Granite Alliance (PDP)

2021 Comprehensive Formulary (List of Covered Drugs)

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

This formulary was updated on 11/22/2021. For more recent information or other questions, please contact Granite Alliance Insurance Company Member Services at 1-855-586-2573 (TTY: 711), or visit www.mygraniterx.com. We are available 24 hours a day, 7 days a week.

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 Granite Alliance Insurance Company. When it refers to "plan" or "our plan," it means Granite Alliance (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

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What is the Granite Alliance 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 *Pharmacy Benefit Guide* also known as *Evidence of Coverage*.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug. If 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. We must follow the Medicare rules in making these changes.

The enclosed formulary is current as of 12/01/2021. 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.

In the event of a mid-year non-maintenance formulary change, we will provide a written notice of the formulary change to affected members. Please visit our website or refer to your monthly Explanation of Benefits (EOB) for any formulary changes. In addition, we will update our online searchable formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. 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 8. 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 114. 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 30 tablets per 30-day prescription for citalopram 40 mg. 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front 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 Granite Alliance formulary?" on page 4 for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Granite Alliance does not cover OTC drugs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, 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 learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by 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 Granite Alliance 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 31-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Current members who incur a level of care change are entitled to a transition benefit even if they are outside of the transition benefit period. A copy of our transition policy can be found on our website at www.mygraniterx.com.

For more information

For more detailed information about your Granite Alliance prescription drug coverage, please review your *Pharmacy Benefit Guide* also known as *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/TDD users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

Granite Alliance Formulary

The formulary 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 114.

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., *warfarin*).

The second column of the chart, Formulary Status tells you what tier your drug is in. The table below includes the definition of each Tier. Please refer to you *Pharmacy Benefit Guide* also known as *Evidence of Coverage* for more information regarding your prescription coverage.

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

LEGEND

TIER	NAME
1	GENERIC
2	PREFERRED BRAND
3	NON-PREFERRED DRUG
4	SPECIALTY TIER

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)	1	QL (60 PER 30 DAYS)
diclofenac pot 50 mg tablet	1	
diclofenac sod er 100 mg tab	1	
diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)	1	
diclofenac sodium 1% gel	1	QL (1000 PER 30 DAYS)
diclofenac sodium-misoprostol (50-0.2 mg, 75-0.2 mg, 75-0.2 tb)	1	
diflunisal 500 mg tablet	1	
ec-naproxen (dr 375 mg tablet, dr 500 mg tablet)	1	
etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)	1	
etodolac er (400 mg tablet, 500 mg tablet, 600 mg tablet)	1	
fenoprofen 600 mg tablet	1	
flurbiprofen (50 mg tablet, 100 mg tablet)	1	
ibu (400 mg tablet, 600 mg tablet, 800 mg tablet)	1	
ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)	1	
indomethacin (25 mg capsule, 50 mg capsule)	1	
indomethacin er 75 mg capsule	1	
ketoprofen (50 mg capsule, 75 mg capsule)	3	
ketoprofen 25 mg capsule	1	
ketorolac 10 mg tablet	1	QL (20 PER 30 OVER TIME)
ketorolac tromethamine (15 mg/ml syringe, 15 mg/ml vial, 30 mg/ml vial, 60 mg/2 ml syringe, 60 mg/2 ml vial)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
meclofenamate sodium (50 mg capsule, 100 mg capsule)	1	
mefenamic acid 250 mg capsule	1	
meloxicam (7.5 mg tablet, 15 mg tablet)	1	
nabumetone (500 mg tablet, 750 mg tablet)	1	
naproxen (125 mg/5 ml suspen, 250 mg tablet, 375 mg tablet, dr 375 mg tablet, 500 mg kit, 500 mg tablet, dr 500 mg tablet)	1	
naproxen sodium (275 mg tab, 550 mg tab)	1	
naproxen sodium cr (cr 375 mg tablet, cr 500 mg tablet)	1	
naproxen sodium er (er 375 mg tablet, er 500 mg tablet)	1	
oxaprozin (600 mg caplet, 600 mg tablet)	1	
piroxicam (10 mg capsule, 20 mg capsule)	1	
sulindac (150 mg tablet, 200 mg tablet)	1	
tolmetin sodium (200 mg tab, 400 mg cap, 600 mg tab)	1	
Opioid Analgesics, Long-Acting		
buprenorphine (5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch)	3	QL (4 PER 28 DAYS)
fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 37.5 mcg/hr patch, 50 mcg/hr patch, 62.5 mcg/hr patch, 75 mcg/hr patch, 87.5 mcg/hr patch, 100 mcg/hr patch)	1	QL (10 PER 30 DAYS)
hydromorphone er (er 8 mg tab, er 12 mg tab, er 16 mg tab, er 32 mg tab)	1	QL (30 PER 30 DAYS)
levorphanol 2 mg tablet	1	QL (180 PER 30 DAYS)
levorphanol 3 mg tablet	1	QL (120 PER 30 DAYS)
methadone hcl (10 mg/ml oral conc, 10 mg/ml vial, 200 mg/20 ml vl)	1	
methadone hcl (5 mg/5 ml solution, 10 mg/5 ml solution)	1	QL (900 PER 30 DAYS)
methadone hcl 10 mg tablet	1	QL (180 PER 30 DAYS)
methadone hcl 5 mg tablet	1	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
morphine sulfate er (10 mg cap, 20 mg cap, 30 mg cap, 45 mg cap, 50 mg cap, 60 mg cap, 75 mg cap, 80 mg cap, 90 mg cap, 100 mg cap, 120 mg cap)	1	QL (30 PER 30 DAYS)
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)	1	QL (60 PER 30 DAYS)
oxycodone hcl er (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	1	QL (120 PER 30 DAYS)
oxycodone hcl er 60 mg tablet	1	QL (90 PER 30 DAYS)
oxycodone hcl er 80 mg tablet	1	QL (60 PER 30 DAYS)
OXYCONTIN (ER 10 MG TABLET, ER 15 MG TABLET, ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET)	2	QL (120 PER 30 DAYS)
OXYCONTIN ER 60 MG TABLET	2	QL (90 PER 30 DAYS)
OXYCONTIN ER 80 MG TABLET	2	QL (60 PER 30 DAYS)
oxymorphone hcl er (5 mg tablet, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	1	QL (60 PER 30 DAYS)
tramadol hcl er (100 mg tablet, er 100 mg tablet, 200 mg tablet, er 200 mg tablet, 300 mg tablet, er 300 mg tablet)	1	QL (30 PER 30 DAYS)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)	1	QL (180 PER 30 DAYS)
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)	1	QL (2700 PER 30 DAYS)
asa-butalb-caff-cod #3 capsule	1	QL (180 PER 30 DAYS)
ascomp with codeine capsule	1	QL (360 PER 30 DAYS)
butalb-acetaminoph-caff-codein (50-300, 50-325)	1	QL (180 PER 30 DAYS)
butalbital comp-codeine #3 cap	1	QL (180 PER 30 DAYS)
butorphanol 10 mg/ml spray	1	QL (60 PER 30 DAYS)
butorphanol tartrate (1 mg/ml vial, 2 mg/ml vial, 4 mg/2 ml vial)	1	
codeine sulfate (30 mg tablet, 60 mg tablet)	1	QL (180 PER 30 DAYS)
codeine sulfate 15 mg tablet	1	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
endocet (2.5-325 mg tablet, 5-325 tablet, 7.5-325 mg tablet, 10-325 mg tablet)	1	QL (360 PER 30 DAYS)
fentanyl citrate (200 mcg, 400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)	4	PA, QL (120 PER 30 DAYS)
hydrocodone-acetamin 10-325/15	1	QL (5400 PER 30 DAYS)
hydrocodone-acetaminophen (2.5-325, 5-300 mg, 5-325 mg, 7.5-300, 7.5-325, 10-300 mg, 10-325 mg)	1	QL (180 PER 30 DAYS)
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)	1	QL (2700 PER 30 DAYS)
hydrocodone-ibuprofen (5-200 mg, 7.5-200, 10-200)	1	QL (180 PER 30 DAYS)
hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)	1	QL (1800 PER 30 DAYS)
hydromorphone hcl (10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)	1	
hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)	1	QL (180 PER 30 DAYS)
LAZANDA (100 MCG SPRAY, 300 MCG SPRAY, 400 MCG SPRAY)	4	PA, QL (30 PER 30 DAYS)
meperidine 50 mg/5 ml solution	1	QL (900 PER 30 DAYS)
meperidine hcl (25 mg/ml vial, 50 mg/ml vial, 100 mg/ml vial)	1	PA - Part B vs D Determination
meperidine hcl (50 mg tablet, 100 mg tablet)	1	QL (240 PER 30 DAYS)
morphine sulf 10 mg/5 ml soln	1	QL (1800 PER 30 DAYS)
morphine sulf 100 mg/5 ml conc	1	QL (450 PER 30 DAYS)
morphine sulf 20 mg/5 ml soln	1	QL (900 PER 30 DAYS)
morphine sulfate (2 mg/ml carpuject, 2 mg/ml isecure syr, 2 mg/ml syringe, 4 mg/ml carpuject, 4 mg/ml isecure syr, 4 mg/ml syringe, 8 mg/ml carpuject, 8 mg/ml isecure syrng, 8 mg/ml syringe, 10 mg/ml carpuject, 10 mg/ml isecure syrg, 10 mg/ml syringe)	1	
morphine sulfate (4 mg/ml vial, 8 mg/ml vial, 10 mg/ml vial)	1	PA - Part B vs D Determination
morphine sulfate (ir 15 mg tab, ir 30 mg tab)	2	QL (180 PER 30 DAYS)
nalbuphine hcl (10 mg/ml ampul, 20 mg/ml ampul, 100 mg/10 ml vial, 200 mg/10 ml vial)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUCYNTA 100 MG TABLET	3	QL (181 PER 30 DAYS)
NUCYNTA 50 MG TABLET	3	QL (362 PER 30 DAYS)
NUCYNTA 75 MG TABLET	3	QL (242 PER 30 DAYS)
oxycodone hcl ((ir) 5 mg cap, (ir) 5 mg tablet, (ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab, 100 mg/5 ml conc)	1	QL (180 PER 30 DAYS)
oxycodone hcl 5 mg/5 ml soln	1	QL (2700 PER 30 DAYS)
oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophn 2.5-325, oxycodone-acetaminophn 7.5-325)	1	QL (360 PER 30 DAYS)
oxycodone-aspirin 4.8355-325	1	QL (360 PER 30 DAYS)
oxycodone-ibuprofen 5-400 tab	1	QL (120 PER 30 DAYS)
oxymorphone hcl (5 mg tablet, 10 mg tablet)	1	QL (180 PER 30 DAYS)
pentazocine-naloxone tablet	1	
tramadol hcl 100 mg tablet	1	QL (120 PER 30 DAYS)
tramadol hcl 50 mg tablet	1	QL (240 PER 30 DAYS)
tramadol-acetaminophn 37.5-325	1	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

lidocaine 5% patch	1	PA
lidocaine hcl (0.5% vial, 1% 20 mg/2 ml, 1% 20 mg/2 ml vl, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vl, 1% ampul, 1% vial, 2% 100 mg/5 ml, 2% 40 mg/2 ml, 2% 40 mg/2 ml vl, 2% ampul, 2% vial)	1	PA - Part B vs D Determination
lidocaine hcl (jel urojet ac, jelly, jelly uro-jet)	1	QL (30 PER 30 DAYS)
lidocaine hcl 4% solution	1	QL (50 PER 30 DAYS)
lidocaine-prilocaine cream	1	QL (30 PER 30 DAYS)

Anti-Addiction/Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-Craving

acamprosate calc dr 333 mg tab	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
disulfiram (250 mg tablet, 500 mg tablet)	1	
VIVITROL (380 MG VIAL, 380 MG VIAL-DILUENT)	4	
Opioid Dependence Treatments		
buprenorphine 2 mg tablet sl	1	QL (360 PER 30 DAYS)
buprenorphine 8 mg tablet sl	1	QL (90 PER 30 DAYS)
buprenorphine-nalox 12-3mg flm	1	QL (60 PER 30 DAYS)
buprenorphine-nalox 4-1mg film	1	QL (180 PER 30 DAYS)
buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)	1	QL (360 PER 30 DAYS)
buprenorphine-naloxone (8-2 mg tab, 8-2mg film)	1	QL (90 PER 30 DAYS)
naltrexone 50 mg tablet	1	
Opioid Reversal Agents		
naloxone 2 mg/2 ml syringe	1	
NARCAN 4 MG NASAL SPRAY	2	
Smoking Cessation Agents		
bupropion hcl sr 150 mg tablet	1	QL (60 PER 30 DAYS)
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET, STARTING MONTH BOX)	2	QL (504 PER 365 OVER TIME)
NICOTROL CARTRIDGE INHALER	2	QL (2688 PER 365 OVER TIME)
NICOTROL NS 10 MG/ML SPRAY	2	QL (360 PER 365 OVER TIME)
varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg tablet)	2	QL (504 PER 365 OVER TIME)
Antibacterials		
Aminoglycosides		
amikacin sulfate (1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vl)	1	
gentak 0.3 % eye ointment	1	
gentamicin sulfate (0.1% cream, 0.1% ointment, 0.3% eye drop, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
gentamicin sulfate in ns (isoton 60 mg/50 ml, 70 mg/ns 50 ml pb, 90 mg/ns 100 ml pb, iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)	1	
neomycin 500 mg tablet	1	
neomycin-polymyxin b (b 40 mg/ml amp, b 40 mg/ml vl)	1	
paromomycin 250 mg capsule	1	
streptomycin sulf 1 gm vial	1	
tobramycin 0.3% eye drop	1	
tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)	1	
TOBREX 0.3% EYE OINTMENT	3	
Antibacterials, Other		
aztreonam 1 gm vial	3	
bacitracin (500 unit/gm ophth, 50,000 unit vial)	1	
chloramphen na succ 1 gm vl	1	PA - Part B vs D Determination
clindamycin (pedi) 75 mg/5 ml	1	
clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)	1	
clindamycin phosphate (1% foam, 1% gel, ph 1% gel, ph 1% solution, phos 1% pledget, phosp 1% lotion, 2% vaginal cream)	1	
clindamycin phosphate (9 g/60 ml vial, 300 mg/2 ml vl, 600 mg/4 ml vl, 900 mg/6 ml vl)	1	PA - Part B vs D Determination
clindamycin phosphate-d5w (300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml)	1	
colistimethate 150 mg vial	1	
daptomycin (350 mg vial, 500 mg vial)	4	
fosfomycin 3 gm sachet	3	
linezolid 100 mg/5 ml susp	4	QL (1800 PER 28 DAYS)
linezolid 600 mg tablet	3	QL (56 PER 28 DAYS)
linezolid 600 mg/300 ml-d5w	4	
linezolid 600mg/300ml-0.9%nacl	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methenamine hipp 1 gm tablet	1	
metronidazole (vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet)	1	
metronidazole 500 mg/100 ml	1	PA - Part B vs D Determination
mupirocin 2% cream	3	
mupirocin 2% ointment	1	
nitrofurantoin 25 mg/5 ml susp	1	
nitrofurantoin mcr 100 mg cap	1	QL (360 PER 365 OVER TIME)
nitrofurantoin mcr 25 mg cap	1	QL (1440 PER 365 OVER TIME)
nitrofurantoin mcr 50 mg cap	1	QL (720 PER 365 OVER TIME)
nitrofurantoin mono-mcr 100 mg	1	QL (180 PER 365 OVER TIME)
polymyxin b sulfate vial	1	
silver sulfadiazine 1% cream	1	
SSD 1% CREAM	1	
trimethoprim 100 mg tablet	1	
vancomycin 750 mg/150 ml bag	1	
vancomycin hcl (1 gm add-van vial, 1 gm vial, 1g/200 ml bag, 1.25 gram vial, 1.5 gram vial, 5 gm vial, 10 gm vial, 100 gm smartpak, 250 mg vial, 250 mg/5 ml soln, 500 mg add-van vial, 500 mg vial)	1	
vancomycin hcl (125 mg capsule, 250 mg capsule)	1	QL (120 PER 30 DAYS)
vancomycin-d5w 500 mg/100 ml	1	
XIFAXAN 200 MG TABLET	4	QL (120 PER 30 DAYS)
XIFAXAN 550 MG TABLET	4	PA, QL (60 PER 30 DAYS)

Beta-Lactam, Cephalosporins

cefaclor (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 375 mg/5 ml suspen, 500 mg capsule)	1	
cefaclor er 500 mg tablet	1	
cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)	1	
cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	1	
cefepime hcl (1 gm vial, 2 gram vial)	1	
cefixime (100 mg/5 ml susp, 200 mg/5 ml susp)	1	
cefixime 400 mg capsule	3	
cefotaxime sodium 1 gm vial	1	
cefotetan (1 gm vial, 2 gm vial, 10 gm vial)	1	
cefoxitin (1 gm vial, 2 gm vial, 10 gm vial)	1	
cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)	1	
cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	1	
ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)	1	
ceftriaxone (1 gm add-vant vial, 1 gm vial, 2 gm add vial, 2 gm vial, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)	1	
cefuroxime (250 mg tab, 500 mg tab)	1	
cefuroxime sodium (1.5 gm vial, 7.5 gm vial, 750 mg vial)	1	
cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 750 mg capsule)	1	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 500 MG/5 ML SUSPENSION)	3	
TEFLARO (400 MG VIAL, 600 MG VIAL)	4	
Beta-Lactam, Other		
ertapenem 1 gram vial	3	
imipenem-cilastatin sodium (250 mg vl, 500 mg vl)	1	
meropenem (iv 1 gm vial, iv 500 mg vial)	1	
Beta-Lactam, Penicillins		
amox-clav er 1,000-62.5 mg tab	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)	1	
amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	1	
ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)	1	
ampicillin trihydrate (250 mg capsule, 500 mg capsule)	1	
ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm vl)	1	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	3	
BICILLIN L-A (600,000 UNIT/ML, 1,200,000 UNITS, 2,400,000 UNITS)	3	
dicloxacillin sodium (250 mg capsule, 500 mg capsule)	1	
nafcillin sodium (1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial)	1	
oxacillin (1 gm/ 50 ml inj, 2 gm/ 50 ml inj)	1	
oxacillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm vial)	1	
pen g 1.2 million unit/2 ml	1	
penicillin g na 5 million unit	1	
penicillin g potassium (5 million unit, 20 million unit)	1	
penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram)	1	
Macrolides		
AZASITE 1% EYE DROPS	3	
azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg tablet, 600 mg tablet)	1	
azithromycin (500 mg add-van vl, i.v. 500 mg vial)	1	PA - Part B vs D Determination
clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)	1	
clarithromycin er 500 mg tab	1	
DIFICID 200 MG TABLET	4	QL (20 PER 10 DAYS)
DIFICID 40 MG/ML SUSPENSION	4	
ery 2% pads	1	
ERYTHROCIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL)	3	PA - Part B vs D Determination
erythromycin (0.5% eye ointment, 2% gel, 2% solution, 250 mg filmtab, dr 250 mg cap, 500 mg filmtab)	3	
erythromycin (dr 250 mg tablet, dr 500 mg tablet)	1	
erythromycin dr 333 mg tablet	2	
erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp, es 400 mg tab)	3	
Quinolones		
BESIVANCE 0.6% SUSP	3	
CILOXAN 0.3% OINTMENT	3	
ciprofloxacin (250 mg/5 ml susp, 500 mg/5 ml susp)	1	
ciprofloxacin hcl (0.2% otic soln, 0.3% eye drop, 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ciprofloxacin-d5w (200 mg/100ml-d5w, 400 mg/200ml-d5w)	1	
gatifloxacin 0.5% eye drops	1	
levofloxacin (0.5% eye drops, 25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)	1	
levofloxacin-d5w (250 mg/50, 500 mg/100, 750 mg/150)	1	
moxifloxacin (0.5% eye drops, 400 mg/250 ml bag)	1	
moxifloxacin hcl 400 mg tablet	1	
ofloxacin (0.3% ear drops, 0.3% eye drops, 300 mg tablet, 400 mg tablet)	1	
Sulfonamides		
sulfacetamide sodium (eye drops, eye ointment, sod top susp, sodium lotn)	1	
sulfadiazine 500 mg tablet	1	
sulfamethoxazole-tmp iv vial	1	PA - Part B vs D Determination
sulfamethoxazole-trimethoprim (ds tablet, ss tablet, susp)	1	
Tetracyclines		
demeclocycline hcl (150 mg tablet, 300 mg tablet)	1	
doxy 100 vial	1	
doxycycline hyclate (20 mg tab, 50 mg cap, 50 mg tablet, 100 mg cap, 100 mg tab)	1	
doxycycline hyclate (dr 50 mg tab, dr 75 mg tab, dr 100 mg tab, dr 150 mg tab, dr 200 mg tab)	3	
doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 75 mg capsule, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet, mono 150 mg cap, mono 150 mg tablet)	1	
minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
okebo 75 mg capsule	1	
tetracycline hcl (250 mg capsule, 500 mg capsule)	1	

Anticonvulsants

Anticonvulsants, Other

APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	3	ST
BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 50 MG/5 ML VIAL, 75 MG TABLET, 100 MG TABLET)	3	ST
ELEPSIA XR (1,000 MG TABLET, 1,500 MG TABLET)	4	
EPIDIOLEX 100 MG/ML SOLUTION	4	PA - FOR NEW STARTS ONLY
FINTEPLA 2.2 MG/ML SOLUTION	4	PA - FOR NEW STARTS ONLY
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	ST, QL (30 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	3	ST
levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1000 mg/10 ml)	1	
levetiracetam 500 mg/5 ml vial	1	PA - Part B vs D Determination
levetiracetam er (500 mg tablet, 750 mg tablet)	1	
levetiracetam-nacl (500 mg/100, 1,000mg/100, 1,500mg/100)	1	
NAYZILAM 5 MG NASAL SPRAY	4	
phenobarbital (20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg/7.5 ml sol, 60 mg/15 ml soln)	1	QL (1500 PER 30 DAYS)
SPRITAM (250 MG TABLET, 500 MG TABLET, 1,000 MG TABLET)	3	QL (60 PER 30 DAYS)
SPRITAM 750 MG TABLET	3	QL (120 PER 30 DAYS)
XCOPRI (12.5-25 MG TITRATION PK, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET)	3	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI (50-100 MG TITRATION PAK, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	4	PA - FOR NEW STARTS ONLY
Calcium Channel Modifying Agents		
CELONTIN 300 MG KAPSEAL	3	
ethosuximide (250 mg capsule, 250 mg/5 ml soln)	1	
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule)	2	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	2	QL (900 PER 30 DAYS)
pregabalin 300 mg capsule	2	QL (60 PER 30 DAYS)
zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)	1	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents		
clobazam (10 mg tablet, 20 mg tablet)	3	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
clobazam 2.5 mg/ml suspension	3	PA - FOR NEW STARTS ONLY
clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet)	1	QL (90 PER 30 DAYS)
clonazepam (2 mg odt, 2 mg tablet)	1	QL (300 PER 30 DAYS)
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	4	PA - FOR NEW STARTS ONLY
DIASTAT 2.5 MG PEDI SYSTEM	3	
DIASTAT ACUDIAL (5-7.5-10 MG KT, 12.5-15-20 MG)	3	
diazepam (2.5 mg gel sys, 10 mg gel syst, 20 mg gel syst)	1	
divalproex sodium (dr 125 mg cap sprnk, dr 125 mg cp(sprnk), sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)	1	
divalproex sodium er (er 250 mg tab, er 500 mg tab)	1	
gabapentin (100 mg capsule, 300 mg capsule)	1	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
gabapentin (250 mg/5 ml soln, 300 mg/6 ml soln)	1	QL (2160 PER 30 DAYS)
gabapentin 400 mg capsule	1	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	1	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	1	QL (150 PER 30 DAYS)
phenobarbital (15 mg tablet, 16.2 mg tablet, 97.2 mg tablet, 100 mg tablet)	1	QL (120 PER 30 DAYS)
phenobarbital (60 mg tablet, 64.8 mg tablet)	1	QL (90 PER 30 DAYS)
phenobarbital 30 mg tablet	1	QL (330 PER 30 DAYS)
phenobarbital 32.4 mg tablet	1	QL (360 PER 30 DAYS)
primidone (50 mg tablet, 250 mg tablet)	1	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	3	PA - FOR NEW STARTS ONLY
tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)	3	
valproate sod 500 mg/5 ml vl	1	PA - Part B vs D Determination
valproic acid (250 mg capsule, 250 mg/5 ml soln, 500 mg/10 ml sol)	1	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY)	4	QL (10 PER 30 DAYS)
vigabatrin (500 mg powder packt, 500 mg tablet)	4	PA - FOR NEW STARTS ONLY
vigadrone 500 mg powder packet	4	PA - FOR NEW STARTS ONLY
Glutamate Reducing Agents		
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)	1	
lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 250 mg tablet, 300 mg tablet)	1	
lamotrigine odt (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	1	
lamotrigine odt kit (orange)	1	
lamotrigine tab start kit-blue	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lamotrigine tab start kt-green	1	
lamotrigine tab start kt-orang	1	
topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	1	
topiramate er (25 mg capsule, 50 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)	1	
TROKENDI XR (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	3	ST
Sodium Channel Agents		
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	3	PA - FOR NEW STARTS ONLY
carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)	1	
carbamazepine er (100 mg cap, 100 mg tablet, 200 mg cap, 200 mg tablet, 300 mg cap, 400 mg tablet)	1	
DILANTIN 30 MG CAPSULE	3	
epitol 200 mg tablet	1	
fosphenytoin sodium (100 mg pe/2 ml vl, 500 mg pe/10 ml)	1	PA - Part B vs D Determination
oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml susp, 600 mg tablet)	1	
PEGANONE 250 MG TABLET	3	
phenytoin (50 mg infatab, 50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)	1	
phenytoin sodium (50 mg/ml ampul, 50 mg/ml vial, 100 mg/2 ml vial, 250 mg/5 ml vial)	1	PA - Part B vs D Determination
phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)	1	
rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)	3	PA - FOR NEW STARTS ONLY
VIMPAT (100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	3	ST, QL (60 PER 30 DAYS)
VIMPAT 10 MG/ML SOLUTION	3	ST, QL (1200 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIMPAT 200 MG/20 ML VIAL	3	PA - Part B vs D Determination, QL (1200 PER 30 DAYS)
VIMPAT 50 MG TABLET	3	ST, QL (180 PER 30 DAYS)

Antidementia Agents

Antidementia Agents, Other

ergoloid mesylates 1 mg tab	1	

Cholinesterase Inhibitors

donepezil hcl (5 mg tablet, 10 mg tablet, 23 mg tablet)	1	QL (30 PER 30 DAYS)
donepezil hcl odt (5 mg tablet, 10 mg tablet)	1	QL (30 PER 30 DAYS)
galantamine 4 mg/ml oral soln	1	
galantamine er (8 mg capsule, 16 mg capsule, 24 mg capsule)	1	
galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)	1	
rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)	1	
rivastigmine (4.6 mg/24hr patch, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)	1	QL (30 PER 30 DAYS)

N-Methyl-D-Aspartate (NMDA) Receptor Antagonist

memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet)	1	
memantine hcl er (7 mg capsule, 14 mg capsule, 21 mg capsule, 28 mg capsule)	1	QL (30 PER 30 DAYS)

Antidepressants

Antidepressants, Other

bupropion hcl (75 mg tablet, 100 mg tablet)	1	
bupropion hcl sr (100 mg tablet, 150 mg tablet, 200 mg tablet)	1	QL (90 PER 30 DAYS)
bupropion hcl sr 150mg tablet	1	QL (90 PER 30 DAYS)
bupropion hcl xl 150 mg tablet	1	QL (90 PER 30 DAYS)
bupropion xl (300 mg tablet, 450 mg tablet)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mirtazapine (7.5 mg tablet, 15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)	1	QL (30 PER 30 DAYS)
SPRAVATO (28 MG NASAL SPRAY, 56 MG DOSE PACK, 84 MG DOSE PACK)	4	PA - FOR NEW STARTS ONLY
Monoamine Oxidase Inhibitors		
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)	3	ST, QL (30 PER 30 DAYS)
MARPLAN 10 MG TABLET	3	
phenelzine sulfate 15 mg tab	1	
tranylcypromine sulf 10 mg tab	3	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	QL (30 PER 30 DAYS)
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml sol)	1	QL (600 PER 30 DAYS)
desvenlafaxine er 100 mg tab	2	QL (120 PER 30 DAYS)
desvenlafaxine er 50 mg tab	2	QL (30 PER 30 DAYS)
desvenlafaxine succinate er (er 25 mg, er 50 mg, er 100mg)	1	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 60 MG CAP)	3	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 30 MG CAP, DR 40 MG CAP)	3	QL (90 PER 30 DAYS)
duloxetine hcl (dr 20 mg cap, dr 60 mg cap)	1	QL (60 PER 30 DAYS)
duloxetine hcl (dr 30 mg cap, dr 40 mg cap)	1	QL (90 PER 30 DAYS)
escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)	1	QL (30 PER 30 DAYS)
escitalopram oxalate 5 mg/5 ml	1	QL (600 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	3	ST, QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	3	ST, QL (56 PER 365 OVER TIME)
fluoxetine dr 90 mg capsule	1	QL (4 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluoxetine hcl (10 mg capsule, 10 mg tablet, 20 mg capsule, 20 mg tablet, 20 mg/5 ml solution, 40 mg capsule)	1	
fluoxetine hcl 60 mg tablet	2	
fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)	1	
fluvoxamine maleate er (er 100 mg capsule, er 150 mg capsule)	1	QL (60 PER 30 DAYS)
maprotiline hcl (25 mg tablet, 50 mg tablet, 75 mg tablet)	1	
nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)	1	QL (90 PER 30 DAYS)
nefazodone hcl (50 mg tablet, 250 mg tablet)	1	QL (60 PER 30 DAYS)
olanzapine-fluoxetine hcl (3-25 mg, 6-25 mg)	1	QL (90 PER 30 DAYS)
olanzapine-fluoxetine hcl (6-50 mg, 12-25 mg, 12-50 mg)	1	QL (30 PER 30 DAYS)
paroxetine cr (12.5 mg tablet, 25 mg tablet, 37.5 mg tablet)	3	
paroxetine er (12.5 mg tablet, 25 mg tablet, 37.5 mg tablet)	3	
paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	1	
paroxetine hcl 10 mg/5 ml susp	3	
PAXIL 10 MG/5 ML SUSPENSION	3	
sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)	1	
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	3	QL (30 PER 30 DAYS)
venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)	1	
venlafaxine hcl er (37.5 mg cap, 150 mg cap)	1	QL (30 PER 30 DAYS)
venlafaxine hcl er (37.5 mg tab, 75 mg tab, 150 mg tab, 225 mg tab)	3	QL (30 PER 30 DAYS)
venlafaxine hcl er 75 mg cap	1	QL (90 PER 30 DAYS)
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIIBRYD 10-20 MG STARTER PACK	3	QL (60 PER 365 OVER TIME)
Tricyclics		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	1	
amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)	1	
chlordiazepoxide-amitriptyline (chlordiazepo-amitriptyl 5-12.5, chlordiazepox-amitriptyl 10-25)	1	
clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)	3	
desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)	1	
doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)	1	
imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)	1	
imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)	3	
nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)	1	
perphenazine-amitriptyline (2 mg-10 mg tab, 2 mg-25 mg tab, 4 mg-10 mg tab, 4 mg-25 mg tab, 4 mg-50 mg tab)	1	
protriptyline hcl (5 mg tablet, 10 mg tablet)	1	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cp)	3	
Antiemetics		
Antiemetics, Other		
AKYNZEO 235-0.25 MG VIAL	3	PA - Part B vs D Determination
AKYNZEO 300-0.5 MG CAPSULE	3	PA - Part B vs D Determination, QL (2 PER 30 OVER TIME)
compro 25 mg suppository	1	
doxylamine-pyridoxine 10-10 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
meclizine hcl (12.5 mg tablet, 25 mg tablet)	1	
phenadoz (12.5 mg, 25 mg)	1	
prochlorperazine 25 mg supp	1	
prochlorperazine edisylate (10 mg/2 ml vl, 50 mg/10 ml)	1	
prochlorperazine maleate (5 mg tablet, 10 mg tab)	1	
promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 25 mg/ml ampul, 25 mg/ml vial, 50 mg suppository, 50 mg tablet, 50 mg/ml ampul, 50 mg/ml vial)	1	
promethegan (12.5 mg suppos, 25 mg suppository)	1	
promethegan 50 mg suppository	3	
scopolamine 1 mg/3 day patch	1	
trimethobenzamide 300 mg cap	1	PA - Part B vs D Determination
Emetogenic Therapy Adjuncts		
aprepitant 125 mg capsule	3	PA - Part B vs D Determination, QL (2 PER 30 OVER TIME)
aprepitant 125-80-80 mg pack	3	PA - Part B vs D Determination, QL (6 PER 30 OVER TIME)
aprepitant 40 mg capsule	3	PA - Part B vs D Determination, QL (1 PER 30 OVER TIME)
aprepitant 80 mg capsule	3	PA - Part B vs D Determination, QL (8 PER 30 OVER TIME)
dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg capsule)	1	PA, QL (60 PER 30 OVER TIME)
EMEND 125 MG POWDER PACKET	3	PA - Part B vs D Determination, QL (6 PER 30 OVER TIME)
granisetron hcl (1 mg/ml vial, 4 mg/4 ml vial)	1	
granisetron hcl 1 mg tablet	1	PA - Part B vs D Determination, QL (30 PER 30 OVER TIME)
ondansetron 4 mg/5 ml solution	1	PA - Part B vs D Determination, QL (450 PER 30 DAYS)
ondansetron hcl (4 mg tablet, 8 mg tablet)	1	PA - Part B vs D Determination
ondansetron hcl (4 mg/2 ml amp, 4 mg/2 ml isecure, 4 mg/2 ml syr, 4 mg/2 ml vial, 40 mg/20 ml vial)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ondansetron hcl 24 mg tablet	1	PA - Part B vs D Determination, QL (14 PER 28 OVER TIME)
ondansetron odt (4 mg tablet, 8 mg tablet)	1	PA - Part B vs D Determination
palonosetron hcl (0.25 mg/2 ml vial, 0.25 mg/5 ml, 0.25 mg/5 ml vial)	3	PA - Part B vs D Determination

Antifungals

ABELCET 100 MG/20 ML VIAL	3	PA - Part B vs D Determination
AMBISOME 50 MG VIAL	3	PA - Part B vs D Determination
amphotericin b 50 mg vial	1	PA - Part B vs D Determination
caspofungin acetate (50 mg vial, 70 mg vial)	3	PA - Part B vs D Determination
ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo, 8% solution)	1	
clotrimazole (1% solution, 1% topical cream, 10 mg troche)	1	
clotrimazole-betamethasone (crm, lot)	1	
CRESEMBA (186 MG CAPSULE, 372 MG VIAL)	3	
econazole nitrate 1% cream	1	
fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	1	
flucytosine (250 mg capsule, 500 mg capsule)	1	
griseofulvin (125 mg/5 ml susp, micro 500 mg tab)	1	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	1	
itraconazole 10 mg/ml solution	3	
itraconazole 100 mg capsule	1	
ketoconazole (2% cream, 2% shampoo, 200 mg tablet)	1	
miconazole 3 200 mg vag supp	1	
NATACYN 5% EYE DROPS	3	
NOXAFIL (40 MG/ML SUSPENSION, 300 MG/16.7 ML VIAL)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nyamyc 100,000 unit/gm powder	1	
nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml sus)	1	
nystatin-triamcinolone (cream, ointm)	1	
nystop 100,000 unit/gm powder	1	
posaconazole dr 100 mg tablet	3	
terbinafine hcl 250 mg tablet	1	QL (90 PER 180 OVER TIME)
terconazole (0.4% cream, 0.8% cream, 80 mg suppository)	1	
voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)	1	
voriconazole 40 mg/ml susp	4	QL (450 PER 30 DAYS)
Antigout Agents		
allopurinol (100 mg tablet, 300 mg tablet)	1	
colchicine (0.6 mg capsule, 0.6 mg tablet)	1	QL (120 PER 30 DAYS)
febuxostat (40 mg tablet, 80 mg tablet)	2	ST
probenecid 500 mg tablet	1	
probenecid-colchicine tablet	1	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine 1 mg/ml amp	1	PA - Part B vs D Determination
dihydroergotamine 4 mg/ml spry	1	QL (8 PER 30 OVER TIME)
ERGOMAR 2 MG TABLET SL	3	QL (20 PER 30 DAYS)
ergotamine-caffeine 1-100mg tb	1	
migergot (, 2-100 mg)	3	
PROPHYLACTIC		
AIMOVIG 140 MG DOSE-2 AUTOINJ	3	PA, QL (2 PER 30 DAYS)
AIMOVIG 140 MG/ML AUTOINJECTOR	3	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	3	PA, QL (2 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMGALITY 120 MG/ML PEN	3	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	4	PA, QL (3 PER 30 DAYS)
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
UBRELVY (50 MG TABLET, 100 MG TABLET)	4	PA, QL (16 PER 30 OVER TIME)
Serotonin (5-HT) 1B/1D Receptor Agonists		
almotriptan malate (6.25 mg tab, 12.5 mg tab)	1	QL (12 PER 30 OVER TIME)
frovatriptan succ 2.5 mg tab	3	QL (12 PER 30 OVER TIME)
naratriptan hcl (1 mg tablet, 2.5 mg tablet)	1	QL (9 PER 30 OVER TIME)
rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)	1	QL (18 PER 30 OVER TIME)
sumatriptan (5 mg spray, 20 mg spray)	1	QL (12 PER 30 OVER TIME)
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	QL (9 PER 30 OVER TIME)
sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject)	1	QL (8 PER 30 OVER TIME)
sumatriptan succinate (6 mg/0.5 ml cart, 6 mg/0.5 ml inject, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial)	1	QL (5 PER 30 OVER TIME)
zolmitriptan (2.5 mg tablet, 5 mg tablet)	3	QL (12 PER 30 OVER TIME)
zolmitriptan 2.5 mg odt	3	QL (12 PER 30 OVER TIME)
zolmitriptan 5 mg odt	3	QL (9 PER 30 OVER TIME)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl 125 mg tablet	1	
MESTINON 60 MG/5 ML SOLUTION	3	
pyridostigmine br 60 mg tablet	1	
pyridostigmine er 180 mg tab	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antimycobacterials		
Antimycobacterials, Other		
dapsone (25 mg tablet, 100 mg tablet)	1	
rifabutin 150 mg capsule	1	
Antituberculars		
CAPASTAT SULFATE 1 GM VIAL	3	
ethambutol hcl (100 mg tablet, 400 mg tablet)	1	
isoniazid (50 mg/5 ml solution, 100 mg tablet, 100 mg/ml vial, 300 mg tablet)	1	
PASER GRANULES 4 GM PACKET	3	
PRIFTIN 150 MG TABLET	3	
pyrazinamide 500 mg tablet	1	
rifampin (150 mg capsule, 300 mg capsule)	1	
rifampin iv 600 mg vial	1	PA - Part B vs D Determination
RIFATER TABLET	3	
SIRTURO 100 MG TABLET	4	QL (120 PER 30 DAYS)
SIRTURO 20 MG TABLET	4	
TRECATOR 250 MG TABLET	3	
Antineoplastics		
Alkylating Agents		
BENDEKA 100 MG/4 ML VIAL	4	
busulfan 60 mg/10 ml vial	4	
carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)	1	PA - Part B vs D Determination
carmustine 100 mg vial	3	PA - Part B vs D Determination
cisplatin (50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)	1	PA - Part B vs D Determination
cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)	2	PA - Part B vs D Determination
dacarbazine (100 mg vial, 200 mg vial)	1	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE)	3	
ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm vial, 3 gm/60 ml vial)	1	PA - Part B vs D Determination
KISQALI FEMARA CO-PACK (200 MG, 400 MG, 600 MG)	4	PA - FOR NEW STARTS ONLY, QL (91 PER 28 DAYS)
LEUKERAN 2 MG TABLET	3	
MATULANE 50 MG CAPSULE	4	
melphalan hcl (50 mg vial, 50 mg vial w-diluent)	4	PA - Part B vs D Determination
oxaliplatin (100 mg vial, 100 mg/20 ml vial)	1	PA - Part B vs D Determination
oxaliplatin (50 mg vial, 50 mg/10 ml vial, 200 mg/40 ml vial)	4	PA - Part B vs D Determination
PEPAXTO 20 MG VIAL	4	PA - FOR NEW STARTS ONLY
thiotepa (15 mg vial, 100 mg vial)	4	PA - Part B vs D Determination
TREANDA (25 MG VIAL, 100 MG VIAL)	4	
VALCHLOR 0.016% GEL	4	PA - FOR NEW STARTS ONLY
YONDELIS 1 MG VIAL	4	
ZANOSAR 1 GM POWDER VIAL	4	PA - Part B vs D Determination
Antiandrogens		
abiraterone acetate (250 mg tab, 500 mg tablet)	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
bicalutamide 50 mg tablet	1	
ERLEADA 60 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
flutamide 125 mg capsule	1	
nilutamide 150 mg tablet	1	
NUBEQA 300 MG TABLET	4	PA - FOR NEW STARTS ONLY
XTANDI (40 MG CAPSULE, 40 MG TABLET, 80 MG TABLET)	4	PA - FOR NEW STARTS ONLY
YONSA 125 MG TABLET	4	PA - FOR NEW STARTS ONLY
ZYTIGA (250 MG TABLET, 500 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiangiogenic Agents		
FOTIVDA (0.89 MG CAPSULE, 1.34 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TABLET	4	PA - FOR NEW STARTS ONLY
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
TABRECTA (150 MG TABLET, 200 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
Antiestrogens/Modifiers		
EMCYT 140 MG CAPSULE	3	
fulvestrant 250 mg/5 ml syring	4	PA - Part B vs D Determination
SOLTAMOX 20 MG/10 ML SOLN	3	
toremifene citrate 60 mg tab	4	QL (30 PER 30 DAYS)
Antimetabolites		
adrucil (500 mg/10 ml vial, 2,500 mg/50 ml vial)	1	PA - Part B vs D Determination
ALIMTA (100 MG VIAL, 500 MG VIAL)	4	
ARRANON 250 MG/50 ML VIAL	4	PA - Part B vs D Determination
cladribine 10 mg/10 ml vial	1	PA - Part B vs D Determination
clofarabine 20 mg/20 ml vial	4	PA - Part B vs D Determination
cytarabine (2 g/20 ml vial, 20 mg/ml vial, 100 mg/5 ml vial, 1000 mg/50 ml vial)	1	PA - Part B vs D Determination
DROXIA (200 MG CAPSULE, 300 MG CAPSULE, 400 MG CAPSULE)	2	
floxuridine 500 mg vial	1	PA - Part B vs D Determination
fluorouracil (0.5% cream, 2% topical soln, 5% cream, 5% topical soln)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluorouracil (1 gram/20 ml vial, 5 gram/100 ml vl, 500 mg/10 ml vial)	1	PA - Part B vs D Determination
FOLOTYN (20 MG/ML VIAL, 40 MG/2 ML VIAL)	4	PA - FOR NEW STARTS ONLY
gemcitabine hcl (1 gram vial, 1 gram/10 ml, 1 gram/26.3 ml vl, 1.5 gram/15 ml, 2 gram vial, 2 gram/20 ml, 2 gram/52.6 ml vl, 200 mg vial, 200 mg/2 ml vl, 200 mg/5.26 ml vl)	1	PA - Part B vs D Determination
hydroxyurea 500 mg capsule	1	
LONSURF 15 MG-6.14 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (80 PER 28 DAYS)
mercaptopurine 50 mg tablet	1	
NIPENT 10 MG VIAL	4	PA - Part B vs D Determination
ONUREG (200 MG TABLET, 300 MG TABLET)	4	PA - FOR NEW STARTS ONLY
PURIXAN 20 MG/ML ORAL SUSP	3	
TABLOID 40 MG TABLET	3	
TOLAK 4% CREAM	3	
VYXEOS 44 MG-100 MG VIAL	4	PA - FOR NEW STARTS ONLY
Antineoplastics, Other		
ABRAXANE 100 MG VIAL	4	PA - Part B vs D Determination
ADCETRIS 50 MG VIAL	4	PA - FOR NEW STARTS ONLY
adriamycin (10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg/25 ml vial)	1	PA - Part B vs D Determination
adriamycin 200 mg/100 ml vial	1	
amifostine 500 mg vial	4	PA - Part B vs D Determination
arsenic trioxide 10 mg/10ml vl	3	PA - Part B vs D Determination
arsenic trioxide 12 mg/6 ml vl	4	PA - Part B vs D Determination
ARZERRA (100 MG/5 ML VIAL, 1,000 MG/50 ML VIAL)	4	PA - FOR NEW STARTS ONLY
AVASTIN (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	4	
azacitidine 100 mg vial	4	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BAVENCIO 200 MG/10 ML VIAL	4	PA - FOR NEW STARTS ONLY
BCG (TICE STRAIN) VIAL	2	PA - Part B vs D Determination
BELEODAQ 500 MG VIAL	4	PA - FOR NEW STARTS ONLY
BESPONSA 0.9 MG VIAL	4	
bleomycin sulfate (15 unit vial, 30 unit vial)	1	PA - Part B vs D Determination
BLINCYTO 35MCG VL W-STABILIZER	4	PA - FOR NEW STARTS ONLY
bortezomib 3.5 mg iv vial	4	
BRAFTOVI (50 MG CAPSULE, 75 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
COTELLIC 20 MG TABLET	4	PA - FOR NEW STARTS ONLY
CYRAMZA (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	4	PA - FOR NEW STARTS ONLY
dactinomycin 500 mcg vial	4	PA - Part B vs D Determination
DANYELZA 40 MG/10 ML VIAL	4	PA - FOR NEW STARTS ONLY
DARZALEX (100 MG/5 ML VIAL, 400 MG/20 ML VIAL)	4	PA - FOR NEW STARTS ONLY
DARZALEX FASPRO 1,800MG-30,000	4	PA - FOR NEW STARTS ONLY
daunorubicin hcl (20 mg vial, 20 mg/4 ml vial, 50 mg/10 ml vial)	1	PA - Part B vs D Determination
DAURISMO (25 MG TABLET, 100 MG TABLET)	4	PA - FOR NEW STARTS ONLY
decitabine 50 mg vial	4	
dexrazoxane (250 mg vial, 500 mg vial)	1	PA - Part B vs D Determination
DOCEFREZ (20 MG VIAL, 80 MG VIAL)	4	PA - Part B vs D Determination
docetaxel (20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/8 ml vial, 200 mg/10 ml vial)	4	PA - Part B vs D Determination
doxorubicin hcl (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)	1	PA - Part B vs D Determination
doxorubicin hcl liposome (20mg/10ml, 50mg/25ml)	4	
ELZONRIS 1,000 MCG/ML VIAL	4	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMPLICITI (300 MG VIAL, 400 MG VIAL)	4	PA - FOR NEW STARTS ONLY
ENHERTU 100 MG VIAL	4	PA - FOR NEW STARTS ONLY
epirubicin hcl (50 mg vial, 50 mg/25 ml vial, 200 mg vial, 200 mg/100 ml vial)	1	PA - Part B vs D Determination
ERBITUX (100 MG/50 ML VIAL, 200 MG/100 ML VIAL)	4	PA - FOR NEW STARTS ONLY
ERWINAZE 10,000 UNIT VIAL	4	
FARYDAK (10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY, QL (6 PER 21 OVER TIME)
fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)	1	PA - Part B vs D Determination
GAVRETO 100 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
GAZYVA 1,000 MG/40 ML VIAL	4	PA - FOR NEW STARTS ONLY
HALAVEN 1 MG/2 ML VIAL	4	PA - FOR NEW STARTS ONLY
HERCEPTIN 150 MG VIAL	4	PA - FOR NEW STARTS ONLY
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	4	PA - FOR NEW STARTS ONLY
idarubicin hcl (5 mg/5 ml vial, 10 mg/10 ml vl, 20 mg/20 ml vl)	1	PA - Part B vs D Determination
IMFINZI (120 MG/2.4 ML VIAL, 500 MG/10 ML VIAL)	4	
INREBIC 100 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
IXEMPRA (15 MG KIT, 15 MG VIAL, 45 MG KIT, 45 MG VIAL)	4	
JEMPERLI 500 MG/10 ML VIAL	4	PA - FOR NEW STARTS ONLY
JEVTANA (60 MG/1.5 ML KIT, 60 MG/1.5 ML VIAL)	4	PA - FOR NEW STARTS ONLY
KADCYLA (100 MG VIAL, 160 MG VIAL)	4	PA - FOR NEW STARTS ONLY
KANJINTI (150 MG VIAL, 420 MG VIAL)	4	PA - FOR NEW STARTS ONLY
KEYTRUDA 100 MG/4 ML VIAL	4	
KISQALI (200 MG DAILY, 400 MG DAILY, 600 MG DAILY)	4	PA - FOR NEW STARTS ONLY, QL (63 PER 28 OVER TIME)
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
leucovorin calcium (50 mg vial, 100 mg vial, cal 100 mg/10 ml vl, 200 mg vial, 350 mg vial, 500 mg vl, cal 500 mg/50 ml vl)	1	PA - Part B vs D Determination
levoleucovorin calcium (50 mg vial, 175 mg/17.5 ml, 250 mg/25 ml vl)	1	PA - Part B vs D Determination
LIBTAYO 350 MG/7 ML VIAL	4	PA - FOR NEW STARTS ONLY
LORBRENA (25 MG TABLET, 100 MG TABLET)	4	PA - FOR NEW STARTS ONLY
LUMAKRAS 120 MG TABLET	4	PA - FOR NEW STARTS ONLY
LUMOXITI 1 MG VIAL	4	PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TABLET, 150 MG TABLET)	4	PA - FOR NEW STARTS ONLY
MARGENZA 250 MG/10 ML VIAL	4	PA - FOR NEW STARTS ONLY
MARQIBO KIT	4	PA - Part B vs D Determination
MEKTOVI 15 MG TABLET	4	PA - FOR NEW STARTS ONLY
mitomycin (5 mg vial, 20 mg vial, 40 mg vial)	1	PA - Part B vs D Determination
mitoxantrone hcl (20 mg/10 ml vial, 25 mg/12.5 ml vl, 30 mg/15 ml vial)	1	
MUTAMYCIN (5 MG VIAL, 20 MG VIAL, 40 MG VIAL)	1	PA - Part B vs D Determination
MVASI (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	4	PA - FOR NEW STARTS ONLY
MYLOTARG 4.5 MG VIAL	4	PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (180 PER 30 DAYS)
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY, QL (3 PER 28 OVER TIME)
ONCASPAR 3,750 UNIT/5 ML VIAL	4	
ONTRUZANT (150 MG VIAL, 420 MG VIAL)	4	
OPDIVO (40 MG/4 ML VIAL, 100 MG/10 ML VIAL, 120 MG/12 ML VIAL, 240 MG/24 ML VIAL)	4	PA - FOR NEW STARTS ONLY
paclitaxel (30 mg/5 ml vial, 100 mg/16.7 ml vial, 150 mg/25 ml vial, 300 mg/50 ml vial)	1	PA - Part B vs D Determination
PADCEV (20 MG VIAL, 30 MG VIAL)	4	PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PERJETA 420 MG/14 ML VIAL	4	
PIQRAY (200 MG DAILY, 250 MG DAILY, 300 MG DAILY)	4	PA - FOR NEW STARTS ONLY
POLIVY (30 MG VIAL, 140 MG VIAL)	4	PA - FOR NEW STARTS ONLY
PORTRAZZA 800 MG/50 ML VIAL	4	PA - FOR NEW STARTS ONLY
POTELIGEO 20 MG/5 ML VIAL	4	PA - FOR NEW STARTS ONLY
PROLEUKIN 22 MILLION UNIT VIAL	4	PA - Part B vs D Determination
RETEVMO (40 MG CAPSULE, 80 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
RIABNI (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	4	PA - FOR NEW STARTS ONLY
RITUXAN (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	4	PA - FOR NEW STARTS ONLY
RITUXAN HYCELA (1,400 MG-23,400, 1,600 MG-26,800)	4	PA - FOR NEW STARTS ONLY
ROMIDEPSIN (10 MG KIT, 10 MG VIAL, 27.5 MG/5.5 ML VIAL)	4	
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
RUXIENCE (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	4	PA - FOR NEW STARTS ONLY
RYBREVANT 350 MG/7 ML VIAL	4	PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAPSULE	4	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
RYLAZE 10 MG/0.5 ML VIAL	4	
SARCLISA (100 MG/5 ML VIAL, 500 MG/25 ML VIAL)	4	PA - FOR NEW STARTS ONLY
SYLATRON (200 MCG KIT, 300 MCG KIT, 600 MCG KIT)	4	PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG/ML VIAL	4	PA - FOR NEW STARTS ONLY
TALZENNA (0.25 MG CAPSULE, 1 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TABLET	4	PA - FOR NEW STARTS ONLY
TECENTRIQ (840 MG/14 ML VIAL, 1,200 MG/20 ML VIAL)	4	PA - FOR NEW STARTS ONLY
TOTECT 500 MG VIAL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRAZIMERA (150 MG VIAL, 420 MG VIAL)	4	PA - FOR NEW STARTS ONLY
TRODELVY 180 MG VIAL	4	PA - FOR NEW STARTS ONLY
TRUSELTIQ (50 MG DAILY PK, 75 MG DAILY PK, 100 MG DAILY PK, 125 MG DAILY PK)	4	PA - FOR NEW STARTS ONLY
TRUXIMA (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	4	PA - FOR NEW STARTS ONLY
TUKYSA (50 MG TABLET, 150 MG TABLET)	4	PA - FOR NEW STARTS ONLY
UNITUXIN 17.5 MG/ 5 ML VIAL	4	PA - Part B vs D Determination
valrubicin 200 mg/5 ml vial	4	PA - Part B vs D Determination
VECTIBIX (100 MG/5 ML VIAL, 400 MG/20 ML VIAL)	4	
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
vinblastine 1 mg/ml vial	1	PA - Part B vs D Determination
vincristine sulfate (1 mg/ml vial, 2 mg/2 ml vial)	1	PA - Part B vs D Determination
vinorelbine tartrate (10 mg/ml vial, 50 mg/5 ml vial)	1	PA - Part B vs D Determination
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE, 40 MG TWICE, 60 MG ONCE, 60 MG TWICE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE)	4	PA - FOR NEW STARTS ONLY
YERVOY (50 MG/10 ML VIAL, 200 MG/40 ML VIAL)	4	PA - FOR NEW STARTS ONLY
ZALTRAP (100 MG/4 ML VIAL, 200 MG/8 ML VIAL)	4	PA - FOR NEW STARTS ONLY
ZIRABEV (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	4	PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAPSULE	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
ZYKADIA 150 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (150 PER 30 DAYS)
ZYNLONTA 10 MG VIAL	4	PA - FOR NEW STARTS ONLY

Aromatase Inhibitors, 3rd Generation

anastrozole 1 mg tablet	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
exemestane 25 mg tablet	1	
letrozole 2.5 mg tablet	1	
Enzyme Inhibitors		
BALVERSA 3 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ETOPOPHOS 100 MG VIAL	4	PA - Part B vs D Determination
etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)	1	
irinotecan hcl (40 mg/2 ml vial, 100 mg/5 ml vl, 500 mg/25 ml vl)	1	PA - Part B vs D Determination
KYPROLIS (10 MG VIAL, 30 MG VIAL, 60 MG VIAL)	4	PA - FOR NEW STARTS ONLY
ONIVYDE 43 MG/10 ML VIAL	4	
toposar (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)	1	
topotecan hcl (4 mg vial, 4 mg/4 ml vial)	4	
ZYDELIG (100 MG TABLET, 150 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
Molecular Target Inhibitors		
AFINITOR 10 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET, 5 MG TABLET)	4	PA - FOR NEW STARTS ONLY
ALECENSA 150 MG CAPSULE	4	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
ALIQOPA 60 MG VIAL	4	PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TABLET, 180 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG-180 MG TAB PACK	4	PA - FOR NEW STARTS ONLY, QL (60 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
BOSULIF 100 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
BRUKINSA 80 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
CALQUENCE 100 MG CAPSULE	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	4	PA - FOR NEW STARTS ONLY, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	4	PA - FOR NEW STARTS ONLY, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	4	PA - FOR NEW STARTS ONLY, QL (84 PER 28 DAYS)
ERIVEDGE 150 MG CAPSULE	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
erlotinib hcl (100 mg tablet, 150 mg tablet)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
erlotinib hcl 25 mg tablet	4	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ICLUSIG (10 MG TABLET, 30 MG TABLET, 45 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ICLUSIG 15 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
IDHIFA (50 MG TABLET, 100 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
imatinib mesylate 100 mg tab	4	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
imatinib mesylate 400 mg tab	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
INLYTA 1 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
INQOVI 35 MG-100 MG TABLET	4	PA - FOR NEW STARTS ONLY
IRESSA 250 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
KOSELUGO (10 MG CAPSULE, 25 MG CAPSULE)	4	
lapatinib 250 mg tablet	4	PA - FOR NEW STARTS ONLY, QL (180 PER 30 DAYS)
LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 12 MG DAILY DOSE, 14 MG DAILY DOSE, 18 MG DAILY DOSE, 20 MG DAILY DOSE, 24 MG DAILY DOSE)	4	PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
MEKINIST 2 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
NEXAVAR 200 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
ODOMZO 200 MG CAPSULE	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
STIVARGA 40 MG TABLET	4	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
sunitinib malate 12.5 mg cap	4	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	4	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
TAGRISSO (40 MG TABLET, 80 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
temsirolimus 25 mg vial	4	PA - Part B vs D Determination
TEPMETKO 225 MG TABLET	4	PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
TURALIO 200 MG CAPSULE	4	PA - FOR NEW STARTS ONLY
TYKERB 250 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (180 PER 30 DAYS)
UKONIQ 200 MG TABLET	4	PA - FOR NEW STARTS ONLY
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET, 50 MG TABLET)	2	PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TABLET	4	PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK	4	PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
VOTRIENT 200 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
WELIREG 40 MG TABLET	4	PA - FOR NEW STARTS ONLY
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
XOSPATA 40 MG TABLET	4	PA - FOR NEW STARTS ONLY
ZEJULA 100 MG CAPSULE	4	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
ZELBORAF 240 MG TABLET	4	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Retinoids		
bexarotene 75 mg capsule	4	PA - FOR NEW STARTS ONLY
PANRETIN 0.1% GEL	4	
TARGRETIN 1% GEL	4	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
tretinoin 10 mg capsule	4	
Treatment Adjuncts		
ELITEK (1.5 MG VIAL, 7.5 MG VIAL)	4	PA - Part B vs D Determination
KHAPZORY (175 MG VIAL, 300 MG VIAL)	4	PA - Part B vs D Determination
mesna (1 gram/10 ml vial, 100 mg/ml vial)	1	PA - Part B vs D Determination
MESNEX 400 MG TABLET	3	
Antiparasitics		
Anthelmintics		
albendazole 200 mg tablet	3	
ivermectin 3 mg tablet	1	
praziquantel 600 mg tablet	3	
Antiprotozoals		
ALINIA 100 MG/5 ML SUSPENSION	3	
atovaquone 750 mg/5 ml susp	4	
atovaquone-proguanil hcl (62.5-25, 250-100)	1	
chloroquine phosphate (250 mg tablet, 500 mg tablet)	1	
COARTEM TABLETS	3	
hydroxychloroquine sulfate (100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)	1	
mefloquine hcl 250 mg tablet	1	
NEBUPENT 300 MG INHAL POWDER	3	PA - Part B vs D Determination
nitazoxanide 500 mg tablet	3	
pentamidine isethionate (300 mg inhal powdr, 300 mg vial)	3	PA - Part B vs D Determination
primaquine 26.3 mg tablet	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pyrimethamine 25 mg tablet	3	PA
quinine sulfate 324 mg capsule	3	PA
tinidazole (250 mg tablet, 500 mg tablet)	1	
Pediculicides/Scabicides		
lindane 1% shampoo	1	
malathion 0.5% lotion	1	
permethrin 5% cream	1	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	1	
benztropine mesylate (2 mg/2 ml ampule, 2 mg/2 ml vial)	1	PA - Part B vs D Determination
trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)	1	
Antiparkinson Agents, Other		
entacapone 200 mg tablet	1	
tolcapone 100 mg tablet	1	QL (180 PER 30 DAYS)
Dopamine Agonists		
APOKYN 30 MG/3 ML CARTRIDGE	4	PA, QL (90 PER 30 DAYS)
bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)	1	
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	3	PA, QL (150 PER 30 DAYS)
KYNMOBI TITRATION KIT	3	PA, QL (20 PER 365 OVER TIME)
NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH)	3	ST
pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)	1	
pramipexole er (0.375 mg tablet, 0.75 mg tablet, 1.5 mg tablet, 2.25 mg tablet, 3 mg tablet, 3.75 mg tablet, 4.5 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ropinirole er (er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet)	3	
ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)	1	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
carbidopa 25 mg tablet	1	
carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)	1	
carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)	1	
carbidopa-levodopa-entacapone (50, 75, 100, 125, 150, 200)	1	
RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP)	3	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	1	
selegiline hcl (5 mg capsule, 5 mg tablet)	1	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml ampule, 50 mg tablet, 50 mg/2 ml amp, 100 mg tablet, 200 mg tablet)	1	
chlorpromazine hcl (30 mg/ml conc, 100 mg/ml conc)	3	
fluphenazine dec 125 mg/5 ml	1	
fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)	1	
haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
haloperidol dec 100 mg/ml amp	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
haloperidol decanoate (dec 50 mg/ml vial, dec 100 mg/ml amp, dec 100 mg/ml vial, dec 250 mg/5 ml vl, dec 500 mg/5 ml vl, decan 50 mg/ml amp)	1	
haloperidol lactate (2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl)	1	
loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)	1	
molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)	1	
perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)	1	
pimozide (1 mg tablet, 2 mg tablet)	1	
thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)	1	
trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)	1	
2nd Generation/Atypical		
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	4	
ABILIFY MYCITE (2 MG KIT, 2 MG MAINT KIT, 2 MG START KIT, 5 MG KIT, 5 MG MAINT KIT, 5 MG START KIT, 10 MG KIT, 10 MG MAINT KIT, 10 MG START KIT, 15 MG KIT, 15 MG MAINT KIT, 15 MG START KIT, 20 MG KIT, 20 MG MAINT KIT, 20 MG START KIT, 30 MG KIT, 30 MG MAINT KIT, 30 MG START KIT)	4	
aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	1	QL (30 PER 30 DAYS)
aripiprazole (2 mg tablet, 5 mg tablet)	1	QL (60 PER 30 DAYS)
aripiprazole 1 mg/ml solution	1	QL (750 PER 30 DAYS)
aripiprazole odt (10 mg tablet, 15 mg tablet)	1	QL (60 PER 30 DAYS)
ARISTADA (ER 441 MG/1.6 ML SYRN, ER 662 MG/2.4 ML SYRN, ER 882 MG/3.2 ML SYRN, ER 1064 MG/3.9 ML SYR)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA INITIO ER 675 MG/2.4	4	
asenapine maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	3	ST, QL (60 PER 30 DAYS)
CAPLYTA 42 MG CAPSULE	4	ST, QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	3	ST, QL (8 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	4	ST, QL (0.75 PER 30 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	4	ST, QL (1 PER 30 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	4	ST, QL (1.5 PER 30 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	3	ST, QL (0.25 PER 30 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	3	ST, QL (0.5 PER 30 DAYS)
INVEGA TRINZA (273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML)	4	
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	4	ST, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	4	ST, QL (60 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)	1	QL (30 PER 30 DAYS)
olanzapine 10 mg vial	1	
olanzapine odt (5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)	1	QL (30 PER 30 DAYS)
paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)	3	QL (30 PER 30 DAYS)
paliperidone er 6 mg tablet	3	QL (60 PER 30 DAYS)
PERSERIS (ER 90 MG POWDER SYRNG, ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT)	4	
quetiapine er 200 mg tablet	1	QL (90 PER 30 DAYS)
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	QL (90 PER 30 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 300 mg tablet, er 400 mg tablet)	1	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	3	QL (30 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL)	3	
RISPERDAL CONSTA (37.5 MG VIAL, 50 MG VIAL)	4	
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)	1	QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	1	QL (240 PER 30 DAYS)
risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)	1	QL (60 PER 30 DAYS)
SAPHRIS (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	3	ST, QL (60 PER 30 DAYS)
SECUADO (3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)	4	PA - FOR NEW STARTS ONLY
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	3	ST, QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	3	ST, QL (14 PER 365 OVER TIME)
ziprasidone 20 mg/ml vial	3	
ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)	1	QL (60 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	2	PA - Part B vs D Determination
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT, 405 MG VIAL, 405 MG VL KIT)	4	PA - Part B vs D Determination
Treatment-Resistant		
clozapine (25 mg tablet, 100 mg tablet)	1	QL (270 PER 30 DAYS)
clozapine 200 mg tablet	1	QL (120 PER 30 DAYS)
clozapine 50 mg tablet	1	QL (180 PER 30 DAYS)
clozapine odt (25 mg tablet, 100 mg tablet)	1	QL (270 PER 30 DAYS)
clozapine odt 12.5 mg tablet	1	QL (90 PER 30 DAYS)
clozapine odt 150 mg tablet	1	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clozapine odt 200 mg tablet	1	QL (120 PER 30 DAYS)
VERSACLOZ 50 MG/ML SUSPENSION	3	QL (540 PER 30 DAYS)
Antispasticity Agents		
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	1	
tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)	3	
tizanidine hcl (2 mg tablet, 4 mg tablet)	1	
Antivirals		
Anti-Cytomegalovirus (CMV) Agents		
cidofovir 375 mg/5 ml vial	4	PA - Part B vs D Determination
ganciclovir sodium (500 mg vial, 500 mg/10 ml vial)	1	PA - Part B vs D Determination
PREVYMIS (240 MG TABLET, 240 MG/12 ML VIAL, 480 MG TABLET, 480 MG/24 ML VIAL)	4	
valganciclovir hcl (50 mg/ml, 450 mg tablet)	4	
ZIRGAN 0.15% OPHTHALMIC GEL	3	
Anti-Hepatitis B (HBV) Agents		
adefovir dipivoxil 10 mg tab	4	QL (30 PER 30 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	4	QL (600 PER 30 DAYS)
entecavir (0.5 mg tablet, 1 mg tablet)	1	QL (30 PER 30 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	2	
INTRON A (10 MILLION UNITS VIAL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIAL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIAL)	4	PA - FOR NEW STARTS ONLY
lamivudine 100 mg tablet	1	
lamivudine hbv 100 mg tablet	1	
Anti-Hepatitis C (HCV) Agents, Direct Acting Agents		
MAVYRET 100-40 MG TABLET	4	PA, QL (336 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sofosbuvir-velpatasvir 400-100	4	PA, QL (84 PER 365 OVER TIME)
Anti-Hepatitis C (HCV) Agents, Other		
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	4	PA, QL (4 PER 28 DAYS)
PEGASYS PROCLICK 180 MCG/0.5	4	PA, QL (4 PER 28 DAYS)
PEGINTRON 50 MCG KIT	4	
ribasphere (200 mg capsule, 600 mg tablet)	1	
RIBASPHERE RIBAPAK 600-400 MG	4	
ribavirin (200 mg capsule, 200 mg tablet)	1	
Anti-Hiv Agents, Integrase Inhibitors (INSTI)		
BIKTARVY 50-200-25 MG TABLET	4	QL (30 PER 30 DAYS)
CABENUVA (400 MG-600 MG ER SUSP, 600 MG-900 MG ER SUSP)	4	
DELSTRIGO 100-300-300 MG TAB	4	QL (30 PER 30 DAYS)
DOVATO 50-300 MG TABLET	4	QL (30 PER 30 DAYS)
GENVOYA TABLET	4	QL (30 PER 30 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW)	2	
JULUCA 50-25 MG TABLET	4	QL (30 PER 30 DAYS)
STRIBILD TABLET	4	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	4	
TIVICAY 10 MG TABLET	2	
TIVICAY PD 5 MG TAB FOR SUSP	3	
TRIUMEQ 600-50-300 MG TABLET	4	QL (30 PER 30 DAYS)
VOCABRIA 30 MG TABLET	4	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA TABLET	4	QL (30 PER 30 DAYS)
COMPLERA TABLET	4	QL (30 PER 30 DAYS)
EDURANT 25 MG TABLET	4	
efavir-emtri-tenof 600-200-300	4	QL (30 PER 30 DAYS)
efavirenz (200 mg capsule, 600 mg tablet)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
efavirenz 50 mg capsule	1	
efavirenz-lamivu-tenofov disop (400-300-300, 600-300-300)	4	QL (30 PER 30 DAYS)
etravirine (100 mg tablet, 200 mg tablet)	4	
INTELENCE (100 MG TABLET, 200 MG TABLET)	4	
INTELENCE 25 MG TABLET	2	
nevirapine 200 mg tablet	1	
nevirapine 50 mg/5 ml susp	3	
nevirapine er (100 mg tablet, 400 mg tablet)	1	
ODEFSEY TABLET	4	QL (30 PER 30 DAYS)
PIFELTRO 100 MG TABLET	4	QL (30 PER 30 DAYS)
RESCRIPTOR 200 MG TABLET	2	
SYMFI 600-300-300 MG TABLET	4	QL (30 PER 30 DAYS)
SYMFI LO 400-300-300 MG TABLET	4	QL (30 PER 30 DAYS)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir (20 mg/ml solution, 300 mg tablet)	1	
abacavir-lamivudine 600-300 mg	3	QL (30 PER 30 DAYS)
abacavir-lamivudine-zidov tab	4	QL (60 PER 30 DAYS)
CIMDUO 300-300 MG TABLET	4	QL (30 PER 30 DAYS)
DESCOVY 200-25 MG TABLET	4	QL (30 PER 30 DAYS)
didanosine (dr 200 mg capsule, dr 250 mg capsule, dr 400 mg capsule)	1	
emtricitabine 200 mg capsule	2	
emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg, 200-300mg)	4	QL (30 PER 30 DAYS)
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	2	
lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)	1	
lamivudine-zidovudine tablet	1	QL (60 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	2	
stavudine (15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TEMIXYS 300-300 MG TABLET	4	QL (30 PER 30 DAYS)
tenofovir disop fum 300 mg tb	3	
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET, 200 MG-300 MG TABLET)	4	QL (30 PER 30 DAYS)
VIDEX 2 GM PEDIATRIC SOLN	2	
VIDEX EC 125 MG CAPSULE	2	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	4	
VIREAD POWDER	2	
zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)	1	
Anti-Hiv Agents, Other		
FUZEON 90 MG VIAL	4	QL (60 PER 30 DAYS)
ISENTRESS 400 MG TABLET	4	
ISENTRESS HD 600 MG TABLET	4	
RUKOBIA ER 600 MG TABLET	4	
SELZENTRY (75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	4	
SELZENTRY 20 MG/ML ORAL SOLN	2	
SELZENTRY 25 MG TABLET	3	
TROGARZO 200 MG/1.33 ML VIAL	4	
TYBOST 150 MG TABLET	2	
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS 100 MG/ML SOLUTION	2	
APTIVUS 250 MG CAPSULE	4	
atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)	3	
CRIXIVAN (200 MG CAPSULE, 400 MG CAPSULE)	2	
EVOTAZ 300 MG-150 MG TABLET	4	QL (30 PER 30 DAYS)
fosamprenavir 700 mg tablet	4	
INVIRASE 500 MG TABLET	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	2	
LEXIVA 50 MG/ML SUSPENSION	2	
lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavr 100-25mg tb, lopinavir-ritonavr 200-50mg tb)	1	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	2	
PREZCOBIX 800 MG-150 MG TABLET	4	QL (30 PER 30 DAYS)
PREZISTA (100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	4	
PREZISTA 75 MG TABLET	3	
REYATAZ 50 MG POWDER PACKET	4	
ritonavir 100 mg tablet	1	
SYMTUZA 800-150-200-10 MG TAB	4	QL (30 PER 30 DAYS)
VIRACEPT (250 MG TABLET, 625 MG TABLET)	4	
Anti-Influenza Agents		
amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml soln)	1	
oseltamivir 6 mg/ml suspension	3	QL (1080 PER 365 OVER TIME)
oseltamivir phos 30 mg capsule	1	QL (168 PER 365 OVER TIME)
oseltamivir phos 45 mg capsule	1	QL (84 PER 365 OVER TIME)
oseltamivir phos 75 mg capsule	1	QL (110 PER 365 OVER TIME)
RELENZA 5 MG DISKHALER	3	QL (240 PER 365 OVER TIME)
rimantadine hcl 100 mg tablet	1	
XOFLUZA (20 MG TAB (40 MG DOSE), 40 MG TAB (80 MG DOSE), 40 MG TABLET, 80 MG TABLET)	2	QL (4 PER 365 OVER TIME)
Antiherpetic Agents		
acyclovir (5% ointment, 200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)	1	
acyclovir 5% cream	3	
acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)	1	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)	1	
trifluridine 1% eye drops	1	
valacyclovir (1 gram tablet, 500 mg tablet)	1	QL (120 PER 30 DAYS)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)	1	
meprobamate (200 mg tablet, 400 mg tablet)	1	
Benzodiazepines		
alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)	1	QL (120 PER 30 DAYS)
alprazolam 2 mg tablet	1	QL (150 PER 30 DAYS)
alprazolam er (0.5 mg tablet, 1 mg tablet)	1	QL (30 PER 30 DAYS)
alprazolam er 2 mg tablet	1	QL (150 PER 30 DAYS)
alprazolam er 3 mg tablet	1	QL (90 PER 30 DAYS)
alprazolam intensol 1 mg/ml	3	
alprazolam odt (0.25 mg tab, 0.5 mg tab, 1 mg tab)	1	QL (120 PER 30 DAYS)
alprazolam odt 2 mg tab	1	QL (150 PER 30 DAYS)
alprazolam xr (0.5 mg tablet, 1 mg tablet)	1	QL (30 PER 30 DAYS)
alprazolam xr 2 mg tablet	1	QL (150 PER 30 DAYS)
alprazolam xr 3 mg tablet	1	QL (90 PER 30 DAYS)
chlordiazepoxide 10 mg capsule	1	QL (900 PER 30 DAYS)
chlordiazepoxide 25 mg capsule	1	QL (360 PER 30 DAYS)
chlordiazepoxide 5 mg capsule	1	QL (120 PER 30 DAYS)
clorazepate 15 mg tablet	1	QL (180 PER 30 DAYS)
clorazepate 3.75 mg tablet	1	QL (720 PER 30 DAYS)
clorazepate 7.5 mg tablet	1	QL (360 PER 30 DAYS)
diazepam (5 mg/5 ml solution, 5 mg/ml oral conc)	1	
diazepam 10 mg tablet	1	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diazepam 2 mg tablet	1	QL (300 PER 30 DAYS)
diazepam 5 mg tablet	1	QL (240 PER 30 DAYS)
lorazepam (0.5 mg tablet, 1 mg tablet)	1	QL (90 PER 30 DAYS)
lorazepam 2 mg tablet	1	QL (150 PER 30 DAYS)
lorazepam 2 mg/ml oral concent	1	
oxazepam (10 mg capsule, 15 mg capsule, 30 mg capsule)	1	QL (120 PER 30 DAYS)
temazepam (7.5 mg capsule, 15 mg capsule, 22.5 mg capsule, 30 mg capsule)	1	QL (30 PER 30 DAYS)
triazolam (0.125 mg tablet, 0.25 mg tablet)	1	QL (60 PER 30 DAYS)
Bipolar Agents		
Mood Stabilizers		
lithium 8 meq/5 ml solution	1	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	1	
lithium carbonate er (300 mg tb, 450 mg tb)	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
glimepiride 1 mg tablet	1	QL (240 PER 30 DAYS)
glimepiride 2 mg tablet	1	QL (120 PER 30 DAYS)
glimepiride 4 mg tablet	1	QL (60 PER 30 DAYS)
glipizide 10 mg tablet	1	QL (120 PER 30 DAYS)
glipizide 5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide er 10 mg tablet	1	QL (60 PER 30 DAYS)
glipizide er 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide er 5 mg tablet	1	QL (120 PER 30 DAYS)
glipizide xl 10 mg tablet	1	QL (60 PER 30 DAYS)
glipizide xl 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide xl 5 mg tablet	1	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glipizide-metformin (2.5-500 mg, 5-500 mg)	1	QL (120 PER 30 DAYS)
glipizide-metformin 2.5-250 mg	1	QL (240 PER 30 DAYS)
glyburid-metformin 1.25-250 mg	1	QL (240 PER 30 DAYS)
glyburide (1.25 mg tablet, 2.5 mg tablet, 5 mg tablet)	1	
glyburide micronized (1.5 mg tab, 3 mg tablet, 6 mg tablet)	1	
glyburide-metformin hcl (2.5-500 mg, 5-500 mg)	1	QL (120 PER 30 DAYS)
GLYXAMBI (10 MG TABLET, 25 MG TABLET)	2	
INVOKAMET (50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	2	QL (60 PER 30 DAYS)
INVOKAMET 50-500 MG TABLET	2	QL (120 PER 30 DAYS)
INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-1,000 MG TAB, 150-500 MG TABLET)	2	QL (60 PER 30 DAYS)
INVOKANA 100 MG TABLET	2	QL (90 PER 30 DAYS)
INVOKANA 300 MG TABLET	2	QL (30 PER 30 DAYS)
JANUMET (50-1,000 MG TABLET, 50-500 MG TABLET)	2	QL (60 PER 30 DAYS)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	2	QL (60 PER 30 DAYS)
JANUMET XR 100-1,000 MG TABLET	2	QL (30 PER 30 DAYS)
JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	2	
JARDIANCE 10 MG TABLET	2	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	2	QL (30 PER 30 DAYS)
JENTADUETO (2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB)	2	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	2	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	2	QL (30 PER 30 DAYS)
metformin hcl 1,000 mg tablet	1	QL (60 PER 30 DAYS)
metformin hcl 500 mg tablet	1	QL (150 PER 30 DAYS)
metformin hcl 500 mg/5 ml soln	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
metformin hcl 850 mg tablet	1	QL (90 PER 30 DAYS)
metformin hcl er 500 mg tablet	1	QL (120 PER 30 DAYS)
metformin hcl er 750 mg tablet	1	QL (60 PER 30 DAYS)
nateglinide (60 mg tablet, 120 mg tablet)	1	
pioglitazone hcl 15 mg tablet	1	QL (60 PER 30 DAYS)
pioglitazone hcl 30 mg tablet	1	QL (45 PER 30 DAYS)
pioglitazone hcl 45 mg tablet	1	QL (30 PER 30 DAYS)
pioglitazone-glimepiride (30-2, 30-4)	1	QL (30 PER 30 DAYS)
pioglitazone-metformin (15-500, 15-850)	1	QL (90 PER 30 DAYS)
repaglinide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	1	
repaglinide-metformin hcl (1-500 mg, 2-500 mg)	1	
SYMLINPEN 120 PEN INJECTOR	3	PA, QL (10.8 PER 30 DAYS)
SYMLINPEN 60 PEN INJECTOR	3	PA, QL (6 PER 30 DAYS)
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET)	2	QL (60 PER 30 DAYS)
SYNJARDY (5-500 MG TABLET, 12.5-500 MG TABLET)	2	QL (120 PER 30 DAYS)
SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)	2	QL (30 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	2	QL (60 PER 30 DAYS)
tolbutamide 500 mg tablet	1	
TRADJENTA 5 MG TABLET	2	
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)	2	QL (2 PER 28 DAYS)
VICTOZA 2-PAK 18 MG/3 ML PEN	2	QL (9 PER 30 DAYS)
VICTOZA 3-PAK 18 MG/3 ML PEN	2	QL (9 PER 30 DAYS)

Glycemic Agents

diazoxide 50 mg/ml oral susp	3	
GLUCAGEN 1 MG HYPOKIT	2	
GLUCAGON EMERGENCY KIT (1 MG EMERGENCY KIT, 1 MG VIAL)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Insulins		
LANTUS 100 UNIT/ML VIAL	2	
LANTUS SOLOSTAR 100 UNIT/ML	2	
LEVEMIR 100 UNIT/ML VIAL	2	
LEVEMIR FLEXTOUCH 100 UNIT/ML	2	
NOVOLIN 70-30 (100 UNIT/ML VIAL, RELION VIAL)	2	
NOVOLIN 70-30 FLEXPEN (, RELION)	2	
NOVOLIN N (100 UNIT/ML VIAL, RELION 100 UNIT/ML)	2	
NOVOLIN N FLEXPEN (N 100 UNIT/ML, RELION N U-100)	2	
NOVOLIN R (100 UNIT/ML VIAL, RELION 100 UNIT/ML)	2	
NOVOLIN R FLEXPEN (R 100 UNIT/ML, RELION R U-100)	2	
NOVOLOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL, RELION 100 UNIT/ML VL)	2	
NOVOLOG FLEXPEN (100 UNIT/ML, RELION U-100)	2	
NOVOLOG MIX 70-30 (RELION VIAL, VIAL)	2	
NOVOLOG MIX 70-30 FLEXPEN (, RELION 70-30 FLXPN)	2	
SOLIQUA 100 UNIT-33 MCG/ML PEN	2	ST
TOUJEO MAX SOLOSTR 300 UNIT/ML	2	
TOUJEO SOLOSTAR 300 UNIT/ML	2	
TRESIBA 100 UNIT/ML VIAL	2	
TRESIBA FLEXTOUCH 100 UNIT/ML	2	
TRESIBA FLEXTOUCH 200 UNIT/ML	2	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
COUMADIN (1 MG TABLET, 2 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIQUIS 2.5 MG TABLET	2	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET	2	QL (90 PER 30 DAYS)
ELIQUIS DVT-PE TREAT START 5MG	2	QL (148 PER 365 OVER TIME)
enoxaparin 30 mg/0.3 ml syr	1	QL (10.5 PER 90 OVER TIME)
enoxaparin 300 mg/3 ml vial	1	QL (105 PER 90 OVER TIME)
enoxaparin 40 mg/0.4 ml syr	1	QL (14 PER 90 OVER TIME)
enoxaparin 60 mg/0.6 ml syr	1	QL (21 PER 90 OVER TIME)
enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)	1	QL (35 PER 90 OVER TIME)
enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)	1	QL (28 PER 90 OVER TIME)
fondaparinux 10 mg/0.8 ml syr	1	QL (28 PER 90 OVER TIME)
fondaparinux 2.5 mg/0.5 ml syr	1	QL (17.5 PER 90 OVER TIME)
fondaparinux 5 mg/0.4 ml syr	1	QL (14 PER 90 OVER TIME)
fondaparinux 7.5 mg/0.6 ml syr	1	QL (21 PER 90 OVER TIME)
heparin 1,000 unit/500 ml-ns	1	
heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpujct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)	1	
heparin sodium-d5w (20,000 unit/500, 25,000 unit/250, 25,000 unit/500)	1	
heparin-12,500 unit/250-1/2 ns	2	
jantoven (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)	1	
PRADAXA (75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE)	3	QL (60 PER 30 DAYS)
warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	2	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	2	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	2	QL (102 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Blood Formation Modifiers		
anagrelide hcl (0.5 mg capsule, 1 mg capsule)	1	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 150 MCG/0.75 ML VIAL, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	3	PA
DOPTELET ((10 TAB PK) 20 MG TAB, (15 TAB PK) 20 MG TAB, (30 TAB PK) 20 MG TAB)	4	PA
EPOGEN (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNITS/2 ML VIAL, 20,000 UNITS/ML VIAL)	3	PA
FULPHILA 6 MG/0.6 ML SYRINGE	4	
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	4	PA - Part B vs D Determination
LEUKINE 250 MCG VIAL	4	PA
MOZOBIL 24 MG/1.2 ML VIAL	4	QL (30 PER 30 DAYS)
NEULASTA 6 MG/0.6 ML SYRINGE	4	PA
NEULASTA ONPRO 6 MG/0.6 ML KIT	4	PA
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)	4	
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	3	PA
PROMACTA (12.5 MG SUSPEN PACKET, 25 MG SUSPENSION PCKT)	4	PA
PROMACTA (12.5 MG TABLET, 25 MG TABLET, 75 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
PROMACTA 50 MG TABLET	4	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UDENYCA 6 MG/0.6 ML SYRINGE	4	PA
Hemostasis Agents		
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL)	3	PA
tranexamic acid 1,000 mg/10 ml	1	PA - Part B vs D Determination
tranexamic acid 650 mg tablet	1	
Platelet Modifying Agents		
aspirin-dipyridam er 25-200 mg	1	QL (60 PER 30 DAYS)
BRILINTA (60 MG TABLET, 90 MG TABLET)	2	QL (60 PER 30 DAYS)
cilostazol (50 mg tablet, 100 mg tablet)	1	
clopidogrel (75 mg tablet, 300 mg tablet)	1	
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	1	
prasugrel hcl (5 mg tablet, 10 mg tablet)	1	QL (30 PER 30 DAYS)
ZONTIVITY 2.08 MG TABLET	3	ST
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine (0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch)	1	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	1	
guanfacine hcl (1 mg tablet, 2 mg tablet)	1	
methyldopa (250 mg tablet, 500 mg tablet)	1	
methyldopa-hydrochlorothiazide (250-15 mg tab, 250-25 mg tab)	1	
midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1	
Alpha-Adrenergic Blocking Agents		
phenoxybenzamine hcl 10 mg cap	3	
prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Angiotensin ll Receptor Antagonists		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)	3	QL (60 PER 30 DAYS)
candesartan cilexetil 32 mg tb	3	QL (30 PER 30 DAYS)
candesartan-hydrochlorothiazid (16-12.5 mg tb, 32-12.5 mg tb, 32-25 mg tab)	3	QL (30 PER 30 DAYS)
eprosartan mesylate 600 mg tab	1	QL (30 PER 30 DAYS)
irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)	1	QL (30 PER 30 DAYS)
irbesartan-hydrochlorothiazide (150-12.5 mg tb, 300-12.5 mg tb)	1	QL (30 PER 30 DAYS)
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	1	
losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	1	
telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)	1	QL (30 PER 30 DAYS)
telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-12.5 mg tb, 80-25 mg tab)	3	QL (30 PER 30 DAYS)
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)	1	QL (60 PER 30 DAYS)
valsartan 320 mg tablet	1	QL (30 PER 30 DAYS)
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)	1	QL (30 PER 30 DAYS)
Angiotensin-Converting Enzyme (ACE) Inhibitors		
benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
captopril-hydrochlorothiazide (25-15 mg tablet, 25-25 mg tablet, 50-15 mg tablet, 50-25 mg tablet)	1	
enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)	1	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	
fosinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)	1	
lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	1	
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
moexipril hcl (7.5 mg tablet, 15 mg tablet)	1	
perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)	1	
quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule)	1	
trandolapril (1 mg tablet, 2 mg tablet, 4 mg tablet)	1	
trandolapril-verapamil er (er 1-240 mg, er 2-180 mg, er 2-240 mg, er 4-240 mg)	1	
Antiarrhythmics		
amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)	1	
amiodarone hcl (150 mg/3 ml vial, 450 mg/9 ml vial, 900 mg/18 ml vial)	1	PA - Part B vs D Determination
disopyramide phosphate (100 mg capsule, 150 mg capsule)	1	
dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)	1	
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	1	
mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)	1	
MULTAQ 400 MG TABLET	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
procainamide hcl (1 gram/10 ml vial, 1 gram/2 ml vial, 1,000 mg/10 ml vl, 1,000 mg/2 ml vl)	1	
propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)	1	
propafenone hcl er (225 mg cap, 325 mg cap, 425 mg cap)	1	
quinidine gluc er 324 mg tab	1	
quinidine sulfate (200 mg tab, 300 mg tab)	1	
sorine (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)	1	
sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)	1	
sotalol af (80 mg tablet, 120 mg tablet, 160 mg tablet)	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION	3	
Beta-Adrenergic Blocking Agents		
acebutolol hcl (200 mg capsule, 400 mg capsule)	1	
atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
atenolol-chlorthalidone (50-25, 100-25)	1	
betaxolol hcl (10 mg tablet, 20 mg tablet)	1	
bisoprolol fumarate (5 mg tab, 10 mg tab)	1	
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)	1	
BYSTOLIC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	2	QL (90 PER 30 DAYS)
BYSTOLIC 20 MG TABLET	2	QL (60 PER 30 DAYS)
carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)	1	
carvedilol er (10 mg capsule, 20 mg capsule, 40 mg capsule, 80 mg capsule)	3	
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)	1	
labetalol hcl (20 mg/4 ml crpjt, 20 mg/4 ml syrng, 20 mg/4 ml vial, 100 mg/20 ml vl, 200 mg/40 ml vl)	1	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab)	1	
metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)	1	
metoprolol tartrate (5 mg/5 ml carpuject, tart 5 mg/5 ml amp, tart 5 mg/5 ml vial)	1	PA - Part B vs D Determination
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	1	
nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)	1	
nebivolol 20 mg tablet	1	QL (60 PER 30 DAYS)
nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1	QL (90 PER 30 DAYS)
pindolol (5 mg tablet, 10 mg tablet)	1	
propranolol 1 mg/ml vial	1	PA - Part B vs D Determination
propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)	1	
propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)	1	
propranolol-hydrochlorothiazid (40-25 mg tab, 80-25 mg tab)	1	
Calcium Channel Blocking Agents		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
amlodipine besylate-benazepril (2.5-10, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)	1	
amlodipine-atorvastatin (2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)	3	QL (30 PER 30 DAYS)
amlodipine-valsartan (5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg)	3	
amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg, 10-160-12.5mg, 10-160-25 mg, 10-320-25 mg)	3	
CARDENE I.V. (20 MG/200 ML SOLN, 40 MG/200 ML IV)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cartia xt (120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule)	1	
dilt-xr (120 mg capsule, 180 mg capsule, 240 mg capsule)	1	
diltiazem 12hr er (60 mg cap, 90 mg cap, 120 mg cap)	3	
diltiazem 24hr er (120 mg cap, 180 mg cap, 240 mg cap, 300 mg cap, 360 mg cap)	1	
diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 300 mg cp, 24h er(cd) 360 mg cp)	1	
diltiazem 24hr er (la) (24h er(la) 180 mg tb, 24h er(la) 240 mg tb, 24h er(la) 300 mg tb, 24h er(la) 360 mg tb, 24h er(la) 420 mg tb)	3	
diltiazem 24hr er 420 mg cap	3	
diltiazem hcl (25 mg/5 ml vial, 50 mg/10 ml vial, 100 mg add-van vial, 125 mg/25 ml vial)	1	PA - Part B vs D Determination
diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)	1	
felodipine er (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1	
isradipine (2.5 mg capsule, 5 mg capsule)	1	
matzim la (180 mg tablet, 240 mg tablet, 300 mg tablet, 360 mg tablet, 420 mg tablet)	3	
nicardipine hcl (20 mg capsule, 25 mg/10 ml ampule, 25 mg/10 ml vial, 30 mg capsule)	1	
nifedipine (10 mg capsule, 20 mg capsule)	1	
nifedipine er (30 mg tablet, 60 mg tablet, 90 mg tablet)	1	
nimodipine 30 mg capsule	1	
nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 20 mg tablet, er 25.5 mg tablet, er 30 mg tablet, er 34 mg tablet, er 40 mg tablet)	1	
NYMALIZE (30 MG/10 ML SOLUTION, 60 MG/20 ML SOLUTION)	3	
taztia xt (120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule, 360 mg capsule)	1	
telmisartan-amlodipine (40-10, 40-5 mg, 80-10, 80-5 mg)	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
verapamil er (120 mg capsule, 120 mg tablet, 180 mg capsule, 180 mg tablet, 240 mg capsule, 240 mg tablet)	1	
verapamil er pm (100 mg capsule, 200 mg capsule, 300 mg capsule)	1	
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)	1	
verapamil hcl (5 mg/2 ml ampul, 5 mg/2 ml vial, 10 mg/4 ml vial)	1	PA - Part B vs D Determination
verapamil sr (120 mg capsule, 180 mg capsule, 240 mg capsule, 360 mg capsule)	1	
Cardiovascular Agents, Other		
acetazolamide sod 500 mg vial	1	
aliskiren (150 mg tablet, 300 mg tablet)	3	
atropine sulfate (0.05 mg/ml syringe, 0.5 mg/5 ml abboject, 0.5 mg/5 ml syringe, 1 mg/10 ml abboject, 1 mg/10 ml syringe)	1	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	3	ST, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	3	ST, QL (450 PER 30 DAYS)
digitek (125 mcg tablet, 250 mcg tablet)	1	QL (30 PER 30 DAYS)
digox (125 mcg tablet, 250 mcg tablet)	1	QL (30 PER 30 DAYS)
digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)	1	QL (30 PER 30 DAYS)
digoxin 0.05 mg/ml solution	2	
droxidopa 100 mg capsule	4	PA, QL (540 PER 30 DAYS)
droxidopa 200 mg capsule	4	PA, QL (270 PER 30 DAYS)
droxidopa 300 mg capsule	4	PA, QL (180 PER 30 DAYS)
ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	2	QL (60 PER 30 DAYS)
EVKEEZA (345 MG/2.3 ML VIAL, 1,200 MG/8 ML VIAL)	4	PA
metyrosine 250 mg capsule	2	
pentoxifylline er 400 mg tab	1	
PRALUENT PEN (75 MG/ML PEN, 150 MG/ML PEN)	3	PA, QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ranolazine er (500 mg tablet, 1,000 mg tablet)	3	
REPATHA 140 MG/ML SURECLICK	3	PA, QL (3 PER 28 DAYS)
REPATHA 140 MG/ML SYRINGE	3	PA, QL (3 PER 28 DAYS)
REPATHA 420 MG/3.5ML PUSHTRONX	3	PA, QL (7 PER 28 DAYS)
TEKTURNA HCT (150-12.5 MG TAB, 150-25 MG TABLET, 300-12.5 MG TAB, 300-25 MG TABLET)	3	ST, QL (30 PER 30 DAYS)
Diuretics, Loop		
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)	1	
furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syring, 100 mg/10 ml vial)	1	
torsemide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)	1	
Diuretics, Potassium-Sparing		
amiloride hcl 5 mg tablet	1	
amiloride hcl-hctz 5-50 mg tab	1	
eplerenone (25 mg tablet, 50 mg tablet)	1	
spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
spironolactone-hctz 25-25 tab	1	
triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)	1	
Diuretics, Thiazide		
chlorothiazide (250 mg tablet, 500 mg tablet)	1	
chlorothiazide sod 500 mg vial	1	PA - Part B vs D Determination
chlorthalidone (25 mg tablet, 50 mg tablet)	1	
hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)	1	
indapamide (1.25 mg tablet, 2.5 mg tablet)	1	
metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate (43 mg capsule, 50 mg capsule, 120 mg tablet, 130 mg capsule, 150 mg capsule, 200 mg capsule)	3	QL (30 PER 30 DAYS)
fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet)	1	QL (30 PER 30 DAYS)
fenofibrate 40 mg tablet	3	
fenofibric acid (35 mg tablet, 105 mg tablet)	3	
fenofibric acid (dr 45 mg cap, dr 135 mg cap)	3	QL (30 PER 30 DAYS)
gemfibrozil 600 mg tablet	1	QL (60 PER 30 DAYS)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)	1	QL (30 PER 30 DAYS)
fluvastatin er 80 mg tablet	3	QL (30 PER 30 DAYS)
fluvastatin sodium (20 mg cap, 40 mg cap)	3	
LIVALO (1 MG TABLET, 2 MG TABLET, 4 MG TABLET)	3	QL (30 PER 30 DAYS)
lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	1	QL (30 PER 30 DAYS)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	QL (30 PER 30 DAYS)
simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)	1	QL (30 PER 30 DAYS)
Dyslipidemics, Other		
cholestyramine (packet, powder)	1	
cholestyramine light (packet, powder)	1	
colesevelam hcl (3.75 g packet, 625 mg tablet)	1	
colestipol hcl (1 gm tablet, granules, granules packet)	1	
ezetimibe 10 mg tablet	1	
ezetimibe-simvastatin (10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
icosapent ethyl 1 gram capsule	3	PA
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	4	PA
niacin er (500 mg tablet, 750 mg tablet, 1,000 mg tablet)	1	QL (60 PER 30 DAYS)
niacor 500 mg tablet	1	
omega-3 ethyl esters 1 gm cap	1	QL (120 PER 30 DAYS)
prevalite (packet, powder)	1	
VASCEPA (0.5 GM CAPSULE, 1 GM CAPSULE)	3	PA
Vasodilators, Direct-Acting Arterial		
hydralazine 20 mg/ml vial	1	PA - Part B vs D Determination
hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
minoxidil (2.5 mg tablet, 10 mg tablet)	1	
Vasodilators, Direct-Acting Arterial/Venous		
BIDIL 20 MG-37.5 MG TABLET	3	
isosorbide dinitr er 40 mg tab	1	
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	1	
isosorbide mononitrate (10 mg tab, 20 mg tab)	1	
isosorbide mononitrate er (er 30 mg tb, er 60 mg tb, er 120 mg)	1	
minitran (0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch)	1	
NITRO-BID 2% OINTMENT	2	
nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.6 mg tablet sl, 400 mcg spray)	1	
nitroglycerin 5 mg/ml vial	1	PA - Part B vs D Determination
nitroglycerin patch (0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch)	1	
NITROSTAT (0.3 MG TABLET, 0.4 MG TABLET, 0.6 MG TABLET)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
dextroamphetamine 10 mg tab	1	QL (180 PER 30 DAYS)
dextroamphetamine 5 mg tab	1	QL (90 PER 30 DAYS)
dextroamphetamine er 10 mg cap	1	QL (180 PER 30 DAYS)
dextroamphetamine er 15 mg cap	1	QL (120 PER 30 DAYS)
dextroamphetamine er 5 mg cap	1	QL (60 PER 30 DAYS)
dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)	1	QL (30 PER 30 DAYS)
dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)	1	QL (90 PER 30 DAYS)
methamphetamine 5 mg tablet	1	PA, QL (150 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine hcl (18 mg capsule, 25 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule, 100 mg capsule)	3	QL (30 PER 30 DAYS)
atomoxetine hcl 10 mg capsule	3	QL (60 PER 30 DAYS)
clonidine hcl er 0.1 mg tablet	1	
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	1	QL (60 PER 30 DAYS)
dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp, er 15 mg cp, er 20 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)	1	QL (30 PER 30 DAYS)
guanfacine hcl er (1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)	1	QL (30 PER 30 DAYS)
methylphenidate 10 mg chew tab	1	QL (180 PER 30 DAYS)
methylphenidate er (18 mg tab, 27 mg tab, 54 mg tab)	1	QL (30 PER 30 DAYS)
methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp, er(la) 30mg cp, er(la) 40mg cp)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methylphenidate er 10 mg tab	1	QL (180 PER 30 DAYS)
methylphenidate er 20 mg tab	1	QL (90 PER 30 DAYS)
methylphenidate er 36 mg tab	1	QL (60 PER 30 DAYS)
methylphenidate hcl (2.5 mg chew tb, 5 mg chew tab, 5 mg tablet, 10 mg tablet, 20 mg tablet)	1	QL (90 PER 30 DAYS)
methylphenidate hcl (5 mg/5 ml soln, 10 mg/5 ml sol)	1	
methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)	1	QL (30 PER 30 DAYS)
methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp, er(cd) 30mg cp, er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)	1	QL (30 PER 30 DAYS)
methylphenidate la (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 60 mg cap)	1	QL (30 PER 30 DAYS)
Central Nervous System, Other		
butalbital-acetaminophen (50-300, 50-325)	1	QL (180 PER 30 DAYS)
butalbital-acetaminophen-caffe (50-300-40, 50-325-40)	1	QL (180 PER 30 DAYS)
butalbital-aspirin-caffeine (butalb-aspirin-caffe 50-325-40, butalbital-asa-caffeine cap)	1	QL (180 PER 30 DAYS)
NUEDEXTA 20-10 MG CAPSULE	3	PA, QL (60 PER 30 DAYS)
riluzole 50 mg tablet	1	
tetrabenazine (12.5 mg tablet, 25 mg tablet)	4	PA, QL (120 PER 30 DAYS)
vanatol lq oral solution	3	
vanatol s oral solution	3	
vtol lq 50-325-40 mg/15 ml sol	3	
Multiple Sclerosis Agents		
AUBAGIO (7 MG TABLET, 14 MG TABLET)	4	QL (30 PER 30 DAYS)
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)	4	QL (4 PER 28 DAYS)
AVONEX PEN 30 MCG/0.5 ML KIT	4	QL (4 PER 28 DAYS)
BAFIERTAM DR 95 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COPAXONE 40 MG/ML SYRINGE	4	QL (12 PER 28 DAYS)
dalfampridine er 10 mg tablet	4	PA, QL (60 PER 30 DAYS)
dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)	4	QL (60 PER 30 DAYS)
dimethyl fumarate 30d start pk	4	QL (120 PER 365 OVER TIME)
EXTAVIA (0.3 MG KIT, 0.3 MG VIAL)	4	QL (15 PER 30 DAYS)
GILENYA (0.25 MG CAPSULE, 0.5 MG CAPSULE)	4	QL (30 PER 30 DAYS)
ZEPOSIA 0.23-0.46 MG START PCK	4	PA, QL (14 PER 365 OVER TIME)
ZEPOSIA 0.23-0.46-0.92 MG KIT	4	PA, QL (74 PER 365 OVER TIME)
ZEPOSIA 0.92 MG CAPSULE	4	PA, QL (30 PER 30 DAYS)
Dental And Oral Agents		
cevimeline hcl 30 mg capsule	1	
chlorhexidine 0.12% rinse	1	
KEPIVANCE 6.25 MG VIAL	4	
lidocaine 2% viscous soln	1	
paroex 0.12% oral rinse	1	
periogard 0.12% oral rinse	1	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	1	
triamcinolone 0.1% paste	1	
Dermatological Agents		
acitretin (10 mg capsule, 25 mg capsule)	3	
acitretin 17.5 mg capsule	4	
adapalene (0.1% cream, 0.1% gel, 0.3% gel, 0.3% gel pump)	1	PA
ammonium lactate (cream, lotion)	1	
amnesteem (10 mg capsule, 20 mg capsule, 40 mg capsule)	1	
azelaic acid 15% gel	3	
calcipotriene (cream, ointment)	1	QL (120 PER 30 DAYS)
calcipotriene 0.005% solution	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
calcipotriene-betameth dp oint	1	QL (400 PER 30 DAYS)
calcitriol 3 mcg/g ointment	1	
claravis (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	1	
clind ph-benzoyl perox 1.2-5%	1	
clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)	1	
CONDYLOX 0.5% GEL	3	
diclofenac 1.5% topical soln	3	PA
doxycycline ir-dr 40 mg cap	1	QL (30 PER 30 DAYS)
erythromycin-benzoyl gel	1	
HALOG 0.1% SOLUTION	3	QL (120 PER 30 DAYS)
imiquimod (3.75% cream, 3.75% cream pump, 5% cream packet)	3	
isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	1	
KLISYRI 1% OINTMENT PACKET	4	ST
methoxsalen (10 mg capsule, 10 mg softgel)	1	
metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)	1	
MIRVASO (GEL, GEL PUMP)	3	PA
myorisan (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	1	
OXSORALEN-ULTRA 10 MG CAP	4	
PICATO 0.015% GEL	2	QL (3 PER 30 DAYS)
PICATO 0.05% GEL	2	QL (2 PER 30 DAYS)
pimecrolimus 1% cream	3	
podofilox 0.5% topical soln	1	
RECTIV 0.4% OINTMENT	3	
SANTYL OINTMENT	2	
selenium sulfide 2.5% lotion	1	
tacrolimus (0.03%, 0.1%)	1	
tazarotene 0.1% cream	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.05% emollient crm, 0.05% gel, 0.1% cream)	1	PA
ZYCLARA 2.5% CREAM PUMP	3	ST

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

AMINOSYN 8.5%-ELECTROLYTES SOL	3	
AMINOSYN II 8.5%-ELECTROLYTES	3	
CARBAGLU 200 MG DISPER TABLET	4	
CLINIMIX (4.25%-10% SOLUTION, 4.25%-25% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION, 5%-25% SOLUTION)	3	PA - Part B vs D Determination
CLINIMIX E (2.75%-5% SOLUTION, 4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	3	PA - Part B vs D Determination
dextrose 10%-0.2% nacl iv soln	1	
dextrose 10%-0.45% nacl iv sol	1	
dextrose 2.5%-0.45% nacl iv	1	
dextrose 5%-0.2% nacl iv soln	1	
dextrose 5%-0.2% nacl-kcl (10 in, 20 in)	1	
dextrose 5%-0.225% nacl iv sol	1	
dextrose 5%-0.225% nacl-kcl (10 in, 20 in)	1	
dextrose 5%-0.3% nacl iv soln	1	
dextrose 5%-0.3% nacl-kcl (10 in, 20 in)	1	
dextrose 5%-0.33% nacl iv soln	1	
dextrose 5%-0.45% nacl iv soln	1	
dextrose 5%-0.45% nacl-kcl (10 meq/500ml-d5w-0.45%nacl, 20 meq in d5w-0.45% nacl)	1	
dextrose 5%-0.9% nacl iv soln	1	
dextrose 5%-1/2ns-kcl (d5%-1/2ns-kcl 10 meq/l iv sol, d5%-1/2ns-kcl 30 meq/l iv sol, d5%-1/2ns-kcl 40 meq/l iv sol)	1	
dextrose 5%-lr iv solution	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextrose 5%-ns-kcl (20 in d5w-ns, 40 in d5w-nacl 0.9%)	1	
dextrose 5%-potassium chloride (20 meq/l in solution, 40 meq in solution)	1	
dextrose in water (5%-water 100 ml, 5%-water 50 ml, 5%-water iv soln, 5%-water vial, 10%-water iv solution)	1	
glucose in water (50 ml, 100 ml)	1	
IONOSOL MB-D5W IV SOLUTION	3	
ISOLYTE P-DEXTROSE 5% SOLN	3	
KLOR-CON 10 MEQ TABLET	2	
klor-con 20 meq packet	2	
KLOR-CON 8 MEQ TABLET	2	
klor-con m10 tablet	1	
KLOR-CON M15 TABLET	1	
klor-con m20 tablet	1	
magnesium sulfate (syringe, vial)	1	
NORMOSOL-M-DEXTROSE 5% IV SOLN	3	
NORMOSOL-R-DEXTROSE 5% IV SOLN	3	
potassium chloride (2 meq/ml conc, er 8 meq capsule, er 8 meq tablet, 10 meq/100 ml sol, 10 meq/5 ml conc, 10 meq/50 ml sol, 10% (20 meq/15ml), 10% (40 meq/30ml), er 10 meq capsule, er 10 meq tablet, er 15 meq tablet, 20 meq packet, 20 meq/10 ml conc, 20 meq/100 ml sol, 20 meq/50 ml sol, 20% (40 meq/15ml), er 20 meq tablet, 40 meq/100 ml sol, 40 meq/20 ml conc, 60 meq/30 ml conc)	1	
potassium chloride in d5lr (20 in, 40 in)	1	
potassium chloride-0.9% nacl (20 meq/1,000ml-ns, 40 meq/1,000ml-ns)	1	
potassium citrate er (5 tab, 10 tb, 15 tb)	1	
potassium cl 20 meq-0.45% nacl	1	
potassium cl 20 meq/10 ml conc	1	
potassium cl 20meq/100ml-water	1	
PROCALAMINE IV SOLUTION	3	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ringer's iv solution	1	
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 3% iv soln, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml)	1	
sodium chloride 0.9%-water	1	
sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet	1	
sodium lactate 50 meq/10 ml vl	1	
TPN ELECTROLYTES VIAL	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET 100 MG CAPSULE	2	
deferasirox (125 mg tb susp, 250 mg tb susp, 500 mg tb susp)	4	
deferasirox (90 mg granule pkt, 90 mg tablet, 180 mg granule pkt, 180 mg tablet, 360 mg granule pkt, 360 mg tablet)	4	PA
deferiprone 500 mg tablet	4	PA
FERRIPROX 1,000 MG TAB(2X/DAY)	4	PA
FERRIPROX 1,000 MG TAB(3X/DAY)	4	PA
FERRIPROX 1,000 MG TABLET	4	PA
kionex 15 gm/60 ml suspension	1	
penicillamine 250 mg tablet	4	
SAMSCA 15 MG TABLET	4	QL (30 PER 30 OVER TIME)
sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sodium polystyrene sulf powder, sps 15 gm/60 ml suspension)	1	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	1	
tolvaptan 15 mg tablet	4	QL (30 PER 30 OVER TIME)
tolvaptan 30 mg tablet	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
trientine hcl 250 mg capsule	4	PA
VELTASSA (8.4 GM POWDER PACKET, 16.8 GM POWDER PACKET, 25.2 GM POWDER PACKET)	2	QL (30 PER 30 DAYS)
Phosphate Binders		
AURYXIA 210 MG TABLET	3	PA
calcium acetate (667 mg capsule, 667 mg gelcap)	1	
lanthanum carbonate (500 mg tab chew, 750 mg tab chew, 1,000 mg tb chw)	1	
PHOSLYRA 667 MG/5 ML SOLUTION	2	
sevelamer carbonate (0.8 gm powder packet, 2.4 gm powder packet, 800 mg tab)	1	
sevelamer hcl (400 mg tablet, 800 mg tablet)	3	
VELPHORO 500 MG CHEWABLE TAB	3	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)	1	
glycopyrrolate (0.2 mg/ml vial, 0.4 mg/2 ml vl, 1 mg tablet, 1 mg/5 ml vial, 1.5 mg tablet, 2 mg tablet, 4 mg/20 ml vial)	1	
methscopolamine bromide (2.5 mg tb, 5 mg tab)	1	
propantheline 15 mg tablet	1	
Gastrointestinal Agents, Other		
CHENODAL 250 MG TABLET	4	ST
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	4	PA
cromolyn 100 mg/5 ml oral conc	1	
diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)	1	
GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT)	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lansoprazol-amoxicil-clarithro	1	
loperamide 2 mg capsule	1	
metoclopramide hcl (10 mg/2 ml syr, 10 mg/2 ml vial)	1	PA - Part B vs D Determination
metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml sol)	1	
metoclopramide hcl odt (5 mg odt, 10 mg odt)	1	
MYTESI 125 MG DR TABLET	3	QL (60 PER 30 DAYS)
OCALIVA (5 MG TABLET, 10 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
RELISTOR 150 MG TABLET	3	ST, QL (90 PER 30 DAYS)
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	1	
XERMELO 250 MG TABLET	4	PA, QL (90 PER 30 DAYS)
Histamine2 (H2) Receptor Antagonists		
cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 400 mg/6.67 ml soln, 800 mg tablet)	1	
famotidine (20 mg piggyback, 20 mg/2 ml vial, 40 mg/4 ml vial, 200 mg/20 ml vial, 500 mg/50 ml vial)	1	PA - Part B vs D Determination
famotidine (20 mg tablet, 40 mg tablet, 40 mg/5 ml susp)	1	
nizatidine (15 mg/ml solution, 150 mg capsule, 300 mg capsule)	1	
ranitidine hcl (15 mg/ml syrup, 50 mg/2 ml vial, 150 mg capsule, 150 mg tablet, 150 mg/10 ml syrup, 150 mg/6 ml vl, 300 mg capsule, 300 mg tablet, 1,000 mg/40 ml vial)	1	
Irritable Bowel Syndrome Agents		
alosetron hcl (0.5 mg tablet, 1 mg tablet)	1	QL (60 PER 30 DAYS)
AMITIZA (8 MCG CAPSULE, 24 MCG CAPSULES)	2	QL (60 PER 30 DAYS)
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	2	QL (30 PER 30 DAYS)
lubiprostone (8 mcg capsule, 24 mcg capsule)	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Laxatives		
constulose 10 gm/15 ml soln	1	
enulose 10 gm/15 ml solution	1	
gavilyte-c solution	1	
gavilyte-g solution	1	
gavilyte-n solution	1	
generlac 10 gm/15 ml solution	1	
GOLYTELY (PACKET, SOLUTION)	3	
KRISTALOSE (10 GM PACKET, 20 GM PACKET)	3	
lactulose (10 gm/15 ml solution, 20 gm/30 ml solution)	1	
lactulose 10 gm packet	3	
OSMOPREP TABLET	3	
peg 3350-electrolyte (3350 electrolyte soln, solution)	1	
peg-3350 and electrolytes soln	1	
peg3350 100-7.5-2.691-1.01-5.9	3	
SUPREP BOWEL PREP KIT	2	
trilyte with flavor packets	1	
Protectants		
CARAFATE 1 GM/10 ML SUSP	3	
misoprostol (100 mcg tablet, 200 mcg tablet)	1	
sucralfate 1 gm tablet	1	
sucralfate 1 gm/10 ml susp	2	
Proton Pump Inhibitors		
esomeprazole sodium (20 mg vial, 40 mg vial)	1	PA - Part B vs D Determination
lansoprazole (dr 15 mg capsule, dr 30 mg capsule)	1	QL (60 PER 30 DAYS)
lansoprazole (odt 15 mg tablet, odt 30 mg tablet)	1	QL (30 PER 30 DAYS)
omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)	1	QL (60 PER 30 DAYS)
pantoprazole sodium 40 mg vial	1	
rabeprazole sod dr 20 mg tab	1	QL (30 PER 30 DAYS)

Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment

ALDURAZYME 2.9 MG/5 ML VIAL	4	PA
AMONDYS-45 100 MG/2 ML VIAL	4	PA
CERDELGA 84 MG CAPSULE	4	PA
CEREZYME 400 UNIT VIAL	4	PA
CREON (DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE)	2	
CYSTADANE 1 GRAM/1.7 ML POWDER	4	
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	2	
ELAPRASE 6 MG/3 ML VIAL	4	PA
EXONDYS-51 (100 MG/2 ML VIAL, 500 MG/10 ML VIAL)	4	PA
FABRAZYME (5 MG VIAL, 35 MG VIAL)	4	PA
GALAFOLD 123 MG CAPSULE	4	PA, QL (14 PER 28 DAYS)
LUMIZYME 50 MG VIAL	4	PA
miglustat 100 mg capsule	4	PA
NAGLAZYME 5 MG/5 ML VIAL	4	PA
nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule)	4	
ORFADIN (4 MG/ML SUSPENSION, 20 MG CAPSULE)	4	
RAVICTI 1.1 GRAM/ML LIQUID	4	PA
sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)	4	PA
sodium phenylbutyrate 500mg tb	4	
sodium phenylbutyrate powder	1	
STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
STRENSIQ (40 MG/ML VIAL, 80 MG/0.8 ML VIAL)	4	PA
VPRIV 400 UNITS VIAL	4	
ZENPEP (DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE)	2	
ZOKINVY (50 MG CAPSULE, 75 MG CAPSULE)	4	PA, QL (120 PER 30 DAYS)
Genitourinary Agents		
Antispasmodics, Urinary		
flavoxate hcl 100 mg tablet	1	
MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET)	2	
oxybutynin chloride (5 mg tablet, 5 mg/5 ml syrup)	1	
oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)	1	
solifenacin succinate (5 mg tablet, 10 mg tablet)	3	
tolterodine tartrate (1 mg tab, 2 mg tab)	1	
tolterodine tartrate er (er 2 mg cap, er 4 mg cap)	1	QL (30 PER 30 DAYS)
trospium chloride 20 mg tablet	1	
trospium chloride er 60 mg cap	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er 10 mg tablet	1	QL (30 PER 30 DAYS)
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	1	
dutasteride 0.5 mg capsule	1	
dutasteride-tamsulosin 0.5-0.4	3	
finasteride 5 mg tablet	1	
tamsulosin hcl 0.4 mg capsule	1	
terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Genitourinary Agents, Other		
bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)	1	
ELMIRON 100 MG CAPSULE	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort (1% cream, 2.5% cream)	1	
ALA-SCALP 2% LOTION	1	
alclometasone dipropionate (dipr oint, dipro crm)	1	
amcinonide (cream, lotion, ointment)	1	
betamethasone diprop augmented (crm, gel, lot, oin)	1	
betamethasone dipropionate (crm, lot, oint)	1	
betamethasone valer 0.12% foam	1	QL (100 PER 30 DAYS)
betamethasone valerate (va cream, va lotion, valer ointm)	1	
clobetasol emollient (crm, emollnt foam)	1	
clobetasol emulsion 0.05% foam	1	
clobetasol propionate (cream, gel, ointment, prop foam, prop spray, shampoo, solution, topical lotn)	1	
cortisone 25 mg tablet	1	
desonide (cream, lotion, ointment)	1	
desonide 0.05% gel	3	
desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)	1	
dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)	1	
dexamethasone intensol 1 mg/ml	3	
dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml syring, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEXPAK 13 DAY 1.5 MG TABLET	3	
diflorasone 0.05% cream	1	
diflorasone 0.05% ointment	1	QL (60 PER 30 DAYS)
fludrocortisone 0.1 mg tablet	1	
fluocinolone acetonide (0.01% body oil, 0.01% cream, 0.01% scalp oil, 0.01% solution, 0.025% cream, 0.025% ointment)	1	
fluocinonide (cream, gel, ointment, solution)	1	
fluocinonide 0.1% cream	1	QL (120 PER 30 DAYS)
fluocinonide-e 0.05% cream	1	
fluticasone propionate (0.005% oint, 0.05% cream, 0.05% lotion)	1	
halobetasol propionate (cream, ointmnt)	1	
hydrocortisone (1% cream, 2.5% cream, 2.5% lotion, 2.5% ointment, 5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
hydrocortisone (absorbase, ointment)	1	QL (100 PER 30 DAYS)
hydrocortisone butyrate (buty cream, butyr oint, butyr soln)	1	
hydrocortisone butyrate (lipid crm, lipo cream)	1	QL (60 PER 30 DAYS)
hydrocortisone val 0.2% cream	1	QL (60 PER 30 DAYS)
hydrocortisone val 0.2% ointmt	1	
methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tab, 16 mg tab, 32 mg tab)	1	
methylprednisolone acetate (40 mg/ml vl, 200 mg/5 ml, 400 mg/10ml)	1	
methylprednisolone sodium succ (1 gm vl, 40 mg vl, 125 mg)	1	
millipred 5 mg tablet	3	PA - Part B vs D Determination
mometasone furoate (cream, oint, soln)	1	
prednicarbate (cream, ointment)	1	
prednisolone 15 mg/5 ml soln	1	
prednisolone 15 mg/5 ml soln	1	PA - Part B vs D Determination
prednisolone sodium phos odt (odt 10 mg tablet, odt 15 mg tablet, odt 30 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)	1	
prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)	1	
prednisone intensol 5 mg/ml	3	
triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.147 mg/g spray, 0.5% cream, 0.5% ointment)	1	
triderm 0.1% cream	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, 10 mcg/0.1 ml spr)	1	
desmopressin acetate (ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 40 mcg/10 ml vial)	1	PA - Part B vs D Determination
GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	4	PA
INCRELEX 40 MG/4 ML VIAL	4	PA
STIMATE 1.5 MG/ML NASAL SPRAY	3	
ZOMACTON 10 MG VIAL	4	PA
ZOMACTON 5 MG VIAL	2	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM 300 MG TABLET	4	PA, QL (120 PER 30 DAYS)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 TABLET	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxandrolone 10 mg tablet	1	QL (60 PER 30 DAYS)
oxandrolone 2.5 mg tablet	1	QL (240 PER 30 DAYS)
Androgens		
danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)	1	
testosterone (1% (50 mg/5 g) pk, 1.62% gel pump, 10 mg gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)	3	QL (300 PER 30 DAYS)
testosterone (1.62% (2.5 g) pkt, 1.62%(1.25 g) pkt)	1	QL (176 PER 30 DAYS)
testosterone 1% (25mg/2.5g) pk	3	
testosterone cypionate (testosteron 1,000 mg/10 ml, testosteron 2,000 mg/10 ml, testosterone 100 mg/ml, testosterone 200 mg/ml, testosterone 500 mg/2.5 ml, testosterone 500 mg/5 ml, testosterone 1,000 mg/5 ml, testosterone 6,000 mg/30ml)	1	
testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)	1	
Estrogens		
amabelz (0.5 mg-0.1 mg tablet, 1 mg-0.5 mg tablet)	1	
amethia 0.15-0.03-0.01 mg tab	1	QL (91 PER 91 DAYS)
amethia lo tablet	1	QL (91 PER 91 DAYS)
apri 28 day tablet	1	
aranelle 28 tablet	1	
aviane-28 tablet	1	
azurette 28 day tablet	1	
balziva 28 tablet	1	
bekyree 28 day tablet	1	
blisovi 24 fe tablet	1	
blisovi fe 1.5-30 tablet	1	
briellyn tablet	1	
cryselle-28 tablet	1	
cyclafem (1-35-28 tablet, 7-7-7-28 tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cyred 28 day tablet	1	
cyred eq 28 day tablet	1	
desogestr-eth estrad eth estra	1	
desogestrel-ee 0.15-0.03 mg tb	1	
drospirenone-eth estra-levomef (3-0.02-0.451, 3-0.03-0.451)	1	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	1	
emoquette 28 day tablet	1	
enpresse-28 tablet	1	
estradiol (0.01% cream, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)	1	
estradiol (once weekly) (0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk))	1	
estradiol (twice weekly) (0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk))	1	
estradiol valerate (100 mg/5 ml, 200 mg/5 ml)	1	
estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)	1	
ESTRING 2 MG VAGINAL RING	2	QL (1 PER 90 OVER TIME)
ethynodiol-ethinyl estradiol (1mg-35mcg, 1mg-50mcg)	1	
falmina-28 tablet	1	
femynor 28 tablet	1	
fyavolv (0.5 mg-2.5 mcg tablet, 1 mg-5 mcg tablet)	1	
gianvi 3 mg-0.02 mg tablet	1	
iclevia 0.15 mg-0.03 mg tablet	1	QL (91 PER 91 DAYS)
introvale 0.15-0.03 mg tablet	1	QL (91 PER 91 DAYS)
isibloom 28 day tablet	1	
jinteli 1 mg-5 mcg tablet	1	
juleber 28 day tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
junel (1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet)	1	
junel fe (1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet)	1	
junel fe 24 tablet	1	
kaitlib fe 0.8-0.025mg chew tb	1	
kariva 28 day tablet	1	
kelnor 1-35 28 tablet	1	
kelnor 1-50 tablet	1	
larin (1.5 mg-30 mcg tablet, 21 1-20 tablet)	1	
larin 24 fe 1 mg-20 mcg tablet	1	
larin fe (1-20 tablet, 1.5-30 tablet)	1	
larissia-28 tablet	1	
leena 28 tablet	1	
lessina-28 tablet	1	
levonest-28 tablet	1	
levonor-eth estrad 0.15-0.03	1	QL (91 PER 91 DAYS)
levonor-eth estrad triphasic	1	
levonorg-eth estrad eth estrad (levono-e estrad 0.15-0.03-0.01, levonorg 0.15mg-ee 20-25-30mcg)	1	QL (91 PER 91 DAYS)
levora-28 tablet	1	
lopreeza 1 mg-0.5 mg tablet	1	
loryna 3 mg-0.02 mg tablet	1	
low-ogestrel-28 tablet	1	
lutera-28 tablet	1	
marlissa-28 tablet	1	
microgestin (21 1-20 tablet, 21 1.5-30 tab)	1	
microgestin fe (1-20 tablet, 1.5-30 tab)	1	
mimvey 1-0.5 mg tablet	1	
necon 0.5-35-28 tablet	1	
nikki 3 mg-0.02 mg tablet	1	
norethin-eth estra-ferrous fum (noret-estr-fe 0.4-0.035(21)-75, norethin-estra-fe 0.8-0.025 mg)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)	1	
norethindrone-e.estradiol-iron (1-0.02(21)-75 tab, 1-0.02(24)-75 chw)	1	
nortrel (0.5-35-28 tablet, 1-35 21 tablet, 1-35 28 tablet, 7-7-7-28 tablet)	1	
nylia 7-7-7-28 tablet	1	
nymyo 0.25-0.035 mg (28) tab	1	
ocella 3 mg-0.03 mg tablet	1	
ogestrel tablet	1	
orsythia-28 tablet	1	
pimtrea 28 day tablet	1	
pirmella (1-35 28 tablet, 1-35-28 tablet)	1	
portia-28 tablet	1	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	2	
PREMPHASE 0.625-5 MG TABLET	2	
PREMPRO (0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-2.5 MG TABLET, 0.625-5 MG TABLET)	2	
previfem tablet	1	
reclipsen 28 day tablet	1	
sprintec 28 day tablet	1	
sronyx 0.10-0.02 mg tablet	1	
tarina fe 1-20 eq tablet	1	
tarina fe 1-20 tablet	1	
tilia fe 28 tablet	1	
tri-legest fe-28 day tablet	1	
tri-lo-estarylla tablet	1	
tri-lo-marzia tablet	1	
tri-lo-sprintec tablet	1	
tri-nymyo 28 tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tri-previfem tablet	1	
tri-sprintec tablet	1	
trivora-28 tablet	1	
velivet 28 day tablet	1	
vienva-28 tablet	1	
vyfemla 0.4 mg-0.035 mg tablet	1	
wymzya fe 0.4-0.035 mg chew tb	1	
xulane 150-35 mcg/day patch	1	QL (3 PER 28 DAYS)
yuvafem (10 mcg insert, 10 mcg tablet)	1	
zafemy 150-35 mcg/day patch	1	QL (3 PER 28 DAYS)
zovia 1-35e tablet	1	
Progestins		
camila 0.35 mg tablet	1	
deblitane 0.35 mg tablet	1	
DEPO-PROVERA 400 MG/ML VIAL	3	QL (10 PER 28 DAYS)
ELLA 30 MG TABLET	2	
errin 0.35 mg tablet	1	
hydroxyprogesterone caproate (hydroxyprogest 250 mg/ml vial, hydroxyprogesterone 1.25 g/5ml)	1	
lyleq 0.35 mg tablet	1	
lyza 0.35 mg tablet	1	
medroxyprogesterone 150 mg/ml	1	QL (1 PER 90 OVER TIME)
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, acet 400 mg/10 ml, 625 mg/5 ml susp)	1	
nora-be tablet	1	
norethindrn 5 mg tb (lupaneta)	1	
norethindrone 0.35 mg tablet	1	
norethindrone 5 mg tablet	1	
progesterone (100 mg capsule, 200 mg capsule)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sharobel 0.35 mg tablet	1	
Selective Estrogen Receptor Modifying Agents		
raloxifene hcl 60 mg tablet	1	QL (30 PER 30 DAYS)
tamoxifen citrate (10 mg tablet, 20 mg tablet)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 100 mcg vial, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)	1	
LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	2	
liothyronine sodium (5 mcg tab, 10 mcg/ml vl, 25 mcg tab, 50 mcg tab)	1	
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	2	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN 500 MG TABLET	2	
Hormonal Agents, Suppressant (Pituitary)		
cabergoline 0.5 mg tablet	1	
ELIGARD (22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT)	3	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
ELIGARD (30 MG SYRINGE B, 30 MG SYRINGE KIT)	3	PA - FOR NEW STARTS ONLY, QL (1 PER 112 OVER TIME)
ELIGARD (45 MG SYRINGE B, 45 MG SYRINGE KIT)	2	PA - FOR NEW STARTS ONLY, QL (1 PER 168 OVER TIME)
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	3	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FIRMAGON (2 X 120 MG KIT, 120 MG VIAL)	3	PA - FOR NEW STARTS ONLY, QL (4 PER 365 OVER TIME)
FIRMAGON 80 MG KIT	3	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)	1	PA - FOR NEW STARTS ONLY
LUPRON DEPO 11.25MG (LUPANETA)	4	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (11.25 MG 3MO KIT, 22.5 MG 3MO KIT)	4	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)	4	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 3.75MG (LUPANETA)	4	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 45 MG 6MO KIT	4	PA - FOR NEW STARTS ONLY, QL (1 PER 168 OVER TIME)
LUPRON DEPOT-4 MONTH KIT	4	PA - FOR NEW STARTS ONLY, QL (1 PER 112 OVER TIME)
LUPRON DEPOT-PED (11.25 MG KIT, 15 MG KIT)	4	QL (1 PER 28 OVER TIME)
LUPRON DEPOT-PED 11.25 MG 3MO	4	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
LUPRON DEPOT-PED 30 MG 3MO KIT	4	QL (1 PER 84 OVER TIME)
LUPRON DEPOT-PED 7.5 MG KIT	4	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
octreotide acetate (50 mcg/ml syr, 100 mcg/ml syr)	1	
octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml vl, acet 200 mcg/ml vl, 1,000 mcg/5 ml vial)	1	PA
octreotide acetate (acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)	4	PA
ORGOVYX 120 MG TABLET	4	PA - FOR NEW STARTS ONLY
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	4	PA, QL (60 PER 30 DAYS)
SIGNIFOR LAR (10 MG KIT, 10 MG VIAL, 20 MG KIT, 20 MG VIAL, 30 MG KIT, 30 MG VIAL, 40 MG KIT, 40 MG VIAL)	4	PA, QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SIGNIFOR LAR (60 MG KIT, 60 MG VIAL)	4	QL (1 PER 28 DAYS)
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML)	4	PA - FOR NEW STARTS ONLY
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	4	PA
SYNAREL 2 MG/ML NASAL SPRAY	4	
TRELSTAR 11.25 MG VIAL	4	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
TRELSTAR 22.5 MG VIAL	4	PA - FOR NEW STARTS ONLY, QL (1 PER 168 OVER TIME)
TRELSTAR 3.75 MG VIAL	4	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole (5 mg tablet, 10 mg tablet)	1	
propylthiouracil 50 mg tablet	1	
Immunological Agents		
Angioedema Agents		
icatibant 30 mg/3 ml syringe	4	PA
RUCONEST 2,100 UNIT VIAL	4	PA
sajazir 30 mg/3 ml syringe	4	PA
IMMUNOLOGICAL AGENTS, OTHER		
COSENTYX 150 MG/ML PEN INJECT	4	PA
COSENTYX 300 MG DOSE-2 PENS	4	PA
COSENTYX 300 MG DOSE-2 SYRINGE	4	PA
COSENTYX SYRINGE (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	4	PA
EMPAVELI 1,080 MG/20 ML VIAL	4	PA
RIDAURA 3 MG CAPSULE	4	
SAPHNELO 300 MG/2 ML VIAL	4	PA
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL)	4	PA, QL (0.5 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
STELARA 90 MG/ML SYRINGE	4	PA, QL (1 PER 28 OVER TIME)
Immune Suppressants		
ASTAGRAF XL (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	3	PA - Part B vs D Determination
AZASAN (75 MG TABLET, 100 MG TABLET)	3	PA - Part B vs D Determination
azathioprine 50 mg tablet	1	PA - Part B vs D Determination
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	4	PA
cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5 ml ampul)	1	PA - Part B vs D Determination
cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)	1	PA - Part B vs D Determination
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	4	PA
ENBREL 50 MG/ML MINI CARTRIDGE	4	PA
ENBREL 50 MG/ML SURECLICK	4	PA
ENVARSUS XR (0.75 MG TABLET, 1 MG TABLET, 4 MG TABLET)	3	PA - Part B vs D Determination
everolimus (0.5 mg tablet, 0.75 mg tablet)	4	PA - Part B vs D Determination, QL (120 PER 30 DAYS)
everolimus 0.25 mg tablet	3	PA - Part B vs D Determination, QL (120 PER 30 DAYS)
gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)	3	PA - Part B vs D Determination
HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	4	PA
HUMIRA PEDI CROHN 40 MG/0.8 ML	4	PA
HUMIRA PEN 40 MG/0.8 ML	4	PA
HUMIRA PEN CROHN-UC-HS 40 MG	4	PA
HUMIRA PEN PS-UV-ADOL HS 40 MG	4	PA
HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING, HUMIRA(CF) 40 MG/0.4 ML SYRING)	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA(CF) PEDIATRIC CROHN'S (HUMIRA(CF) 80-40 MG, HUMIRA(CF) 80MG/0.8)	4	PA
HUMIRA(CF) PEN (HUMIRA(CF) PEN 40 MG/0.4 ML, HUMIRA(CF) PEN 80 MG/0.8 ML)	4	PA
HUMIRA(CF) PEN CRHN-UC-HS 80MG	4	PA
HUMIRA(CF) PEN PEDI UC 80 MG	4	PA
HUMIRA(CF) PEN PS-UV-AHS 80-40	4	PA
LUPKYNIS 7.9 MG CAPSULE	4	PA, QL (180 PER 30 DAYS)
methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)	1	
methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial)	1	
mycophenolate 500 mg vial	3	PA - Part B vs D Determination
mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)	1	PA - Part B vs D Determination
mycophenolic acid (dr 180 mg tb, dr 360 mg tb)	1	PA - Part B vs D Determination
NULOJIX 250 MG VIAL	4	
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	3	PA - Part B vs D Determination
RASUVO 10 MG/0.2 ML AUTOINJ	3	PA, QL (0.8 PER 28 DAYS)
RASUVO 12.5 MG/0.25 ML AUTOINJ	3	PA, QL (1 PER 28 DAYS)
RASUVO 15 MG/0.3 ML AUTOINJ	3	PA, QL (1.2 PER 28 DAYS)
RASUVO 17.5 MG/0.35 ML AUTOINJ	3	PA, QL (1.4 PER 28 DAYS)
RASUVO 20 MG/0.4 ML AUTOINJ	3	PA, QL (1.6 PER 28 DAYS)
RASUVO 22.5 MG/0.45 ML AUTOINJ	3	PA, QL (1.8 PER 28 DAYS)
RASUVO 25 MG/0.5 ML AUTOINJ	3	PA, QL (2 PER 28 DAYS)
RASUVO 30 MG/0.6 ML AUTOINJ	3	PA, QL (2.4 PER 28 DAYS)
RASUVO 7.5 MG/0.15 ML AUTOINJ	3	PA, QL (0.6 PER 28 DAYS)
REZUROCK 200 MG TABLET	4	PA, QL (60 PER 30 DAYS)
SANDIMMUNE 100 MG/ML SOLN	3	PA - Part B vs D Determination
sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	1	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sirolimus 1 mg/ml solution	3	PA - Part B vs D Determination
SKYRIZI (75 MG/0.83 ML SYRINGE, 150 MG/ML SYRINGE)	4	PA
SKYRIZI 150 MG DOSE KIT-2 SYRN	4	PA
SKYRIZI 150 MG/ML PEN	4	PA
tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))	1	PA - Part B vs D Determination
XATMEP 2.5 MG/ML ORAL SOLUTION	3	
ZORTRESS 1 MG TABLET	4	PA - Part B vs D Determination, QL (120 PER 30 DAYS)
Immunizing Agents, Passive		
ATGAM 50 MG/ML AMPUL	4	PA - Part B vs D Determination
GAMASTAN S-D VIAL	2	PA
GAMASTAN VIAL	2	PA
GAMMAGARD LIQUID 10% VIAL	4	PA
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	4	PA
GAMMAPLEX (5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	4	PA
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	4	PA
HYQVIA (2.5 GM-200 UNIT PACK, 5 GM-400 UNIT PACK, 10 GM-800 UNIT PACK, 20 GM-1,600 UNIT PACK, 30 GM-2,400 UNIT PACK)	4	PA
PRIVIGEN 10% VIAL	4	PA
SYNAGIS (50 MG/0.5 ML VIAL, 100 MG/ML VIAL)	4	PA
THYMOGLOBULIN 25 MG VIAL	4	PA - Part B vs D Determination
VARIZIG 125 UNIT/1.2 ML VIAL	4	
Immunomodulators		
ACTIMMUNE 100 MCG/0.5 ML VIAL	4	PA - FOR NEW STARTS ONLY
ARCALYST 220 MG VIAL	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ILARIS 150 MG/ML VIAL	4	PA, QL (2 PER 28 DAYS)
leflunomide (10 mg tablet, 20 mg tablet)	1	
RINVOQ ER 15 MG TABLET	4	PA
SYLVANT (100 MG VIAL, 400 MG VIAL)	4	PA
XELJANZ (5 MG TABLET, 10 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
XELJANZ 1 MG/ML SOLUTION	4	PA
XELJANZ XR (11 MG TABLET, 22 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
Vaccines		
ACTHIB (VIAL, WITH DILUENT)	2	
ADACEL TDAP (SYRINGE, VIAL)	2	
BCG VACCINE (TICE STRAIN) VIAL	2	PA - Part B vs D Determination
BEXSERO PREFILLED SYRINGE	2	
BOOSTRIX TDAP (SYRINGE, VIAL)	2	
DAPTACEL DTAP VACCINE	2	
DIPHTHERIA-TETANUS TOXOIDS-PED	2	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	2	PA - Part B vs D Determination
ENGERIX-B PEDI 10 MCG/0.5 SYRN	2	PA - Part B vs D Determination
GARDASIL 9 (SYRINGE, VIAL)	2	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 720 UNITS/0.5 ML VIAL, 1,440 UNITS/ML SYRINGE, 1,440 UNITS/ML VIAL)	2	
HIBERIX (VIAL, WITH DILUENT)	2	
IMOVAX RABIES VACCINE VIAL	2	PA - Part B vs D Determination
INFANRIX DTAP (SYRINGE, VIAL)	2	
IPOL VIAL	2	
IXIARO (6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR)	2	
KINRIX (TIP-LOK SYRINGE, VIAL)	2	
M-M-R II VACCINE VIAL	2	
MENACTRA VIAL	2	
MENQUADFI VIAL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MENVEO A-C-Y-W-135-DIP VIAL KT	2	
PEDIARIX 0.5 ML SYRINGE	2	
PEDVAXHIB VACCINE VIAL	2	
PENTACEL VIAL KIT	2	
PROQUAD VIAL	2	
QUADRACEL DTAP-IPV VIAL	2	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	2	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	2	PA - Part B vs D Determination
ROTARIX VACCINE SUSPENSION	2	
ROTATEQ VACCINE	2	
SHINGRIX VIAL KIT	2	
TDVAX VIAL	2	
TENIVAC (SYRINGE, VIAL)	2	
TRUMENBA 120 MCG/0.5 ML VACCIN	2	
TWINRIX VACCINE SYRINGE	2	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	2	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	2	
VARIVAX VACCINE (VIAL, WITH DILUENT)	2	
VAXELIS (SYRINGE, VIAL)	2	
YF-VAX (1 VIAL, 5 VIAL)	2	
ZOSTAVAX VIAL	2	

Inflammatory Bowel Disease Agents

Aminosalicylates

balsalazide disodium 750 mg cp	1	
DIPENTUM 250 MG CAPSULE	3	
mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 800 mg dr tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mesalamine 1,000 mg supp	3	
PENTASA 250 MG CAPSULE	2	QL (150 PER 30 DAYS)
PENTASA 500 MG CAPSULE	2	QL (240 PER 30 DAYS)
sulfasalazine 500 mg tablet	1	
sulfasalazine dr 500 mg tab	1	
Glucocorticoids		
budesonide ec 3 mg capsule	1	
budesonide er 9 mg tablet	1	
colocort 100 mg/60 ml enema	1	
hydrocortisone 100 mg/60 ml	1	
procto-pak 1% cream	1	
proctosol-hc 2.5% cream	1	
proctozone-hc 2.5% cream	1	
Metabolic Bone Disease Agents		
alendronate sodium (5 mg tablet, 10 mg tab, 35 mg tab, 40 mg tab, sod 70 mg/75 ml)	1	
alendronate sodium 70 mg tab	1	QL (4 PER 28 DAYS)
calcitonin-salmon 200 units sp	1	QL (3.7 PER 30 DAYS)
calcitonin-salmon 400 unit/2ml	3	PA - Part B vs D Determination
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution)	1	PA - Part B vs D Determination
cinacalcet hcl (30 mg tablet, 60 mg tablet)	1	QL (60 PER 30 DAYS)
cinacalcet hcl 90 mg tablet	1	QL (120 PER 30 DAYS)
doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap, 4 mcg/2 ml vl)	1	PA - Part B vs D Determination
FORTEO 600 MCG/2.4 ML PEN INJ	4	PA, QL (2.4 PER 28 DAYS)
ibandronate sodium 150 mg tab	1	QL (1 PER 28 DAYS)
MIACALCIN 400 UNIT/2 ML VIAL	3	PA - Part B vs D Determination
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	4	PA, QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pamidronate disodium (30 mg/10 ml vial, disod 30 mg vial, 60 mg/10 ml vial, 90 mg/10 ml vial, disod 90 mg vial)	1	PA - Part B vs D Determination
paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)	1	PA - Part B vs D Determination
paricalcitol (2 mcg/ml vial, 5 mcg/ml vial, 10 mcg/2 ml vial)	3	PA - Part B vs D Determination
PROLIA 60 MG/ML SYRINGE	3	QL (2 PER 365 OVER TIME)
risedronate sod dr 35 mg tab	1	QL (4 PER 28 DAYS)
risedronate sodium (5 mg tablet, 30 mg tab)	1	QL (30 PER 30 DAYS)
risedronate sodium 150 mg tab	1	QL (1 PER 28 DAYS)
risedronate sodium 35 mg tab	1	QL (4 PER 28 DAYS)
TERIPARATIDE 620 MCG/2.48 ML	4	PA
XGEVA 120 MG/1.7 ML VIAL	4	PA
zoledronic acid (4 mg vial, 4 mg/5 ml vial, 5 mg/100 ml)	1	

Miscellaneous Therapeutic Agents

acetylcysteine 6 gram/30 ml vl	1	PA - Part B vs D Determination
alcohol 70% swabs	1	
alcohol prep pads (70%, advocate 70%, pharm choice, saps 70%)	1	
AMINOSYN II (8.5% IV SOLUTION, 10% IV SOLUTION, 15% IV SOLUTION)	3	PA - Part B vs D Determination
AMINOSYN-HBC 7% IV SOLUTION	3	PA - Part B vs D Determination
AMINOSYN-PF (7% IV SOLUTION, 10% IV SOLUTION)	3	PA - Part B vs D Determination
CINRYZE (500 UNIT VIAL, 500 UNIT VIAL-DILUENT)	4	PA
CLINISOL 15% SOLUTION	3	PA - Part B vs D Determination
DERMACINRX PRENATRIX CAPLET	1	
droplet pen needle (29gx1/2", 31gx3/16", 31gx5/16", 32gx5/32")	1	QL (200 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
easy touch insulin syringe (syr 0.5ml 27g12.7mm, syr 0.5ml 28g12.7mm, syr 0.5ml 29g12.7mm, syr 1 ml 27g 12.7mm, syr 1 ml 28g 12.7mm, syr 1 ml 29g 12.7mm)	1	QL (200 PER 30 DAYS)
fomepizole 1.5 gm/1.5 ml vial	1	
gauze pads & dressings - pads 2 x 2	1	
GRASTEK 2,800 BAU SL TABLET	3	PA, QL (30 PER 30 DAYS)
HEPATAMINE 8% IV SOLUTION	3	PA - Part B vs D Determination
incontrol pen needle 5mm 31g	1	QL (200 PER 30 DAYS)
insulin pen needle	1	QL (200 PER 30 DAYS)
insulin syringe (disp) u-100 0.3 ml	1	QL (200 PER 30 DAYS)
insulin syringe (disp) u-100 1 ml	1	QL (200 PER 30 DAYS)
insulin syringe (disp) u-100 1/2 ml	1	QL (200 PER 30 DAYS)
insulin syringe (ins syr 0.3 ml 8mmx31g(1/2), ins syr uf 0.3ml 12.7mmx30g, ins syr uf 0.5ml 12.7mmx30g, ins syrn uf 1 ml 12.7mmx30g, ins syrng uf 0.3 ml 8mmx31g, ins syrng uf 0.5 ml 8mmx31g, insulin syr uf 1 ml 8mmx31g)	1	QL (200 PER 30 DAYS)
INTRALIPID (20% IV EMUL, 30% IV EMUL)	3	PA - Part B vs D Determination
isopropyl alcohol 0.7 ml/ml medicated pad	1	
levocarnitine (1 g/10 ml soln, 330 mg tablet)	1	PA - Part B vs D Determination
MYALEPT 11.3 MG (5 MG/ML) VIAL	4	PA
needles, insulin disp., safety	1	QL (200 PER 30 DAYS)
NEPHRAMINE 5.4% IV SOLUTION	3	PA - Part B vs D Determination
NULIBRY 9.5 MG VIAL	4	PA
NUTRILIPID 20% IV FAT EMULSION	3	PA - Part B vs D Determination
omnipod 5 pack pod	2	QL (30 PER 30 DAYS)
omnipod dash 5 pack pod	2	QL (30 PER 30 DAYS)
omnipod dash pdm kit	2	QL (1 PER 365 OVER TIME)
omnipod starter kit	2	QL (1 PER 365 OVER TIME)
pen needle (pen needle 33g 4mm, relion pen needle 31gx5/16", relion pen needle 32gx5/32")	1	QL (200 PER 30 DAYS)
PREMASOL (6% IV SOLUTION, 10% IV SOLUTION)	3	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet	1	
PROSOL 20% INJECTION	3	PA - Part B vs D Determination
ringers irrigation solution	1	
SMOFLIPID 20% IV FAT EMULSION	1	PA - Part B vs D Determination
sodium chloride (ampule, irrig, irrig., prcss sol, vial)	1	
sterile water for irrigation	1	
TRAVASOL 10% SOLN VIAFLEX	3	PA - Part B vs D Determination
TROPHAMINE (6% IV SOLUTION, 10% IV SOLUTION)	3	PA - Part B vs D Determination
ulticare pen needle (gnp pen ndl, hm)	1	QL (200 PER 30 DAYS)
ultra flo pen needle 31g 5mm	1	QL (200 PER 30 DAYS)
unifine pentips (31g 6mm, 31g 8mm, 31gx3/16", 32gx5/32")	1	QL (200 PER 30 DAYS)
unifine pentips plus (31gx1/4", 31gx3/16", 31gx5/16", 32gx5/32", 33gx5/32")	1	QL (200 PER 30 DAYS)
v-go 20 disposable device	2	
v-go 30 disposable device	2	
v-go 40 disposable device	2	
veo insulin syringe (ins 0.3ml (1/2), ins syring 1 ml, ins syrn 0.3 ml, ins syrn 0.5 ml)	1	QL (200 PER 30 DAYS)
vgo 20 disposable device	2	
vgo 30 disposable device	2	
vgo 40 disposable device	2	
westab plus tablet	1	

Ophthalmic Agents

Ophthalmic Agents, Other

atropine 1% eye drops	1	
bacitracin-polymyxin eye oint	1	
cyclopentolate hcl (0.5% eye drops, 1% eye drop, 1% eye drops, 2% drops)	1	
CYSTARAN 0.44% EYE DROPS	4	PA, QL (60 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
neomyc-bacit-polymix eye oint	1	
neomyc-polym-gramicid eye drop	1	
polycin eye ointment	1	
polymyxin b-tmp eye drops	1	
proparacaine 0.5% eye drops	1	
RESTASIS 0.05% EYE EMULSION	2	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE 0.05% EYE	2	QL (60 PER 30 DAYS)
Ophthalmic Anti-Allergy Agents		
ALOCRIL 2% EYE DROPS	3	
azelastine hcl 0.05% drops	1	
cromolyn 4% eye drops	1	
epinastine hcl 0.05% eye drops	1	
LASTACAFT 0.25% EYE DROPS	3	
olopatadine hcl (0.1% drops, 0.2% drop)	1	
Ophthalmic Anti-Inflammatories		
ALREX 0.2% EYE DROPS	3	
BLEPHAMIDE EYE DROPS	3	
BLEPHAMIDE EYE OINTMENT	3	
bromfenac sodium 0.09% eye drp	1	
dexamethasone 0.1% eye drop	1	
diclofenac 0.1% eye drops	1	
difluprednate 0.05% eye drop	3	
DUREZOL 0.05% EYE DROPS	3	
FLAREX 0.1% EYE DROPS	3	
fluorometholone 0.1% drops	1	
flurbiprofen 0.03% eye drop	1	
FML FORTE 0.25% EYE DROPS	3	
FML S.O.P. 0.1% OINTMENT	3	
ILEVRO 0.3% OPHTH DROPS	3	QL (6 PER 30 OVER TIME)
ketorolac tromethamine (0.4% solution, 0.5% solution)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOTEMAX 0.5% EYE OINTMENT	3	QL (14 PER 365 OVER TIME)
LOTEMAX 0.5% OPHTHALMIC GEL	3	QL (20 PER 365 OVER TIME)
loteprednol 0.5% ophthalmc gel	3	QL (20 PER 365 OVER TIME)
loteprednol etabonate 0.5% drp	3	
neo-bacit-poly-hc eye ointment	1	
neo-polycin hc eye ointment	1	
neomycin-poly-hc eye drops	1	
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	1	
prednisolone ac 1% eye drop	1	
prednisolone sod 1% eye drop	1	
sulf-pred 10-0.23% eye drops	1	
TOBRADEX EYE OINTMENT	2	
TOBRADEX ST 0.3-0.05% EYE DROP	2	
tobramycin-dexameth ophth susp	1	
Ophthalmic Antiglaucoma Agents		
acetazolamide (125 mg tablet, 250 mg tablet)	1	
acetazolamide er 500 mg cap	1	
ALPHAGAN P 0.1% DROPS	3	
apraclonidine hcl 0.5% drops	1	
AZOPT 1% EYE DROPS	3	
betaxolol hcl 0.5% eye drop	1	
brimonidine tartrate (0.15% drp, 0.2% eye drop)	1	
brinzolamide 1% eye drops	3	
carteolol hcl 1% eye drops	1	
dorzolamide hcl 2% eye drops	1	
dorzolamide-timolol 2%-0.5%	3	
dorzolamide-timolol eye drops	1	
levobunolol 0.5% eye drops	1	
methazolamide (25 mg tablet, 50 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PHOSPHOLINE IODIDE 0.125%	3	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	1	
SIMBRINZA 1%-0.2% EYE DROPS	3	
timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.25% gfs gel-solution, 0.5% eye drop, 0.5% eye drops, 0.5% gel-solution, 0.5% gfs gel-solution)	1	
Ophthalmic Prostaglandin And Prostamide Analogs		
COMBIGAN 0.2%-0.5% EYE DROPS	3	
latanoprost 0.005% eye drops	1	QL (2.5 PER 25 DAYS)
LUMIGAN 0.01% EYE DROPS	2	QL (2.5 PER 25 DAYS)
travoprost 0.004% eye drop	2	
ZIOPTAN 0.0015% EYE DROPS	3	QL (30 PER 30 DAYS)
Otic Agents		
acetic acid 2% ear solution	1	
CIPRO HC OTIC SUSPENSION	3	
ciproflox-dexameth otic susp	1	
fluocinolone oil 0.01% ear drp	1	
hydrocortison-acetic acid soln	1	
neomycin-polymyxin-hc ear soln	1	
neomycin-polymyxin-hc ear susp	1	
Respiratory Tract/Pulmonary Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #14, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	3	QL (1 PER 30 DAYS)
ASMANEX HFA (50 MCG INHALER, 100 MCG INHALER, 200 MCG INHALER)	3	QL (26 PER 30 DAYS)
BREZTRI AEROSPHERE INHALER	2	QL (23.6 PER 28 DAYS)
budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)	1	PA - Part B vs D Determination, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLOVENT 250 MCG DISKUS	2	QL (240 PER 30 DAYS)
FLOVENT DISKUS (50 MCG, 100 MCG)	2	QL (60 PER 30 DAYS)
FLOVENT HFA (110 MCG INHALER, 220 MCG INHALER)	2	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	2	QL (21.2 PER 30 DAYS)
flunisolide 0.025% spray	1	QL (50 PER 30 DAYS)
fluticasone prop 50 mcg spray	1	
fluticasone-salmeterol (55-14, 113-14, 232-14)	1	QL (1 PER 30 DAYS)
mometasone furoate 50 mcg spry	3	QL (34 PER 30 DAYS)
NUCALA 100 MG/ML POWDER VIAL	4	PA, QL (3 PER 28 DAYS)
Antihistamines		
azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)	1	QL (60 PER 30 DAYS)
carbinoxamine maleate (4 mg tab, 4 mg/5 ml liquid, 6 mg tab)	1	
cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)	1	
clemastine fum 2.68 mg tab	1	
cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)	3	
desloratadine (2.5 mg odt, 5 mg odt, 5 mg tablet)	1	
diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)	1	PA - Part B vs D Determination
hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 25 mg/ml vial, 50 mg tablet, 50 mg/25 ml syrup, 50 mg/ml vial, 100 mg/2 ml vial, 500 mg/10 ml vial)	1	
hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)	1	
levocetirizine dihydrochloride (2.5 mg/5 ml sol, 5 mg tablet)	1	
olopatadine 665 mcg nasal spry	1	QL (30.5 PER 30 DAYS)
Antileukotrienes		
montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zafirlukast (10 mg tablet, 20 mg tablet)	1	
Bronchodilators, Anticholinergic		
ATROVENT 17 MCG HFA INHALER	2	QL (25.8 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG	2	QL (8 PER 30 DAYS)
iprat-albut 0.5-3(2.5) mg/3 ml	1	PA - Part B vs D Determination, QL (540 PER 30 DAYS)
ipratropium br 0.02% soln	1	PA - Part B vs D Determination, QL (312.5 PER 30 DAYS)
ipratropium bromide (0.03% spray, 0.06% spray)	1	
SPIRIVA 18 MCG CP-HANDIHALER	2	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG INH	2	QL (4 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG INH	2	
Bronchodilators, Sympathomimetic		
albuterol hfa 90 mcg inhaler	1	
albuterol hfa 90 mcg inhaler (generic proair hfa)	1	QL (17 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic proventil hfa)	1	QL (13.4 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic ventolin hfa)	1	QL (36 PER 30 DAYS)
albuterol sul 2.5 mg/3 ml soln	1	PA - Part B vs D Determination, QL (525 PER 30 DAYS)
albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)	1	PA - Part B vs D Determination, QL (375 PER 30 DAYS)
albuterol sulfate (2 mg tab, er 4 mg tab, er 8 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)	1	
albuterol sulfate (2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 100 mg/20 ml soln)	1	PA - Part B vs D Determination, QL (100 PER 30 DAYS)
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	1	
levalbuterol 1.25 mg/3 ml sol	1	PA - Part B vs D Determination, QL (270 PER 30 DAYS)
levalbuterol conc 1.25 mg/0.5	1	PA - Part B vs D Determination, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol)	1	PA - Part B vs D Determination, QL (540 PER 30 DAYS)
metaproterenol 10 mg/5 ml syr	1	
SEREVENT DISKUS 50 MCG	2	QL (60 PER 30 DAYS)
terbutaline sulfate (sulf 1 mg/ml vial, 2.5 mg tab, 5 mg tab)	1	
VENTOLIN HFA 90 MCG INHALER	2	QL (48 PER 30 DAYS)
Cystic Fibrosis Agents		
CAYSTON 75 MG INHAL SOLUTION	4	PA
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	4	PA, QL (112 PER 28 DAYS)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	4	PA, QL (56 PER 28 DAYS)
PULMOZYME 1 MG/ML AMPUL	4	PA
SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS)	4	PA, QL (56 PER 28 DAYS)
TOBI PODHALER 28 MG INHALE CAP	4	QL (224 PER 56 OVER TIME)
tobramycin 300 mg/5 ml ampule	4	PA - Part B vs D Determination, QL (280 PER 28 DAYS)
Mast Cell Stabilizers		
cromolyn 20 mg/2 ml neb soln	1	PA - Part B vs D Determination
Phosphodiesterase Inhibitors, Airways Disease		
aminophylline (250 mg/10 ml vl, 500 mg/20 ml vl)	1	
DALIRESP (250 MCG TABLET, 500 MCG TABLET)	3	ST
theophylline (80 mg/15 ml soln, er 400 mg tablet, er 600 mg tablet)	1	
theophylline anhydrous (er 100 mg tablet, er 200 mg tablet, er 300 mg tab, er 450 mg tab)	1	
Pulmonary Antihypertensives		
ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	4	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
alyq 20 mg tablet	3	PA, QL (60 PER 30 DAYS)
ambrisentan (5 mg tablet, 10 mg tablet)	4	PA, QL (30 PER 30 DAYS)
bosentan (62.5 mg tablet, 125 mg tablet)	4	PA, QL (60 PER 30 DAYS)
OPSUMIT 10 MG TABLET	4	PA, QL (30 PER 30 DAYS)
sildenafil 10 mg/12.5 ml vial	4	
sildenafil 10 mg/ml oral susp	4	PA
sildenafil 20 mg tablet	1	PA, QL (90 PER 30 DAYS)
tadalafil 20 mg tablet	3	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	4	PA, QL (112 PER 28 DAYS)
treprostinil (20 mg/20 ml vial, 50 mg/20 ml vial, 100 mg/20 ml vial, 200 mg/20 ml vial)	4	PA
TYVASO 1.74 MG/2.9 ML SOLUTION	4	PA, QL (87 PER 30 OVER TIME)
TYVASO INHALATION STARTER KIT	4	PA, QL (87 PER 30 OVER TIME)
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET, 1,800 MCG VIAL)	4	PA, QL (60 PER 30 DAYS)
UPTRAVI 200-800 TITRATION PACK	4	PA, QL (400 PER 365 OVER TIME)
VENTAVIS (10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION)	4	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET (267 MG CAPSULE, 267 MG TABLET, 801 MG TABLET)	4	PA
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	4	PA
Respiratory Tract Agents, Other		
acetylcysteine (10% vial, 20% vial)	1	PA - Part B vs D Determination
ADVAIR DISKUS (100-50, 250-50, 500-50)	2	QL (60 PER 30 DAYS)
ADVAIR HFA (45-21 MCG INHALER, 115-21 MCG INHALER, 230-21 MCG INHALER)	2	QL (24 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG INH	3	QL (60 PER 30 DAYS)
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	4	PA
CINQAIR 100 MG/10 ML VIAL	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluticasone-salmeterol (100-50, 250-50, 500-50)	2	QL (60 PER 30 DAYS)
GLASSIA 1 GM/50 ML VIAL	4	PA
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	4	PA, QL (3 PER 28 DAYS)
PROLASTIN C (MG VIAL, MG/20 ML VL)	4	PA
promethazine-phenylephrine syr	1	
ribavirin 6 gm inhalation vial	4	PA - Part B vs D Determination
STIOLTO RESPIMAT INHAL SPRAY	2	QL (4 PER 30 DAYS)
SYMBICORT 160-4.5 MCG INHALER	2	QL (12 PER 30 DAYS)
SYMBICORT 80-4.5 MCG INHALER	2	QL (13.8 PER 30 DAYS)
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25)	2	QL (60 PER 30 DAYS)
wixela inhub (100-50, 250-50, 500-50)	2	QL (60 PER 30 DAYS)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE)	4	PA
ZEMAIRA 1,000 MG VIAL	4	PA

Skeletal Muscle Relaxants

carisoprodl-aspirin 200-325 mg	1	
carisoprodol (250 mg tablet, 350 mg tablet)	1	QL (120 PER 30 DAYS)
carisoprodol-aspirin-codein tb	1	
chlorzoxazone (250 mg tablet, 375 mg tablet, 500 mg tablet, 750 mg tablet)	1	
cyclobenzaprine 7.5 mg tablet	1	QL (120 PER 30 DAYS)
cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)	1	QL (90 PER 30 DAYS)
metaxalone (400 mg tablet, 800 mg tablet)	1	
methocarbamol (500 mg tablet, 750 mg tablet, 1,000 mg/10 ml)	1	
orphenadrine citrate (30 mg/ml vial, 60 mg/2 ml vial)	1	
orphenadrine er 100 mg tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Sleep Disorder Agents		
Gaba Receptor Modulators		
eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)	1	QL (30 PER 30 DAYS)
zaleplon 10 mg capsule	1	QL (60 PER 30 DAYS)
zaleplon 5 mg capsule	1	QL (30 PER 30 DAYS)
zolpidem tartrate (5 mg tablet, 10 mg tablet)	1	QL (30 PER 30 DAYS)
zolpidem tartrate er (er 6.25 mg tab, er 12.5 mg tab)	1	QL (30 PER 30 DAYS)
Sleep Disorders, Other		
armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)	1	PA, QL (30 PER 30 DAYS)
armodafinil 50 mg tablet	1	PA, QL (60 PER 30 DAYS)
BELSOMRA (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	2	QL (30 PER 30 DAYS)
HETLIOZ 20 MG CAPSULE	4	PA, QL (30 PER 30 DAYS)
HETLIOZ LQ 4 MG/ML SUSPENSION	4	PA, QL (158 PER 30 DAYS)
modafinil (100 mg tablet, 200 mg tablet)	1	PA, QL (30 PER 30 DAYS)
ramelteon 8 mg tablet	3	QL (30 PER 30 DAYS)
XYREM 500 MG/ML ORAL SOLUTION	4	PA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Alphabetical Listing

A

abacavir . . . 53
abacavir-lamivudine . . . 53
abacavir-lamivudine-zidovudine . . . 53
ABELCET . . . 29
ABILIFY MAINTENA . . . 48
ABILIFY MYCITE . . . 48
abiraterone acetate . . . 33
ABRAXANE . . . 35
acamprosate calcium . . . 12
acarbose . . . 57
acebutolol hcl . . . 66
acetaminophen-codeine . . . 10
acetazolamide . . . 106
acetazolamide er . . . 106
acetazolamide sodium . . . 69
acetic acid . . . 107
acetylcysteine . . . 102,111
acitretin . . . 75
ACTHIB . . . 99
ACTIMMUNE . . . 98
acyclovir . . . 55
acyclovir sodium . . . 55
ADACEL TDAP . . . 99
adapalene . . . 75
ADCETRIS . . . 35
adefovir dipivoxil . . . 51
ADEMPAS . . . 110
adriamycin . . . 35
adrucil . . . 34
ADVAIR DISKUS . . . 111
ADVAIR HFA . . . 111
AFINITOR . . . 41
AFINITOR DISPERZ . . . 41
AIMOVIG AUTOINJECTOR . . . 30
AIMOVIG AUTOINJECTOR (2 PACK) . . . 30
AKYNZEO . . . 27
ala-cort . . . 85
ALA-SCALP . . . 85
albendazole . . . 45
albuterol hfa 90 mcg inhaler (generic proair hfa) . . . 109
albuterol hfa 90 mcg inhaler (generic proventil hfa) . . . 109
albuterol hfa 90 mcg inhaler (generic ventolin hfa) . . . 109
albuterol sulfate . . . 109
albuterol sulfate hfa . . . 109
alclometasone dipropionate . . . 85
alcohol prep pads . . . 102
alcohol swabs . . . 102
ALDURAZYME . . . 83
ALECENSA . . . 41
alendronate sodium . . . 101
alfuzosin hcl er . . . 84
ALIMTA . . . 34
ALINIA . . . 45
ALIQOPA . . . 41
aliskiren . . . 69
allopurinol . . . 30
almotriptan malate . . . 31
ALOCRIL . . . 105
alosetron hcl . . . 81
ALPHAGAN P . . . 106
alprazolam . . . 56
alprazolam er . . . 56
alprazolam intensol . . . 56
alprazolam odt . . . 56
alprazolam xr . . . 56
ALREX . . . 105
ALUNBRIG . . . 41
alyq . . . 111
amabelz . . . 88
amantadine . . . 55
AMBISOME . . . 29
ambrisentan . . . 111
amcinonide . . . 85
amethia . . . 88
amethia lo . . . 88
amifostine . . . 35
amikacin sulfate . . . 13

amiloride hcl . . . 70
amiloride-hydrochlorothiazide . . . 70
aminophylline . . . 110
AMINOSYN II . . . 102
AMINOSYN II WITH ELECTROLYTES . . . 77
AMINOSYN WITH ELECTROLYTES . . . 77
AMINOSYN-HBC . . . 102
AMINOSYN-PF . . . 102
amiodarone hcl . . . 65
AMITIZA . . . 81
amitriptyline hcl . . . 27
amlodipine besylate . . . 67
amlodipine besylate-benazepril . . . 67
amlodipine-atorvastatin . . . 67
amlodipine-valsartan . . . 67
amlodipine-valsartan-hctz . . . 67
ammonium lactate . . . 75
amnesteem . . . 75
AMONDYS-45 . . . 83
amoxapine . . . 27
amoxicillin . . . 17
amoxicillin-clavulanate pot er . . . 16
amoxicillin-clavulanate potass . . . 17
amphotericin b . . . 29
ampicillin sodium . . . 17
ampicillin trihydrate . . . 17
ampicillin-sulbactam . . . 17
ANADROL-50 . . . 87
anagrelide hcl . . . 62
anastrozole . . . 40
ANORO ELLIPTA . . . 111
APOKYN . . . 46
apraclonidine hcl . . . 106
aprepitant . . . 28
apri . . . 88
APTIOM . . . 20
APTIVUS . . . 54
ARALAST NP . . . 111
aranelle . . . 88
ARANESP . . . 62
ARCALYST . . . 98
aripiprazole . . . 48
aripiprazole odt . . . 48
ARISTADA . . . 48
ARISTADA INITIO . . . 49
armodafinil . . . 113
ARRANON . . . 34
arsenic trioxide . . . 35
ARZERRA . . . 35
asa-butalb-caffeine-codeine . . . 10
ascomp with codeine . . . 10
asenapine maleate . . . 49
ASMANEX . . . 107
ASMANEX HFA . . . 107
aspirin-dipyridamole er . . . 63
ASTAGRAF XL . . . 96
atazanavir sulfate . . . 54
atenolol . . . 66
atenolol-chlorthalidone . . . 66
ATGAM . . . 98
atomoxetine hcl . . . 73
atorvastatin calcium . . . 71
atovaquone . . . 45
atovaquone-proguanil hcl . . . 45
ATRIPLA . . . 52
atropine sulfate . . . 69,104
ATROVENT HFA . . . 109
AUBAGIO . . . 74
AURYXIA . . . 80
AVASTIN . . . 35
aviane . . . 88
AVONEX . . . 74
AVONEX PEN . . . 74
AYVAKIT . . . 42
azacitidine . . . 35
AZASAN . . . 96
AZASITE . . . 18
azathioprine . . . 96
azelaic acid . . . 75
azelastine hcl . . . 105,108
azithromycin . . . 18
AZOPT . . . 106

aztreonam . . . 14
azurette . . . 88

B

bacitracin . . . 14
bacitracin-polymyxin . . . 104
baclofen . . . 51
BAFIERTAM . . . 74
balsalazide disodium . . . 100
BALVERSA . . . 41
balziva . . . 88
BANZEL . . . 23
BARACLUDE . . . 51
BAVENCIO . . . 36
BCG (TICE STRAIN) . . . 36
BCG VACCINE (TICE STRAIN) . . . 99
bekyree . . . 88
BELEODAQ . . . 36
BELSOMRA . . . 113
benazepril hcl . . . 64
benazepril-hydrochlorothiazide . . . 64
BENDEKA . . . 32
BENLYSTA . . . 96
benztropine mesylate . . . 46
BESIVANCE . . . 18
BESPONSA . . . 36
betamethasone diprop augmented . . . 85
betamethasone dipropionate . . . 85
betamethasone valerate . . . 85
betaxolol hcl . . . 66,106
bethanechol chloride . . . 85
bexarotene . . . 45
BEXSERO . . . 99
bicalutamide . . . 33
BICILLIN C-R . . . 17
BICILLIN L-A . . . 17
BIDIL . . . 72
BIKTARVY . . . 52
bisoprolol fumarate . . . 66
bisoprolol-hydrochlorothiazide . . . 66
bleomycin sulfate . . . 36
BLEPHAMIDE . . . 105
BLEPHAMIDE S.O.P. . . . 105
BLINCYTO . . . 36
blisovi 24 fe . . . 88
blisovi fe . . . 88
BOOSTRIX TDAP . . . 99
bortezomib . . . 36
bosentan . . . 111
BOSULIF . . . 42
BRAFTOVI . . . 36
BREZTRI AEROSPHERE . . . 107
briellyn . . . 88
BRILINTA . . . 63
brimonidine tartrate . . . 106
brinzolamide . . . 106
BRIVIACT . . . 20
bromfenac sodium . . . 105
bromocriptine mesylate . . . 46
BRUKINSA . . . 42
budesonide . . . 107
budesonide ec . . . 101
budesonide er . . . 101
bumetanide . . . 70
buprenorphine . . . 9
buprenorphine hcl . . . 13
buprenorphine-naloxone . . . 13
bupropion hcl . . . 24
bupropion hcl sr . . . 13,24
bupropion hcl sr 150mg tablet . . . 24
bupropion xl . . . 24
buspirone hcl . . . 56
busulfan . . . 32
butalb-acetaminoph-caff-codein . . . 10
butalbital compound-codeine . . . 10
butalbital-acetaminophen . . . 74
butalbital-acetaminophen-caffe . . . 74
butalbital-aspirin-caffeine . . . 74
butorphanol tartrate . . . 10
BYSTOLIC . . . 66

C

CABENUVA . . . 52
cabergoline . . . 93
CABOMETYX . . . 42
calcipotriene . . . 75
calcipotriene-betamethasone dp . . . 76
calcitonin-salmon . . . 101
calcitriol . . . 76,101
calcium acetate . . . 80
CALQUENCE . . . 42
camila . . . 92
candesartan cilexetil . . . 64
candesartan-hydrochlorothiazid . . . 64
CAPASTAT SULFATE . . . 32
CAPLYTA . . . 49
CAPRELSA . . . 42
captopril . . . 64
captopril-hydrochlorothiazide . . . 64
CARAFATE . . . 82
CARBAGLU . . . 77
carbamazepine . . . 23
carbamazepine er . . . 23
carbidopa . . . 47
carbidopa-levodopa . . . 47
carbidopa-levodopa er . . . 47
carbidopa-levodopa-entacapone . . . 47
carbinoxamine maleate . . . 108
carboplatin . . . 32
CARDENE I.V. . . . 67
carisoprodol . . . 112
carisoprodol-aspirin . . . 112
carisoprodol-aspirin-codeine . . . 112
carmustine . . . 32
carteolol hcl . . . 106
cartia xt . . . 68
carvedilol . . . 66
carvedilol er . . . 66
caspofungin acetate . . . 29
CAYSTON . . . 110
cefaclor . . . 15
cefaclor er . . . 15
cefadroxil . . . 15
cefazolin sodium . . . 15
cefdinir . . . 16
cefepime hcl . . . 16
cefixime . . . 16
cefotaxime sodium . . . 16
cefotetan . . . 16
cefoxitin . . . 16
cefpodoxime proxetil . . . 16
cefprozil . . . 16
ceftazidime . . . 16
ceftriaxone . . . 16
cefuroxime . . . 16
cefuroxime sodium . . . 16
celecoxib . . . 8
CELONTIN . . . 21
cephalexin . . . 16
CERDELGA . . . 83
CEREZYME . . . 83
cetirizine hcl . . . 108
cevimeline hcl . . . 75
CHANTIX . . . 13
CHEMET . . . 79
CHENODAL . . . 80
chloramphenicol sod succinate . . . 14
chlordiazepoxide hcl . . . 56
chlordiazepoxide-amitriptyline . . . 27
chlorhexidine gluconate . . . 75
chloroquine phosphate . . . 45
chlorothiazide . . . 70
chlorothiazide sodium . . . 70
chlorpromazine hcl . . . 47
chlorthalidone . . . 70
chlorzoxazone . . . 112
CHOLBAM . . . 80
cholestyramine . . . 71
cholestyramine light . . . 71
ciclopirox . . . 29
cidofovir . . . 51
cilostazol . . . 63

CILOXAN . . . 18
CIMDUO . . . 53
cimetidine . . . 81
cinacalcet hcl . . . 101
CINQAIR . . . 111
CINRYZE . . . 102
CIPRO HC . . . 107
ciprofloxacin . . . 18
ciprofloxacin hcl . . . 18
ciprofloxacin-d5w . . . 19
ciprofloxacin-dexamethasone . . . 107
cisplatin . . . 32
citalopram hbr . . . 25
cladribine . . . 34
claravis . . . 76
clarithromycin . . . 18
clarithromycin er . . . 18
clemastine fumarate . . . 108
clindamycin (pediatric) . . . 14
clindamycin hcl . . . 14
clindamycin phos-benzoyl perox . . . 76
clindamycin phosphate . . . 14
clindamycin phosphate-d5w . . . 14
clindamycin-benzoyl peroxide . . . 76
CLINIMIX . . . 77
CLINIMIX E . . . 77
CLINISOL . . . 102
clobazam . . . 21
clobetasol emollient . . . 85
clobetasol emulsion . . . 85
clobetasol propionate . . . 85
clofarabine . . . 34
clomipramine hcl . . . 27
clonazepam . . . 21
clonidine . . . 63
clonidine hcl . . . 63
clonidine hcl er . . . 73
clopidogrel . . . 63
clorazepate dipotassium . . . 56
clotrimazole . . . 29
clotrimazole-betamethasone . . . 29
clozapine . . . 50
clozapine odt . . . 50,51
COARTEM . . . 45
codeine sulfate . . . 10
colchicine . . . 30
colesevelam hcl . . . 71
colestipol hcl . . . 71
colistimethate . . . 14
colocort . . . 101
COMBIGAN . . . 107
COMBIVENT RESPIMAT . . . 109
COMETRIQ . . . 42
COMPLERA . . . 52
compro . . . 27
CONDYLOX . . . 76
constulose . . . 82
COPAXONE . . . 74,75
COPIKTRA . . . 36
CORLANOR . . . 69
cortisone acetate . . . 85
COSENTYX (2 SYRINGES) . . . 95
COSENTYX PEN . . . 95
COSENTYX PEN (2 PENS) . . . 95
COSENTYX SYRINGE . . . 95
COTELLIC . . . 36
COUMADIN . . . 60
CREON . . . 83
CRESEMBA . . . 29
CRIXIVAN . . . 54
cromolyn sodium . . . 80,105,110
cryselle . . . 88
cyclafem . . . 88
cyclobenzaprine hcl . . . 112
cyclopentolate hcl . . . 104
cyclophosphamide . . . 32
cyclosporine . . . 96
cyclosporine modified . . . 96
cyproheptadine hcl . . . 108
CYRAMZA . . . 36
cyred . . . 89
cyred eq . . . 89

CYSTADANE . . . 83
CYSTAGON . . . 83
CYSTARAN . . . 104
cytarabine . . . 34

D

dacarbazine . . . 32
dactinomycin . . . 36
dalfampridine er . . . 75
DALIRESP . . . 110
danazol . . . 88
dantrolene sodium . . . 51
DANYELZA . . . 36
dapsone . . . 32
DAPTACEL DTAP . . . 99
daptomycin . . . 14
DARZALEX . . . 36
DARZALEX FASPRO . . . 36
daunorubicin hcl . . . 36
DAURISMO . . . 36
deblitane . . . 92
decitabine . . . 36
deferasirox . . . 79
deferiprone . . . 79
DELSTRIGO . . . 52
demeclocycline hcl . . . 19
DEPO-PROVERA . . . 92
DERMACINRX PRENATRIX . . . 102
DESCOVY . . . 53
desipramine hcl . . . 27
desloratadine . . . 108
desmopressin acetate . . . 87
desogestr-eth estrad eth estra . . . 89
desogestrel-ethinyl estradiol . . . 89
desonide . . . 85
desoximetasone . . . 85
desvenlafaxine er . . . 25
desvenlafaxine succinate er . . . 25
dexamethasone . . . 85
dexamethasone intensol . . . 85
dexamethasone sodium phosphate . . . 85,105
dexmethylphenidate hcl . . . 73
dexmethylphenidate hcl er . . . 73
DEXPAK . . . 86
dexrazoxane . . . 36
dextroamphetamine sulfate . . . 73
dextroamphetamine sulfate er . . . 73
dextroamphetamine-amphet er . . . 73
dextroamphetamine-amphetamine . . . 73
dextrose 10%-0.2% nacl . . . 77
dextrose 10%-0.45% nacl . . . 77
dextrose 2.5%-0.45% nacl . . . 77
dextrose 5%-0.2% nacl . . . 77
dextrose 5%-0.2% nacl-kcl . . . 77
dextrose 5%-0.225% nacl . . . 77
dextrose 5%-0.225% nacl-kcl . . . 77
dextrose 5%-0.3% nacl . . . 77
dextrose 5%-0.3% nacl-kcl . . . 77
dextrose 5%-0.33% nacl . . . 77
dextrose 5%-0.45% nacl . . . 77
dextrose 5%-0.45% nacl-kcl . . . 77
dextrose 5%-0.9% nacl . . . 77
dextrose 5%-1/2ns-kcl . . . 77
dextrose 5%-ns-kcl . . . 78
dextrose 5%-potassium chloride . . . 78
dextrose in lactated ringers . . . 77
dextrose in water . . . 78
DIACOMIT . . . 21
DIASTAT . . . 21
DIASTAT ACUDIAL . . . 21
diazepam . . . 21,56,57
diazoxide . . . 59
diclofenac potassium . . . 8
diclofenac sodium . . . 8,76,105
diclofenac sodium er . . . 8
diclofenac sodium-misoprostol . . . 8
dicloxacillin sodium . . . 17
dicyclomine hcl . . . 80
didanosine . . . 53
DIFICID . . . 18
diflorasone diacetate . . . 86
diflunisal . . . 8

difluprednate 105
digitek 69
digox 69
digoxin 69
dihydroergotamine mesylate 30
DILANTIN 23
dilt-xr 68
diltiazem 12hr er 68
diltiazem 24hr er 68
diltiazem 24hr er (cd) 68
diltiazem 24hr er (la) 68
diltiazem hcl 68
dimethyl fumarate 75
DIPENTUM 100
diphenhydramine hcl 108
diphenoxylate-atropine 80
DIPHTHERIA-TETANUS TOXOIDS-PED 99
dipyridamole 63
disopyramide phosphate 65
disulfiram 13
divalproex sodium 21
divalproex sodium er 21
DOCEFREZ 36
docetaxel 36
dofetilide 65
donepezil hcl 24
donepezil hcl odt 24
DOPTELET 62
dorzolamide hcl 106
dorzolamide-timolol 106
DOVATO 52
doxazosin mesylate 84
doxepin hcl 27
doxercalciferol 101
doxorubicin hcl 36
doxorubicin hcl liposome 36
doxy 100 19
doxycycline hyclate 19
doxycycline ir-dr 76
doxycycline monohydrate 19
doxylamine succ-pyridoxine hcl 27
DRIZALMA SPRINKLE 25
dronabinol 28
droplet pen needle 102
drospirenone-eth estra-levomef 89
drospirenone-ethinyl estradiol 89
DROXIA 34
droxidopa 69
duloxetine hcl 25
DUREZOL 105
dutasteride 84
dutasteride-tamsulosin 84

E

easy touch insulin syringe 103
ec-naproxen 8
econazole nitrate 29
EDURANT 52
efavirenz 52,53
efavirenz-emtric-tenofov disop 52
efavirenz-lamivu-tenofov disop 53
ELAPRASE 83
ELEPSIA XR 20
ELIGARD 93
ELIQUIS 61
ELITEK 45
ELLA 92
ELMIRON 85
ELZONRIS 36
EMCYT 34
EMEND 28
EMGALITY PEN 31
EMGALITY SYRINGE 31
emoquette 89
EMPAVELI 95
EMPLICITI 37
EMSAM 25
emtricitabine 53
emtricitabine-tenofovir disop 53
EMTRIVA 53
enalapril maleate 64
enalapril-hydrochlorothiazide 65

ENBREL . . . 96
ENBREL MINI . . . 96
ENBREL SURECLICK . . . 96
endocet . . . 11
ENGERIX-B ADULT . . . 99
ENGERIX-B PEDIATRIC-ADOLESCENT . . . 99
ENHERTU . . . 37
enoxaparin sodium . . . 61
enpresse . . . 89
entacapone . . . 46
entecavir . . . 51
ENTRESTO . . . 69
enulose . . . 82
ENVARSUS XR . . . 96
EPIDIOLEX . . . 20
epinastine hcl . . . 105
epinephrine . . . 109
epirubicin hcl . . . 37
epitol . . . 23
EPIVIR HBV . . . 51
eplerenone . . . 70
EPOGEN . . . 62
eprosartan mesylate . . . 64
ERBITUX . . . 37
ergoloid mesylates . . . 24
ERGOMAR . . . 30
ergotamine-caffeine . . . 30
ERIVEDGE . . . 42
ERLEADA . . . 33
erlotinib hcl . . . 42
errin . . . 92
ertapenem . . . 16
ERWINAZE . . . 37
ery . . . 18
ERYTHROCIN LACTOBIONATE . . . 18
erythromycin . . . 18
erythromycin ethylsuccinate . . . 18
erythromycin-benzoyl peroxide . . . 76
ESBRIET . . . 111
escitalopram oxalate . . . 25
esomeprazole sodium . . . 82
estradiol . . . 89
estradiol (once weekly) . . . 89
estradiol (twice weekly) . . . 89
estradiol valerate . . . 89
estradiol-norethindrone acetat . . . 89
ESTRING . . . 89
eszopiclone . . . 113
ethambutol hcl . . . 32
ethosuximide . . . 21
ethynodiol-ethinyl estradiol . . . 89
etodolac . . . 8
etodolac er . . . 8
ETOPOPHOS . . . 41
etoposide . . . 41
etravirine . . . 53
everolimus . . . 42,96
EVKEEZA . . . 69
EVOTAZ . . . 54
exemestane . . . 41
EXONDYS-51 . . . 83
EXTAVIA . . . 75
ezetimibe . . . 71
ezetimibe-simvastatin . . . 71

F

FABRAZYME . . . 83
falmina . . . 89
famciclovir . . . 56
famotidine . . . 81
FANAPT . . . 49
FARYDAK . . . 37
febuxostat . . . 30
felbamate . . . 22
felodipine er . . . 68
femynor . . . 89
fenofibrate . . . 71
fenofibric acid . . . 71
fenoprofen calcium . . . 8
fentanyl . . . 9
fentanyl citrate . . . 11
FERRIPROX . . . 79

FERRIPROX (2 TIMES A DAY) 79
FERRIPROX (3 TIMES A DAY) 79
FETZIMA 25
finasteride 84
FINTEPLA 20
FIRMAGON 94
FLAREX 105
flavoxate hcl 84
flecainide acetate 65
FLOVENT DISKUS 108
FLOVENT HFA 108
floxuridine 34
fluconazole 29
fluconazole-nacl 29
flucytosine 29
fludarabine phosphate 37
fludrocortisone acetate 86
flunisolide 108
fluocinolone acetonide 86
fluocinolone acetonide oil 107
fluocinonide 86
fluocinonide-e 86
fluorometholone 105
fluorouracil 34,35
fluoxetine dr 25
fluoxetine hcl 26
fluphenazine decanoate 47
fluphenazine hcl 47
flurbiprofen 8
flurbiprofen sodium 105
flutamide 33
fluticasone propionate 86,108
fluticasone-salmeterol 108,112
fluvastatin er 71
fluvastatin sodium 71
fluvoxamine maleate 26
fluvoxamine maleate er 26
FML FORTE 105
FML S.O.P. 105
FOLOTYN 35
fomepizole 103
fondaparinux sodium 61
FORTEO 101
fosamprenavir calcium 54
fosfomycin tromethamine 14
fosinopril sodium 65
fosinopril-hydrochlorothiazide 65
fosphenytoin sodium 23
FOTIVDA 34
frovatriptan succinate 31
FULPHILA 62
fulvestrant 34
furosemide 70
FUZEON 54
fyavolv 89
FYCOMPA 20

G

gabapentin 21,22
GALAFOLD 83
galantamine er 24
galantamine hbr 24
galantamine hydrobromide 24
GAMASTAN 98
GAMASTAN S-D 98
GAMMAGARD LIQUID 98
GAMMAGARD S-D 98
GAMMAPLEX 98
GAMUNEX-C 98
ganciclovir sodium 51
GARDASIL 9 99
gatifloxacin 19
GATTEX 80
gauze pads & dressings - pads 2 x 2 103
gavilyte-c 82
gavilyte-g 82
gavilyte-n 82
GAVRETO 37
GAZYVA 37
gemcitabine hcl 35
gemfibrozil 71
generlac 82

gengraf . . . 96
GENOTROPIN . . . 87
gentak . . . 13
gentamicin sulfate . . . 13
gentamicin sulfate in ns . . . 14
GENVOYA . . . 52
gianvi . . . 89
GILENYA . . . 75
GILOTRIF . . . 42
GLASSIA . . . 112
GLEOSTINE . . . 33
glimepiride . . . 57
glipizide . . . 57
glipizide er . . . 57
glipizide xl . . . 57
glipizide-metformin . . . 58
GLUCAGEN . . . 59
GLUCAGON EMERGENCY KIT . . . 59
glucose in water . . . 78
glyburide . . . 58
glyburide micronized . . . 58
glyburide-metformin hcl . . . 58
glycopyrrolate . . . 80
GLYXAMBI . . . 58
GOLYTELY . . . 82
granisetron hcl . . . 28
GRANIX . . . 62
GRASTEK . . . 103
griseofulvin . . . 29
griseofulvin ultramicrosize . . . 29
guanfacine hcl . . . 63
guanfacine hcl er . . . 73
guanidine hcl . . . 31

H

HALAVEN . . . 37
halobetasol propionate . . . 86
HALOG . . . 76
haloperidol . . . 47
haloperidol decanoate . . . 48
haloperidol decanoate 100 . . . 47
haloperidol lactate . . . 48
HAVRIX . . . 99
heparin sodium . . . 61
heparin sodium-0.45% nacl . . . 61
heparin sodium-0.9% nacl . . . 61
heparin sodium-d5w . . . 61
HEPATAMINE . . . 103
HERCEPTIN . . . 37
HETLIOZ . . . 113
HETLIOZ LQ . . . 113
HIBERIX . . . 99
HUMIRA . . . 96
HUMIRA PEDIATRIC CROHN'S . . . 96
HUMIRA PEN . . . 96
HUMIRA PEN CROHN'S-UC-HS . . . 96
HUMIRA PEN PSOR-UVEITS-ADOL HS . . . 96
HUMIRA(CF) . . . 96
HUMIRA(CF) PEDIATRIC CROHN'S . . . 97
HUMIRA(CF) PEN . . . 97
HUMIRA(CF) PEN CROHN'S-UC-HS . . . 97
HUMIRA(CF) PEN PEDIATRIC UC . . . 97
HUMIRA(CF) PEN PSOR-UV-ADOL HS . . . 97
hydralazine hcl . . . 72
hydrochlorothiazide . . . 70
hydrocodone-acetaminophen . . . 11
hydrocodone-ibuprofen . . . 11
hydrocortisone . . . 86,101
hydrocortisone butyrate . . . 86
hydrocortisone valerate . . . 86
hydrocortisone-acetic acid . . . 107
hydromorphone er . . . 9
hydromorphone hcl . . . 11
hydroxychloroquine sulfate . . . 45
hydroxyprogesterone caproate . . . 92
hydroxyurea . . . 35
hydroxyzine hcl . . . 108
hydroxyzine pamoate . . . 108
HYQVIA . . . 98

I

ibandronate sodium . . . 101

IBRANCE 37
ibu 8
ibuprofen 8
icatibant 95
iclevia 89
ICLUSIG 42
icosapent ethyl 72
idarubicin hcl 37
IDHIFA 42
ifosfamide 33
ILARIS 99
ILEVRO 105
imatinib mesylate 42,43
IMBRUVICA 43
IMFINZI 37
imipenem-cilastatin sodium 16
imipramine hcl 27
imipramine pamoate 27
imiquimod 76
IMOVAX RABIES VACCINE 99
incontrol pen needle 103
INCRELEX 87
indapamide 70
indomethacin 8
indomethacin er 8
INFANRIX DTAP 99
INLYTA 43
INQOVI 43
INREBIC 37
insulin pen needle 103
insulin syringe 103
insulin syringe (disp) u-100 0.3 ml 103
insulin syringe (disp) u-100 1 ml 103
insulin syringe (disp) u-100 1/2 ml 103
INTELENCE 53
INTRALIPID 103
INTRON A 51
introvale 89
INVEGA SUSTENNA 49
INVEGA TRINZA 49
INVIRASE 54
INVOKAMET 58
INVOKAMET XR 58
INVOKANA 58
IONOSOL MB-DEXTROSE 5% 78
IPOL 99
ipratropium bromide 109
ipratropium-albuterol 109
irbesartan 64
irbesartan-hydrochlorothiazide 64
IRESSA 43
irinotecan hcl 41
ISENTRESS 52,54
ISENTRESS HD 54
isibloom 89
ISOLYTE P WITH DEXTROSE 78
isoniazid 32
isopropyl alcohol 0.7 ml/ml medicated pad 103
isosorbide dinitrate 72
isosorbide dinitrate er 72
isosorbide mononitrate 72
isosorbide mononitrate er 72
isotretinoin 76
isradipine 68
itraconazole 29
ivermectin 45
IXEMPRA 37
IXIARO 99

J

JAKAFI 43
jantoven 61
JANUMET 58
JANUMET XR 58
JANUVIA 58
JARDIANCE 58
JEMPERLI 37
JENTADUETO 58
JENTADUETO XR 58
JEVTANA 37
jinteli 89
juleber 89

JULUCA 52
junel 90
junel fe 90
junel fe 24 90
JUXTAPID 72

K

KADCYLA 37
kaitlib fe 90
KALETRA 55
KALYDECO 110
KANJINTI 37
kariva 90
kelnor 1-35 90
kelnor 1-50 90
KEPIVANCE 75
ketoconazole 29
ketoprofen 8
ketorolac tromethamine 8,105
KEYTRUDA 37
KHAPZORY 45
KINRIX 99
kionex 79
KISQALI 37
KISQALI FEMARA CO-PACK 33
KLISYRI 76
klor-con 78
KLOR-CON 10 78
KLOR-CON 8 78
klor-con m10 78
KLOR-CON M15 78
klor-con m20 78
KORLYM 87
KOSELUGO 43
KRISTALOSE 82
KYNMOBI 46
KYPROLIS 41

L

labetalol hcl 66
lactulose 82
lamivudine 51,53
lamivudine hbv 51
lamivudine-zidovudine 53
lamotrigine 22
lamotrigine (blue) 22
lamotrigine (green) 23
lamotrigine (orange) 23
lamotrigine er 22
lamotrigine odt 22
lamotrigine odt (orange) 22
lansoprazol-amoxicil-clarithro 81
lansoprazole 82
lanthanum carbonate 80
LANTUS 60
LANTUS SOLOSTAR 60
lapatinib 43
larin 90
larin 24 fe 90
larin fe 90
larissia 90
LASTACAFT 105
latanoprost 107
LATUDA 49
LAZANDA 11
leena 90
leflunomide 99
LENVIMA 43
lessina 90
letrozole 41
leucovorin calcium 37,38
LEUKERAN 33
LEUKINE 62
leuprolide acetate 94
levalbuterol concentrate 109
levalbuterol hcl 109,110
LEVEMIR 60
LEVEMIR FLEXTOUCH 60
levetiracetam 20
levetiracetam er 20
levetiracetam-nacl 20
levobunolol hcl 106

levocarnitine 103
levocetirizine dihydrochloride 108
levofloxacin 19
levofloxacin-d5w 19
levoleucovorin calcium 38
levonest 90
levonorg-eth estrad eth estrad 90
levonorgestrel-eth estradiol 90
levora-28 90
levorphanol tartrate 9
levothyroxine sodium 93
LEVOXYL 93
LEXIVA 55
LIBTAYO 38
lidocaine 12
lidocaine hcl 12
lidocaine hcl viscous 75
lidocaine-prilocaine 12
lindane 46
linezolid 14
linezolid-0.9% nacl 14
linezolid-d5w 14
LINZESS 81
liothyronine sodium 93
lisinopril 65
lisinopril-hydrochlorothiazide 65
lithium 57
lithium carbonate 57
lithium carbonate er 57
LIVALO 71
LONSURF 35
loperamide 81
lopinavir-ritonavir 55
lopreeza 90
lorazepam 57
LORBRENA 38
loryna 90
losartan potassium 64
losartan-hydrochlorothiazide 64
LOTEMAX 106
loteprednol etabonate 106
lovastatin 71
low-ogestrel 90
loxapine 48
lubiprostone 81
LUMAKRAS 38
LUMIGAN 107
LUMIZYME 83
LUMOXITI 38
LUPKYNIS 97
LUPRON DEPOT 94
LUPRON DEPOT (LUPANETA) 94
LUPRON DEPOT-PED 94
lutera 90
lyleq 92
LYNPARZA 38
LYSODREN 93
lyza 92

M

M-M-R II VACCINE 99
magnesium sulfate 78
malathion 46
maprotiline hcl 26
MARGENZA 38
marlissa 90
MARPLAN 25
MARQIBO 38
MATULANE 33
matzim la 68
MAVYRET 51
meclizine hcl 28
meclofenamate sodium 9
medroxyprogesterone acetate 92
mefenamic acid 9
mefloquine hcl 45
megestrol acetate 92
MEKINIST 43
MEKTOVI 38
meloxicam 9
melphalan hcl 33
memantine hcl 24

memantine hcl er . . . 24
MENACTRA . . . 99
MENQUADFI . . . 99
MENVEO A-C-Y-W-135-DIP . . . 100
meperidine hcl . . . 11
meprobamate . . . 56
mercaptopurine . . . 35
meropenem . . . 16
mesalamine . . . 100,101
mesna . . . 45
MESNEX . . . 45
MESTINON . . . 31
metaproterenol sulfate . . . 110
metaxalone . . . 112
metformin hcl . . . 58,59
metformin hcl er . . . 59
methadone hcl . . . 9
methamphetamine hcl . . . 73
methazolamide . . . 106
methenamine hippurate . . . 15
methimazole . . . 95
methocarbamol . . . 112
methotrexate . . . 97
methotrexate sodium . . . 97
methoxsalen . . . 76
methscopolamine bromide . . . 80
methyldopa . . . 63
methyldopa-hydrochlorothiazide . . . 63
methylphenidate er . . . 73,74
methylphenidate er (la) . . . 73
methylphenidate hcl . . . 73,74
methylphenidate hcl cd . . . 74
methylphenidate hcl er (cd) . . . 74
methylphenidate la . . . 74
methylprednisolone . . . 86
methylprednisolone acetate . . . 86
methylprednisolone sodium succ . . . 86
metoclopramide hcl . . . 81
metoclopramide hcl odt . . . 81
metolazone . . . 70
metoprolol succinate . . . 67
metoprolol tartrate . . . 67
metoprolol-hydrochlorothiazide . . . 67
metronidazole . . . 15,76
metyrosine . . . 69
mexiletine hcl . . . 65
MIACALCIN . . . 101
miconazole 3 . . . 29
microgestin . . . 90
microgestin fe . . . 90
midodrine hcl . . . 63
migergot . . . 30
miglustat . . . 83
millipred . . . 86
mimvey . . . 90
minitran . . . 72
minocycline hcl . . . 19
minoxidil . . . 72
mirtazapine . . . 25
MIRVASO . . . 76
misoprostol . . . 82
mitomycin . . . 38
mitoxantrone hcl . . . 38
modafinil . . . 113
moexipril hcl . . . 65
molindone hcl . . . 48
mometasone furoate . . . 86,108
montelukast sodium . . . 108
morphine sulfate . . . 11
morphine sulfate er . . . 10
moxifloxacin . . . 19
moxifloxacin hcl . . . 19
MOZOBIL . . . 62
MULTAQ . . . 65
mupirocin . . . 15
MUTAMYCIN . . . 38
MVASI . . . 38
MYALEPT . . . 103
mycophenolate mofetil . . . 97
mycophenolic acid . . . 97
MYLOTARG . . . 38
myorisan . . . 76

MYRBETRIQ 84
MYTESI 81

N

nabumetone 9
nadolol 67
nafcillin sodium 17
NAGLAZYME 83
nalbuphine hcl 11
naloxone hcl 13
naltrexone hcl 13
naproxen 9
naproxen sodium 9
naproxen sodium cr 9
naproxen sodium er 9
naratriptan hcl 31
NARCAN 13
NATACYN 29
nateglinide 59
NATPARA 101
NAYZILAM 20
nebivolol hcl 67
NEBUPENT 45
necon 90
needles, insulin disp., safety 103
nefazodone hcl 26
neo-polycin hc 106
neomycin sulfate 14
neomycin-bacitracin-poly-hc 106
neomycin-bacitracin-polymyxin 105
neomycin-polymyxin b 14
neomycin-polymyxin-dexameth 106
neomycin-polymyxin-gramicidin 105
neomycin-polymyxin-hc 106,107
neomycin-polymyxin-hydrocort 107
NEPHRAMINE 103
NERLYNX 38
NEULASTA 62
NEULASTA ONPRO 62
NEUPOGEN 62
NEUPRO 46
nevirapine 53
nevirapine er 53
NEXAVAR 43
niacin er 72
niacor 72
nicardipine hcl 68
NICOTROL 13
NICOTROL NS 13
nifedipine 68
nifedipine er 68
nikki 90
nilutamide 33
nimodipine 68
NINLARO 38
NIPENT 35
nisoldipine 68
nitazoxanide 45
nitisinone 83
NITRO-BID 72
nitrofurantoin 15
nitrofurantoin mono-macro 15
nitroglycerin 72
nitroglycerin patch 72
NITROSTAT 72
nizatidine 81
nora-be 92
norethin-eth estra-ferrous fum 90
norethindron-ethinyl estradiol 91
norethindrone 92
norethindrone ac (lupaneta) 92
norethindrone acetate 92
norethindrone-e.estradiol-iron 91
NORMOSOL-M AND DEXTROSE 78
NORMOSOL-R AND DEXTROSE 78
nortrel 91
nortriptyline hcl 27
NORVIR 55
NOVOLIN 70-30 60
NOVOLIN 70-30 FLEXPEN 60
NOVOLIN N 60
NOVOLIN N FLEXPEN 60

NOVOLIN R 60
NOVOLIN R FLEXPEN 60
NOVOLOG 60
NOVOLOG FLEXPEN 60
NOVOLOG MIX 70-30 60
NOVOLOG MIX 70-30 FLEXPEN 60
NOXAFIL 29
NUBEQA 33
NUCALA 108,112
NUCYNTA 12
NUEDEXTA 74
NULIBRY 103
NULOJIX 97
NUPLAZID 49
NUTRILIPID 103
nyamyc 30
nylia 91
NYMALIZE 68
nymyo 91
nystatin 30
nystatin-triamcinolone 30
nystop 30

O

OCALIVA 81
ocella 91
octreotide acetate 94
ODEFSEY 53
ODOMZO 43
OFEV 111
ofloxacin 19
ogestrel 91
okebo 20
olanzapine 49
olanzapine odt 49
olanzapine-fluoxetine hcl 26
olopatadine hcl 105,108
omega-3 acid ethyl esters 72
omeprazole 82
omnipod 103
omnipod dash 5 pack pod 103
omnipod dash pdm kit 103
ONCASPAR 38
ondansetron hcl 28,29
ondansetron odt 29
ONIVYDE 41
ONTRUZANT 38
ONUREG 35
OPDIVO 38
OPSUMIT 111
ORFADIN 83
ORGOVYX 94
ORKAMBI 110
orphenadrine citrate 112
orphenadrine citrate er 112
orsythia 91
oseltamivir phosphate 55
OSMOPREP 82
oxacillin 17
oxacillin sodium 17
oxaliplatin 33
oxandrolone 88
oxaprozin 9
oxazepam 57
oxcarbazepine 23
OXSORALEN-ULTRA 76
oxybutynin chloride 84
oxybutynin chloride er 84
oxycodone hcl 12
oxycodone hcl er 10
oxycodone hcl-aspirin 12
oxycodone hcl-ibuprofen 12
oxycodone-acetaminophen 12
OXYCONTIN 10
oxymorphone hcl 12
oxymorphone hcl er 10

P

paclitaxel 38
PADCEV 38
paliperidone er 49
palonosetron hcl 29

pamidronate disodium 102
PANRETIN 45
pantoprazole sodium 83
paricalcitol 102
paroex 75
paromomycin sulfate 14
paroxetine cr 26
paroxetine er 26
paroxetine hcl 26
PASER 32
PAXIL 26
PEDIARIX 100
PEDVAXHIB 100
peg 3350-electrolyte 82
peg-3350 and electrolytes 82
peg3350-sod sul-nacl-kcl-asb-c 82
PEGANONE 23
PEGASYS 52
PEGASYS PROCLICK 52
PEGINTRON 52
PEMAZYRE 38
pen needle 103
penicillamine 79
penicillin g potassium 17
penicillin g procaine 17
penicillin g sodium 17
penicillin v potassium 17
PENTACEL 100
pentamidine isethionate 45
PENTASA 101
pentazocine-naloxone hcl 12
pentoxifylline 69
PEPAXTO 33
perindopril erbumine 65
periogard 75
PERJETA 39
permethrin 46
perphenazine 48
perphenazine-amitriptyline 27
PERSERIS 49
phenadoz 28
phenelzine sulfate 25
phenobarbital 20,22
phenoxybenzamine hcl 63
phenytoin 23
phenytoin sodium 23
phenytoin sodium extended 23
PHOSLYRA 80
PHOSPHOLINE IODIDE 107
PICATO 76
PIFELTRO 53
pilocarpine hcl 75,107
pimecrolimus 76
pimozide 48
pimtrea 91
pindolol 67
pioglitazone hcl 59
pioglitazone-glimepiride 59
pioglitazone-metformin 59
piperacillin-tazobactam 18
PIQRAY 39
pirmella 91
piroxicam 9
podofilox 76
POLIVY 39
polycin 105
polymyxin b sul-trimethoprim 105
polymyxin b sulfate 15
POMALYST 34
portia 91
PORTRAZZA 39
posaconazole 30
potassium chloride 78
potassium chloride in d5lr 78
potassium chloride proamp 78
potassium chloride-0.9% nacl 78
potassium chloride-nacl 78
potassium chloride-water 78
potassium citrate er 78
POTELIGEO 39
PRADAXA 61
PRALUENT PEN 69

pramipexole dihydrochloride....46
pramipexole er....46
prasugrel hcl....63
pravastatin sodium....71
praziquantel....45
prazosin hcl....63
prednicarbate....86
prednisolone....86
prednisolone acetate....106
prednisolone sodium phos odt....86
prednisolone sodium phosphate....86,87,106
prednisone....87
prednisone intensol....87
pregabalin....21
PREMARIN....91
PREMASOL....103
PREMPHASE....91
PREMPRO....91
prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet....104
prevalite....72
previfem....91
PREVYMIS....51
PREZCOBIX....55
PREZISTA....55
PRIFTIN....32
primaquine....45
primidone....22
PRIVIGEN....98
probenecid....30
probenecid-colchicine....30
procainamide hcl....66
PROCALAMINE....78
prochlorperazine....28
prochlorperazine edisylate....28
prochlorperazine maleate....28
PROCRIT....62
procto-pak....101
proctosol-hc....101
proctozone-hc....101
progesterone....92
PROGRAF....97
PROLASTIN C....112
PROLEUKIN....39
PROLIA....102
PROMACTA....62
promethazine hcl....28
promethazine-phenylephrine....112
promethegan....28
propafenone hcl....66
propafenone hcl er....66
propantheline bromide....80
proparacaine hcl....105
propranolol hcl....67
propranolol hcl er....67
propranolol-hydrochlorothiazid....67
propylthiouracil....95
PROQUAD....100
PROSOL....104
protriptyline hcl....27
PULMOZYME....110
PURIXAN....35
pyrazinamide....32
pyridostigmine bromide....31
pyridostigmine bromide er....31
pyrimethamine....46

Q

QINLOCK....34
QUADRACEL DTAP-IPV....100
quetiapine fumarate....49
quetiapine fumarate er....49,50
quinapril hcl....65
quinapril-hydrochlorothiazide....65
quinidine gluconate....66
quinidine sulfate....66
quinine sulfate....46

R

RABAVERT....100
rabeprazole sodium....83
raloxifene hcl....93

ramelteon....113
ramipril....65
ranitidine hcl....81
ranolazine er....70
rasagiline mesylate....47
RASUVO....97
RAVICTI....83
reclipsen....91
RECOMBIVAX HB....100
RECTIV....76
RELENZA....55
RELISTOR....81
repaglinide....59
repaglinide-metformin hcl....59
REPATHA PUSHTRONEX....70
REPATHA SURECLICK....70
REPATHA SYRINGE....70
RESCRIPTOR....53
RESTASIS....105
RESTASIS MULTIDOSE....105
RETACRIT....63
RETEVMO....39
RETROVIR....53
REVLIMID....34
REXULTI....50
REYATAZ....55
REZUROCK....97
RIABNI....39
ribasphere....52
RIBASPHERE RIBAPAK....52
ribavirin....52,112
RIDAURA....95
rifabutin....32
rifampin....32
RIFATER....32
riluzole....74
rimantadine hcl....55
ringers injection....79
ringers irrigation....104
RINVOQ....99
risedronate sodium....102
risedronate sodium dr....102
RISPERDAL CONSTA....50
risperidone....50
risperidone odt....50
ritonavir....55
RITUXAN....39
RITUXAN HYCELA....39
rivastigmine....24
rizatriptan....31
ROMIDEPSIN....39
ropinirole er....47
ropinirole hcl....47
rosuvastatin calcium....71
ROTARIX....100
ROTATEQ....100
ROZLYTREK....39
RUBRACA....43
RUCONEST....95
rufinamide....23
RUKOBIA....54
RUXIENCE....39
RYBREVANT....39
RYDAPT....39
RYLAZE....39
RYTARY....47

S

sajazir....95
SAMSCA....79
SANDIMMUNE....97
SANTYL....76
SAPHNELO....95
SAPHRIS....50
sapropterin dihydrochloride....83
SARCLISA....39
scopolamine....28
SECUADO....50
selegiline hcl....47
selenium sulfide....76
SELZENTRY....54
SEREVENT DISKUS....110

sertraline hcl . . . 26
sevelamer carbonate . . . 80
sevelamer hcl . . . 80
sharobel . . . 93
SHINGRIX . . . 100
SIGNIFOR . . . 94
SIGNIFOR LAR . . . 94,95
sildenafil citrate . . . 111
silver sulfadiazine . . . 15
SIMBRINZA . . . 107
simvastatin . . . 71
sirolimus . . . 97,98
SIRTURO . . . 32
SKYRIZI . . . 98
SKYRIZI (2 SYRINGES) KIT . . . 98
SKYRIZI PEN . . . 98
SMOFLIPID . . . 104
sodium chloride . . . 79,104
sodium chloride-water . . . 79
sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet . . . 79
sodium lactate . . . 79
sodium phenylbutyrate . . . 83
sodium polystyrene sulfonate . . . 79
sofosbuvir-velpatasvir . . . 52
solifenacin succinate . . . 84
SOLIQUA 100-33 . . . 60
SOLTAMOX . . . 34
SOMATULINE DEPOT . . . 95
SOMAVERT . . . 95
sorine . . . 66
sotalol . . . 66
sotalol af . . . 66
SOTYLIZE . . . 66
SPIRIVA . . . 109
SPIRIVA RESPIMAT . . . 109
spironolactone . . . 70
spironolactone-hctz . . . 70
SPRAVATO . . . 25
sprintec . . . 91
SPRITAM . . . 20
SPRYCEL . . . 43
SPS . . . 79
sronyx . . . 91
SSD . . . 15
stavudine . . . 53
STELARA . . . 95,96
STIMATE . . . 87
STIOLTO RESPIMAT . . . 112
STIVARGA . . . 43
STRENSIQ . . . 83,84
streptomycin sulfate . . . 14
STRIBILD . . . 52
sucralfate . . . 82
sulfacetamide sodium . . . 19
sulfacetamide-prednisolone . . . 106
sulfadiazine . . . 19
sulfamethoxazole-trimethoprim . . . 19
sulfasalazine . . . 101
sulfasalazine dr . . . 101
sulindac . . . 9
sumatriptan . . . 31
sumatriptan succinate . . . 31
sunitinib malate . . . 44
SUPRAX . . . 16
SUPREP . . . 82
SUTENT . . . 44
SYLATRON . . . 39
SYLVANT . . . 99
SYMBICORT . . . 112
SYMDEKO . . . 110
SYMFI . . . 53
SYMFI LO . . . 53
SYMLINPEN 120 . . . 59
SYMLINPEN 60 . . . 59
SYMPAZAN . . . 22
SYMTUZA . . . 55
SYNAGIS . . . 98
SYNAREL . . . 95
SYNJARDY . . . 59
SYNJARDY XR . . . 59
SYNRIBO . . . 39

SYNTHROID . . . 93

T

TABLOID . . . 35
TABRECTA . . . 34
tacrolimus . . . 76,98
tadalafil . . . 111
TAFINLAR . . . 44
TAGRISSO . . . 44
TALZENNA . . . 39
tamoxifen citrate . . . 93
tamsulosin hcl . . . 84
TARGRETIN . . . 45
tarina fe . . . 91
tarina fe 1-20 eq . . . 91
TASIGNA . . . 44
tazarotene . . . 76
taztia xt . . . 68
TAZVERIK . . . 39
TDVAX . . . 100
TECENTRIQ . . . 39
TEFLARO . . . 16
TEKTURNA HCT . . . 70
telmisartan . . . 64
telmisartan-amlodipine . . . 68
telmisartan-hydrochlorothiazid . . . 64
temazepam . . . 57
TEMIXYS . . . 54
temsirolimus . . . 44
TENIVAC . . . 100
tenofovir disoproxil fumarate . . . 54
TEPMETKO . . . 44
terazosin hcl . . . 84
terbinafine hcl . . . 30
terbutaline sulfate . . . 110
terconazole . . . 30
TERIPARATIDE . . . 102
testosterone . . . 88
testosterone cypionate . . . 88
testosterone enanthate . . . 88
tetrabenazine . . . 74
tetracycline hcl . . . 20
THALOMID . . . 34
theophylline . . . 110
theophylline anhydrous . . . 110
thioridazine hcl . . . 48
thiotepa . . . 33
thiothixene . . . 48
THYMOGLOBULIN . . . 98
tiagabine hcl . . . 22
TIBSOVO . . . 44
tilia fe . . . 91
timolol maleate . . . 31,107
tinidazole . . . 46
TIVICAY . . . 52
TIVICAY PD . . . 52
tizanidine hcl . . . 51
TOBI PODHALER . . . 110
TOBRADEX . . . 106
TOBRADEX ST . . . 106
tobramycin . . . 14,110
tobramycin sulfate . . . 14
tobramycin-dexamethasone . . . 106
TOBREX . . . 14
TOLAK . . . 35
tolbutamide . . . 59
tolcapone . . . 46
tolmetin sodium . . . 9
tolterodine tartrate . . . 84
tolterodine tartrate er . . . 84
tolvaptan . . . 79
topiramate . . . 23
topiramate er . . . 23
toposar . . . 41
topotecan hcl . . . 41
toremifene citrate . . . 34
torsemide . . . 70
TOTECT . . . 39
TOUJEO MAX SOLOSTAR . . . 60
TOUJEO SOLOSTAR . . . 60
TPN ELECTROLYTES . . . 79
TRACLEER . . . 111

TRADJENTA 59
tramadol hcl 12
tramadol hcl er 10
tramadol hcl-acetaminophen 12
trandolapril 65
trandolapril-verapamil er 65
tranexamic acid 63
tranylcypromine sulfate 25
TRAVASOL 104
travoprost 107
TRAZIMERA 40
trazodone hcl 26
TREANDA 33
TRECATOR 32
TRELEGY ELLIPTA 112
TRELSTAR 95
treprostinil 111
TRESIBA 60
TRESIBA FLEXTOUCH U-100 60
TRESIBA FLEXTOUCH U-200 60
tretinoin 45,77
tri-legest fe 91
tri-lo-estarylla 91
tri-lo-marzia 91
tri-lo-sprintec 91
tri-nymyo 91
tri-previfem 92
tri-sprintec 92
triamcinolone acetonide 75,87
triamterene-hydrochlorothiazid 70
triazolam 57
triderm 87
trientine hcl 80
trifluoperazine hcl 48
trifluridine 56
trihexyphenidyl hcl 46
trilyte with flavor packets 82
trimethobenzamide hcl 28
trimethoprim 15
trimipramine maleate 27
TRINTELLIX 26
TRIUMEQ 52
trivora-28 92
TRODELVY 40
TROGARZO 54
TROKENDI XR 23
TROPHAMINE 104
trospium chloride 84
trospium chloride er 84
TRULICITY 59
TRUMENBA 100
TRUSELTIQ 40
TRUVADA 54
TRUXIMA 40
TUKYSA 40
TURALIO 44
TWINRIX 100
TYBOST 54
TYKERB 44
TYPHIM VI 100
TYVASO 111
TYVASO STARTER KIT 111

U

UBRELVY 31
UDENYCA 63
UKONIQ 44
ulticare pen needle 104
ultra flo pen needle 104
unifine pentips 104
unifine pentips plus 104
UNITUXIN 40
UPTRAVI 111
ursodiol 81

V

v-go 20 104
v-go 30 104
v-go 40 104
valacyclovir 56
VALCHLOR 33
valganciclovir hcl 51

valproate sodium 22
valproic acid 22
valrubicin 40
valsartan 64
valsartan-hydrochlorothiazide 64
VALTOCO 22
vanatol lq 74
vanatol s 74
vancomycin 15
vancomycin hcl 15
vancomycin hcl-d5w 15
VAQTA 100
varenicline tartrate 13
VARIVAX VACCINE 100
VARIZIG 98
VASCEPA 72
VAXELIS 100
VECTIBIX 40
velivet 92
VELPHORO 80
VELTASSA 80
VENCLEXTA 44
VENCLEXTA STARTING PACK 44
venlafaxine hcl 26
venlafaxine hcl er 26
VENTAVIS 111
VENTOLIN HFA 110
veo insulin syringe 104
verapamil er 69
verapamil er pm 69
verapamil hcl 69
verapamil sr 69
VERSACLOZ 51
VERZENIO 40
vgo 20 104
vgo 30 104
vgo 40 104
VICTOZA 2-PAK 59
VICTOZA 3-PAK 59
VIDEX 54
VIDEX EC 54
vienva 92
vigabatrin 22
vigadrone 22
VIIBRYD 26,27
VIMPAT 23,24
vinblastine sulfate 40
vincristine sulfate 40
vinorelbine tartrate 40
VIRACEPT 55
VIREAD 54
VITRAKVI 40
VIVITROL 13
VIZIMPRO 44
VOCABRIA 52
voriconazole 30
VOTRIENT 44
VPRIV 84
VRAYLAR 50
vtol lq 74
vyfemla 92
VYXEOS 35

W

warfarin sodium 61
water 104
WELIREG 44
westab plus 104
wixela inhub 112
wymzya fe 92

X

XALKORI 44
XARELTO 61
XATMEP 98
XCOPRI 20,21
XELJANZ 99
XELJANZ XR 99
XERMELO 81
XGEVA 102
XIFAXAN 15
XOFLUZA 55

XOLAIR . . . 112
XOSPATA . . . 44
XPOVIO . . . 40
XTANDI . . . 33
xulane . . . 92
XYREM . . . 113

Y

YERVOY . . . 40
YF-VAX . . . 100
YONDELIS . . . 33
YONSA . . . 33
yuvafem . . . 92

Z

zafemy . . . 92
zafirlukast . . . 109
zaleplon . . . 113
ZALTRAP . . . 40
ZANOSAR . . . 33
ZEJULA . . . 44
ZELBORAF . . . 44
ZEMAIRA . . . 112
ZENPEP . . . 84
ZEPOSIA . . . 75
zidovudine . . . 54
ZIOPTAN . . . 107
ziprasidone hcl . . . 50
ziprasidone mesylate . . . 50
ZIRABEV . . . 40
ZIRGAN . . . 51
ZOKINVY . . . 84
zoledronic acid . . . 102
ZOLINZA . . . 40
zolmitriptan . . . 31
zolmitriptan odt . . . 31
zolpidem tartrate . . . 113
zolpidem tartrate er . . . 113
ZOMACTON . . . 87
zonisamide . . . 21
ZONTIVITY . . . 63
ZORTRESS . . . 98
ZOSTAVAX . . . 100
zovia 1-35e . . . 92
ZYCLARA . . . 77
ZYDELIG . . . 41
ZYKADIA . . . 40
ZYNLONTA . . . 40
ZYPREXA RELPREVV . . . 50
ZYTIGA . . . 33



This formulary was updated on 11/22/2021. For more recent information or other questions, please contact Granite Alliance Member Services at 1-855-586-2573 (TTY: 711), or visit www.mygraniterx.com. We are available 24 hours a day, 7 days a week.

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