



2024 Formulary

(List of Covered Drugs)

- | FHCP Medicare Rx Plus (HMO-POS)
- | FHCP Medicare Rx (HMO)
- | FHCP Medicare Rx Savings (HMO)
- | FHCP Medicare Premier Plus (HMO)
- | FHCP Medicare Flagler Advantage (HMO)
- | FHCP Medicare Premier Advantage (HMO)

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

This formulary was updated on 09/29/2023. For more recent information or other questions, please contact FHCP Medicare Member Service at 1-833-866-6559 (TTY users should call 1-800-955-8770). Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays. Or visit www.fhcpmedicare.com.

HMO coverage is offered by Florida Blue Medicare, Inc., DBA FHCP Medicare, an Independent Licensee of the Blue Cross and Blue Shield Association.

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 FHCP Medicare. When it refers to “plan” or “our plan,” it means FHCP Medicare Rx, FHCP Medicare Rx Plus, FHCP Medicare Rx Savings, FHCP Medicare Premier Plus, FHCP Medicare Flagler Advantage, and FHCP Medicare Premier Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 09/29/2023. 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, 2024, and from time to time during the year.

What is the FHCP Medicare Rx, FHCP Medicare Rx Plus, FHCP Medicare Rx Savings, FHCP Medicare Premier Plus, FHCP Medicare Flagler Advantage, and FHCP Medicare Premier Advantage Formulary?

A formulary is a list of covered drugs selected by us 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the FHCP Medicare Rx, FHCP Medicare Rx Plus, FHCP Medicare Rx Savings, FHCP Medicare Premier Plus, FHCP Medicare Flagler Advantage, and FHCP Medicare Premier Advantage’s Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 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 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the FHCP Medicare Rx, FHCP Medicare Rx Plus, FHCP Medicare Rx Savings, FHCP Medicare Premier Plus, FHCP Medicare Flagler Advantage, and FHCP Medicare Premier Advantage’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/29/2023. 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. Our plan issues monthly formulary updates to our website (www.fhcpmedicare.com) and in print by request.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 69. 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 us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 31 tablets per prescription for Januvia 50MG. 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. 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 us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the FHCP Medicare Rx, FHCP Medicare Rx Plus, FHCP Medicare Rx Savings, FHCP Medicare Premier Plus, FHCP Medicare Flagler Advantage, and FHCP Medicare Premier Advantage's formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that 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 us. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by us.
- You can ask us 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 FHCP Medicare Rx, FHCP Medicare Rx Plus, FHCP Medicare Rx Savings, FHCP Medicare Premier Plus, FHCP Medicare Flagler Advantage, and FHCP Medicare Premier Advantage's 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 lower cost-sharing level unless the drug is 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, we 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, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

Note: Circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another. For these unplanned transitions, you must use the exceptions and appeals processes. Coverage determinations and redeterminations will be processed as expeditiously as your health condition requires.

In order to prevent a temporary gap in care when a member is discharged to home, members are permitted to have a full outpatient supply available to continue therapy once their limited supply provided at discharge is exhausted. This outpatient supply is available in advance of discharge from a Medicare Part A covered stay.

When a member is admitted to or discharged from an LTC facility and does not have access to the remainder of the previously dispensed prescription, a one-time override of the "refill too soon" edit will be provided for each medication. Early refill edits are not used to limit appropriate and necessary access to a member's Part D benefit, and such members are allowed to access a refill upon admission or discharge.

For more information

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

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

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

Our Plan's Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on page 69.

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

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

Usage Rules

- **75% Usage Rule:** Prescription refills will not be covered unless at least 75% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).
- **90% Usage Rule:** Prescription refills for narcotics or controlled substances will not be covered unless at least 90% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).

List of Abbreviations

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Drug

Tier 5: Specialty

Tier 6: Vaccines

(DL) Dispensing Limit: Cannot be dispensed for more than a 31-day supply.

(LA) Limited Access: This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-833-866-6559, From October 1 through March 31, we are open 8 a.m. – 8 p.m. local time, seven days a week. From April 1 through September 30, we are open 8 a.m. – 8 p.m. local time, Monday – Friday. TTY users should call 1-800-955-8770.

(B/D) Part B vs. Part D Prior Authorization Required: Part B vs. Part D administrative prior authorization required. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Part B medications must be obtained from FHCP Pharmacies.

(PA) 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.

(QL) Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 31 tablets per prescription for Januvia 50mg. This appears on the formulary as "31 EA per 31 days" which means coverage is limited to 31 tablets every 31 days, or 1 tablet per day.

(ST) 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.

Distribution Types

- **(RO) Retail Only:** Must be filled at a retail pharmacy. Mail order delivery not available.
- **(RM) Retail and Mail:** May be filled at a retail pharmacy or the FHCP mail order pharmacy.
- **(SP) Specialty Pharmacy Only:** Certain drugs can only be filled via specialty pharmacies.

Deductible, Initial Coverage, and Coverage Gap Stages

The copayment/coinsurance amounts that you pay in each drug tier at a Preferred Retail (31-day supply), Standard Retail (31-day supply), or through FHCP's Mail Order pharmacy (93-day supply) are listed below.

FHCP Medicare Rx Plus (HMO-POS)							
Deductible	None						
Initial Coverage							
Pharmacy Type	Day Supply	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Preferred Retail	1 Month Supply	\$0	\$0	\$42	\$92	33%	\$0
Standard Retail	1 Month Supply	\$17	\$20	\$47	\$100	33%	\$0
Mail Order	3 Month Supply	\$0	\$0	\$123	\$273	Not Covered	Not Applicable
Coverage Gap	We provide additional coverage for prescription drugs on Tiers 1 and 2 while in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.						
<p>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</p> <p>You won't pay more than \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.</p>							

FHCP Medicare Rx (HMO)							
Deductible	\$295 – Only applies to drugs in Tiers 3, 4, and 5						
Initial Coverage							
Pharmacy Type	Day Supply	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Preferred Retail	1 Month Supply	\$0	\$6	\$44	\$95	26%	\$0
Standard Retail	1 Month Supply	\$17	\$20	\$47	\$100	26%	\$0
Mail Order	3 Month Supply	\$0	\$15	\$129	\$282	Not Covered	Not Applicable
Coverage Gap	We provide additional coverage for prescription drugs on Tiers 1 and 2 while in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.						
<p>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</p> <p>You won't pay more than \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.</p>							

Deductible, Initial Coverage, and Coverage Gap Stages (Continued)

FHCP Medicare Premier Plus (HMO)							
Deductible	None						
Initial Coverage							
Pharmacy Type	Day Supply	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Preferred Retail	1 Month Supply	\$0	\$7	\$45	\$98	33%	\$0
Standard Retail	1 Month Supply	\$17	\$20	\$47	\$100	33%	\$0
Mail Order	3 Month Supply	\$0	\$18	\$132	\$291	Not Covered	Not Applicable
Coverage Gap	We provide additional coverage for prescription drugs on Tiers 1 and 2 while in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.						
<p>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</p> <p>You won't pay more than \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.</p>							

FHCP Medicare Rx Savings (HMO)							
Deductible	\$395 – Only applies to drugs in Tiers 3, 4, and 5						
Initial Coverage							
Pharmacy Type	Day Supply	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Preferred Retail	1 Month Supply	\$0	\$10	\$45	\$98	25%	\$0
Standard Retail	1 Month Supply	\$17	\$20	\$47	\$100	25%	\$0
Mail Order	3 Month Supply	\$0	\$27	\$132	\$291	Not Covered	Not Applicable
Coverage Gap	Standard Coverage. Please refer to our Evidence of Coverage for more information about this coverage.						
<p>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</p> <p>You won't pay more than \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.</p>							

Deductible, Initial Coverage, and Coverage Gap Stages (Continued)

FHCP Medicare Flagler Advantage (HMO)							
Deductible	None						
Initial Coverage							
Pharmacy Type	Day Supply	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Preferred Retail	1 Month Supply	\$0	\$10	\$45	\$98	25%	\$0
Standard Retail	1 Month Supply	\$17	\$20	\$47	\$100	25%	\$0
Mail Order	3 Month Supply	\$0	\$27	\$132	\$291	Not Covered	Not Applicable
Coverage Gap	Standard Coverage. Please refer to our Evidence of Coverage for more information about this coverage.						
<p>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</p> <p>You won't pay more than \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.</p>							

FHCP Medicare Premier Advantage (HMO)							
Deductible	None						
Initial Coverage							
Pharmacy Type	Day Supply	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Preferred Retail	1 Month Supply	\$0	\$5	\$44	\$95	33%	\$0
Standard Retail	1 Month Supply	\$17	\$20	\$47	\$100	33%	\$0
Mail Order	3 Month Supply	\$0	\$12	\$129	\$282	Not Covered	Not Applicable
Coverage Gap	We provide additional coverage for prescription drugs on Tiers 1 and 2 while in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.						
<p>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</p> <p>You won't pay more than \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.</p>							

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-866-6559. (TTY users should call 1-800-955-8770). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-866-6559. (TTY: 1-800-955-8773). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-866-6559。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-866-6559。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-866-6559. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-866-6559. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-866-6559. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-866-6559. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-866-6559. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-866-6559. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-866-6559. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-866-6559 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-866-6559. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-866-6559. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-866-6559. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-866-6559. Ta usługa jest bezpłatna.

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Drug Name	Tier	Requirements/Limits
Analgesics		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Tier 2	RO; DL
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 2	RM
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 2	RM
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 2	RM
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 2	RM
<i>diclofenac sodium external gel 1 %</i>	Tier 2	RO; DL
<i>diclofenac sodium external gel 3 %</i>	Tier 2	PA; RO; QL (100 GM per 30 days); DL
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Tier 2	RM
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Tier 2	RM
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 2	RM
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 2	RM
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 4	PA; RO; QL (120 EA per 30 days); DL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 2	PA; RO; DL
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier 2	RO; QL (2700 ML per 30 days); DL
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	RM
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Tier 2	RO; DL
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 2	RM
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	RM
<i>indomethacin er oral capsule extended release 75 mg</i>	Tier 2	RM
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	RM
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 2	RM; QL (20 EA per 31 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	RM
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier 2	RO; DL
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Tier 2	RM

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

Drug Name	Tier	Requirements/Limits
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	Tier 2	RO; DL
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 2	RM
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 2	RO; DL
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 2	RM
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 2	RM
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 2	RO; DL
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	RM
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 2	RO; DL
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	RM
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	Tier 2	RO; DL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	RM
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 2	RM
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	RM
<i>tramadol hcl oral tablet 50 mg</i>	Tier 2	RM
Anesthetics		
<i>lidocaine external ointment 5 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>lidocaine external patch 5 %</i>	Tier 2	PA; RO; DL
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 2	RO; DL
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 2	RO; QL (30 GM per 30 days); DL
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 2	RM
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Tier 2	RO; DL
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Tier 2	RO; DL
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Tier 2	RM
<i>disulfiram oral tablet 250 mg</i>	Tier 2	RM
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 2	RM; QL (2 EA per 31 days); DL

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

Drug Name	Tier	Requirements/Limits
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 2	RM
NICOTROL INHALATION INHALER 10 MG	Tier 3	RO; QL (504 EA per 30 days); DL
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	Tier 3	RM
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Tier 3	RM
Antibacterials		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 2	RO; DL
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 2	RO; DL
<i>amoxicillin oral tablet 875 mg</i>	Tier 2	RO; DL
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 2	RO; DL
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	Tier 2	RO; DL
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 2	RO; DL
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 2	RO; DL
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Tier 2	RO; DL
<i>ampicillin oral capsule 500 mg</i>	Tier 2	RO; DL
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	Tier 2	RO; DL
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	Tier 2	RO; DL
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Tier 2	RO; DL
<i>azithromycin intravenous solution reconstituted 500 mg</i>	Tier 2	RO; DL
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 2	RO; DL
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 2	RO; DL
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	Tier 2	RO; DL
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	Tier 4	RO; DL

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

Drug Name	Tier	Requirements/Limits
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	Tier 4	RO; DL
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	Tier 4	RO; DL
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 2	RO; DL
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	Tier 2	RO; DL
<i>cefdinir oral capsule 300 mg</i>	Tier 2	RO; DL
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 2	RO; DL
<i>cefepime hcl injection solution reconstituted 1 gm</i>	Tier 2	RO; DL
<i>cefixime oral capsule 400 mg</i>	Tier 2	RO; DL
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 2	RO; DL
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	Tier 2	RO; DL
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 2	RO; DL
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 2	RO; DL
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 2	RO; DL
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	Tier 2	RO; DL
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	Tier 2	RO; DL
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	Tier 2	RO; DL
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	Tier 2	RO; DL
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	RO; DL
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	Tier 2	RO; DL
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 2	RO; DL
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	Tier 2	RO; DL
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 2	RO; DL
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	Tier 2	RO; DL
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 2	RO; DL
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Tier 2	RO; DL
<i>daptomycin intravenous solution reconstituted 500 mg</i>	Tier 5	RO; DL
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Tier 2	RM
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 2	RO; DL
DIFICID ORAL TABLET 200 MG	Tier 5	PA; RO; DL
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4	RO; DL
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 2	RM
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 2	RM
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 2	RM
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Tier 2	RO; DL
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	Tier 2	RO; DL
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 4	RO; DL
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier 2	RO; DL
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Tier 2	RM
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 2	RO; DL

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

Drug Name	Tier	Requirements/Limits
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 2	RM
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	Tier 4	RO; DL
<i>fosfomycin tromethamine oral packet 3 gm</i>	Tier 2	RO; DL
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 2	RO; DL
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 2	RO; DL
<i>gentamicin sulfate injection solution 40 mg/ml</i>	Tier 2	RO; DL
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	Tier 2	RO; DL
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 2	RO; DL
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	RO; DL
<i>linezolid intravenous solution 600 mg/300ml</i>	Tier 2	RO; DL
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 2	RO; DL
<i>linezolid oral tablet 600 mg</i>	Tier 2	RO; DL
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	Tier 2	RO; DL
<i>metronidazole external cream 0.75 %</i>	Tier 2	RO; DL
<i>metronidazole external gel 0.75 %, 1 %</i>	Tier 2	RO; DL
<i>metronidazole external lotion 0.75 %</i>	Tier 2	RO; DL
<i>metronidazole intravenous solution 500 mg/100ml</i>	Tier 2	RO; DL
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>metronidazole vaginal gel 0.75 %</i>	Tier 2	RO; DL
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	Tier 2	RM
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	Tier 2	RO; DL
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 2	RO; DL
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 2	RO; DL
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 2	RM
<i>oxacillin sodium injection solution reconstituted 2 gm</i>	Tier 2	RO; DL

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

Drug Name	Tier	Requirements/Limits
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	Tier 2	RO; DL
<i>paromomycin sulfate oral capsule 250 mg</i>	Tier 4	RO; DL
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	Tier 4	RO; DL
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 2	RO; DL
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	Tier 2	RO; DL
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	Tier 2	RO; DL
<i>sulfadiazine oral tablet 500 mg</i>	Tier 2	RM
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 2	RO; DL
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 2	RM
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	Tier 5	RO; DL
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Tier 2	RM
<i>tigecycline intravenous solution reconstituted 50 mg</i>	Tier 5	RO; DL
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	Tier 2	RO
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	RM
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg</i>	Tier 2	RO; DL
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Tier 2	RO; DL
XIFAXAN ORAL TABLET 550 MG	Tier 5	PA; RO; QL (60 EA per 30 days); DL
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Tier 4	PA; RM
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 5	PA; RO; DL
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 5	PA; RO; DL
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 2	RM
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 2	RO; DL

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

Drug Name	Tier	Requirements/Limits
<i>carbamazepine oral tablet 200 mg</i>	Tier 2	RM
<i>carbamazepine oral tablet chewable 100 mg</i>	Tier 2	RM
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 2	PA; RO; DL
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 2	PA; RM
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 5	PA; SP; DL
DIACOMIT ORAL PACKET 250 MG, 500 MG	Tier 5	PA; SP; DL
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 2	RO; QL (10 EA per 30 days); DL
DILANTIN ORAL CAPSULE 30 MG	Tier 3	RM
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 2	RM
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 2	RM
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 2	RM
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5	PA; RO; DL
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 4	RO; DL
<i>ethosuximide oral capsule 250 mg</i>	Tier 2	RM
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 2	RO; DL
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 2	RO; DL
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 2	RM
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 5	PA; SP; LA; DL
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 5	PA; RO; DL
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	Tier 5	PA; RO; QL (31 EA per 31 days); DL
FYCOMPA ORAL TABLET 2 MG	Tier 4	PA; RO; QL (31 EA per 31 days); DL
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 2	RM
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 2	RO; DL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 2	RM
<i>lacosamide oral solution 10 mg/ml</i>	Tier 2	RO
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 2	RM
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	Tier 4	RM; DL

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

Drug Name	Tier	Requirements/Limits
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	RM
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 2	RM
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 4	RM
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Tier 2	RO; DL
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	Tier 2	RO; DL
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	Tier 2	RO; DL
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 2	RM
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 2	RO; DL
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2	RM
<i>methsuximide oral capsule 300 mg</i>	Tier 4	RM
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 5	RO; QL (10 EA per 30 days); DL
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 2	RO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 2	RM
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 2	RO; DL
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 2	RM
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 2	RO; DL
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 2	RM
<i>phenytoin sodium extended oral capsule 100 mg</i>	Tier 2	RM
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	Tier 2	RM
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 4	PA; RO; DL
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Tier 2	PA; RM
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	Tier 4	RM
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 5	PA; RO; DL
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 2	RM
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Tier 2	RM
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	RM

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

Drug Name	Tier	Requirements/Limits
<i>valproic acid oral capsule 250 mg</i>	Tier 2	RM
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 2	RO; DL
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 5	PA; RO; QL (10 EA per 30 days); DL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	Tier 5	PA; RO; QL (10 EA per 30 days); DL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	Tier 5	PA; RO; QL (10 EA per 30 days); DL
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 5	PA; RO; QL (10 EA per 30 days); DL
<i>vigabatrin oral packet 500 mg</i>	Tier 5	PA; RO; DL
<i>vigabatrin oral tablet 500 mg</i>	Tier 5	PA; SP; LA; DL
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 5	PA; RO; DL
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 5	PA; RO; DL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; RO; DL
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier 4	PA; RO; DL
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	Tier 5	PA; RO; DL
ZONISADE ORAL SUSPENSION 100 MG/5ML	Tier 5	RO; QL (900 ML per 30 days); DL
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 5	PA; RO; DL
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 1	RM
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 2	RM
<i>ergoloid mesylates oral tablet 1 mg</i>	Tier 2	RM
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 2	RM
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Tier 2	RM
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	RM
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	RO; DL
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 2	RM
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 2	RO; DL

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

Drug Name	Tier	Requirements/Limits
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 2	RM
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 2	RM
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	RM
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 2	RM
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 5	PA; RO; QL (60 EA per 30 days); DL
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Tier 2	RM
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 2	RM
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	RM
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Tier 1	RO; DL
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	RM
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 2	RM
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	RM
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	RM
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 2	RO; DL
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 2	RM
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 5	PA; RO; DL
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 2	RO; DL
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	RM
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 4	PA; RM

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

Drug Name	Tier	Requirements/Limits
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 4	PA; RO; DL
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	RM
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 2	RO; DL
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	RM
MARPLAN ORAL TABLET 10 MG	Tier 4	RM
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 2	RM
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 2	RM
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	RM
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	RM
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 2	RO; DL
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Tier 2	RM
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Tier 2	RO; DL
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	RM
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 2	RM
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Tier 2	RM
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 2	RO; DL
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	RM
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 2	RM
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	RM
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4	PA; RM
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Tier 2	RM
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	RM
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 4	RO; DL
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	RM

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

Drug Name	Tier	Requirements/Limits
Antiemetics		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	Tier 2	PA; RO; DL
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	Tier 2	RM; DL
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 2	PA; RO; QL (60 EA per 30 days); DL
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Tier 4	PA; RO; DL
<i>granisetron hcl oral tablet 1 mg</i>	Tier 2	B/D; RM
<i>meclizine hcl oral tablet 25 mg</i>	Tier 1	RM
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 2	B/D; RO; DL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	B/D; RM; QL (90 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 2	B/D; RM; QL (90 EA per 30 days)
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 2	RO; DL
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Tier 2	RO; DL
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 2	RO; DL
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 2	RO; DL
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 2	RM
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 4	B/D; RM
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	Tier 4	B/D; RO; DL
<i>casposfungin acetate intravenous solution reconstituted 50 mg</i>	Tier 5	RO; DL
<i>casposfungin acetate intravenous solution reconstituted 70 mg</i>	Tier 4	RO; DL
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 2	RO; DL

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

Drug Name	Tier	Requirements/Limits
<i>econazole nitrate external cream 1 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5	RO; DL
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 4	RO; DL
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Tier 2	RO; DL
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 2	RO; DL
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 2	RM
<i>fluconazole oral tablet 150 mg</i>	Tier 2	RO; DL
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 5	RO; DL
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 2	RO; DL
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	RO; DL
<i>itraconazole oral capsule 100 mg</i>	Tier 2	RM
<i>itraconazole oral solution 10 mg/ml</i>	Tier 4	RO; DL
<i>ketoconazole external cream 2 %</i>	Tier 1	RO; DL
<i>ketoconazole external shampoo 2 %</i>	Tier 2	RO; DL
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	RM
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	Tier 5	RO; DL
NOXAFIL ORAL SUSPENSION 40 MG/ML	Tier 5	PA; RO; DL
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 2	RO; DL
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	RO; DL
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	RO; DL
<i>nystatin external powder 100000 unit/gm</i>	Tier 2	RO; DL
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 2	RO; DL
<i>nystatin oral tablet 500000 unit</i>	Tier 2	RM
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 2	RO; DL
<i>posaconazole oral suspension 40 mg/ml</i>	Tier 5	PA; RO; DL
<i>posaconazole oral tablet delayed release 100 mg</i>	Tier 5	PA; RO; DL
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	RM
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 2	RO; DL

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

Drug Name	Tier	Requirements/Limits
<i>terconazole vaginal suppository 80 mg</i>	Tier 2	RO; DL
<i>voriconazole intravenous solution reconstituted 200 mg</i>	Tier 5	PA; RO; DL
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Tier 5	PA; RO; DL
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 2	PA; RO; DL
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	RM
<i>colchicine oral tablet 0.6 mg</i>	Tier 2	RM; QL (120 EA per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	RM
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 2	RM
<i>probenecid oral tablet 500 mg</i>	Tier 2	RM
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 4	PA; RO; QL (1 ML per 30 days); DL
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 5	RO; DL
<i>eletriptan hydrobromide oral tablet 20 mg</i>	Tier 2	RM; QL (12 EA per 30 days)
<i>eletriptan hydrobromide oral tablet 40 mg</i>	Tier 2	RM; QL (6 EA per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; RM
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 4	PA; RM
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 4	PA; RM
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 5	RO; QL (12 EA per 14 days); DL
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 2	RM; QL (12 EA per 31 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 5	PA; RO; QL (18 EA per 30 days); DL
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 2	RM; QL (18 EA per 31 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 2	RM; QL (18 EA per 31 days)
<i>sumatriptan nasal solution 20 mg/lact</i>	Tier 2	RM; QL (12 EA per 31 days)
<i>sumatriptan nasal solution 5 mg/lact</i>	Tier 2	RM; QL (6 EA per 31 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	RM; QL (12 EA per 31 days)

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

Drug Name	Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Tier 2	RM; QL (6 ML per 31 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier 2	RM; QL (4 ML per 31 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 5	PA; RO; QL (16 EA per 30 days); DL
<i>zolmitriptan oral tablet 2.5 mg</i>	Tier 2	RM; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	Tier 2	RM; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	Tier 2	RM; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	Tier 2	RM; QL (6 EA per 30 days)
Antimyasthenic Agents		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Tier 2	RM
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	Tier 2	RM
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	RM
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 2	RM
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	RM
PRIFTIN ORAL TABLET 150 MG	Tier 4	RM
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	RM
<i>rifabutin oral capsule 150 mg</i>	Tier 2	RM
<i>rifampin intravenous solution reconstituted 600 mg</i>	Tier 4	RO; DL
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	RM
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 4	RM
TRECTOR ORAL TABLET 250 MG	Tier 4	RM
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 2	PA; RO; DL
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA; RO; DL
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 5	PA; RO; DL
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 5	PA; RO; DL
<i>anastrozole oral tablet 1 mg</i>	Tier 1	RM
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5	PA; RO; QL (31 EA per 31 days); DL
AYVAKIT ORAL TABLET 25 MG, 50 MG	Tier 5	PA; RO; DL

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

Drug Name	Tier	Requirements/Limits
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5	PA; RO; DL
<i>bexarotene external gel 1 %</i>	Tier 5	PA; RO; QL (60 GM per 30 days); DL
<i>bexarotene oral capsule 75 mg</i>	Tier 5	PA; RO; DL
<i>bicalutamide oral tablet 50 mg</i>	Tier 2	RM
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5	PA; RO; DL
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA; RO; DL
BRUKINSA ORAL CAPSULE 80 MG	Tier 5	PA; RO; DL
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5	PA; RO; DL
CALQUENCE ORAL CAPSULE 100 MG	Tier 5	PA; RO; DL
CALQUENCE ORAL TABLET 100 MG	Tier 5	PA; RO; DL
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 5	PA; RO; DL
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 5	PA; RO; DL
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 5	PA; RO; DL
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 5	PA; RO; DL
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5	PA; RO; DL
COTELLIC ORAL TABLET 20 MG	Tier 5	PA; SP; LA; DL
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	B/D; RM
DAURISMO ORAL TABLET 100 MG	Tier 5	PA; SP; LA; QL (30 EA per 30 days); DL
DAURISMO ORAL TABLET 25 MG	Tier 5	PA; SP; LA; QL (90 EA per 30 days); DL
EMCYT ORAL CAPSULE 140 MG	Tier 5	RO; DL
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5	PA; RO; DL
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 5	PA; RO; DL
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 2	PA; RM; DL
<i>exemestane oral tablet 25 mg</i>	Tier 2	RM
EXKIVITY ORAL CAPSULE 40 MG	Tier 5	PA; RO; DL
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 5	PA; RO; QL (21 EA per 28 days); DL
GAVRETO ORAL CAPSULE 100 MG	Tier 5	PA; RO; DL

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Drug Name	Tier	Requirements/Limits
<i>gefitinib oral tablet 250 mg</i>	Tier 5	PA; RO; DL
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5	PA; RO; DL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 5	PA; RO
<i>hydroxyurea oral capsule 500 mg</i>	Tier 2	RM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	PA; SP; LA; DL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	PA; SP; LA; DL
ICLUSIG ORAL TABLET 10 MG, 30 MG	Tier 5	PA; RO; LA; DL
ICLUSIG ORAL TABLET 15 MG, 45 MG	Tier 5	PA; SP; LA; DL
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA; SP; LA; DL
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Tier 2	RO
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5	PA; SP; LA; DL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA; SP; QL (324 ML per 31 days); DL
IMBRUVICA ORAL TABLET 420 MG	Tier 5	PA; SP; LA; QL (31 EA per 31 days); DL
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5	PA; SP; LA; DL
INQOVI ORAL TABLET 35-100 MG	Tier 5	PA; RO; DL
INREBIC ORAL CAPSULE 100 MG	Tier 5	PA; SP; LA; QL (140 EA per 30 days); DL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA; SP; LA; DL
JAYPIRCA ORAL TABLET 100 MG	Tier 5	PA; RO; QL (60 EA per 30 days); DL
JAYPIRCA ORAL TABLET 50 MG	Tier 5	PA; RO; QL (120 EA per 30 days); DL
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; RO; DL
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; RO; DL
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; RO; DL
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 5	PA; RO; DL
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 5	PA; RO; DL

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Drug Name	Tier	Requirements/Limits
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 5	PA; RO; DL
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5	PA; RO; DL
KRAZATI ORAL TABLET 200 MG	Tier 5	PA; RO; DL
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tier 5	PA; RM
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 5	PA; SP; LA; QL (31 EA per 31 days); DL
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Tier 5	PA; SP; LA; DL
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 5	PA; SP; LA; DL
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 5	PA; SP; LA; DL
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 5	PA; SP; LA; DL
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 5	PA; SP; LA; DL
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 5	PA; SP; LA; DL
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Tier 5	PA; SP; LA; DL
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 5	PA; SP; LA; DL
<i>letrozole oral tablet 2.5 mg</i>	Tier 2	RM
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 2	RM
LEUKERAN ORAL TABLET 2 MG	Tier 3	RM
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5	PA; RO; DL
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 5	PA; SP; LA; DL
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 5	PA; RO; DL
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5	PA; RO; LA; DL
LYSODREN ORAL TABLET 500 MG	Tier 3	RM
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 5	PA; RO; QL (84 EA per 28 days); DL

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Drug Name	Tier	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 5	PA; RO; QL (112 EA per 28 days); DL
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 5	PA; RO; QL (140 EA per 28 days); DL
MATULANE ORAL CAPSULE 50 MG	Tier 3	RM
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 5	PA; RO; LA; DL
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 5	PA; RO; LA; DL
MEKTOVI ORAL TABLET 15 MG	Tier 5	PA; RO; DL
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	RM
MESNEX ORAL TABLET 400 MG	Tier 4	RM
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	Tier 1	RM
<i>methotrexate sodium injection solution 50 mg/2ml</i>	Tier 1	RM
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	RM
NERLYNX ORAL TABLET 40 MG	Tier 5	PA; SP; LA; DL
<i>nilutamide oral tablet 150 mg</i>	Tier 5	RO; DL
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5	PA; RO; DL
NUBEQA ORAL TABLET 300 MG	Tier 5	PA; RO; DL
ODOMZO ORAL CAPSULE 200 MG	Tier 5	PA; RO; LA; DL
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 5	PA; RO; DL
ORGOVYX ORAL TABLET 120 MG	Tier 5	PA; RO; DL
ORSERDU ORAL TABLET 345 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL
ORSERDU ORAL TABLET 86 MG	Tier 5	PA; RO; QL (90 EA per 30 days); DL
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 5	PA; SP; DL
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; RO; DL
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 5	PA; RO; DL
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 5	PA; RO; DL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA; SP; LA; QL (21 EA per 28 days); DL
PURIXAN ORAL SUSPENSION 2000 MG/100ML	Tier 5	SP; LA; DL

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

Drug Name	Tier	Requirements/Limits
QINLOCK ORAL TABLET 50 MG	Tier 5	PA; RO; DL
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 5	PA; RO; DL
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5	PA; RO; QL (60 EA per 30 days); DL
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5	PA; RO; DL
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 5	PA; RO; LA; DL
RYDAPT ORAL CAPSULE 25 MG	Tier 5	PA; RO; DL
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Tier 5	PA; RO; DL
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 3	RO; DL
<i>sorafenib tosylate oral tablet 200 mg</i>	Tier 5	PA; RO; DL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 5	PA; RO; DL
STIVARGA ORAL TABLET 40 MG	Tier 5	PA; SP; LA; DL
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 5	PA; RO; DL
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	Tier 5	RO; DL
TABLOID ORAL TABLET 40 MG	Tier 3	RM
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5	PA; SP; DL
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA; RO; DL
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 5	PA; RO; DL
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 5	PA; RO; DL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5	PA; RO; DL
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 1	RM
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 5	PA; RO; DL
TAZVERIK ORAL TABLET 200 MG	Tier 5	PA; SP; DL
TEPMETKO ORAL TABLET 225 MG	Tier 5	PA; SP; LA; DL
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; SP; DL

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

Drug Name	Tier	Requirements/Limits
TIBSOVO ORAL TABLET 250 MG	Tier 5	PA; RO; DL
<i>toremifene citrate oral tablet 60 mg</i>	Tier 5	RO; DL
<i>tretinoin oral capsule 10 mg</i>	Tier 5	RO; DL
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5	PA; RO; DL
TURALIO ORAL CAPSULE 125 MG	Tier 5	PA; RO; DL
VALCHLOR EXTERNAL GEL 0.016 %	Tier 5	PA; RO; DL
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier 4	PA; RO; DL
VENCLEXTA ORAL TABLET 100 MG	Tier 5	PA; RO; DL
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 5	PA; RO; DL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; RO; DL
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA; SP; DL
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5	PA; SP; DL
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5	PA; RO; DL
VONJO ORAL CAPSULE 100 MG	Tier 5	PA; RO; DL
VOTRIENT ORAL TABLET 200 MG	Tier 5	PA; RO; DL
WELIREG ORAL TABLET 40 MG	Tier 5	PA; SP; LA; QL (90 EA per 30 days); DL
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA; SP; LA; DL
XOSPATA ORAL TABLET 40 MG	Tier 5	PA; RO; QL (90 EA per 30 days); DL
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 5	PA; SP; LA; DL
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 5	PA; SP; LA; DL
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 5	PA; SP; LA; DL
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Tier 5	PA; SP; LA; DL
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 5	PA; SP; LA; DL
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 5	PA; SP; LA; DL

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

Drug Name	Tier	Requirements/Limits
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 5	PA; SP; LA; DL
XTANDI ORAL CAPSULE 40 MG	Tier 5	PA; SP; LA; DL
XTANDI ORAL TABLET 40 MG	Tier 5	PA; SP; QL (120 EA per 30 days); DL
XTANDI ORAL TABLET 80 MG	Tier 5	PA; SP; QL (60 EA per 30 days); DL
ZEJULA ORAL CAPSULE 100 MG	Tier 5	PA; RO; DL
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL
ZELBORAF ORAL TABLET 240 MG	Tier 5	PA; SP; LA; DL
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	PA; RO; DL
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA; RO; DL
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA; RO; DL
Antiparasitics		
<i>albendazole oral tablet 200 mg</i>	Tier 4	RO; DL
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 2	RO; DL
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 2	RM
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 4	RO; DL
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 2	RM
COARTEM ORAL TABLET 20-120 MG	Tier 4	RO; DL
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	RM
<i>ivermectin oral tablet 3 mg</i>	Tier 2	RO; DL
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 2	RM
<i>nitazoxanide oral tablet 500 mg</i>	Tier 5	RO; QL (6 EA per 30 days); DL
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Tier 4	B/D; RO; DL
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	Tier 4	B/D; RO; DL
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 2	RO; DL
<i>pyrimethamine oral tablet 25 mg</i>	Tier 5	PA; RO; DL
<i>quinine sulfate oral capsule 324 mg</i>	Tier 2	RM
Antiparkinson Agents		
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Tier 5	PA; SP; DL

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

Drug Name	Tier	Requirements/Limits
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
<i>carbidopa oral tablet 25 mg</i>	Tier 2	RO; DL
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	RM
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	RM
<i>entacapone oral tablet 200 mg</i>	Tier 2	RM
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 4	PA; RM
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	RM
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Tier 2	RM
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 2	RM
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 2	RM
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	RM
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	RM
<i>tolcapone oral tablet 100 mg</i>	Tier 5	RO; DL
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 2	RO; DL
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 2	RM
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 5	PA; RO; DL
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	RO; DL
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	RM
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 2	RM
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Tier 2	RM; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 2	RO; DL
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	RM

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

Drug Name	Tier	Requirements/Limits
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	RM
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 5	PA; RO; QL (60 EA per 30 days); DL
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 4	PA; RO; QL (60 EA per 30 days); DL
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 2	RM
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 2	RM
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 2	RO; DL
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Tier 2	RO; DL
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	RM
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 2	RM
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 2	RM
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	RO; DL
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	RM
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Tier 5	PA; RO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier 5	PA; RO; DL
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 4	PA; RO; DL
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	RM
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 2	RM; QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	Tier 2	RM; QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG	Tier 5	PA; RO; QL (1 EA per 1 day); DL
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	Tier 4	RM
NUPLAZID ORAL CAPSULE 34 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL

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

Drug Name	Tier	Requirements/Limits
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	Tier 2	PA; RO; DL
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	RM
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 2	RM
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 2	RM
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	RM
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 2	RM
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 2	RM
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	RM
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	RM
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG	Tier 4	PA; RO; DL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 50 MG	Tier 5	PA; RO; DL
<i>risperidone oral solution 1 mg/ml</i>	Tier 2	RO; DL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	RM
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	RM
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 5	PA; RO; QL (30 EA per 30 days); DL
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	RM

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

Drug Name	Tier	Requirements/Limits
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	RM
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 5	RO; DL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Tier 4	PA; RO; DL
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	RM
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Tier 2	RO; DL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Tier 4	PA; RO; DL
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 2	RM
<i>dantrolene sodium oral capsule 50 mg</i>	Tier 2	RM
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Tier 2	RM
Antivirals		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 2	RO; DL
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 2	RM
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 2	RM
<i>acyclovir oral capsule 200 mg</i>	Tier 2	RM
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 2	RO; DL
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	RM
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 2	B/D; RO; DL
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 4	RO; DL
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	RM
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 2	RO; DL
APTIVUS ORAL CAPSULE 250 MG	Tier 3	RM
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 2	RM
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 3	RM
CIMDUO ORAL TABLET 300-300 MG	Tier 3	RM
COMPLERA ORAL TABLET 200-25-300 MG	Tier 3	RM

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

Drug Name	Tier	Requirements/Limits
<i>darunavir oral tablet 600 mg, 800 mg</i>	Tier 2	RM
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 3	RM
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	Tier 3	RM
DOVATO ORAL TABLET 50-300 MG	Tier 3	RM
EDURANT ORAL TABLET 25 MG	Tier 3	RM
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 2	RM
<i>efavirenz oral tablet 600 mg</i>	Tier 2	RM
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Tier 2	RM
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 2	RM
<i>emtricitabine oral capsule 200 mg</i>	Tier 2	RM
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Tier 2	RM
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 3	RO; DL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 2	RM
<i>etravirine oral tablet 100 mg, 200 mg</i>	Tier 2	RM
EVOTAZ ORAL TABLET 300-150 MG	Tier 3	RM
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	RM
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 2	RM
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 5	RO; DL
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 3	RM
INTELENCE ORAL TABLET 25 MG	Tier 3	RM
ISENTRESS HD ORAL TABLET 600 MG	Tier 3	RM
ISENTRESS ORAL PACKET 100 MG	Tier 3	RM
ISENTRESS ORAL TABLET 400 MG	Tier 3	RM
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 3	RM
JULUCA ORAL TABLET 50-25 MG	Tier 3	RM
<i>lamivudine oral solution 10 mg/ml</i>	Tier 2	RO; DL
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	Tier 2	RM
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 2	RM
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 3	RO; DL
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Tier 2	RO; DL

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

Drug Name	Tier	Requirements/Limits
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Tier 2	RM
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 2	RM
MAVYRET ORAL PACKET 50-20 MG	Tier 5	PA; RO; DL
MAVYRET ORAL TABLET 100-40 MG	Tier 5	PA; RO; DL
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 2	RM
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 2	RO; DL
<i>nevirapine oral tablet 200 mg</i>	Tier 2	RM
NORVIR ORAL PACKET 100 MG	Tier 3	RM
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 3	RM
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 2	RO; DL
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 2	RO; DL
PIFELTRO ORAL TABLET 100 MG	Tier 3	RM
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 5	PA; RO; DL
PREZCOBIX ORAL TABLET 800-150 MG	Tier 3	RM
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 3	RO; DL
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 3	RM
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3	RO; DL
REYATAZ ORAL PACKET 50 MG	Tier 3	RM
<i>ribavirin oral capsule 200 mg</i>	Tier 2	RM
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 2	RM
<i>ritonavir oral tablet 100 mg</i>	Tier 2	RM
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 3	RM
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 3	RO; DL
SELZENTRY ORAL TABLET 25 MG, 75 MG	Tier 3	RM
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3	RM
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Tier 5	RO; DL

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

Drug Name	Tier	Requirements/Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 3	RM
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 2	RM
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 3	RM
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 3	RM
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 3	RM
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	Tier 3	RM
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 3	RM
TYBOST ORAL TABLET 150 MG	Tier 3	RM
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 2	RM
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 5	RO; DL
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 2	RM; DL
VEMLIDY ORAL TABLET 25 MG	Tier 3	RM
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 3	RM
VIREAD ORAL POWDER 40 MG/GM	Tier 3	RO; DL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 3	RM
ZEPATIER ORAL TABLET 50-100 MG	Tier 5	PA; RO; DL
<i>zidovudine oral capsule 100 mg</i>	Tier 2	RM
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 2	RO; DL
<i>zidovudine oral tablet 300 mg</i>	Tier 2	RM
Anxiolytics		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg</i>	Tier 2	RM
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 2	RM
<i>diazepam oral solution 5 mg/5ml</i>	Tier 2	RO; DL
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 2	RM

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

Drug Name	Tier	Requirements/Limits
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 2	RO; DL
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 2	RM
Bipolar Agents		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 2	RM
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 2	RM
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	Tier 1	RM
LYBALVI ORAL TABLET 5-10 MG	Tier 5	PA; RO; QL (1 EA per 1 day); DL
Blood Glucose Regulators		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Tier 2	RM
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 3	RO; DL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Tier 3	ST; RM
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Tier 3	ST; RM
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Tier 3	ST; RM
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 2	RM
<i>cvs gauze sterile pad 2"x2"</i>	Tier 2	RM
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 4	RO; DL
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Tier 2	RM
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 3	RM
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	RM
FIASP INJECTION SOLUTION 100 UNIT/ML	Tier 3	RM

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

Drug Name	Tier	Requirements/Limits
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 3	RM
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	RM
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 2	RM
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	RM
<i>glucagon emergency injection kit 1 mg</i>	Tier 2	RM; QL (4 EA per 30 days); DL
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 2	PA; RM; HRM
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 2	PA; RM; HRM
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 5	B/D; RO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 5	RO; DL
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	Tier 3	RM
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Tier 3	RM
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 3	RM
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Tier 3	RM
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	RM; QL (31 EA per 31 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 3	RM
KORLYM ORAL TABLET 300 MG	Tier 5	PA; SP; LA; DL
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	RM
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	RM
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 2	RM
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1	RM
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1	RM

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

Drug Name	Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 1	RM
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1	RM
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1	RM
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 1	RM
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	RM
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Tier 3	RM
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3	RM
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3	RM
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 3	RM
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Tier 3	RM; QL (31 EA per 31 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 2	RM
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	Tier 2	RM
QTERN ORAL TABLET 10-5 MG	Tier 3	RM
QTERN ORAL TABLET 5-5 MG	Tier 3	RM; QL (31 EA per 31 days)
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Tier 2	RM
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Tier 3	PA; RM
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Tier 3	PA; RM
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Tier 5	PA; RO; DL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 3	RM
Blood Products and Modifiers		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 2	RM
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 4	RM
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	RM
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	RM
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	RM
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 3	RO; DL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 3	RM
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Tier 2	RO; DL
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 2	RO; DL
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5	PA; RO; DL
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 2	RO; DL
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 5	RO; DL
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5	RO; DL
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Tier 4	RM
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 2	RM
PROMACTA ORAL PACKET 12.5 MG	Tier 5	PA; RO; DL
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 5	PA; RO; DL
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 4	PA; RO; DL
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 5	PA; RO; DL
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	RO; DL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	Tier 5	PA; RO; DL

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Drug Name	Tier	Requirements/Limits
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5	PA; RO; DL
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	RM
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Tier 3	RO; DL
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	Tier 3	RM
XARELTO ORAL TABLET 2.5 MG	Tier 3	RM; QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 3	RO; DL
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5	RO; DL
Cardiovascular Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 2	RM
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	RM
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 2	RM
<i>amiloride hcl oral tablet 5 mg</i>	Tier 2	RM
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 2	RM
<i>amlodipine besy-benazepril hcl oral capsule 10- 20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 2	RM
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	RM
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	RM
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	RM
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	RM
<i>bumetanide injection solution 0.25 mg/ml</i>	Tier 2	RO; DL
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 4	RM
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	RM
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	RM
<i>cholestyramine light oral packet 4 gm</i>	Tier 2	RM
<i>cholestyramine oral packet 4 gm</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	RM
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 2	RM
<i>colesevelam hcl oral tablet 625 mg</i>	Tier 2	RM
<i>colestipol hcl oral tablet 1 gm</i>	Tier 2	RM
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 4	PA; RO; DL
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 4	PA; RM; QL (60 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 2	RO; DL
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 2	RM
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 2	RM
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 2	RM
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 2	RM
DIURIL ORAL SUSPENSION 250 MG/5ML	Tier 4	RO; DL
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 2	RM
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	RM
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 2	PA; RO; DL
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	RM
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 4	RM
<i>epplerenone oral tablet 25 mg, 50 mg</i>	Tier 2	RM
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 2	RM
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	RM
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 2	RM
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg</i>	Tier 2	RM
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 2	RM
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	RM
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
<i>furosemide injection solution 10 mg/ml</i>	Tier 2	RO; DL
<i>furosemide oral solution 10 mg/ml</i>	Tier 2	RO; DL
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	RM
<i>gemfibrozil oral tablet 600 mg</i>	Tier 2	RM
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Tier 2	RM
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	RM
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	RM
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	Tier 4	PA; RM
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	RM
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	RM
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 2	RM
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA; SP; LA; DL
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 4	PA; RM
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 2	RM
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	RM
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	RM
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	RM
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	RM
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	RM
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	RM
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	RM
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	RM
<i>metyrosine oral capsule 250 mg</i>	Tier 5	RO; DL
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 2	RM
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	RM
MULTAQ ORAL TABLET 400 MG	Tier 4	RM
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	RM
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	RM
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Tier 2	RM
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 2	RM
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 2	RM
<i>nimodipine oral capsule 30 mg</i>	Tier 4	RO; DL
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3	RO; DL
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 2	RM
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	Tier 2	RM
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Tier 4	RM
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	RM
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	RM
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Tier 2	RM
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 2	RM
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Tier 5	PA; RO; DL
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	RM
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	RM
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2	RM
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 2	RM
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 2	RO; DL
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	RM
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	Tier 2	RM
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 2	RM
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	RM
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 2	RM
RECTIV RECTAL OINTMENT 0.4 %	Tier 4	RO; QL (30 GM per 30 days); DL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 4	PA; RO; DL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 4	PA; RO; DL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 4	PA; RO; DL
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	RM
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 1	RM
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 2	RM
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 2	RM
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	RM
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	RM
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	RM
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1	RM
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	RM
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	RM
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 2	RM
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	RM
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 2	RM; QL (31 EA per 31 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier 2	RM; QL (62 EA per 31 days)
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	RM
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 5	PA; RO; DL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 5	PA; RO; DL
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA; RO; DL
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 2	PA; RO; DL
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	RM; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 2	RM
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	RM
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 1	PA; RM
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	Tier 1	PA; RO; DL
<i>fingolimod hcl oral capsule 0.5 mg</i>	Tier 1	PA; RM; QL (28 EA per 28 days); DL
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	Tier 5	RO; DL
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	RM
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 2	RM; QL (31 EA per 31 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 2	RM; QL (31 EA per 31 days)

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

Drug Name	Tier	Requirements/Limits
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 2	RM; QL (62 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 2	RM; QL (93 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Tier 2	RM; QL (31 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 2	RM; QL (62 EA per 31 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 2	RO; DL
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	RM
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 5	PA; RO; DL
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 2	RM
<i>pregabalin oral solution 20 mg/ml</i>	Tier 2	RO; DL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5	PA; RO; DL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 5	PA; RO; DL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5	PA; RO; DL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 5	PA; RO; DL
<i>riluzole oral tablet 50 mg</i>	Tier 2	RM
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	RM
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Tier 3	RO; DL
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	PA; RM
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 2	PA; RO; DL
Dental and Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 2	RM
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 2	RM
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 2	RM

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

Drug Name	Tier	Requirements/Limits
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 2	RO; DL
Dermatological Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 2	RO; DL
<i>acyclovir external ointment 5 %</i>	Tier 2	RO; QL (30 GM per 30 days); DL
<i>adapalene external gel 0.3 %</i>	Tier 2	RO; DL
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>ammonium lactate external cream 12 %</i>	Tier 2	RM
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>betamethasone valerate external cream 0.1 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>betamethasone valerate external lotion 0.1 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>calcipotriene external cream 0.005 %</i>	Tier 2	RO; QL (60 GM per 30 days); DL
<i>calcipotriene external ointment 0.005 %</i>	Tier 2	RO; QL (60 GM per 30 days); DL
<i>calcipotriene external solution 0.005 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>ciclopirox external gel 0.77 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>ciclopirox external solution 8 %</i>	Tier 2	RO; DL
<i>clindamycin phosphate external gel 1 %</i>	Tier 1	RM
<i>clindamycin phosphate external swab 1 %</i>	Tier 2	RO; DL
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>clobetasol propionate external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL

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

Drug Name	Tier	Requirements/Limits
<i>clobetasol propionate external foam 0.05 %</i>	Tier 2	RO; QL (100 GM per 28 days); DL
<i>clobetasol propionate external gel 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>clobetasol propionate external lotion 0.05 %</i>	Tier 2	RO; QL (240 ML per 30 days); DL
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>clobetasol propionate external solution 0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>desonide external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>desonide external lotion 0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>desonide external ointment 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>desoximetasone external gel 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>erythromycin external solution 2 %</i>	Tier 2	RO; DL
EUCRISA EXTERNAL OINTMENT 2 %	Tier 3	ST; RO; QL (60 GM per 30 days); DL
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 2	RO; DL
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fluocinonide external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL

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

Drug Name	Tier	Requirements/Limits
<i>fluocinonide external gel 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fluocinonide external ointment 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fluocinonide external solution 0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>fluorouracil external cream 5 %</i>	Tier 2	RO; QL (40 GM per 15 days); DL
<i>fluorouracil external solution 2 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>fluorouracil external solution 5 %</i>	Tier 2	RO; QL (40 ML per 30 days); DL
<i>fluticasone propionate external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fluticasone propionate external lotion 0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>global alcohol prep ease pad 70 %</i>	Tier 2	RM
<i>halobetasol propionate external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	RO; DL
<i>hydrocortisone external ointment 2.5 %</i>	Tier 1	RO; DL
<i>imiquimod external cream 5 %</i>	Tier 2	RO; DL
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	PA; RO; DL
<i>malathion external lotion 0.5 %</i>	Tier 2	RO; DL
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 5	RO; DL
<i>mometasone furoate external cream 0.1 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>mometasone furoate external ointment 0.1 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>mometasone furoate external solution 0.1 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>mupirocin external ointment 2 %</i>	Tier 2	RO; QL (44 GM per 30 days); DL
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 1	RO; DL

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

Drug Name	Tier	Requirements/Limits
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 1	RO; DL
OTEZLA ORAL TABLET 30 MG	Tier 5	PA; RO; DL
PANRETIN EXTERNAL GEL 0.1 %	Tier 5	PA; RO; DL
<i>permethrin external cream 5 %</i>	Tier 2	RO; DL
<i>pimecrolimus external cream 1 %</i>	Tier 2	RO; QL (30 GM per 30 days); DL
<i>podofilox external solution 0.5 %</i>	Tier 2	RO; DL
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 4	RO; QL (60 GM per 30 days); DL
<i>selenium sulfide external lotion 2.5 %</i>	Tier 2	RO; DL
<i>silver sulfadiazine external cream 1 %</i>	Tier 2	RO; DL
<i>spinosad external suspension 0.9 %</i>	Tier 2	RO; QL (240 ML per 30 days); DL
SSD EXTERNAL CREAM 1 %	Tier 2	RO; DL
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 2	RO; QL (30 GM per 30 days); DL
<i>tazarotene external cream 0.1 %</i>	Tier 2	PA; RO; QL (30 GM per 30 days); DL
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Tier 4	PA; RO; QL (30 GM per 30 days); DL
TAZORAC EXTERNAL CREAM 0.05 %	Tier 4	PA; RO; QL (30 GM per 30 days); DL
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 2	PA; RO; DL
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier 2	PA; RO; DL
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	RO; DL
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	RO; DL
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	RO; DL
Electrolytes/Minerals/Metals/Vitamins		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 2	RM
<i>carglumic acid oral tablet soluble 200 mg</i>	Tier 5	PA; RO; DL
CHEMET ORAL CAPSULE 100 MG	Tier 5	RO; DL
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 2	PA; RO; DL
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 2	RO; DL

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

Drug Name	Tier	Requirements/Limits
<i>dextrose-nacl intravenous solution 5-0.45 %, 5-0.9 %</i>	Tier 2	RO; DL
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 5	RO; DL
INTRALIPID INTRAVENOUS EMULSION 30 %	Tier 4	B/D; RO; DL
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	Tier 2	RO; DL
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	Tier 2	RO; DL
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 5	RO; DL
LOKELMA ORAL PACKET 10 GM, 5 GM	Tier 4	PA; RO
<i>magnesium sulfate injection solution 50 %</i>	Tier 4	RO; DL
<i>penicillamine oral capsule 250 mg</i>	Tier 5	PA; RO; DL
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 2	RM
<i>potassium chloride intravenous solution 2 meq/ml</i>	Tier 4	B/D; RO; DL
<i>potassium chloride oral packet 20 meq</i>	Tier 2	RM
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 2	RO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 2	RM
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 2	RM
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	Tier 4	RO; DL
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	RO; DL
SPS ORAL SUSPENSION 15 GM/60ML	Tier 2	RO; DL
TRAVASOL INTRAVENOUS SOLUTION 10 %	Tier 4	B/D; RO; DL
<i>trientine hcl oral capsule 250 mg</i>	Tier 5	RO; DL
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 3	B/D; RO; DL
Gastrointestinal Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 2	PA; RM
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 2	RM
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 2	RM
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 2	RO; DL

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

Drug Name	Tier	Requirements/Limits
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 2	RM
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 2	RO; DL
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	RM
<i>emulose oral solution 10 gm/15ml</i>	Tier 2	RM
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	Tier 2	RM
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	RM
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 5	PA; SP; LA; DL
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	RM
<i>lactulose oral solution 10 gm/15ml</i>	Tier 2	RM
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Tier 2	RM
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 4	RM; QL (31 EA per 31 days)
<i>loperamide hcl oral capsule 2 mg</i>	Tier 2	RO; DL
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 2	RM
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 2	RO; DL
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	RM
<i>misoprostol oral tablet 100 mcg</i>	Tier 2	RM
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	PA; RM; QL (31 EA per 31 days)
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Tier 2	RO; DL
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 2	RM
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 2	RM
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Tier 2	RM
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1	RO; DL
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	Tier 3	RO; DL
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 2	RM
<i>sucralfate oral suspension 1 gm/10ml</i>	Tier 2	RO; DL
<i>sucralfate oral tablet 1 gm</i>	Tier 2	RM
SUTAB ORAL TABLET 1479-225-188 MG	Tier 4	RO; DL
<i>ursodiol oral capsule 300 mg</i>	Tier 2	RM

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

Drug Name	Tier	Requirements/Limits
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 2	RM
XERMELO ORAL TABLET 250 MG	Tier 5	PA; RO; QL (84 EA per 28 days); DL
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder</i>	Tier 2	RM; DL
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 6000-19000 UNIT	Tier 4	RM
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 36000-114000 UNIT	Tier 5	RM
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	SP; LA; DL
ENDARI ORAL PACKET 5 GM	Tier 5	PA; RO; DL
<i>miglustat oral capsule 100 mg</i>	Tier 5	PA; SP; LA; DL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	Tier 3	RM
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT	Tier 5	RM
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT, 8000-28750 UNIT	Tier 4	RM
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 5	PA; SP; LA; DL
RAVICTI ORAL LIQUID 1.1 GM/ML	Tier 5	PA; SP; LA; DL
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Tier 5	PA; RO; DL
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Tier 5	PA; RO; DL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier 4	RM
Genitourinary Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 2	RM

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

Drug Name	Tier	Requirements/Limits
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	RM
<i>dutasteride oral capsule 0.5 mg</i>	Tier 2	RM
ELMIRON ORAL CAPSULE 100 MG	Tier 4	RM
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Tier 2	RM
<i>finasteride oral tablet 5 mg</i>	Tier 2	RM
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 2	RM
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 4	RM
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 2	RM
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	Tier 2	RO; DL
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 2	RM
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 4	RO
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 2	RM
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Tier 2	RM
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 2	PA; RM; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	RM
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Tier 2	RM
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 2	RM
<i>trospium chloride oral tablet 20 mg</i>	Tier 2	RM
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 2	RO; DL
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 2	RM
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 2	RM
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	RM
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 2	RM
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 2	RO; DL
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 2	RO; DL

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

Drug Name	Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Tier 2	RO; DL
<i>prednisone oral solution 5 mg/5ml</i>	Tier 2	RO; DL
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	RM
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 2	RO; DL
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 2	RM
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 2	RM
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 5	PA; RO; DL
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 5	PA; RO; DL
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 5	PA; RO; DL
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA; SP; DL
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	Tier 2	RM
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 2	RM
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Tier 2	RM
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	RM
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 4	RO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Tier 3	RO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Tier 2	RM
DUAVEE ORAL TABLET 0.45-20 MG	Tier 3	RM
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	RM

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

Drug Name	Tier	Requirements/Limits
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	Tier 2	RM
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 2	RM; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 2	RM; QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 2	RM
<i>estradiol vaginal tablet 10 mcg</i>	Tier 2	RM
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 2	RM
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Tier 2	RM
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Tier 2	RM
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 4	RM
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	RM
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	RM
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 2	RM
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Tier 4	RO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Tier 2	RM
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Tier 2	RM
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 2	RM
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Tier 3	RM
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 2	RO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	RM
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 2	RO; DL
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 2	RM

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

Drug Name	Tier	Requirements/Limits
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 4	RM
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Tier 4	RO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	RM
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Tier 4	RO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Tier 2	RM
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 2	RM
<i>norethindrone oral tablet 0.35 mg</i>	Tier 2	RM
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 2	RM
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tier 2	RM
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	RM
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	RM
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 3	RM
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 3	RM
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 3	RM
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3	RM
<i>progesterone oral capsule 100 mg, 200 mg</i>	Tier 2	RM
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 2	RM
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Tier 4	RO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 2	RM
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 2	RM
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	Tier 4	RM; QL (300 GM per 30 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 2	RM

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

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	RM
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 2	RM
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 4	RM
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 2	RM
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 2	RM
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	RM
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	Tier 3	RO
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Tier 5	RO; DL
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4	RO; DL
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	Tier 4	RM
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 5	RO; DL
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 5	RO; DL
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	Tier 5	RO
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 2	RO; DL
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 5	PA; RO; DL
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5	PA; RO; DL
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 5	PA; RO; DL

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

Drug Name	Tier	Requirements/Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	Tier 4	RO; DL
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	RM
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	RM
Immunological Agents		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Tier 6	RO; QL (1 EA per 365 days); DL
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 3	RO; DL
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Tier 5	PA; SP; LA; DL
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	Tier 6	RO; DL
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 5	PA; SP; LA; DL
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Tier 6	RO; QL (1 EA per 365 days); DL
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	Tier 4	B/D; RM
<i>azathioprine oral tablet 50 mg</i>	Tier 1	B/D; RM
<i>bcg vaccine injection solution reconstituted 50 mg</i>	Tier 6	RO; DL
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 5	PA; RO; DL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 5	PA; RO; DL
BERINERT INTRAVENOUS KIT 500 UNIT	Tier 5	PA; SP; LA; DL
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 5	PA; SP; LA; DL
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	RO; DL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 6	RO; DL

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Drug Name	Tier	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 6	RO; DL
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 5	PA; RO; DL
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	B/D; RM
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 2	B/D; RO; DL
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 2	B/D; RM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 3	RO; DL
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	Tier 3	RO; DL
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 5	PA; RO; DL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5	PA; RO; DL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 5	PA; RO; DL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 5	PA; RO; DL
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 6	B/D; RO; DL
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 6	B/D; RO; DL
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 5	B/D; RO; DL
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	PA; RO; DL
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Tier 5	PA; RO; DL
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	Tier 5	PA; RO; DL
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	Tier 5	PA; RO; DL
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 6	RO; DL
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	RO; DL

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Drug Name	Tier	Requirements/Limits
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; RO; DL
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; RO; DL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	Tier 6	RO; DL
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	Tier 3	RO; DL
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 3	B/D; RO; DL
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 3	RO; DL
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 5	PA; RO; DL
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 5	PA; RO; DL
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Tier 5	PA; RO; DL
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Tier 5	PA; RO; DL
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	Tier 6	B/D; RO; DL
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 3	RO; DL
IPOL INJECTION INJECTABLE	Tier 6	RO; DL
IXIARO INTRAMUSCULAR SUSPENSION	Tier 6	RO; DL
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	Tier 6	RO; DL
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Tier 5	PA; RO; DL
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Tier 5	PA; RO; DL

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Drug Name	Tier	Requirements/Limits
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 5	PA; RO; DL
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 3	RO; DL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	RM
MENACTRA INTRAMUSCULAR SOLUTION	Tier 6	RO; DL
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 6	RO; DL
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	RO; DL
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 6	RO; DL
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 2	B/D; RM
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Tier 2	B/D; RO; DL
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 2	B/D; RM
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 2	B/D; RM
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Tier 5	PA; RO; DL
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 3	RO; DL
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 3	RO; DL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	RO; DL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 5	RO; DL
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 3	RO; DL
<i>prehevbrio intramuscular suspension 10 mcg/ml</i>	Tier 6	B/D; RO; DL
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	RO; DL
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 3	RO; DL
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	Tier 3	RO; DL

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Drug Name	Tier	Requirements/Limits
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 3	RO; DL
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	B/D; RO; DL
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 6	B/D; RO; DL
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 6	B/D; RO; DL
REZUROCK ORAL TABLET 200 MG	Tier 5	PA; RO; QL (60 EA per 30 days); DL
ROTARIX ORAL SUSPENSION	Tier 3	RO; DL
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 3	RO; DL
ROTATEQ ORAL SOLUTION	Tier 3	RO; DL
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 6	RO; DL
<i>sirolimus oral solution 1 mg/ml</i>	Tier 5	B/D; RO; DL
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	B/D; RM
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5	PA; RO; DL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 5	PA; RO; DL
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 2	B/D; RM
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 5	PA; SP; DL
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Tier 5	PA; SP; DL
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	Tier 6	RO; DL
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	Tier 6	RO; DL
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	Tier 3	RO; DL

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Drug Name	Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	RO; DL
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 6	RO; DL
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	Tier 6	RO; DL
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Tier 6	RO; DL
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	Tier 3	RO; DL
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	Tier 6	RO; DL
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	Tier 6	RO; DL
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5	PA; SP; DL
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5	PA; RO; DL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	Tier 5	PA; RO; DL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	Tier 5	PA; RO; QL (31 EA per 31 days); DL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Tier 5	PA; RO; DL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 5	PA; RO; DL
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	Tier 6	RO; DL
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	RM
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Tier 5	PA; RO; DL
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 2	RM
DIPENTUM ORAL CAPSULE 250 MG	Tier 4	RM
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 2	RO; DL
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1	RM

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Drug Name	Tier	Requirements/Limits
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 2	RM
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 4	RM
<i>mesalamine rectal enema 4 gm</i>	Tier 2	RO; QL (1680 ML per 28 days); DL
<i>mesalamine rectal suppository 1000 mg</i>	Tier 2	RO; DL
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 2	RO; DL
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	RM
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	RM
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg</i>	Tier 2	RM
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	RM
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	Tier 2	RM
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	RM
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 2	RO; DL
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 2	PA; RM; DL
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 4	B/D; RO; DL
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 2	RM; QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	Tier 5	PA; SP; LA; DL
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 2	B/D; RM
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 4	PA; RO
<i>risedronate sodium oral tablet 35 mg</i>	Tier 2	ST; RM
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 5	PA; RO; DL
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 5	PA; SP; DL
Ophthalmic Agents		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 2	RM
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	Tier 3	RO; DL
ALREX OPHTHALMIC SUSPENSION 0.2 %	Tier 4	RO; DL
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 2	RM
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
AZASITE OPHTHALMIC SOLUTION 1 %	Tier 3	RO; DL
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 2	RO; DL
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 2	RO; DL
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	RO; DL
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 2	RO; DL
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 2	RM
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Tier 3	RM
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 2	RM
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Tier 2	RM
<i>brinzolamide ophthalmic suspension 1 %</i>	Tier 2	RM
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 2	RM
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Tier 3	RO; DL
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 2	RO; DL
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 2	RO; DL
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Tier 2	RM; QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 5	RO; DL
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 2	RO; DL
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 2	RO; DL
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 2	RO
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 2	RM
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Tier 2	RM
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 2	RO; DL
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 2	RO; DL
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 2	RO; DL
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 2	RO; DL
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	Tier 3	RO; DL
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 2	RO; DL
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 2	RO; DL
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 3	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>ketorolac tromethamine ophthalmic solution 0.4 % , 0.5 %</i>	Tier 2	RO; DL
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	RM
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	RM
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 2	RO; DL
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 4	RO; QL (3.5 GM per 3 days); DL
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	Tier 2	RO; DL
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 2	RM
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 2	RO; DL
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 3	RO; DL
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	RO; DL
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 2	RO; DL
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	RO; DL
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 2	RO; DL
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 2	RO; DL
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	Tier 3	RO; DL
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 2	RO; DL
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 2	RM
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	RM
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 2	RO; DL
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	Tier 3	RO; DL
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 2	RO; DL
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 2	RO; DL
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 4	RM
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 2	RO; DL
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1	RM
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 3	RO; DL
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 2	RO; DL
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 2	RO; DL
TOBREX OPHTHALMIC OINTMENT 0.3 %	Tier 3	RO; DL
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Tier 2	RM
<i>trifluridine ophthalmic solution 1 %</i>	Tier 2	RO; DL
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 4	RO; DL
Otic Agents		
<i>acetic acid otic solution 2 %</i>	Tier 2	RO; DL
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 2	RO; DL
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 2	RO; DL
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 2	RO; DL
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 2	RO; DL
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 2	RO; DL
<i>ofloxacin otic solution 0.3 %</i>	Tier 2	RO; DL
Respiratory Tract/ Pulmonary Agents		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 2	B/D; RO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 5	PA; SP; LA; DL
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier 2	RM
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 2	B/D; RM
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 2	RO; DL
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 2	RM
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 2	PA; SP; DL
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 3	RM

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

Drug Name	Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 3	RM
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 3	RM; QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 3	RM; QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 3	RM; QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	Tier 3	RM; QL (13 GM per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3	RM
<i>azelastine hcl nasal solution 0.1 %</i>	Tier 2	RM
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 5	PA; SP; DL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	Tier 3	RM
BRONCHITOL INHALATION CAPSULE 40 MG	Tier 5	PA; RO; DL
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Tier 2	B/D; RM
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Tier 2	RM
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 5	PA; SP; LA; DL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 4	RM
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 2	B/D; RM
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 2	RO
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 2	RO; DL
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 2	RM
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	Tier 5	PA; RO; DL

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

Drug Name	Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	Tier 5	PA; RO; DL
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 3	RM; QL (2 EA per 30 days)
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	Tier 2	RM
<i>fluticasone propionate hfa inhalation aerosol 110 mcglact, 220 mcglact, 44 mcglact</i>	Tier 4	RM
<i>fluticasone propionate nasal suspension 50 mcglact</i>	Tier 2	RM
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	Tier 1	RM
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	Tier 2	RM
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 2	RO; DL
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	RM
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 3	RM
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 2	B/D; RM
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 2	RM
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 2	B/D; RM
KALYDECO ORAL PACKET 13.4 MG	Tier 5	PA; RO; DL
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Tier 5	PA; SP; LA; DL
KALYDECO ORAL TABLET 150 MG	Tier 5	PA; SP; LA; DL
<i>levalbuterol tartrate inhalation aerosol 45 mcglact</i>	Tier 2	RM
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 2	RM
<i>mometasone furoate nasal suspension 50 mcglact</i>	Tier 2	RM
<i>montelukast sodium oral packet 4 mg</i>	Tier 2	RM
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	RM
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	RM
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 5	PA; RO

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

Drug Name	Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; RO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Tier 5	PA; RO; DL
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 5	PA; RO
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5	PA; RO; DL
<i>olopatadine hcl nasal solution 0.6 %</i>	Tier 2	RM
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA; SP; LA; DL
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Tier 4	PA; SP; LA; DL
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; SP; LA; DL
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Tier 5	PA; SP; LA; DL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA; SP; LA; DL
<i>pirfenidone oral capsule 267 mg</i>	Tier 2	PA; RO; DL
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	Tier 2	PA; RO; DL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 5	PA; RO; QL (150 ML per 28 days); DL
<i>roflumilast oral tablet 250 mcg</i>	Tier 2	PA; RM; QL (31 EA per 31 days)
<i>roflumilast oral tablet 500 mcg</i>	Tier 2	PA; RM
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3	RM
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 2	PA; RM
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 3	RM
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	Tier 4	RM; QL (2 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 2	PA; RM
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 2	RM
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Tier 2	RM
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 2	RM

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

Drug Name	Tier	Requirements/Limits
<i>theophylline oral solution 80 mg/15ml</i>	Tier 2	RO; DL
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 5	PA; RO; DL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 3	ST; RM
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5	PA; SP; LA; DL
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 5	PA; SP; LA; DL
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Tier 5	PA; RO; DL
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 2	PA; RM
<i>metaxalone oral tablet 800 mg</i>	Tier 2	PA; RM
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	RM
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	PA; RM
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 2	RM
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 2	PA; RM
<i>ramelteon oral tablet 8 mg</i>	Tier 2	RM
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 5	PA; SP; LA; DL
SUNOSI ORAL TABLET 150 MG	Tier 4	PA; RM
SUNOSI ORAL TABLET 75 MG	Tier 4	PA; RM; QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	Tier 5	PA; RO; DL
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 2	RM
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 2	RM
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Tier 2	RM
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 2	RM

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<i>dronabinol</i>	14	LACTOBIONATE.....	6	DOSE).....	54
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<i>droxidopa</i>	37	<i>erythromycin</i>	7, 44, 62	<i>flavoxate hcl</i>	50
DUAVEE.....	51	<i>erythromycin base</i>	6	<i>flecainide acetate</i>	37
<i>duloxetine hcl</i>	12	<i>erythromycin ethylsuccinate</i>	6	<i>fluconazole</i>	15
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<i>dutasteride</i>	50	<i>esomeprazole magnesium</i>	48	<i>flucytosine</i>	15
<i>econazole nitrate</i>	15	<i>estradiol</i>	51, 52	<i>fludrocortisone acetate</i>	50
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<i>efavirenz</i>	29	<i>eszopiclone</i>	68	<i>fluocinolone acetonide</i>	44, 64
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ELMIRON.....	50	<i>etravirine</i>	29	<i>fluphenazine hcl</i>	26
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<i>global alcohol prep ease</i>	45	IMOVAX RABIES.....	57	KISQALI (600 MG DOSE)....	19
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<i>glycopyrrolate</i>	48	<i>indomethacin er</i>	2	MG DOSE).....	19
<i>granisetron hcl</i>	14	INFANRIX.....	57	KISQALI FEMARA (600	
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<i>lapatinib ditosylate</i>	20	<i>loperamide hcl</i>	48	MESNEX	21
<i>latanoprost</i>	63	<i>lopinavir-ritonavir</i>	29, 30	<i>metaxalone</i>	68
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LENVIMA (12 MG DAILY DOSE)	20	<i>losartan potassium</i>	38	<i>methazolamide</i>	63
LENVIMA (14 MG DAILY DOSE)	20	<i>losartan potassium-hetz</i>	38	<i>methimazole</i>	55
LENVIMA (18 MG DAILY DOSE)	20	LOTEMAX	63	<i>methocarbamol</i>	68
LENVIMA (20 MG DAILY DOSE)	20	<i>loteprednol etabonate</i>	63	<i>methotrexate sodium</i>	21
LENVIMA (24 MG DAILY DOSE)	20	<i>lovastatin</i>	38	<i>methotrexate sodium (pf)</i>	21
LENVIMA (4 MG DAILY DOSE)	20	<i>loxapine succinate</i>	26	<i>methoxsalen rapid</i>	45
LENVIMA (8 MG DAILY DOSE)	20	<i>lubiprostone</i>	48	<i>methsuximide</i>	10
<i>letrozole</i>	20	LUMAKRAS	20	<i>methylphenidate hcl</i>	42
<i>leucovorin calcium</i>	20	LUPRON DEPOT (1-MONTH)	54	<i>methylphenidate hcl er</i>	42
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<i>levetiracetam</i>	10	LYSODREN	20	<i>metolazone</i>	38
<i>levetiracetam er</i>	10	LYTGOBI (12 MG DAILY DOSE)	20	<i>metoprolol succinate er</i>	38
<i>levobunolol hcl</i>	63	LYTGOBI (16 MG DAILY DOSE)	21	<i>metoprolol tartrate</i>	38
<i>levocetirizine dihydrochloride</i>	66	LYTGOBI (20 MG DAILY DOSE)	21	<i>metronidazole</i>	7
<i>levofloxacin</i>	7, 63	<i>magnesium sulfate</i>	47	<i>metyrosine</i>	38
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<i>levonorgestrel-ethinyl estrad</i>	52	MARPLAN	13	<i>midodrine hcl</i>	38
<i>levonorg-eth estrad triphasic</i>	52	MATULANE	21	MIGERGOT	16
<i>levothyroxine sodium</i>	54	MAVYRET	30	<i>miglustat</i>	49
LEXIVA	29	<i>meclizine hcl</i>	14	<i>minocycline hcl</i>	7
<i>lidocaine</i>	3	<i>medroxyprogesterone acetate</i>	52	<i>minoxidil</i>	39
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		<i>meprobamate</i>	32	<i>morphine sulfate er</i>	3
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<i>na sulfate-k sulfate-mg sulf</i>	48	NORVIR.....	30	<i>oxybutynin chloride er</i>	50
<i>nabumetone</i>	3	NOVOLIN 70/30.....	33	<i>oxycodone hcl</i>	3
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<i>naloxone hcl</i>	3	NOVOLIN N.....	34	<i>paliperidone er</i>	27
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PROQUAD.....	58	<i>risedronate sodium</i>	61	<i>spinosad</i>	46
<i>protriptyline hcl</i>	13	RISPERDAL CONSTA.....	27	<i>spironolactone</i>	40
PULMOZYME.....	67	<i>risperidone</i>	27	<i>spironolactone-hctz</i>	40
PURIXAN.....	21			SPRITAM.....	10
<i>pyrazinamide</i>	17			SPRYCEL.....	22

SPS.....	47	<i>terazosin hcl</i>	40	<i>trihexyphenidyl hcl</i>	25
SSD.....	46	<i>terbinafine hcl</i>	15	<i>trimethobenzamide hcl</i>	14
STELARA.....	59	<i>terbutaline sulfate</i>	67	<i>trimethoprim</i>	8
STIVARGA.....	22	<i>terconazole</i>	15, 16	<i>trimipramine maleate</i>	13
STRIBILD.....	30	<i>teriflunomide</i>	42	TRINTELLIX.....	13
STRIVERDI RESPIMAT.....	67	<i>testosterone</i>	53	TRIUMEQ.....	31
<i>sucralfate</i>	48	<i>testosterone cypionate</i>	53	TRIUMEQ PD.....	31
<i>sulfacetamide sodium</i>	63	<i>testosterone enanthate</i>	53	TRIZIVIR.....	31
<i>sulfacetamide-prednisolone</i>	64	<i>tetrabenazine</i>	42	TROPHAMINE.....	47
<i>sulfadiazine</i>	8	<i>tetracycline hcl</i>	8	<i>tropium chloride</i>	50
<i>sulfamethoxazole-trimethoprim</i> ..	8	THALOMID.....	22	TRUMENBA.....	60
<i>sulfasalazine</i>	61	<i>theophylline</i>	68	TUKYSA.....	23
<i>sulindac</i>	3	<i>theophylline er</i>	67	TURALIO.....	23
<i>sumatriptan</i>	16	<i>thioridazine hcl</i>	27	TWINRIX.....	60
<i>sumatriptan succinate</i>	16, 17	<i>thiothixene</i>	27	TYBOST.....	31
<i>sunitinib malate</i>	22	<i>tiagabine hcl</i>	10	TYMLOS.....	61
SUNLENCA.....	30	TIBSOVO.....	23	TYPHIM VI.....	60
SUNOSI.....	68	TICOVAC.....	59	UBRELVY.....	17
SUTAB.....	48	<i>tigecycline</i>	8	UDENYCA.....	35, 36
SYMJEPI.....	67	<i>timolol maleate</i>	64	UPTRAVI.....	68
SYMLINPEN 120.....	34	TIVICAY.....	31	<i>ursodiol</i>	48, 49
SYMLINPEN 60.....	34	TIVICAY PD.....	31	<i>valacyclovir hcl</i>	31
SYMPAZAN.....	10	<i>tizanidine hcl</i>	28	VALCHLOR.....	23
SYMTUZA.....	31	TOBI PODHALER.....	68	<i>valganciclovir hcl</i>	31
SYNAREL.....	54	TOBRADEX.....	64	<i>valproic acid</i>	11
SYNRIBO.....	22	<i>tobramycin</i>	64	<i>valsartan</i>	40
SYNTHROID.....	54	<i>tobramycin sulfate</i>	8	VALTOCO 10 MG DOSE.....	11
TABLOID.....	22	<i>tobramycin-dexamethasone</i>	64	VALTOCO 15 MG DOSE.....	11
TABRECTA.....	22	TOBREX.....	64	VALTOCO 20 MG DOSE.....	11
<i>tacrolimus</i>	46, 59	<i>tolcapone</i>	25	VALTOCO 5 MG DOSE.....	11
<i>tadalafil</i>	50	<i>tolterodine tartrate</i>	50	<i>vancomycin hcl</i>	8
<i>tadalafil (pah)</i>	67	<i>tolterodine tartrate er</i>	50	VAQTA.....	60
TAFINLAR.....	22	<i>topiramate</i>	10	<i>varenicline tartrate</i>	4
TAGRISO.....	22	<i>toremifene citrate</i>	23	<i>varenicline tartrate (starter)</i>	4
TALTZ.....	59	<i>torseamide</i>	40	VARIVAX.....	60
TALZENNA.....	22	<i>tramadol hcl</i>	3	VEMLIDY.....	31
<i>tamoxifen citrate</i>	22	<i>tranexamic acid</i>	35	VENCLEXTA.....	23
<i>tamsulosin hcl</i>	50	<i>tranylcypromine sulfate</i>	13	VENCLEXTA STARTING	
TASIGNA.....	22	TRAVASOL.....	47	PACK.....	23
<i>tasimelteon</i>	68	<i>travoprost (bak free)</i>	64	<i>venlafaxine hcl</i>	13
<i>tazarotene</i>	46	<i>trazodone hcl</i>	13	<i>venlafaxine hcl er</i>	13
TAZORAC.....	46	TRECTOR.....	17	<i>verapamil hcl</i>	40
TAZVERIK.....	22	TRELEGY ELLIPTA.....	68	<i>verapamil hcl er</i>	40
TDVAX.....	59	TRELSTAR MIXJECT.....	55	VERQUVO.....	41
TEFLARO.....	8	<i>tretinoin</i>	23, 46	VERSACLOZ.....	28
<i>telmisartan</i>	40	<i>triamcinolone acetonide</i>	43, 46	VERZENIO.....	23
<i>temazepam</i>	68	<i>triamterene-hctz</i>	40	VICTOZA.....	34
TENIVAC.....	59	<i>trientine hcl</i>	47	<i>vigabatrin</i>	11
<i>tenofovir disoproxil fumarate</i>	31	<i>trifluoperazine hcl</i>	28	VIIBRYD STARTER PACK.....	13
TEPMETKO.....	22	<i>trifluridine</i>	64	<i>vilazodone hcl</i>	13

VIRACEPT.....	31	<i>zidovudine</i>	31
VIREAD.....	31	<i>zileuton er</i>	68
VITRAKVI.....	23	<i>ziprasidone hcl</i>	28
VIZIMPRO.....	23	<i>ziprasidone mesylate</i>	28
VONJO.....	23	ZIRGAN.....	64
<i>voriconazole</i>	16	ZOLINZA.....	24
VOTRIENT.....	23	<i>zolmitriptan</i>	17
VRAYLAR.....	28	<i>zolpidem tartrate</i>	68
<i>warfarin sodium</i>	36	<i>zolpidem tartrate er</i>	68
WELIREG.....	23	ZONISADE.....	11
XALKORI.....	23	<i>zonisamide</i>	11
XARELTO.....	36	ZTALMY.....	11
XARELTO STARTER PACK.....	36	ZYDELIG.....	24
XCOPRI.....	11	ZYKADIA.....	24
XCOPRI (250 MG DAILY DOSE).....	11	ZYPREXA RELPREVV.....	28
XCOPRI (350 MG DAILY DOSE).....	11		
XELJANZ.....	60		
XELJANZ XR.....	60		
XERMELO.....	49		
XGEVA.....	61		
XIFAXAN.....	8		
XIGDUO XR.....	34		
XOLAIR.....	60		
XOSPATA.....	23		
XPOVIO (100 MG ONCE WEEKLY).....	23		
XPOVIO (40 MG ONCE WEEKLY).....	23		
XPOVIO (40 MG TWICE WEEKLY).....	23		
XPOVIO (60 MG ONCE WEEKLY).....	23		
XPOVIO (60 MG TWICE WEEKLY).....	23		
XPOVIO (80 MG ONCE WEEKLY).....	23		
XPOVIO (80 MG TWICE WEEKLY).....	24		
XTANDI.....	24		
XULANE.....	53		
YF-VAX.....	60		
<i>zaleplon</i>	68		
ZARXIO.....	36		
ZEJULA.....	24		
ZELBORAF.....	24		
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ZEPATIER.....	31		

This formulary was updated on 09/29/2023. For more recent information or other questions, please contact FHCP Medicare Member Services at 1-833-866-6559 (TTY users should call 1-800-955-8770). Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays, or visit www.fhcpmedicare.com.