucralfate (1 g/10 ml oral susp, 1 g tablet)</i>	gen	

PROTON PUMP INHIBITORS

DEXILANT	brd	ST, QL (1 PER 1 DAYS)
<i>esomeprazole magnesium</i>	gen	
<i>lansoprazole (15 mg capsule dr, 30 mg capsule dr)</i>	gen	
<i>lansoprazole (15 mg tab rap dr, 30 mg tab rap dr)</i>	gen	ST
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i>	gen	
<i>omeprazole/sodium bicarbonate (omeprazole/sodium 20-1680mg packet, omeprazole/sodium 40-1680mg packet)</i>	gen	PA, QL (1 PER 1 DAYS)
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pantoprazole sodium 40 mg vial</i>	inj	
PROTONIX 40 MG SUSPENSION	brd	
<i>rabeprazole sodium 20 mg tablet dr</i>	gen	

GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

ALDURAZYME	spec	PA - Part B vs D Determination
CARBAGLU	spec	PA
CERDELGA	spec	PA, QL (2 PER 1 DAYS)
CEREZYME	spec	PA
CREON	brd	
CYSTADANE	npd	
ELAPRASE	spec	PA - Part B vs D Determination
FABRAZYME	spec	PA - Part B vs D Determination
KUVAN	spec	PA
LUMIZYME	spec	PA - Part B vs D Determination
<i>miglustat</i>	spec	PA, QL (3 PER 1 DAYS)
NAGLAZYME	spec	PA - Part B vs D Determination
<i>nitisinone 10 mg capsule</i>	spec	PA, QL (14 PER 1 DAYS)
<i>nitisinone 2 mg capsule</i>	spec	PA, QL (70 PER 1 DAYS)
<i>nitisinone 5 mg capsule</i>	spec	PA, QL (20 PER 1 DAYS)
NITYR	spec	PA, LA
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE)	spec	PA
PROCYSBI (DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	spec	PA, LA
RAVICTI	spec	PA, QL (525 PER 30 DAYS OVER TIME)
<i>sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)</i>	spec	PA
STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL)	spec	PA
STRENSIQ 80 MG/0.8 ML VIAL	spec	PA, QL (38.4 PER 28 DAYS OVER TIME)
SUCRAID	spec	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZENPEP	npd	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide 15 mg tab er 24h</i>	gen	ST, QL (1 PER 1 DAYS)
<i>darifenacin hydrobromide 7.5 mg tab er 24h</i>	gen	ST, QL (2 PER 1 DAYS)
<i>flavoxate hcl</i>	gen	
MYRBETRIQ	brd	QL (1 PER 1 DAYS)
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml syrup)</i>	gen	
<i>oxybutynin chloride 10 mg tab er 24</i>	gen	QL (3 PER 1 DAYS)
<i>oxybutynin chloride 15 mg tab er 24</i>	gen	QL (2 PER 1 DAYS)
<i>oxybutynin chloride 5 mg tab er 24</i>	gen	QL (6 PER 1 DAYS)
<i>solifenacin succinate</i>	gen	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet)</i>	gen	ST, QL (2 PER 1 DAYS)
<i>tolterodine tartrate (2 mg cap er 24h, 4 mg cap er 24h)</i>	gen	ST, QL (1 PER 1 DAYS)
<i>tropium chloride 20 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>tropium chloride 60 mg cap er 24h</i>	gen	QL (1 PER 1 DAYS)

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl</i>	gen	QL (1 PER 1 DAYS)
<i>dutasteride</i>	gen	QL (1 PER 1 DAYS)
<i>dutasteride/tamsulosin hcl</i>	gen	PA, QL (1 PER 1 DAYS)
<i>finasteride 5 mg tablet</i>	gen	
<i>silodosin</i>	gen	ST, QL (1 PER 1 DAYS)
<i>tadalafil 2.5 mg tablet</i>	gen	PA, QL (2 PER 1 DAYS)
<i>tadalafil 5 mg tablet</i>	gen	PA, QL (1 PER 1 DAYS)
<i>tamsulosin hcl</i>	gen	

GENITOURINARY AGENTS, OTHER

ADDYI	npd	PA, QL (1 PER 1 DAYS)
<i>bethanechol chloride</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>citric acid/sodium citrate</i>	gen	ED
CYSTAGON	npd	PA
ELMIRON	brd	
MUSE (500 MCG SUPPOS, 1,000 MCG SUPP)	brd	PA, QL (6 PER 30 DAYS OVER TIME), ED
<i>penicillamine 250 mg tablet</i>	spec	PA
<i>phenazopyridine hcl (100 mg tablet, 200 mg tablet)</i>	gen	ED
<i>potassium citrate</i>	gen	
<i>potassium citrate/citric acid 1100-334/5 solution</i>	gen	ED
SHOHL'S MODIFIED	gen	ED
<i>sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	gen	PA, QL (6 PER 30 DAYS OVER TIME), ED
<i>sodium/potassium/potassium citrate/sodium citrate/cit ac</i>	gen	ED
<i>tadalafil 10 mg tablet</i>	gen	QL (6 PER 30 DAYS OVER TIME), ED
<i>tadalafil 20 mg tablet</i>	gen	PA, QL (6 PER 30 DAYS OVER TIME), ED
THIOLA	spec	PA
THIOLA EC	spec	PA, LA
<i>vardefafil hcl</i>	gen	PA, QL (6 PER 30 DAYS OVER TIME)
VYLEESI	spec	PA, LA, QL (2.4 PER 30 DAYS OVER TIME)

PHOSPHATE BINDERS

AURYXIA	npd	PA, QL (12 PER 1 DAYS)
<i>calcium acetate (667 mg capsule, 667 mg tablet)</i>	gen	
<i>lanthanum carbonate</i>	gen	
<i>sevelamer carbonate</i>	gen	
<i>sevelamer hcl</i>	gen	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

ALA-CORT	gen	
<i>alclometasone dipropionate</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amcinonide (0.1 % cream (g), 0.1 % oint. (g), 0.1 % lotion)</i>	gen	ST
<i>betamethasone dipropionate (0.05 % oint. (g), 0.05 % lotion, 0.05 % cream (g), 0.05 % gel (gram))</i>	gen	
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % oint. (g), betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % lotion)</i>	gen	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	gen	
<i>betamethasone valerate 0.12 % foam</i>	gen	PA
<i>clobetasol propionate (0.05 % gel (gram), 0.05 % lotion, 0.05 % solution, 0.05 % oint. (g), 0.05 % cream (g))</i>	gen	
<i>clobetasol propionate 0.05 % foam</i>	gen	PA
<i>clobetasol propionate 0.05 % shampoo</i>	gen	ST
<i>clobetasol propionate 0.05 % spray</i>	gen	ST, QL (125 PER 30 DAYS OVER TIME)
<i>clobetasol propionate/emollient base</i>	gen	
<i>clocortolone pivalate</i>	gen	
<i>cortisone acetate</i>	gen	
<i>desonide (0.05 % lotion, 0.05 % oint. (g), 0.05 % cream (g))</i>	gen	
<i>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.25 % oint. (g), 0.25 % spray, 0.25 % cream (g))</i>	gen	ST
<i>dexamethasone ((27) tab ds pk, (41) tab ds pk)</i>	gen	PA
<i>dexamethasone (0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1 mg/ml drops, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	gen	
<i>dexamethasone sodium phosphate (4 mg/ml vial, 10 mg/ml vial)</i>	inj	
<i>diflorasone diacetate</i>	gen	
<i>diflorasone diacetate/emollient base</i>	gen	ST
<i>fludrocortisone acetate</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinolone acetonide (0.01 % solution, 0.01 % oil, 0.01 % cream (g), 0.025 % oint. (g), 0.025 % cream (g))</i>	gen	
<i>fluocinolone acetonide/shower cap</i>	gen	ST
<i>fluocinonide (0.05 % oint. (g), 0.05 % cream (g), 0.05 % gel (gram), 0.05 % solution, 0.1 % cream (g))</i>	gen	
<i>fluocinonide/emollient base</i>	gen	
<i>flurandrenolide (0.05 % cream (g), 0.05 % oint. (g), 0.05 % lotion)</i>	gen	PA
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>	gen	
<i>fluticasone propionate 0.05 % lotion</i>	gen	ST
<i>halcinonide</i>	gen	PA
<i>halobetasol propionate (0.05 % oint. (g), 0.05 % cream (g))</i>	gen	QL (200 PER 28 DAYS OVER TIME)
<i>hydrocortisone (1 % crm/pe app, 1 % oint. (g), 1 % cream (g), 2.5 % crm/pe app, 2.5 % cream (g), 2.5 % lotion, 2.5 % oint. (g), 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	gen	
<i>hydrocortisone 2 % lotion</i>	gen	ST, ED
<i>hydrocortisone acetate 25 mg supp.rect</i>	gen	ED
<i>hydrocortisone butyrate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution, 0.1 % lotion)</i>	gen	ST
<i>hydrocortisone valerate</i>	gen	ST
KORLYM	spec	PA, QL (4 PER 1 DAYS)
MEDROL 2 MG TABLET	brd	
<i>methylprednisolone</i>	gen	
<i>methylprednisolone acetate</i>	inj	
<i>methylprednisolone sodium succinate (40 mg vial, 125 mg vial, 1000 mg vial)</i>	inj	
<i>mometasone furoate (0.1 % oint. (g), 0.1 % cream (g), 0.1 % solution)</i>	gen	
<i>prednicarbate</i>	gen	
<i>prednisolone (5 mg (21) tab ds pk, 5 mg tablet, 5 mg (48) tab ds pk, 15 mg/5 ml solution)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg tab rapdis, 10 mg/5 ml solution, 15 mg tab rapdis, 20 mg/5 ml solution, 25 mg/5 ml solution, 30 mg tab rapdis)</i>	gen	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg/5 ml solution, 5 mg tab ds pk, 5 mg tablet, 5 mg/ml oral conc, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	gen	
TEXACORT	npd	
<i>triamcinolone acetonide (0.025 % oint. (g), 0.025 % cream (g), 0.025 % lotion, 0.05 % oint. (g), 0.1 % oint. (g), 0.1 % lotion, 0.1 % cream (g), 0.5 % oint. (g), 0.5 % cream (g))</i>	gen	
<i>triamcinolone acetonide 0.147mg/g aerosol</i>	gen	ST
VERDESO	npd	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

ACTHAR	spec	PA
<i>chorionic gonadotropin, human 10000 unit vial</i>	inj	
<i>desmopressin acetate (0.1 mg tablet, 0.1 mg/ml solution, 0.2 mg tablet, 10/spray spray/pump)</i>	gen	
<i>desmopressin acetate (4 mcg/ml vial, 4 mcg/ml ampul)</i>	inj	
<i>desmopressin acetate (non-refrigerated)</i>	gen	
INCRELEX	spec	PA, LA
NORDITROPIN FLEXPRO	spec	PA
NOVAREL 5,000 UNIT VIAL	inj	
SEROSTIM	spec	PA
STIMATE	npd	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

ANABOLIC STEROIDS

ANADROL-50	npd	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxandrolone</i>	gen	PA
ANDROGENS		
<i>danazol</i>	gen	
<i>methyltestosterone</i>	gen	PA
<i>testosterone (12.5/1.25g gel md pmp, 25mg(1%) gel packet, 50 mg (1%) gel packet, 50 mg (1%) gel (gram))</i>	gen	PA, QL (300 PER 30 DAYS OVER TIME)
<i>testosterone (2.5g-1.62% gel packet, 20.25/1.25 gel md pmp)</i>	gen	PA, QL (150 PER 30 DAYS OVER TIME)
<i>testosterone 1.25g-1.62 gel packet</i>	gen	PA, QL (37.5 PER 30 DAYS OVER TIME)
<i>testosterone 10 mg (2%) gel md pmp</i>	gen	PA, QL (120 PER 30 DAYS OVER TIME)
<i>testosterone 30mg/1.5ml sol md pmp</i>	gen	PA, QL (180 PER 30 DAYS OVER TIME)
<i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>	gen	
<i>testosterone enanthate</i>	gen	QL (5 PER 30 DAYS OVER TIME)
ESTROGENS		
CLIMARA PRO	brd	PA, QL (4 PER 28 DAYS OVER TIME)
DEPO-ESTRADIOL	inj	
<i>desogestrel-ethinyl estradiol</i>	gen	
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	gen	
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	gen	
DUAVEE	brd	PA, QL (1 PER 1 DAYS)
<i>estradiol (.025mg/24h patch tds, .0375mg/24 patch tds, 0.05mg/24h patch tds, .075mg/24h patch tds, 0.1mg/24hr patch tds)</i>	gen	PA, QL (16 PER 28 DAYS OVER TIME)
<i>estradiol (.025mg/24h patch tdwk, .0375mg/24 patch tdwk, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tdwk, 0.1mg/24hr patch tdwk)</i>	gen	PA, QL (8 PER 28 DAYS OVER TIME)
<i>estradiol (0.01 % cream/appl, 10 mcg tablet)</i>	gen	
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	gen	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol valerate</i>	gen	
<i>estradiol/norethindrone acet 0.5-0.1 mg tablet</i>	gen	PA, QL (1 PER 1 DAYS)
<i>estradiol/norethindrone acet 1 mg-0.5mg tablet</i>	gen	PA
ESTRING	brd	QL (1 PER 84 DAYS OVER TIME)
<i>estrogens,esterified/methyltestosterone</i>	gen	ED
<i>estropipate</i>	gen	PA
<i>ethinyl estradiol/drospirenone</i>	gen	
<i>ethynodiol diacetate-ethinyl estradiol</i>	gen	
<i>etonogestrel/ethinyl estradiol</i>	gen	QL (1 PER 28 DAYS OVER TIME)
FEMRING	npd	QL (1 PER 84 DAYS OVER TIME)
<i>levonorgestrel/ethinyl estradiol</i>	gen	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	gen	
MENEST	npd	PA
MENOSTAR	npd	PA, QL (4 PER 28 DAYS OVER TIME)
<i>norelgestromin/ethinyl estradiol</i>	gen	
<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	gen	PA
<i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	gen	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	gen	
<i>norethindrone-ethinyl estradiol</i>	gen	
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	gen	
<i>norgestimate-ethinyl estradiol</i>	gen	
<i>norgestrel-ethinyl estradiol</i>	gen	
PREMARIN VAGINAL CREAM-APPL	brd	
PREMPHASE	brd	PA
PREMPRO	brd	PA, QL (1 PER 1 DAYS)

PROGESTERONE AGONISTS/ANTAGONISTS

ELLA	npd	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROGESTINS		
CRINONE (4% GEL, 8% GEL)	brd	PA
DEPO-PROVERA (150 MG/ML VIAL, 400 MG/ML VIAL)	inj	
<i>hydroxyprogesterone caproate</i>	spec	
<i>levonorgestrel</i>	gen	ED
<i>medroxyprogesterone acetate (150 mg/ml vial, 150 mg/ml syringe)</i>	inj	
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	gen	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</i>	gen	PA - FOR NEW STARTS ONLY
<i>megestrol acetate 625mg/5ml oral susp</i>	gen	PA
<i>norethindrone</i>	gen	
<i>norethindrone acetate</i>	gen	
PLAN B ONE-STEP	gen	
<i>progesterone</i>	gen	
<i>progesterone, micronized</i>	gen	
TAKE ACTION	gen	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

OSPHENA	npd	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl</i>	gen	QL (1 PER 1 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

ARMOUR THYROID	brd	PA, ED
EUTHYROX	npd	
LEVO-T	brd	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	gen	
LEVOXYL	brd	
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNTHROID	brd	
<i>thyroid,pork</i>	brd	PA, ED
THYROLAR-1	brd	
THYROLAR-1/2	brd	
THYROLAR-1/4	brd	
THYROLAR-2	brd	
THYROLAR-3	brd	
TIROSINT	npd	
UNITHROID	brd	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

<i>cabergoline</i>	gen	QL (16 PER 30 DAYS OVER TIME)
EGRIFTA 1 MG VIAL	spec	PA, QL (60 PER 30 DAYS OVER TIME)
EGRIFTA 2 MG VIAL	spec	PA, QL (30 PER 30 DAYS OVER TIME)
EGRIFTA SV	spec	PA, QL (30 PER 30 DAYS OVER TIME)
FIRMAGON 2 X 120 MG KIT	spec	
FIRMAGON 80 MG KIT	inj	
<i>leuprolide acetate</i>	spec	
LUPRON DEPOT	spec	
LUPRON DEPOT-PED	spec	
<i>octreotide acetate (50 mcg/ml syringe, 50 mcg/ml ampul, 50 mcg/ml vial, 100 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 200 mcg/ml vial)</i>	inj	PA
<i>octreotide acetate (500 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 1000mcg/ml vial)</i>	spec	PA
SANDOSTATIN LAR DEPOT	spec	PA
SIGNIFOR	spec	PA, QL (60 PER 30 DAYS OVER TIME)
SOMATULINE DEPOT	spec	PA - FOR NEW STARTS ONLY
SOMAVERT	spec	PA, QL (30 PER 30 DAYS OVER TIME)
SYNAREL	spec	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole</i>	gen	
<i>potassium iodide 1 g/ml solution</i>	gen	ED
<i>propylthiouracil</i>	gen	

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

BERINERT	spec	PA
CINRYZE	spec	PA
HAEGARDA	spec	PA, LA
<i>icatibant acetate</i>	spec	PA, QL (36 PER 60 DAYS OVER TIME)
RUCONEST	spec	PA

IMMUNE SUPPRESSANTS

<i>azathioprine</i>	gen	PA - Part B vs D Determination
<i>azathioprine sodium</i>	inj	PA - Part B vs D Determination
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	gen	PA - Part B vs D Determination
<i>cyclosporine 250 mg/5ml ampul</i>	inj	PA - Part B vs D Determination
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	gen	PA - Part B vs D Determination
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG KIT, 50 MG/ML SYRINGE)	spec	PA
ENBREL SURECLICK	spec	PA
ENVARUSUS XR	npd	PA - FOR NEW STARTS ONLY
HUMIRA	spec	PA
HUMIRA PEDIATRIC CROHN'S	spec	PA
HUMIRA PEN	spec	PA
HUMIRA PEN CROHN'S-UC-HS	spec	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	spec	PA
HUMIRA(CF)	spec	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA(CF) PEDIATRIC CROHN'S	spec	PA
HUMIRA(CF) PEN	spec	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	spec	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	spec	PA
INFLECTRA	spec	PA
<i>methotrexate sodium 2.5 mg tablet</i>	gen	
<i>methotrexate sodium 25 mg/ml vial</i>	gen	PA - Part B vs D Determination
<i>methotrexate sodium/pf 1 g vial</i>	inj	PA - Part B vs D Determination
<i>methotrexate sodium/pf 25 mg/ml vial</i>	gen	PA - Part B vs D Determination
<i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>	gen	PA - Part B vs D Determination
<i>mycophenolate mofetil hcl</i>	inj	PA - Part B vs D Determination
<i>mycophenolate sodium</i>	gen	PA - Part B vs D Determination
NULOJIX	spec	PA - Part B vs D Determination
ORENCIA 125 MG/ML SYRINGE	spec	PA, QL (4 PER 28 DAYS OVER TIME)
ORENCIA 50 MG/0.4 ML SYRINGE	spec	PA, QL (1.6 PER 28 DAYS OVER TIME)
ORENCIA 87.5 MG/0.7 ML SYRINGE	spec	PA, QL (2.8 PER 28 DAYS OVER TIME)
ORENCIA CLICKJECT	spec	PA, QL (4 PER 28 DAYS OVER TIME)
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	npd	PA - FOR NEW STARTS ONLY
PROGRAF 5 MG/ML AMPULE	inj	PA - Part B vs D Determination
REMICADE	spec	PA
SANDIMMUNE 100 MG/ML SOLN	brd	PA - Part B vs D Determination
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	gen	PA - Part B vs D Determination
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	gen	PA - Part B vs D Determination
TREXALL	npd	
XATMEP	npd	PA - FOR NEW STARTS ONLY
XELJANZ	spec	PA, QL (2 PER 1 DAYS)
ZORTRESS	brd	PA - FOR NEW STARTS ONLY

IMMUNIZING AGENTS, PASSIVE

BIVIGAM	spec	PA
CARIMUNE NF NANOFILTERED	spec	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLEBOGAMMA DIF	spec	PA
GAMMAGARD LIQUID	spec	PA
GAMMAGARD S-D	spec	PA
GAMMAKED 1 GRAM/10 ML VIAL	spec	PA
GAMMAPLEX	spec	PA
GAMUNEX-C	spec	PA
HIZENTRA	spec	PA
PRIVIGEN	spec	PA
THYMOGLOBULIN	spec	PA - FOR NEW STARTS ONLY

IMMUNOMODULATORS

ACTIMMUNE	spec	PA - FOR NEW STARTS ONLY
ARCALYST	spec	PA
BENLYSTA (120 MG VIAL, 400 MG VIAL)	spec	PA
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	spec	PA, QL (4 PER 28 DAYS OVER TIME)
ILARIS	spec	PA
<i>leflunomide</i>	gen	
RIDAURA	brd	

VACCINES

ACTHIB	brd	
ADACEL TDAP	brd	
BCG VACCINE (TICE STRAIN)	brd	
BEXSERO	brd	
BIOTHRAX	inj	
BOOSTRIX TDAP	brd	
DAPTACEL DTAP	brd	
DIPHThERIA-TETANUS TOXOIDS-PED	brd	
ENGERIX-B ADULT	brd	PA - Part B vs D Determination
ENGERIX-B PEDIATRIC-ADOLESCENT	brd	PA - Part B vs D Determination
GARDASIL 9	brd	
HAVRIX	brd	
HIBERIX	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMOVAX RABIES VACCINE	brd	
INFANRIX DTAP	brd	
IPOL	brd	
IXIARO	inj	
KINRIX	brd	
M-M-R II VACCINE	brd	
MENACTRA	brd	
MENVEO A-C-Y-W-135-DIP	brd	
PEDIARIX	brd	
PEDVAXHIB	brd	
PENTACEL ACTHIB COMPONENT	brd	
PENTACEL DTAP-IPV COMPONENT	brd	
PROQUAD	brd	
QUADRACEL DTAP-IPV	brd	
RABAVERT	brd	
RECOMBIVAX HB	brd	PA - Part B vs D Determination
ROTARIX	brd	
ROTATEQ	brd	
SHINGRIX	brd	QL (2 PER 365 DAYS OVER TIME)
TDVAX	brd	
TENIVAC	brd	
TRUMENBA	brd	
TWINRIX	brd	PA - Part B vs D Determination
TYPHIM VI	inj	
VAQTA	brd	
VARIVAX VACCINE	brd	
VARIZIG 125 UNIT/1.2 ML VIAL	brd	
XOFLUZA	npd	QL (2 PER 30 DAYS OVER TIME)
YF-VAX	inj	
ZOSTAVAX	inj	QL (1 PER 365 DAYS OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium</i>	gen	
DIPENTUM	npd	ST
<i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr)</i>	gen	QL (4 PER 1 DAYS)
<i>mesalamine (4 g/60 ml enema, 1000 mg supp.rect)</i>	gen	
<i>mesalamine 400 mg cap(drtab)</i>	gen	ST, QL (12 PER 1 DAYS)
<i>mesalamine 800 mg tablet dr</i>	gen	ST, QL (6 PER 1 DAYS)
<i>mesalamine with cleansing wipes</i>	gen	

GLUCOCORTICOIDS

<i>budesonide 3 mg capdr - er</i>	gen	PA
<i>budesonide 9 mg tabdr - er</i>	gen	PA, QL (1 PER 1 DAYS)
CORTIFOAM	brd	
<i>hydrocortisone 100mg/60ml enema</i>	gen	

SULFONAMIDES

<i>sulfasalazine</i>	gen	
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METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (35 mg tablet, 70 mg tablet)</i>	gen	QL (4 PER 28 DAYS OVER TIME)
<i>alendronate sodium (5 mg tablet, 10 mg tablet, 40 mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>alendronate sodium 70 mg/75ml solution</i>	gen	QL (300 PER 28 DAYS OVER TIME)
<i>calcitonin,salmon,synthetic</i>	gen	QL (3.7 PER 30 DAYS OVER TIME)
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	gen	PA - Part B vs D Determination
<i>calcitriol 1 mcg/ml ampul</i>	inj	PA - Part B vs D Determination
<i>cinacalcet hcl</i>	gen	PA - Part B vs D Determination
<i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)</i>	gen	PA - Part B vs D Determination
<i>doxercalciferol (4mcg/2ml ampul, 4mcg/2ml vial)</i>	inj	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>	gen	ED
<i>etidronate disodium</i>	gen	
<i>ibandronate sodium (3 mg/3 ml vial, 3 mg/3 ml syringe)</i>	inj	PA
<i>ibandronate sodium 150 mg tablet</i>	gen	QL (1 PER 28 DAYS OVER TIME)
MIACALCIN 400 UNIT/2 ML VIAL	inj	
NATPARA	spec	PA, QL (2 PER 28 DAYS OVER TIME)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	gen	
<i>paricalcitol (2 mcg/ml vial, 5 mcg/ml vial)</i>	inj	PA - Part B vs D Determination
PROLIA	inj	PA
<i>risedronate sodium 150 mg tablet</i>	gen	ST, QL (1 PER 28 DAYS OVER TIME)
<i>risedronate sodium 30 mg tablet</i>	gen	ST
<i>risedronate sodium 35 mg tablet</i>	gen	ST, QL (12 PER 84 DAYS OVER TIME)
<i>risedronate sodium 35 mg tablet dr</i>	gen	ST, QL (4 PER 28 DAYS OVER TIME)
<i>risedronate sodium 5 mg tablet</i>	gen	ST, QL (1 PER 1 DAYS)
TYMLOS	spec	PA, QL (1.56 PER 28 DAYS OVER TIME)
XGEVA	spec	PA - FOR NEW STARTS ONLY, QL (1.7 PER 28 DAYS OVER TIME)
<i>zoledronic acid (4 mg/5 ml vial, 4 mg vial)</i>	inj	PA - Part B vs D Determination
<i>zoledronic acid in mannitol and water for injection (acid/mannitol-water 5 mg/100ml pgybk btl, acid/mannitol-water 5 mg/100ml piggyback)</i>	inj	
<i>zoledronic acid/mannitol-water 4 mg/100ml pgybk btl</i>	inj	PA - Part B vs D Determination

MISCELLANEOUS THERAPEUTIC AGENTS

<i>alcohol antiseptic pads</i>	gen	
<i>bacteriostatic sodium chloride</i>	inj	
<i>blood ketone test, strips</i>	brd	ED
<i>gauze bandage (bandage 4" 8" bandage, bandage bandage)</i>	gen	
<i>inhaler, assist devices</i>	brd	
<i>inhaler, assist device with medium mask</i>	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>insulin admin. supplies</i>	brd	PA, QL (1 PER 365 DAYS OVER TIME)
<i>insulin syringe needle</i>	brd	
<i>insulin syringe-needle,safety,disposal unit,0.5 ml</i>	brd	
<i>methylergonovine maleate 0.2 mg tablet</i>	gen	
<i>pen needle, diabetic</i>	brd	
<i>pen needle, diabetic disposable, safety</i>	brd	
<i>pen needle, diabetic, remover and disposal unit (pen 31 gx3/16" dis needle, pen 32gx 5/32" dis needle)</i>	brd	
<i>pen needle, diabetic, safety (pen 29gx 5/16" dis needle, pen 29gx3/16" dis needle, pen 29 g x1/2" dis needle, pen 30 gx5/16" dis needle, pen 30 gx 1/3" dis needle, pen 30 gx3/16" dis needle, pen 31 gx3/16" dis needle)</i>	brd	
RUZURGI	spec	PA, LA, QL (10 PER 1 DAYS)
<i>syringe w-needle 0.3 ml,insulin,safety w-self-conf.dis.unit</i>	brd	
<i>syringe with needle 1 ml,insulin,safety w-self-con.disp.unit</i>	brd	
<i>syringe with needle, insulin, safety, 0.3 ml</i>	brd	
<i>syringe with needle, insulin, safety, 0.5 ml</i>	brd	
<i>syringe with needle, insulin, safety, 1 ml</i>	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>syringe with needle,disposable,insulin 1 ml (syringe disp syrin, syringe 25gx1" disp syrin, syringe 25gx5/8" disp syrin, syringe 26gx1/2" disp syrin, syringe 27gx5/8" disp syrin, syringe 27gx1/2" disp syrin, syringe 28 gauge disp syrin, syringe 28gx1/2" disp syrin, syringe 29 gauge disp syrin, syringe 29gx7/16" disp syrin, syringe 29 g x1/2" disp syrin, syringe 30 gx5/16" disp syrin, syringe 30 g x3/8" disp syrin, syringe 30gx15/64" disp syrin, syringe 30gx1/2" disp syrin, syringe 30 gauge disp syrin, syringe 31gx15/64" disp syrin, syringe 31 g x1/4" disp syrin, syringe 31gx3/8" disp syrin, syringe 31 gx5/16" disp syrin, syringe 32 gx5/16" disp syrin)</i>	brd	
<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>	brd	
<i>syringe with needle,insulin 0.5 ml (half unit mark) (0.5 ml 30gx15/64" disp syrin, 0.5 ml 31gx15/64" disp syrin, 0.5 ml 30 gx5/16" disp syrin, 0.5 ml 31 gx5/16" disp syrin, 0.5 ml 30gx1/2" disp syrin)</i>	brd	
<i>syringe with needle,insulin,0.5 ml</i>	brd	
<i>water for irrigation,sterile</i>	gen	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>atropine sulfate 1 % drops</i>	gen	
<i>bacitracin/polymyxin b sulfate</i>	gen	
BLEPHAMIDE	brd	
BLEPHAMIDE S.O.P.	brd	
CYSTARAN	spec	PA, QL (60 PER 28 DAYS OVER TIME)
<i>homatropine hbr</i>	gen	ED
<i>naphazoline hcl</i>	gen	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	gen	
<i>neomycin sulfate/bacitracin/polymyxin b</i>	gen	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i>	gen	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	gen	
OXERVATE	spec	PA, QL (56 PER 28 DAYS)
<i>phenylephrine hcl (2.5 % drops, 10 % drops)</i>	gen	
<i>polymyxin b sulfate/trimethoprim</i>	gen	
<i>proparacaine hcl</i>	gen	
RESTASIS	brd	QL (60 PER 30 DAYS OVER TIME)
RESTASIS MULTIDOSE	brd	QL (5.5 PER 30 DAYS OVER TIME)
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	gen	
TOBRADEX EYE OINTMENT	brd	
<i>tobramycin/dexamethasone</i>	gen	
ZYLET	brd	

OPHTHALMIC ANTI-ALLERGY AGENTS

ALOCRIL	npd	
ALOMIDE	brd	
<i>azelastine hcl 0.05 % drops</i>	gen	
BEPREVE	npd	
<i>cromolyn sodium 4 % drops</i>	gen	
EMADINE	npd	ST
<i>epinastine hcl</i>	gen	
LASTACAFT	npd	
<i>olopatadine hcl 0.1 % drops</i>	gen	QL (10 PER 30 DAYS OVER TIME)
<i>olopatadine hcl 0.2 % drops</i>	gen	
PAZEO	brd	QL (2.5 PER 30 DAYS OVER TIME)

OPHTHALMIC ANTI-INFLAMMATORIES

ALREX	brd	
<i>bromfenac sodium</i>	gen	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diclofenac sodium 0.1 % drops</i>	gen	
DUREZOL	brd	
<i>fluorometholone</i>	gen	
<i>flurbiprofen sodium</i>	gen	
FML FORTE	npd	
FML S.O.P.	brd	
ILEVRO	brd	QL (1.7 PER 30 DAYS OVER TIME)
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	gen	
LOTEMAX 0.5% OPHTHALMIC GEL	brd	
<i>loteprednol etabonate</i>	gen	
MAXIDEX	npd	
PRED MILD	npd	
<i>prednisolone acetate</i>	gen	
<i>prednisolone sodium phosphate 1 % drops</i>	gen	
PROLENSA	brd	
VEXOL	npd	

OPHTHALMIC ANTIGLAUCOMA AGENTS

ALPHAGAN P 0.1% DROPS	brd	
<i>apraclonidine hcl</i>	gen	
AZOPT	brd	
<i>betaxolol hcl 0.5 % drops</i>	gen	
BETIMOL	brd	
BETOPTIC S	brd	
<i>brimonidine tartrate</i>	gen	
<i>carteolol hcl</i>	gen	
COMBIGAN	brd	
<i>dorzolamide hcl</i>	gen	
<i>dorzolamide hcl/timolol maleate</i>	gen	
<i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>	gen	
IOPIDINE 1% EYE DROPS	brd	
<i>levobunolol hcl</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methazolamide</i>	gen	
<i>metipranolol</i>	gen	
PHOSPHOLINE IODIDE	npd	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	gen	
SIMBRINZA	brd	
<i>timolol maleate (0.25 % sol-gel, 0.25 % drops, 0.5 % drop daily, 0.5 % drops, 0.5 % sol-gel)</i>	gen	
TIMOPTIC 0.5% OCUDOSE DROP	brd	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost 0.03 % drops</i>	gen	ST, QL (5 PER 30 DAYS OVER TIME)
<i>latanoprost</i>	gen	
LUMIGAN	brd	QL (5 PER 30 DAYS OVER TIME)
<i>travoprost</i>	gen	QL (5 PER 30 DAYS OVER TIME)

OTIC AGENTS

<i>acetic acid 2 % solution</i>	gen	
CIPRO HC	npd	
CIPRODEX	npd	
<i>ciprofloxacin hcl/fluocinolone acetonide</i>	gen	QL (2 PER 1 DAYS)
COLY-MYCIN S	brd	
CORTISPORIN-TC	brd	
DERMOTIC	brd	
<i>fluocinolone acetonide oil</i>	gen	
<i>hydrocortisone/acetic acid</i>	gen	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)</i>	gen	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA	brd	QL (30 PER 30 DAYS OVER TIME)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb)</i>	gen	PA - Part B vs D Determination, QL (120 PER 30 DAYS OVER TIME)
<i>budesonide 1 mg/2 ml ampul-neb</i>	gen	PA - Part B vs D Determination, QL (60 PER 30 DAYS OVER TIME)
FLOVENT 250 MCG DISKUS	brd	QL (240 PER 30 DAYS OVER TIME)
FLOVENT DISKUS (50 MCG, 100 MCG)	brd	QL (60 PER 30 DAYS OVER TIME)
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	brd	QL (24 PER 30 DAYS OVER TIME)
FLOVENT HFA 44 MCG INHALER	brd	QL (22 PER 30 DAYS OVER TIME)
<i>flunisolide</i>	gen	ST, QL (50 PER 30 DAYS OVER TIME)
<i>fluticasone propionate 50 mcg spray susp</i>	gen	QL (16 PER 30 DAYS OVER TIME)
<i>mometasone furoate 50 mcg spray/pump</i>	gen	ST, QL (34 PER 30 DAYS OVER TIME)
PULMICORT FLEXHALER	brd	QL (2 PER 30 DAYS OVER TIME)

ANTIHISTAMINES

<i>azelastine hcl (137 mcg spray/pump, 205.5 mcg spray/pump)</i>	gen	QL (30 PER 25 DAYS OVER TIME)
<i>carbinoxamine maleate (4 mg/5 ml liquid, 4 mg tablet)</i>	gen	PA
<i>cetirizine hcl 1 mg/ml solution</i>	gen	
<i>clemastine fumarate 2.68 mg tablet</i>	gen	PA
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg/10 ml syrup, 4 mg tablet)</i>	gen	PA
<i>desloratadine (2.5 mg tab rapdis, 5 mg tab rapdis)</i>	gen	ST
<i>desloratadine 5 mg tablet</i>	gen	ST, QL (1 PER 1 DAYS)
<i>dexchlorpheniramine maleate</i>	gen	PA
<i>diphenhydramine hcl 50 mg/ml vial</i>	inj	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg/25ml solution, 50 mg tablet)</i>	gen	PA
<i>hydroxyzine pamoate</i>	gen	PA
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tablet)</i>	gen	
<i>olopatadine hcl 0.6 % spray/pump</i>	gen	ST, QL (30.5 PER 30 DAYS OVER TIME)
PHENERGAN (25 MG/ML VIAL, 25 MG/ML AMPUL, 50 MG/ML VIAL, 50 MG/ML AMPUL)	inj	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>promethazine hcl (25 mg/ml vial, 25 mg/ml ampul, 50 mg/ml ampul, 50 mg/ml vial)</i>	inj	PA
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet)</i>	gen	PA

ANTILEUKOTRIENES

<i>montelukast sodium</i>	gen	QL (1 PER 1 DAYS)
<i>zafirlukast</i>	gen	
<i>zileuton</i>	gen	PA

BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA	brd	QL (25.8 PER 30 DAYS OVER TIME)
INCRUSE ELLIPTA	brd	QL (30 PER 30 DAYS OVER TIME)
<i>ipratropium bromide 0.2 mg/ml solution</i>	gen	PA - Part B vs D Determination, QL (360 PER 30 DAYS OVER TIME)
<i>ipratropium bromide 21 mcg spray</i>	gen	QL (30 PER 30 DAYS OVER TIME)
<i>ipratropium bromide 42 mcg spray</i>	gen	QL (45 PER 30 DAYS OVER TIME)
SPIRIVA	brd	QL (30 PER 30 DAYS OVER TIME)
SPIRIVA RESPIMAT	brd	QL (4 PER 30 DAYS OVER TIME)

BRONCHODILATORS, SYMPATHOMIMETIC

<i>albuterol sulfate (2 mg/5 ml syrup, 2 mg tablet, 4 mg tablet, 4 mg tab er 12h, 8 mg tab er 12h)</i>	gen	
<i>albuterol sulfate (2.5 mg/0.5 vial-neb, 5 mg/ml solution)</i>	gen	PA - Part B vs D Determination, QL (40 PER 30 DAYS OVER TIME)
<i>albuterol sulfate 0.63mg/3ml vial-neb</i>	gen	PA - Part B vs D Determination, QL (375 PER 30 DAYS OVER TIME)
<i>albuterol sulfate 1.25mg/3ml vial-neb</i>	gen	PA - Part B vs D Determination, QL (180 PER 30 DAYS OVER TIME)
<i>albuterol sulfate 2.5 mg/3ml vial-neb</i>	gen	PA - Part B vs D Determination, QL (360 PER 30 DAYS OVER TIME)
<i>albuterol sulfate 90 mcg hfa aer ad</i>	gen	QL (17 PER 30 DAYS OVER TIME)
<i>epinephrine (0.15mg/0.3 auto injct, 0.3mg/0.3 auto injct)</i>	gen	QL (24 PER 365 DAYS OVER TIME)
<i>epinephrine autoinjector (generic adrenaclick)</i>	gen	QL (24 PER 365 DAYS OVER TIME)
EPIPEN 2-PAK	npd	PA, QL (24 PER 365 DAYS OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPIPEN JR 2-PAK	npd	PA, QL (24 PER 365 DAYS OVER TIME)
<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb)</i>	gen	PA, QL (288 PER 30 DAYS OVER TIME)
<i>levalbuterol hcl 1.25mg/0.5 vial-neb</i>	gen	PA, QL (90 PER 30 DAYS OVER TIME)
<i>levalbuterol tartrate</i>	gen	QL (30 PER 30 DAYS OVER TIME)
<i>metaproterenol sulfate (10 mg/5 ml syrup, 10 mg tablet, 20 mg tablet)</i>	gen	
SEREVENT DISKUS	brd	QL (60 PER 30 DAYS OVER TIME)
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	gen	
<i>terbutaline sulfate 1 mg/ml vial</i>	inj	

CYSTIC FIBROSIS AGENTS

BETHKIS	spec	PA, QL (224 PER 28 DAYS OVER TIME)
CAYSTON	spec	PA, QL (84 PER 28 DAYS OVER TIME)
KALYDECO	spec	PA, QL (2 PER 1 DAYS)
SYMDEKO 100/150 MG-150 MG TABS	spec	PA, QL (2 PER 1 DAYS)
SYMDEKO 50/75 MG-75 MG TABLETS	spec	PA, LA, QL (2 PER 1 DAYS)
TOBI PODHALER	spec	PA, QL (224 PER 28 DAYS OVER TIME)
TRIKAFTA	spec	PA, LA, QL (3 PER 1 DAYS)

MAST CELL STABILIZERS

<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	gen	PA - Part B vs D Determination, QL (240 PER 30 DAYS OVER TIME)
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>caffeine citrate 60 mg/3 ml solution</i>	gen	
DALIRESP 250 MCG TABLET	npd	PA, QL (28 PER 180 DAYS OVER TIME)
DALIRESP 500 MCG TABLET	npd	PA, QL (1 PER 1 DAYS)
THEO-24	brd	
<i>theophylline anhydrous (80 mg/15ml solution, 80 mg/15ml elixir, 100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	spec	PA, QL (3 PER 1 DAYS)
<i>ambrisentan</i>	spec	PA, QL (1 PER 1 DAYS)
<i>bosentan 125 mg tablet</i>	spec	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan 62.5 mg tablet</i>	spec	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT	spec	PA, QL (1 PER 1 DAYS)
<i>sildenafil citrate 10 mg/ml susp recon</i>	spec	PA, QL (6 PER 1 DAYS)
<i>sildenafil citrate 20 mg tablet</i>	gen	PA, QL (3 PER 1 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	spec	PA, QL (4 PER 1 DAYS)
VENTAVIS 10 MCG/1 ML SOLUTION	spec	PA - Part B vs D Determination, QL (270 PER 30 DAYS OVER TIME)
VENTAVIS 20 MCG/1 ML SOLUTION	spec	PA - Part B vs D Determination, QL (90 PER 30 DAYS OVER TIME)

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	gen	PA - Part B vs D Determination
ANORO ELLIPTA	brd	QL (60 PER 30 DAYS OVER TIME)
ARALAST NP 1,000 MG VIAL	spec	
<i>azelastine hcl/fluticasone propionate</i>	gen	QL (23 PER 30 DAYS OVER TIME)
<i>benzonatate</i>	gen	ED
BEVESPI AEROSPHERE	brd	QL (10.7 PER 28 DAYS OVER TIME)
BREO ELLIPTA	brd	QL (60 PER 30 DAYS OVER TIME)
<i>brompheniramine/pseudoephed/dm 2-30-10/5 syrup</i>	gen	ED
<i>budesonide/formoterol fumarate 160-4.5mcg hfa aer ad</i>	gen	QL (12 PER 30 DAYS OVER TIME)
<i>budesonide/formoterol fumarate 80-4.5 mcg hfa aer ad</i>	gen	QL (10.2 PER 30 DAYS OVER TIME)
<i>codeine phosphate/guaifenesin (phosphate/guaifenesin 10-100mg/5 liquid, phosphate/guaifenesin 20-200/10 liquid)</i>	gen	QL (420 PER 30 DAYS), NDS, ED
COMBIVENT RESPIMAT	brd	QL (4 PER 30 DAYS OVER TIME)
ESBRIET (267 MG TABLET, 267 MG CAPSULE)	spec	PA, QL (9 PER 1 DAYS)
ESBRIET 801 MG TABLET	spec	PA, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)</i>	gen	QL (60 PER 30 DAYS OVER TIME)
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 55-14 mcg aer pow ba, propion/salmeterol 113-14 mcg aer pow ba, propion/salmeterol 232-14 mcg aer pow ba)</i>	gen	QL (1 PER 30 DAYS OVER TIME)
GLASSIA	spec	
<i>guaifenesin/hydrocodone bitartrate</i>	gen	PA, QL (60 PER 1 DAYS), NDS
<i>hydrocodone bit/homatrop me-br 5 mg-1.5mg tablet</i>	gen	QL (420 PER 30 DAYS OVER TIME), NDS, ED
<i>hydrocodone bit/homatrop me-br 5-1.5 mg/5 syrup</i>	gen	QL (210 PER 30 DAYS OVER TIME), NDS, ED
<i>hydrocodone bitart/chlorpheniramine maleate/pseudoephedrine</i>	gen	QL (140 PER 30 DAYS OVER TIME), NDS, ED
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	gen	QL (70 PER 30 DAYS OVER TIME), NDS, ED
<i>ipratropium bromide/albuterol sulfate</i>	gen	PA - Part B vs D Determination, QL (540 PER 30 DAYS OVER TIME)
NUCALA (100 MG/ML SYRINGE, 100 MG/ML AUTO-INJECTOR)	spec	PA, LA, QL (3 PER 28 DAYS)
NUCALA 100 MG VIAL	spec	PA, LA, QL (3 PER 28 DAYS OVER TIME)
OFEV	spec	PA, QL (2 PER 1 DAYS)
<i>phenylephrine hcl/promethazine hcl</i>	gen	PA
PROLASTIN C	spec	
<i>promethazine hcl/codeine</i>	gen	PA, QL (210 PER 30 DAYS OVER TIME), NDS, ED
<i>promethazine hcl/dextromethorphan hbr</i>	gen	PA, ED
<i>promethazine/phenylephrine hcl/codeine</i>	gen	PA, QL (210 PER 30 DAYS OVER TIME), NDS, ED
PULMOZYME	spec	PA - Part B vs D Determination, QL (150 PER 30 DAYS OVER TIME)
<i>ribavirin 6 g vial-neb</i>	spec	PA - Part B vs D Determination
<i>sodium chloride for inhalation (3 % vial-neb, 7 % vial-neb, 10 % vial-neb)</i>	gen	ED
SYMBICORT 160-4.5 MCG INHALER	brd	QL (12 PER 30 DAYS OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMBICORT 80-4.5 MCG INHALER	brd	QL (10.2 PER 30 DAYS OVER TIME)
<i>tobramycin in 0.225 % sodium chloride</i>	spec	PA, QL (280 PER 28 DAYS OVER TIME)
TRELEGY ELLIPTA	brd	QL (60 PER 30 DAYS OVER TIME)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE, 150 MG VIAL)	spec	PA
ZEMAIRA	spec	

SKELETAL MUSCLE RELAXANTS

<i>carisoprodol</i>	gen	PA, QL (4 PER 1 DAYS)
<i>carisoprodol/aspirin</i>	gen	PA, QL (8 PER 1 DAYS)
<i>chlorzoxazone</i>	gen	PA, QL (4 PER 1 DAYS)
<i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	gen	PA
<i>cyclobenzaprine hcl 15 mg cap er 24h</i>	gen	PA, QL (2 PER 1 DAYS)
<i>cyclobenzaprine hcl 30 mg cap er 24h</i>	gen	PA, QL (1 PER 1 DAYS)
<i>metaxalone 400 mg tablet</i>	gen	PA, QL (4 PER 1 DAYS)
<i>metaxalone 800 mg tablet</i>	gen	PA
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	gen	PA
<i>orphenadrine citrate 100 mg tablet er</i>	gen	PA
<i>orphenadrine citrate/aspirin/caffeine</i>	gen	PA, QL (4 PER 1 DAYS)

SLEEP DISORDER AGENTS

GABA RECEPTOR MODULATORS

<i>estazolam</i>	gen	QL (1 PER 1 DAYS)
<i>eszopiclone</i>	gen	QL (1 PER 1 DAYS)
<i>flurazepam hcl</i>	gen	QL (1 PER 1 DAYS)
<i>quazepam</i>	gen	PA
<i>temazepam (22.5 mg capsule, 30 mg capsule)</i>	gen	QL (1 PER 1 DAYS)
<i>temazepam 15 mg capsule</i>	gen	QL (2 PER 1 DAYS)
<i>temazepam 7.5 mg capsule</i>	gen	QL (4 PER 1 DAYS)
<i>triazolam 0.125 mg tablet</i>	gen	QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triazolam 0.25 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>zaleplon 10 mg capsule</i>	gen	QL (2 PER 1 DAYS)
<i>zaleplon 5 mg capsule</i>	gen	QL (4 PER 1 DAYS)
<i>zolpidem tartrate (1.75 mg tab subl, 3.5 mg tab subl, 10 mg tablet, 12.5 mg tab mphase)</i>	gen	QL (1 PER 1 DAYS)
<i>zolpidem tartrate (5 mg tablet, 6.25 mg tab mphase)</i>	gen	QL (2 PER 1 DAYS)

SLEEP DISORDERS, OTHER

<i>armodafinil</i>	gen	PA, QL (1 PER 1 DAYS)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	npd	QL (1 PER 1 DAYS)
HETLIOZ	spec	PA, QL (1 PER 1 DAYS)
<i>modafinil 100 mg tablet</i>	gen	PA, QL (3 PER 1 DAYS)
<i>modafinil 200 mg tablet</i>	gen	PA, QL (2 PER 1 DAYS)
<i>ramelteon</i>	gen	QL (1 PER 1 DAYS)
XYREM	spec	PA, LA, QL (540 PER 30 DAYS OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Index of Drugs

0

0.9 % sodium chloride 66

8

8-MOP 63

A

abacavir sulfate 43

abacavir sulfate/lamivudine 43

abacavir sulfate/lamivudine/zidovudine 43

ABELCET 24

ABILIFY MAINTENA 39

abiraterone acetate 27

acamprosate calcium 8

acarbose 47

acebutolol hcl 54

acetaminophen with codeine phosphate 5

acetaminophen/caffeine/dihydrocodeine

bitartrate 5

acetazolamide 57

acetic acid 92

acetylcysteine 96

acitretin 63

ACTHAR 77

ACTHIB 84

ACTIMMUNE 84

ACTOPLUS MET XR 47

acyclovir 45

acyclovir sodium 45

ADACEL TDAP 84

adapalene 63

adapalene/benzoyl peroxide 63

ADDYI 73

adefovir dipivoxil 41

ADEMPAS 96

AEMCOLO 10

AFINITOR 31

AFINITOR DISPERZ 31

AIMOVIG AUTOINJECTOR 25

ALA-CORT 74

albendazole 36

albuterol sulfate 94

alclometasone dipropionate 74

alcohol antiseptic pads 87

ALDACTAZIDE 55

ALDURAZYME 72

ALECENSA 31

alendronate sodium 86

alfuzosin hcl 73

ALIMTA 28

ALINIA 36

ALIQOPA 31

aliskiren hemifumarate 55

allopurinol 25

almotriptan malate 26

ALOCRIIL 90

alogliptin benzoate 47

alogliptin benzoate/metformin hcl 47

alogliptin benzoate/pioglitazone hcl 47

ALOMIDE 90

alosetron hcl 71

ALPHAGAN P 91

alprazolam 46

ALREX 90

ALUNBRIG 29

amantadine hcl 37

AMBISOME 24

ambrisentan 96

amcinonide 75

amifostine crystalline 29

amikacin sulfate 10

amiloride hcl 57

amiloride hcl/hydrochlorothiazide 55

aminocaproic acid 51

AMINOSYN II 66

AMINOSYN II WITH ELECTROLYTES 66

AMINOSYN WITH ELECTROLYTES 66

AMINOSYN-HBC 66

AMINOSYN-PF 66

AMINOSYN-RF 66

amiodarone hcl 53

AMITIZA.....	71	atazanavir sulfate.....	44
amitriptyline hcl.....	22	atenolol.....	54
amitriptyline hcl/chlordiazepoxide.....	20	atenolol/chlorthalidone.....	56
amlodipine besylate.....	55	atomoxetine hcl.....	61
amlodipine besylate/atorvastatin calcium.....	55	atorvastatin calcium.....	58
amlodipine besylate/benazepril hcl.....	55	atovaquone.....	36
amlodipine besylate/olmesartan medoxomil.....	55	atovaquone/proguanil hcl.....	36
amlodipine besylate/valsartan.....	55	ATRIPLA.....	42
amlodipine besylate/valsartan/hydrochlorothiazide....	55	atropine sulfate.....	69,89
ammonium lactate.....	63	ATROVENT HFA.....	94
amoxapine.....	22	AUBAGIO.....	62
amoxicillin.....	13	AUGMENTIN.....	13
amoxicillin/potassium clavulanate.....	13	AURYXIA.....	74
amphetamine sulfate.....	60	AVANDIA.....	47
amphotericin b.....	24	AVASTIN.....	35
ampicillin sodium.....	13	AVC.....	15
ampicillin sodium/sulbactam sodium.....	13	AYVAKIT.....	29
ampicillin trihydrate.....	13	azathioprine.....	82
ANADROL-50.....	77	azathioprine sodium.....	82
anagrelide hcl.....	50	azelaic acid.....	63
ANALPRAM HC.....	63	azelastine hcl.....	90,93
anastrozole.....	31	azelastine hcl/fluticasone propionate.....	96
ANORO ELLIPTA.....	96	azithromycin.....	14
APOKYN.....	38	AZOPT.....	91
apraclonidine hcl.....	91	aztreonam.....	13
aprepitant.....	23		
APTIOM.....	19	B	
APTIVUS.....	44	bacitracin.....	10
ARALAST NP.....	96	bacitracin/polymyxin b sulfate.....	89
ARANESP.....	50,51	baclofen.....	41
ARCALYST.....	84	bacteriostatic sodium chloride.....	87
cripiprazole.....	39	BACTROBAN NASAL.....	10
ARISTADA.....	39	balsalazide disodium.....	86
ARISTADA INITIO.....	39	BALVERSA.....	29
armodafinil.....	99	BANZEL.....	19
ARMOUR THYROID.....	80	BAQSIMI.....	49
ARNUITY ELLIPTA.....	92	BARACLUDE.....	41
ARZERRA.....	35	BAVENCIO.....	35
aspirin/dipyridamole.....	52	BCG VACCINE (TICE STRAIN).....	84
		BELRAPZO.....	27
		benazepril hcl.....	53

benazepril hcl/hydrochlorothiazide	56	BOSULIF	31
bendamustine hcl	27	BRAFTOVI	31
BENLYSTA	84	BREO ELLIPTA	96
benznidazole	36,37	BRILINTA	52
benzonatate	96	brimonidine tartrate	91
benzphetamine hcl	61	BRIVIACT	16
benztropine mesylate	37	bromfenac sodium	90
BEPREVE	90	bromocriptine mesylate	38
BERINERT	82	brompheniramine maleate/pseudoephedrine hcl/dextromethorphan	96
BESIVANCE	15	BRUKINSA	29
BESPONSA	35	budesonide	86,93
betamethasone dipropionate	75	budesonide/formoterol fumarate	96
betamethasone dipropionate/propylene glycol	75	bumetanide	57
betamethasone valerate	75	buprenorphine	4
BETASERON	62	buprenorphine hcl	9
betaxolol hcl	54,91	buprenorphine hcl/naloxone hcl	9
bethanechol chloride	73	bupropion hcl	9,20
BETHKIS	95	buspiron hcl	46
BETIMOL	91	butalbital/acetaminophen	62
BETOPTIC S	91	butalbital/acetaminophen/caffeine	61,62
BEVESPI AEROSPHERE	96	butalbital/acetaminophen/caffeine/codeine phosphate	5
bexarotene	36	butalbital/aspirin/caffeine	3
BEXSERO	84	butoconazole nitrate	24
bicalutamide	27	butorphanol tartrate	5
BICILLIN C-R	14	BYETTA	47
BICILLIN L-A	14	BYSTOLIC	54
BIDIL	56		
BIKTARVY	42	C	
bimatoprost	92	cabergoline	81
BIOTHRAX	84	CABLIVI	51
bisacodyl/sodium chlor/sodium		CABOMETYX	32
bicarb/potassium chl/peg 3350	71	caffeine citrate	95
bisoprolol fumarate	54	calcipotriene	63
bisoprolol fumarate/hydrochlorothiazide	56	calcipotriene/betamethasone dipropionate	63
BIVIGAM	83	calcitonin,salmon,synthetic	86
BLEPHAMIDE	89	calcitriol	63,86
BLEPHAMIDE S.O.P	89	calcium acetate	74
blood ketone test, strips	87	CALQUENCE	32
BOOSTRIX TDAP	84		
bosentan	96		

CAMPATH.....	35	cefuroxime axetil.....	12
candesartan cilexetil.....	52,53	cefuroxime sodium.....	13
candesartan cilexetil/hydrochlorothiazide..	56	celecoxib.....	3
CAPASTAT SULFATE.....	26	CELONTIN.....	17
CAPLYTA.....	39	cephalexin.....	13
CAPRELSA.....	32	CERDELGA.....	72
captopril.....	53	CEREZYME.....	72
captopril/hydrochlorothiazide.....	56	cetirizine hcl.....	93
CARBAGLU.....	72	cevimeline hcl.....	63
carbamazepine.....	19	CHANTIX.....	9
carbidopa.....	38	CHEMET.....	66
carbidopa/levodopa.....	38	chloramphenicol sod succinate.....	10
carbidopa/levodopa/entacapone.....	37	chlordiazepoxide hcl.....	46
carbinoxamine maleate.....	93	chlordiazepoxide/clidinium bromide.....	69
CARIMUNE NF NANOFILTERED.....	83	chlorhexidine gluconate.....	63
carisoprodol.....	98	chloroquine phosphate.....	37
carisoprodol/aspirin.....	98	chlorothiazide.....	57
carisoprodol/aspirin/codeine phosphate...	5	chlorpromazine hcl.....	38
carteolol hcl.....	91	chlorpropamide.....	47
carvedilol.....	54	chlorthalidone.....	58
carvedilol phosphate.....	54	chlorzoxazone.....	98
caspofungin acetate.....	24	CHOLBAM.....	70
CAYSTON.....	95	cholestyramine (with sugar).....	58
cefaclor.....	12	cholestyramine/aspartame.....	58
cefadroxil.....	12	chorionic gonadotropin, human.....	77
cefazolin sodium.....	12	ciclopirox.....	24
cefazolin sodium/dextrose, iso-osmotic....	12	ciclopirox olamine.....	24
cefdinir.....	12	cilostazol.....	52
cefditoren pivoxil.....	12	CILOXAN.....	15
cefepime hcl.....	12	CIMDUO.....	42
cefepime hcl in dextrose 5 % in water.....	12	cimetidine.....	70
cefixime.....	12	cimetidine hcl.....	70
cefotaxime sodium.....	12	cinacalcet hcl.....	86
cefotetan disodium.....	12	CINRYZE.....	82
cefotetan disodium in iso-osmotic dextrose.	12	CIPRO HC.....	92
cefoxitin sodium.....	12	CIPRODEX.....	92
cefpodoxime proxetil.....	12	ciprofloxacin.....	15
cefprozil.....	12	ciprofloxacin hcl.....	15
ceftazidime.....	12	ciprofloxacin hcl/fluocinolone acetonide..	92
ceftibuten.....	12	ciprofloxacin lactate.....	15
ceftriaxone sodium.....	12	ciprofloxacin lactate/dextrose 5 % in water.	15

ciprofloxacin/ciprofloxacin hcl.....	15	COLY-MYCIN S.....	92
citalopram hydrobromide.....	21	COMBIGAN.....	91
citric acid/sodium citrate.....	74	COMBIVENT RESPIMAT.....	96
clarithromycin.....	14	COMETRIQ.....	32
clemastine fumarate.....	93	COMPLERA.....	42
CLEOCIN.....	10	CONDYLOX.....	64
CLIMARA PRO.....	78	COPAXONE.....	62
clindamycin hcl.....	10	COPIKTRA.....	29
clindamycin palmitate hcl.....	10	CORLANOR.....	56
clindamycin phosphate.....	10	CORTIFOAM.....	86
clindamycin phosphate in 0.9 % sodium chloride.....	10	cortisone acetate.....	75
clindamycin phosphate/benzoyl peroxide.....	63	CORTISPORIN.....	64
clindamycin phosphate/dextrose 5 % in water.....	10	CORTISPORIN-TC.....	92
clindamycin phosphate/tretinoin.....	64	COSENTYX (2 SYRINGES).....	64
CLINDESSE.....	10	COSENTYX PEN.....	64
CLINISOL.....	66	COSENTYX PEN (2 PENS).....	64
clobazam.....	17	COSENTYX SYRINGE.....	64
clobetasol propionate.....	75	COTELLIC.....	32
clobetasol propionate/emollient base.....	75	COUMADIN.....	50
clocortolone pivalate.....	75	CREON.....	72
clomipramine hcl.....	22	CRESEMBA.....	24
clonazepam.....	46	CRINONE.....	80
clonidine.....	52	CRIXIVAN.....	44
clonidine hcl.....	52,61	cromolyn sodium.....	70,90,95
clopidogrel bisulfate.....	52	crotamiton.....	37
clorazepate dipotassium.....	46	CRYSVITA.....	66
clotrimazole.....	24	cyanocobalamin (vitamin b-12).....	66
clotrimazole/betamethasone dipropionate.....	64	cyclobenzaprine hcl.....	98
clozapine.....	41	cyclophosphamide.....	27
COARTEM.....	37	cycloserine.....	26
codeine		CYCLOSET.....	47
phosphate/butalbital/aspirin/caffeine.....	5	cyclosporine.....	82
codeine phosphate/guaifenesin.....	96	cyclosporine, modified.....	82
codeine sulfate.....	6	cyproheptadine hcl.....	93
colchicine.....	25	CYRAMZA.....	32
COLCRYS.....	25	CYSTADANE.....	72
colesevelam hcl.....	59	CYSTAGON.....	74
colestipol hcl.....	59	CYSTARAN.....	89
colistin (as colistimethate sodium).....	10		
		D	
		dacarbazine.....	29

dalfampridine.....	62	dextrose 10 % in water.....	67
DALIRESP.....	95	dextrose 2.5 % and 0.45 % sodium chloride..	67
danazol.....	78	dextrose 5 % and 0.2 % sodium chloride....	67
dantrolene sodium.....	41	dextrose 5 % and 0.3 % sodium chloride....	67
dapsone.....	26,64	dextrose 5 % and 0.45 % sodium chloride...	67
DAPTACEL DTAP.....	84	dextrose 5 % and 0.9 % sodium chloride....	67
daptomycin.....	11	dextrose 5 % in lactated ringers.....	67
DARAPRIM.....	37	dextrose 5 % in water.....	67
darifenacin hydrobromide.....	73	diazepam.....	17,46
DARZALEX.....	35	diclofenac epolamine.....	3
DAURISMO.....	32	diclofenac potassium.....	3
deferasirox.....	66	diclofenac sodium.....	3,64,91
DELSTRIGO.....	42	diclofenac sodium/misoprostol.....	3
demeclocycline hcl.....	16	dicloxacillin sodium.....	14
DEMSEER.....	56	dicyclomine hcl.....	69
DENAVIR.....	45	didanosine.....	43
DEPO-ESTRADIOL.....	78	diflorasone diacetate.....	75
DEPO-PROVERA.....	80	diflorasone diacetate/emollient base.....	75
DERMOTIC.....	92	diflunisal.....	3
DESCOVY.....	44	digoxin.....	56
desipramine hcl.....	22	dihydroergotamine mesylate.....	25
desloratadine.....	93	DILANTIN.....	19
desmopressin acetate.....	77	diltiazem hcl.....	55
desmopressin acetate (non-refrigerated) ...	77	DIPENTUM.....	86
desogestrel-ethinyl estradiol.....	78	diphenhydramine hcl.....	93
desogestrel-ethinyl estradiol/ethinyl		diphenoxylate hcl/atropine sulfate.....	70
estradiol.....	78	DIPHThERIA-TETANUS TOXOIDS-PED.....	84
desonide.....	75	dipyridamole.....	52
desoximetasone.....	75	disopyramide phosphate.....	53
desvenlafaxine.....	21	disulfiram.....	9
desvenlafaxine succinate.....	21	DIURIL.....	58
dexamethasone.....	75	divalproex sodium.....	17
dexamethasone sodium phosphate.....	75,90	dofetilide.....	53
dexchlorpheniramine maleate.....	93	donepezil hcl.....	19
DEXILANT.....	71	dorzolamide hcl.....	91
dexmethylphenidate hcl.....	61	dorzolamide hcl/timolol maleate.....	91
dextroamphetamine sulf-		dorzolamide hcl/timolol maleate/pf.....	91
saccharate/amphetamine sulf-aspartate...	60	DOVATO.....	44
dextroamphetamine sulfate.....	60	doxazosin mesylate.....	52
dextrose 10 % and 0.2 % sodium chloride...	66	doxepin hcl.....	22,64,99
dextrose 10 % and 0.45 % sodium chloride..	66	doxercalciferol.....	86

doxycycline hyclate.....	16	ENTRESTO.....	56
doxycycline monohydrate.....	16	ENVARUSUS XR.....	82
doxylamine succinate/pyridoxine hcl (b6) ..	22	EPCLUSA.....	41
DRIZALMA SPRINKLE.....	62	EPIDIOLEX.....	16
dronabinol.....	23	EPIDUO FORTE.....	64
drospirenone/ethinyl estradiol/levomefolate calcium.....	78	EPIFOAM.....	64
DROXIA.....	28	epinastine hcl.....	90
DUAVEE.....	78	epinephrine.....	94
duloxetine hcl.....	62	epinephrine autoinjector (generic adrenaclick).....	94
DUOBRII.....	64	EPIPEN 2-PAK.....	94
DURAMORPH.....	6	EPIPEN JR 2-PAK.....	95
DUREZOL.....	91	EPIVIR HBV.....	41
dutasteride.....	73	eplerenone.....	57
dutasteride/tamsulosin hcl.....	73	eprosartan mesylate.....	53
E		EQUETRO.....	47
econazole nitrate.....	24	ERAXIS (WATER DILUENT).....	24
EDURANT.....	42	ergocalciferol (vitamin d2).....	87
efavirenz.....	43	ergoloid mesylates.....	19
EGRIFTA.....	81	ergotamine tartrate/caffeine.....	26
EGRIFTA SV.....	81	ERIVEDGE.....	32
ELAPRASE.....	72	ERLEADA.....	27
eletriptan hydrobromide.....	26	erlotinib hcl.....	32
ELIQUIS.....	50	ertapenem sodium.....	13
ELLA.....	79	ERWINAZE.....	29
ELMIRON.....	74	ERYGEL.....	14
EMADINE.....	90	ERYTHROCIN LACTOBIONATE.....	14
EMCYT.....	28	ERYTHROCIN STEARATE.....	14
EMPLICITI.....	35	erythromycin base.....	14
EMSAM.....	20	erythromycin base in ethanol.....	14
EMTRIVA.....	43	erythromycin base/benzoyl peroxide.....	11
enalapril maleate.....	53	erythromycin ethylsuccinate.....	14
enalapril maleate/hydrochlorothiazide.....	56	ESBRIET.....	96
ENBREL.....	82	escitalopram oxalate.....	21
ENBREL SURECLICK.....	82	esomeprazole magnesium.....	71
ENGERIX-B ADULT.....	84	estazolam.....	98
ENGERIX-B PEDIATRIC-ADOLESCENT.....	84	estradiol.....	78
enoxaparin sodium.....	50	estradiol valerate.....	79
entacapone.....	37	estradiol/norethindrone acetate.....	79
entecavir.....	41	ESTRING.....	79
		estrogens,esterified/methyltestosterone.....	79

estropipate.....	79	flavoxate hcl.....	73
eszopiclone.....	98	FLEBOGAMMA DIF.....	84
ethacrynic acid.....	57	flecainide acetate.....	54
ethambutol hcl.....	27	FLOVENT DISKUS.....	93
ethinyl estradiol/drospirenone.....	79	FLOVENT HFA.....	93
ethosuximide.....	17	fluconazole.....	24
ethynodiol diacetate-ethinyl estradiol.....	79	fluconazole in dextrose, iso-osmotic.....	24
etidronate disodium.....	87	fluconazole in sodium chloride, iso-osmotic.....	24
etodolac.....	3	flucytosine.....	24
etonogestrel/ethinyl estradiol.....	79	fludarabine phosphate.....	29
EURAX.....	37	fludrocortisone acetate.....	75
EUTHYROX.....	80	flunisolide.....	93
everolimus.....	32	fluocinolone acetonide.....	76
EVOTAZ.....	44	fluocinolone acetonide oil.....	92
exemestane.....	31	fluocinolone acetonide/shower cap.....	76
ezetimibe.....	59	fluocinonide.....	76
ezetimibe/simvastatin.....	59	fluocinonide/emollient base.....	76
F		fluoride (sodium).....	67
FABRAZYME.....	72	fluoride/iron/vitamins a,c,and d.....	67
famciclovir.....	45	FLUORITAB.....	67
famotidine.....	70	fluorometholone.....	91
FANAPT.....	39	fluorouracil.....	28,64
FARYDAK.....	32	fluoxetine hcl.....	21
febuxostat.....	25	fluphenazine decanoate.....	38
felbamate.....	18	fluphenazine hcl.....	38
felodipine.....	55	flurandrenolide.....	76
FEMRING.....	79	flurazepam hcl.....	98
fenofibrate.....	58	flurbiprofen.....	3
fenofibrate nanocrystallized.....	58	flurbiprofen sodium.....	91
fenofibrate,micronized.....	58	flutamide.....	28
fenofibric acid.....	58	fluticasone propionate.....	76,93
fenofibric acid (choline).....	58	fluticasone propionate/salmeterol	
fenopropfen calcium.....	3	xinafoate.....	97
fentanyl.....	4	fluvastatin sodium.....	58
fentanyl citrate.....	6	fluvoxamine maleate.....	21
FERRIPROX.....	66,67	FML FORTE.....	91
FETZIMA.....	21	FML S.O.P.....	91
finasteride.....	73	folic acid.....	67
FIRDAPSE.....	62	fondaparinux sodium.....	50
FIRMAGON.....	81	fosamprenavir calcium.....	44
		fosinopril sodium.....	53

fosinopril sodium/hydrochlorothiazide	56
fosphenytoin sodium	19
frovatriptan succinate	26
fulvestrant	28
furosemide	57
FUZEON	44
FYCOMPA	18

G

gabapentin	17
galantamine hbr	19,20
GAMMAGARD LIQUID	84
GAMMAGARD S-D	84
GAMMAKED	84
GAMMAPLEX	84
GAMUNEX-C	84
ganciclovir sodium	41
GARDASIL 9	84
gatifloxacin	15
GATTEX	70
gauze bandage	87
GAZYVA	35
gemcitabine hcl	28
gemfibrozil	58
gentamicin sulfate	10
gentamicin sulfate/pf	10
GENVOYA	42
GEODON	39
GILENYA	63
GILOTRIF	32
GLASSIA	97
glatiramer acetate	63
GLEOSTINE	27
glimepiride	47
glipizide	47
glipizide/metformin hcl	47
GLUCAGEN	49
GLUCAGON EMERGENCY KIT	49
glyburide	47
glyburide,micronized	47
glyburide/metformin hcl	47

glycopyrrolate	69
GLYXAMBI	47
granisetron hcl	23
granisetron hcl/pf	23
griseofulvin ultramicrosize	24
griseofulvin, microsize	24
guaifenesin/hydrocodone bitartrate	97
guanfacine hcl	52,61
guanidine hcl	26

H

HAEGARDA	82
HALAVEN	29
halcinonide	76
halobetasol propionate	76
haloperidol	39
haloperidol decanoate	39
haloperidol lactate	39
HARVONI	41
HAVRIX	84
heparin sodium,porcine	50
heparin sodium,porcine/pf	50
HEPATAMINE	67
HERCEPTIN	35
HERCEPTIN HYLECTA	35
HETLIOZ	99
HEXALEN	27
HIBERIX	84
HIZENTRA	84
homatropine hbr	89
HUMALOG	49
HUMALOG JUNIOR KWIKPEN	49
HUMALOG KWIKPEN U-100	49
HUMALOG KWIKPEN U-200	49
HUMALOG MIX 50-50	49
HUMALOG MIX 50-50 KWIKPEN	49
HUMALOG MIX 75-25	49
HUMALOG MIX 75-25 KWIKPEN	49
HUMIRA	82
HUMIRA PEDIATRIC CROHN'S	82
HUMIRA PEN	82

HUMIRA PEN CROHN'S-UC-HS.....	82	IBRANCE.....	32
HUMIRA PEN PSOR-UEVITS-ADOL HS.....	82	ibuprofen.....	3
HUMIRA(CF).....	82	ibuprofen/oxycodone hcl.....	7
HUMIRA(CF) PEDIATRIC CROHN'S.....	83	icatibant acetate.....	82
HUMIRA(CF) PEN.....	83	ICLUSIG.....	32
HUMIRA(CF) PEN CROHN'S-UC-HS.....	83	IDHIFA.....	29
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	83	ILARIS.....	84
HUMULIN 70-30.....	49	ILEVRO.....	91
HUMULIN 70/30 KWIKPEN.....	49	imatinib mesylate.....	33
HUMULIN N.....	49	IMBRUVICA.....	33
HUMULIN N KWIKPEN.....	49	IMFINZI.....	35
HUMULIN R.....	49	imipenem/cilastatin sodium.....	13
HUMULIN R U-500.....	49	imipramine hcl.....	22
HUMULIN R U-500 KWIKPEN.....	49	imipramine pamoate.....	22
hydralazine hcl.....	59	imiquimod.....	64
hydrochlorothiazide.....	58	IMOVAX RABIES VACCINE.....	85
hydrocodone bitart/chlorpheniramine maleate/pseudoephedrine.....	97	INCRELEX.....	77
hydrocodone bitartrate.....	4	INCRUSE ELLIPTA.....	94
hydrocodone bitartrate/acetaminophen.....	6	indapamide.....	58
hydrocodone bitartrate/homatropine methylbromide.....	97	INDOCIN.....	3
hydrocodone polistirex/chlorpheniramine polistirex.....	97	indomethacin.....	3
hydrocodone/ibuprofen.....	6	INFANRIX DTAP.....	85
hydrocortisone.....	76,86	INFLECTRA.....	83
hydrocortisone acetate.....	64,76	inhaler, assist devices.....	87
hydrocortisone acetate/pramoxine hcl.....	64	inhaler,assist device with medium mask.....	87
hydrocortisone butyrate.....	76	INLYTA.....	33
hydrocortisone valerate.....	76	INNOPRAN XL.....	54
hydrocortisone/acetic acid.....	92	INREBIC.....	29
hydromorphone hcl.....	4,6,7	insulin admin. supplies.....	88
hydroxychloroquine sulfate.....	37	insulin syringe needle.....	88
hydroxyprogesterone caproate.....	80	insulin syringe-needle,safety,disposal unit,0.5 ml.....	88
hydroxyurea.....	28	INTELENCE.....	43
hydroxyzine hcl.....	93	INTRALIPID.....	67
hydroxyzine pamoate.....	93	INTRON A.....	42
hyoscyamine sulfate.....	70	INVEGA SUSTENNA.....	39
		INVEGA TRINZA.....	40
		INVIRASE.....	44
		INVOKAMET.....	47
		INVOKAMET XR.....	47
ibandronate sodium.....	87	INVOKANA.....	47,48

IONOSOL MB-DEXTROSE 5%.....	67
IOPIDINE.....	91
IPOL.....	85
ipratropium bromide.....	94
ipratropium bromide/albuterol sulfate.....	97
IPRIVASK.....	50
irbesartan.....	53
irbesartan/hydrochlorothiazide.....	56
IRESSA.....	33
ISENTRESS.....	42
ISENTRESS HD.....	42
isoniazid.....	27
isosorbide dinitrate.....	59
isosorbide mononitrate.....	59
isotretinoin.....	64
isradipine.....	55
itraconazole.....	24
ivermectin.....	36,64
IXEMpra.....	29
IXIARO.....	85

J

JADENU.....	67
JADENU SPRINKLE.....	66
JAKAFI.....	33
JANUMET.....	48
JANUMET XR.....	48
JANUVIA.....	48
JARDIANCE.....	48
JENTADUETO.....	48
JENTADUETO XR.....	48
JULUCA.....	44
JUXTAPID.....	59
JYNARQUE.....	66,67

K

KADCYLA.....	35
KALETRA.....	45
KALYDECO.....	95
KEPIVANCE.....	63
ketoconazole.....	24

ketoprofen.....	3
ketorolac tromethamine.....	3,91
KEYTRUDA.....	35
KHAPZORY.....	29
KINRIX.....	85
KISQALI.....	33
KISQALI FEMARA CO-PACK.....	33
KLOR-CON 10.....	67
KLOR-CON 8.....	67
KLOR-CON M15.....	67
KORLYM.....	76
KRINTAFEL.....	37
KRISTALOSE.....	71
KRYSTEXXA.....	25
KUVAN.....	72
KYPROLIS.....	33

L

labetalol hcl.....	54
lactulose.....	71
lamivudine.....	41,43
lamivudine/zidovudine.....	43
lamotrigine.....	18
lansoprazole.....	71
lansoprazole/amoxicillin trihydrate/clarithromycin.....	70
lanthanum carbonate.....	74
LANTUS.....	49
LANTUS SOLOSTAR.....	49
LARTRUVO.....	35
LASTACAFT.....	90
latanoprost.....	92
LATUDA.....	40
leflunomide.....	84
LENVIMA.....	33
letrozole.....	31
leucovorin calcium.....	29
LEUKERAN.....	27
LEUKINE.....	51
leuprolide acetate.....	81
levalbuterol hcl.....	95

levabuterol tartrate	95	LOTEMAX	91
levetiracetam	16,17	loteprednol etabonate	91
levetiracetam in sodium chloride, iso- osmotic	17	lovastatin	58
LEVO-T	80	loxapine succinate	39
levobunolol hcl	91	luliconazole	24
levocarnitine	66,67	LUMIGAN	92
levocarnitine (with sugar)	67	LUMIZYME	72
levocetirizine dihydrochloride	93	LUPRON DEPOT	81
levofloxacin	15	LUPRON DEPOT-PED	81
levofloxacin/dextrose 5 % in water	15	LYNPARZA	33
levoleucovorin calcium	29	LYSODREN	30
levonorgestrel	80		
levonorgestrel/ethinyl estradiol	79	M	
levonorgestrel/ethinyl estradiol and ethinyl estradiol	79	M-M-R II VACCINE	85
levothyroxine sodium	80	magnesium sulfate	67
LEVOXYL	80	malathion	37
LEXIVA	45	maprotiline hcl	21
LIBTAYO	35	MARPLAN	20
lidocaine	8	MARQIBO	30
lidocaine hcl	8	MATULANE	27
lidocaine/prilocaine	8	MAVYRET	41
lincomycin hcl	11	MAXIDEX	91
lindane	37	mecamylamine hcl	56
linezolid	11	meclizine hcl	23
linezolid in 0.9 % sodium chloride	11	meclofenamate sodium	3
linezolid in dextrose 5 % in water	11	MEDROL	76
LINZESS	71	medroxyprogesterone acetate	80
liothyronine sodium	80	mefenamic acid	3
lisinopril	53	mefloquine hcl	37
lisinopril/hydrochlorothiazide	56	megestrol acetate	80
lithium carbonate	47	MEKINIST	33,34
lithium citrate	47	MEKTOVI	34
LONSURF	28	meloxicam	3
loperamide hcl	70	melphalan	27
lopinavir/ritonavir	45	memantine hcl	20
lorazepam	46	MENACTRA	85
LORBRENA	31	MENEST	79
losartan potassium	53	MENOSTAR	79
losartan potassium/hydrochlorothiazide	56	MENVEO A-C-Y-W-135-DIP	85
		meperidine hcl	7
		MEPHYTON	51

meprobamate	46	midodrine hcl	52
mercaptapurine	28	miglitol	48
meropenem	13	miglustat	72
mesalamine	86	minocycline hcl	16
mesalamine with cleansing wipes	86	minoxidil	59
mesna	36	mirtazapine	20
MESNEX	36	misoprostol	71
metaproterenol sulfate	95	MITIGARE	25
metaxalone	98	modafinil	99
metformin hcl	48	moexipril hcl	53
methadone hcl	4	moexipril hcl/hydrochlorothiazide	56
methazolamide	92	molindone hcl	39
methenamine hippurate	11	mometasone furoate	76,93
methenamine mandelate	11	montelukast sodium	94
methimazole	82	MONUROL	11
methocarbamol	98	morphine sulfate	4,5,7
methotrexate sodium	83	morphine sulfate/pf	7
methotrexate sodium/pf	83	MOVANTIK	70
methoxsalen	64	MOXEZA	15
methscopolamine bromide	70	moxifloxacin hcl	15
methyl dopa	52	MOZOBIL	51
methyl dopa/hydrochlorothiazide	56	MULTAQ	54
methylergonovine maleate	88	multivitamin combination no.47/ferrous fum/folate no.1/dha	67
methylphenidate hcl	61	mupirocin	11
methylprednisolone	76	mupirocin calcium	11
methylprednisolone acetate	76	MUSE	74
methylprednisolone sodium succinate	76	MYALEPT	70
methyltestosterone	78	MYCAMINE	24
metipranolol	92	mycophenolate mofetil	83
metoclopramide hcl	23	mycophenolate mofetil hcl	83
metolazone	58	mycophenolate sodium	83
metoprolol succinate	54	MYLERAN	27
metoprolol tartrate	54	MYRBETRIQ	73
metoprolol tartrate/hydrochlorothiazide	56		
metronidazole	11,64	N	
metronidazole in sodium chloride	11	nabumetone	3
mexiletine hcl	54	nadolol	54
MIACALCIN	87	nadolol/bendroflumethiazide	56
miconazole nitrate	24	nafcillin in dextrose, iso-osmotic	14
miconazole nitrate/zinc oxide/petrolatum,white	24	nafcillin sodium	14

naftifine hcl.....	24	nisoldipine.....	55
NAGLAZYME.....	72	nitisinone.....	72
naloxone hcl.....	9	NITRO-BID.....	59
naltrexone hcl.....	9	NITRO-DUR.....	59
NAMENDA XR.....	20	nitrofurantoin.....	11
NAMZARIC.....	20	nitrofurantoin macrocrystal.....	11
naphazoline hcl.....	89	nitrofurantoin monohydrate/macrocrystals.....	11
naproxen.....	3	nitroglycerin.....	59
naproxen sodium.....	3	NITROMIST.....	59
naproxen/esomeprazole magnesium.....	4	NITROSTAT.....	59
naratriptan hcl.....	26	NITYR.....	72
NARCAN.....	9	nizatidine.....	70
NATACYN.....	25	NORDITROPIN FLEXPRO.....	77
nateglinide.....	48	norelgestromin/ethinyl estradiol.....	79
NATPARA.....	87	norethindrone.....	80
NAYZILAM.....	8	norethindrone acetate.....	80
nefazodone hcl.....	21	norethindrone acetate-ethinyl estradiol.....	79
neomycin sulfate.....	10	norethindrone acetate-ethinyl estradiol/ferrous fumarate.....	79
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone.....	89	norethindrone-ethinyl estradiol.....	79
neomycin sulfate/bacitracin/polymyxin b.....	89	norethindrone-ethinyl estradiol/ferrous fumarate.....	79
neomycin sulfate/polymyxin b sulfate.....	11	norgestimate-ethinyl estradiol.....	79
neomycin sulfate/polymyxin b sulfate/gramicidin d.....	89	norgestrel-ethinyl estradiol.....	79
neomycin sulfate/polymyxin b sulfate/hydrocortisone.....	90,92	NORMOSOL-M AND DEXTROSE.....	67
neomycin/polymyxin b sulfate/dexamethasone.....	90	NORTHERA.....	52
NERLYNX.....	34	nortriptyline hcl.....	22
NEULASTA.....	51	nortriptyline oral solution (unit dose).....	22
NEUPRO.....	38	NORVIR.....	45
nevirapine.....	43	NOVAREL.....	77
NEXAVAR.....	34	NOXAFIL.....	25
niacin.....	59	NUBEQA.....	28
nicardipine hcl.....	55	NUCALA.....	97
NICOTROL.....	9	NUEDEXTA.....	62
NICOTROL NS.....	10	NULOJIX.....	83
nifedipine.....	55	NUPLAZID.....	40
nilutamide.....	28	NUTRILIPID.....	67
nimodipine.....	55	NYMALIZE.....	55
NINLARO.....	30	nystatin.....	25
		nystatin/triamcinolone acetonide.....	25

O

OCALIVA	70
octreotide acetate	81
ODEFSEY	43
ODOMZO	34
OFEV	97
ofloxacin	15
olanzapine	40
olanzapine/fluoxetine hcl	20
olmesartan medoxomil	53
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	56
olmesartan medoxomil/hydrochlorothiazide	56
olopatadine hcl	90,93
omega-3 acid ethyl esters	59
omeprazole	71
omeprazole/sodium bicarbonate	71
ONCASPAR	30
ondansetron	23
ondansetron hcl	23
ondansetron hcl/pf	23
ONIVYDE	30
OPDIVO	35
OPSUMIT	96
ORBACTIV	11
ORENCIA	83
ORENCIA CLICKJECT	83
orphenadrine citrate	98
orphenadrine citrate/aspirin/caffeine	98
oseltamivir phosphate	45
OSPHENA	80
oxacillin sodium	14
oxandrolone	78
oxaprozin	4
oxazepam	47
OXBRYTA	52
oxcarbazepine	19
OXERVATE	90
oxiconazole nitrate	25

OXTELLAR XR	19
oxybutynin chloride	73
oxycodone hcl	5,7
oxycodone hcl/acetaminophen	7,8
oxycodone hcl/aspirin	8
oxymorphone hcl	5,8
OZEMPIC	48

P

paliperidone	40
PANRETIN	36
pantoprazole sodium	71,72
parenteral amino acid 15% combination no.1	67
paricalcitol	87
paromomycin sulfate	10
paroxetine hcl	21
paroxetine mesylate	21
PASER	27
PAXIL	21
PAZEO	90
PCE	14
PEDIARIX	85
pediatric multivit with a,c,d3 no.21/sodium fluoride	68
pediatric multivitamin no.16/sodium fluoride	68
pediatric multivitamin no.2/sodium fluoride	68
pediatric multivitamin no.45/sodium fluoride/ferrous sulfate	68
pediatric multivitamin no.75/sodium fluoride/ferrous sulfate	68
pediatric multivitamin no.82 with sodium fluoride	68
pediatric multivitamins no.17 with sodium fluoride	68
PEDVAXHIB	85
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride	71
PEGANONE	19
PEGASYS	42

PEGASYS PROCLICK.....	42	pimecrolimus.....	64
PEGINTRON.....	42	pimozide.....	39
PEGINTRON REDIPEN.....	42	pindolol.....	54
pen needle, diabetic.....	88	pioglitazone hcl.....	48
pen needle, diabetic disposable, safety.....	88	pioglitazone hcl/glimepiride.....	48
pen needle, diabetic, remover and disposal unit.....	88	pioglitazone hcl/metformin hcl.....	48
pen needle, diabetic, safety.....	88	piperacillin sodium/tazobactam sodium.....	14
penicillamine.....	74	PIQRAY.....	31
penicillin g potassium.....	14	piroxicam.....	4
penicillin g procaine.....	14	PLAN B ONE-STEP.....	80
penicillin g sodium.....	14	PLENAMINE.....	68
penicillin v potassium.....	14	podofilox.....	64
PENTACEL ACTHIB COMPONENT.....	85	POLIVY.....	36
PENTACEL DTAP-IPV COMPONENT.....	85	polymyxin b sulfate.....	11
pentamidine isethionate.....	37	polymyxin b sulfate/trimethoprim.....	90
pentazocine hcl/naloxone hcl.....	8	POMALYST.....	28
pentoxifylline.....	56	PORTRAZZA.....	36
PEPCID.....	70	posaconazole.....	25
perindopril erbumine.....	53	potassium bicarbonate/citric acid.....	68
permethrin.....	37	potassium chloride.....	68
perphenazine.....	23	potassium chloride in 0.9 % sodium chloride.....	68
perphenazine/amitriptyline hcl.....	20	potassium chloride in 5 % dextrose in water.....	68
PERSERIS.....	40	potassium chloride in dextrose 5 % and 0.9 % sodium chloride.....	68
phenazopyridine hcl.....	74	potassium chloride in dextrose 5 %-0.2 % sodium chloride.....	68
phendimetrazine tartrate.....	62	potassium chloride in dextrose 5 %-0.45 % sodium chloride.....	68
phenelzine sulfate.....	21	potassium chloride in dextrose 5% and 0.3 % sodium chloride.....	68
PHENERGAN.....	23,93	potassium chloride in lactated ringers and 5 % dextrose.....	68
phenobarbital.....	17	potassium chloride in water for injection, sterile.....	68
phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb.....	70	potassium chloride/potassium bicarbonate/citric acid.....	68
phenylephrine hcl.....	90	potassium citrate.....	74
phenylephrine hcl/promethazine hcl.....	97	potassium citrate/citric acid.....	74
PHENYTEK.....	19	potassium iodide.....	82
phenytoin.....	19	POTELIGEO.....	36
phenytoin sodium extended.....	19	PRADAXA.....	50
PHOSPHOLINE IODIDE.....	92		
phytonadione (vit k1).....	51		
PICATO.....	64		
PIFELTRO.....	43		
pilocarpine hcl.....	63,92		

PRALUENT PEN.....	59	PROLASTIN C.....	97
pramipexole di-hcl.....	38	PROLENSA.....	91
PRAMOSONE.....	65	PROLIA.....	87
prasugrel hcl.....	52	PROMACTA.....	51
pravastatin sodium.....	58	promethazine hcl.....	23,94
praziquantel.....	36	promethazine hcl/codeine.....	97
prazosin hcl.....	52	promethazine hcl/dextromethorphan hbr...	97
PRED MILD.....	91	promethazine/phenylephrine hcl/codeine.	97
prednicarbate.....	76	propafenone hcl.....	54
prednisolone.....	76	propantheline bromide.....	70
prednisolone acetate.....	91	proparacaine hcl.....	90
prednisolone sodium phosphate.....	77,91	propranolol hcl.....	54
prednisone.....	77	propranolol hcl/hydrochlorothiazide.....	56
pregabalin.....	62	propylthiouracil.....	82
PREMARIN.....	79	PROQUAD.....	85
PREMASOL.....	68	PROTONIX.....	72
PREMPHASE.....	79	protriptyline hcl.....	22
PREMPRO.....	79	PULMICORT FLEXHALER.....	93
prenatal vit with calcium no.40/iron		PULMOZYME.....	97
fumarate/folate no.1.....	69	PURIXAN.....	29
prenatal vitamin.....	69	pyrazinamide.....	27
prenatal vits with calcium 118/ferrous		pyridostigmine bromide.....	26
fumarate/folic acid.....	69		
PREZCOBIX.....	45	Q	
PREZISTA.....	45	QUADRACEL DTAP-IPV.....	85
PRIFTIN.....	27	quazepam.....	98
primaquine phosphate.....	37	quetiapine fumarate.....	40
primidone.....	17	quinapril hcl.....	53
PRIMSOL.....	11	quinapril hcl/hydrochlorothiazide.....	56
PRIVIGEN.....	84	quinidine gluconate.....	54
probenecid.....	25	quinidine sulfate.....	54
probenecid/colchicine.....	25	quinine sulfate.....	37
prochlorperazine.....	23		
prochlorperazine edisylate.....	23	R	
prochlorperazine maleate.....	23	RABAVERT.....	85
PROCTOFOAM-HC.....	65	rabeprazole sodium.....	72
PROCYSBI.....	72	raloxifene hcl.....	80
progesterone.....	80	ramelteon.....	99
progesterone, micronized.....	80	ramipril.....	53
PROGLYCEM.....	49	ranitidine hcl.....	71
PROGRAF.....	83	ranolazine.....	56

rasagiline mesylate.....	38	ROTATEQ.....	85
RAVICTI.....	72	ROZLYTREK.....	30
RECOMBIVAX HB.....	85	RUBRACA.....	30
RECTIV.....	65	RUCONEST.....	82
REGRANEX.....	65	RUXIENCE.....	36
RELENZA.....	45	RUZURGI.....	88
RELISTOR.....	70	RYBELSUS.....	48
REMICADE.....	83	RYDAPT.....	30
repaglinide.....	48		
repaglinide/metformin hcl.....	48	S	
REPATHA PUSHTRONEX.....	59	salicylic acid.....	65
REPATHA SURECLICK.....	59	salsalate.....	4
REPATHA SYRINGE.....	59	SANDIMMUNE.....	83
RESCRIPTOR.....	43	SANDOSTATIN LAR DEPOT.....	81
RESTASIS.....	90	SANTYL.....	65
RESTASIS MULTIDOSE.....	90	SAPHRIS.....	40
RETACRIT.....	51	scopolamine.....	23
REVLIMID.....	28	selegiline hcl.....	38
REXULTI.....	40	selenium sulfide.....	65
REYATAZ.....	45	SELZENTRY.....	44
ribavirin.....	42,97	SEREVENT DISKUS.....	95
RIDAURA.....	84	SEROSTIM.....	77
rifabutin.....	26	sertraline hcl.....	21
rifampin.....	27	sevelamer carbonate.....	74
RIFATER.....	27	sevelamer hcl.....	74
riluzole.....	62	SHINGRIX.....	85
rimantadine hcl.....	45	SHOHL'S MODIFIED.....	74
ringer's solution.....	69	SIGNIFOR.....	81
ringer's solution,lactated.....	69	sildenafil citrate.....	74,96
risedronate sodium.....	87	silodosin.....	73
RISPERDAL CONSTA.....	40	silver sulfadiazine.....	15
risperidone.....	40	SIMBRINZA.....	92
ritonavir.....	45	simvastatin.....	58
RITUXAN.....	36	sirolimus.....	83
rivastigmine.....	20	SIRTURO.....	27
rivastigmine tartrate.....	20	SMOFLIPID.....	69
rizatriptan benzoate.....	26	sodium chloride.....	69
romidepsin.....	30	sodium chloride 0.45 %.....	69
ropinirole hcl.....	38	sodium chloride 3 %.....	69
rosuvastatin calcium.....	58	sodium chloride 5 %.....	69
ROTARIX.....	85	sodium chloride for inhalation.....	97

sodium chloride irrigating solution.....	69	sumatriptan succinate.....	26
sodium chloride/sodium bicarbonate/potassium chloride/peg.....	71	sumatriptan succinate/naproxen sodium... ..	26
sodium phenylbutyrate.....	72	SUPRAX.....	13
sodium polystyrene sulfonate.....	69	SUPREP.....	71
sodium polystyrene sulfonate/sorbitol solution.....	69	SUTENT.....	34
sodium/potassium/potassium citrate/sodium citrate/cit ac.....	74	SYLATRON.....	30
solifenacin succinate.....	73	SYLVANT.....	36
SOLTAMOX.....	28	SYMBICORT.....	97,98
SOMATULINE DEPOT.....	81	SYMDEKO.....	95
SOMAVERT.....	81	SYMFI.....	42
sotalol hcl.....	54	SYMFI LO.....	43
spinosad.....	65	SYMLINPEN 120.....	48
SPIRIVA.....	94	SYMLINPEN 60.....	48
SPIRIVA RESPIMAT.....	94	SYMPAZAN.....	18
spironolactone.....	57	SYMTUZA.....	45
spironolactone/hydrochlorothiazide.....	56	SYNAREL.....	81
SPRITAM.....	17	SYNERCID.....	11
SPRYCEL.....	34	SYNJARDY.....	48
SSD.....	15	SYNJARDY XR.....	48
stavudine.....	43	SYNRIBO.....	30
STELARA.....	65	SYNTHROID.....	81
STIMATE.....	77	syringe w-needle 0.3 ml,insulin,safety w-self-cont.dis.unit.....	88
STIVARGA.....	34	syringe with needle 1 ml,insulin,safety w-self-con.disp.unit.....	88
STRENSIQ.....	72	syringe with needle, insulin, safety, 0.3 ml... ..	88
streptomycin sulfate.....	10	syringe with needle, insulin, safety, 0.5 ml... ..	88
STRIBILD.....	42	syringe with needle, insulin, safety, 1 ml.....	88
SUCRAID.....	72	syringe with needle,disposable,insulin 1 ml... ..	89
sucralfate.....	71	syringe with needle,insulin 0.3 ml (half unit mark).....	89
sulfacetamide sodium.....	15,65	syringe with needle,insulin 0.5 ml (half unit mark).....	89
sulfacetamide sodium/prednisolone sodium phosphate.....	90	syringe with needle,insulin,0.5 ml.....	89
sulfacetamide sodium/sulfur.....	65	T	
sulfadiazine.....	15	TABLOID.....	29
sulfamethoxazole/trimethoprim.....	16	tacrolimus.....	65,83
SULFAMYLON.....	11	tadalafil.....	73,74
sulfasalazine.....	86	TAFINLAR.....	34
sulindac.....	4	TAGRISSO.....	34
sumatriptan.....	26		

TAKE ACTION.....	80	THYROLAR-1.....	81
TALZENNA.....	34	THYROLAR-1/2.....	81
tamoxifen citrate.....	28	THYROLAR-1/4.....	81
tamsulosin hcl.....	73	THYROLAR-2.....	81
TARGRETIN.....	36	THYROLAR-3.....	81
TASIGNA.....	34	tiagabine hcl.....	18
TAVALISSE.....	51	TIBSOVO.....	30
tazarotene.....	65	ticlopidine hcl.....	52
TAZORAC.....	65	tigecycline.....	11
TAZVERIK.....	30	timolol maleate.....	54,92
TDVAX.....	85	TIMOPTIC OCUDOSE.....	92
TECENTRIQ.....	36	tinidazole.....	11
TECFIDERA.....	63	TIROSINT.....	81
TEFLARO.....	13	TIVICAY.....	42
telmisartan.....	53	tizanidine hcl.....	41
telmisartan/amlodipine besylate.....	56	TOBI PODHALER.....	95
telmisartan/hydrochlorothiazide.....	56,57	TOBRADEX.....	90
temazepam.....	98	tobramycin.....	10
TEMIXYS.....	42	tobramycin in 0.225 % sodium chloride.....	98
TENIVAC.....	85	tobramycin sulfate.....	10
tenofovir disoproxil fumarate.....	43	tobramycin/dexamethasone.....	90
terazosin hcl.....	52	TOBREX.....	10
terbinafine hcl.....	25	TOLAK.....	65
terbutaline sulfate.....	95	tolazamide.....	49
terconazole.....	25	tolbutamide.....	49
testosterone.....	78	tolcapone.....	37
testosterone cypionate.....	78	tolmetin sodium.....	4
testosterone enanthate.....	78	tolterodine tartrate.....	73
tetrabenazine.....	62	topiramate.....	18
tetracycline hcl.....	16	toremifene citrate.....	28
TEXACORT.....	77	toremide.....	57
THALOMID.....	28	TOUJEO MAX SOLOSTAR.....	49
THEO-24.....	95	TOUJEO SOLOSTAR.....	49
theophylline anhydrous.....	95	TPN ELECTROLYTES.....	69
THIOLA.....	74	TRACLEER.....	96
THIOLA EC.....	74	TRADJENTA.....	49
thioridazine hcl.....	39	tramadol hcl.....	5,8
thiothixene.....	39	tramadol hcl/acetaminophen.....	8
THRIVITE 19.....	69	trandolapril.....	53
THYMOGLOBULIN.....	84	trandolapril/verapamil hcl.....	57
thyroid,pork.....	81	tranexamic acid.....	51

tranylcypromine sulfate	21
travoprost	92
trazodone hcl	21
TREANDA	27
TRECTOR	27
TRELEGY ELLIPTA	98
tretinoin	36,65
tretinoin microspheres	65
TREXALL	83
triamcinolone acetonide	63,77
triamterene	57
triamterene/hydrochlorothiazide	57
triazolam	98,99
trientine hcl	69
trifluoperazine hcl	39
trifluridine	46
trihexyphenidyl hcl	37
TRIKAFTA	95
trimethobenzamide hcl	23
trimethoprim	11
trimipramine maleate	22
TRINTELLIX	21
TRIUMEQ	44
tropium chloride	73
TRULICITY	49
TRUMENBA	85
TRUVADA	43
TURALIO	30
TWINRIX	85
TYBOST	44
TYKERB	34
TYMLOS	87
TYPHIM VI	85
TYSABRI	63
TYZEKA	41

U

UNITHROID	81
UNITUXIN	36
urea	65,66
ursodiol	70

V

valacyclovir hcl	46
VALCHLOR	27
valganciclovir hcl	41
valproic acid	18
valproic acid (as sodium salt) (valproate sodium)	18
valsartan	53
valsartan/hydrochlorothiazide	57
VALTOCO	18
vancomycin hcl	11
VANDAZOLE	12
VAQTA	85
vardenafil hcl	74
VARIVAX VACCINE	85
VARIZIG	85
VASCEPA	59
VENCLEXTA	34,35
VENCLEXTA STARTING PACK	35
venlafaxine hcl	21,22
VENLAFAXINE HCL ER	22
VENTAVIS	96
verapamil hcl	55
VERDESO	77
VERSACLOZ	41
VERZENIO	35
VEXOL	91
VIBRAMYCIN	16
VICTOZA 2-PAK	49
VICTOZA 3-PAK	49
VIDEX	44
VIDEX EC	44
vigabatrin	18
VIIBRYD	22
VIMPAT	19
VIRACEPT	45
VIREAD	44
VITEKTA	42
VITRAKVI	30
VIZIMPRO	30

VOL-PLUS	69
VOL-TAB RX	69
voriconazole	25
VOSEVI	41
VOTRIENT	35
VRAYLAR	40
VYLEESI	74
VYNDAMAX	57
VYNDAQEL	57
VYVANSE	60

W

warfarin sodium	50
water for irrigation,sterile	89

X

XALKORI	35
XARELTO	50
XATMEP	83
XELJANZ	83
XGEVA	87
XIFAXAN	12
XOFLUZA	85
XOLAIR	98
XOSPATA	30
XPOVIO	30,31
XTANDI	28
XYREM	99

Y

YERVOY	36
YF-VAX	85

Z

zafirlukast	94
zaleplon	99
ZALTRAP	31
ZARXIO	51
ZEJULA	35
ZELBORAF	35
ZEMAIRA	98

ZENPEP	73
ZEPATIER	42
ZERIT	44
zidovudine	44
zileuton	94
ziprasidone hcl	40
ziprasidone mesylate	40
ZIRGAN	41
ZMAX	15
zoledronic acid	87
zoledronic acid in mannitol and water for injection	87
ZOLINZA	31
zolmitriptan	26
zolpidem tartrate	99
zonisamide	17
ZONTIVITY	50
ZORTRESS	83
ZOSTAVAX	85
ZUBSOLV	9
ZYDELIG	35
ZYKADIA	35
ZYLET	90
ZYPREXA RELPREVV	41
ZYTIGA	28

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Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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Multi-Language Insert

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Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-239-6469 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-239-6469 (TTY: 711) 번으로 전화해 주십시오.

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-888-239-6469 (TTY (հեռաձայն)՝ 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (1-888-239-6469 (TTY: 711) تماس بگیرید.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-239-6469 (телетайп: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-239-6469 (TTY:711) まで、お電話にてご連絡ください。

العربية (Arabic): ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-239-6469-1 (رقم هاتف الصم والبكم: 711).

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-239-6469 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Cambodian): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-239-6469 (TTY: 711)។

S2468_19_273B_C 07012019

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-239-6469 (TTY: 711).

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-239-6469 (TTY: 711) पर कॉल करें।

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-239-6469 (TTY: 711).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-239-6469 (TTY: 711).

This formulary was updated on **03/24/2020** . For more recent information or other questions, please contact Blue Shield Medicare Rx Plan Member Services, at (888) 239-6469 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30, or visit [blueshieldca.com/medFormulary2020](https://www.blueshieldca.com/medFormulary2020).

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BSC EG S2468-801, 802