

2020

Comprehensive Formulary

(List of Covered Drugs)

WellCare Medicare Rx Select (PDP)

Plan in all states

PLEASE READ: This document contains information about the drugs we cover in this plan.

HPMS Approved Formulary File Submission ID 20406, Version Number 06

This formulary was updated on 09/01/2019. For more recent information or other questions, please contact WellCare at **1-833-207-4241** or, for TTY users, **711**, between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit **www.wellcare.com/pdp**.



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 WellCare. When it refers to “plan” or “our plan,” it means WellCare Medicare Rx Select (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of 09/01/2019. 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 co-payments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the WellCare Medicare Rx Select (PDP) Comprehensive Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but our plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - o If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the WellCare Medicare Rx Select (PDP) Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 09/01/2019. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. The formulary will be updated monthly and posted on our website. To get an updated printed formulary or to get information about the drugs covered by our plan, please visit our website at www.wellcare.com/pdp or call Customer Service at our contact information on the front and back cover pages.

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.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 85. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 per prescription for rizatriptan 5mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page I. 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the WellCare Medicare Rx Select (PDP) 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 Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the WellCare Medicare Rx Select (PDP) Formulary?

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

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

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

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

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

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

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

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

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can call our Provider Service Center and request a one-time override. This one-time override will be up to a 31-day supply (unless you have a prescription written for fewer days).

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE **(1-800-633-4227)** 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**.

Or, visit **<http://www.medicare.gov>**.

Our Plan's Formulary

The comprehensive formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

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

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

- **NM** means the drug is not available via your monthly mail service benefit. This is noted in the Requirements/Limits column of your formulary. You may be able to receive more than one month's supply of most of the drugs on your formulary via mail service at a reduced cost share. Please see Chapter 3 of your Evidence of Coverage for more information.**
- **PA** stands for Prior Authorization: Please see page II for details.
- **PA-NS** stands for Prior Authorization for New Starts: This means that if this drug is new to you, you will need to get approval from us before you fill your prescription. If you are taking this drug at the time of enrollment, you will not be required to meet criteria for approval.
- **B/D** stands for Covered under Medicare B or D: 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 us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** stands for Quantity Limits: Please see page II for details.
- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at **1-833-207-4241**, between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., TTY users should call **711**.
- **ST** stands for Step Therapy: Please see page II for details.
- ^ = Drug may be available for up to a 30-day supply only.

You have the choice to sign up for automated mail service delivery. You can get prescription drugs shipped to your home through our network mail service delivery program. You should expect to receive your prescription drugs within 10–14 calendar days from the time that the mail service pharmacy receives the order. If you do not receive your prescription drugs within this time, please contact us at the telephone number listed on the front and back covers of this formulary or visit **mailrx.wellcare.com.

Drug tier co-payment/coinsurance amounts

Our formulary is divided into five tiers.

- **Tier 1: Preferred Generic** – Brand and generic drugs that are available at the lowest cost share for this plan.
 - **Tier 1 Preferred** copayment: \$0
 - **Tier 1 Standard** copayment: \$15
- **Tier 2: Generic** – Brand and generic drugs that our plan offers at a higher cost to you than preferred generics on tier 1.
 - **Tier 2 Preferred** copayment: \$3
 - **Tier 2 Standard** copayment: \$20
- **Tier 3: Preferred Brand** – Brand and generic drugs that our plan offers at a lower cost to you than non-preferred drugs on tier 4.
 - **Tier 3 Preferred** copayment: \$47
 - **Tier 3 Standard** copayment: \$47
- **Tier 4: Non-Preferred Drug** – Brand and generic drugs that our plan offers at a higher cost to you than preferred brands on tier 3.
 - **Tier 4 Preferred** coinsurance: 42%
 - **Tier 4 Standard** coinsurance range: 47%–49%
- **Tier 5: Specialty Tier** – Some injectables and other high-cost Brand and generic drugs. ^ Indicates specialty drugs are available for up to a 30-day supply only.
 - **Tier 5 Preferred** coinsurance range: 25%–27%
 - **Tier 5 Standard** coinsurance range: 25%–27%

Consult your Evidence of Coverage or Summary of Benefits for your applicable co-pays/coinsurance and amounts.

Drug Name	Drug Tier Requirements / Limits	
ANALGESICS		
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	3	
COLCRYS ORAL TABLET 0.6 MG	3	QL (120 EA per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	3	QL (60 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
NSAIDS		
<i>celecoxib oral capsule 100 mg</i>	3	QL (120 EA per 30 days)
<i>celecoxib oral capsule 200 mg</i>	3	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	3	QL (30 EA per 30 days)
<i>celecoxib oral capsule 50 mg</i>	3	QL (240 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	3	QL (120 EA per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	3	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	4	
<i>diflunisal oral tablet 500 mg</i>	3	
DUEXIS ORAL TABLET 800-26.6 MG	5^	PA
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	3	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>oxaprozin oral tablet 600 mg</i>	4	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG	5^	PA
OPIOID ANALGESICS, CII		
<i>endocet oral tablet 10-325 mg</i>	3	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	3	QL (360 EA per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	3	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5^	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/12hr, 12 mcg/12hr, 25 mcg/12hr, 50 mcg/12hr, 75 mcg/12hr</i>	4	PA; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	4	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	3	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	3	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	QL (600 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	3	QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	4	B/D
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	3	QL (180 EA per 30 days)
<i>lorcet oral tablet 5-325 mg</i>	3	QL (240 EA per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	3	QL (180 EA per 30 days)
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	3	PA; QL (90 ML per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	3	PA; QL (450 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	3	PA; QL (90 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	3	QL (180 ML per 30 days)
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	4	B/D
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml</i>	4	B/D
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 2 MG/ML, 8 MG/ML	4	B/D

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

Drug Name	Drug Tier	Requirements / Limits
MORPHINE SULFATE (PF) SOLUTION 10 MG/ML INTRAVENOUS 10 MG/ML	4	B/D
MORPHINE SULFATE (PF) SOLUTION 4 MG/ML INTRAVENOUS 4 MG/ML	4	B/D
<i>morphine sulfate (pf) solution 8 mg/ml intravenous 8 mg/ml</i>	4	B/D
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	3	PA; QL (90 EA per 30 days)
<i>morphine sulfate injection solution 10 mg/ml, 8 mg/ml</i>	4	B/D
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML, 5 MG/ML	4	B/D
<i>morphine sulfate intravenous solution 1 mg/ml</i>	4	B/D
MORPHINE SULFATE INTRAVENOUS SOLUTION 150 MG/30ML	4	B/D
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	3	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	3	QL (180 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; QL (60 EA per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	4	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	3	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	3	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	3	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	3	QL (240 EA per 30 days)
OPIOID ANALGESICS		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	QL (400 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 EA per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	4	
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	4	
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	3	QL (240 EA per 30 days)

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

Drug Name	Drug Tier Requirements / Limits	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %</i>	2	B/D
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	2	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate injection solution 1 gml/4ml, 500 mg/2ml</i>	4	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>paromomycin sulfate oral capsule 250 mg</i>	4	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	5 [^]	
SULFADIAZINE ORAL TABLET 500 MG	4	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5 [^]	PA
<i>tobramycin sulfate injection solution 1.2 gml/30ml, 10 mg/ml, 2 gml/50ml, 80 mg/2ml</i>	3	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	5 [^]	
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5 [^]	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5 [^]	B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	5 [^]	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	3	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	3	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	3	
<i>fluconazole oral tablet 150 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5 [^]	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	

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

Drug Name	Drug Tier Requirements / Limits	
<i>itraconazole oral capsule 100 mg</i>	4	PA
<i>ketoconazole oral tablet 200 mg</i>	3	PA
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	5^	
NOXAFIL ORAL SUSPENSION 40 MG/ML	5^	QL (630 ML per 30 days)
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	5^	QL (93 EA per 30 days)
<i>nystatin oral tablet 500000 unit</i>	3	
<i>terbinafine hcl oral tablet 250 mg</i>	1	QL (90 EA per 365 days)
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5^	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5^	PA
<i>voriconazole oral tablet 200 mg</i>	5^	
<i>voriconazole oral tablet 50 mg</i>	4	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole oral tablet 200 mg</i>	5^	
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	5^	
ALINIA ORAL TABLET 500 MG	5^	
<i>atovaquone oral suspension 750 mg/5ml</i>	5^	
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	4	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5^	PA; LA
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	
CLINDAMYCIN PHOSPHATE IN NAACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	4	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gml/60ml, 900 mg/6ml, 9000 mg/60ml</i>	3	
<i>clindamycin phosphate intravenous solution 300 mg/2ml, 900 mg/6ml</i>	3	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	

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

Drug Name	Drug Tier Requirements / Limits	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	5^	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5^	
EMVERM ORAL TABLET CHEWABLE 100 MG	5^	QL (12 EA per 365 days)
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
FURADANTIN ORAL SUSPENSION 25 MG/5ML	5^	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	3	
<i>ivermectin oral tablet 3 mg</i>	3	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5^	
<i>linezolid oral tablet 600 mg</i>	4	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	
<i>methenamine hippurate oral tablet 1 gm</i>	3	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	4	B/D
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	3	PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	4	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	4	
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
<i>praziquantel oral tablet 600 mg</i>	3	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5^	
SIVEXTRO ORAL TABLET 200 MG	5^	

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

Drug Name	Drug Tier	Requirements / Limits
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	5^	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5^	
<i>trimethoprim oral tablet 100 mg</i>	2	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%	4	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule 125 mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	5^	QL (240 EA per 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	3	
COARTEM ORAL TABLET 20-120 MG	4	
<i>mefloquine hcl oral tablet 250 mg</i>	3	
<i>primaquine phosphate oral tablet 26.3 mg</i>	3	
PRIMAQUINE PHOSPHATE TABLET 26.3 MG ORAL 26.3 MG	3	
<i>quinine sulfate oral capsule 324 mg</i>	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	
<i>abacavir sulfate oral tablet 300 mg</i>	3	
APTIVUS ORAL CAPSULE 250 MG	5^	
APTIVUS ORAL SOLUTION 100 MG/ML	5^	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	4	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	4	
EDURANT ORAL TABLET 25 MG	5^	
<i>efavirenz oral capsule 200 mg</i>	5^	

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

Drug Name	Drug Tier Requirements / Limits	
<i>efavirenz oral capsule 50 mg</i>	4	
<i>efavirenz oral tablet 600 mg</i>	5^	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
<i>fosamprenavir calcium oral tablet 700 mg</i>	5^	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5^	
INTELENCE ORAL TABLET 100 MG, 200 MG	5^	
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5^	
ISENTRESS HD ORAL TABLET 600 MG	5^	
ISENTRESS ORAL PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5^	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5^	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
<i>lamivudine oral solution 10 mg/ml</i>	3	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	3	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	4	
<i>nevirapine oral suspension 50 mg/5ml</i>	4	
<i>nevirapine oral tablet 200 mg</i>	3	
NORVIR ORAL PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
NORVIR ORAL TABLET 100 MG	3	
PIFELTRO ORAL TABLET 100 MG	5^	
PREZISTA ORAL SUSPENSION 100 MG/ML	5^	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5^	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5^	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5^	QL (30 EA per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	4	
REYATAZ ORAL PACKET 50 MG	5^	
<i>ritonavir oral tablet 100 mg</i>	3	
SELZENTRY ORAL SOLUTION 20 MG/ML	5^	

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

Drug Name	Drug Tier	Requirements / Limits
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5^	
SELZENTRY ORAL TABLET 25 MG	4	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	3	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5^	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	5^	LA
TYBOST ORAL TABLET 150 MG	4	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	4	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5^	
VIREAD ORAL POWDER 40 MG/GM	5^	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5^	
<i>zidovudine oral capsule 100 mg</i>	4	
<i>zidovudine oral syrup 50 mg/5ml</i>	4	
<i>zidovudine oral tablet 300 mg</i>	3	
<i>ANTIRETROVIRAL COMBINATION AGENTS</i>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	3	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5^	
ATRIPLA ORAL TABLET 600-200-300 MG	5^	
BIKTARVY ORAL TABLET 50-200-25 MG	5^	
CIMDUO ORAL TABLET 300-300 MG	5^	
COMPLERA ORAL TABLET 200-25-300 MG	5^	
DELSTRIGO ORAL TABLET 100-300-300 MG	5^	
DESCOVY ORAL TABLET 200-25 MG	5^	
DOVATO ORAL TABLET 50-300 MG	5^	
EVOTAZ ORAL TABLET 300-150 MG	5^	
GENVOYA ORAL TABLET 150-150-200-10 MG	5^	
JULUCA ORAL TABLET 50-25 MG	5^	
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5^	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5^	
PREZCOBIX ORAL TABLET 800-150 MG	5^	
STRIBILD ORAL TABLET 150-150-200-300 MG	5^	
SYMFI LO ORAL TABLET 400-300-300 MG	5^	
SYMFI ORAL TABLET 600-300-300 MG	5^	
SYMTUZA ORAL TABLET 800-150-200-10 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^	QL (30 EA per 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine oral capsule 250 mg</i>	5^	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	3	
<i>isoniazid oral syrup 50 mg/5ml</i>	4	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	4	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	3	
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG	5^	PA; LA
TRECTOR ORAL TABLET 250 MG	4	
ANTIVIRALS		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	B/D
<i>adefovir dipivoxil oral tablet 10 mg</i>	5^	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5^	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	
EPCLUSA ORAL TABLET 400-100 MG	5^	PA
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	3	

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

Drug Name	Drug Tier Requirements / Limits	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	4	B/D
HARVONI ORAL TABLET 90-400 MG	5^	PA
<i>lamivudine oral tablet 100 mg</i>	4	
MAVYRET ORAL TABLET 100-40 MG	5^	PA
<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	3	QL (1080 ML per 365 days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5^	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	5^	PA
REBETOL ORAL SOLUTION 40 MG/ML	5^	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (120 EA per 365 days)
<i>ribasphere oral capsule 200 mg</i>	3	
<i>ribasphere oral tablet 200 mg</i>	4	
<i>ribasphere oral tablet 600 mg</i>	5^	
RIBASPHERE RIBAPAK ORAL TABLET 600 MG	5^	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 400 & 600 MG	5^	
<i>ribavirin oral capsule 200 mg</i>	3	
<i>ribavirin oral tablet 200 mg</i>	4	
<i>rimantadine hcl oral tablet 100 mg</i>	3	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	3	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5^	
<i>valganciclovir hcl oral tablet 450 mg</i>	5^	
VEMLIDY ORAL TABLET 25 MG	5^	
VOSEVI ORAL TABLET 400-100-100 MG	5^	PA
CEPHALOSPORINS		
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG	4	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	3	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	

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

Drug Name	Drug Tier Requirements / Limits
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	3
<i>cefadroxil oral tablet 1 gm</i>	4
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 20 gm, 500 mg</i>	3
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	3
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	3
<i>cefdinir oral capsule 300 mg</i>	2
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	4
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	4
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	4
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	4
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	3
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3
<i>cefprozil oral tablet 250 mg, 500 mg</i>	3
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	4
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	3
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	3
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	3
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	3
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	3
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	3
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1

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

Drug Name	Drug Tier Requirements / Limits
<i>cephalexin oral capsule 750 mg</i>	2
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3
<i>tazicef injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	3
<i>tazicef intravenous solution reconstituted 1 gm, 2 gm</i>	3
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5^
<i>ERYTHROMYCINS/MACROLIDES</i>	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	3
<i>azithromycin oral packet 1 gm</i>	3
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	3
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	3
DIFICID ORAL TABLET 200 MG	5^
<i>e.e.s. 400 oral tablet 400 mg</i>	4
<i>ery-tab oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4
<i>erythrocin stearate oral tablet 250 mg</i>	4
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4
<i>FLUOROQUINOLONES</i>	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	3
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	4
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	3

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

Drug Name	Drug Tier Requirements / Limits
<i>levofloxacin intravenous solution 25 mg/ml</i>	4
<i>levofloxacin oral solution 25 mg/ml</i>	4
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	4
<i>moxifloxacin hcl oral tablet 400 mg</i>	4
PENICILLINS	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	4
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	3
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	4
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	4
<i>ampicillin oral capsule 500 mg</i>	2
<i>ampicillin sodium injection solution reconstituted 1 gm, 10 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	4
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	4
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	5^
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4

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

Drug Name	Drug Tier Requirements / Limits
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	3
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4
NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	4
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	4
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	5^
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4
<i>oxacillin sodium injection solution reconstituted 10 gm</i>	5^
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	4
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	4
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	4
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1
<i>pfizerpen injection solution reconstituted 20000000 unit, 5000000 unit</i>	4
PIPERACILLIN SOD-TAZOBACTAM SO INTRAVENOUS SOLUTION RECONSTITUTED 13.5 (12-1.5) GM	4
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4
TETRACYCLINES	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	4
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	4
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	3
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	3

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

Drug Name	Drug Tier Requirements / Limits	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>mondoxylene nl oral capsule 100 mg</i>	2	
<i>morgidox oral capsule 50 mg</i>	3	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	4	
ANTINEOPLASTIC AGENTS		
<i>ALKYLATING AGENTS</i>		
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	5^	B/D
CYCLOPHOSPHAMIDE CAPSULE 25 MG ORAL 25 MG	4	B/D
CYCLOPHOSPHAMIDE CAPSULE 50 MG ORAL 50 MG	4	B/D
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	5^	B/D
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	B/D
EMCYT ORAL CAPSULE 140 MG	4	
GLEOSTINE ORAL CAPSULE 10 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5^	
LEUKERAN ORAL TABLET 2 MG	5^	
<i>ANTHRACYCLINES</i>		
<i>adriamycin intravenous solution 2 mg/ml</i>	4	B/D
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	4	B/D
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	5^	B/D
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	4	B/D
<i>ANTIMETABOLITES</i>		
<i>adrucil intravenous solution 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	3	B/D
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5^	B/D
<i>azacitidine injection suspension reconstituted 100 mg</i>	5^	B/D
<i>cytarabine injection solution 20 mg/ml</i>	3	B/D
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	3	B/D
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	4	B/D
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	4	B/D

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

Drug Name	Drug Tier Requirements / Limits	
<i>mercaptopurine oral tablet 50 mg</i>	3	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	B/D
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	B/D
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	2	B/D
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5^	
TABLOID ORAL TABLET 40 MG	5^	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5^	B/D
DOCETAXEL CONCENTRATE 80 MG/4ML INTRAVENOUS 80 MG/4ML	5^	B/D
DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 200 MG/10ML	5^	B/D
<i>docetaxel intravenous concentrate 20 mg/ml, 80 mg/4ml</i>	5^	B/D
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML	5^	B/D
<i>docetaxel intravenous solution 80 mg/8ml</i>	5^	B/D
<i>docetaxel solution 160 mg/16ml intravenous 160 mg/16ml</i>	5^	B/D
<i>docetaxel solution 20 mg/2ml intravenous 20 mg/2ml</i>	5^	B/D
DOCETAXEL SOLUTION 80 MG/8ML INTRAVENOUS 80 MG/8ML	5^	B/D
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	4	B/D
TAXOTERE INTRAVENOUS CONCENTRATE 80 MG/4ML	5^	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	2	B/D
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5^	PA-NS; LA
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
DAURISMO ORAL TABLET 100 MG, 25 MG	5^	PA-NS; LA
ERIVEDGE ORAL CAPSULE 150 MG	5^	PA-NS; LA

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

Drug Name	Drug Tier	Requirements / Limits
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5^	PA-NS; LA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	5^	PA-NS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 440 MG	5^	PA-NS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	5^	B/D
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5^	PA-NS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5^	PA-NS; LA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5^	PA-NS
ODOMZO ORAL CAPSULE 200 MG	5^	PA-NS; LA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG - UT/13.4ML	5^	PA-NS; LA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5^	PA-NS; LA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5^	PA-NS; LA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	5^	PA-NS; LA
TIBSOVO ORAL TABLET 250 MG	5^	PA-NS; LA
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS

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

Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA ORAL TABLET 10 MG	4	PA-NS; LA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5^	PA-NS; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5^	PA-NS; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5^	PA-NS; LA
ZEJULA ORAL CAPSULE 100 MG	5^	PA-NS; LA
ZOLINZA ORAL CAPSULE 100 MG	5^	PA-NS
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate oral tablet 250 mg</i>	5^	PA-NS
<i>anastrozole oral tablet 1 mg</i>	1	
<i>bicalutamide oral tablet 50 mg</i>	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	B/D
ERLEADA ORAL TABLET 60 MG	5^	PA-NS; LA
<i>exemestane oral tablet 25 mg</i>	4	
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	5^	B/D
<i>flutamide oral capsule 125 mg</i>	3	
<i>letrozole oral tablet 2.5 mg</i>	1	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	3	PA-NS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5^	PA-NS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5^	PA-NS
LYSODREN ORAL TABLET 500 MG	3	
<i>megestrol acetate oral suspension 40 mg/ml</i>	3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	3	
<i>nilutamide oral tablet 150 mg</i>	5^	
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5^	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	5^	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	5^	PA-NS
XTANDI ORAL CAPSULE 40 MG	5^	PA-NS; LA

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

Drug Name	Drug Tier Requirements / Limits	
ZYTIGA ORAL TABLET 500 MG	5 [^]	PA-NS; LA
<i>IMMUNOMODULATORS</i>		
POMALYST ORAL CAPSULE 1 MG, 2 MG	5 [^]	PA-NS; LA; QL (21 EA per 21 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5 [^]	PA-NS; LA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5 [^]	PA-NS; LA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5 [^]	PA-NS; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5 [^]	PA-NS; QL (56 EA per 28 days)
<i>KINASE INHIBITORS</i>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	5 [^]	PA-NS; QL (150 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	5 [^]	PA-NS; QL (90 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5 [^]	PA-NS; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5 [^]	PA-NS; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5 [^]	PA-NS; LA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5 [^]	PA-NS; LA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5 [^]	PA-NS; LA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5 [^]	PA-NS; LA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5 [^]	PA-NS
BRAFTOVI ORAL CAPSULE 75 MG	5 [^]	PA-NS; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5 [^]	PA-NS; LA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5 [^]	PA-NS; LA
CAPRELSA ORAL TABLET 100 MG, 300 MG	5 [^]	PA-NS; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	5 [^]	PA-NS; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	5 [^]	PA-NS; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5 [^]	PA-NS; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5 [^]	PA-NS; LA
COTELLIC ORAL TABLET 20 MG	5 [^]	PA-NS; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5 [^]	PA-NS; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5 [^]	PA-NS; QL (90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5^	PA-NS; LA
ICLUSIG ORAL TABLET 15 MG, 45 MG	5^	PA-NS; LA
<i>imatinib mesylate oral tablet 100 mg</i>	5^	PA-NS; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5^	PA-NS; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5^	PA-NS; LA
INLYTA ORAL TABLET 1 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250 MG	5^	PA-NS; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5^	PA-NS; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5^	PA-NS; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5^	PA-NS; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5^	PA-NS; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5^	PA-NS; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5^	PA-NS; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5^	PA-NS; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5^	PA-NS; LA
LORBRENA ORAL TABLET 100 MG, 25 MG	5^	PA-NS; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5^	PA-NS; LA
MEKTOVI ORAL TABLET 15 MG	5^	PA-NS; LA
NERLYNX ORAL TABLET 40 MG	5^	PA-NS; LA
NEXAVAR ORAL TABLET 200 MG	5^	PA-NS; LA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5^	PA-NS

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

Drug Name	Drug Tier Requirements / Limits	
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5^	PA-NS
RYDAPT ORAL CAPSULE 25 MG	5^	PA-NS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5^	PA-NS
STIVARGA ORAL TABLET 40 MG	5^	PA-NS; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5^	PA-NS; QL (30 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5^	PA-NS; LA
TAGRISSE ORAL TABLET 40 MG, 80 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5^	PA-NS
TYKERB ORAL TABLET 250 MG	5^	PA-NS; LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5^	PA-NS; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	5^	PA-NS; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5^	PA-NS; LA
VOTRIENT ORAL TABLET 200 MG	5^	PA-NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5^	PA-NS; LA
XOSPATA ORAL TABLET 40 MG	5^	PA-NS; LA
ZELBORAF ORAL TABLET 240 MG	5^	PA-NS; LA
ZYDELIG ORAL TABLET 100 MG, 150 MG	5^	PA-NS; LA
ZYKADIA ORAL CAPSULE 150 MG	5^	PA-NS; LA
ZYKADIA ORAL TABLET 150 MG	5^	PA-NS; LA
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	5^	PA-NS
<i>hydroxyurea oral capsule 500 mg</i>	2	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5^	PA-NS
MATULANE ORAL CAPSULE 50 MG	5^	LA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5^	PA-NS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
<i>tretinoin oral capsule 10 mg</i>	5^	
PLATINUM-BASED AGENTS		
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	3	B/D

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

Drug Name	Drug Tier Requirements / Limits	
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	3	B/D
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	4	B/D
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	5^	B/D
PROTECTIVE AGENTS		
<i>leucovorin calcium injection solution 500 mg/50ml</i>	4	B/D
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	4	B/D
<i>leucovorin calcium oral tablet 10 mg, 5 mg</i>	3	
<i>leucovorin calcium oral tablet 15 mg, 25 mg</i>	4	
MESNEX ORAL TABLET 400 MG	5^	
TOPOISOMERASE INHIBITORS		
<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i>	3	B/D
<i>irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml, 500 mg/25ml</i>	4	B/D
<i>toposar intravenous solution 1 gm/50ml, 100 mg/5ml</i>	3	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	

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

Drug Name	Drug Tier Requirements / Limits
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	3
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1
ALPHA BLOCKERS	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	3
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1
<i>terazosin hcl oral capsule 10 mg</i>	2
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1
<i>amlodipine-valsartan-hctz 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>	1
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1

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

Drug Name	Drug Tier Requirements / Limits	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG	4	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	2	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	4	
<i>amiodarone hcl oral tablet 200 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	4	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	3	
MULTAQ ORAL TABLET 400 MG	4	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	5^	ST

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

Drug Name	Drug Tier Requirements / Limits	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	1	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 80 mg</i>	1	QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST
ANTILIPEMICS, MISCELLANEOUS		
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	
<i>cholestyramine light oral packet 4 gm</i>	4	
<i>cholestyramine light oral powder 4 gm/dose</i>	3	
<i>cholestyramine oral packet 4 gm</i>	3	
<i>cholestyramine oral powder 4 gm/dose</i>	3	
<i>colesevelam hcl oral packet 3.75 gm</i>	4	
<i>colesevelam hcl oral tablet 625 mg</i>	4	
<i>colestipol hcl oral granules 5 gm</i>	4	
<i>colestipol hcl oral packet 5 gm</i>	4	
<i>colestipol hcl oral tablet 1 gm</i>	3	
<i>ezetimibe oral tablet 10 mg</i>	3	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	3	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	3	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	3	
<i>gemfibrozil oral tablet 600 mg</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5 [^]	PA; LA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	4	
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	4	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>niacor oral tablet 500 mg</i>	4	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	4	PA
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	4	PA
<i>prevalite oral packet 4 gm</i>	4	
<i>prevalite oral powder 4 gml/dose</i>	3	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	4	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	4	
WELCHOL ORAL PACKET 3.75 GM	3	
WELCHOL ORAL TABLET 625 MG	3	
<i>BETA-BLOCKER/DIURETIC COMBINATIONS</i>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	3	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	3	
<i>BETA-BLOCKERS</i>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	QL (30 EA per 30 days)
BYSTOLIC ORAL TABLET 20 MG	4	QL (60 EA per 30 days)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	4	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	3	
<i>metoprolol tartrate intravenous solution cartridge 5 mg/5ml</i>	3	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	

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

Drug Name	Drug Tier Requirements / Limits
<i>pindolol oral tablet 10 mg, 5 mg</i>	3
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	3
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	3
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	3
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS	
<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>	1
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	4
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	3
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	4
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	2
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	3
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	3
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	4
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2

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

Drug Name	Drug Tier	Requirements / Limits
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	5^	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	4	
NYMALIZE ORAL SOLUTION 60 MG/20ML	5^	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg</i>	4	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	3	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	4	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek oral tablet 125 mcg</i>	2	QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg</i>	2	PA; PA if 70 years and older
<i>digox oral tablet 125 mcg</i>	2	QL (30 EA per 30 days)
<i>digox oral tablet 250 mcg</i>	2	PA; PA if 70 years and older
<i>digoxin injection solution 0.25 mg/ml</i>	4	
<i>digoxin oral solution 0.05 mg/ml</i>	4	PA; PA if 70 years and older
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	2	PA; PA if 70 years and older
<i>DIURETICS</i>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	4	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	3	
<i>amiloride hcl oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	3	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	3	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	3	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	4	
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	
DEMSER ORAL CAPSULE 250 MG	5^	PA
<i>hydralazine hcl injection solution 20 mg/ml</i>	4	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
NORTHERA ORAL CAPSULE 100 MG	5^	PA; LA; QL (90 EA per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	5^	PA; LA; QL (180 EA per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	4	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	4	
NITRATES		
ISORDIL TITRADOSE ORAL TABLET 40 MG	5^	
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	

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

Drug Name	Drug Tier Requirements / Limits	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	3	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
ADCIRCA ORAL TABLET 20 MG	5^	PA-NS; QL (60 EA per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
<i>alyq oral tablet 20 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg</i>	5^	PA-NS; LA; QL (60 EA per 30 days)
<i>bosentan oral tablet 62.5 mg</i>	5^	PA-NS; LA; QL (120 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA-NS; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	5^	PA-NS; LA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5^	PA-NS
CENTRAL NERVOUS SYSTEM		
<i>ANTI-ANXIETY</i>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>buspirone hcl oral tablet 30 mg, 7.5 mg</i>	3	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i>	3	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>ANTICONVULSANTS</i>		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5^	QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	5^	PA-NS

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Drug Name	Drug Tier	Requirements / Limits
BANZEL ORAL TABLET 200 MG, 400 MG	5^	PA-NS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	4	PA-NS
BRIVIACT ORAL SOLUTION 10 MG/ML	5^	PA-NS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5^	PA-NS
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	4	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	4	
<i>carbamazepine oral suspension 100 mg/5ml</i>	4	
<i>carbamazepine oral tablet 200 mg</i>	3	
<i>carbamazepine oral tablet chewable 100 mg</i>	3	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	PA-NS
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	PA-NS
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	3	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	4	PA-NS; PA if 65 years and older; QL (180 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	4	
<i>diazepam injection solution 5 mg/ml</i>	3	
<i>diazepam oral concentrate 5 mg/ml</i>	3	PA-NS; PA if 65 years and older; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	3	PA-NS; PA if 65 years and older; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	PA-NS; PA if 65 years and older; QL (120 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	3	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	4	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	3	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5 [^]	PA-NS; LA; QL (600 ML per 30 days)
<i>epitol oral tablet 200 mg</i>	3	
<i>ethosuximide oral capsule 250 mg</i>	4	
<i>ethosuximide oral solution 250 mg/5ml</i>	4	
<i>felbamate oral suspension 600 mg/5ml</i>	5 [^]	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5 [^]	PA-NS; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5 [^]	PA-NS; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA-NS; QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5 [^]	PA-NS; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg</i>	2	QL (1080 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	3	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	3	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	3	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	4	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	4	
<i>levetiracetam oral solution 100 mg/ml</i>	3	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	4	PA-NS; QL (120 EA per 30 days)
LYRICA ORAL CAPSULE 200 MG	4	PA-NS; QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	PA-NS; QL (60 EA per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	4	PA-NS; QL (900 ML per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	3	
PEGANONE ORAL TABLET 250 MG	4	
<i>phenobarbital oral elixir 20 mg/5ml</i>	4	PA-NS; PA if 70 years and older
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	3	PA-NS; PA if 70 years and older
<i>phenobarbital sodium injection solution 130 mg/ml</i>	4	PA-NS; PA if 70 years and older
PHENOBARBITAL SODIUM INJECTION SOLUTION 65 MG/ML	4	PA-NS; PA if 70 years and older
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 125 mg/5ml</i>	3	
<i>phenytoin oral tablet chewable 50 mg</i>	3	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	3	
<i>phenytoin sodium injection solution 50 mg/ml</i>	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roweepra oral tablet 1000 mg, 500 mg, 750 mg</i>	2	
<i>roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg</i>	3	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5^	PA-NS
SYMPAZAN ORAL FILM 5 MG	4	PA-NS
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	3	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>valproate sodium intravenous solution 100 mg/ml</i>	3	
<i>valproic acid oral capsule 250 mg</i>	3	
<i>valproic acid oral solution 250 mg/5ml</i>	3	
<i>vigabatrin oral packet 500 mg</i>	5^	PA-NS; LA; QL (180 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>vigabatrin oral tablet 500 mg</i>	5^	PA-NS; LA; QL (180 EA per 30 days)
<i>vigadrone oral packet 500 mg</i>	5^	PA-NS; LA; QL (180 EA per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	5^	
VIMPAT ORAL SOLUTION 10 MG/ML	5^	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5^	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	4	QL (120 EA per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ANTIDEMENTIA		
<i>donepezil hcl oral tablet 10 mg, 23 mg</i>	2	
<i>donepezil hcl oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	2	
<i>donepezil hcl oral tablet dispersible 5 mg</i>	2	QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	3	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	4	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	3	QL (60 EA per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA; PA if < 30 yrs
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	3	PA; PA if < 30 yrs
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	4	QL (90 EA per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	4	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	4	QL (30 EA per 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	3	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	3	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	3	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	3	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	PA-NS
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	PA-NS; QL (30 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	3	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5^	PA-NS; QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	4	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	4	PA-NS; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	4	PA-NS; QL (60 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	PA-NS
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl oral capsule 40 mg</i>	2	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	2	
<i>fluoxetine hcl oral tablet 60 mg</i>	3	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	3	
MARPLAN ORAL TABLET 10 MG	4	QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	3	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	4	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	4	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
PAXIL ORAL SUSPENSION 10 MG/5ML	4	QL (900 ML per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	3	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	4	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
<i>trimipramine maleate oral capsule 100 mg</i>	4	QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg</i>	4	QL (240 EA per 30 days)
<i>trimipramine maleate oral capsule 50 mg</i>	4	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG	4	PA-NS; QL (60 EA per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	PA-NS; QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	PA-NS; QL (120 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA-NS; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	PA-NS
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl oral capsule 100 mg</i>	3	QL (120 EA per 30 days)
<i>amantadine hcl oral syrup 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	3	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5^	PA; LA; QL (60 ML per 30 days)
<i>benztropine mesylate injection solution 1 mg/ml</i>	4	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	PA; PA if 70 years and older
<i>bromocriptine mesylate oral capsule 5 mg</i>	4	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa oral tablet 25 mg</i>	5^	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	3	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	4	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	4	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	3	
<i>selegiline hcl oral tablet 5 mg</i>	3	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5^	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5^	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5^	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	5^	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5^	

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

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5^	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5^	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5^	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5^	QL (3.2 ML per 28 days)
CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML, 50 MG/2ML	4	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (135 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet dispersible 100 mg</i>	4	PA-NS; QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	4	PA-NS
<i>clozapine oral tablet dispersible 150 mg</i>	4	PA-NS; QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	PA-NS; QL (135 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA-NS; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA-NS
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	4	QL (6 EA per 3 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	3	
<i>haloperidol lactate injection solution 5 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5^	QL (0.75 ML per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5^	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5^	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5^	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	5^	QL (0.875 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	5^	QL (1.315 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5^	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	5^	QL (2.625 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	3	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
NUPLAZID ORAL CAPSULE 34 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5^	QL (1 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	4	PA-NS; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	4	PA-NS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5^	QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5^	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG	5^	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	3	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	4	QL (90 EA per 30 days)
<i>risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	4	QL (60 EA per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5^	PA-NS; QL (600 ML per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5^	PA-NS; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5^	PA-NS; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	PA-NS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	5^	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5^	PA-NS; QL (1 EA per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i>	4	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	3	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg</i>	3	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	3	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	4	QL (120 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine hcl oral capsule 40 mg</i>	4	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	3	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	3	QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	3	PA; PA if 70 years and older
<i>metadate er oral tablet extended release 20 mg</i>	4	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	4	QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	4	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	4	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	3	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	3	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	4	QL (180 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	4	QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	4	QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	4	QL (60 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	4	QL (30 EA per 30 days)
HYPNOTICS		
HETLIOZ ORAL CAPSULE 20 MG	5^	PA; LA
SILENOR ORAL TABLET 3 MG, 6 MG	3	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>temazepam oral capsule 15 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (60 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (60 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
MIGRAINE		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	5^	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5^	PA; QL (8 ML per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	4	QL (12 EA per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	4	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	4	QL (18 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	3	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	3	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	3	QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/lact</i>	4	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/lact</i>	4	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	4	QL (9 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	4	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	4	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	QL (6 ML per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	4	QL (6 ML per 30 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	4	QL (9 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	5^	QL (9 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	4	QL (12 EA per 30 days)
MISCELLANEOUS		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5^	PA; LA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5^	PA; LA; QL (60 EA per 30 days)
GRALISE ORAL TABLET 300 MG	4	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET 600 MG	4	PA; QL (90 EA per 30 days)
GRALISE STARTER ORAL 300 & 600 MG	4	PA
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	2	
LITHIUM ORAL SOLUTION 8 MEQ/5ML	4	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG	3	PA; QL (60 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 EA per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>riluzole oral tablet 50 mg</i>	3	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	4	
<i>tetrabenazine oral tablet 12.5 mg</i>	5^	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5^	PA; QL (120 EA per 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON SUBCUTANEOUS KIT 0.3 MG	5^	PA-NS; QL (14 EA per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	5^	PA
GILENYA ORAL CAPSULE 0.5 MG	5^	PA-NS; QL (28 EA per 28 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5^	PA-NS; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5^	PA-NS; QL (12 ML per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	5^	PA-NS; QL (30 ML per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	5^	PA-NS; QL (12 ML per 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg</i>	3	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	4	PA; PA if 70 years and older
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	4	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	3	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (90 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5^	PA; LA; QL (540 ML per 30 days)
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	4	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	3	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	4	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	3	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	4	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	4	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	3	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl oral tablet 50 mg</i>	3	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	
NICOTROL INHALATION INHALER 10 MG	4	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	

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

Drug Name	Drug Tier Requirements / Limits	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5^	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50 ORAL TABLET 50 MG	5^	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	4	PA; QL (30 EA per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	4	PA
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	3	
<i>testosterone transdermal gel 12.5 mg/lact (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA; QL (300 GM per 30 days)
ANTIDIABETICS, INJECTABLE		
NEEDLES, INSULIN DISP., SAFETY	2	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML	3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	3	QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	4	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	4	QL (1.2 ML per 30 days)
INSULIN SYRINGE (DISP) U-100 1 ML	2	
GAUZE PADS 2" X 2"	3	
INSULIN PEN NEEDLE	2	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
ALCOHOL SWABS	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	5^	B/D
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	5^	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	

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

Drug Name	Drug Tier	Requirements / Limits
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	(brand RELION not covered)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE	3	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 1 MG/DOSE	3	QL (3 ML per 28 days)
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (30 ML per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5^	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5^	PA
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 30 days)

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

Drug Name	Drug Tier Requirements / Limits	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	QL (15 ML per 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	3	
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	2	QL (90 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	2	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	4	PA; PA if 70 years and older; QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	4	PA; PA if 70 years and older; QL (120 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG	3	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	(generic of GLUCOPHAGE XR); QL (120 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	(generic of GLUCOPHAGE XR); QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 EA per 30 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	3	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
<i>BISPHOSPHONATES</i>		
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	4	
<i>alendronate sodium oral solution 70 mg/75ml</i>	4	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
<i>alendronate sodium oral tablet 40 mg</i>	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	4	ST
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	4	B/D; QL (3 ML per 90 days)
<i>ibandronate sodium oral tablet 150 mg</i>	2	B/D
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	3	B/D
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	B/D

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

Drug Name	Drug Tier Requirements / Limits	
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	3	B/D
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	4	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	4	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	4	B/D
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	4	B/D
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG	4	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	5^	PA
DEPEN TITRATABS ORAL TABLET 250 MG	5^	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	5^	PA; LA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	5^	PA; LA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	5^	PA; LA
<i>kionex oral suspension 15 gm/60ml</i>	3	
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	3	
<i>sps oral suspension 15 gm/60ml</i>	3	
<i>trientine hcl oral capsule 250 mg</i>	5^	PA
CONTRACEPTIVES		
<i>altavera oral tablet 0.15-30 mg-mcg</i>	2	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>apri oral tablet 0.15-30 mg-mcg</i>	2	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	3	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	3	
<i>bekyree oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	3	
<i>camila oral tablet 0.35 mg</i>	2	
<i>caziant oral tablet 0.1/0.125/0.15 -0.025 mg</i>	2	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i>	2	

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

Drug Name	Drug Tier Requirements / Limits
<i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2
<i>cyred oral tablet 0.15-30 mg-mcg</i>	2
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	2
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2
<i>deblitane oral tablet 0.35 mg</i>	2
<i>delyla oral tablet 0.1-20 mg-mcg</i>	2
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	2
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	3
ELLA ORAL TABLET 30 MG	3
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	2
<i>enpresse-28 oral tablet</i>	2
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2
<i>errin oral tablet 0.35 mg</i>	2
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	2
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	3
<i>falmina oral tablet 0.1-20 mg-mcg</i>	2
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2
<i>gianvi oral tablet 3-0.02 mg</i>	3
<i>heather oral tablet 0.35 mg</i>	2
<i>incassia oral tablet 0.35 mg</i>	2
<i>introvale oral tablet 0.15-0.03 mg</i>	3
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	2
<i>jasmiel oral tablet 3-0.02 mg</i>	3
<i>jolessa oral tablet 0.15-0.03 mg</i>	3
<i>jolivette oral tablet 0.35 mg</i>	2
<i>juleber oral tablet 0.15-30 mg-mcg</i>	2
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	2

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

Drug Name	Drug Tier Requirements / Limits
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	3
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	2
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	3
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2
<i>levonest oral tablet</i>	2
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	3
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	2
<i>levonorg-eth estrad triphasic oral tablet</i>	2
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	2
<i>loryna oral tablet 3-0.02 mg</i>	3
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	2
<i>luteru oral tablet 0.1-20 mg-mcg</i>	2
<i>lyza oral tablet 0.35 mg</i>	2
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>mili oral tablet 0.25-35 mg-mcg</i>	2
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	3
<i>nikki oral tablet 3-0.02 mg</i>	3
<i>nora-be oral tablet 0.35 mg</i>	2
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2
<i>norethindrone oral tablet 0.35 mg</i>	2
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2

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

Drug Name	Drug Tier Requirements / Limits
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>norlyroc oral tablet 0.35 mg</i>	2
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	3
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	2
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	4
<i>ocella oral tablet 3-0.03 mg</i>	3
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2
<i>philith oral tablet 0.4-35 mg-mcg</i>	3
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	2
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	2
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	2
<i>setlakin oral tablet 0.15-0.03 mg</i>	3
<i>sharobel oral tablet 0.35 mg</i>	2
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	2
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2
<i>syeda oral tablet 3-0.03 mg</i>	3
<i>tarina fe 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	3
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	3
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>trivora (28) oral tablet</i>	2
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3

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

Drug Name	Drug Tier Requirements / Limits	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>tulana oral tablet 0.35 mg</i>	2	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	3	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	4	
<i>zarah oral tablet 3-0.03 mg</i>	3	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	2	
ENDOMETRIOSIS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	
SYNAREL NASAL SOLUTION 2 MG/ML	5^	
ENZYME REPLACEMENTS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	5^	PA; LA
CARBAGLU ORAL TABLET 200 MG	5^	PA; LA
CERDELGA ORAL CAPSULE 84 MG	5^	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5^	PA; LA
CYSTADANE ORAL POWDER	5^	LA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	5^	PA; LA
KUVAN ORAL PACKET 100 MG, 500 MG	5^	PA; LA
KUVAN ORAL TABLET SOLUBLE 100 MG	5^	PA; LA
<i>levocarnitine oral solution 1 gml/10ml</i>	4	B/D
<i>levocarnitine oral tablet 330 mg</i>	4	B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5^	PA; LA
<i>miglustat oral capsule 100 mg</i>	5^	PA
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	5^	PA; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5^	PA; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5^	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	5^	PA; LA

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

Drug Name	Drug Tier	Requirements / Limits
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	5^	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5^	PA
ESTROGENS		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	3	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tablet 10 mcg</i>	4	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
<i>jinteli oral tablet 1-5 mg-mcg</i>	3	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
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/GM	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>yuvafem vaginal tablet 10 mcg</i>	4	
GLUCOCORTICOIDS		
<i>cortisone acetate oral tablet 25 mg</i>	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	4	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	3	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	2	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	3	

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

Drug Name	Drug Tier Requirements / Limits	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	3	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	3	
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
<i>prednisone oral solution 5 mg/5ml</i>	4	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	3	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	4	
<i>GLUCOSE ELEVATING AGENTS</i>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
<i>MISCELLANEOUS</i>		
<i>cabergoline oral tablet 0.5 mg</i>	3	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	3	B/D
<i>cinacalcet hcl oral tablet 30 mg, 90 mg</i>	5^	B/D; QL (120 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5^	B/D; QL (60 EA per 30 days)
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	5^	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG	3	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5^	PA

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

Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG	5^	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5^	PA; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG	5^	PA; LA
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	5^	PA; LA
KORLYM ORAL TABLET 300 MG	5^	PA; LA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	5^	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	5^	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5^	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5^	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
<i>raloxifene hcl oral tablet 60 mg</i>	3	
SAMSCA ORAL TABLET 15 MG, 30 MG	5^	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5^	PA; LA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5^	PA-NS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5^	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5^	PA; LA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5^	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5^	PA
PHOSPHATE BINDER AGENTS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	5^	PA; QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	3	QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	3	QL (360 EA per 30 days)

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

Drug Name	Drug Tier Requirements / Limits	
<i>sevelamer carbonate oral packet 0.8 gm</i>	5^	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	5^	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	4	QL (540 EA per 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	3	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	3	
THYROID AGENTS		
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	3	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	3	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
VASOPRESSINS		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	4	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	4	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	3	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	4	
STIMATE NASAL SOLUTION 1.5 MG/ML	5^	
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	4	B/D
<i>compro rectal suppository 25 mg</i>	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	4	B/D
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	3	
<i>granisetron hcl oral tablet 1 mg</i>	4	B/D
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	4	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	3	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	4	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	4	PA; PA if 70 years and older
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	PA; PA if 70 years and older
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	PA; PA if 70 years and older
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	5^	QL (4 EA per 28 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	PA; PA if 70 years and older; QL (10 EA per 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl oral capsule 10 mg</i>	3	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	4	
<i>dicyclomine hcl oral tablet 20 mg</i>	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	2	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	2	
<i>ranitidine hcl injection solution 150 mg/6ml, 50 mg/2ml</i>	3	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	2	

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

Drug Name	Drug Tier Requirements / Limits
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	3
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1
INFLAMMATORY BOWEL DISEASE	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	5^
<i>balsalazide disodium oral capsule 750 mg</i>	3
<i>budesonide oral capsule delayed release particles 3 mg</i>	4
<i>colocort rectal enema 100 mg/60ml</i>	4
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	4
<i>mesalamine oral capsule delayed release 400 mg</i>	4
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	4
<i>mesalamine rectal enema 4 gm</i>	4
<i>mesalamine rectal suppository 1000 mg</i>	5^
<i>mesalamine-cleanser rectal kit 4 gm</i>	4
<i>sulfasalazine oral tablet 500 mg</i>	2
<i>sulfasalazine oral tablet delayed release 500 mg</i>	3
LAXATIVES	
<i>constulose oral solution 10 gm/15ml</i>	3
<i>enulose oral solution 10 gm/15ml</i>	3
<i>gavilyte-c oral solution reconstituted 240 gm</i>	2
<i>gavilyte-g oral solution reconstituted 236 gm</i>	2
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	2
<i>generlac oral solution 10 gm/15ml</i>	3
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM	3
KRISTALOSE ORAL PACKET 10 GM, 20 GM	4
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	3
<i>lactulose oral solution 10 gm/15ml</i>	3
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM	3
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	2
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2

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

Drug Name	Drug Tier	Requirements / Limits
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	4	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	
<i>trilyte oral solution reconstituted 420 gm</i>	2	
MISCELLANEOUS		
<i>alose tron hcl oral tablet 0.5 mg, 1 mg</i>	5^	PA
AMITIZA ORAL CAPSULE 24 MCG	3	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	3	QL (180 EA per 30 days)
<i>amoxicill-clarithro-lansopraz oral</i>	4	
CARAFATE ORAL SUSPENSION 1 GM/10ML	4	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	5^	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
GATTEX SUBCUTANEOUS KIT 5 MG	5^	PA; LA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	QL (30 EA per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	3	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	3	
MOVANTIK ORAL TABLET 12.5 MG	3	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	5^	PA
<i>sucralfate oral tablet 1 gm</i>	2	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	4	
XIFAXAN ORAL TABLET 550 MG	5^	PA
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4	

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Drug Name	Drug Tier Requirements / Limits	
PROTON PUMP INHIBITORS		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	4	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	4	ST
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	3	
<i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>	4	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	4	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	4	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	3	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	3	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	4	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	3	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	2	
MISCELLANEOUS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	3	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	4	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	3	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	3	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	3	
<i>oxybutynin chloride oral tablet 5 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	4	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	4	ST; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	4	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	QL (30 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	2	
<i>tropium chloride oral tablet 20 mg</i>	3	QL (60 EA per 30 days)
VESICARE ORAL TABLET 10 MG, 5 MG	4	QL (30 EA per 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2 %</i>	3	
<i>metronidazole vaginal gel 0.75 %</i>	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	3	
<i>terconazole vaginal suppository 80 mg</i>	3	
<i>vandazole vaginal gel 0.75 %</i>	4	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
ELIQUIS STARTER PACK ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	4	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5^	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5^	
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	

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Drug Name	Drug Tier	Requirements / Limits
HEPARIN (PORCINE) IN NACL INJECTION SOLUTION 100-0.45 UNIT/ML-%	3	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	B/D
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	QL (60 EA per 30 days)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (51 EA per 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5^	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5^	PA
MISCELLANEOUS		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	4	
BERINERT INTRAVENOUS KIT 500 UNIT	5^	PA; LA; QL (24 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ENDARI ORAL PACKET 5 GM	5^	PA; LA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	5^	PA; QL (27 ML per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5^	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5^	PA; LA; QL (20 EA per 30 days)

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Drug Name	Drug Tier Requirements / Limits	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	
PROMACTA ORAL PACKET 12.5 MG	5^	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5^	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5^	PA; LA; QL (60 EA per 30 days)
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	4	
<i>tranexamic acid oral tablet 650 mg</i>	3	
<i>PLATELET AGGREGATION INHIBITORS</i>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	4	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	3	
IMMUNOLOGIC AGENTS		
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5^	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5^	PA; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5^	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5^	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML	5^	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5^	PA; QL (6 EA per 28 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	QL (30 EA per 30 days)
<i>methotrexate oral tablet 2.5 mg</i>	2	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5^	PA
RENFLXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5^	PA; LA

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

Drug Name	Drug Tier Requirements / Limits	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5^	PA; LA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5^	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5^	PA; QL (1 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	B/D
XATMEP ORAL SOLUTION 2.5 MG/ML	4	B/D
XELJANZ ORAL TABLET 10 MG, 5 MG	5^	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5^	PA; QL (30 EA per 30 days)
<i>IMMUNOGLOBULINS</i>		
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	5^	PA
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	3	B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5^	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5^	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	5^	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5^	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5^	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	5^	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5^	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5^	PA

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

Drug Name	Drug Tier Requirements / Limits	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5^	PA-NS; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5^	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5^	B/D
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5^	B/D
IMMUNOSUPPRESSANTS		
<i>azathioprine oral tablet 50 mg</i>	3	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	5^	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 200 MG/ML	5^	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5^	PA
<i>cyclosporine intravenous solution 50 mg/ml</i>	4	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	B/D
<i>engraf oral capsule 100 mg, 25 mg</i>	4	B/D
<i>engraf oral solution 100 mg/ml</i>	4	B/D
<i>mycophenolate mofetil oral capsule 250 mg</i>	3	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5^	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	3	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5^	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B/D
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	B/D
<i>sirolimus oral solution 1 mg/ml</i>	5^	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D
<i>sirolimus oral tablet 2 mg</i>	5^	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	B/D

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

Drug Name	Drug Tier Requirements / Limits	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5^	B/D
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NM
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	NM
BCG VACCINE INJECTION INJECTABLE	3	NM
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	3	NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	NM
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	3	B/D; NM
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	B/D; NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	3	NM
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	NM
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	B/D; NM
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	NM
IPOL INJECTION INJECTABLE	3	NM
IXIARO INTRAMUSCULAR SUSPENSION	3	NM
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	3	NM
MENACTRA INTRAMUSCULAR INJECTABLE	3	NM
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NM
M-M-R II SUBCUTANEOUS INJECTABLE	3	NM
PEDIARIX INTRAMUSCULAR SUSPENSION	3	NM

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

Drug Name	Drug Tier Requirements / Limits	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	NM
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	NM
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NM
QUADRACEL INTRAMUSCULAR SUSPENSION	3	NM
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	B/D; NM
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	3	B/D; NM
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	NM
ROTATEQ ORAL SOLUTION	3	NM
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	NM; QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	B/D; NM
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	B/D; NM
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	NM
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NM
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	NM
YF-VAX SUBCUTANEOUS INJECTABLE	3	NM
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	NM; QL (1 EA per 999 days)
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES</i>		
<i>klor-con 10 oral tablet extended release 10 meq</i>	2	
<i>klor-con m10 oral tablet extended release 10 meq</i>	2	
<i>klor-con m15 oral tablet extended release 15 meq</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m20 oral tablet extended release 20 meq</i>	2	
<i>klor-con oral packet 20 meq</i>	4	
<i>klor-con oral tablet extended release 8 meq</i>	2	
<i>klor-con sprinkle oral capsule extended release 10 meq, 8 meq</i>	3	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	3	
MAGNESIUM SULFATE IN D5W SOLUTION 1-5 GM/100ML-% INTRAVENOUS 1-5 GM/100ML-%	3	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	3	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 40 GM/1000ML	3	
<i>magnesium sulfate intravenous solution 4 gm/50ml</i>	3	
<i>magnesium sulfate solution 2 gm/50ml intravenous 2 gm/50ml</i>	3	
<i>magnesium sulfate solution 20 gm/500ml intravenous 20 gm/500ml</i>	3	
<i>magnesium sulfate solution 4 gm/100ml intravenous 4 gm/100ml</i>	3	
MAGNESIUM SULFATE SOLUTION 4 GM/50ML INTRAVENOUS 4 GM/50ML	3	
<i>magnesium sulfate solution 40 gm/1000ml intravenous 40 gm/1000ml</i>	3	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	3	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral packet 20 meq</i>	4	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>sodium chloride injection solution 2.5 meq/ml</i>	3	
<i>sodium fluoride chew, tab, 1.1 (0.5 f) mg/ml soln</i>	2	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	4	B/D
<i>IV NUTRITION</i>		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	4	B/D

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Drug Name	Drug Tier Requirements / Limits	
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	4	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	B/D
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	4	B/D
FREAMINE III INTRAVENOUS SOLUTION 10 %	4	B/D
<i>hepatamine intravenous solution 8 %</i>	4	B/D
<i>intralipid intravenous emulsion 20 %</i>	4	B/D
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	4	B/D
<i>nutrilipid intravenous emulsion 20 %</i>	4	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	4	B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D
<i>IV REPLACEMENT SOLUTIONS</i>		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
<i>dextrose in lactated ringers intravenous solution 5 %</i>	2	
<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>	2	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %	3	
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	2	
DEXTROSE-NACL INTRAVENOUS SOLUTION 5-0.3 %	4	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S INTRAVENOUS SOLUTION	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	3	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	4	
<i>lactated ringers intravenous solution</i>	2	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	4	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	3	
<i>VITAMINS</i>		
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	B/D
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	B/D
<i>calcitriol oral solution 1 mcg/ml</i>	4	B/D
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	B/D
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	B/D
PNV FOLIC ACID + IRON ORAL TABLET 27-1 MG	3	
PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	3	
PRENATAL PLUS ORAL TABLET 27-1 MG	3	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG	3	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5^	

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

Drug Name	Drug Tier Requirements / Limits
TRICARE ORAL TABLET	3
OPHTHALMIC	
<i>ANTIALLERGICS</i>	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	3
BEPREVE OPHTHALMIC SOLUTION 1.5 %	3
<i>cromolyn sodium ophthalmic solution 4 %</i>	1
LASTACFT OPHTHALMIC SOLUTION 0.25 %	4
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	3
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	4
PAZEO OPHTHALMIC SOLUTION 0.7 %	3
<i>ANTIGLAUCOMA</i>	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3
AZOPT OPHTHALMIC SUSPENSION 1 %	3
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	3
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	4
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1
<i>carteolol hcl ophthalmic solution 1 %</i>	2
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2
<i>latanoprost ophthalmic solution 0.005 %</i>	2
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	4
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	3
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	4
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	4
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	4

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

Drug Name	Drug Tier Requirements / Limits
ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	3
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	4
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	4
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	3
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	4
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	3
ANTI-INFECTIVES	
AZASITE OPHTHALMIC SOLUTION 1 %	4
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	3
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	3
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2
<i>gentak ophthalmic ointment 0.3 %</i>	2
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3
NATACYN OPHTHALMIC SUSPENSION 5 %	4
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	3
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	3
<i>ofloxacin ophthalmic solution 0.3 %</i>	2

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

Drug Name	Drug Tier Requirements / Limits	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	3	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	3	
<i>tobramycin ophthalmic solution 0.3 %</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION 0.2 %	3	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	4	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	3	
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	3	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	3	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	3	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	
LOTEMAX OPHTHALMIC GEL 0.5 %	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %	3	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	3	
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5^	PA; LA
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	4	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	3	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	3	
ANTI-HISTAMINES		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	3	
<i>cetirizine hcl oral solution 1 mg/ml</i>	2	
CLARINEX ORAL SYRUP 0.5 MG/ML	4	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	3	PA; PA if 70 years and older
<i>cyproheptadine hcl oral tablet 4 mg</i>	3	PA; PA if 70 years and older
<i>desloratadine oral tablet 5 mg</i>	3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	3	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	4	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
<i>olopatadine hcl nasal solution 0.6 %</i>	4	

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

Drug Name	Drug Tier Requirements / Limits	
BETA AGONISTS		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	3	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcglact</i>	3	(generic of Proair HFA); QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcglact</i>	3	(generic of Ventolin HFA); QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	2	B/D
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	3	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	4	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	5^	B/D
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	4	B/D
<i>levalbuterol tartrate inhalation aerosol 45 mcglact</i>	3	QL (30 GM per 30 days)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	5^	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium oral packet 4 mg</i>	4	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	3	
MAST CELL STABILIZERS		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	B/D
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	3	B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5^	PA; LA
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	

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

Drug Name	Drug Tier Requirements / Limits	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	(generic of Adrenaclick)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	3	(generic of Adrenaclick)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	(generic of EpiPen)
ESBRIET ORAL CAPSULE 267 MG	5^	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	5^	PA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5^	PA
KALYDECO ORAL TABLET 150 MG	5^	PA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5^	PA; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5^	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5^	PA; LA
OFEV ORAL CAPSULE 100 MG, 150 MG	5^	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5^	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5^	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5^	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5^	PA; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5^	PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	5^	PA; LA
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	4	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	3	
<i>theophylline oral solution 80 mg/15ml</i>	4	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5^	PA; LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5^	PA; LA

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

Drug Name	Drug Tier Requirements / Limits	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5^	PA; LA
NASAL STEROIDS		
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	3	QL (75 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcglact</i>	2	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcglact</i>	4	QL (34 GM per 30 days)
NASONEX NASAL SUSPENSION 50 MCG/ACT	4	QL (34 GM per 30 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	4	QL (12.5 GM per 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	3	QL (120 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	4	QL (2 EA per 30 days)
STEROIDIBETA-AGONIST COMBINATIONS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	QL (10.2 GM per 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>avita external cream 0.025 %</i>	4	PA; QL (45 GM per 30 days)
<i>avita external gel 0.025 %</i>	4	PA; QL (45 GM per 30 days)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	4	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
<i>clindamycin phosphate external gel 1 %</i>	4	QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion 1 %</i>	3	
<i>clindamycin phosphate external solution 1 %</i>	4	QL (60 ML per 30 days)
<i>ery external pad 2 %</i>	3	
<i>erythromycin external gel 2 %</i>	4	
<i>erythromycin external solution 2 %</i>	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	4	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	4	PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate external cream 0.1 %</i>	4	
<i>gentamicin sulfate external ointment 0.1 %</i>	3	
<i>mupirocin calcium external cream 2 %</i>	2	QL (30 GM per 30 days)
<i>mupirocin external ointment 2 %</i>	2	QL (220 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	2	
<i>ssd external cream 1 %</i>	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine external cream 0.77 %</i>	3	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	3	QL (60 ML per 30 days)
<i>clotrimazole external cream 1 %</i>	3	
<i>clotrimazole external solution 1 %</i>	2	QL (30 ML per 30 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	3	
<i>ketoconazole external cream 2 %</i>	3	QL (60 GM per 30 days)
<i>nyamyc external powder 100000 unit/gm</i>	3	QL (60 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	3	
<i>nystatin external ointment 100000 unit/gm</i>	3	
<i>nystatin external powder 100000 unit/gm</i>	3	QL (60 GM per 30 days)
<i>nystop external powder 100000 unit/gm</i>	3	QL (60 GM per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>oxiconazole nitrate external cream 1 %</i>	4	PA; QL (90 GM per 30 days)
OXISTAT EXTERNAL CREAM 1 %	4	PA; QL (90 GM per 30 days)
OXISTAT EXTERNAL LOTION 1 %	4	PA; QL (60 ML per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	PA
<i>calcipotriene external cream 0.005 %</i>	4	PA; QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	4	PA; QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	4	PA; QL (120 ML per 30 days)
<i>calcitrene external ointment 0.005 %</i>	4	PA; QL (120 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	3	PA; QL (60 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; QL (60 GM per 30 days)
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole external shampoo 2 %</i>	2	
<i>selenium sulfide external lotion 2.5 %</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort external cream 1 %</i>	1	
<i>ala-cort external cream 2.5 %</i>	2	
<i>alclometasone dipropionate external cream 0.05 %</i>	4	
<i>alclometasone dipropionate external ointment 0.05 %</i>	3	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	3	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	4	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	4	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	4	
<i>betamethasone dipropionate external cream 0.05 %</i>	3	
<i>betamethasone dipropionate external lotion 0.05 %</i>	3	
<i>betamethasone dipropionate external ointment 0.05 %</i>	4	
<i>betamethasone valerate external cream 0.1 %</i>	3	
<i>betamethasone valerate external lotion 0.1 %</i>	3	
<i>betamethasone valerate external ointment 0.1 %</i>	3	
<i>clobetasol propionate external cream 0.05 %</i>	4	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	4	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	4	QL (50 ML per 30 days)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	4	
<i>desonide external cream 0.05 %</i>	4	QL (60 GM per 30 days)
<i>desonide external lotion 0.05 %</i>	4	QL (118 ML per 30 days)
<i>desonide external ointment 0.05 %</i>	4	QL (60 GM per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	4	PA; QL (120 GM per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	4	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	3	
<i>fluocinolone acetonide external ointment 0.025 %</i>	3	
<i>fluocinolone acetonide external solution 0.01 %</i>	4	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	4	
<i>fluocinonide emulsified base external cream 0.05 %</i>	4	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	4	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	4	QL (60 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	4	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	4	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	3	
<i>fluticasone propionate external ointment 0.005 %</i>	3	
<i>halobetasol propionate external cream 0.05 %</i>	4	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	4	QL (50 GM per 30 days)
<i>hydrocortisone butyrate external cream 0.1 %</i>	4	QL (45 GM per 30 days)
<i>hydrocortisone butyrate external ointment 0.1 %</i>	4	QL (45 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	1	
<i>hydrocortisone external cream 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	3	
<i>hydrocortisone external ointment 2.5 %</i>	2	
<i>mometasone furoate external cream 0.1 %</i>	3	
<i>mometasone furoate external ointment 0.1 %</i>	3	
<i>mometasone furoate external solution 0.1 %</i>	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	5^	PA; QL (400 GM per 28 days)
TEXACORT EXTERNAL SOLUTION 2.5 %	4	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	4	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external cream 0.1 %</i>	2	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	3	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo external gel 2 %</i>	3	PA; QL (30 ML per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine external ointment 5 %</i>	4	PA; QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	3	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	3	PA; QL (50 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	3	PA; QL (30 ML per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	3	PA; QL (30 GM per 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir external ointment 5 %</i>	4	QL (30 GM per 30 days)
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	3	
<i>azelaic acid external gel 15 %</i>	4	QL (50 GM per 30 days)
<i>diclofenac sodium transdermal gel 1 %</i>	3	QL (1000 GM per 30 days)
<i>doxepin hcl external cream 5 %</i>	4	PA; QL (45 GM per 30 days)
FINACEA EXTERNAL FOAM 15 %	4	
<i>fluorouracil external cream 0.5 %</i>	5^	QL (30 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	4	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	3	QL (10 ML per 30 days)
<i>imiquimod external cream 5 %</i>	3	QL (24 EA per 30 days)
<i>metronidazole external cream 0.75 %</i>	4	
<i>metronidazole external gel 0.75 %</i>	4	
<i>metronidazole external lotion 0.75 %</i>	4	
NORITATE EXTERNAL CREAM 1 %	5^	QL (60 GM per 30 days)
PANRETIN EXTERNAL GEL 0.1 %	5^	QL (60 GM per 30 days)
PENNSAID TRANSDERMAL SOLUTION 2 %	5^	PA; QL (224 GM per 28 days)
PICATO EXTERNAL GEL 0.015 %	4	QL (3 EA per 30 days)
PICATO EXTERNAL GEL 0.05 %	4	QL (2 EA per 30 days)
<i>podofilox external solution 0.5 %</i>	3	
<i>procto-med hc rectal cream 2.5 %</i>	3	
<i>procto-pak rectal cream 1 %</i>	3	
<i>proctosol hc rectal cream 2.5 %</i>	3	
<i>proctozone-hc rectal cream 2.5 %</i>	3	
RECTIV RECTAL OINTMENT 0.4 %	4	QL (30 GM per 30 days)
<i>rosadan external cream 0.75 %</i>	4	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	QL (100 GM per 30 days)
TARGRETIN EXTERNAL GEL 1 %	5^	PA-NS; QL (60 GM per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
VALCHLOR EXTERNAL GEL 0.016 %	5^	PA-NS; LA; QL (60 GM per 30 days)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	5^	QL (15 GM per 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion external lotion 0.5 %</i>	4	
<i>permethrin external cream 5 %</i>	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation solution 0.25 %</i>	2	
REGRANEX EXTERNAL GEL 0.01 %	5^	PA; QL (30 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sterile water for irrigation irrigation solution</i>	2	
MOUThThROATIDENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	4	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	4	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	3	
<i>paroex mouth/throat solution 0.12 %</i>	1	
<i>perio gard mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	4	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	3	
OTIC		
<i>acetic acid otic solution 2 %</i>	3	
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	3	
<i>flac otic oil 0.01 %</i>	2	
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	3	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	3	
<i>ofloxacin otic solution 0.3 %</i>	4	

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BENDEKA	16	<i>butorphanol tartrate</i>	3	DEXTROSE	12
BENLYSTA	67	BYDUREON	46	<i>ceftriaxone sodium</i>	12
<i>benzoyl peroxide-erythromycin</i>	80	BYDUREON BCISE	46	<i>cefuroxime axetil</i>	12
<i>benztropine mesylate</i>	37	BYETTA 10 MCG PEN	46	<i>cefuroxime sodium</i>	12
BEPREVE	73	BYETTA 5 MCG PEN	46	<i>celecoxib</i>	1
BERINERT	64	BYSTOLIC	27	CELONTIN	32
BESIVANCE	74	<i>cabergoline</i>	56	<i>cephalexin</i>	12, 13
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<i>betamethasone valerate</i>	81	<i>calcitrene</i>	81	<i>cevimeline hcl</i>	84
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<i>bexarotene</i>	22	<i>candesartan cilexetil-hctz</i>	24	CHEMET	50
BEXSERO	68	CAPRELSA	20	<i>chlorhexidine gluconate</i>	84
<i>bicalutamide</i>	19	<i>captopril</i>	23	<i>chloroquine phosphate</i>	7
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<i>bisoprolol-hydrochlorothiazide</i> ..	27	<i>carbamazepine er</i>	32	<i>cholestyramine</i>	26
BIVIGAM	66	<i>carbidopa</i>	38	<i>cholestyramine light</i>	26
BLEPHAMIDE S.O.P	74	<i>carbidopa-levodopa</i>	38	<i>ciclopirox olamine</i>	80
<i>blisovi fe 1.5/30</i>	50	<i>carbidopa-levodopa er</i>	38	<i>cilostazol</i>	64
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<i>bosentan</i>	31	<i>carteolol hcl</i>	73	<i>cinacalcet hcl</i>	56
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BRAFTOVI	20	<i>carvedilol</i>	27	CIPRODEX	84
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<i>bupropion hcl</i>	36	<i>cefoxitin sodium</i>	12	CLINDAMYCIN	
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KALYDECO.....	78	LENVIMA (12 MG DAILY DOSE).....	21	LINZESS.....	61
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<i>tolterodine tartrate er</i>	63	TROPHAMINE	71	VIIBRYD STARTER PACK	37
<i>topiramate</i>	34	<i>trospium chloride</i>	63	VIMOVO	2
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Multi-Language Insert Multi-language Interpreter Services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-374-4056 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-374-4056 (TTY: 711).

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 1-877-374-4056 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-374-4056 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-374-4056 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-374-4056 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-374-4056 (TTY: 711).

مقرب لصتا. ن اجمال اب كل رفاوتت ة يوغلل ادعاس مل ا ت امدخ ن اف، ة غلل ا ركذا ث دحتت تنك اذ ا: قظو ح لم 1-877-374-4056 (مكبل او مصلا فتاه مقر) (711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-374-4056 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-374-4056 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-374-4056 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-374-4056 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-374-4056 (TTY: 711).

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。1-877-374-4056 (TTY: 711) まで、お電話にてご連絡ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-374-4056 (TTY: 711).

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-877-374-4056 (TTY: 711).

ໂປຼດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-374-4056 (TTY: 711).

DÍÍ BAA AKÓ NÍNÍZIN: Díí Diné bizaad bee yáníłti'go, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, ná hóló. Kojí' hódíłnih 1-877-374-4056 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-374-4056 (TTY: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-374-4056 (TTY-Telefon za osobe sa oštećenim govorom ili sluhom: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-374-4056 (телетайп: 711).

សេវា ភាសា កម្ពុជា ឥតគិតថ្លៃ ត្រូវបាន ផ្តល់ ជូន ដោយ ឥតគិតថ្លៃ តាម លេខ ទូរស័ព្ទ 1-877-374-4056 (TTY: 711) ។

Ige nti: O buru na asu lbo asusu, enyemaka diri gi site na call 1-877-374-4056 (TTY: 711).

ध्यान दनिहोस्: तपाइंले नेपाली बोल्नुहुन्छ भने तपाइंको नमिर्तभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-877-374-4056 (टटिवाइ: 711) ।

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-877-374-4056 (TTY: 711).

ဟ်သုဉ်ဟ်သး-နမ့ၢ်ကတိၤ ကညီ ကျိၢ်အဃိ, နမၤန့ၢ် ကျိၢ်အတၢ်မၤစၢၤလၢ တလၢၢ်ဘျုးလၢၢ်စ့ၤ နီတမံၤဘျုးသ့န့ၢ်လီၤ. ကိး 1-877-374-4056 (TTY: 711).

LALE: Ñe kwōj kōnono Kajin Majō!, kwomaroñ bōk jerbāl in jipañ ilo kajin ñe aṃ ejjeļok wōṇāān. Kaalok 1-877-374-4056 (TTY: 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-877-374-4056 (TTY: 711) သို့ ခေါ်ဆိုပါ။

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-374-4056 (TTY: 711).

MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-877-374-4056 (TTY: 711).

E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'ōlelo [ho'okomo 'ōlelo], loa'a ke kōkua manuahi iā 'oe. E kelepona iā 1-877-374-4056 (TTY: 711).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-877-374-4056 (TTY: 711).

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-877-374-4056 (TTY: 711).

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-877-374-4056 (TTY: 711).

ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1-877-374-4056 (TTY: 711).

ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnakmvt, holhtina pa payah: 1-877-374-4056 (TTY: 711).

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-877-374-4056 (TTY: 711).

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-877-374-4056 (TTY: 711).

PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-877-374-4056 (TTY: 711).

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-877-374-4056 (TTY: 711) irtibat numaralarını arayın.

انامزى تهمرایى ناکه رازوگت همزخ، ته که ده سهق یدروک ینامز ه ره گهئ: یراداگائ،
هکب 711) 1-877-374-4056 ه یدنه وهی ه. هتسه دره ب وت وب، یرافوخه ب

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-877-374-4056 (TTY: 711).

శ్రద్ధ పాట టండ్ర: ఒకవేళ మరీరు తాలగు భాష మాటలాడుతున్నట్లయితే, మరీ
కొరకు తాలగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. 1-877-374-4056
(TTY: 711) కు కాల్ చేయండి.

PIŃ KENE: Na ye jam nē Thuonjan, ke kuony yenë koc waar thook atō kuka lëu yök abac ke cîn wēnh cuatē piny. Yuopë 1-877-374-4056 (TTY: 711).

MERK: Hvis du snakker norsk, er gratis språkassistentsetjenester tilgjengelige for deg. Ring 1-877-374-4056 (TTY: 711).

ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al 1-877-374-4056 (TTY o teletip: 711).

Discrimination is Against the Law

WellCare Health Plans, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WellCare Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
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 - 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

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Grievance Department

P.O. Box 31384

Tampa, FL 33631-3384

Telephone: 1-866-530-9491 TTY: 711 Fax: 1-866-388-1769 Email: OperationalGrievance@wellcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a WellCare Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

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

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WellCare Health Plans, Inc., is an HMO, PPO, PDP, PFFS plan with a Medicare contract and is an approved Part D Sponsor. Enrollment in our plans depends on contract renewal. Our plans use a formulary. The formulary may change at any time. You will receive notice when necessary. Wellcare Prescription Drug Plan Inc.'s pharmacy network includes limited lower-cost, preferred pharmacies in suburban areas of CO, CT, HI, MA, ME, NH, NY, RI, VT; rural areas of AK, AR, IA, KS, MN, MO, MT, ND, NE, OK, SD, WI, WY; and urban areas of AL, CT, MA, ME, MS, NH, NY, RI, TN, VT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-833-207-4241 (TTY 711) for Rx Saver, Rx Select, and Rx Value Plus plans and 1-888-550-5252 (TTY 711) for Classic, Value Script, and Wellness Rx plans or consult the online pharmacy directory at www.wellcare.com/pdp. Please contact your plan for details.

This formulary was updated on 09/01/2019. For more recent information or other questions, please contact WellCare at 1-833-207-4241 or, for TTY users, 711, between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit www.wellcare.com/pdp.



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