

Stanford Health Care Advantage
2017 Formulary
List of Covered Drugs



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

00017086, 6

This formulary was updated on 08/01/2016 For more recent information or other questions, please contact Member Care Services, at 1-855-996-8422 or, for TTY users, 711, Monday through Friday 8 am to 8 pm (seven days a week from October 1 through February 14 and Monday through Friday from February 15 through September 30), or visit StanfordHealthCareAdvantage.org.

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 Stanford Health Care Advantage (HMO). When it refers to “plan” or “our plan,” it means Stanford Health Care Advantage Platinum or Stanford Health Care Advantage Gold.

This document includes a list of the drugs (formulary) for our plan which is current as of August 1, 2016. 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, 2017, and from time to time during the year.

What is the Stanford Health Care Advantage Formulary?

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

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 1, 2016. To get updated information

about the drugs covered by Stanford Health Care Advantage (HMO), please contact us. Our contact information appears on the front and back cover pages. In the event we make a non-maintenance change to the formulary, we will post an errata sheet to our website and mail a letter to members.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

Stanford Health Care Advantage (HMO) 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:** Stanford Health Care Advantage (HMO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

- **Quantity Limits:** For certain drugs, Stanford Health Care Advantage (HMO) limits the amount of the drug that our plan will cover. For example, our plan provides 30 per prescription for Ambien. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Stanford Health Care Advantage (HMO) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted 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 us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Stanford Health Care Advantage (HMO) formulary?" on page III for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Stanford Health Care Advantage (HMO) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Stanford Health Care Advantage (HMO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Stanford Health Care Advantage (HMO).
- You can ask Stanford Health Care Advantage (HMO) 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 Stanford Health Care Advantage (HMO) Formulary?

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

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

Generally, Stanford Health Care Advantage (HMO) 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with at least a 91-day transition supply and may be as much as a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a

drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

In circumstances where you are changing from one treatment setting to another, Stanford Health Care Advantage (HMO) will ensure a transition process for approving non-formulary Part D drugs. This process shall also apply to formulary Part D drugs that require prior authorization or step-therapy. Examples of level of care changes include: you are discharged from a hospital to a home; you end your skilled nursing facility Medicare Part A stay and need to revert to your Part D plan formulary; you end a long-term care facility stay and return to the community; and, you are discharged from psychiatric hospitals with medication regimens that are highly individualized. The pharmacy benefit manager for Stanford Health Care Advantage (HMO) will provide pharmacies with access to representatives of the plan who have the ability to override pharmacy claims processing issues. This access will allow pharmacies to obtain prescription claims overrides at the point-of-sale and ensure that members receive reliable access to medications.

For more information

For more detailed information about your Stanford Health Care Advantage (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Stanford Health Care Advantage (HMO), 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>.

Stanford Health Care Advantage (HMO)'s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Stanford Health Care Advantage (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the Requirements/Limits column tells you if Stanford Health Care Advantage (HMO) has any special requirements for coverage of your drug.

The second column of the chart lists the drug tier. Every drug on the plan's Drug List is in one of five cost-sharing tiers. The tables on the next page provide an explanation of each tier.

Network Retail Pharmacy Drug Tier Copayment Levels

Tier	Copay for up to a <i>one-month</i> supply	Copay for up to a <i>three-month</i> supply
Tier 1 (Preferred Generic)	\$2	\$6
Tier 2 (NON-Preferred Generic)	\$15	\$45
Tier 3 (Preferred Brand)	\$47	\$141
Tier 4 (NON-Preferred Brand Name)	\$100	\$300
Tier 5 (Specialty)	33% of cost	33% of cost

Network Mail Order Drug Tier Copayment Levels

Tier	Copay for up to a <i>one-month</i> supply	Copay for up to a <i>three-month</i> supply
Tier 1 (Preferred Generic)	\$2	\$4
Tier 2 (NON-Preferred Generic)	\$15	\$30
Tier 3 (Preferred Brand)	\$47	\$94
Tier 4 (NON-Preferred Brand Name)	\$100	\$200
Tier 5 (Specialty)	33% of cost	33% of cost

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

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Stanford Health Care Advantage (HMO) before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from Stanford Health Care Advantage (HMO) to determine whether this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from Stanford Health Care Advantage (HMO) before filling your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or if you have not taken this drug previously, you (or your physician) are required to get prior authorization from Stanford Health Care Advantage (HMO) before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.
QL	Quantity Limit Restriction	Stanford Health Care Advantage (HMO) limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Stanford Health Care Advantage (HMO) will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

The following additional coverage note abbreviations may be found within the body of this document
OTHER SPECIAL REQUIREMENTS FOR COVERAGE

ABBREVIATION	DESCRIPTION	EXPLANATION
Other Coverage Abbreviations		
EX	Excluded Part D Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. 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 to pay for your prescriptions, you will not get any extra help to pay for this drug
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1-855-996-8422, 8 am to 8pm Pacific Standard Time, 7 days a week from October 1 to February 14, Monday to Friday from February 15 to September 30. TTY/TDD users should call 711.
GC	Gap Coverage	We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
NM	Non-Mail Order Drug	You may be able to receive greater than a 1-month supply of most of the drugs on your formulary via mail order at a reduced cost share. Drugs not available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.
HI	Home Infusion Drug	This prescription drug may be covered under our medical benefit. For more information, consult your Pharmacy Directory or call Member Services at 1-855-996-8422, 8 am to 8pm Pacific Standard Time, 7 days a week from October 1 to February 14, Monday to Friday from February 15 to September 30. TTY/TDD users should call 711. week, 8 am to 8pm Pacific Standard Time. TTY/TDD users should call 711.

Table of Contents

Analgesics	3
Anesthetics	10
Anti-Addiction/Substance Abuse Treatment Agents	10
Antianxiety Agents	11
Antibacterials.....	12
Anticancer Agents	21
Anticholinergic Agents.....	31
Anticonvulsants	31
Antidementia Agents.....	34
Antidepressants	35
Antidiabetic Agents	38
Antifungals.....	43
Antigout Agents	45
Antihistamines	45
Anti-Infectives (Skin And Mucous Membrane)	46
Antimigraine Agents	46
Antimycobacterials.....	47
Antinausea Agents.....	47
Antiparasite Agents.....	48
Antiparkinsonian Agents.....	49
Antipsychotic Agents.....	50
Antivirals (Systemic)	55
Blood Products/Modifiers/Volume Expanders	60
Caloric Agents	62
Cardiovascular Agents.....	66
Central Nervous System Agents.....	78
Contraceptives	80

Dental And Oral Agents	87
Dermatological Agents	87
Devices	92
Enzyme Replacement/Modifiers	93
Eye, Ear, Nose, Throat Agents	94
Gastrointestinal Agents.....	99
Genitourinary Agents	103
Heavy Metal Antagonists.....	103
Hormonal Agents, Stimulant/Replacement/Modifying	104
Immunological Agents	110
Inflammatory Bowel Disease Agents	118
Irrigating Solutions	118
Metabolic Bone Disease Agents.....	119
Miscellaneous Therapeutic Agents	120
Ophthalmic Agents.....	123
Replacement Preparations	124
Respiratory Tract Agents	128
Skeletal Muscle Relaxants	131
Sleep Disorder Agents.....	131
Vasodilating Agents	132
Vitamins And Minerals.....	133

Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
<i>acetaminophen-codeine 120 mg-12 mg/5 ml solution 120-12 mg/5 ml</i>	(Acetaminophen with Codeine)	2	GC; QL (2700 per 30 days)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	(Acetaminophen with Codeine)	2	GC; QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	(Tylenol-Codeine No.3)	2	GC; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	(Tylenol-Codeine No.3)	2	GC; QL (180 per 30 days)
ALLZITAL ORAL TABLET 25-325 MG		2	GC; QL (360 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	(Fiorinal with Codeine #3)	2	GC; QL (180 per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG		4	ST; QL (60 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	(Buprenorphine HCl)	2	GC
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	(Buprenorphine HCl)	2	GC
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	(Fiorinal with Codeine #3)	2	GC; QL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	(Fioricet with Codeine)	2	GC; QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	(Tencon)	2	GC; QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	(Esgic)	2	GC; QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	(Esgic)	2	GC; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	(Fiorinal)	2	GC; QL (180 per 30 days)
<i>butorphanol tartrate nasal spray,non-aerosol 10 mg/ml</i>	(Butorphanol Tartrate)	2	GC; QL (5 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	3	QL (4 per 28 days)
<i>capacet oral capsule 50-325-40 mg</i> (Esgic)	2	GC; QL (180 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> (Codeine Sulfate)	2	GC; QL (180 per 30 days)
EMBEDA ORAL CAPSULE, ORAL ONLY, EXT. REL PELL 100-4 MG, 20- 0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	4	QL (60 per 30 days)
<i>endocet oral tablet 10-325 mg</i> (Xolox)	2	GC; QL (240 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (Xolox)	2	GC; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (Xolox)	2	GC; QL (300 per 30 days)
<i>endodan oral tablet 4.8355-325 mg</i> (Oxycodone HCl/Aspirin)	2	GC; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	5	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 75 mcg/hr</i> (Duragesic)	2	GC; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hour, 87.5 mcg/hour</i> (Duragesic)	5	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 2.5-167 mg/5 ml, 7.5-325 mg/15 ml</i> (Hycet)	2	GC; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i> (Norco)	2	GC; (includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Norco)	2	GC; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> (Ibudone)	2	GC; QL (150 per 30 days)

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

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

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

Drug Name		Drug Tier	Requirements/Limits
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	(Morphine Sulfate)	2	GC; QL (180 per 30 days)
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	(Morphine Sulfate)	2	GC
<i>morphine intravenous cartridge 15 mg/ml</i>	(Morphine Sulfate)	2	GC
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	(Morphine Sulfate)	2	GC
<i>morphine oral solution 10 mg/5 ml</i>	(Morphine Sulfate)	2	GC; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	(Morphine Sulfate)	2	GC; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG		4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG		4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	(MS Contin)	2	GC; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	(MS Contin)	2	GC; QL (180 per 30 days)
<i>morphine oral tablet extended release 30 mg</i>	(MS Contin)	2	GC; QL (120 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		3	QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG		3	QL (181 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	(Oxycodone HCl)	2	GC; QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	(Oxycodone HCl)	2	GC; QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	(Oxycodone HCl)	2	GC; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	(Roxicodone)	2	GC; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	(Roxicodone)	2	GC; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	(Oxycodone HCl/Acetaminophen)	2	GC; QL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	(Xolox)	2	GC; QL (240 per 30 days)

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

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

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

Drug Name		Drug Tier	Requirements/Limits
<i>xylon 10 oral tablet 10-200 mg</i>	(Ibudone)	2	GC; QL (150 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	(Esgic)	2	GC; QL (180 per 30 days)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG		4	QL (60 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
CALDOLOR INTRAVENOUS RECON SOLN 400 MG/4 ML (100 MG/ML)		4	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	(Celebrex)	2	GC; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	(Diclofenac Potassium)	2	GC
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	(Voltaren-XR)	2	GC
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	(Diclofenac Sodium)	2	GC
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	(Arthrotec 50)	2	GC
<i>diflunisal oral tablet 500 mg</i>	(Diflunisal)	2	GC
<i>etodolac oral capsule 200 mg, 300 mg</i>	(Etodolac)	2	GC
<i>etodolac oral tablet 400 mg, 500 mg</i>	(Etodolac)	2	GC
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	(Etodolac)	2	GC
<i>fenoprofen oral tablet 600 mg</i>	(Fenoprofen Calcium)	2	GC
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %		3	PA
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	(Flurbiprofen)	2	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i>	(Ibuprofen)	2	GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	(Ibuprofen)	1	GC
<i>indomethacin oral capsule 25 mg</i>	(Indomethacin)	1	GC; QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	(Indomethacin)	1	GC; QL (120 per 30 days)
<i>indomethacin oral capsule, extended release 75 mg</i>	(Indomethacin)	2	GC; QL (60 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>indomethacin sodium intravenous recon soln 1 mg</i>	(Indomethacin Sodium)	2	GC
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	(Ketoprofen)	2	GC
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	(Ketoprofen)	2	GC
<i>ketorolac 30 mg/ml isecure syr latex-free 30 mg/ml</i>	(Ketorolac Tromethamine)	2	GC
<i>ketorolac 60 mg/2 ml vial l/f, p/f, outer, sdv 60 mg/2 ml</i>	(Ketorolac Tromethamine)	2	GC
<i>ketorolac injection cartridge 15 mg/ml</i>	(Ketorolac Tromethamine)	2	GC; QL (40 per 30 days)
<i>ketorolac injection cartridge 30 mg/ml</i>	(Ketorolac Tromethamine)	2	GC; QL (20 per 30 days)
<i>ketorolac injection solution 15 mg/ml</i>	(Ketorolac Tromethamine)	2	GC; QL (40 per 30 days)
<i>ketorolac injection solution 30 mg/ml (1 ml)</i>	(Ketorolac Tromethamine)	2	GC; QL (20 per 30 days)
<i>ketorolac injection syringe 30 mg/ml</i>	(Ketorolac Tromethamine)	2	GC; QL (20 per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	(Ketorolac Tromethamine)	2	GC; QL (20 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	(Ketorolac Tromethamine)	2	GC; QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	(Ponstel)	2	GC
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	(Mobic)	2	GC
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	(Mobic)	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	(Nabumetone)	2	GC
<i>naproxen oral suspension 125 mg/5 ml</i>	(Naprosyn)	2	GC
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	(Naprosyn)	1	GC
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	(Ec-Naprosyn)	2	GC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	(Anaprox Ds)	2	GC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	(Feldene)	2	GC
<i>sulindac oral tablet 150 mg, 200 mg</i>	(Sulindac)	2	GC
<i>tolmetin oral capsule 400 mg</i>	(Tolmetin Sodium)	2	GC
<i>tolmetin oral tablet 200 mg, 600 mg</i>	(Tolmetin Sodium)	2	GC
VOLTAREN TOPICAL GEL 1 %		2	GC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	QL (53 per 28 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	2	GC
<i>naloxone injection solution 0.4 mg/ml</i> (Naloxone HCl)	2	GC
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i> (Naloxone HCl)	2	GC
<i>naltrexone oral tablet 50 mg</i> (Revia)	2	GC
NARCAN NASAL SPRAY,NON- AEROSOL 4 MG/ACTUATION	4	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	4	PA; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	4	PA; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4- 0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7- 1.4 MG	3	PA; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6- 2.1 MG	3	PA; QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	GC; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	GC; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)	2	GC; QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	2	GC; QL (90 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> (Chlordiazepoxide HCl)	1	GC; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	GC; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	GC; QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> (Clonazepam)	2	GC; QL (90 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>clonazepam oral tablet,disintegrating 2 mg</i>	(Clonazepam)	2	GC; QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	(Tranxene T-Tab)	2	GC; QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	(Diazepam)	2	GC; QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	(Diazepam)	2	GC; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	(Diazepam)	2	GC; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	(Valium)	1	GC; QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	(Diastat)	2	GC
<i>estazolam oral tablet 1 mg</i>	(Estazolam)	2	GC; QL (60 per 30 days)
<i>estazolam oral tablet 2 mg</i>	(Estazolam)	2	GC; QL (30 per 30 days)
<i>flurazepam oral capsule 15 mg</i>	(Flurazepam HCl)	2	GC; QL (60 per 30 days)
<i>flurazepam oral capsule 30 mg</i>	(Flurazepam HCl)	2	GC; QL (30 per 30 days)
<i>lorazepam 2 mg/ml oral concent 2 mg/ml</i>	(Lorazepam)	2	GC; QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml</i>	(Ativan)	2	GC; QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	(Lorazepam)	2	GC; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	(Ativan)	1	GC; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	(Ativan)	1	GC; QL (150 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	(Midazolam HCl)	2	GC; QL (10 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML		5	PA NSO; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG		5	PA NSO; QL (60 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	(Restoril)	2	GC; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	(Restoril)	2	GC; QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	(Halcion)	2	GC; QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	(Halcion)	2	GC; QL (60 per 30 days)
Antibacterials			

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

Drug Name		Drug Tier	Requirements/Limits
Aminoglycosides			
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML		5	PA BvD
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	(Gentamicin In Nacl, Iso-Osm)	2	GC
<i>gentamicin injection solution 40 mg/ml</i>	(Gentamicin Sulfate)	2	GC
<i>gentamicin ped 20 mg/2 ml vial latex-free, sdv 20 mg/2 ml</i>	(Gentamicin Sulfate/PF)	2	GC
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	(Gentamicin Sulfate/PF)	2	GC
<i>neomycin oral tablet 500 mg</i>	(Neomycin Sulfate)	2	GC
<i>streptomycin intramuscular recon soln 1 gram</i>	(Streptomycin Sulfate)	2	GC
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		5	QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	(Tobi)	5	PA BvD
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	(Tobramycin/Sodium Chloride)	2	GC
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	(Tobramycin Sulfate)	2	GC
Antibacterials, Miscellaneous			
<i>baciim intramuscular recon soln 50,000 unit</i>	(Bacitracin)	2	GC
<i>bacitracin intramuscular recon soln 50,000 unit</i>	(Bacitracin)	2	GC
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	(Chloramphenicol Sod Succ)	2	GC
<i>clindamycin 75 mg/5 ml soln 75 mg/5 ml</i>	(Cleocin Palmitate)	2	GC
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	(Cleocin HCl)	2	GC
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	(Cleocin Phosphate In D5w)	2	GC
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	(Cleocin Palmitate)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i> (Cleocin Phosphate)	2	GC
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin Phosphate)	2	GC
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	2	GC
CUBICIN INTRAVENOUS RECON SOLN 500 MG	5	
CUBICIN RF INTRAVENOUS RECON SOLN 500 MG	5	
<i>linezolid intravenous parenteral solution 600 mg/300 ml</i> (Zyvox)	5	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	5	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	GC
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metronidazole/Sodium Chloride)	2	GC
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	2	GC
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	2	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin/Macrobid)	2	GC; QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	2	GC; QL (60 per 30 days)
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	2	GC; QL (2400 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i> (Polymyxin B Sulfate)	2	GC
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	
<i>trimethoprim oral tablet 100 mg</i> (Trimethoprim)	2	GC
<i>vancomycin hcl 1g/200 ml bag 1 gram/200 ml</i> (Vancomycin Hcl In Dextrose 5 %)	2	GC
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 750 mg</i> (Vancomycin HCl)	2	GC
<i>vancomycin intravenous recon soln 500 mg</i> (Vancomycin Hcl In Dextrose 5 %)	2	GC
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin HCl)	5	
XIFAXAN ORAL TABLET 200 MG	5	PA; QL (9 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 550 MG	5	PA
Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg (Cefaclor)	2	GC
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml (Cefaclor)	2	GC
cefaclor oral tablet extended release 12 hr 500 mg (Cefaclor)	2	GC
cefadroxil oral capsule 500 mg (Cefadroxil)	2	GC
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml (Cefadroxil)	2	GC
cefadroxil oral tablet 1 gram (Cefadroxil)	2	GC
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml (Cefazolin Sodium/Dextrose, Iso)	2	GC
cefazolin injection recon soln 1 gram, 10 gram, 500 mg (Cefazolin Sodium)	2	GC
cefdinir oral capsule 300 mg (Cefdinir)	2	GC
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml (Cefdinir)	2	GC
cefditoren pivoxil oral tablet 200 mg, 400 mg (Spectracef)	2	GC
CEFEPIME 1 GM INJECTION 1 GRAM/50 ML	4	
cefepime hcl 1 gm vial 10's, sdv 1 gram (Cefepime HCl)	2	GC
cefepime hcl 2 gram vial latex/f, sdv, outer 2 gram (Cefepime HCl)	2	GC
CEFEPIME INJECTION RECON SOLN 1 GRAM, 2 GRAM	4	
CEFEPIME-DEXTROSE 2 GM/50 ML 2 GRAM/50 ML	4	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)	2	GC
cefotaxime injection recon soln 1 gram, 10 gram, 2 gram, 500 mg (Claforan)	2	GC
cefoxitin 2 gm piggyback bag 2 gram/50 ml (Cefoxitin Sodium/Dextrose, Iso)	2	GC
cefoxitin 2 gm vial latex/f, outer 2 gram (Cefoxitin Sodium)	2	GC
cefoxitin intravenous recon soln 1 gram, 10 gram (Cefoxitin Sodium)	2	GC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	4	
<i>tazicef injection recon soln 2 gram, 6 gram</i> (Fortaz)	2	GC
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	GC
<i>azithromycin oral packet 1 gram</i> (Zithromax)	2	GC
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	GC
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 600 mg</i> (Zithromax)	2	GC
<i>azithromycin oral tablet 500 mg</i> (Zithromax)	2	GC
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Biaxin)	2	GC
<i>clarithromycin oral tablet 250 mg, 500 mg</i> (Biaxin)	2	GC
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i> (Clarithromycin)	2	GC
DIFICID ORAL TABLET 200 MG	5	QL (20 per 10 days)
<i>e.e.s. 400 oral tablet 400 mg</i> (Erythromycin Ethylsuccinate)	2	GC
<i>e.e.s. granules oral suspension for reconstitution 200 mg/5 ml</i> (Eryped 200)	2	GC
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 500 mg</i> (Erythromycin Base)	2	GC
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i> (Erythromycin Stearate)	2	GC
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (Erythromycin Ethylsuccinate)	2	GC
<i>erythromycin oral capsule,delayed release(dr/ec) 250 mg</i> (Erythromycin Base)	2	GC
<i>erythromycin oral tablet 250 mg, 500 mg</i> (Erythromycin Base)	2	GC
Miscellaneous B-Lactam Antibiotics		

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

Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam injection recon soln 1 gram</i> (Azactam)	2	GC
<i>aztreonam injection recon soln 2 gram</i> (Azactam)	5	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	LA
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i> (Primaxin)	2	GC
INVANZ INJECTION RECON SOLN 1 GRAM	4	
<i>meropenem intravenous recon soln 1 gram</i> (Merrem)	5	
<i>meropenem intravenous recon soln 500 mg</i> (Merrem)	2	GC
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i> (Amoxicillin)	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> (Amoxicillin)	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i> (Amoxicillin)	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> (Amoxicillin)	1	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> (Augmentin)	2	GC
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> (Augmentin)	2	GC
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	2	GC
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> (Amoxicillin/Potassium Clav)	2	GC
<i>ampicillin oral capsule 250 mg, 500 mg</i> (Ampicillin Trihydrate)	1	GC
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Ampicillin Trihydrate)	1	GC
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i> (Ampicillin Sodium)	2	GC
<i>ampicillin sodium intravenous recon soln 2 gram</i> (Ampicillin Sodium)	2	GC
<i>ampicillin-sulbactam 1.5 gm vial 10's, sdv, latex-free 1.5 gram</i> (Unasyn)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam injection recon soln 15 gram, 3 gram</i> (Unasyn)	2	GC
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i> (Unasyn)	2	GC
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i> (Dicloxacillin Sodium)	2	GC
<i>nafcillin 2 gm vial 10's, latex-free 2 gram</i> (Nafcillin Sodium)	2	GC
<i>nafcillin injection recon soln 1 gram, 10 gram</i> (Nafcillin Sodium)	2	GC
<i>nafcillin intravenous recon soln 2 gram</i> (Nafcillin Sodium)	2	GC
<i>oxacillin 2 gm vial 10's,outer 2 gram</i> (Oxacillin Sodium)	2	GC
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> (Oxacillin Sodium/Dextrose, Iso)	2	GC
<i>oxacillin injection recon soln 10 gram</i> (Oxacillin Sodium)	2	GC
<i>oxacillin intravenous recon soln 2 gram</i> (Oxacillin Sodium)	2	GC
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i> (Pen G Pot/Dextrose-Water)	2	GC
<i>penicillin g potassium injection recon soln 5 million unit</i> (Penicillin G Potassium)	2	GC
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i> (Penicillin G Procaine)	2	GC
<i>penicillin gk 20 million unit 20 million unit</i> (Penicillin G Potassium)	2	GC
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> (Penicillin V Potassium)	2	GC
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i> (Penicillin V Potassium)	2	GC
<i>pfizerpen-g injection recon soln 20 million unit</i> (Penicillin G Potassium)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> (Zosyn)	2	GC
Quinolones		
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i> (Cipro XR)	2	GC
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i> (Cipro)	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> (Cipro I.V.)	2	GC
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i> (Ciprofloxacin Lactate)	2	GC
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	GC
<i>levofloxacin 750 mg/30 ml vial p/f, sub 25 mg/ml</i> (Levofloxacin)	5	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i> (Levofloxacin/D5W)	2	GC
<i>levofloxacin intravenous solution 25 mg/ml</i> (Levofloxacin)	2	GC
<i>levofloxacin oral solution 250 mg/10 ml</i> (Levofloxacin)	2	GC
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> (Lеваquin)	1	GC
<i>moxifloxacin oral tablet 400 mg</i> (Avelox)	2	GC
<i>ofloxacin oral tablet 400 mg</i> (Ofloxacin)	2	GC
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i> (Sulfadiazine)	2	GC
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i> (Sulfamethoxazole/Trimethoprim)	2	GC
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfamethoxazole/Trimethoprim)	2	GC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> (Bactrim)	1	GC
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	GC
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	(Sulfamethoxazole/Trimethoprim)	2	GC
Tetracyclines			
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	(Demeclocycline HCl)	2	GC
<i>doxy-100 intravenous recon soln 100 mg</i>	(Doxycycline Hyclate)	2	GC
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	(Doxycycline Hyclate)	2	GC
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	(Morgidox)	2	GC
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	(Doryx)	2	GC
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	(Doryx)	2	GC
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	(Adoxa)	2	GC
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	(Vibramycin)	2	GC
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	(Avidoxy)	2	GC
MINOCIN INTRAVENOUS RECON SOLN 100 MG		5	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	(Minocin)	2	GC
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	(Minocycline HCl)	2	GC
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	(Minocycline HCl)	2	GC
<i>tetracycline oral capsule 250 mg, 500 mg</i>	(Tetracycline HCl)	2	GC
TYGACIL INTRAVENOUS RECON SOLN 50 MG		5	
Anticancer Agents			
Anticancer Agents			
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		5	
ADCETRIS INTRAVENOUS RECON SOLN 50 MG		5	PA NSO; QL (4 per 21 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>adrucil 2,500 mg/50 ml vial outer, latex-free 2.5 gram/50 ml</i> (Fluorouracil)	2	PA BvD; GC
<i>adrucil intravenous solution 500 mg/10 ml</i> (Fluorouracil)	2	PA BvD; GC
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	5	PA NSO; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	2	GC
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)	5	PA NSO
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; QL (420 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	GC
<i>bleomycin injection recon soln 15 unit, 30 unit</i> (Bleomycin Sulfate)	2	PA BvD; GC
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; QL (140 per 365 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; QL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG	5	PA NSO; QL (30 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i> (Carboplatin)	2	GC
<i>cladribine intravenous solution 10 mg/10 ml</i> (Cladribine)	2	PA BvD; GC
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; QL (112 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> (Cyclophosphamide)	5	PA BvD
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	4	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (50 ML)	5	PA NSO
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; LA
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	
<i>docetaxel 160 mg/16 ml vial mdv, sterile, l/f 160 mg/16 ml (10 mg/ml)</i> (Taxotere)	5	
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i> (Taxotere)	5	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	PA BvD
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	QL (1 per 84 days)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	QL (1 per 112 days)
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	QL (1 per 168 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	5	

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

Drug Name	Drug Tier	Requirements/Limits
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; QL (30 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i> (Etoposide)	2	GC
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	GC
FARESTON ORAL TABLET 60 MG	5	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	5	
<i>floxuridine injection recon soln 0.5 gram</i> (Floxuridine)	2	PA BvD; GC
<i>fluorouracil 5,000 mg/100 ml latex-free 5 gram/100 ml</i> (Fluorouracil)	2	PA BvD; GC
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml</i> (Fluorouracil)	2	PA BvD; GC
<i>flutamide oral capsule 125 mg</i> (Flutamide)	2	GC
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i> (Gemzar)	5	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> (Gemzar)	5	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	4	
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	5	PA NSO
HEXALEN ORAL CAPSULE 50 MG	5	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	GC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG ORAL TABLET 45 MG	5	PA NSO; QL (30 per 30 days)
<i>ifosfamide 1 gm/20 ml vial sdv,p/f,latex-free 1 gram/20 ml</i> (Ifex)	2	PA BvD; GC
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	PA BvD; GC
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i> (Ifosfamide/Mesna)	5	PA BvD
<i>imatinib oral tablet 100 mg</i> (Gleevec)	5	PA NSO; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	5	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	5	PA NSO; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; QL (60 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; QL (60 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml</i> (Camptosar)	2	GC
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; QL (60 per 30 days)
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	5	PA NSO
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	5	PA NSO
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	5	PA NSO; QL (6 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	5	PA NSO
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	GC
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> (Leuprolide Acetate)	2	GC
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; QL (80 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	QL (1 per 84 days)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	QL (1 per 84 days)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	QL (1 per 168 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	
LYNPARZA ORAL CAPSULE 50 MG	5	PA NSO; QL (480 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA NSO; QL (4 per 28 days)
MATULANE ORAL CAPSULE 50 MG	5	
<i>megestrol oral tablet 20 mg, 40 mg</i> (Megestrol Acetate)	2	GC
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; QL (30 per 30 days)
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran)	5	
<i>mercaptopurine oral tablet 50 mg</i> (Mercaptopurine)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	(Methotrexate Sodium/PF)	2	PA BvD; GC
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	(Methotrexate Sodium/PF)	2	PA BvD; GC
<i>methotrexate sodium injection solution 25 mg/ml</i>	(Methotrexate Sodium)	2	PA BvD; GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	(Methotrexate Sodium)	2	PA BvD; ST ; GC
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	(Mitoxantrone HCl)	2	GC
NEXAVAR ORAL TABLET 200 MG		5	PA NSO; QL (120 per 30 days)
NILANDRON ORAL TABLET 150 MG		5	
<i>nilutamide oral tablet 150 mg</i>	(Nilandron)	5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		5	PA NSO; QL (3 per 28 days)
ODOMZO ORAL CAPSULE 200 MG		5	PA NSO; LA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML		5	PA NSO
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML		5	PA NSO
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	(Oxaliplatin)	5	
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	(Oxaliplatin)	2	GC
<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	(Oxaliplatin)	5	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	(Paclitaxel)	2	GC
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)		5	PA NSO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		5	PA NSO; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)		5	PA NSO; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT		5	
PURIXAN ORAL SUSPENSION 20 MG/ML		5	

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

Drug Name	Drug Tier	Requirements/Limits
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; LA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	4	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; QL (60 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	4	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i> (Tamoxifen Citrate)	2	GC
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA NSO; QL (60 per 30 days)
TARCEVA ORAL TABLET 150 MG	5	PA NSO; QL (90 per 30 days)
TARGRETIN ORAL CAPSULE 75 MG	5	PA NSO; QL (420 per 30 days)
TARGRETIN TOPICAL GEL 1 %	5	PA NSO; QL (60 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; QL (112 per 28 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	5	PA NSO; QL (20 per 21 days)
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; (vial only)

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

Drug Name	Drug Tier	Requirements/Limits
<i>teniposide intravenous solution 50 mg/5 ml</i> (Teniposide)	5	
<i>thiotepa injection recon soln 15 mg</i> (Thiotepa)	5	
<i>toposar intravenous solution 20 mg/ml</i> (Etoposide)	2	GC
<i>topotecan hcl 4 mg/4 ml vial p/f, sub, latex-free 4 mg/4 ml (1 mg/ml)</i> (Hycamtin)	5	
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	5	
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	5	PA BvD; QL (4 per 28 days)
TREANDA INTRAVENOUS RECON SOLN 100 MG	5	
TRELSTAR 22.5 MG SYRINGE WITH MIXJECT 22.5 MG/2 ML	5	QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	
<i>tretinoin (chemotherapy) oral capsule 10 mg</i> (Tretinoin)	5	(capsule: 10mg)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA BvD; ST
TYKERB ORAL TABLET 250 MG	5	
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	5	
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA NSO
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	5	PA NSO; LA; QL (42 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i> (Vinblastine Sulfate)	2	PA BvD; GC
<i>vincasar pfs 2 mg/2 ml vial 2 mg/2 ml</i> (Vincristine Sulfate)	2	PA BvD; GC
<i>vincasar pfs intravenous solution 1 mg/ml</i> (Vincristine Sulfate)	2	PA BvD; GC
<i>vincristine 2 mg/2 ml vial p/f, sdv 2 mg/2 ml</i> (Vincristine Sulfate)	2	PA BvD; GC
<i>vincristine intravenous solution 1 mg/ml</i> (Vincristine Sulfate)	2	PA BvD; GC
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	GC
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; QL (60 per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	5	PA NSO
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; QL (240 per 30 days)
ZOLADEx SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEx SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	5	PA NSO; QL (140 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZYTIGA ORAL TABLET 250 MG	5	PA NSO; QL (120 per 30 days)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i> (Atropine Sulfate)	2	GC
<i>propantheline oral tablet 15 mg</i> (Propantheline Bromide)	2	GC
Anticonvulsants		
Anticonvulsants		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	
BANZEL ORAL SUSPENSION 40 MG/ML	5	
BANZEL ORAL TABLET 200 MG, 400 MG	5	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	GC
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	GC
<i>carbamazepine oral tablet 200 mg</i> (Tegretol)	2	GC
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	GC
<i>carbamazepine oral tablet, chewable 100 mg</i> (Carbamazepine)	2	GC
CELONTIN ORAL CAPSULE 300 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	GC
<i>divalproex oral capsule, sprinkle 125 mg</i> (Depakote Sprinkle)	2	GC
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	GC
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	GC
<i>epitol oral tablet 200 mg</i> (Tegretol)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	GC
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	GC
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	GC
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	GC
<i>fospphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	GC
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	2	GC
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	GC
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	2	GC
GABITRIL ORAL TABLET 12 MG, 16 MG	3	
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	4	ST; QL (78 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	4	ST; QL (90 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	2	GC
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i> (Lamictal Odt (Blue))	2	GC
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	2	GC
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	GC
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal Odt)	2	GC
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i> (Lamictal (Blue))	2	GC
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i> (Levetiracetam In Nacl (Iso-Os))	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	GC
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	GC
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	GC
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	GC
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	QL (90 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	3	QL (900 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml</i> (Trileptal)	2	GC
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	GC
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	4	
PEGANONE ORAL TABLET 250 MG	3	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> (Phenobarbital)	2	GC; QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> (Phenobarbital)	2	GC; QL (90 per 30 days)
<i>phenobarbital oral tablet 30 mg</i> (Phenobarbital)	2	GC; QL (200 per 30 days)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	GC
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin)	2	GC
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> (Dilantin)	2	GC
<i>phenytoin sodium intravenous solution 50 mg/ml</i> (Phenytoin Sodium)	2	GC
<i>phenytoin sodium intravenous syringe 50 mg/ml</i> (Phenytoin Sodium)	2	GC
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	5	QL (90 per 30 days)
POTIGA ORAL TABLET 50 MG	5	QL (270 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
SABRIL ORAL POWDER IN PACKET 500 MG	5	
SABRIL ORAL TABLET 500 MG	5	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST ; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST ; QL (120 per 30 days)
<i>tiagabine oral tablet 2 mg, 4 mg</i> (Gabitril)	2	GC
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	GC
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	2	GC
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	2	GC
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	4	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> (Depacon)	2	GC
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> (Depakene)	2	GC
<i>valproic acid oral capsule 250 mg</i> (Depakene)	2	GC
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	4	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	5	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL (60 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> (Zonegran)	2	GC
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	2	GC; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i> (Donepezil HCl)	2	GC; QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	2	GC; QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i> (Galantamine Hbr)	2	GC; QL (200 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	2	GC; QL (60 per 30 days)
<i>memantine oral solution 2 mg/ml</i> (Namenda)	2	GC; QL (360 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	2	GC; QL (60 per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda)	2	GC; QL (49 per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	3	QL (28 per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	QL (30 per 30 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 28-10 MG	3	QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> (Exelon)	2	GC; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	2	GC; QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> (Amitriptyline HCl)	2	GC
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> (Amoxapine)	2	GC
BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i> (Wellbutrin)	2	GC
<i>bupropion hcl oral tablet extended release 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	GC
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	GC
<i>citalopram oral solution 10 mg/5 ml</i> (Citalopram Hydrobromide)	2	GC; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	1	GC; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	GC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> (Tofranil-Pm)	2	GC
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i> (Maprotiline HCl)	2	GC
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> (Remeron)	2	GC
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron)	2	GC
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> (Nefazodone HCl)	2	GC
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	2	GC
<i>nortriptyline oral solution 10 mg/5 ml</i> (Nortriptyline HCl)	2	GC
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	2	GC
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i> (Paxil)	1	GC
<i>paroxetine hcl oral tablet 30 mg</i> (Paxil)	2	GC
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	GC
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> (Perphenazine/Amitriptyline HCl)	2	GC
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	GC
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	4	QL (30 per 30 days)
<i>protriptyline oral tablet 10 mg, 5 mg</i> (Protriptyline HCl)	2	GC
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	GC
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	GC
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	4	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	GC
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> (Trazodone HCl)	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
trimipramine oral capsule 100 mg, 25 mg, 50 mg (Trimipramine Maleate)	2	GC
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	
venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg (Effexor XR)	2	GC
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg (Venlafaxine HCl)	2	GC
venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg (Venlafaxine HCl)	2	GC
venlafaxine oral tablet extended release 24hr 225 mg (Venlafaxine HCl)	4	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	2	GC; QL (90 per 30 days)
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg (Nesina)	4	QL (30 per 30 days)
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg (Kazano)	4	QL (60 per 30 days)
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg (Oseni)	4	QL (30 per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	4	QL (180 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	ST; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	ST; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	ST; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50- 1,000 MG, 50-500 MG	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5- 1,000 MG, 2.5-500 MG, 2.5-850 MG	3	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5- 1,000 MG	3	
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	4	QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5- 1,000 MG, 5-500 MG	4	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	1	GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	1	GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	1	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	2	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	2	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i> (Fortamet)	2	ST; GC; QL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i> (Fortamet)	2	ST; GC; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	2	GC; QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	2	GC; QL (90 per 30 days)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	4	QL (30 per 30 days)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	4	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	QL (30 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	GC; QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (Duetact)	2	GC; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus Met)	2	GC; QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> (Prandin)	2	GC; QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i> (Repaglinide/Metformin HCl)	2	GC; QL (150 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; QL (6 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	ST; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	
Insulins		
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	QL (30 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	QL (30 per 28 days)
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	3	QL (40 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	QL (30 per 28 days)
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	QL (40 per 28 days)
HUMALOG SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	QL (30 per 28 days)
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>econazole topical cream 1 %</i> (Econazole Nitrate)	2	GC
EXELDERM TOPICAL CREAM 1 %	4	
EXELDERM TOPICAL SOLUTION 1 %	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> (Fluconazole In Nacl,Iso-Osm)	2	GC
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	2	GC
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	2	GC
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i> (Griseofulvin, Microsize)	2	GC
<i>griseofulvin microsize oral tablet 500 mg</i> (Griseofulvin, Microsize)	2	GC
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> (Gris-Peg)	2	GC
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	GC
<i>ketoconazole oral tablet 200 mg</i> (Ketoconazole)	2	GC
<i>ketoconazole topical cream 2 %</i> (Ketoconazole)	2	GC
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	2	GC
<i>miconazole-3 vaginal suppository 200 mg</i> (Miconazole Nitrate)	2	GC
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	5	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	5	
<i>nyamyc topical powder 100,000 unit/gram</i> (Nystatin)	2	GC
<i>nystatin oral suspension 100,000 unit/ml</i> (Nystatin)	2	GC
<i>nystatin oral tablet 500,000 unit</i> (Nystatin)	2	GC
<i>nystatin topical cream 100,000 unit/gram</i> (Nystatin)	2	GC
<i>nystatin topical ointment 100,000 unit/gram</i> (Nystatin)	2	GC
<i>nystatin topical powder 100,000 unit/gram</i> (Nystatin)	2	GC
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> (Nystatin/Triamcin)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	(Nystatin/Triamcin)	2	GC
<i>nystop topical powder 100,000 unit/gram</i>	(Nystatin)	2	GC
SPORANOX ORAL SOLUTION 10 MG/ML		5	
<i>terbinafine hcl oral tablet 250 mg</i>	(Lamisil)	1	GC
<i>voriconazole intravenous solution 200 mg</i>	(Vfend IV)	2	GC
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	(Vfend)	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	(Vfend)	5	
Antigout Agents			
Antigout Agents, Other			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	(Zyloprim)	2	GC
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	(Colchicine/Probenecid)	2	GC
COLCRYS ORAL TABLET 0.6 MG		3	
<i>probenecid oral tablet 500 mg</i>	(Probenecid)	2	GC
ULORIC ORAL TABLET 40 MG, 80 MG		3	QL (30 per 30 days)
Antihistamines			
Antihistamines			
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	(Carbinoxamine Maleate)	2	GC
<i>carbinoxamine maleate oral tablet 4 mg</i>	(Carbinoxamine Maleate)	2	GC
<i>clemastine oral tablet 2.68 mg</i>	(Clemastine Fumarate)	2	GC
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	(Cyproheptadine HCl)	2	GC
<i>cyproheptadine oral tablet 4 mg</i>	(Cyproheptadine HCl)	2	GC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	(Diphenhydramine HCl)	2	GC
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	(Diphenhydramine HCl)	2	GC
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	(Hydroxyzine HCl)	2	GC
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	(Hydroxyzine HCl)	2	GC
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	(Hydroxyzine HCl)	2	GC
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	(Xyzal)	2	GC
<i>levocetirizine oral tablet 5 mg</i>	(Xyzal)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine oral syrup 6.25 mg/5 ml</i> (Promethazine HCl)	2	GC
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
AVC VAGINAL VAGINAL CREAM 15 %	3	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	GC
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel-Vaginal)	2	GC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i> (Terazol 7)	2	GC
<i>terconazole vaginal suppository 80 mg</i> (Terconazole)	2	GC
Antimigraine Agents		
Antimigraine Agents		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i> (Axert)	2	GC; QL (12 per 28 days)
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	5	QL (30 per 28 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	QL (8 per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	3	QL (40 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	2	GC; QL (18 per 28 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i> (Maxalt)	2	GC; QL (18 per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i> (Maxalt Mlt)	2	GC; QL (18 per 28 days)
<i>sumatriptan 4 mg/0.5 ml inject latex-free 4 mg/0.5 ml</i> (Imitrex)	2	GC; QL (4 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	2	GC; QL (12 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	2	GC; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex)	2	GC; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex)	2	GC; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	GC; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> (Sumatriptan Succinate)	2	GC; QL (4 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	GC; QL (12 per 28 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i> (Zomig Zmt)	2	GC; QL (12 per 28 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>dapsone oral tablet 100 mg, 25 mg</i> (Dapsone)	2	GC
<i>ethambutol oral tablet 100 mg, 400 mg</i> (Myambutol)	2	GC
<i>isoniazid oral solution 50 mg/5 ml</i> (Isoniazid)	2	GC
<i>isoniazid oral tablet 100 mg, 300 mg</i> (Isoniazid)	1	GC
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i> (Pyrazinamide)	2	GC
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	GC
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	GC
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	2	GC
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG	5	PA; QL (188 per 168 days)
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO ORAL CAPSULE 300-0.5 MG	3	PA BvD
<i>compro rectal suppository 25 mg</i> (Compazine)	2	GC
<i>dimenhydrinate injection solution 50 mg/ml</i> (Dimenhydrinate)	2	GC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA; GC
EMEND INTRAVENOUS RECON SOLN 150 MG	4	QL (2 per 28 days)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	4	PA BvD
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA BvD
<i>granisetron (pf) intravenous solution 100 mcg/ml</i> (Granisetron HCl/PF)	2	GC
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i> (Granisetron HCl)	2	GC
<i>granisetron hcl oral tablet 1 mg</i> (Granisetron HCl)	2	PA BvD; GC
<i>meclizine oral tablet 12.5 mg, 25 mg</i> (Meclizine HCl)	2	GC
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> (Ondansetron HCl/PF)	2	GC
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i> (Ondansetron HCl/PF)	2	GC
<i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran)	2	PA BvD; GC
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i> (Zofran)	2	PA BvD; GC
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i> (Zofran Odt)	2	PA BvD; GC
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i> (Phenergan)	2	GC
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> (Prochlorperazine Edisylate)	2	GC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	GC
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	2	GC
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> (Promethazine HCl)	2	GC
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Phenergan)	2	GC
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Phenergan)	2	GC
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1.5 MG (1 MG OVER 3 DAYS)	4	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
ALBENZA ORAL TABLET 200 MG	5	

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

Drug Name	Drug Tier	Requirements/Limits
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ALINIA ORAL TABLET 500 MG	4	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	5	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i> (Malarone)	2	GC
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> (Chloroquine Phosphate)	2	GC
COARTEM ORAL TABLET 20-120 MG	4	
DARAPRIM ORAL TABLET 25 MG	5	PA
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	GC
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	GC
<i>mefloquine oral tablet 250 mg</i> (Mefloquine HCl)	2	GC
NEBUPENT INHALATION RECON SOLN 300 MG	4	PA BvD
<i>paromomycin oral capsule 250 mg</i> (Paromomycin Sulfate)	2	GC
PENTAM INJECTION RECON SOLN 300 MG	4	
PRIMAQUINE ORAL TABLET 26.3 MG	4	QL (90 per 30 days)
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; GC; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i> (Tindamax)	2	GC
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i> (Amantadine HCl)	2	GC
<i>amantadine hcl oral solution 50 mg/5 ml</i> (Amantadine HCl)	2	GC
<i>amantadine hcl oral tablet 100 mg</i> (Amantadine HCl)	2	GC
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	QL (60 per 30 days)
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
<i>benztropine injection solution 2 mg/2 ml</i> (Cogentin)	2	GC
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> (Benztropine Mesylate)	2	GC
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	GC
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	GC
<i>cabergoline oral tablet 0.5 mg</i> (Cabergoline)	2	GC
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg (Sinemet CR)	2	GC
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg (Sinemet CR)	2	GC
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg (Carbidopa/Levodopa)	2	GC
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg (Stalevo 50)	2	GC
COGENTIN INJECTION SOLUTION 2 MG/2 ML	4	
entacapone oral tablet 200 mg (Comtan)	2	GC
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	2	GC
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg (Requip)	2	GC
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg (Requip XL)	2	GC
selegiline hcl oral capsule 5 mg (Eldepryl)	2	GC
selegiline hcl oral tablet 5 mg (Selegiline HCl)	2	GC
trihexyphenidyl oral elixir 0.4 mg/ml (Trihexyphenidyl HCl)	2	GC
trihexyphenidyl oral tablet 2 mg, 5 mg (Trihexyphenidyl HCl)	2	GC
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	QL (1 per 28 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>aripiprazole oral solution 1 mg/ml</i>	(Aripiprazole)	2	GC; QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	(Abilify)	2	GC; QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	(Abilify)	2	GC; QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	(Aripiprazole)	2	GC; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	(Aripiprazole)	2	GC; QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML		5	QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML		5	QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML		5	QL (3.2 per 28 days)
<i>chlorpromazine 25 mg/ml amp 25's,outer 25 mg/ml</i>	(Chlorpromazine HCl)	5	
<i>chlorpromazine injection solution 25 mg/ml</i>	(Chlorpromazine HCl)	2	GC
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	(Chlorpromazine HCl)	2	GC
<i>clozapine oral tablet 100 mg</i>	(Clozaril)	2	GC; QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	(Clozaril)	2	GC; QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	(Clozaril)	2	GC; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	(Fazaclo)	2	ST ; GC
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG		4	ST ; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG		5	ST ; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)		4	ST ; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate injection solution 25 mg/ml</i> (Fluphenazine Decanoate)	2	GC
<i>fluphenazine hcl injection solution 2.5 mg/ml</i> (Fluphenazine HCl)	2	GC
<i>fluphenazine hcl oral concentrate 5 mg/ml</i> (Fluphenazine HCl)	2	GC
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> (Fluphenazine HCl)	2	GC
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> (Fluphenazine HCl)	2	GC
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	QL (6 per 28 days)
<i>haloperidol dec 50 mg/ml vial 50 mg/ml</i> (Haloperidol Decanoate)	2	GC
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haloperidol Decanoate)	2	GC
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate 50)	2	GC
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haloperidol Lactate)	2	GC
<i>haloperidol lactate oral concentrate 2 mg/ml</i> (Haloperidol Lactate)	2	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> (Haloperidol)	2	GC
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	QL (0.875 per 84 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	5	QL (30 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> (Loxapine Succinate)	2	GC
<i>molindone oral tablet 10 mg</i> (Molindone HCl)	2	GC; QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i> (Molindone HCl)	2	GC; QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i> (Molindone HCl)	2	GC; QL (120 per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PA NSO; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	GC; QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	GC; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	GC; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	5	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	5	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> (Perphenazine)	2	GC
<i>pimozide oral tablet 1 mg, 2 mg</i> (Orap)	2	GC
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	GC; QL (90 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST ; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST ; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST ; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	QL (4 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	GC; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	GC; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Risperdal M-Tab)	2	GC; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg, 4 mg</i> (Risperdal M-Tab)	2	GC; QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	4	ST ; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 50 MG	4	ST ; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	4	ST ; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	5	ST ; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> (Thioridazine HCl)	2	GC
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> (Thiothixene)	2	GC
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> (Trifluoperazine HCl)	2	GC
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST ; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST ; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST ; QL (7 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	GC; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	GC
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	
APTIVUS ORAL CAPSULE 250 MG	5	
APTIVUS ORAL SOLUTION 100 MG/ML	4	
ATRIPLA ORAL TABLET 600-200-300 MG	5	
COMPLERA ORAL TABLET 200-25-300 MG	5	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
DESCOVY ORAL TABLET 200-25 MG	5	
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC)	2	GC
EDURANT ORAL TABLET 25 MG	5	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
EPZICOM ORAL TABLET 600-300 MG	5	
EVOTAZ ORAL TABLET 300-150 MG	5	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	

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

Drug Name	Drug Tier	Requirements/Limits
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE ORAL CAPSULE 200 MG	5	
INVIRASE ORAL TABLET 500 MG	5	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	3	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	5	
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	5	
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	GC
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i> (Epivir)	2	GC
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	GC
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
LEXIVA ORAL TABLET 700 MG	5	
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	2	GC
<i>nevirapine oral tablet 200 mg</i> (Viramune)	2	GC
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> (Viramune XR)	2	GC
NORVIR ORAL CAPSULE 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	5	
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 400 MG, 600 MG, 800 MG	5	
RESCRIPTOR ORAL TABLET 200 MG	4	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Zerit)	2	GC
<i>stavudine oral recon soln 1 mg/ml</i> (Zerit)	2	GC
STRIBILD ORAL TABLET 150-150-200-300 MG	5	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	4	
SUSTIVA ORAL TABLET 600 MG	4	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	5	
VITEKTA ORAL TABLET 150 MG, 85 MG	5	

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

Drug Name	Drug Tier	Requirements/Limits
ZIAGEN ORAL SOLUTION 20 MG/ML	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	GC
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	GC
<i>zidovudine oral tablet 300 mg</i> (Zidovudine)	2	GC
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD; GC
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	GC
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA
TAMIFLU ORAL CAPSULE 30 MG	3	QL (84 per 180 days)
TAMIFLU ORAL CAPSULE 45 MG	3	QL (48 per 180 days)
TAMIFLU ORAL CAPSULE 75 MG	3	QL (42 per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL (540 per 180 days)
Hcv Antivirals		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	5	PA; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (30 per 30 days)
OLYSIO ORAL CAPSULE 150 MG	5	PA; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	5	PA; QL (28 per 28 days)
TECHNIVIE ORAL TABLET 12.5-75-50 MG	5	PA; QL (56 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	PA; QL (112 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO

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

Drug Name	Drug Tier	Requirements/Limits
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	5	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA NSO; QL (4 per 28 days)
Nucleosides And Nucleotides		
<i>acyclovir 1,000 mg/20 ml vial latex- free, sdv 50 mg/ml</i> (Acyclovir Sodium)	5	PA BvD
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	2	GC
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	GC
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	2	GC
<i>acyclovir sodium intravenous recon soln 500 mg</i> (Acyclovir Sodium)	5	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i> (Acyclovir Sodium)	2	PA BvD; GC
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	
<i>cidofovir intravenous solution 75 mg/ml</i> (Vistide)	5	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	5	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> (Famvir)	2	GC
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	2	PA BvD; GC
<i>ribasphere oral capsule 200 mg</i> (Rebetol)	2	GC
<i>ribasphere oral tablet 200 mg, 400 mg, 600 mg</i> (Copegus)	2	GC
<i>ribasphere ribapak oral tablets, dose pack 200 mg (7)- 400 mg (7), 400-400 mg (28)- mg (28), 600-400 mg (28)-mg (28)</i> (Ribatab)	5	
<i>ribavirin oral capsule 200 mg</i> (Rebetol)	2	GC
<i>ribavirin oral tablet 200 mg</i> (Copegus)	2	GC
TYZEKA ORAL TABLET 600 MG	5	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
VALCYTE ORAL RECON SOLN 50 MG/ML	5	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	5	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	5	PA BvD
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	5	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	GC
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	2	GC
<i>enoxaparin subcutaneous syringe 150 mg/ml</i> (Lovenox)	5	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	2	GC; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	GC; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	2	GC; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	2	GC; QL (18 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i> (Heparin Sodium,Porcine/D5W)	2	GC
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml)</i> (Heparin Sod,Pork In 0.45% NaCl)	2	GC
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> (Heparin Sodium,Porcine)	2	GC
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i> (Heparin Sodium,Porcine/PF)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>heparin, porcine (pf) injection syringe</i> 5,000 unit/0.5 ml	(Monoject Prefill Advanced)	2	GC
<i>heparin-0.45% nacl 25,000 units/250 ml</i> (100 units/ml) bag latex-free, inner 25,000 unit/250 ml	(Heparin Sod,Pork In 0.45% NaCl)	2	GC
IPRIVASK SUBCUTANEOUS RECON SOLN 15 MG		5	PA; QL (24 per 28 days)
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg,</i> <i>2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	(Coumadin)	1	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG		4	ST; QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG		4	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg,</i> <i>2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	(Coumadin)	1	GC
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		3	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		3	
Blood Formation Modifiers			
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)		5	PA
EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER 10,000 UNIT/ML		3	PA; QL (12 per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML		3	PA; QL (12 per 28 days)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		5	
LEUKINE INJECTION RECON SOLN 250 MCG		5	
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML		4	PA; QL (0.6 per 28 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)		5	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML		5	

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

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	
PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
PROCRT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; QL (12 per 28 days)
PROCRT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; QL (30 per 30 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	ST
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i> (Agrylin)	2	GC
<i>protamine intravenous solution 10 mg/ml</i> (Protamine Sulfate)	2	GC
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Tranexamic Acid)	2	GC
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	GC; QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	2	GC
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i> (Cilostazol)	2	GC
<i>clopidogrel oral tablet 300 mg</i> (Plavix)	2	GC
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> (Persantine)	2	GC
EFFIENT ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
<i>pentoxifylline oral tablet extended release 400 mg</i> (Pentoxifylline)	2	GC
Caloric Agents		
Caloric Agents		

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

Drug Name	Drug Tier	Requirements/Limits
AMINO ACIDS 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA BvD

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

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

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

Drug Name		Drug Tier	Requirements/Limits
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %		4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %		4	PA BvD
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %		4	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %		4	PA BvD
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	(Dextrose 10 % in Water)	2	PA BvD; GC
dextrose 20 % in water (d20w) intravenous parenteral solution 20 %	(Dextrose 20 % in Water)	2	PA BvD; GC
dextrose 25 % in water (d25w) intravenous syringe	(Dextrose 25 % in Water)	2	PA BvD; GC
dextrose 40 % in water (d40w) intravenous parenteral solution 40 %	(Dextrose 40 % in Water)	2	PA BvD; GC
dextrose 5 % in ringers intravenous parenteral solution 5 %	(Dextrose 5 % In Ringers)	2	GC
dextrose 5 % in water (d5w) intravenous parenteral solution	(Dextrose 5 % in Water)	2	GC
dextrose 50 % in water (d50w) intravenous parenteral solution	(Dextrose 50 % in Water)	2	PA BvD; GC
dextrose 50 % in water (d50w) intravenous syringe	(Dextrose 50 % in Water)	2	PA BvD; GC
dextrose 70 % in water (d70w) intravenous parenteral solution	(Dextrose 70 % in Water)	2	PA BvD; GC
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %		4	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		4	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %		4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %		4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	4	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i> (Catapres-Tts 1)	2	GC; QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-Tts 1)	2	GC; QL (8 per 28 days)
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg</i> (Clonidine HCl/Chlorthalidone)	2	GC
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	GC
<i>guanfacine oral tablet 1 mg, 2 mg</i> (Tenex)	2	GC
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Midodrine HCl)	2	GC
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	GC
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	GC
Angiotensin II Receptor Antagonists		
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	3	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	GC
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	GC
EDARBI ORAL TABLET 40 MG, 80 MG	4	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i> (Eprosartan Mesylate)	2	GC
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	GC
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	GC
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	GC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	GC
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	GC
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	ST
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	2	GC

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> (Timolol Maleate)	2	GC
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD)	2	GC
<i>diltiazem 24hr er 180 mg cap 180 mg</i> (Cardizem CD)	2	GC
<i>diltiazem 24hr er 360 mg cap 360 mg</i> (Cardizem CD)	2	GC
<i>diltiazem hcl intravenous recon soln 100 mg</i> (Cardizem CD)	2	GC
<i>diltiazem hcl intravenous solution 5 mg/ml</i> (Cardizem CD)	2	GC
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i> (Cardizem CD)	2	GC
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i> (Cardizem CD)	2	GC
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i> (Cardizem CD)	2	GC
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> (Cardizem CD)	1	GC
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem LA)	2	GC
<i>dilt-xr oral capsule,ext release degradable 120 mg, 180 mg, 240 mg</i> (Cardizem CD)	2	GC
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem CD)	2	GC
<i>taztia xt oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Cardizem CD)	2	GC
<i>verapamil intravenous syringe 2.5 mg/ml</i> (Verapamil HCl)	2	GC
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan Pm)	2	GC
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	2	GC
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> (Calan)	1	GC
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	ST
DEMSEER ORAL CAPSULE 250 MG	5	
<i>digitek oral tablet 125 mcg</i> (Lanoxin)	2	GC
<i>digitek oral tablet 250 mcg</i> (Lanoxin)	2	GC; QL (30 per 30 days)
<i>digoxin 0.25 mg/ml syringe 250 mcg/ml</i> (Digoxin)	2	GC
<i>digoxin injection solution 250 mcg/ml</i> (Digoxin)	2	GC
DIGOXIN ORAL SOLUTION 50 MCG/ML	3	
<i>digoxin oral tablet 125 mcg</i> (Lanoxin)	2	GC
<i>digoxin oral tablet 250 mcg</i> (Lanoxin)	2	GC; QL (30 per 30 days)
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i> (Dobutamine HCl/D5W)	2	PA BvD; GC
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i> (Dobutamine HCl)	2	PA BvD; GC
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 800 mg/250 ml (3,200 mcg/ml)</i> (Dopamine HCl/D5W)	2	PA BvD; GC
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i> (Dopamine HCl)	2	PA BvD; GC
<i>epinephrine hcl (pf) intravenous solution 1 mg/ml (1 ml)</i> (Epinephrine HCl/PF)	2	GC
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Adrenaclick)	2	GC
<i>epinephrine injection syringe 0.1 mg/ml</i> (Epinephrine)	2	GC
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	QL (4 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	
<i>hydralazine injection solution 20 mg/ml</i> (Hydralazine HCl)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> (Hydralazine HCl)	2	GC
LANOXIN ORAL TABLET 187.5 MCG	4	QL (30 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG	4	
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i> (Milrinone Lactate/D5W)	5	PA BvD
<i>milrinone intravenous solution 1 mg/ml</i> (Milrinone Lactate)	5	PA BvD
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i> (Levophed Bitartrate)	2	PA BvD; GC
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
Dihydropyridines		
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i> (Adalat CC)	2	GC
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	GC
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	2	GC
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	GC
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	GC
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	ST
CLEVIPREX INTRAVENOUS EMULSION 50 MG/100 ML	4	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> (Felodipine)	2	GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i> (Isradipine)	2	GC
<i>nicardipine oral capsule 20 mg, 30 mg</i> (Nicardipine HCl)	2	GC
<i>nifedical xl oral tablet extended release 24hr 30 mg, 60 mg</i> (Procardia XL)	2	GC
<i>nifedipine er 30 mg tablet f/c 30 mg</i> (Adalat CC)	2	GC
<i>nifedipine er 60 mg tablet f/c 60 mg</i> (Adalat CC)	2	GC
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i> (Adalat CC)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release 24hr 90 mg</i>	(Procardia XL)	2	GC
Diuretics			
<i>amiloride oral tablet 5 mg</i>	(Amiloride HCl)	2	GC
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	(Amiloride/Hydrochlorothiazide)	2	GC
<i>bumetanide injection solution 0.25 mg/ml</i>	(Bumetanide)	2	GC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	(Bumetanide)	2	GC
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	(Chlorothiazide)	1	GC
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	(Sodium Diuril)	2	GC
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	(Chlorthalidone)	1	GC
DYRENIUM ORAL CAPSULE 100 MG, 50 MG		4	
<i>furosemide injection solution 10 mg/ml</i>	(Furosemide)	2	GC
<i>furosemide injection syringe 10 mg/ml</i>	(Furosemide)	2	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	(Furosemide)	2	GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	(Lasix)	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	(Microzide)	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	(Hydrochlorothiazide)	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	(Indapamide)	1	GC
<i>methyclothiazide oral tablet 5 mg</i>	(Methyclothiazide)	2	GC
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	(Zaroxolyn)	2	GC
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	(Aldactone)	2	GC
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	(Aldactazide)	2	GC
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	(Demadex)	2	GC
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i>	(Dyazide)	2	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	(Maxzide)	1	GC
Dyslipidemics			

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

Drug Name	Drug Tier	Requirements/Limits
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	4	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	2	GC
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	2	GC
<i>cholestyramine light oral powder in packet 4 gram</i> (Questran)	2	GC
<i>cholestyramine packet outer 4 gram</i> (Questran)	2	GC
<i>colestipol hcl granules packet 5 gram</i> (Colestid)	2	GC
<i>colestipol oral granules 5 gram</i> (Colestid)	2	GC
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	GC
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> (Lofibra)	2	GC
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	GC
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i> (Lofibra)	2	GC
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	2	GC
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	2	GC
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	2	GC
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	GC
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; QL (45 per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; QL (4 per 28 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Lovastatin)	1	GC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan)	2	GC
<i>niacor oral tablet 500 mg</i> (Niacin)	2	GC
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	GC; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	5	PA; QL (2 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/ML	5	PA; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Pravachol)	1	GC
<i>prevalite oral powder 4 gram</i> (Cholestyramine/Asparta me)	2	GC
<i>prevalite packet outer 4 gram</i> (Cholestyramine/Asparta me)	2	GC
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	2	GC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Zocor)	1	GC
<i>simvastatin oral tablet 80 mg</i> (Zocor)	1	GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	3	QL (120 per 30 days)
VYTORIN 10-10 ORAL TABLET 10-10 MG	4	
VYTORIN 10-20 ORAL TABLET 10-20 MG	4	
VYTORIN 10-40 ORAL TABLET 10-40 MG	4	
VYTORIN 10-80 ORAL TABLET 10-80 MG	4	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
WELCHOL ORAL TABLET 625 MG	3	
ZETIA ORAL TABLET 10 MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	GC
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG	3	ST
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	ST
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	ST
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> (Isochron)	2	GC
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (Isochron)	2	GC
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> (Isosorbide Mononitrate)	2	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> (Imdur)	2	GC
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	2	GC; QL (30 per 30 days)
<i>minitran transdermal patch 24 hour 0.4 mg/hr</i> (Nitro-Dur)	2	GC; QL (60 per 30 days)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i> (Minoxidil)	2	GC
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	GC
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i> (Nitroglycerin/D5W)	2	GC
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i> (Nitroglycerin)	2	GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	2	GC; QL (30 per 30 days)
<i>nitroglycerin transdermal patch 24 hour 0.4 mg/hr</i> (Nitro-Dur)	2	GC; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	5	PA; QL (60 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; QL (28 per 28 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA
<i>caffeine citrated intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	GC
<i>caffeine citrated oral solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	GC
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	2	GC
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	5	PA
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	GC; QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine)	2	GC; QL (120 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Dexedrine)	2	GC; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	GC; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	GC; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	GC; QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA
<i>flumazenil intravenous solution 0.1 mg/ml</i> (Romazicon)	2	GC
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL (28 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv)	2	GC
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	5	PA
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> (Lithium Carbonate)	1	GC
<i>lithium carbonate oral tablet 300 mg</i> (Lithobid)	2	GC
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i> (Lithobid)	2	GC
<i>lithium citrate oral solution 8 meq/5 ml</i> (Lithium Citrate)	2	GC
<i>methylphenidate cd 20 mg cap 20 mg</i> (Metadate Cd)	2	GC; QL (30 per 30 days)
<i>methylphenidate cd 40 mg cap 40 mg</i> (Metadate Cd)	2	GC; QL (30 per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg</i> (Metadate Cd)	2	GC; QL (30 per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70 30 mg</i> (Metadate Cd)	2	GC; QL (60 per 30 days)
<i>methylphenidate oral capsule,er biphasic 50-50 20 mg, 40 mg</i> (Metadate Cd)	2	GC; QL (30 per 30 days)
<i>methylphenidate oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	GC; QL (900 per 30 days)
<i>methylphenidate oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	GC; QL (90 per 30 days)
<i>methylphenidate oral tablet extended release 10 mg, 20 mg</i> (Methylphenidate HCl)	2	GC; QL (90 per 30 days)
<i>methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	GC; QL (30 per 30 days)
<i>methylphenidate oral tablet extended release 24hr 36 mg</i> (Concerta)	2	GC; QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	GC
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (60 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG	5	PA; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; QL (112 per 28 days)
Contraceptives		
Contraceptives		
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (Amethyst)	2	GC
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (Modicon)	2	GC
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> (Modicon)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Seasonique)	2	GC; QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Seasonique)	2	GC; QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i> (Desogen)	2	GC
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i> (Modicon)	2	GC
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Seasonique)	2	GC
<i>aubra oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	GC
<i>aviane oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	GC
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Mircette)	2	GC
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i> (Modicon)	2	GC
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Mircette)	2	GC
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Loestrin Fe)	2	GC
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	GC
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i> (Modicon)	2	GC
<i>camila oral tablet 0.35 mg</i> (Nor-Q-D)	2	GC
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Seasonique)	2	GC; QL (91 per 84 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Seasonique)	2	GC; QL (91 per 84 days)
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i> (Desogen)	2	GC
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> (Norgestrel-Ethinyl Estradiol)	2	GC
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i> (Modicon)	2	GC
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> (Modicon)	2	GC
<i>cyred oral tablet 0.15-0.03 mg</i> (Desogen)	2	GC
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> (Modicon)	2	GC

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

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

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

Drug Name		Drug Tier	Requirements/Limits
<i>jolessa</i> oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Levonorgestrel-Ethin Estradiol)	2	GC; QL (91 per 84 days)
<i>jolivette</i> oral tablet 0.35 mg	(Nor-Q-D)	2	GC
<i>juleber</i> oral tablet 0.15-0.03 mg	(Desogen)	2	GC
<i>junel</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	2	GC
<i>junel</i> 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	2	GC
<i>junel fe</i> 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	2	GC
<i>junel fe</i> 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	2	GC
<i>junel fe</i> 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	2	GC
<i>kariva</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	2	GC
<i>kelnor</i> 1/35 (28) oral tablet 1-35 mg-mcg	(Demulen 1-50-21)	2	GC
<i>kimidess</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	2	GC
<i>kurvelo</i> oral tablet 0.15-0.03 mg	(Amethyst)	2	GC
<i>l norgest/e.estradiol-e.estradiol</i> oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	2	GC; QL (91 per 84 days)
<i>larin</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	2	GC
<i>larin</i> 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	2	GC
<i>larin</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	2	GC
<i>larin fe</i> 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	2	GC
<i>larin fe</i> 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	2	GC
<i>leena</i> 28 oral tablet 0.5/1/0.5-35 mg-mcg	(Modicon)	2	GC
<i>lessina</i> oral tablet 0.1-20 mg-mcg	(Amethyst)	2	GC
<i>levonest</i> (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	2	GC
<i>levonor-eth estradiol</i> 0.15-0.03 outer 0.15-0.03 mg	(Amethyst)	2	GC; QL (91 per 84 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Amethyst)	2	GC
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15-30 mg-mcg</i>	(Amethyst)	2	GC; QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Amethyst)	2	GC; QL (91 per 84 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(Amethyst)	2	GC
<i>lomedial 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(Loestrin Fe)	2	GC
<i>loryna (28) oral tablet 3-0.02 mg</i>	(Yaz)	2	GC
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(Norgestrel-Ethinyl Estradiol)	2	GC
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	(Amethyst)	2	GC
<i>lyza oral tablet 0.35 mg</i>	(Nor-Q-D)	2	GC
<i>marlissa oral tablet 0.15-0.03 mg</i>	(Amethyst)	2	GC
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(Loestrin)	2	GC
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(Loestrin)	2	GC
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	GC
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	GC
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	(Ortho-Cyclen)	2	GC
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	(Ortho-Cyclen)	2	GC
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Amethyst)	2	GC
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	(Modicon)	2	GC
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i>	(Modicon)	2	GC
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	(Norinyl 1+50)	2	GC
<i>necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg</i>	(Modicon)	2	GC
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	(Modicon)	2	GC
<i>nikki (28) oral tablet 3-0.02 mg</i>	(Yaz)	2	GC
<i>nora-be oral tablet 0.35 mg</i>	(Nor-Q-D)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
norethindrone (contraceptive) oral tablet 0.35 mg	(Nor-Q-D)	2	GC
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Loestrin)	2	GC
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	2	GC
norg-ee 0.18-0.215-0.25/0.035 3x28 day regimen 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho-Cyclen)	2	GC
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	(Ortho-Cyclen)	2	GC
norlyroc oral tablet 0.35 mg	(Nor-Q-D)	2	GC
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	(Modicon)	2	GC
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	(Modicon)	2	GC
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(Modicon)	2	GC
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Modicon)	2	GC
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR		3	QL (1 per 28 days)
ocella oral tablet 3-0.03 mg	(Yaz)	2	GC
ogestrel (28) oral tablet 0.5-50 mg-mcg	(Norgestrel-Ethinyl Estradiol)	2	GC
orsythia oral tablet 0.1-20 mg-mcg	(Amethyst)	2	GC
philith oral tablet 0.4-35 mg-mcg	(Modicon)	2	GC
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	2	GC
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg	(Modicon)	2	GC
portia oral tablet 0.15-0.03 mg	(Amethyst)	2	GC
previfem oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	2	GC
quasense oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Levonorgestrel-Ethin Estradiol)	2	GC; QL (91 per 84 days)
reclipsen (28) oral tablet 0.15-0.03 mg	(Desogen)	2	GC
setlakin oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Levonorgestrel-Ethin Estradiol)	2	GC; QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(Nor-Q-D)	2	GC
sprintec (28) oral tablet 0.25-35 mg-mcg	(Ortho-Cyclen)	2	GC
sronyx oral tablet 0.1-20 mg-mcg	(Amethyst)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
syeda oral tablet 3-0.03 mg (Yaz)	2	GC
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (Loestrin Fe)	2	GC
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9) (Loestrin Fe)	2	GC
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Ortho-Cyclen)	2	GC
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9) (Loestrin Fe)	2	GC
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Ortho-Cyclen)	2	GC
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg (Ortho-Cyclen)	2	GC
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg (Ortho-Cyclen)	2	GC
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg (Ortho-Cyclen)	2	GC
trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Ortho-Cyclen)	2	GC
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Ortho-Cyclen)	2	GC
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Ortho-Cyclen)	2	GC
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10) (Amethyst)	2	GC
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg (Desogen)	2	GC
vestura (28) oral tablet 3-0.02 mg (Yaz)	2	GC
vienva oral tablet 0.1-20 mg-mcg (Amethyst)	2	GC
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Mircette)	2	GC
vyfemla (28) oral tablet 0.4-35 mg-mcg (Modicon)	2	GC
wera (28) oral tablet 0.5-35 mg-mcg (Modicon)	2	GC
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7) (Femcon Fe)	2	GC
xulane transdermal patch weekly 150-35 mcg/24 hr (Norelgestromin/Ethin.E stradiol)	2	GC; QL (3 per 28 days)
zarah oral tablet 3-0.03 mg (Yaz)	2	GC
zenchent (28) oral tablet 0.4-35 mg-mcg (Modicon)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
zenchent fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	(Femcon Fe)	2	GC
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(Demulen 1-50-21)	2	GC
zovia 1/50e (28) oral tablet 1-50 mg-mcg	(Demulen 1-50-21)	2	GC
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	2	GC
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Peridex)	2	GC
oralone dental paste 0.1 %	(Triamcinolone Acetonide)	2	GC
periogard mucous membrane mouthwash 0.12 %	(Peridex)	2	GC
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen)	2	GC
triamcinolone acetonide dental paste 0.1 %	(Triamcinolone Acetonide)	2	GC
Dermatological Agents			
Dermatological Agents, Other			
8-MOP ORAL CAPSULE 10 MG		4	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	(Soriatane)	5	
acyclovir topical ointment 5 %	(Zovirax)	2	GC; QL (5 per 4 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED		1	GC
ALCOHOL PREP PADS		1	GC
ammonium lactate topical cream 12 %	(Ammonium Lactate)	2	GC
ammonium lactate topical lotion 12 %	(Ammonium Lactate)	2	GC
ANACAINE TOPICAL OINTMENT 10 %		4	
calcipotriene scalp solution 0.005 %	(Calcipotriene)	2	GC
calcipotriene topical cream 0.005 %	(Dovonex)	2	GC
calcipotriene topical ointment 0.005 %	(Calcipotriene)	2	GC
calcitrene topical ointment 0.005 %	(Calcipotriene)	2	GC
calcitriol topical ointment 3 mcg/gram	(Vectical)	2	GC
CONDYLOX TOPICAL GEL 0.5 %		4	
COSENTYX (150 MG/ML) 300 MG DOSE-2 PENS 150 MG/ML		5	PA

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX (150 MG/ML) 300 MG DOSE-2 SYRINGES 150 MG/ML	5	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA
DENAVIR TOPICAL CREAM 1 %	5	
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	5	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	
<i>fluorouracil topical cream 5 %</i> (Carac)	2	GC
<i>fluorouracil topical solution 2 %, 5 %</i> (Fluorouracil)	2	GC
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	PA NSO; GC; QL (24 per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i> (Oxsoralen-Ultra)	5	
PANRETIN TOPICAL GEL 0.1 %	5	
PICATO TOPICAL GEL 0.015 %	3	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %	3	QL (2 per 56 days)
<i>podofilox topical solution 0.5 %</i> (Condylox)	2	GC
<i>potassium hydroxide topical solution 5 %</i> (Potassium Hydroxide)	2	GC
REGRANEX TOPICAL GEL 0.01 %	5	PA; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	
TALTZ 80 MG/ML AUTOINJECTOR P/F,LATEX-FREE,OUTER 80 MG/ML	5	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA
TOLAK TOPICAL CREAM 4 %	4	
VALCHLOR TOPICAL GEL 0.016 %	5	
VEREGEN TOPICAL OINTMENT 15 %	5	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Isotretinoin)	2	GC
ZOVIRAX TOPICAL CREAM 5 %	5	QL (5 per 4 days)
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	2	GC
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical lotion 1 %</i>	(Cleocin T)	2	GC
<i>clindamycin phosphate topical solution 1 %</i>	(Cleocin T)	2	GC
<i>clindamycin phosphate topical swab 1 %</i>	(Cleocin T)	2	GC
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	(Duac)	2	GC
<i>ery pads topical swab 2 %</i>	(Erythromycin Base/Ethanol)	2	GC
<i>erythromycin with ethanol topical gel 2 %</i>	(Erygel)	2	GC
<i>erythromycin with ethanol topical solution 2 %</i>	(Erythromycin Base/Ethanol)	2	GC
<i>erythromycin with ethanol topical swab 2 %</i>	(Erythromycin Base/Ethanol)	2	GC
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	(Benzamycin)	2	GC
<i>gentamicin topical cream 0.1 %</i>	(Gentamicin Sulfate)	2	GC
<i>gentamicin topical ointment 0.1 %</i>	(Gentamicin Sulfate)	2	GC
<i>metronidazole topical cream 0.75 %</i>	(Metrocream)	2	GC
<i>metronidazole topical gel 0.75 %, 1 %</i>	(Rosadan)	2	GC
<i>metronidazole topical lotion 0.75 %</i>	(Metro lotion)	2	GC
<i>mupirocin calcium topical cream 2 %</i>	(Bactroban)	2	GC
<i>mupirocin topical ointment 2 %</i>		2	GC
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	(Neosporin G.U. Irrigant)	2	GC
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	(Duac)	2	GC
<i>rosadan topical cream 0.75 %</i>	(Metrocream)	2	GC
<i>selenium sulfide topical lotion 2.5 %</i>	(Selenium Sulfide)	2	GC
<i>silver nitrate topical ointment 10 %</i>	(Silver Nitrate)	2	GC
<i>silver nitrate topical solution 10 %, 25 %, 50 %</i>	(Silver Nitrate)	2	GC
<i>silver sulfadiazine topical cream 1 %</i>	(Silvadene)	2	GC
<i>ssd topical cream 1 %</i>	(Silvadene)	2	GC
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	2	GC
Dermatological Anti-Inflammatory Agents			
<i>ala-cort topical cream 1 %</i>	(Anusol-HC)	2	GC
<i>ala-scalp topical lotion 2 %</i>	(Scalacort)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>alclometasone topical cream 0.05 %</i>	(Alclometasone Dipropionate)	2	GC
<i>alclometasone topical ointment 0.05 %</i>	(Alclometasone Dipropionate)	2	GC
<i>betamethasone dipropionate topical cream 0.05 %</i>	(Betamethasone Dipropionate)	2	GC
<i>betamethasone dipropionate topical lotion 0.05 %</i>	(Betamethasone Dipropionate)	2	GC
<i>betamethasone dipropionate topical ointment 0.05 %</i>	(Betamethasone Dipropionate)	2	GC
<i>betamethasone valerate topical cream 0.1 %</i>	(Betamethasone Valerate)	2	GC
<i>betamethasone valerate topical foam 0.12 %</i>	(Luxiq)	2	GC
<i>betamethasone valerate topical lotion 0.1 %</i>	(Betamethasone Valerate)	2	GC
<i>betamethasone valerate topical ointment 0.1 %</i>	(Betamethasone Valerate)	2	GC
<i>betamethasone, augmented topical cream 0.05 %</i>	(Diprolene AF)	2	GC
<i>betamethasone, augmented topical gel 0.05 %</i>	(Betamethasone Dipropionate)	2	GC
<i>betamethasone, augmented topical lotion 0.05 %</i>	(Diprolene)	2	GC
<i>betamethasone, augmented topical ointment 0.05 %</i>	(Diprolene)	2	GC
<i>clobetasol 0.05% cream 0.05 %</i>	(Temovate)	2	GC
<i>clobetasol scalp solution 0.05 %</i>	(Clobetasol Propionate)	2	GC
<i>clobetasol topical foam 0.05 %</i>	(Olux)	2	GC
<i>clobetasol topical gel 0.05 %</i>	(Clobetasol Propionate)	2	GC
<i>clobetasol topical lotion 0.05 %</i>	(Clobex)	2	GC
<i>clobetasol topical ointment 0.05 %</i>	(Temovate)	2	GC
<i>clobetasol topical shampoo 0.05 %</i>	(Clobex)	2	GC
<i>clobetasol-emollient topical cream 0.05 %</i>	(Temovate)	2	GC
<i>clocortolone pivalate topical cream 0.1 %</i>	(Cloderm)	2	GC
<i>cormax scalp solution 0.05 %</i>	(Clobetasol Propionate)	2	GC
<i>desonide topical cream 0.05 %</i>	(Desowen)	2	GC
<i>desonide topical lotion 0.05 %</i>	(Desowen)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>desonide topical ointment 0.05 %</i> (Desonide)	2	GC
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	2	GC
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	GC
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	2	GC
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	2	GC
<i>diflorasone topical ointment 0.05 %</i> (Diflorasone Diacetate)	2	GC
<i>fluocinonide 0.05% cream 0.05 %</i> (Vanos)	2	GC
<i>fluocinonide topical gel 0.05 %</i> (Fluocinonide)	2	GC
<i>fluocinonide topical ointment 0.05 %</i> (Fluocinonide)	2	GC
<i>fluocinonide topical solution 0.05 %</i> (Fluocinonide)	2	GC
<i>fluocinonide-e topical cream 0.05 %</i> (Vanos)	2	GC
<i>fluticasone topical cream 0.05 %</i> (Cutivate)	2	GC
<i>fluticasone topical ointment 0.005 %</i> (Fluticasone Propionate)	2	GC
<i>halobetasol propionate topical cream 0.05 %</i> (Ultravate)	2	GC
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	2	GC
<i>hydrocortisone buty 0.1% cream 0.1 %</i> (Locoid)	2	GC
<i>hydrocortisone butyrate topical ointment 0.1 %</i> (Locoid)	2	GC
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	2	GC
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i> (Locoid)	2	GC
<i>hydrocortisone topical cream 1 %, 2.5 %</i> (Anusol-HC)	1	GC
<i>hydrocortisone topical lotion 2.5 %</i> (Scalacort)	2	GC
<i>hydrocortisone topical ointment 1 %, 2.5 %</i> (Hydrocortisone)	1	GC
<i>hydrocortisone valerate topical cream 0.2 %</i> (Hydrocortisone Valerate)	2	GC
<i>hydrocortisone valerate topical ointment 0.2 %</i> (Hydrocortisone Valerate)	2	GC
<i>mometasone topical cream 0.1 %</i> (Elocon)	2	GC
<i>mometasone topical ointment 0.1 %</i> (Elocon)	2	GC
<i>mometasone topical solution 0.1 %</i> (Elocon)	2	GC
<i>prednicarbate topical cream 0.1 %</i> (Dermatop)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>prednicarbate topical ointment 0.1 %</i>	(Dermatop)	2	GC
<i>procto-med hc rectal cream 2.5 %</i>	(Hydrocortisone)	2	GC
<i>procto-pak rectal cream 1 %</i>	(Anusol-HC)	2	GC
<i>proctosol hc rectal cream 2.5 %</i>	(Hydrocortisone)	2	GC
<i>proctozone-hc rectal cream 2.5 %</i>	(Hydrocortisone)	2	GC
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	(Protopic)	2	GC
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	(Triamcinolone Acetonide)	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	(Triamcinolone Acetonide)	2	GC
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	(Triamcinolone Acetonide)	1	GC
<i>trianex topical ointment 0.05 %</i>	(Triamcinolone Acetonide)	2	GC
<i>u-cort topical cream 1-10 %</i>	(Hydrocortisone Acetate/Urea)	2	GC
Dermatological Retinoids			
<i>adapalene topical cream 0.1 %</i>	(Differin)	2	GC
<i>adapalene topical gel 0.1 %</i>	(Differin)	2	GC
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %		4	
<i>tretinoin gel micro 0.04% tube 0.04 %</i>	(Retin-A Micro)	2	PA; GC
<i>tretinoin gel micro 0.1% tube 0.1 %</i>	(Retin-A Micro)	2	PA; GC
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	(Retin-A Micro)	2	PA; GC
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	(Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	(Retin-A)	2	PA; GC
Scabicides And Pediculicides			
<i>malathion topical lotion 0.5 %</i>	(Ovide)	2	GC
<i>permethrin topical cream 5 %</i>	(Elimite)	2	GC
<i>spinosad topical suspension 0.9 %</i>	(Natroba)	2	GC
Devices			
Devices			
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		2	GC

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

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYR 0.3 ML 31GX5/16 0.3 ML 31 GAUGE X 5/16	2	GC
BD INSULIN SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16	2	GC
BD INSULIN SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	GC
BD ULTRA-FINE PEN NDL 8MMX31G SHORT 31 GAUGE X 5/16"	2	GC
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	GC
GAUZE PADS, STERILE 2"X2" 2 X 2 "	1	GC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	GC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	GC
VGO 40 DISPOSABLE DEVICE	2	GC
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	5	
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	
MYOZYME INTRAVENOUS RECON SOLN 50 MG	5	
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	
ORFADIN ORAL SUSPENSION 4 MG/ML	5	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT	5	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 8,000-28,750- 30,250 UNIT	4	
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	5	PA; LA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	
ZAVESCA ORAL CAPSULE 100 MG	5	QL (90 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000-218,000 UNIT, 5,000-17,000 -27,000 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
AKTEN (PF) OPHTHALMIC GEL 3.5 %	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>alcaine ophthalmic drops 0.5 %</i> (Proparacaine HCl)	2	GC
<i>altacaine ophthalmic drops 0.5 %</i> (Tetracaine HCl)	2	GC
<i>apraclonidine ophthalmic drops 0.5 %</i> (Iopidine)	2	GC
<i>atropine ophthalmic drops 1 %</i> (Isopto Atropine)	2	GC
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i> (Astepro)	2	GC; QL (30 per 25 days)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i> (Astepro)	2	GC; QL (30 per 25 days)
<i>azelastine ophthalmic drops 0.05 %</i> (Azelastine HCl)	2	GC
BEPREVE OPTHALMIC DROPS 1.5 %	4	ST
<i>carteolol ophthalmic drops 1 %</i> (Carteolol HCl)	1	GC
<i>cromolyn ophthalmic drops 4 %</i> (Cromolyn Sodium)	2	GC
<i>cyclopentolate ophthalmic drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	2	GC
CYSTARAN OPTHALMIC DROPS 0.44 %	5	
<i>epinastine ophthalmic drops 0.05 %</i> (Elestat)	2	GC
<i>flucaine ophthalmic drops 0.25-0.5 %</i> (Proparacaine/Fluorescein Sod)	2	GC
<i>homatropaire ophthalmic drops 5 %</i> (Isopto Homatropine)	2	GC
<i>homatropine hbr ophthalmic drops 5 %</i> (Isopto Homatropine)	2	GC
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i> (Atrovent)	2	GC; QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 0.06 %</i> (Atrovent)	2	GC; QL (15 per 10 days)
LACRISERT OPTHALMIC INSERT 5 MG	3	
<i>naphazoline ophthalmic drops 0.1 %</i> (Naphazoline HCl)	1	GC
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	2	GC; QL (30.5 per 30 days)
<i>olopatadine ophthalmic drops 0.1 %</i> (Patanol)	2	GC
PATADAY OPTHALMIC DROPS 0.2 %	4	ST
<i>phenylephrine hcl ophthalmic drops 10 %, 2.5 %</i> (Mydfrin)	2	GC
<i>proparacaine ophthalmic drops 0.5 %</i> (Proparacaine HCl)	2	GC
TYZINE NASAL DROPS 0.1 %	4	

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

Drug Name		Drug Tier	Requirements/Limits
TYZINE NASAL SPRAY, NON-AEROSOL 0.1 %		4	
Eye, Ear, Nose, Throat Anti-Infectives Agents			
<i>acetazol hc otic drops 1-2 %</i>	(Vosol HC)	2	GC
<i>acetic acid otic solution 2 %</i>	(Acetic Acid)	2	GC
<i>bacitracin ophthalmic ointment 500 unit/gram</i>	(Bacitracin)	2	GC
<i>bacitracin-polymyxin b ophthalmic ointment 500-10,000 unit/gram</i>	(Bacitracin/Polymyxin B Sulfate)	2	GC
<i>bleph-10 ophthalmic drops 10 %</i>	(Sulfacetamide Sodium)	2	GC
CILOXAN OPHTHALMIC OINTMENT 0.3 %		4	
CIPRODEX OTIC DROPS, SUSPENSION 0.3-0.1 %		3	
<i>ciprofloxacin hcl ophthalmic drops 0.3 %</i>	(Ciloxan)	2	GC
<i>ciprofloxacin hcl otic dropperette 0.2 %</i>	(Cetraxal)	2	GC
COLY-MYCIN S OTIC DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML		4	
<i>erythromycin ophthalmic ointment 5 mg/gram (0.5 %)</i>	(Ilotycin)	2	GC
<i>gatifloxacin ophthalmic drops 0.5 %</i>	(Zymaxid)	2	GC
<i>gentak ophthalmic ointment 0.3 % (3 mg/gram)</i>	(Garamycin)	2	GC
<i>gentamicin ophthalmic drops 0.3 %</i>	(Garamycin)	2	GC
<i>gentamicin ophthalmic ointment 0.3 % (3 mg/gram)</i>	(Garamycin)	2	GC
<i>hydrocortisone-acetic acid otic drops 1-2 %</i>	(Vosol HC)	2	GC
<i>levofloxacin ophthalmic drops 0.5 %</i>	(Levofloxacin)	2	GC
MOXEZA OPHTHALMIC DROPS, VISCOUS 0.5 %		3	
NATACYN OPHTHALMIC DROPS, SUSPENSION 5 %		3	
<i>neomycin-bacitracin-poly-hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%</i>	(Neomycin Su/Baci Zn/Poly/HC)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
neomycin-bacitracin-polymyxin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g	(Neomycin Su/Bacitra/Polymyxin)	2	GC
neomycin-polymyxin b-dexameth ophthalmic drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	2	GC
neomycin-polymyxin b-dexameth ophthalmic ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	2	GC
neomycin-polymyxin-gramicidin ophthalmic drops 1.75 mg-10,000 unit-0.025mg/ml	(Neosporin)	2	GC
neomycin-polymyxin-hc ophthalmic drops,suspension 3.5-10,000-10 mg-unit-mg/ml	(Neomycin/Polymyxin B Sulf/HC)	2	GC
neomycin-polymyxin-hc otic drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	(Neomycin/Polymyxin B Sulf/HC)	2	GC
neomycin-polymyxin-hc otic solution 3.5-10,000-1 mg/ml-unit/ml-%	(Neomycin/Polymyxin B Sulf/HC)	2	GC
neo-polycin hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%	(Neomycin Su/Baci Zn/Poly/HC)	2	GC
neo-polycin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g	(Neomycin Su/Bacitra/Polymyxin)	2	GC
ofloxacin ophthalmic drops 0.3 %	(Ocuflox)	2	GC
ofloxacin otic drops 0.3 %	(Ocuflox)	2	GC
polymyxin b sulf-trimethoprim ophthalmic drops 10,000 unit- 1 mg/ml	(Polytrim)	2	GC
sulfacetamide sodium ophthalmic drops 10 %	(Sulfacetamide Sodium)	2	GC
sulfacetamide sodium ophthalmic ointment 10 %	(Sulfacetamide Sodium)	2	GC
sulfacetamide-prednisolone ophthalmic drops 10 %-0.23 % (0.25 %)	(Sulfacetamide/Prednisolone Sp)	2	GC
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		4	
TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION 0.3-0.05 %		3	
tobramycin ophthalmic drops 0.3 %	(Tobrex)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic drops,suspension 0.3-0.1 %</i> (Tobradex)	2	GC
<i>trifluridine ophthalmic drops 1 %</i> (Viroptic)	2	GC
VIGAMOX OPHTHALMIC DROPS 0.5 %	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
ZYLET OPHTHALMIC DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC DROPS,SUSPENSION 0.2 %	3	ST
<i>bromfenac ophthalmic drops 0.09 %</i> (Bromfenac Sodium)	2	GC
<i>dexamethasone sodium phosphate ophthalmic drops 0.1 %</i> (Dexamethasone Sod Phosphate)	2	GC
<i>diclofenac sodium ophthalmic drops 0.1 %</i> (Diclofenac Sodium)	2	GC
DUREZOL OPHTHALMIC DROPS 0.05 %	3	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> (Flunisolide)	2	GC; QL (50 per 25 days)
<i>fluocinolone acetonide oil otic drops 0.01 %</i> (Dermotic)	2	GC
<i>fluorometholone ophthalmic drops,suspension 0.1 %</i> (FML)	2	GC
<i>flurbiprofen sodium ophthalmic drops 0.03 %</i> (Ocufen)	2	GC
<i>fluticasone nasal spray,suspension 50 mcg/actuation</i> (Fluticasone Propionate)	1	GC
ILEVRO OPHTHALMIC DROPS,SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic drops 0.4 %, 0.5 %</i> (Acular)	2	GC
LOTEMAX OPHTHALMIC DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	
NEVANAC OPHTHALMIC DROPS,SUSPENSION 0.1 %	3	

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

Drug Name		Drug Tier	Requirements/Limits
<i>prednisolone acetate ophthalmic drops,suspension 1 %</i>	(Omnipred)	2	GC
<i>prednisolone sodium phosphate ophthalmic drops 1 %</i>	(Prednisolone Sod Phosphate)	2	GC
PROLENSA OPHTHALMIC DROPS 0.07 %		3	
RESTASIS OPHTHALMIC DROPPERETTE 0.05 %		3	PA; QL (60 per 30 days)
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	(Triamcinolone Acetonide)	2	GC; QL (16.5 per 30 days)
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	(Prevpac)	2	GC
CARAFATE ORAL SUSPENSION 100 MG/ML		3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	(Cimetidine HCl)	2	GC
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	(Cimetidine)	2	GC; (Rx Product Only)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG		3	ST
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	(Nexium I.V.)	2	GC
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	(Famotidine)	2	GC
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	(Famotidine In Nacl,Iso-Osm/PF)	2	GC
<i>famotidine 40 mg/4 ml vial 25's,outer 10 mg/ml</i>	(Famotidine)	2	GC
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	(Pepcid)	2	GC; (Rx Product Only)
<i>famotidine oral tablet 20 mg, 40 mg</i>	(Pepcid)	1	GC; (Rx Product Only)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	(Prevacid)	2	GC; (Rx Product Only)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	(Cytotec)	2	GC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	(Nizatidine)	2	GC
<i>nizatidine oral solution 150 mg/10 ml</i>	(Nizatidine)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 40 mg (Prilosec)	1	GC
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg (Protonix)	1	GC
ranitidine hcl 50 mg/2 ml vial sdv 50 mg/2 ml (25 mg/ml) (Zantac)	2	GC; (Rx Product Only)
ranitidine hcl injection solution 25 mg/ml (Zantac)	2	GC; (Rx Product Only)
ranitidine hcl oral capsule 150 mg, 300 mg (Ranitidine HCl)	2	GC; (Rx Product Only)
ranitidine hcl oral syrup 15 mg/ml (Ranitidine HCl)	2	GC; (Rx Product Only)
ranitidine hcl oral tablet 150 mg, 300 mg (Zantac)	1	GC; (Rx Product Only)
sucralfate oral tablet 1 gram (Carafate)	2	GC
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	QL (60 per 30 days)
BUPHENYL ORAL TABLET 500 MG	5	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	
constulose oral solution 10 gram/15 ml (Lactulose)	2	GC
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	2	GC
dicyclomine oral capsule 10 mg (Bentyl)	2	GC
dicyclomine oral solution 10 mg/5 ml (Dicyclomine HCl)	2	GC
dicyclomine oral tablet 20 mg (Bentyl)	2	GC
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml (Diphenoxylate HCl/Atropine)	2	GC
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	2	GC
enulose oral solution 10 gram/15 ml (Lactulose)	2	GC
GATTEX 5 MG 30-VIAL KIT 5 MG	5	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	5	PA
generlac oral solution 10 gram/15 ml (Lactulose)	2	GC
glycopyrrolate injection solution 0.2 mg/ml (Robinul)	2	GC
glycopyrrolate oral tablet 1 mg, 2 mg (Robinul)	2	GC
kionex 15 gm/60 ml suspension 15 gram/60 ml (Sodium Polystyrene Sulfonate)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>kionex oral powder</i>	(Sodium Polystyrene Sulfonate)	2	GC
<i>lactulose oral solution 10 gram/15 ml</i>	(Lactulose)	2	GC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG		3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i>	(Loperamide HCl)	2	GC
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	(Methscopolamine Bromide)	2	GC
<i>metoclopramide hcl injection solution 5 mg/ml</i>	(Metoclopramide HCl)	2	GC
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	(Metoclopramide HCl)	2	GC
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	(Reglan)	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days)
NUTRESTORE ORAL POWDER IN PACKET 5 GRAM		4	
OICALIVA ORAL TABLET 10 MG, 5 MG		5	PA; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML		5	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		5	PA; QL (28 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML		5	PA; QL (28 per 28 days)
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	(Sodium Polystyrene Sulfonate)	2	GC
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	(Sodium Polystyrene Sulfonate)	2	GC
<i>sps 15 gm/60 ml suspension 15 gram/60 ml</i>	(Sodium Polystyrene Sulfonate)	2	GC
<i>ursodiol oral capsule 300 mg</i>	(Actigall)	2	GC
<i>ursodiol oral tablet 250 mg, 500 mg</i>	(Urso)	2	GC
VIBERZI ORAL TABLET 100 MG, 75 MG		5	ST; QL (60 per 30 days)
Laxatives			
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	(Golytely)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (Golytely)	2	GC
<i>gavilyte-n oral recon soln 420 gram</i> (Nulytely with Flavor Packs)	2	GC
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram</i> (Golytely)	2	GC
<i>peg-electrolyte soln oral recon soln 420 gram</i> (Nulytely with Flavor Packs)	2	GC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (Gavilyte-N)	2	GC
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i> (Polyethylene Glycol 3350)	2	GC
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	4	
<i>trilyte with flavor packets oral recon soln 420 gram</i> (Nulytely with Flavor Packs)	2	GC
Phosphate Binders		
AURYXIA ORAL TABLET 210 MG IRON	4	
<i>calcium acetate oral capsule 667 mg</i> (Phoslo)	2	GC
<i>calcium acetate oral tablet 667 mg</i> (Calcium Acetate)	2	GC
<i>eliphos oral tablet 667 mg</i> (Calcium Acetate)	2	GC
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	4	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	5	
<i>magnebind 400 oral tablet 400-200-1 mg</i> (Calcium Carbonate/Mag Carb/Fa)	1	GC
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
RENAGEL ORAL TABLET 400 MG, 800 MG	3	
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	
REVELA ORAL TABLET 800 MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
VELPHORO ORAL TABLET,CHEWABLE 500 MG	4	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)	2	GC
<i>flavoxate oral tablet 100 mg</i> (Flavoxate HCl)	2	GC
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i> (Oxybutynin Chloride)	2	GC
<i>oxybutynin chloride oral tablet 5 mg</i> (Oxybutynin Chloride)	2	GC
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> (Ditropan XL)	2	GC
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	GC
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	GC
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	
<i>trospium oral capsule,extended release 24hr 60 mg</i> (Trospium Chloride)	2	GC
<i>trospium oral tablet 20 mg</i> (Trospium Chloride)	2	GC
VESICARE ORAL TABLET 10 MG, 5 MG	3	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	2	GC
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	GC
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	GC; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	GC
<i>tamsulosin oral capsule,extended release 24hr 0.4 mg</i> (Flomax)	2	GC
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> (Terazosin HCl)	1	GC
Heavy Metal Antagonists		
Heavy Metal Antagonists		

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

Drug Name	Drug Tier	Requirements/Limits
CUPRIMINE ORAL CAPSULE 250 MG	5	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	2	PA BvD; GC
DEPEN TITRATABS ORAL TABLET 250 MG	5	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	
FERRIPROX ORAL SOLUTION 100 MG/ML	5	
FERRIPROX ORAL TABLET 500 MG	5	
SYPRINE ORAL CAPSULE 250 MG	5	
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	5	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	3	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL (150 per 30 days)
<i>androxy oral tablet 10 mg</i> (Fluoxymesterone)	2	GC
AXIRON TRANSDERMAL SOLUTION IN METERED PUMP W/APP 30 MG/ACTUATION (1.5 ML)	3	PA; QL (180 per 28 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> (Danazol)	2	GC
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	GC
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA; GC
<i>testosterone enanthate intramuscular oil 200 mg/ml</i> (Testosterone Enanthate)	2	PA; GC; QL (5 per 28 days)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	2	PA; GC; QL (300 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 1.25 gram/ actuation (1 %)</i>	(Vogelxo)	2	PA; GC; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	(Androgel)	2	PA; GC; QL (300 per 30 days)
Estrogens And Antiestrogens			
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		3	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG		3	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)		3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	(Estrace)	2	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Vivelle-Dot)	2	GC; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Climara)	2	GC; QL (4 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	(Delestrogen)	2	GC
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	(Activella)	2	GC
ESTRING VAGINAL RING 2 MG		4	QL (1 per 84 days)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	(Estropipate)	2	GC
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		4	QL (1 per 84 days)
<i>fyavolv oral tablet 1-5 mg-mcg</i>	(Femhrt)	2	GC
<i>jinteli oral tablet 1-5 mg-mcg</i>	(Femhrt)	2	GC
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		4	
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	(Activella)	2	GC
<i>mimvey oral tablet 1-0.5 mg</i>	(Activella)	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	(Femhrt)	2	GC
PREMARIN INJECTION RECON SOLN 25 MG		3	

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

Drug Name	Drug Tier	Requirements/Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	GC
VAGIFEM VAGINAL TABLET 10 MCG	3	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i> (Hydrocortisone Sod Succinate)	2	GC
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone)	2	GC
<i>cortisone oral tablet 25 mg</i> (Cortisone Acetate)	2	PA BvD; GC
<i>dexamethasone oral elixir 0.5 mg/5 ml</i> (Dexamethasone)	2	PA BvD; GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> (Dexamethasone)	1	PA BvD; GC
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i> (Dexamethasone Sod Phosphate)	2	GC
<i>fludrocortisone oral tablet 0.1 mg</i> (Fludrocortisone Acetate)	2	GC
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	PA BvD; GC
<i>methylprednisolone 125 mg vial 2ml sdv, 25's,l/f 125 mg</i> (Solu-Medrol)	2	GC
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	GC
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	2	PA BvD; GC
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol)	2	GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> (Solu-Medrol)	2	GC
<i>methylprednisolone ss 1 gm vl mdv,latex-free 1,000 mg</i> (Solu-Medrol)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD; GC
<i>prednisone oral solution 5 mg/5 ml</i> (Prednisone)	2	PA BvD; GC
<i>prednisone oral tablet 1 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> (Prednisone)	1	PA BvD; GC
<i>prednisone oral tablet 10 mg</i> (Prednisone)	1	PA BvD; GC
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i> (Prednisone)	2	GC
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i> (Triamcinolone Acetonide)	2	GC
Pituitary		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	GC
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (Desmopressin Acetate)	2	GC; QL (15 per 30 days)
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i> (Desmopressin Acetate)	2	GC; QL (15 per 30 days)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	GC
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	QL (1 per 84 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	
NORDITROPIN FLEXPLO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	5	PA
<i>octreotide acet 50 mcg/ml syr outer, single-dose, 10 50 mcg/ml (1 ml)</i> (Octreotide Acetate)	2	GC
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i> (Sandostatin)	5	
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml</i> (Sandostatin)	2	GC
<i>octreotide acetate injection solution 50 mcg/ml</i> (Octreotide Acetate)	2	GC
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.5 ML (FNL)	5	PA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	5	PA

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

Drug Name	Drug Tier	Requirements/Limits	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5		
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	QL (1 per 28 days)	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5		
STIMATE NASAL SPRAY,NON- AEROSOL 150 MCG/SPRAY (0.1 ML)	4		
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	QL (1 per 360 days)	
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA	
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA	
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA	
Progestins			
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	4	QL (10 per 28 days)	
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	(Hydroxyprogesterone Caproate)	2	PA NSO; GC
medroxyprogesterone intramuscular suspension 150 mg/ml	(Medroxyprogesterone Acetate)	2	GC; QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	2	GC; QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	GC
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	(Megace)	2	GC
norethindrone acetate oral tablet 5 mg	(Aygestin)	2	GC
progesterone in oil intramuscular oil 50 mg/ml	(Progesterone)	2	GC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	2	PA BvD; GC
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> (Neoral)	2	PA BvD; GC
<i>cyclosporine modified oral solution 100 mg/ml</i> (Neoral)	2	PA BvD; GC
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD; GC
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	5	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	5	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD
GAMMAPLEX INTRAVENOUS SOLUTION 5 %	5	PA BvD
GAMUNEX-C 20 GRAM/200 ML VIAL P/F,LTX-FR,SUV,OUTER 20 GRAM/200 ML (10 %)	5	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i> (Neoral)	2	PA BvD; GC
<i>gengraf oral solution 100 mg/ml</i> (Neoral)	2	PA BvD; GC

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	5	PA
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML, 150 UNIT/ML (10 ML)	4	
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 2.5 GRAM/25 ML (10 %)	5	PA BvD
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	5	PA
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	GC
<i>mycophenolate mofetil oral capsule 250 mg</i> (Cellcept)	2	PA BvD; GC
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (Cellcept)	5	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i> (Cellcept)	2	PA BvD; GC
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD; GC
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA
OTEZLA ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; QL (60 per 30 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 27.5 MG/0.55 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
RIDAURA ORAL CAPSULE 3 MG	5	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	2	PA BvD; GC
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Hecoria)	2	PA BvD; GC
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; QL (15 per 28 days)
XELJANZ ORAL TABLET 5 MG	5	PA; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	5	PA BvD; QL (120 per 30 days)
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	PA BvD
BEXSERO (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	3	
COMVAX (PF) INTRAMUSCULAR SUSPENSION 5-7.5-125 MCG/0.5 ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15- 10-5 LF-MCG-LF/0.5ML	3	
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; QL (4 per 365 days)
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	3	PA BvD; QL (3 per 365 days)
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; QL (3 per 365 days)
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	3	QL (1.5 per 365 days)
GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25- 58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML	3	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	3	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	3	
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	QL (2 per 365 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG- 10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	QL (2 per 365 days)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD

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

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

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

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA 25 UNITS/0.5 ML VIAL SDV, OUTER 25 UNIT/0.5 ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	5	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	3	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	GC
<i>budesonide oral capsule,delayed,extend.release 3 mg</i> (Entocort EC)	5	
<i>colocort rectal enema 100 mg/60 ml</i> (Cortenema)	2	GC
DELZICOL DR 400 MG CAPSULE 400 MG	3	
DELZICOL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 400 MG	3	
DIPENTUM ORAL CAPSULE 250 MG	5	ST
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	2	GC
Irrigating Solutions		
Irrigating Solutions		
<i>acetic acid irrigation solution 0.25 %</i> (Acetic Acid)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
LACTATED RINGERS IRRIGATION SOLUTION		3	
<i>ringers irrigation solution</i>	(Ringers Solution)	2	GC
<i>sodium chloride irrigation solution 0.9 %</i>	(Sodium Chloride Irrig Solution)	2	GC
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	(Sorbitol Solution)	2	GC
<i>sorbitol-mannitol urethral solution 2.7-0.54 g/100 ml</i>	(Mannitol/Sorbitol Solution)	2	GC
<i>water for irrigation, sterile irrigation solution</i>	(Water For Irrigation, Sterile)	2	GC
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
<i>alendronate oral solution 70 mg/75 ml</i>	(Alendronate Sodium)	2	GC; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	(Fosamax)	1	GC
<i>alendronate oral tablet 35 mg, 70 mg</i>	(Fosamax)	1	GC; QL (4 per 28 days)
<i>alendronate oral tablet 40 mg</i>	(Fosamax)	2	GC
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	(Miacalcin)	2	GC; QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	(Calcitriol)	2	GC
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	(Rocaltrol)	2	GC
<i>calcitriol oral solution 1 mcg/ml</i>	(Rocaltrol)	2	GC
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	(Doxercalciferol)	2	GC
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	(Hectorol)	2	GC
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	(Etidronate Disodium)	2	GC
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML		4	QL (2.4 per 28 days)
FORTICAL NASAL SPRAY, NON-AEROSOL 200 UNIT/ACTION		4	QL (3.7 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	(Boniva)	2	GC; QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	(Boniva)	2	GC; QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i>	(Boniva)	2	GC; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i> (Pamidronate Disodium)	2	GC
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i> (Pamidronate Disodium)	2	GC
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i> (Zemlar)	2	GC
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	GC; QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i> (Actonel)	2	GC; QL (30 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> (Actonel)	2	GC; QL (4 per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	3	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i> (Zometa)	2	GC
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i> (Zoledronic Acid/Mannitol and Water)	2	GC
<i>zoledronic acid-mannitol-water intravenous solution 5 mg/100 ml</i> (Reclast)	2	GC; QL (100 per 300 days)
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML	5	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Amifostine Crystalline)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>ammonium chloride intravenous solution 5 meq/ml</i> (Ammonium Chloride)	2	GC
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA
BOTOX INJECTION RECON SOLN 100 UNIT	4	PA; QL (4 per 90 days)
BOTOX INJECTION RECON SOLN 200 UNIT	4	PA; QL (1 per 90 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> (Buspirone HCl)	2	GC
CERDELGA ORAL CAPSULE 84 MG	5	PA
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	4	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard)	2	GC
<i>droperidol injection solution 2.5 mg/ml</i> (Droperidol)	2	GC
ELMIRON ORAL CAPSULE 100 MG	4	
<i>ergoloid oral tablet 1 mg</i> (Ergoloid Mesylates)	2	GC
<i>fomepizole intravenous solution 1 gram/ml</i> (Fomepizole)	5	
FUSILEV INTRAVENOUS RECON SOLN 50 MG	5	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	4	
<i>guanidine oral tablet 125 mg</i> (Guanidine HCl)	2	GC
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> (Vistaril)	2	GC
KEVEYIS ORAL TABLET 50 MG	5	PA; QL (120 per 30 days)
<i>leucovorin calcium 200 mg vial sdv, p/f, latex-free 200 mg</i> (Leucovorin Calcium)	2	GC
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i> (Leucovorin Calcium)	2	GC
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> (Leucovorin Calcium)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	(Levocarnitine (With Sugar))	2	GC
<i>levocarnitine intravenous solution 200 mg/ml</i>	(Carnitor)	2	GC
<i>levocarnitine oral tablet 330 mg</i>	(Carnitor)	2	GC
<i>mesna intravenous solution 100 mg/ml</i>	(Mesnex)	2	GC
MESNEX ORAL TABLET 400 MG		5	
MESTINON ORAL SYRUP 60 MG/5 ML		5	
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	(Methylergonovine Maleate)	2	GC
<i>methylergonovine oral tablet 0.2 mg</i>	(Methergine)	2	GC
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML		4	PA; QL (2 per 90 days)
MYOBLOC INTRAMUSCULAR SOLUTION 2,500 UNIT/0.5 ML		4	PA; QL (0.5 per 90 days)
MYOBLOC INTRAMUSCULAR SOLUTION 5,000 UNIT/ML		4	PA; QL (1 per 90 days)
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG		5	PA; QL (8 per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		5	PA
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		5	
<i>pyridostigmine bromide oral tablet 60 mg</i>	(Mestinon)	2	GC
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	(Mestinon)	2	GC
REMICADE INTRAVENOUS RECON SOLN 100 MG		5	PA
SENSIPAR ORAL TABLET 30 MG		3	
SENSIPAR ORAL TABLET 60 MG, 90 MG		5	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		5	QL (60 per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML		5	

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

Drug Name	Drug Tier	Requirements/Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; QL (60 per 30 days)
THIOLA ORAL TABLET 100 MG	5	
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
acetazolamide oral capsule, extended release 500 mg (Diamox Sequels)	2	GC
acetazolamide oral tablet 125 mg, 250 mg (Acetazolamide)	2	GC
acetazolamide sodium injection recon soln 500 mg (Acetazolamide Sodium)	2	GC
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	3	
AZOPT OPHTHALMIC DROPS,SUSPENSION 1 %	3	
betaxolol ophthalmic drops 0.5 % (Betaxolol HCl)	2	GC
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION 0.25 %	4	
bimatoprost ophthalmic drops 0.03 % (Bimatoprost)	2	GC
brimonidine ophthalmic drops 0.15 %, 0.2 % (Alphagan P)	2	GC; (drops: 0.15%, 0.20%)
COMBIGAN OPHTHALMIC DROPS 0.2-0.5 %	3	
dorzolamide ophthalmic drops 2 % (Trusopt)	2	GC
dorzolamide-timolol ophthalmic drops 22.3-6.8 mg/ml (Cosopt)	2	GC
latanoprost ophthalmic drops 0.005 % (Xalatan)	2	GC
levobunolol ophthalmic drops 0.5 % (Betagan)	2	GC
LUMIGAN OPHTHALMIC DROPS 0.01 %	3	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg (Neptazane)	2	GC
metipranolol ophthalmic drops 0.3 % (Metipranolol)	2	GC
PHOSPHOLINE IODIDE OPHTHALMIC DROPS 0.125 %	3	
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 % (Isopto Carpine)	2	GC
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION 1-0.2 %	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic drops 0.25 %, 0.5 %</i> (Timolol Maleate)	1	GC
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> (Timoptic-Xe)	2	GC
TRAVATAN Z OPHTHALMIC DROPS 0.004 %	3	QL (2.5 per 25 days)
<i>travoprost (benzalkonium) ophthalmic drops 0.004 %</i> (Travoprost (Benzalkonium))	2	GC; QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC DROPPERETTE 0.0015 %	4	QL (30 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i> (Calcium Chloride)	2	GC
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i> (Dextrose 10 % and 0.45 % NaCl)	2	GC
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i> (Dextrose 2.5 % and 0.45 % NaCl)	2	GC
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> (Dextrose 5 % and 0.9 % NaCl)	2	GC
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> (Dextrose 5 %-0.45 % NaCl)	2	GC
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i> (Dextrose 10 % and 0.2 % NaCl)	2	GC
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i> (Dextrose 5%-Lactated Ringers)	2	GC
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i> (Dextrose 5 %-0.2 % NaCl)	2	GC
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i> (Dextrose 5 % and 0.3 % NaCl)	2	GC
<i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i> (Dextrose 5 %-0.2 % NaCl)	2	GC
<i>effer-k oral tablet, effervescent 25 meq</i> (Klor-Con-Ef)	2	GC
<i>electrolyte-48 in d5w intravenous parenteral solution</i> (Electrolyte-48 Solution/D5W)	2	GC
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>potassium acetate intravenous solution 2 meq/ml</i> (Potassium Acetate)	2	GC
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i> (Potassium Chloride/D5-0.45nacl)	2	GC
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> (Potassium Chloride In 0.9%NaCl)	2	GC
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i> (Potassium Chloride In D5w)	2	GC
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i> (Potassium Chloride In Lr-D5)	2	GC
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 30 meq/100 ml, 40 meq/100 ml</i> (Potassium Chloride)	2	GC
<i>potassium chloride intravenous solution 2 meq/ml</i> (Potassium Chloride)	2	GC
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> (Potassium Chloride)	2	GC
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> (Potassium Chloride)	2	GC
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	2	GC
<i>potassium chloride oral tablet extended release 8 meq</i> (K-Tab ER)	2	GC
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (K-Tab ER)	2	GC
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Potassium Chloride)	2	GC
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i> (Potassium Chloride-0.45% NaCl)	2	GC
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i> (Potassium Chloride/D5-0.2%NaCl)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	(Potassium Chloride/D5-0.3%NaCl)	2	GC
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	(Potassium Chloride/D5-0.9%NaCl)	2	GC
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	(Urocit-K)	2	GC
<i>potassium citrate-citric acid oral packet 3,300-1,002 mg</i>	(Potassium Citrate/Citric Acid)	2	GC
<i>potassium cl 10 meq/50 ml sol 10 meq/50 ml</i>	(Potassium Chloride)	2	GC
<i>potassium cl 20 meq/50 ml sol 20 meq/50 ml</i>	(Potassium Chloride)	2	GC
<i>potassium cl er 10 meq tablet f/c 10 meq</i>	(K-Tab ER)	2	GC
<i>ringers intravenous parenteral solution</i>	(Ringers Solution)	2	GC
<i>sodium acetate intravenous solution 2 meq/ml</i>	(Sodium Acetate)	2	GC
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	(Sodium Bicarbonate)	2	GC
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	(Sodium Chloride 0.45 %)	2	GC
<i>sodium chloride 0.9 % intravenous parenteral solution 0.9 %</i>	(0.9 % Sodium Chloride)	2	GC
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	(Sodium Chloride 3 %)	2	GC
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	(Sodium Chloride 5 %)	2	GC
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	(Sodium Chloride)	2	GC
<i>sodium lactate intravenous solution 5 meq/ml</i>	(Sodium Lactate)	2	GC
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	(Sodium Phos,M-Basic-D-Basic)	2	GC
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML		4	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML		4	

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

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500- 50 MCG/DOSE	3	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 28 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	PA BvD; GC
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	QL (13 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (17.4 per 25 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	2	GC
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	GC
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	GC
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	GC
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i> (Albuterol Sulfate)	2	PA BvD; GC
<i>albuterol sulfate oral syrup 2 mg/5 ml</i> (Albuterol Sulfate)	2	GC
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i> (Albuterol Sulfate)	2	GC
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> (Vospire ER)	2	GC
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i> (Theophylline Anhydrous)	2	GC
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE 12 MCG	3	QL (60 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i> (Ipratropium Bromide)	2	PA BvD; GC
<i>metaproterenol oral syrup 10 mg/5 ml</i> (Metaproterenol Sulfate)	2	GC
<i>metaproterenol oral tablet 10 mg, 20 mg</i> (Metaproterenol Sulfate)	2	GC
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	

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

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 28 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i> (Terbutaline Sulfate)	2	GC
<i>terbutaline subcutaneous solution 1 mg/ml</i> (Terbutaline Sulfate)	5	
<i>theophylline er 400 mg tablet 400 mg</i> (Theophylline Anhydrous)	2	GC
<i>theophylline er 600 mg tablet 600 mg</i> (Theophylline Anhydrous)	2	GC
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml</i> (Theophylline/D5W)	2	GC
<i>theophylline oral solution 80 mg/15 ml</i> (Theophylline Anhydrous)	2	GC
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> (Theophylline Anhydrous)	2	GC
<i>theophylline oral tablet extended release 400 mg, 600 mg</i> (Theophylline Anhydrous)	2	GC
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote)	2	PA BvD; GC
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> (Acetadote)	2	PA BvD; GC
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> (Cromolyn Sodium)	2	PA BvD; GC
DALIRESP ORAL TABLET 500 MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; QL (270 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	5	PA; QL (60 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; QL (1 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QL (60 per 30 days)
ORKAMBI ORAL TABLET 200-125 MG	5	PA; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i> (Baclofen)	2	GC
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	2	GC; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i> (Parafon Forte DSC)	2	GC
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i> (Fexmid)	2	GC
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i> (Dantrium)	2	GC
<i>metaxall oral tablet 800 mg</i> (Skelaxin)	2	GC
<i>metaxalone oral tablet 400 mg, 800 mg</i> (Skelaxin)	2	GC
<i>methocarbamol oral tablet 500 mg, 750 mg</i> (Robaxin)	2	GC
<i>revonto intravenous recon soln 20 mg</i> (Dantrium)	2	GC
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	2	GC
<i>tizanidine oral tablet 2 mg, 4 mg</i> (Zanaflex)	2	GC
Sleep Disorder Agents		
Sleep Disorder Agents		

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

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; GC
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	GC; QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; QL (30 per 30 days)
ROZEREM ORAL TABLET 8 MG	3	
SILENOR ORAL TABLET 3 MG, 6 MG	3	QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	LA
<i>zaleplon oral capsule 10 mg, 5 mg</i> (Sonata)	2	GC; QL (60 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	2	GC; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	GC; QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG	5	PA; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 per 30 days)
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	2	PA; GC
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	5	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	5	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	PA
<i>sildenafil intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; QL (37.5 per 1 day)
<i>sildenafil oral tablet 20 mg</i> (Revatio)	2	PA; GC; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; LA; QL (60 per 30 days)	
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (60 per 30 days)	
UPTRAVI ORAL TABLET 200 MCG	5	PA; QL (240 per 30 days)	
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; QL (400 per 365 days)	
Vitamins And Minerals			
Vitamins And Minerals			
multivit-fluor 0.25 mg/ml drop 0.25 mg/ml	(Pedi Mvi No.82 with Fluoride)	2	GC
pnv prenatal plus multivit tab s/f, gluten-free 27 mg iron- 1 mg	(Pnv with Ca,No.72/Iron/Fa)	3	(All Rx Prenatal Vitamins Covered)
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(Pnv with Ca,No.72/Iron/Fa)	3	(All Rx Prenatal Vitamins Covered)
sodium fluoride oral tablet 1 mg fluoride (2.2 mg)	(Pedi Mvi No.82 with Fluoride)	2	GC
sodium fluoride oral tablet,chewable 0.25 mg fluorid (0.55 mg)	(Sodium Fluoride)	1	GC

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

INDEX

8		
8-MOP	87	
A		
abacavir	55	
abacavir-lamivudine-zidovudine	55	
ABELCET	43	
ABILIFY MAINTENA	50	
ABRAXANE	21	
acamprosate	10	
acarbose	38	
acebutolol	69	
acetaminophen-codeine	3	
acetazol hc	96	
acetazolamide	123	
acetazolamide sodium	123	
acetic acid	96, 118	
acetylcysteine	130	
acitretin	87	
ACTEMRA	110	
ACTHIB (PF)	114	
ACTIMMUNE	120	
acyclovir	59, 87	
acyclovir sodium	59	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)	114	
ADAGEN	93	
adapalene	92	
ADCETRIS	21	
ADCIRCA	132	
adefovir	59	
ADEMPAS	132	
adrucil	22	
ADVAIR DISKUS	128	
ADVAIR HFA	128	
afeditab cr	73	
AFINITOR	22	
AFINITOR DISPERZ	22	
a-hydrocort	106	
AKTEN (PF)	94	
AKYNZEO	47	
ala-cort	89	
ala-scalp	89	
ALBENZA	48	
albuterol sulfate	129	
alcaine	95	
alclometasone	90	
ALCOHOL PADS	87	
ALCOHOL PREP PADS	87	
ALDURAZYME	93	
ALECENSA	22	
alendronate	119	
alfuzosin	103	
ALIMTA	22	
ALINIA	49	
allopurinol	45	
ALLZITAL	3	
almotriptan malate	46	
alogliptin	38	
alogliptin-metformin	38	
alogliptin-pioglitazone	38	
alosetron	118	
ALPHAGAN P	123	
alprazolam	11	
ALREX	98	
altacaine	95	
altavera (28)	80	
ALTOPREV	74, 75	
alyacen 1/35 (28)	80	
alyacen 7/7/7 (28)	80	
amantadine hcl	49	
AMBISOME	43	
amethia	81	
amethia lo	81	
amifostine crystalline	120	
amiloride	74	
amiloride-hydrochlorothiazide	74	
AMINO ACIDS 15 %	62, 63	
AMINOSYN 10 %	63	
AMINOSYN 3.5 %	63	
AMINOSYN 7 %	63	
AMINOSYN 7 % WITH		
ELECTROLYTES	63	
AMINOSYN 8.5 %	63	
AMINOSYN 8.5 %-		
ELECTROLYTES	63	
AMINOSYN II 10 %	63	
AMINOSYN II 15 %	63	
AMINOSYN II 7 %	63	
AMINOSYN II 8.5 %	63	
AMINOSYN II 8.5 %-		
ELECTROLYTES	63	
AMINOSYN M 3.5 %	63	
AMINOSYN-HBC 7%	63	
AMINOSYN-PF 10 %	63	
AMINOSYN-PF 7 %		
(SULFITE-FREE)	63	
AMINOSYN-RF 5.2 %	63	
amiodarone	68, 69	
AMITIZA	100	
amitriptyline	35	
amlodipine	73	
amlodipine-atorvastatin	75	
amlodipine-benazepril	73	
amlodipine-valsartan	73	
amlodipine-valsartan-hcthiiazid	73	
ammonium chloride	121	
ammonium lactate	87	
amoxapine	35	

amoxicil-clarithromy-lansopraz.....99	AUBAGIO..... 78	BENICAR HCT..... 67
amoxicillin..... 18	aubra 81	BENLYSTA..... 121
amoxicillin-pot clavulanate 18	AURYXIA..... 102	benztropine..... 49
amphotericin b..... 43	AVASTIN..... 22	BEPREVE..... 95
ampicillin..... 18	AVC VAGINAL..... 46	betamethasone acet,sod phos 106
ampicillin sodium 18	aviane..... 81	betamethasone dipropionate... 90
ampicillin-sulbactam 18, 19	AVONEX 78	betamethasone valerate 90
AMPYRA..... 78	AVONEX (WITH ALBUMIN) 78	betamethasone, augmented 90
ANACAINE 87	AXIRON..... 104	BETASERON 78
ANADROL-50 104	azacitidine 22	betaxolol..... 69, 123
anagrelide 62	azathioprine 110	bethanechol chloride 103
anastrozole..... 22	azathioprine sodium..... 110	BETHKIS..... 12, 13
ANDRODERM 104	azelastine 95	BETOPTIC S 123
ANDROGEL 104	AZILECT..... 49	bexarotene 22
androxy..... 104	azithromycin 17	BEXSERO (PF) 114
APOKYN 49	AZOPT 123	bicalutamide..... 22
apraclonidine 95	AZOR 73	BICILLIN C-R..... 19
apri..... 81	aztreonam..... 17, 18	BICILLIN L-A..... 19
APRISO..... 118	azurette (28)..... 81	BIDIL 77
APTIOM..... 31	B	bimatoprost 123
APTIVUS 55	baciim 13	bisoprolol fumarate 69
aranelle (28)..... 81	bacitracin 13, 96	bisoprolol-hydrochlorothiazide 70
ARCALYST..... 110	bacitracin-polymyxin b..... 96	bleomycin..... 22
aripiprazole..... 51	baclofen 131	bleph-10 96
ARISTADA..... 51	balsalazide 118	BLINCYTO 22
armodafinil 131, 132	balziva (28)..... 81	blisovi 24 fe..... 81
ASACOL HD 118	BANZEL 31	blisovi fe 1.5/30 (28)..... 81
ascomp with codeine 3	BCG VACCINE, LIVE (PF) 114	blisovi fe 1/20 (28)..... 81
ashlyna..... 81	BD INSULIN PEN NEEDLE	BOOSTRIX TDAP 114
aspirin-dipyridamole 62	UF SHORT 93	BOSULIF..... 22
ASSURE ID INSULIN	BD INSULIN SYRINGE	BOTOX..... 121
SAFETY..... 92	ULTRA-FINE..... 93	BREO ELLIPTA..... 128
ASTAGRAF XL 110	bekyree (28)..... 81	briellyn 81
atenolol 69	BELBUCA..... 3	BRILINTA..... 62
atenolol-chlorthalidone..... 69	BELEODAQ..... 22	brimonidine 123
atorvastatin 75	BELSOMRA 132	BRINTELLIX 35
atovaquone 49	benazepril..... 68	BRIVIACT..... 31
atovaquone-proguanil..... 49	benazepril-hydrochlorothiazide 68	bromfenac 98
ATRIPLA 55	BENDEKA 22	bromocriptine 49
atropine 31, 95	BENICAR..... 67	budesonide 118, 128
ATROVENT HFA 129		bumetanide 74

BUNAVAIL	10	carbamazepine	31	CELONTIN.....	31
BUPHENYL.....	100	carbidopa	49	cephalexin	16
buprenorphine hcl.....	3, 10	carbidopa-levodopa	50	CEPROTIN (BLUE BAR)....	60
buprenorphine-naloxone.....	10	carbidopa-levodopa-entacapone	50	CERDELGA	121
buproban.....	10	carbinoxamine maleate	45	CEREZYME	93
bupropion hcl.....	35	carboplatin	23	CERVARIX VACCINE (PF)	
bupropion hcl (smoking deter)		CARIMUNE NF		.....	114
.....	10	NANOFILTERED.....	110	CETYLEV	121
buspirone	121	carisoprodol	131	cevimeline	87
butalbital compound w/codeine	3	carteolol	95	CHANTIX.....	10
butalbital-acetaminop-caf-cod..	3	cartia xt	71	CHANTIX CONTINUING	
butalbital-acetaminophen	3	carvedilol	70	MONTH BOX	10
butalbital-acetaminophen-caff..	3	CAYSTON	18	CHANTIX STARTING	
butalbital-aspirin-caffeine	3	caziant (28)	81	MONTH BOX	11
butorphanol tartrate	3	cefaclor	15	chloramphenicol sod succinate	
BUTRANS	4	cefadroxil	15	.....	13
BYSTOLIC	70	cefazolin.....	15	chlordiazepoxide hcl	11
C		cefazolin in dextrose (iso-os).	15	chlorhexidine gluconate	87
cabergoline	49	cefdinir	15	chloroquine phosphate	49
CABOMETYX.....	22	cefditoren pivoxil.....	15	chlorothiazide.....	74
caffeine citrated.....	78	cefepime.....	15	chlorothiazide sodium	74
calcipotriene	87	CEFEPIME	15	chlorpromazine	51
calcitonin (salmon).....	119	CEFEPIME IN DEXTROSE 5		chlorthalidone	74
calcitrene	87	%.....	15	chlorzoxazone	131
calcitriol.....	87, 119	CEFEPIME IN		cholestyramine (with sugar)...	75
calcium acetate	102	DEXTROSE,ISO-OSM.....	15	cholestyramine light.....	75
calcium chloride	124	cefixime	15	CIALIS.....	132
CALDOLOR	8	cefotaxime	15	ciclopirox	43
camila	81	cefoxitin	15, 16	cidofovir.....	59
camrese	81	cefoxitin in dextrose, iso-osm	15	cilostazol	62
camrese lo.....	81	cefpodoxime	16	CILOXAN.....	96
CANCIDAS	43	cefprozil	16	cimetidine.....	99
candesartan	67	ceftazidime.....	16	cimetidine hcl.....	99
candesartan-hydrochlorothiazid		ceftibuten	16	CIMZIA	111
.....	67	ceftriaxone	16	CIMZIA POWDER FOR	
capacet.....	4	ceftriaxone in dextrose,iso-os	16	RECONST	110
CAPASTAT	47	cefuroxime axetil	16	CINQAIR.....	130
CAPRELSA	22, 23	cefuroxime sodium	16	CINRYZE	61
captopril.....	68	celecoxib.....	8	CIPRODEX.....	96
captopril-hydrochlorothiazide	68	CELLCEPT INTRAVENOUS		ciprofloxacin	20
CARAFATE	99	.....	110	ciprofloxacin (mixture)	20
CARBAGLU	100			ciprofloxacin hcl	20, 96

ciprofloxacin in 5 % dextrose.20	CLINIMIX E 5%/D15W	COSENTYX .....88
ciprofloxacin lactate .....20	SULFIT FREE 65	COSENTYX (2 SYRINGES) 88
citalopram.....35	CLINIMIX E 5%/D20W	COSENTYX PEN.....88
cladribine.....23	SULFIT FREE 65	COSENTYX PEN (2 PENS) .87
clarithromycin .....17	CLINIMIX E 5%/D25W	COTELLIC 23
clemastine.....45	SULFIT FREE 65	CREON.....93
CLEVIPREX.....73	CLINISOL SF 15 % 65	CRIVAN 55
clindamycin hcl .....13	clobetasol 90	cromolyn 95, 100, 131
clindamycin in 5 % dextrose ..13	clobetasol-emollient..... 90	cryselle (28) 81
clindamycin palmitate hcl .....13	clocortolone pivalate..... 90	CUBICIN 14
clindamycin pediatric .....13	clomipramine 35	CUBICIN RF 14
clindamycin phosphate ....14, 46,	clonazepam 11, 12	CUPRIMINE..... 103, 104
88, 89	clonidine 66	cyclafem 1/35 (28) .....81
clindamycin-benzoyl peroxide	clonidine hcl 66, 78	cyclafem 7/7/7 (28) .....81
.....89	clopidogrel 62	cyclobenzaprine 131
CLINIMIX 5%/D15W	clorazepate dipotassium..... 12	cyclopentolate 95
SULFITE FREE .....64	clorpres 66	cyclophosphamide..... 23
CLINIMIX 5%/D25W	clotrimazole 43	CYCLOPHOSPHAMIDE..... 23
SULFITE-FREE.....64	clotrimazole-betamethasone .. 43	CYCLOSET 38
CLINIMIX 2.75%/D5W	clozapine..... 51	cyclosporine 111
SULFIT FREE.....64	COARTEM..... 49	cyclosporine modified..... 111
CLINIMIX 4.25%/D10W SULF	codeine sulfate 4	cyproheptadine 45
FREE .....64	COGENTIN..... 50	CYRAMZA..... 23
CLINIMIX 4.25%/D5W	colchicine-probenecid..... 45	cyred.....81
SULFIT FREE.....64	COLCRYS..... 45	CYSTADANE 121
CLINIMIX 4.25%-D20W	colestipol..... 75	CYSTARAN..... 95
SULF-FREE .....64	colistin (colistimethate na)..... 14	D
CLINIMIX 4.25%-D25W	colocort 118	d10 %-0.45 % sodium chloride
SULF-FREE .....64	COLY-MYCIN S 96	 124
CLINIMIX 5%-	COMBIGAN 123	d2.5 %-0.45 % sodium chloride
D20W(SULFITE-FREE) ...64	COMBIPATCH 105	 124
CLINIMIX E 2.75%/D10W	COMBIVENT RESPIMAT. 129	d5 % and 0.9 % sodium chloride
SUL FREE.....64	COMETRIQ 23	 124
CLINIMIX E 2.75%/D5W	COMPLERA 55	d5 %-0.45 % sodium chloride
SULF FREE .....64	compro 47	 124
CLINIMIX E 4.25%/D10W	COMVAX (PF) 114	DAKLINZA 58
SUL FREE.....64	CONDYLOX..... 87	DALIRESP 131
CLINIMIX E 4.25%/D25W	constulose 100	danazol 104
SUL FREE.....64	COPAXONE 78	dantrolene.....131
CLINIMIX E 4.25%/D5W	CORLANOR 72	dapsone 47
SULF FREE .....64	cormax 90	DAPTACEL (DTAP
	cortisone..... 106	PEDIATRIC) (PF) 115

DARAPRIM.....	49	dextrose 5 % in water (d5w)..	65	dofetilide	69
DARZALEX	23	dextrose 5 %-lactated ringers		donepezil	34
dasetta 1/35 (28).....	81	.....	124	dopamine.....	72
dasetta 7/7/7 (28).....	82	dextrose 5%-0.2 % sod chloride		dopamine in 5 % dextrose	72
daysee	82	.....	124	dorzolamide.....	123
deblitane	82	dextrose 5%-0.3 % sod.chloride		dorzolamide-timolol.....	123
decitabine	23	.....	124	doxazosin	66
deferoxamine.....	104	dextrose 50 % in water (d50w)		doxepin.....	36
delyla (28)	82	.....	65	doxercalciferol	119
DELZICOL	118	dextrose 70 % in water (d70w)		doxorubicin, peg-liposomal ...	23
demeclocycline.....	21	.....	65	doxy-100	21
DEMSEr.....	72	dextrose with sodium chloride		doxycycline hyclate	21
DENAVIR.....	88	.....	124	doxycycline monohydrate.....	21
DEPEN TITRATABS	104	diazepam.....	12	dronabinol	47
DEPO-PROVERA	109	diazepam intensol	12	droperidol.....	121
DESCOVY	55	diclofenac potassium	8	drospirenone-ethinyl estradiol	82
desipramine	36	diclofenac sodium.....	8, 88, 98	DROXIA	23
desmopressin	107	diclofenac-misoprostol	8	DUAVEE	105
desog-e.estradiol/e.estradiol ...	82	dicloxacillin	19	DULERA	128
desogestrel-ethinyl estradiol...	82	dicyclomine	100	duloxetine.....	36
desonide.....	90, 91	didanosine.....	55	DUREZOL	98
desoximetasone	91	DIFICID.....	17	dutasteride	103
dexamethasone	106	diflorasone	91	dutasteride-tamsulosin	103
dexamethasone sodium		diflunisal	8	DYRENIUM	74
phosphate.....	98, 106	digitek	72	E	
DEXILANT.....	99	digoxin	72	e.e.s. 400	17
dexmethylphenidate	78	DIGOXIN	72	e.e.s. granules.....	17
dexrazoxane hcl.....	121	dihydroergotamine.....	46	econazole.....	44
dextroamphetamine	78	DILANTIN	31	EDARBI.....	67
dextroamphetamine-		diltiazem hcl	71	EDARBYCLOR	67
amphetamine	78, 79	dilt-xr	71	EDURANT	55
dextrose 10 % and 0.2 % nacl		dimenhydrinate	47	effer-k.....	124
.....	124	DIPENTUM.....	118	EFFIENT.....	62
dextrose 10 % in water (d10w)		diphenhydramine hcl	45	ELAPRASE	93
.....	65	diphenoxylate-atropine	100	electrolyte-48 in d5w	124
dextrose 20 % in water (d20w)		dipyridamole.....	62	ELIGARD	23
.....	65	disopyramide phosphate	69	ELIGARD (3 MONTH).....	23
dextrose 25 % in water (d25w)		disulfiram.....	11	ELIGARD (4 MONTH).....	23
.....	65	divalproex	31	ELIGARD (6 MONTH).....	23
dextrose 40 % in water (d40w)		dobutamine	72	elinest	82
.....	65	dobutamine in d5w	72	eliphos	102
dextrose 5 % in ringers.....	65	docetaxel.....	23	ELIQUIS	60

ELITEK.....	93	ergoloid.....	121	famotidine	99
elixophyllin.....	129	ERGOMAR	46	famotidine (pf)	99
ELLA.....	82	ERIVEDGE	24	famotidine (pf)-nacl (iso-os).....	99
ELMIRON.....	121	errin.....	82	FANAPT	51
EMBEDA.....	4	ery pads.....	89	FARESTON.....	24
EMCYT.....	23	ery-tab.....	17	FARYDAK	24
EMEND.....	47, 48	ERY-TAB.....	17	FASLODEX.....	24
emoquette	82	ERYTHROCIN	17	felbamate	32
EMPLICITI	24	erythrocin (as stearate).....	17	felodipine	73
EMSAM	36	erythromycin.....	17, 96	FEMRING.....	105
EMTRIVA.....	55	erythromycin ethylsuccinate..	17	fenofibrate	75
enalapril maleate	68	erythromycin with ethanol.....	89	fenofibrate micronized	75
enalaprilat	68	erythromycin-benzoyl peroxide		fenofibrate nanocrystallized...	75
enalapril-hydrochlorothiazide	68	.....	89	fenofibric acid	75
ENBREL	111	ESBRIET	131	fenofibric acid (choline).....	75
ENBREL SURECLICK.....	111	escitalopram oxalate	36	fenopropfen	8
endocet	4	esmolol.....	70	fentanyl	4
endodan	4	esomeprazole sodium	99	fentanyl citrate	4
ENGERIX-B (PF)	115	estarylla.....	82	FERRIPROX.....	104
ENGERIX-B PEDIATRIC (PF)		estazolam	12	FETZIMA	36
.....	115	ESTRACE	105	finasteride.....	103
enoxaparin	60	estradiol	105	FIRAZYR	72
enpresse	82	estradiol valerate.....	105	flavoxate.....	103
enskyce	82	estradiol-norethindrone acet	105	FLEBOGAMMA DIF.....	111
entacapone.....	50	ESTRING	105	flecainide.....	69
entecavir	59	estropipate.....	105	FLECTOR.....	8
ENTRESTO	67	eszopiclone	132	FLOVENT DISKUS	128
enulose.....	100	ethambutol	47	FLOVENT HFA	128
ENVARUSUS XR	111	ethosuximide.....	32	floxuridine.....	24
EPCLUSA	58	etidronate disodium	119	flucaine.....	95
epinastine.....	95	etodolac.....	8	fluconazole.....	44
epinephrine	72	ETOPOPHOS	24	fluconazole in nacl (iso-osm).....	44
epinephrine hcl (pf)	72	etoposide.....	24	flucytosine.....	44
EPIPEN 2-PAK.....	72	EVOTAZ	55	fludrocortisone	106
EPIPEN JR 2-PAK.....	72	EXELDERM	44	flumazenil	79
epitol.....	31	exemestane.....	24	flunisolide	98
EPIVIR HBV.....	55	EXJADE	104	fluocinolone acetonide oil.....	98
eplerenone	77	EXTAVIA	79	fluocinonide	91
EPOGEN	61	F		fluocinonide-e	91
epoprostenol (glycine).....	132	FABRAZYME.....	93	fluorometholone.....	98
eprosartan	67	falmina (28)	82	fluorouracil.....	24, 88
EPZICOM	55	famciclovir.....	59	fluoxetine	36

FLUOXETINE	36
fluphenazine decanoate	52
fluphenazine hcl	52
flurazepam	12
flurbiprofen.....	8
flurbiprofen sodium.....	98
flutamide.....	24
fluticasone	91, 98
fluvastatin	75
fluvoxamine.....	36
fomepizole.....	121
fondaparinux.....	60
FORADIL AEROLIZER	129
FORTEO	119
FORTICAL	119
foscarnet	58
fosinopril	68
fosinopril-hydrochlorothiazide	68
fosphenytoin	32
FOSRENOL	102
FREAMINE HBC 6.9 %.....	65
FREAMINE III 10 %	65
furosemide.....	74
FUSILEV	121
FUZEON	55
fyavolv.....	105
FYCOMPA	32
G	
gabapentin	32
GABITRIL	32
galantamine	34, 35
GAMASTAN S/D.....	111
GAMMAGARD LIQUID	111
GAMMAPLEX	111
GAMUNEX-C	111
ganciclovir sodium	59
GARDASIL (PF).....	115
GARDASIL 9 (PF).....	115
gatifloxacin.....	96
GATTEX 30-VIAL	100
GATTEX ONE-VIAL.....	100

GAUZE PAD.....	93
gavilyte-c	101
gavilyte-g	102
gavilyte-n	102
GAZYVA	24
gemcitabine.....	24
gemfibrozil.....	75
generlac.....	100
engraf	111
GENOTROPIN.....	107
GENOTROPIN MINIQUICK	107
gentak.....	96
gentamicin	13, 89, 96
gentamicin in nacl (iso-osm) .	13
gentamicin sulfate (ped) (pf) .	13
gentamicin sulfate (pf).....	13
GENVOYA	55
GEODON	52
gianvi (28).....	82
gildagia	82
gildess 1.5/30 (21)	82
gildess 1/20 (21)	82
gildess 24 fe	82
gildess fe 1.5/30 (28)	82
gildess fe 1/20 (28)	82
GILENYA	79
GILOTRIF	24
GLEOSTINE	24
glimepiride.....	42
glipizide	42
glipizide-metformin	42
GLUCAGEN HYPOKIT.....	121
GLUCAGON EMERGENCY KIT (HUMAN).....	121
glyburide.....	42, 43
glyburide micronized	42
glyburide-metformin.....	43
glycopyrrolate	100
glydo	10
GLYXAMBI.....	38
GRALISE	32

GRALISE 30-DAY STARTER PACK.....	32
granisetron (pf).....	48
granisetron hcl.....	48
GRANIX	61
griseofulvin microsize.....	44
griseofulvin ultramicrosize	44
guanfacine	66, 79
guanidine.....	121
H	
halobetasol propionate	91
haloperidol	52
haloperidol decanoate	52
haloperidol lactate	52
HARVONI	58
HAVRIX (PF).....	115
heather.....	82
heparin (porcine).....	60
heparin (porcine) in 5 % dex..	60
heparin(porcine) in 0.45% nacl	61
heparin, porcine (pf).....	60, 61
HEPATAMINE 8%	65
HERCEPTIN.....	24
HETLIOZ.....	132
HEXALEN.....	24
HIBERIX (PF)	115
homatropaire	95
homatropine hbr	95
HUMALOG	41
HUMALOG KWIKPEN.....	40
HUMALOG MIX 50-50	40
HUMALOG MIX 50-50 KWIKPEN	40
HUMALOG MIX 75-25	41
HUMALOG MIX 75-25 KWIKPEN	41
HUMATROPE.....	107
HUMIRA	112
HUMIRA PEDIATRIC CROHN'S START	112
HUMIRA PEN.....	112

HUMIRA PEN CROHN'S-UC- HS START	112	ILEVRO.....	98	ISOLYTE-P IN 5 % DEXTROSE.....	125
HUMULIN 70/30	41	imatinib.....	25	ISOLYTE-S	125
HUMULIN 70/30 KWIKPEN.....	41	IMBRUVICA	25	isoniazid	47
HUMULIN N	41	imipenem-cilastatin	18	isosorbide dinitrate.....	77
HUMULIN N KWIKPEN.....	41	imipramine hcl.....	36	isosorbide mononitrate.....	77
HUMULIN R	41	imipramine pamoate	37	isradipine.....	73
HUMULIN R U-500 (CONC) KWIKPEN	41	imiquimod.....	88	itraconazole	44
HUMULIN R U-500 (CONCENTRATED).....	41	IMLYGIC	25	ivermectin	49
hydralazine	72, 73	IMOGAM RABIES-HT (PF)	112	IXEMPRA.....	25
hydrochlorothiazide.....	74	IMOVAR RABIES VACCINE (PF).....	115	IXIARO (PF)	116
hydrocodone-acetaminophen ...	4	INCRELEX	108	J	
hydrocodone-ibuprofen	4	indapamide.....	74	JAKAFI.....	25
hydrocortisone.....	91, 106, 118	indomethacin	8	jantoven.....	61
hydrocortisone butyrate.....	91	indomethacin sodium.....	9	JANUMET	38
hydrocortisone butyr-emollient	91	INFANRIX (DTAP) (PF)....	115	JANUMET XR	39
hydrocortisone valerate	91	INLYTA	25	JANUVIA	39
hydrocortisone-acetic acid.....	96	INSULIN SYRINGE-NEEDLE U-100	93	JARDIANCE	39
hydromorphone	5	INTELENCE	56	jentadueto.....	39
hydromorphone (pf)	5	INTRALIPID.....	65	jinteli	105
hydroxychloroquine	49	INTRON A	58	jolessa.....	83
hydroxyprogesterone caproate	109	introvale	82	jolivetite	83
hydroxyurea.....	24	INVANZ.....	18	juleber	83
hydroxyzine hcl	45	INVEGA SUSTENNA	52	june1 1.5/30 (21).....	83
hydroxyzine pamoate	121	INVEGA TRINZA	52, 53	june1 1/20 (21).....	83
HYPERRAB S/D (PF)	112	INVIRASE.....	56	june1 fe 1.5/30 (28).....	83
HYQVIA	112	INVOKAMET	38	june1 fe 1/20 (28).....	83
HYQVIA IG COMPONENT	112	INVOKANA.....	38	june1 fe 24	83
HYSINGLA ER	5	IONOSOL-B IN D5W	124	JUXTAPID	75
I		IONOSOL-MB IN D5W	125	K	
ibandronate	119	IPOL	115	KABIVEN.....	66
IBRANCE	24	ipratropium bromide	95, 129	KALETRA.....	56
ibuprofen	8	IPRIVASK.....	61	KALYDECO.....	131
ICLUSIG	24, 25	irbesartan	67	KANUMA.....	93
ifosfamide.....	25	irbesartan-hydrochlorothiazide	67	kariva (28).....	83
ifosfamide-mesna	25	IRESSA	25	KAZANO.....	39
ILARIS (PF).....	112	irinotecan	25	kelnor 1/35 (28).....	83
		ISENTRESS	56	ketoconazole	44
				ketoprofen	9
				ketorolac.....	9, 98

KEVEYIS.....	121	LENVIMA.....	26	lorcet hd	5
KEYTRUDA.....	25	lessina	83	lorcet plus.....	5
kimidess (28).....	83	LETAIRIS	132	loryna (28).....	84
KINERET.....	112	letrozole	26	losartan.....	67
KINRIX (PF).....	116	leucovorin calcium	121	losartan-hydrochlorothiazide .	67
kionex.....	100, 101	LEUKERAN.....	26	LOTEMAX.....	98
klor-con 10	125	LEUKINE.....	61	lovastatin	75
klor-con m10	125	leuprolide	26	low-ogestrel (28).....	84
klor-con m15	125	levetiracetam.....	33	loxapine succinate.....	53
klor-con m20	125	levetiracetam in nacl (iso-os).	32	LUMIGAN.....	123
klor-con sprinkle	125	levobunolol	123	LUPRON DEPOT.....	26
KOMBIGLYZE XR.....	39	levocarnitine	122	LUPRON DEPOT (3 MONTH)	
KORLYM.....	39	levocarnitine (with sugar)....	122	.....	26
KRYSTEXXA.....	94	levocetirizine	45	LUPRON DEPOT (4 MONTH)	
kurvelo.....	83	levofloxacin	20, 96	.....	26
KUVAN	94	levofloxacin in d5w	20	LUPRON DEPOT (6 MONTH)	
KYNAMRO	75	levonest (28)	83	.....	26
KYPROLIS	25	levonorgestrel-ethinyl estrad	83,	LUPRON DEPOT-PED.....	108
L		84		LUPRON DEPOT-PED (3	
l norgest/e.estradiol-e.estrad...	83	levonorg-eth estrad triphasic .	84	MONTH).....	108
labetalol	70	levora-28.....	84	lutra (28).....	84
LACRISERT	95	levothyroxine	110	LYNPARZA	26
LACTATED RINGERS.....	119	LEXIVA	56	LYRICA.....	33
lactulose.....	101	lidocaine.....	10	LYSODREN	26
lamivudine.....	56	lidocaine (pf).....	10, 69	lyza.....	84
lamivudine-zidovudine.....	56	lidocaine hcl.....	10	M	
lamotrigine	32	lidocaine in 5 % dextrose (pf)	69	magnebind 400.....	102
LANOXIN.....	73	lidocaine viscous.....	10	magnesium sulfate	125
lansoprazole.....	99	lidocaine-prilocaine	10	magnesium sulfate in d5w ...	125
LANTUS	41	linezolid	14	magnesium sulfate in water .	125
LANTUS SOLOSTAR	41	LINZESS	101	malathion.....	92
larin 1.5/30 (21).....	83	liothyronine.....	110	maprotiline	37
larin 1/20 (21).....	83	lisinopril.....	68	margesic	5
larin 24 fe	83	lisinopril-hydrochlorothiazide	68	marlissa	84
larin fe 1.5/30 (28).....	83	lithium carbonate	79	MARPLAN	37
larin fe 1/20 (28).....	83	lithium citrate.....	79	MARQIBO.....	26
latanoprost	123	lomedica 24 fe	84	MATULANE	26
LATUDA	53	LONSURF	26	matzim la.....	71
LAZANDA.....	5	loperamide	101	meclizine	48
leena 28	83	lorazepam.....	12	medroxyprogesterone.....	109
leflunomide.....	112	lorazepam intensol	12	mefenamic acid	9
LEMTRADA.....	79	lorcet (hydrocodone).....	5	mefloquine	49

MEFOXIN IN DEXTROSE (ISO-OSM).....	16	metipranolol.....	123	morphine concentrate.....	6
megestrol.....	26, 109	metoclopramide hcl	101	MOVANTIK.....	101
MEKINIST.....	26	metolazone.....	74	MOVIPREP	102
meloxicam.....	9	metoprolol succinate.....	70	MOXEZA	96
melphalan hcl	26	metoprolol ta-hydrochlorothiaz	70	moxifloxacin	20
memantine.....	35	metoprolol tartrate	70	MOZOBIL	61
MENACTRA (PF)	116	metronidazole	14, 46, 89	MULTAQ	69
MENEST.....	105	metronidazole in nacl (iso-os) 14		multi-vitamin with fluoride..	133
MENHIBRIX (PF)	116	mexiletine	69	mupirocin	89
MENOMUNE - A/C/Y/W-135	116	MIACALCIN.....	120	mupirocin calcium	89
MENOMUNE - A/C/Y/W-135 (PF).....	116	miconazole-3	44	mycophenolate mofetil.....	112
MENVEO A-C-Y-W-135-DIP (PF).....	116	microgestin 1.5/30 (21).....	84	mycophenolate sodium	112
mercaptapurine.....	26	microgestin 1/20 (21).....	84	MYOBLOC.....	122
meropenem.....	18	microgestin fe 1.5/30 (28)	84	MYOZYME.....	94
mesna.....	122	microgestin fe 1/20 (28)	84	MYRBETRIQ.....	103
MESNEX	122	midazolam	12	myzilra	84
MESTINON	122	midodrine.....	66	N	
metaproterenol.....	129	miglitol.....	39	nabumetone	9
metaxall	131	milrinone.....	73	nadolol.....	70
metaxalone	131	milrinone in 5 % dextrose.....	73	nafcillin	19
metformin	39	mimvey	105	NAGLAZYME	94
methadone	5	mimvey lo	105	naloxone.....	11
methadose.....	5	minitran.....	77	naltrexone.....	11
methazolamide	123	MINOCIN.....	21	NAMENDA XR.....	35
methenamine hippurate	14	minocycline	21	NAMZARIC	35
methimazole	110	minoxidil.....	77	naphazoline	95
methocarbamol	131	MIRCERA	61	naproxen.....	9
methotrexate sodium	27	mirtazapine	37	naproxen sodium.....	9
methotrexate sodium (pf)	27	misoprostol	99	naratriptan	46
methoxsalen rapid	88	mitoxantrone.....	27	NARCAN.....	11
methscopolamine.....	101	M-M-R II (PF)	116	NATACYN	96
methyclothiazide	74	moexipril.....	68	nateglinide.....	39
methylergonovine.....	122	moexipril-hydrochlorothiazide	68	NATPARA.....	120
methylphenidate	79	molindone	53	NEBUPENT.....	49
methylprednisolone	106	mometasone	91	necon 0.5/35 (28)	84
methylprednisolone acetate ..	106	mono-lynyah.....	84	necon 1/35 (28)	84
methylprednisolone sodium succ	106	mononessa (28).....	84	necon 1/50 (28)	84
		montelukast.....	129	necon 10/11 (28)	84
		morphine.....	5, 6	necon 7/7/7 (28)	84
		MORPHINE	6	nefazodone	37
				neomycin.....	13
				neomycin-bacitracin-poly-hc .	96

neomycin-bacitracin-polymyxin	97	norethindrone acetate.....	109	nystop.....	45
neomycin-polymyxin b gu	89	norethindrone ac-eth estradiol	85, 105	O	
neomycin-polymyxin b-dexameth	97	norethindrone-e.estradiol-iron	85	OICALIVA.....	101
neomycin-polymyxin-gramicidin.....	97	norgestimate-ethinyl estradiol	85	ocella	85
neomycin-polymyxin-hc	97	norlyroc.....	85	OCTAGAM	113
neo-polycin.....	97	NORMOSOL-M IN 5 %		octreotide acetate	108
neo-polycin hc.....	97	DEXTROSE	125	ODEFSEY.....	56
NEPHRAMINE 5.4 %	66	NORMOSOL-R.....	125	ODOMZO	27
NESINA	39	NORMOSOL-R PH 7.4.....	125	OFEV	131
neuac.....	89	NORTHERA	66	ofloxacin	20, 97
NEULASTA.....	61	nortrel 0.5/35 (28).....	85	ogestrel (28)	85
NEUPOGEN	62	nortrel 1/35 (21).....	85	olanzapine	53
NEUPRO.....	50	nortrel 1/35 (28).....	85	olanzapine-fluoxetine.....	37
NEVANAC	98	nortrel 7/7/7 (28).....	85	olopatadine.....	95
nevirapine	56	nortriptyline	37	OLYSIO.....	58
NEXAVAR	27	NORVIR.....	56	omega-3 acid ethyl esters.....	75
niacin	75	NOVOLIN 70/30	41	omeprazole.....	100
niacor.....	75	NOVOLIN N	41	OMNITROPE	108
nicardipine.....	73	NOVOLIN R	41	ONCASPARG	27
NICOTROL.....	11	NOVOLOG	42	ondansetron	48
nifedical xl.....	73	NOVOLOG FLEXPEN.....	42	ondansetron hcl	48
nifedipine.....	73, 74	NOVOLOG MIX 70-30	42	ondansetron hcl (pf)	48
nikki (28).....	84	NOVOLOG MIX 70-30		ONFI	12
NILANDRON	27	FLEXPEN.....	42	ONGLYZA	39
nilutamide.....	27	NOVOLOG PENFILL	42	OPDIVO	27
NINLARO.....	27	NOXAFIL.....	44	OPSUMIT	132
NITRO-BID	77	NPLATE.....	122	oralone.....	87
nitrofurantoin.....	14	NUCALA.....	131	ORENCIA.....	113
nitrofurantoin macrocrystal....	14	NUCYNTA.....	6	ORENCIA (WITH MALTOSE)	
nitrofurantoin monohyd/m-cryst	14	NUCYNTA ER.....	6	.....	113
nitroglycerin	77	NUEDEXTA	79	ORENCIA CLICKJECT.....	122
nitroglycerin in 5 % dextrose	77	NULOJIX	112	ORENITRAM.....	132
NITROSTAT.....	78	NUPLAZID	53	ORFADIN.....	94
nizatidine	99	NUTRESTORE	101	ORKAMBI.....	131
nora-be.....	84	NUTRILIPID.....	66	orsythia.....	85
NORDITROPIN FLEXPEN.....	108	NUTROPIN AQ	108	OSENI.....	40
norepinephrine bitartrate	73	NUTROPIN AQ NUSPIN... ..	108	OTEZLA	113
norethindrone (contraceptive)	85	NUVARING.....	85	OTEZLA STARTER	113
		nyamyc.....	44	OTREXUP (PF).....	113
		nystatin.....	44	oxacillin.....	19
		nystatin-triamcinolone	44, 45	oxacillin in dextrose(iso-osm)	19
				oxaliplatin	27

oxandrolone.....104
 oxcarbazepine.....33
 OXTELLAR XR33
 oxybutynin chloride.....103
 oxycodone6
 oxycodone-acetaminophen...6, 7
 oxycodone-aspirin7
 OXYCONTIN7
 oxymorphone.....7
P
 pacerone69
 paclitaxel27
 paliperidone.....53
 pamidronate120
 PANRETIN88
 pantoprazole100
 paricalcitol.....120
 paromomycin.....49
 paroxetine hcl37
 PASER47
 PATADAY95
 PAXIL37
 PEDIARIX (PF)116
 PEDVAX HIB (PF).....116
 peg 3350-electrolytes102
 PEGANONE33
 PEGASYS59
 PEGASYS PROCLICK59
 peg-electrolyte soln102
 PEGINTRON59
 PEN NEEDLE, DIABETIC ...93
 penicillin g pot in dextrose19
 penicillin g potassium.....19
 penicillin g procaine19
 penicillin v potassium.....19
 PENTACEL (PF)116
 PENTAM49
 pentoxifylline62
 PERIKABIVEN66
 perindopril erbumine68
 periogard.....87
 PERJETA27

permethrin..... 92
 perphenazine 53
 perphenazine-amitriptyline 37
 PERTZYE..... 94
 pfizerpen-g..... 19
 phenadoz 48
 phenelzine 37
 phenobarbital 33
 phenylephrine hcl 67, 95
 phenytoin 33
 phenytoin sodium 33
 phenytoin sodium extended ... 33
 philith..... 85
 PHOSLYRA 102
 PHOSPHOLINE IODIDE .. 123
 PICATO..... 88
 pilocarpine hcl 87, 123
 pimozide 53
 pimtrea (28) 85
 pindolol..... 70
 pioglitazone 40
 pioglitazone-glimepiride..... 40
 pioglitazone-metformin 40
 piperacillin-tazobactam 20
 pirmella..... 85
 piroxicam 9
 PLASMA-LYTE 148 125
 PLASMA-LYTE A..... 126
 PLASMA-LYTE-56 IN 5 %
 DEXTROSE 126
 PLEGRIDY 80
 podofilox..... 88
 polyethylene glycol 3350..... 102
 polymyxin b sulfate 14
 polymyxin b sulf-trimethoprim
 97
 POMALYST..... 27
 portia..... 85
 PORTRAZZA..... 27
 potassium acetate 126
 potassium chlorid-d5-0.45%nacl
 126

potassium chloride 126, 127
 potassium chloride in 0.9%nacl
 126
 potassium chloride in 5 % dex
 126
 potassium chloride in lr-d5 .. 126
 potassium chloride-0.45 % nacl
 126
 potassium chloride-d5-0.2%nacl
 126
 potassium chloride-d5-0.3%nacl
 127
 potassium chloride-d5-0.9%nacl
 127
 potassium citrate 127
 potassium citrate-citric acid . 127
 potassium hydroxide 88
 POTIGA..... 33
 PRADAXA 61
 PRALUENT PEN 76
 PRALUENT SYRINGE 76
 pramipexole..... 50
 pravastatin 76
 prazosin 67
 prednicarbate..... 91, 92
 prednisolone acetate..... 99
 prednisolone sodium phosphate
 99, 107
 prednisone 107
 PREMARIN..... 105, 106
 PREMASOL 10 %..... 66
 PREMASOL 6 %..... 66
 PREMPHASE..... 106
 PREMPRO..... 106
 prenatal plus (calcium carb). 133
 prenatal vitamin plus low iron
 133
 PREPOPIK..... 102
 prevalite..... 76
 previfem 85
 PREZCOBIX 56
 PREZISTA..... 56, 57

PRIFTIN.....	47	PURIXAN	27	RETROVIR.....	57
PRIMAQUINE.....	49	pyrazinamide	47	REVLIMID	28
primidone	33	pyridostigmine bromide.....	122	revonto	131
PRISTIQ.....	37	Q		REXULTI	53
PRIVIGEN	113	QUADRACEL (PF)	116	REYATAZ.....	57
PROAIR HFA	129	quasense.....	85	ribasphere.....	59
PROAIR RESPICLICK	129	quetiapine.....	53	ribasphere ribapak.....	59
probenecid	45	quinapril.....	68	ribavirin.....	59
procainamide	69	quinapril-hydrochlorothiazide	68	RIDAURA	113
PROCALAMINE 3%.....	66	quinidine gluconate.....	69	rifabutin.....	47
prochlorperazine.....	48	quinidine sulfate	69	rifampin.....	47
prochlorperazine edisylate.....	48	quinine sulfate.....	49	RIFATER.....	47
prochlorperazine maleate	48	QVAR.....	129	riluzole	80
PROCRIT	62	R		rimantadine	58
procto-med hc.....	92	RABAVERT (PF).....	116	ringers	119, 127
procto-pak.....	92	raloxifene	106	risedronate.....	120
proctosol hc	92	ramipril	68	RISPERDAL CONSTA.....	54
proctozone-hc	92	RANEXA.....	73	risperidone.....	54
PROCYSBI	122	ranitidine hcl	100	RITUXAN.....	28
progesterone in oil.....	109	RAPAMUNE.....	113	rivastigmine.....	35
progesterone micronized	110	RASUVO (PF).....	113	rivastigmine tartrate	35
PROGLYCEM	78	RAVICTI.....	101	rizatriptan	46
PROGRAF	113	REBIF (WITH ALBUMIN) ..	80	ropinirole.....	50
PROLASTIN-C.....	131	REBIF REBIDOSE	80	rosadan	89
PROLENSA	99	REBIF TITRATION PACK..	80	rosuvastatin	76
PROLEUKIN	27	reclipsen (28)	85	ROTARIX.....	117
PROLIA	120	RECOMBIVAX HB (PF)....	117	ROTATEQ VACCINE	117
PROMACTA.....	62	REGRANEX	88	ROZEREM	132
promethazine	46, 48	RELENZA DISKHALER	58	S	
promethegan	48	RELISTOR	101	SABRIL	34
propafenone.....	69	REMICADE	122	SAIZEN	108
propantheline.....	31	REMODULIN	132	SAIZEN CLICK.EASY	108
proparacaine	95	RENAGEL.....	102	SANDOSTATIN LAR DEPOT	
propranolol	70	REVELA.....	102	.....	109
propranolol-hydrochlorothiazid		repaglinide	40	SANTYL.....	88
.....	70	repaglinide-metformin	40	SAPHRIS (BLACK CHERRY)	
propylthiouracil	110	REPATHA PUSHTRONEX .	76	.....	54
PROQUAD (PF)	116	REPATHA SURECLICK.....	76	SAVAYSA.....	61
PROSOL 20 %	66	REPATHA SYRINGE	76	SAVELLA	80
protamine.....	62	reprexain	7	selegiline hcl	50
protriptyline.....	37	RESCRIPTOR	57	selenium sulfide	89
PULMOZYME.....	94	RESTASIS.....	99	SELZENTRY	57

SENSIPAR	122	spinosad	92	SUTENT	28
SEREVENT DISKUS	130	SPIRIVA RESPIMAT	130	syeda	86
SEROQUEL XR	54	SPIRIVA WITH		SYLATRON	59
SEROSTIM	109	HANDIHALER	130	SYLVANT	28
sertraline	37	spironolactone.....	74	SYMLINPEN 120.....	40
setlakin	85	spironolacton-hydrochlorothiaz		SYMLINPEN 60.....	40
sharobel	85	.....	74	SYNAGIS	58
SIGNIFOR	122	SPORANOX.....	45	SYNAREL	122
sildenafil	132	sprintec (28).....	85	SYNERCID.....	14
SILENOR.....	132	SPRITAM.....	34	SYNJARDY.....	40
silver nitrate.....	89	SPRYCEL.....	28	SYNRIBO	28
silver sulfadiazine.....	89	sps	101	SYPRINE	104
SIMBRINZA	123	sronyx	85	T	
SIMPONI	113	ssd	89	TABLOID	28
SIMPONI ARIA.....	113	stavudine.....	57	tacrolimus.....	92, 114
simvastatin.....	76	STELARA	114	TAFINLAR.....	28
sirolimus	113	STERILE GAUZE PAD.....	93	TAGRISSO	28
SIRTURO	47	STIMATE	109	TALTZ AUTOINJECTOR....	88
sodium acetate	127	STIOLTO RESPIMAT	130	TALTZ AUTOINJECTOR (3	
sodium bicarbonate	127	STIVARGA	28	PACK).....	88
sodium chloride.....	119, 127	STRATTERA	80	TALTZ SYRINGE.....	88
sodium chloride 0.45 %.....	127	STRENSIQ	94	TAMIFLU	58
sodium chloride 0.9 %.....	127	streptomycin	13	tamoxifen	28
sodium chloride 3 %.....	127	STRIBILD	57	tamsulosin	103
sodium chloride 5 %.....	127	STRIVERDI RESPIMAT....	130	TARCEVA.....	28
sodium fluoride	133	SUBOXONE	11	TARGRETIN.....	28
sodium lactate.....	127	sucralfate.....	100	tarina fe 1/20 (28).....	86
sodium phosphate	127	sulfacetamide sodium	97	TASIGNA	28
sodium polystyrene (sorb free)		sulfacetamide sodium (acne) .	89	tazicef	17
.....	101	sulfacetamide-prednisolone ...	97	TAZORAC.....	92
sodium polystyrene sulfonate		sulfadiazine.....	20	taztia xt.....	71
.....	101	sulfamethoxazole-trimethoprim		TECENTRIQ	28
SOLTAMOX.....	28	.....	20	TECFIDERA.....	80
SOLU-CORTEF (PF).....	107	sulfasalazine.....	20	TECHNIVIE	58
SOMATULINE DEPOT	109	sulfatrim.....	21	TEFLARO.....	17
SOMAVERT	109	sulindac	9	TEKAMLO	77
sorbitol.....	119	sumatriptan	46	TEKTURNA	77
sorbitol-mannitol	119	sumatriptan succinate	46, 47	TEKTURNA HCT	77
sorine	70	SUPPRELIN LA.....	109	telmisartan.....	67
sotalol	70	SUPRAX	16, 17	telmisartan-hydrochlorothiazid	
sotalol af	70	SURMONTIL	37	.....	67
SOVALDI	58	SUSTIVA	57	temazepam	12

TEMODAR	28	tolterodine	103	tri-lo-estarylla.....	86
tencon	7	topiramate	34	tri-lo-marzia	86
teniposide	29	toposar	29	tri-lo-sprintec.....	86
TENIVAC (PF)	117	topotecan.....	29	trilyte with flavor packets ...	102
terazosin	103	TORISEL	29	trimethoprim	14
terbinafine hcl.....	45	torsemide	74	trimipramine.....	38
terbutaline	130	TOUJEO SOLOSTAR	42	trinessa (28).....	86
terconazole	46	TOVIAZ	103	TRINTELLIX	38
testosterone.....	104, 105	TPN ELECTROLYTES	127	tri-previfem (28).....	86
testosterone cypionate	104	TPN ELECTROLYTES II...	127	tri-sprintec (28)	86
testosterone enanthate	104	TRACLEER.....	133	TRIUMEQ	57
TETANUS,DIPHThERIA TOX		TRADJENTA	40	trivora (28)	86
PED(PF)	117	tramadol	7	TROKENDI XR.....	34
tetanus-diphtheria toxoids-td	117	tramadol-acetaminophen	7	TROPHAMINE 10 %	66
tetrabenazine.....	80	trandolapril.....	68	TROPHAMINE 6%.....	66
tetracycline	21	tranexamic acid.....	62	trospium	103
THALOMID.....	123	TRANSDERM-SCOP	48	TRULICITY	40
theophylline.....	130	tranylcypromine.....	37	TRUMENBA	117
theophylline in dextrose 5 %	130	TRAVASOL 10 %.....	66	TRUVADA.....	57
THIOLA	123	TRAVATAN Z.....	124	TWINRIX (PF)	117
thioridazine.....	54	travoprost (benzalkonium)...	124	TYBOST	123
thiotepa	29	trazodone	37	TYGACIL	21
thiothixene.....	54	TREANDA	29	TYKERB.....	29
tiagabine	34	TRECATOR	47	TYPHIM VI.....	117
TICE BCG.....	117	TRELSTAR.....	29	TYSABRI	114
tilia fe.....	86	tretinoin.....	92	TYVASO	133
timolol maleate	71, 124	tretinoin (chemotherapy)	29	TYZEKA.....	59
tinidazole	49	tretinoin microspheres	92	TYZINE	95, 96
TIVICAY	57	TREXALL	29	U	
tizanidine	131	triamcinolone acetonide..	87, 92, 99, 107	u-cort	92
TOBI PODHALER	13	triamterene-hydrochlorothiazid		ULORIC.....	45
TOBRADEX	97	.....	74	UNITUXIN	29
TOBRADEX ST	97	trianex	92	UPTRAVI	133
tobramycin.....	97	triazolam	12	ursodiol	101
tobramycin in 0.225 % nacl ...	13	TRIBENZOR.....	67	V	
tobramycin in 0.9 % nacl.....	13	tri-estarylla.....	86	VAGIFEM	106
tobramycin sulfate	13	trifluoperazine.....	54	valacyclovir.....	59
tobramycin-dexamethasone....	98	trifluridine	98	VALCHLOR.....	88
TOLAK	88	trihexyphenidyl.....	50	VALCYTE	60
tolazamide	43	tri-legest fe	86	valganciclovir.....	60
tolbutamide.....	43	tri-linyah	86	valproate sodium	34
tolmetin.....	9			valproic acid.....	34

valproic acid (as sodium salt).....	34	viorele (28)	86	ZALTRAP.....	30
valsartan	67	VIRACEPT.....	57	zarah.....	86
valsartan-hydrochlorothiazide.....	67	VIRAZOLE	60	ZARXIO	62
VALSTAR	29	VIREAD	57	ZAVESCA	94
vancomycin	14	VITEKTA.....	57	zebutal.....	8
vancomycin in dextrose 5 %	14	VOLTAREN.....	9	ZELBORAF.....	30
VAQTA (PF).....	117, 118	voriconazole.....	45	ZEMPLAR.....	120
VARIVAX (PF)	118	VOTRIENT	30	zenatane.....	88
VASCEPA.....	76	VPRIV	94	zenchent (28).....	86
VECTIBIX	29	VRAYLAR.....	54	zenchent fe	87
VELCADE	29	vyfemla (28)	86	ZENPEP	94
velivet triphasic regimen (28).....	86	VYTORIN 10-10	76	ZEPATIER.....	58
VELPHORO.....	103	VYTORIN 10-20	76	ZETIA.....	76
VENCLEXTA.....	29, 30	VYTORIN 10-40	76	ZIAGEN.....	58
VENCLEXTA STARTING PACK	30	VYTORIN 10-80	76	zidovudine.....	58
venlafaxine	38	W		ZIOPTAN (PF)	124
VENTOLIN HFA.....	130	warfarin.....	61	ziprasidone hcl	54
verapamil.....	71	water for irrigation, sterile ...	119	ZIRGAN	98
VEREGEN	88	WELCHOL.....	76	ZOHYDRO ER.....	8
VERSACLOZ	54	wera (28).....	86	ZOLADEX.....	30
VESICARE	103	wymzya fe.....	86	zoledronic acid.....	120
vestura (28).....	86	X		zoledronic acid-mannitol-water	120
VGO 40	93	XALKORI	30	ZOLINZA	30
VIBERZI	101	XARELTO.....	61	zolmitriptan	47
vicodin.....	7	XARTEMIS XR	7	zolidem.....	132
vicodin es.....	7	XELJANZ.....	114	ZOMACTON.....	109
vicodin hp.....	7	XELJANZ XR	114	ZOMETA.....	120
VICTOZA	40	XGEVA	120	zonisamide	34
VIDEX 2 GRAM PEDIATRIC	57	XIFAXAN	14, 15	ZORBTIVE.....	109
VIEKIRA PAK	58	XOLAIR	131	ZORTRESS.....	114
vienva	86	XTANDI.....	30	ZOSTAVAX (PF).....	118
VIGAMOX.....	98	xulane.....	86	zovia 1/35e (28)	87
VIIBRYD	38	xylon 10	8	zovia 1/50e (28)	87
VIMIZIM	94	XYREM.....	132	ZOVIRAX.....	88
VIMPAT.....	34	Y		ZUBSOLV	11
vinblastine	30	YERVOY.....	30	ZYDELIG	30
vincasar pfs.....	30	YF-VAX (PF)	118	ZYKADIA	30
vincristine	30	YONDELIS	30	ZYLET.....	98
vinorelbine.....	30	Z		ZYPREXA RELPREVV	55
		zafirlukast	129	ZYTIGA.....	31
		zaleplon.....	132		

Discrimination is Against the Law

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

Stanford Health Care Advantage:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Care Services.

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

Member Care Services

P.O. 72530, Oakland, CA 94612-8730

1- 855-996-8422

Advantage@stanfordhealthcare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Care Services is available to help you.

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-8422 (TTY: 711).

Spanish: SATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-996-8422 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-996-8422 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-996-8422 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-996-8422 (TTY: 711) 번으로 전화해 주십시오.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-855-996-8422 (TTY (հեռատիպ) 711):

Persian: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-855-996-8422 (TTY: 711) تماس بگیرید.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-996-8422 (телетайп: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-996-8422 (TTY:711) まで、お電話にてご連絡ください。

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 855-996-8422 (رقم هاتف الصم والبكم: 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-996-8422 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Mon-Khmer, Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អៗ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-996-8422 (TTY: 711)។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-996-8422 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-996-8422 (TTY: 711) पर कॉल करें।

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-996-8422 (TTY: 711).



Stanford

HEALTH CARE ADVANTAGE

P.O. Box 72530
Oakland, CA 94612
StanfordHealthCareAdvantage.org

Stanford Health Care Advantage is an HMO with a Medicare Contract. Enrollment in Stanford Health Care Advantage depends on contract renewal.

The formulary may change at any time. You will receive notice when necessary.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-855-996-8422 (TTY: 711) or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 through February 14, and Monday to Friday from February 15 through September 30.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 o, para los usuarios de 711, de 8:00 a.m. a 8:00 p.m., los 7 días de la semana desde el 1 de Octubre hasta el 14 de Febrero, y de lunes a viernes desde el 15 de Febrero hasta el 30 de Septiembre.

00017086, 6

This formulary was updated on 08/01/2016 For more recent information or other questions, please contact Member Care Services, at 1-855-996-8422 or, for TTY users, 711, Monday through Friday 8 am to 8 pm (seven days a week from October 1 through February 14 and Monday through Friday from February 15 through September 30), or visit StanfordHealthCareAdvantage.org.