

a plan for the
road ahead.



Group Medicare Advantage
Prescription Drug plan

Effective July 1, 2019 – June 30, 2020

2019 SUMMARY OF BENEFITS

Blue Shield 65 Plus (HMO)

Group Medicare Advantage Prescription Drug Plan
for Santa Ana Unified School District – Classified & Certificated retirees

2019 Summary of Benefits

Blue Shield 65 Plus (HMO)

July 1, 2019 – June 30, 2020

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please contact your former employer group/union or call Blue Shield of California Member Services at **(800) 776-4466** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m., Saturday and Sunday), from April 1 through September 30.

Blue Shield 65 Plus (HMO) includes Part D coverage, which provides prescription drug coverage, providing you the convenience of having both your medical and prescription drugs covered through one plan.

To join **Blue Shield 65 Plus (HMO)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, meet your former employer group/union's eligibility requirements, and live in our service area. Your Medicare-eligible dependents may also join Blue Shield 65 Plus (HMO) if they meet these requirements.

Our service area includes the following counties in California:

Contra Costa County*, Fresno County, Kern County, Los Angeles County, Madera County*, Nevada County*, Orange County, Riverside County*, Sacramento County, Santa Barbara County*, San Bernardino County*, San Diego County, San Francisco County, San Joaquin County, San Luis Obispo County, San Mateo County, Santa Clara County, Santa Cruz County, and Ventura County.

*Denotes partial county. Refer to the ZIP code listing on pages 10-11 for details on the partial county service area coverage.

Find providers, pharmacies and a list of covered drugs on our website:

- Provider Directory – blueshieldca.com/find-a-doctor.
- Pharmacy Directory – blueshieldca.com/med_pharmacy.
- Formulary (List of covered drugs) – blueshieldca.com/med_formulary.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Summary of Benefits

Effective July 1, 2019 through June 30, 2020

Premiums and Benefits	You Pay	What you should know
Monthly plan premium	Your former employer group/union is responsible for paying premiums beyond your monthly Medicare Part B premium. If you are responsible for any contribution to the premiums, your benefits administrator will tell you the amount you and your former employer group/union contribute to the premium.	You must continue to pay your Medicare Part B premium in addition to the plan premium, if applicable.
Deductible	\$0	This plan does not have a deductible.
Maximum out-of-pocket	\$6,700 for services you receive from in-network providers.	Does not include prescription drugs. This is the most you would pay for the year for Medicare Parts A and B services.
Inpatient hospital coverage	\$250 copay per admission	Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital coverage	\$50 copay for each visit to an emergency room \$0 copay for each visit to an outpatient hospital facility \$0 copay for observation services	Our plan covers medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.
Outpatient surgery	\$0 copay for each visit to an ambulatory surgical center \$0 copay for each visit to an outpatient hospital facility	

Premiums and Benefits	You Pay	What you should know
Doctor visits <ul style="list-style-type: none"> • Primary care physician • Specialists 	\$20 copay \$20 copay	A referral from your doctor may be required for Specialist visits.
Preventive care	\$0 copay	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency care	\$50 copay per visit \$50 copay and \$10,000 combined annual limit for emergency care and urgently needed services outside the United States and its territories	This copay is waived if you are admitted to a hospital within one day for the same condition. Worldwide coverage.
Urgently needed services	\$25 copay per visit \$50 copay and \$10,000 combined annual limit for emergency care and urgently needed services outside the United States and its territories	You pay the copay regardless of whether you are admitted to a hospital for the same condition. Worldwide coverage. The copay is waived for each visit to an emergency room that is outside of the plan service area or outside the United States and its territories, if you are admitted to the hospital within one day for the same condition.

Premiums and Benefits	You Pay	What you should know
<p>Diagnostic services, labs, and imaging</p> <ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.) • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology services (such as radiation treatment for cancer) 	<p>\$20 copay for each diagnostic radiology service</p> <p>\$20 copay</p> <p>\$20 copay</p> <p>\$20 copay</p> <p>\$20 copay</p>	<p>A referral from your doctor may be required for diagnostic services, labs and imaging services.</p> <p>Covered according to Medicare guidelines; prior authorization is required.</p>
<p>Hearing services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues • Routine hearing exam • Hearing aids 	<p>\$20 copay</p> <p>\$0 copay. Plan pays up to \$500 per year</p>	<p>A referral from your doctor may be required for hearing services.</p>
<p>Dental services</p> <ul style="list-style-type: none"> • Non-routine dental care 	<p>\$20 copay per visit performed at a specialist's office</p>	<p>This does not include services in connection with care, treatment, filling, removal, or replacement of teeth.</p>

Premiums and Benefits	You Pay	What you should know
Vision services <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye • Yearly glaucoma screening • Eyeglasses or contact lenses after cataract surgery 	\$20 copay \$0 copay \$0 copay	<p>A referral from your doctor may be required for an exam and treat diseases and conditions of the eye.</p> <p>A referral from your doctor may be required for yearly glaucoma screenings.</p>
Mental health services <ul style="list-style-type: none"> • Inpatient mental health care • Outpatient group therapy visit • Outpatient individual therapy visit 	\$0 copay per stay for days 1 through 150 \$5 copay per visit \$5 copay per visit	<p>A referral from your doctor may be required for mental health services.</p>
Skilled nursing facility (SNF)	\$0 copay for days 1 through 100	<p>A referral from your doctor may be required for skilled nursing facility.</p> <p>100 days per benefit period; no prior hospitalization required with network provider.</p> <p>A benefit period starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you do into the hospital after one benefit period has ended, a new benefit period begins.</p>

Premiums and Benefits	You Pay	What you should know
Rehabilitation services <ul style="list-style-type: none"> • Cardiac (heart) rehab services • Occupational therapy visit • Physical therapy and speech and language therapy visit 	\$0 copay \$20 copay \$20 copay	A referral from your doctor may be required for rehabilitation services.
Ambulance	\$0 copay per trip (each way)	
Medicare Part B drugs	You pay a \$20 copay when administered by your PCP or by a specialist.	You pay the applicable drug tier cost-sharing amount when obtained at a network pharmacy.
Foot care (podiatry services) <ul style="list-style-type: none"> • Foot exams and treatment • Routine foot care 	\$20 copay for each Medicare-covered visit \$100 allowance up to 12 visits per year.	A referral from your doctor may be required for foot care services. Covered Medicare services include: <ul style="list-style-type: none"> • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs). • Routine foot care for members with certain medical conditions affecting the lower limbs

Premiums and Benefits	You Pay	What you should know
<p>Medical equipment/supplies</p> <ul style="list-style-type: none"> • Durable medical equipment (e.g., wheelchairs, oxygen) • Blood glucose monitors • Prosthetics (e.g., braces, artificial limbs) • Diabetes self-management training; diabetic services and supplies 	<p>\$0 copay</p> <p>\$0 copay for ACCU-CHEK® blood glucose monitors and 20% of the Medicare-allowed amount for blood glucose monitors from all other manufacturers</p> <p>\$0 copay</p> <p>\$20 copay for all training, services and supplies including blood glucose monitors (see "Blood glucose monitors" above)</p>	<p>A referral from your doctor may be required for medical equipment/supplies.</p> <p>Prior authorization from the plan may be required. See the plan EOC for more information.</p>
<p>Wellness program</p> <ul style="list-style-type: none"> • Basic gym access through SilverSneakers Fitness • NurseHelp 24/7SM (Telephone and online support) • LifeReferrals 24/7 – Access to counselors, consultations, information and referrals for a wide range of family and personal issue 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p>	

Prescription Drug Coverage

You pay the following:

Annual Prescription Deductible	This plan does not have a deductible.
Initial Coverage Limit	You pay the following until your total yearly out-of-pocket drug costs reach \$5,100.

What you pay:	Preferred Retail (in network)		Standard Retail (in network)	
	30-day supply	90-day Supply*	30-day supply	90-day supply
Tier 1: Generic Drugs	\$10 copay	\$20 copay ^{NDS}	\$10 copay	\$30 copay ^{NDS}
Tier 2: Preferred Brand Drugs	\$20 copay	\$40 copay ^{NDS}	\$20 copay	\$60 copay ^{NDS}
Tier 3: Non-Preferred Drugs	\$40 copay	\$80 copay ^{NDS}	\$40 copay	\$120 copay ^{NDS}
Tier 4: Injectable Drugs	20% coinsurance (up to a \$100 copay maximum) per prescription	20% coinsurance ^{NDS} (up to a \$300 copay maximum) per prescription	20% coinsurance (up to a \$100 copay maximum) per prescription	20% coinsurance ^{NDS} (up to a \$300 copay maximum) per prescription
Tier 5: Specialty Tier Drugs	20% coinsurance (up to a \$100 copay maximum) per prescription	Not offered	20% coinsurance (up to a \$100 copay maximum) per prescription	Not offered

For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please refer to the plan EOC.

* Three-month supply cost-sharing also applies to Blue Shield's mail service pharmacy.

^{NDS} A long-term (up to a 90-day) supply is not available for select drugs. The drugs that are not available for a long-term supply are marked with the symbol ^{NDS} in our Drug List.

Long-term pharmacy care coverage

If you reside in a long-term care facility, you pay the same as at a standard retail cost-sharing pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

Coverage Gap

Because there is no coverage gap for the plan, this payment stage does not apply to you.

Catastrophic Coverage





After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail service) reach \$<5,100>, you pay the lower of:

- 5% of the cost, or
- Your applicable drug tier cost-sharing amount.

This stage protects you from any additional costs once you have paid your yearly out-of-pocket drug costs.

Network pharmacies that offer preferred cost-sharing

You may pay less when you visit one of our network pharmacies that offer preferred cost-sharing. Here's just a few:

CVS/pharmacy [‡] (including CVS pharmacy at Target)	(888) 607-4287 [TTY: 711]	
Safeway and Vons pharmacies [‡]	(877) 723-3929 [TTY: 711]	
Albertsons/Sav-on/Osco pharmacies [‡]	(877) 932-7948 [TTY: 711]	
Costco [‡] (You do not have to be a member to use the pharmacy.)	(800) 955-2292 [TTY: 711]	
Ralphs[‡], Walmart[‡] and many more.		

[‡] Accepts e-prescribing.

PARTIAL COUNTY SERVICE AREA ZIP CODE LISTING

Contra Costa County, the following ZIP codes only:

94506	94507	94526	94528	94582	94583	
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Nevada County, the following ZIP codes only:

95602	95712	95924	95945	95946	95949	95959
95960	95975	95977	95986			

Madera County, the following ZIP codes only:

93610	93614	93620	93622	93626	93636	93637
93638	93639	93645	93653	93720		

Riverside County, the following ZIP codes only:

91752	92028	92201	92202	92203	92210	92211
92220	92223	92230	92234	92235	92236	92239
92240	92241	92247	92248	92253	92254	92255
92258	92260	92261	92262	92263	92264	92270
92274	92276	92282	92292	92320	92324	92373
92399	92501	92502	92503	92504	92505	92506
92507	92508	92509	92513	92514	92515	92516
92517	92518	92519	92521	92522	92530	92531
92532	92536	92539	92543	92544	92545	92546
92548	92549	92551	92552	92553	92554	92555
92556	92557	92561	92562	92563	92564	92567
92570	92571	92572	92581	92582	92583	92584
92585	92586	92587	92589	92590	92591	92592
92593	92595	92596	92599	92860	92877	92878
92879	92880	92881	92882	92883		

Santa Barbara County, the following ZIP codes only:

93434	93454	93455	93458			
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San Bernardino County, the following ZIP codes only:

91701	91708	91709	91710	91729	91730	91737
91739	91743	91758	91759	91761	91762	91763
91764	91766	91784	91785	91786	91792	91798
92252	92256	92277	92278	92284	92285	92286
92301	92305	92307	92308	92311	92312	92313
92314	92315	92316	92317	92318	92321	92322
92324	92325	92326	92327	92329	92331	92333
92340	92341	92342	92344	92345	92346	92347
92350	92352	92354	92356	92357	92358	92359
92365	92368	92369	92371	92372	92373	92374
92375	92376	92377	92378	92382	92385	92386
92391	92392	92393	92394	92395	92397	92398
92399	92401	92402	92403	92404	92405	92406
92407	92408	92410	92411	92412	92413	92414
92415	92418	92420	92423	92424	92427	92880

Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal. Blue Shield 65 Plus offers individual and employer group retiree plans to Medicare beneficiaries who have Part A and Part B. Individual plans are open to all Medicare beneficiaries who reside within a plan's specific service area. Employer group retiree plans are open only to Medicare beneficiaries who are eligible group retirees and who reside within a plan's specific service area. Blue Shield 65 Plus individual and employer group retiree plans have different service areas, benefits and provider networks.

This information is not a complete description of benefits. Call 1 (800) 776-4466 [TTY: 711] for more information. Benefits, premiums and/or copayments/coinsurance may change on July 1 of each year. The Formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

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ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-776-4466 (TTY: 711).

ATENCIÓN: Si no habla inglés, tiene a su disposición gratis el servicio de asistencia en idiomas. Llame al 1-800-776-4466 (TTY: 711).

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad. Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

2019 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan’s quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan’s performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2019, Blue Shield of California received the following Overall Star Rating from Medicare:

★★★★
4 Stars

We received the following Summary Star Rating for Blue Shield of California's health/drug plan services:

Health Plan Services: ★★★★
3.5 Stars

Drug Plan Services: ★★★★★
4.5 Stars

The number of stars shows how well our plan performs.

- ★★★★★ 5 stars – excellent
- ★★★★ 4 stars – above average
- ★★★ 3 stars – average
- ★★ 2 stars – below average
- ★ 1 star – poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 800-488-8000 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Sunday from 8:00 a.m. to 5:00 p.m. Pacific time, Monday from 8:00 a.m. to 8:00 p.m. Pacific time, Tuesday from 8:00 a.m. to 8:00 p.m. Pacific time, Wednesday from 8:00 a.m. to 8:00 p.m. Pacific time, Thursday from 8:00 a.m. to 8:00 p.m. Pacific time, Friday from 8:00 a.m. to 8:00 p.m. Pacific time, Saturday from 8:00 a.m. to 5:00 p.m. Pacific time.

Current members please call 800-776-4466 (toll-free) or 711 (TTY).

* Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal.

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Blue Shield 65 Plus (HMO) Group Medicare Advantage Prescription Drug Plans Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services representative at **(800) 776-4466** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m., Saturday and Sunday), from April 1 through September 30. You may also contact your former employer group/union benefits administrator if you have questions about benefits and costs.

Understanding the benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services that you routinely see a doctor. To receive a copy of the EOC, call Member Services at **(800) 776-4466** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m., Saturday and Sunday), from April 1 through September 30. Or, contact your former employer group/union benefit administrator.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

- Your coverage is provided through a contract with your former employer group/union. Your former employer group/union is responsible for paying any monthly plan premium to the plan. Please contact your former employer group/union's Benefits Administrator for information about your plan premium. In addition, you must continue to pay your Medicare Part B premium (unless your Part B premium is paid for by Medicaid or another third party).
- Benefits, premiums and/or copayments/co-insurance may change on
- Except in emergency or urgent situations, we do not cover services by non-network providers (doctors who are not listed in the provider directory).

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Group MAPD

Blue Shield 65 Plus (HMO)

2019 Formulary

(List of Covered Drugs)

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

Formulary ID 19438, Version 10

This formulary was updated on 05/01/2019. For more recent information or other questions, please contact Blue Shield 65 Plus Member Services, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30, or visit blueshieldca.com/med_formulary.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Blue Shield of California. When it refers to “plan” or “our plan,” it means Blue Shield 65 Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of 05/01/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020 and from time to time during the year.

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What is the Blue Shield 65 Plus Formulary?

A formulary is a list of covered drugs selected by Blue Shield 65 Plus in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue Shield 65 Plus 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?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **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 the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue Shield 65 Plus Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes

effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 05/01/2019. To get updated information about the drugs covered by Blue Shield 65 Plus, please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, you will receive a 60 days notice via mail and the changes will be posted on our website at blueshieldca.com/med_formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 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 on page number 2. 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 96. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Blue Shield 65 Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue Shield 65 Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue Shield 65 Plus before you fill your prescriptions. If you don't get approval, Blue Shield 65 Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Shield 65 Plus limits the amount of the drug that Blue Shield 65 Plus will cover. For example, our plan provides 18 tablets per 30-day prescription for *sumatriptan* (generic for IMITREX). This may be in addition to a standard one- month or three- month supply.

- **Step Therapy:** In some cases, Blue Shield 65 Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue Shield 65 Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Shield 65 Plus 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 Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Blue Shield 65 Plus to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Blue Shield 65 Plus formulary?" on page 2 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Blue Shield 65 Plus does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Blue Shield 65 Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask Blue Shield 65 Plus to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Blue Shield 65 Plus Formulary?

You can ask Blue Shield 65 Plus to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue Shield 65 Plus limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Blue Shield 65 Plus will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization

restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

Our transition policy applies to members who are stabilized on:

- Part D drugs not on the Blue Shield 65 Plus formulary, or
- Part D drugs previously covered by exception upon expiration of the exception, or
- Part D drugs on the Blue Shield 65 Plus formulary with a prior authorization, step therapy or a quantity limit requirement, or
- Part D drugs as listed above, where a distinction cannot be made at point of service whether it is a new or ongoing prescription drug

And are members in any of the following scenarios:

- new members following the annual coordinated election period,
- newly eligible members transitioning from other coverage at the beginning of a contract year,
- transitioning individuals who switch from one Blue Shield plan to another after the beginning of a contract year,

- members residing in long-term care (LTC) facilities, or
- in some cases, current members affected by formulary changes from one plan year to the next.

Members continuing coverage into a new plan year and experiencing negative formulary changes will have coverage continued for selected drugs in the new plan year, as determined by Blue Shield 65 Plus and in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance for Part D drugs. Plan members on drugs that were not selected for automatic continued coverage will be provided a transition process consistent with the transition process required for new members beginning in the new plan year. The transition policy will be extended across plan years if a member enrolls in a plan with an effective enrollment date of either November 1 or December 1 and needs access to a transition supply.

During the transitional stage, members may talk to their prescribers to decide whether they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug, if it is not on our formulary or has restrictions such as step therapy or prior authorization. Members may contact Blue Shield 65 Plus Member Services for assistance in initiating a prior authorization or exception request. Prior authorization or exception request forms are available on our website at blueshieldca.com/med_formulary (select "prior authorization forms"), and are also provided upon request to members and prescribers, via mail, email or fax.

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

The transitional supply is a one-time, 30-day temporary supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication) of the non-formulary drug at a retail pharmacy during the first 90 days of new membership beginning on your effective date of coverage in Blue Shield 65 Plus. Refills may be provided for transition prescriptions dispensed for less than the written amount, due to a plan quantity limit edit for safety or drug utilization edits that are based on approved product labeling, and for up to a total of a 30-day supply. If you are affected by a negative formulary change from one year to the next, we will provide up to a 30-day temporary supply of the non-formulary drug, if you need a refill for the drug during the first 90 days of the new plan year.

Retail and LTC pharmacies have the ability to provide a point-of-sale override for coverage of a transition supply of a drug that is non-formulary, requires prior authorization or step therapy unless the drug is subject to review for Part B vs. Part D determination, limits to prevent coverage of non-Part D drugs or limits that promote safe utilization of a Part D drug. We will cover a 30-day supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication). The cost-sharing for low-income subsidy (LIS) eligible members for a temporary supply of drugs provided under the transition process will not exceed the statutory maximum co-payment amounts for LIS eligible members. For all other members (non-LIS members), we will apply the same cost-sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary

exception and the same cost-sharing for formulary drugs subject to utilization management edits provided during the transition that would apply once the utilization management criteria are met. Members will not be required to pay additional cost-sharing associated with multiple fills of lesser quantities of Part D drugs based upon quantity limits for safety once the originally prescribed doses of Part D drugs have been determined to be medically necessary after an exception process has been completed.

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

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

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

For more information

For more detailed information about your Blue Shield 65 Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Blue Shield 65 Plus, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Blue Shield 65 Plus Formulary

The formulary that begins below provides coverage information about the drugs covered by Blue Shield 65 Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 96.

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

The information in the Requirements/Limits column tells you if Blue Shield 65 Plus has any special requirements for coverage of your drug.

**Please keep this summary with your 2019 Blue Shield 65 Plus (HMO) Formulary
(List of Covered Drugs)**

Cost Sharing Tier Number/Name	Supply	You Pay
1 Generic Drugs	For a one-month (30-day) supply of a drug in cost-sharing tier 1 that is filled at: <ul style="list-style-type: none"> • a network preferred retail cost-sharing pharmacy; • a network standard retail cost-sharing pharmacy; or • a pharmacy that is not in the plan's network 	\$10 Copay
	For a three-month (90-day) supply of a drug in cost-sharing tier 1 that is filled at: <ul style="list-style-type: none"> • a network preferred retail cost-sharing pharmacy; or • through the plan's mail service pharmacy 	\$20 Copay
	For a three-month (90-day) supply of a drug in cost-sharing tier 1 that is filled at a network standard retail cost-sharing pharmacy	\$30 Copay
2 Preferred Brand Drugs	For a one-month (30-day) supply of a drug in cost-sharing tier 2 that is filled at: <ul style="list-style-type: none"> • a network preferred retail cost-sharing pharmacy; • a network standard retail cost-sharing pharmacy; or • a pharmacy that is not in the plan's network 	\$20 Copay
	For a three-month (90-day) supply of a drug in cost-sharing tier 2 that is filled at: <ul style="list-style-type: none"> • a network preferred retail cost-sharing pharmacy; or • through the plan's mail service pharmacy 	\$40 Copay
	For a three-month (90-day) supply of a drug in cost-sharing tier 2 that is filled at a network standard retail cost-sharing pharmacy	\$60 Copay
3 Non-Preferred Drugs	For a one-month (30-day) supply of a drug in cost-sharing tier 3 that is filled at: <ul style="list-style-type: none"> • a network preferred retail cost-sharing pharmacy; • a network standard retail cost-sharing pharmacy; or • a pharmacy that is not in the plan's network 	\$40 Copay
	For a three-month (90-day) supply of a drug in cost-sharing tier 3 that is filled at: <ul style="list-style-type: none"> • a network preferred retail cost-sharing pharmacy; or • through the plan's mail service pharmacy 	\$80 Copay
	For a three-month (90-day) supply of a drug in cost-sharing tier 3 that is filled at a network standard retail cost-sharing pharmacy	\$120 Copay

**Please keep this summary with your 2019 Blue Shield 65 Plus (HMO) Formulary
(List of Covered Drugs)**

Cost Sharing Tier Number/Name	Supply	You Pay
4 Injectable Drugs	For a one-month (30-day) supply of a drug in cost-sharing tier 4 that is filled at: <ul style="list-style-type: none"> • a network preferred retail cost-sharing pharmacy; or • a network standard retail cost-sharing pharmacy 	20% of Blue Shield’s contracted rate (up to a \$100 copayment maximum) per prescription
	For a one-month (30-day) supply of a drug in cost-sharing tier 4 that is filled at: <ul style="list-style-type: none"> • a pharmacy that is not in the plan’s network 	20% of the submitted cost (up to a \$100 copayment maximum) per prescription
	For a three-month (90-day) supply of a drug in cost-sharing tier 4 that is filled at: <ul style="list-style-type: none"> • a network preferred retail cost-sharing pharmacy; • a network standard retail cost-sharing pharmacy; or • through the plan’s mail service pharmacy 	20% of Blue Shield’s contracted rate (up to a \$300 copayment maximum) per prescription
5 Specialty Tier Drugs	For a one-month (30-day) supply of a drug in cost-sharing tier 5 that is filled at: <ul style="list-style-type: none"> • a network preferred retail cost-sharing pharmacy; • a network standard retail cost-sharing pharmacy; or • through the plan’s mail service pharmacy 	20% of Blue Shield’s contracted rate (up to a \$100 copayment maximum) per prescription
	For a one-month (30-day) supply of a drug in cost-sharing tier 4 that is filled at: <ul style="list-style-type: none"> • a pharmacy that is not in the plan’s network 	20% of the submitted cost (up to a \$100 copayment maximum) per prescription
	For a three-month (90-day) supply of a drug in cost-sharing tier 5 that is filled at: <ul style="list-style-type: none"> • a network preferred retail cost-sharing pharmacy; • a network standard retail cost-sharing pharmacy; or • through the plan’s mail service pharmacy 	A long-term supply is not available for drugs in Tier 5

Cost-sharing for network long-term care pharmacies (31-day supply) is the same as the in-network standard retail (30-day supply) and preferred retail (30-day supply) cost-sharing.

Refer to Chapter 6 of your *Evidence of Coverage*, “What you pay for your Part D prescription drugs” for further benefit details.

Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal. Blue Shield 65 Plus offers individual and employer group retiree plans to Medicare beneficiaries who are entitled to Part A and Part B. Individual plans are open to all Medicare beneficiaries who reside within a plan’s specific service area. Employer group retiree plans are open only to Medicare beneficiaries who are eligible group retirees and who reside within a plan’s specific service area. Blue Shield 65 Plus individual and employer group retiree plans have different service areas, benefits and provider networks.

This information is not a complete description of benefits. Call (800) 776-4466 [TTY: 711] for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on July 1 of each year. You must continue to pay your Medicare Part B premium. The Formulary and pharmacy network may change at any time. You will receive notice when necessary.

LEGEND

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

SYMBOL	NAME	DESCRIPTION
ED	Excluded Part D Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan; however, Blue Shield covers this drug as a supplemental benefit. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help from Medicare or Social Security to pay for your prescriptions, you will not get any extra help to pay for this drug.
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Member Services number at (800) 776-4466 [TTY 711], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination"
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.

DRUG NAME**TIER****REQUIREMENTS/LIMITS**

05/01/2019

Analgesics

acetaminophen with codeine 300mg-60mg tablet	gen	QL (6 PER 1 DAYS), NDS (Non-Extended Day Supply)
acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg/12.5 solution)	gen	QL (1800 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
acetaminophen with codeine phosphate (300mg-15mg tablet, 300mg-30mg tablet)	gen	QL (12 PER 1 DAYS), NDS (Non-Extended Day Supply)
butalb/acetaminophen/caffeine 50-325/15 solution	gen	PA, QL (90 PER 1 DAYS)
butalbital/acetaminophen	gen	PA, QL (6 PER 1 DAYS)
butalbital/acetaminophen/caffeine (butalb/acetaminophen/caffeine 50-325-40 capsule, butalb/acetaminophen/caffeine 50-325-40 tablet, butalb/acetaminophen/caffeine 50-300-40 capsule)	gen	PA, QL (6 PER 1 DAYS)
butalbital/acetaminophen/caffeine/codeine phosphate	gen	PA, QL (6 PER 1 DAYS), NDS (Non-Extended Day Supply)
butalbital/aspirin/caffeine 50-325-40 capsule	gen	PA, QL (6 PER 1 DAYS)
carisoprodol/aspirin	gen	PA, QL (8 PER 1 DAYS)
carisoprodol/aspirin/codeine phosphate	gen	PA, QL (8 PER 1 DAYS), NDS (Non-Extended Day Supply)
codeine phosphate/butalbital/aspirin/caffeine	gen	PA, QL (6 PER 1 DAYS), NDS (Non-Extended Day Supply)
hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-325/15 solution)	gen	QL (2520 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 5 mg-300mg tablet)	gen	QL (112 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-300mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)	gen	QL (84 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>hydrocodone/ibuprofen</i>	gen	QL (150 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet)</i>	gen	QL (168 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl/acetaminophen 10mg-300mg tablet</i>	gen	QL (180 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i>	gen	QL (84 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl/acetaminophen 5 mg-300mg tablet</i>	gen	QL (360 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl/acetaminophen 7.5-300 mg tablet</i>	gen	QL (240 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl/acetaminophen 7.5-325 mg tablet</i>	gen	QL (112 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl/aspirin</i>	gen	QL (168 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>pentazocine hcl/naloxone hcl</i>	gen	PA, QL (18 PER 1 DAYS), NDS (Non-Extended Day Supply)
REPREXAIN	gen	QL (150 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>tramadol hcl/acetaminophen</i>	gen	QL (112 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)

Nonsteroidal Anti-inflammatory Drugs

<i>butalbital/aspirin/caffeine 50-325-40 tablet</i>	gen	PA, QL (6 PER 1 DAYS)
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	gen	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg capsule</i>	gen	QL (1 PER 1 DAYS)
<i>diclofenac epolamine</i>	gen	PA, QL (2 PER 1 DAYS)
<i>diclofenac potassium</i>	gen	
<i>diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i>	gen	
<i>diclofenac sodium 1.5 % drops</i>	gen	PA
<i>diclofenac sodium 3 % gel (gram)</i>	gen	PA, QL (300 PER 365 DAYS OVER TIME)
<i>diclofenac sodium/misoprostol</i>	gen	
<i>diflunisal</i>	gen	
<i>etodolac</i>	gen	
<i>fenoprofen calcium</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>flurbiprofen</i>	gen	
<i>ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	gen	
<i>ibuprofen/oxycodone hcl</i>	gen	QL (56 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
INDOCIN 25 MG/5 ML SUSPENSION	npd	PA
<i>indomethacin</i>	gen	PA
<i>ketoprofen</i>	gen	
<i>ketorolac tromethamine 10 mg tablet</i>	gen	PA
<i>meclofenamate sodium</i>	gen	
<i>mefenamic acid</i>	gen	
<i>meloxicam (7.5 mg tablet, 7.5 mg/5ml oral susp, 15 mg tablet)</i>	gen	
<i>nabumetone</i>	gen	
NALFON 400 MG CAPSULE	npd	
<i>naproxen (125 mg/5ml oral susp, 250 mg tablet, 375 mg tablet dr, 375 mg tablet, 500 mg tablet, 500 mg tablet dr)</i>	gen	
<i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>	gen	
<i>naproxen sodium (375 mg tbmp 24hr, 500 mg tbmp 24hr)</i>	gen	ST
<i>oxaprozin</i>	gen	
<i>piroxicam</i>	gen	
<i>salsalate</i>	gen	
<i>sulindac</i>	gen	
<i>tolmetin sodium</i>	gen	

Opioid Analgesics, Long-acting

<i>buprenorphine</i>	gen	PA, QL (4 PER 28 DAYS OVER TIME), NDS (Non-Extended Day Supply)
DURAMORPH	inj	PA - Part B vs D Determination, NDS (Non-Extended Day Supply)
<i>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	gen	PA, QL (10 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>fentanyl (37.5mcg/hr patch td72, 62.5mcg/hr patch td72)</i>	npd	PA, QL (10 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>fentanyl 87.5mcg/hr patch td72</i>	spec	PA, QL (10 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>fentanyl citrate</i>	gen	PA, QL (120 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
FENTORA	npd	PA, QL (120 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>hydromorphone hcl (8 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)</i>	gen	PA, QL (30 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>hydromorphone hcl 12 mg tab er 24h</i>	gen	PA, QL (60 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>levorphanol tartrate 2 mg tablet</i>	gen	PA, QL (4 PER 1 DAYS), NDS (Non-Extended Day Supply)
<i>methadone hcl (10 mg/ml oral conc, 10 mg tablet)</i>	gen	PA, QL (90 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>methadone hcl 10 mg/5 ml solution</i>	gen	PA, QL (450 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>methadone hcl 10 mg/ml vial</i>	inj	PA, NDS (Non-Extended Day Supply)
<i>methadone hcl 40 mg tablet sol</i>	gen	PA, QL (1 PER 1 DAYS), NDS (Non-Extended Day Supply)
<i>methadone hcl 5 mg tablet</i>	gen	PA, QL (180 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>methadone hcl 5 mg/5 ml solution</i>	gen	PA, QL (900 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>morphine sulfate (10 mg cap er pel, 30 mg cap er pel, 40 mg cap er pel, 45 mg cpmp 24hr, 50 mg cap er pel, 60 mg cap er pel, 80 mg cap er pel, 100 mg cap er pel)</i>	gen	PA, QL (60 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>morphine sulfate (15 mg tablet, 30 mg tablet)</i>	gen	QL (120 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>morphine sulfate (30 mg cpmp 24hr, 60 mg cpmp 24hr, 75 mg cpmp 24hr, 90 mg cpmp 24hr, 120 mg cpmp 24hr)</i>	gen	PA, QL (30 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>morphine sulfate (60 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>	gen	QL (60 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>morphine sulfate 10 mg/5 ml solution</i>	gen	QL (630 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>morphine sulfate 100 mg/5ml solution</i>	gen	QL (70 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate 15 mg tablet er</i>	gen	QL (180 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>morphine sulfate 20 mg cap er pel</i>	gen	PA, QL (120 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>morphine sulfate 20 mg/5 ml solution</i>	gen	QL (315 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>morphine sulfate 30 mg tablet er</i>	gen	QL (90 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl (10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h, 60 mg tab er 12h, 80 mg tab er 12h)</i>	gen	PA, QL (60 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h)</i>	gen	PA, QL (60 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>tramadol hcl (100 mg cbbp 25-75, 100 mg tbmp 24hr, 200 mg cbbp 25-75, 200 mg tab er 24h, 200 mg tbmp 24hr, 300 mg tbmp 24hr, 300 mg tab er 24h, 300 mg cbbp 17-83)</i>	gen	PA, QL (1 PER 1 DAYS), NDS (Non-Extended Day Supply)
<i>tramadol hcl 100 mg tab er 24h</i>	gen	PA, QL (3 PER 1 DAYS), NDS (Non-Extended Day Supply)
<i>tramadol hcl 150 mg cbbp 25-75</i>	gen	PA, QL (2 PER 1 DAYS), NDS (Non-Extended Day Supply)

Opioid Analgesics, Short-acting

<i>acetaminophen/caff/dihydrocod 320.5-30mg capsule</i>	gen	PA, QL (140 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>acetaminophen/caff/dihydrocod 325-30-16 tablet</i>	gen	PA, QL (10 PER 1 DAYS), NDS (Non-Extended Day Supply)
<i>aspirin/caffeine/dihydrocodeine bitartrate</i>	gen	QL (168 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>butorphanol tartrate 10 mg/ml spray</i>	gen	QL (15 PER 28 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>codeine sulfate 15 mg tablet</i>	gen	QL (336 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>codeine sulfate 30 mg tablet</i>	gen	QL (168 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>codeine sulfate 60 mg tablet</i>	gen	QL (84 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>hydrocodone/acetaminophen 10-300/15 solution</i>	gen	QL (945 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>hydrocodone/acetaminophen 10-325/15 solution</i>	gen	PA, QL (185 PER 1 DAYS), NDS (Non-Extended Day Supply)
<i>hydrocodone/acetaminophen 2.5-325 mg tablet</i>	gen	QL (168 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>hydromorphone hcl 1 mg/ml liquid</i>	gen	QL (675 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>hydromorphone hcl 2 mg tablet</i>	gen	QL (154 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>hydromorphone hcl 3 mg supp.rect</i>	gen	QL (240 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>hydromorphone hcl 4 mg tablet</i>	gen	QL (84 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>hydromorphone hcl 8 mg tablet</i>	gen	QL (42 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>meperidine hcl 100 mg tablet</i>	gen	PA, QL (84 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>meperidine hcl 50 mg tablet</i>	gen	PA, QL (168 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>meperidine hcl 50 mg/5 ml solution</i>	gen	PA, QL (840 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>morphine sulfate (2 mg/ml cartridge, 2 mg/ml syringe, 4 mg/ml cartridge, 4 mg/ml syringe, 8 mg/ml syringe, 8 mg/ml cartridge, 10 mg/ml syringe, 10 mg/ml cartridge)</i>	inj	PA - Part B vs D Determination, NDS (Non-Extended Day Supply)
<i>morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 20 mg supp.rect, 30 mg supp.rect)</i>	gen	QL (84 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply), ED
<i>morphine sulfate/pf 0.5 mg/ml vial</i>	inj	PA - Part B vs D Determination, NDS (Non-Extended Day Supply)
<i>oxycodone hcl (15 mg tablet, 30 mg tablet)</i>	gen	QL (56 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl (20 mg/ml oral conc, 20 mg tablet)</i>	gen	QL (120 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl (5 mg capsule, 5 mg tablet)</i>	gen	QL (168 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 10 mg tablet</i>	gen	QL (84 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 10mg/0.5ml syringe</i>	gen	PA, QL (90 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 5 mg/5 ml solution</i>	gen	QL (840 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>oxycodone hcl/acetaminophen 2.5-300 mg tablet</i>	gen	PA, QL (168 PER 30 DAYS OVER TIME)
<i>oxycodone hcl/acetaminophen 5-325/5 ml solution</i>	gen	QL (840 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxymorphone hcl 10 mg tablet</i>	gen	PA, QL (56 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>oxymorphone hcl 5 mg tablet</i>	gen	PA, QL (84 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>tramadol hcl 50 mg tablet</i>	gen	QL (240 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply)

Anesthetics

Local Anesthetics

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

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium</i>	gen	
<i>disulfiram</i>	gen	
<i>naltrexone hcl</i>	gen	

Opioid Dependence Treatments

<i>buprenorphine hcl 2 mg tab subl</i>	gen	QL (84 PER 90 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>buprenorphine hcl 8 mg tab subl</i>	gen	QL (21 PER 90 DAYS OVER TIME), NDS (Non-Extended Day Supply)
<i>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg film, /naloxone 4mg-1 mg film)</i>	gen	QL (5 PER 1 DAYS)
<i>buprenorphine hcl/naloxone hcl 12 mg-3 mg film</i>	gen	QL (2 PER 1 DAYS)
<i>buprenorphine hcl/naloxone hcl 2 mg-0.5mg tab subl</i>	gen	QL (12 PER 1 DAYS), NDS (Non-Extended Day Supply)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>buprenorphine hcl/naloxone hcl 8 mg-2 mg film</i>	gen	QL (3 PER 1 DAYS)
<i>buprenorphine hcl/naloxone hcl 8 mg-2 mg tab subl</i>	gen	QL (3 PER 1 DAYS), NDS (Non-Extended Day Supply)
SUBOXONE (2 MG-0.5 MG FILM, 4 MG-1 MG FILM)	brd	QL (5 PER 1 DAYS)
SUBOXONE 12 MG-3 MG SL FILM	brd	QL (2 PER 1 DAYS)
SUBOXONE 8 MG-2 MG SL FILM	brd	QL (3 PER 1 DAYS)
ZUBSOLV (1.4-0.36 MG TABLET, 5.7-1.4 MG TABLET)	npd	QL (3 PER 1 DAYS), NDS (Non-Extended Day Supply)
ZUBSOLV (2.9-0.71 MG TABLET, 11.4-2.9 MG TABLET)	npd	QL (1 PER 1 DAYS), NDS (Non-Extended Day Supply)
ZUBSOLV 0.7-0.18 MG TABLET SL	npd	QL (3 PER 1 DAYS)
ZUBSOLV 8.6-2.1 MG TABLET SL	npd	QL (2 PER 1 DAYS), NDS (Non-Extended Day Supply)

Opioid Reversal Agents

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

Smoking Cessation Agents

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

Anti-inflammatory Agents

Glucocorticoids

ANALPRAM HC 1% CREAM	npd	
<i>betamethasone dipropionate (0.05 % oint. (g), 0.05 % lotion, 0.05 % cream (g), 0.05 % gel (gram))</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % oint. (g), betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % lotion)	gen	
betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))	gen	
betamethasone valerate 0.12 % foam	gen	ST
BLEPHAMIDE	brd	
BLEPHAMIDE S.O.P.	brd	
cortisone acetate	gen	
dexamethasone (0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1 mg/ml drops, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)	gen	
hydrocortisone (5 mg tablet, 20 mg tablet)	gen	
hydrocortisone/pramoxine 1 %-1 % cream/appl	gen	ED
MEDROL 2 MG TABLET	brd	
methylprednisolone (4 mg tablet, 8 mg tablet, 16 mg tablet, 32 mg tablet)	gen	
PRED MILD	npd	
prednisolone (5 mg tablet, 15 mg/5 ml solution)	gen	
prednisolone acetate	gen	
prednisolone sodium phosphate (1 % drops, 5 mg/5 ml solution, 25 mg/5 ml solution)	gen	
prednisone (1 mg tablet, 2.5 mg tablet, 5 mg/5 ml solution, 5 mg tab ds pk, 5 mg tablet, 5 mg/ml oral conc, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)	gen	
sulfacetamide sodium/prednisolone sodium phosphate	gen	
triamcinolone acetonide 0.147mg/g aerosol	gen	ST

Antibacterials

Aminoglycosides

amikacin sulfate 500 mg/2ml vial	inj
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
BETHKIS	spec	PA, QL (224 PER 28 DAYS OVER TIME)
<i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g), 0.3 % drops, 0.3 % oint. (g))</i>	gen	
<i>gentamicin sulfate 40 mg/ml vial</i>	inj	
<i>gentamicin sulfate/pf 100mg/10ml vial port</i>	inj	
<i>neomycin sulfate</i>	gen	
<i>paromomycin sulfate</i>	gen	
<i>streptomycin sulfate</i>	inj	
TOBI PODHALER	spec	PA, QL (224 PER 28 DAYS OVER TIME)
TOBRADEX EYE OINTMENT	brd	
<i>tobramycin</i>	gen	
<i>tobramycin in 0.225 % sodium chloride</i>	spec	PA, QL (280 PER 28 DAYS OVER TIME)
<i>tobramycin sulfate (10 mg/ml vial, 40 mg/ml vial)</i>	inj	
<i>tobramycin/nebulizer</i>	spec	PA, QL (280 PER 56 DAYS OVER TIME)
TOBEX 0.3% EYE OINTMENT	brd	

Antibacterials, Other

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>colistin (as colistimethate sodium)</i>	inj	
DALVANCE	spec	PA
daptomycin	spec	
lincomycin hcl	inj	
linezolid (100 mg/5ml susp recon, 600 mg tablet)	gen	PA
linezolid in dextrose 5 % in water	inj	PA
methenamine hippurate	gen	
methenamine mandelate 500 mg tablet	gen	
metronidazole (0.75 % gel w/appl, 0.75 % gel (gram), 0.75 % cream (g), 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump, 250 mg tablet, 375 mg capsule, 500 mg tablet)	gen	
metronidazole in sodium chloride	inj	
MONUROL	npd	QL (1 PER 30 DAYS OVER TIME)
mupirocin	gen	
mupirocin calcium	gen	
neomycin sulfate/polymyxin b sulfate	gen	
nitrofurantoin	gen	PA
nitrofurantoin macrocrystal	gen	PA
nitrofurantoin monohydrate/macrocrystals	gen	PA
ORBACTIV	spec	PA, QL (9 PER 30 DAYS OVER TIME)
polymyxin b sulfate	inj	
PRIMSOL	npd	
SIVEXTRO 200 MG TABLET	spec	PA, QL (6 PER 30 DAYS OVER TIME)
SIVEXTRO 200 MG VIAL	spec	PA
SULFAMYLON 8.5% CREAM	npd	
SYNERCID	spec	
tigecycline	spec	
tinidazole	gen	
trimethoprim	gen	
vancomycin hcl (1 g vial, 1 g vial port, 1.25 g vial, 1.5 g vial, 10 g vial, 250 mg vial, 500 mg vial port, 500 mg vial, 750 mg vial port, 750 mg vial)	inj	
vancomycin hcl (125 mg capsule, 250 mg capsule)	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
vancomycin in 0.9 % sodium chloride (vancomycin/0.9 % 500mg/0.1l froz.piggy, vancomycin/0.9 % 1g/200ml froz.piggy, vancomycin/0.9 % 750mg/.15l froz.piggy)	inj	
VANDAZOLE	brd	
XIFAXAN 200 MG TABLET	npd	PA, QL (9 PER 30 DAYS OVER TIME)
XIFAXAN 550 MG TABLET	npd	PA, QL (3 PER 1 DAYS)

Beta-lactam, Cephalosporins

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

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

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

Beta-lactam, Other

aztreonam 1 g vial	inj	
CAYSTON	spec	PA, QL (84 PER 28 DAYS OVER TIME)
ertapenem sodium	inj	
imipenem/cilastatin sodium	inj	
INVANZ 1 GM VIAL	inj	
meropenem	inj	

Beta-lactam, Penicillins

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
AUGMENTIN 125-31.25 MG/5 ML	brd	
BICILLIN C-R	inj	
BICILLIN L-A	inj	
dicloxacillin sodium	gen	
nafcillin in dextrose,iso-osm 1 g/50 ml froz.piggy	inj	
nafcillin sodium (1 g vial, 2 g vial, 10 g vial)	inj	
oxacillin sodium (1 g vial, 2 g vial, 10 g vial)	inj	
oxacillin sodium in iso-osmotic dextrose	inj	
penicillin g potassium 20mm unit vial	inj	
penicillin g procaine 1.2mm/2 ml syringe	inj	
penicillin g sodium	inj	
penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)	gen	
piperacillin sodium/tazobactam sodium	inj	

Macrolides

AZASITE	npd	
azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet)	gen	
azithromycin (500 mg vial port, 500 mg vial)	inj	
azithromycin 500 mg tablet	gen	QL (3 PER 3 DAYS OVER TIME)
azithromycin 600 mg tablet	gen	QL (8 PER 30 DAYS OVER TIME)
clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet)	gen	
ERY-TAB	brd	
ERYPED 400	brd	
ERYTHROCIN LACTOBIONATE (500 MG VIAL, 500 MG ADDVNT VL)	inj	
ERYTHROCIN STEARATE	brd	
erythromycin base (5 mg/gram oint. (g), 250 mg tablet, 250 mg capsule dr, 500 mg tablet)	gen	
erythromycin base in ethanol (2 % med. swab, 2 % gel (gram), 2 % solution)	gen	
erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg/5ml susp recon, 400 mg tablet)	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PCE	npd	
ZMAX	npd	QL (60 PER 30 DAYS OVER TIME)

Quinolones

BAXDELA 300 MG VIAL	spec	QL (28 PER 30 DAYS OVER TIME)
BAXDELA 450 MG TABLET	spec	PA, QL (28 PER 30 DAYS OVER TIME)
BESIVANCE	brd	
CILOXAN 0.3% OINTMENT	brd	
<i>ciprofloxacin</i>	gen	
<i>ciprofloxacin hcl (0.2 % droperette, 0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	gen	
<i>ciprofloxacin in 5 % dextrose 200mg/0.1l piggyback</i>	inj	
<i>ciprofloxacin lactate 400mg/40ml vial</i>	inj	
<i>ciprofloxacin/ciprofloxacin hcl 1000 mg tbmp 24hr</i>	gen	QL (14 PER 14 DAYS OVER TIME)
<i>ciprofloxacin/ciprofloxacin hcl 500 mg tbmp 24hr</i>	gen	
<i>gatifloxacin</i>	gen	QL (2.5 PER 30 DAYS OVER TIME)
<i>levofloxacin (0.5 % drops, 250mg/10ml solution, 500mg/20ml solution, 500 mg tablet, 750 mg tablet)</i>	gen	
<i>levofloxacin 25 mg/ml vial</i>	inj	
<i>levofloxacin 250 mg tablet</i>	gen	QL (10 PER 10 DAYS OVER TIME)
<i>levofloxacin/dextrose 5 % in water (5 % 500mg/0.1l piggyback, 5 % 750mg/.15l piggyback)</i>	inj	
MOXEZA	brd	
<i>moxifloxacin hcl (0.5 % drops, 400 mg tablet)</i>	gen	
<i>ofloxacin (0.3 % drops, 400 mg tablet)</i>	gen	

Sulfonamides

AVC	brd	
<i>silver sulfadiazine</i>	gen	
SSD	brd	
<i>sulfacetamide sodium (10 % drops, 10 % suspension, 10 % oint. (g))</i>	gen	

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

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

Tetracyclines

demeclocycline hcl	gen	
doxycycline hyclate (150 mg tablet dr, 200 mg tablet dr)	gen	PA, QL (1 PER 1 DAYS)
doxycycline hyclate (20 mg tablet, 50 mg capsule, 100 mg tablet, 100 mg capsule)	gen	
doxycycline hyclate (50 mg tablet, 50 mg tablet dr)	gen	PA, QL (2 PER 1 DAYS)
doxycycline hyclate 100 mg vial	inj	
doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg tablet, 50 mg capsule, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet, 150 mg capsule, 150 mg tablet)	gen	
doxycycline monohydrate 40 mg cap ir dr	gen	PA, QL (1 PER 1 DAYS)
minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg tablet, 75 mg capsule, 100 mg capsule, 100 mg tablet)	gen	
tetracycline hcl	gen	
VIBRAMYCIN 50 MG/5 ML SYRUP	brd	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	spec	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	npd	ST, QL (20 PER 1 DAYS)
DIASTAT	npd	QL (5 PER 30 DAYS OVER TIME)
DIASTAT ACUDIAL 12.5-15-20 MG	npd	QL (40 PER 30 DAYS)
DIASTAT ACUDIAL 5-7.5-10 MG KT	npd	QL (20 PER 30 DAYS OVER TIME)
diazepam (5 mg tablet, 5 mg/ml oral conc)	gen	QL (12 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>diazepam 10 mg tablet</i>	gen	QL (6 PER 1 DAYS)
<i>diazepam 12.5-15-20 kit</i>	gen	QL (40 PER 30 DAYS OVER TIME)
<i>diazepam 2 mg tablet</i>	gen	QL (30 PER 1 DAYS)
<i>diazepam 2.5 mg kit</i>	gen	QL (5 PER 30 DAYS OVER TIME)
<i>diazepam 5 mg/5 ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>diazepam 5-7.5-10mg kit</i>	gen	QL (20 PER 30 DAYS OVER TIME)
EPIDIOLEX	spec	PA - FOR NEW STARTS ONLY
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/5ml solution, 750 mg tablet, 1000 mg tablet)</i>	gen	
<i>levetiracetam 500 mg tab er 24h</i>	gen	QL (6 PER 1 DAYS)
<i>levetiracetam 500 mg/5ml vial</i>	inj	
<i>levetiracetam 750 mg tab er 24h</i>	gen	QL (4 PER 1 DAYS)
<i>levetiracetam in sodium chloride, iso-osmotic</i>	inj	
POTIGA (200 MG TABLET, 300 MG TABLET, 400 MG TABLET)	npd	QL (3 PER 1 DAYS)
POTIGA 50 MG TABLET	npd	QL (9 PER 1 DAYS)
SPRITAM (250 MG TABLET, 500 MG TABLET)	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
SPRITAM 1,000 MG TABLET	npd	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
SPRITAM 750 MG TABLET	npd	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)

Calcium Channel Modifying Agents

CELONTIN	brd	
<i>ethosuximide (250 mg/5ml solution, 250 mg capsule)</i>	gen	
LYRICA (200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE)	brd	QL (2 PER 1 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE)	brd	QL (3 PER 1 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	brd	QL (30 PER 1 DAYS)
zonisamide	gen	

Gamma-aminobutyric Acid (GABA) Augmenting Agents

<i>clobazam (10 mg tablet, 20 mg tablet)</i>	gen	ST, QL (2 PER 1 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>clobazam 2.5 mg/ml oral susp</i>	gen	ST, QL (16 PER 1 DAYS)
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet)</i>	gen	QL (40 PER 1 DAYS)
<i>clonazepam (1 mg tab rapdis, 1 mg tablet)</i>	gen	QL (20 PER 1 DAYS)
<i>clonazepam (2 mg tab rapdis, 2 mg tablet)</i>	gen	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium 15 mg tablet</i>	gen	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tablet</i>	gen	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium 7.5 mg tablet</i>	gen	QL (12 PER 1 DAYS)
<i>divalproex sodium</i>	gen	
<i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 300 mg/6ml solution, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	gen	
<i>lamotrigine (25 mg tab rapdis, 50 mg tab rapdis, 100 mg tab rapdis, 200 mg tab rapdis)</i>	gen	
<i>lorazepam 2 mg/ml oral conc</i>	gen	QL (5 PER 1 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	spec	QL (2 PER 1 DAYS)
ONFI 2.5 MG/ML SUSPENSION	spec	QL (16 PER 1 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	gen	PA - FOR NEW STARTS ONLY
<i>primidone</i>	gen	
SABRIL 500 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)
SYMPAZAN	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
<i>tiagabine hcl</i>	gen	
<i>valproic acid</i>	gen	
<i>valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500mg/10ml solution)</i>	gen	
<i>valproic acid (as sodium salt) 500 mg/5ml vial</i>	inj	
<i>vigabatrin (500 mg tablet, 500 mg powd pack)</i>	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)

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

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

Sodium Channel Agents

APTIOM (200 MG TABLET, 400 MG TABLET)	npd	ST, QL (1 PER 1 DAYS)
APTIOM (600 MG TABLET, 800 MG TABLET)	npd	ST, QL (2 PER 1 DAYS)
BANZEL 200 MG TABLET	spec	ST, QL (2 PER 1 DAYS)
BANZEL 40 MG/ML SUSPENSION	spec	ST, QL (80 PER 1 DAYS)
BANZEL 400 MG TABLET	spec	ST, QL (8 PER 1 DAYS)
<i>carbamazepine (100 mg tab er 12h, 100 mg/5ml oral susp, 100 mg tab chew, 200 mg tab er 12h, 200 mg tablet, 400 mg tab er 12h)</i>	gen	
DILANTIN (30 MG CAPSULE, 100 MG CAPSULE)	brd	
EQUETRO	brd	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>fosphenytoin sodium</i>	inj	
<i>oxcarbazepine (150 mg tablet, 300 mg/5ml oral susp, 300 mg tablet, 600 mg tablet)</i>	gen	
OXTELLAR XR	npd	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
PEGANONE	npd	
PHENYTEK	npd	
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	gen	
<i>phenytoin sodium extended</i>	gen	
VIMPAT (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	npd	ST, QL (2 PER 1 DAYS)
VIMPAT 10 MG/ML SOLUTION	npd	ST, QL (40 PER 1 DAYS)
VIMPAT 200 MG/20 ML VIAL	inj	PA - FOR NEW STARTS ONLY

Antidementia Agents

Antidementia Agents, Other

<i>ergoloid mesylates</i>	gen	PA
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Cholinesterase Inhibitors

<i>donepezil hcl (5 mg tablet, 5 mg tab rapdis, 10 mg tablet, 10 mg tab rapdis)</i>	gen	
<i>donepezil hcl 23 mg tablet</i>	gen	ST, QL (1 PER 1 DAYS)
<i>galantamine hbr (4 mg/ml solution, 4 mg tablet, 8 mg tablet, 12 mg tablet)</i>	gen	
<i>galantamine hbr (8 mg cap24h pel, 16 mg cap24h pel, 24 mg cap24h pel)</i>	gen	QL (1 PER 1 DAYS)
<i>rivastigmine</i>	gen	QL (30 PER 30 DAYS OVER TIME)
<i>rivastigmine tartrate</i>	gen	

N-methyl-D-aspartate (NMDA) Receptor Antagonist

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	brd	QL (1 PER 1 DAYS)
NAMZARIC TITRATION PACK	brd	QL (28 PER 28 DAYS OVER TIME)

Antidepressants

<i>amitriptyline hcl/chlordiazepoxide</i>	gen	PA - FOR NEW STARTS ONLY
<i>fluoxetine hcl 60 mg tablet</i>	gen	QL (1 PER 1 DAYS)
<i>olanzapine/fluoxetine hcl</i>	gen	
<i>perphenazine/amitriptyline hcl</i>	gen	PA - FOR NEW STARTS ONLY

Antidepressants, Other

ABILIFY MAINTENA (ER 300 MG VL, ER 300 MG SYR, ER 400 MG SYR)	spec	PA - FOR NEW STARTS ONLY
<i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>aripiprazole (5 mg tablet, 10 mg tab rapdis, 15 mg tab rapdis)</i>	gen	QL (2 PER 1 DAYS)
<i>aripiprazole 2 mg tablet</i>	gen	QL (4 PER 1 DAYS)
<i>bupropion hcl (100 mg tab sr 12h, 100 mg tablet)</i>	gen	QL (4 PER 1 DAYS)
<i>bupropion hcl (150 mg tab sr 12h, 150 mg tab er 24h)</i>	gen	QL (3 PER 1 DAYS)
<i>bupropion hcl 200 mg tab sr 12h</i>	gen	QL (2 PER 1 DAYS)
<i>bupropion hcl 300 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
<i>bupropion hcl 450 mg tab er 24h</i>	gen	ST, QL (1 PER 1 DAYS)
<i>bupropion hcl 75 mg tablet</i>	gen	QL (6 PER 1 DAYS)
<i>maprotiline hcl</i>	gen	
<i>mirtazapine</i>	gen	
<i>nefazodone hcl</i>	gen	
<i>quetiapine fumarate</i>	gen	
<i>trazodone hcl</i>	gen	

Monoamine Oxidase Inhibitors

EMSAM	npd	PA - FOR NEW STARTS ONLY
MARPLAN	brd	
<i>phenelzine sulfate</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>tranylcypromine sulfate</i>	gen	
SSRIs/ SNRIs		
<i>citalopram hydrobromide (10 mg/5 ml solution, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	gen	
<i>desvenlafaxine</i>	npd	ST, QL (1 PER 1 DAYS)
<i>desvenlafaxine fumarate</i>	npd	ST, QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate (25 mg tab er 24h, 50 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate 100 mg tab er 24h</i>	gen	QL (4 PER 1 DAYS)
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr)</i>	gen	QL (3 PER 1 DAYS)
<i>duloxetine hcl (40 mg capsule dr, 60 mg capsule dr)</i>	gen	QL (2 PER 1 DAYS)
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>	gen	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	npd	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
FETZIMA 20-40 MG TITRATION PAK	npd	PA - FOR NEW STARTS ONLY, QL (28 PER 30 DAYS OVER TIME)
<i>fluoxetine hcl (10 mg tablet, 10 mg capsule, 20 mg tablet, 20 mg capsule, 20 mg/5 ml solution, 40 mg capsule)</i>	gen	
<i>fluoxetine hcl 90 mg capsule dr</i>	gen	QL (4 PER 28 DAYS OVER TIME)
<i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>	gen	ST, QL (2 PER 1 DAYS)
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	gen	
<i>paroxetine hcl</i>	gen	
<i>paroxetine mesylate</i>	gen	QL (1 PER 1 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	npd	QL (30 PER 1 DAYS)
PEXEVA 10 MG TABLET	npd	ST, QL (6 PER 1 DAYS)
PEXEVA 20 MG TABLET	npd	ST, QL (3 PER 1 DAYS)
PEXEVA 30 MG TABLET	npd	ST, QL (2 PER 1 DAYS)
PEXEVA 40 MG TABLET	npd	ST, QL (1 PER 1 DAYS)
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
TRINTELLIX	npd	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	gen	
<i>venlafaxine hcl (37.5 mg cap er 24h, 150 mg cap er 24h)</i>	gen	QL (2 PER 1 DAYS)
<i>venlafaxine hcl (75 mg cap er 24h, 75 mg tab er 24)</i>	gen	QL (3 PER 1 DAYS)
<i>venlafaxine hcl 150 mg tab er 24</i>	gen	QL (1 PER 1 DAYS)
<i>venlafaxine hcl 225 mg tab er 24</i>	npd	QL (1 PER 1 DAYS)
<i>venlafaxine hcl 37.5 mg tab er 24</i>	gen	QL (6 PER 1 DAYS)
VENLAFAXINE HCL ER 150 MG TAB	gen	QL (1 PER 1 DAYS)
VENLAFAXINE HCL ER 225 MG TAB	npd	QL (1 PER 1 DAYS)
VENLAFAXINE HCL ER 37.5 MG TAB	gen	QL (6 PER 1 DAYS)
VENLAFAXINE HCL ER 75 MG TAB	gen	QL (3 PER 1 DAYS)
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	npd	ST, QL (1 PER 1 DAYS)
VIIBRYD 10-20 MG STARTER PACK	npd	ST, QL (30 PER 30 DAYS OVER TIME)

Tricyclics

<i>amitriptyline hcl</i>	gen	PA - FOR NEW STARTS ONLY
<i>amoxapine</i>	gen	
<i>clomipramine hcl</i>	gen	PA - FOR NEW STARTS ONLY
<i>desipramine hcl</i>	gen	
<i>doxepin hcl (10 mg/ml oral conc, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	gen	PA - FOR NEW STARTS ONLY
<i>imipramine hcl</i>	gen	PA - FOR NEW STARTS ONLY
<i>imipramine pamoate</i>	gen	PA - FOR NEW STARTS ONLY
<i>nortriptyline hcl (10 mg/5 ml solution, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	gen	
<i>nortriptyline oral solution (unit dose)</i>	gen	PA - FOR NEW STARTS ONLY
<i>protriptyline hcl</i>	gen	
SILENOR	npd	QL (1 PER 1 DAYS)
<i>trimipramine maleate</i>	gen	PA - FOR NEW STARTS ONLY

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
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Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	gen	
<i>hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	gen	PA
<i>hydroxyzine hcl (10 mg/5 ml solution, 50 mg/25ml solution)</i>	gen	PA, QL (6 PER 1 DAYS)
<i>hydroxyzine pamoate</i>	gen	PA
<i>meclizine hcl</i>	gen	
<i>metoclopramide hcl (5 mg tab rapdis, 10 mg tab rapdis)</i>	gen	PA, QL (4 PER 1 DAYS)
<i>metoclopramide hcl (5 mg/5 ml solution, 5 mg tablet, 10 mg/10ml solution, 10 mg tablet)</i>	gen	
<i>metoclopramide hcl 5 mg/ml vial</i>	inj	
<i>perphenazine</i>	gen	
PHENERGAN 50 MG SUPPOSITORY	gen	PA
<i>prochlorperazine</i>	gen	
<i>prochlorperazine edisylate 10 mg/2 ml vial</i>	inj	
<i>prochlorperazine maleate</i>	gen	
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet, 25 mg supp.rect, 50 mg tablet, 50 mg supp.rect)</i>	gen	PA
<i>promethazine hcl 12.5 mg supp.rect</i>	gen	PA, ED
<i>scopolamine</i>	gen	PA
<i>trimethobenzamide hcl</i>	gen	PA

Emetogenic Therapy Adjuncts

ANZEMET (50 MG TABLET, 100 MG TABLET)	brd	
<i>aprepitant (80 mg capsule, 125mg-80mg cap ds pk, 125 mg capsule)</i>	gen	PA
<i>aprepitant 40 mg capsule</i>	gen	PA, QL (1 PER 30 DAYS OVER TIME)
<i>dronabinol</i>	gen	PA, QL (6 PER 1 DAYS)
EMEND 125 MG POWDER PACKET	npd	PA, QL (3 PER 7 DAYS OVER TIME)
<i>granisetron hcl (1 mg/ml vial, 1 mg/ml(1) vial)</i>	inj	PA - Part B vs D Determination

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>granisetron hcl 1 mg tablet</i>	gen	PA - Part B vs D Determination, QL (2 PER 1 DAYS)
<i>granisetron hcl/pf 100 mcg/ml vial</i>	inj	PA - Part B vs D Determination
<i>ondansetron</i>	gen	PA - Part B vs D Determination, QL (3 PER 1 DAYS)
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	gen	PA - Part B vs D Determination, QL (3 PER 1 DAYS)
<i>ondansetron hcl 24 mg tablet</i>	gen	PA - Part B vs D Determination, QL (15 PER 30 DAYS OVER TIME)
<i>ondansetron hcl 4 mg/5 ml solution</i>	gen	PA - Part B vs D Determination, QL (15 PER 1 DAYS)
<i>ondansetron hcl/pf</i>	inj	PA - Part B vs D Determination

Antifungals

ABELCET	spec	PA - Part B vs D Determination
AMBISOME	spec	
<i>amphotericin b</i>	inj	
<i>butoconazole nitrate</i>	gen	
<i>caspofungin acetate</i>	spec	PA
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo, 8 % solution)</i>	gen	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	gen	
<i>clotrimazole (1 % solution, 1 % cream (g), 10 mg troche)</i>	gen	
CRESEMBA	spec	PA
<i>econazole nitrate</i>	gen	
ERAXIS (WATER DILUENT)	inj	
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	gen	
<i>fluconazole in dextrose,iso-os 400mg/0.2l piggyback</i>	inj	
<i>fluconazole in sodium chloride, iso-osmotic</i>	inj	
<i>flucytosine</i>	gen	
<i>griseofulvin ultramicrosize</i>	gen	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>itraconazole (10 mg/ml solution, 100 mg capsule)</i>	gen	PA
<i>ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)</i>	gen	
<i>ketoconazole 2 % foam</i>	gen	ST
<i>luliconazole</i>	gen	ST
<i>miconazole nitrate</i>	gen	
<i>miconazole nitrate/zinc oxide/petrolatum, white</i>	gen	
MYCAMINE	spec	
<i>naftifine hcl</i>	gen	ST
NATACYN	brd	
NOXAFIL 300 MG/16.7 ML VIAL	spec	PA
NOXAFIL 40 MG/ML SUSPENSION	brd	PA
NOXAFIL DR 100 MG TABLET	brd	PA, QL (3 PER 1 DAYS)
<i>nystatin (500k unit tablet, 100000/g oint. (g), 100000/g powder, 100000/ml oral susp, 100000/g cream (g))</i>	gen	
SPORANOX 10 MG/ML SOLUTION	npd	
<i>terbinafine hcl</i>	gen	QL (1 PER 1 DAYS)
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	gen	
<i>voriconazole (50 mg tablet, 200 mg/5ml susp recon, 200 mg tablet)</i>	gen	PA
<i>voriconazole 200 mg vial</i>	inj	
ZOLINZA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)

Antigout Agents

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
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Antimigraine Agents

<i>sumatriptan succinate/naproxen sodium</i>	gen	PA, QL (9 PER 30 DAYS OVER TIME)
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Ergot Alkaloids

<i>dihydroergotamine mesylate (1 mg/ml ampul, 1 mg/ml vial)</i>	inj	
<i>dihydroergotamine mesylate 0.5mg/spray/pump</i>	spec	PA, QL (8 PER 30 DAYS OVER TIME)
<i>ergotamine tartrate/caffeine 1 mg-100mg tablet</i>	gen	QL (40 PER 28 DAYS OVER TIME)
<i>ergotamine tartrate/caffeine 2-100mg supp.rect</i>	gen	QL (20 PER 30 DAYS OVER TIME)

Prophylactic

<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	gen	
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Serotonin (5-HT) 1b/1d Receptor Agonists

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

Antimyasthenic Agents

Parasympathomimetics

<i>guanidine hcl</i>	gen	
MESTINON 60 MG/5 ML SYRUP	brd	
<i>pyridostigmine bromide (60 mg tablet, 180 mg tablet er)</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>pyridostigmine bromide 60 mg/5 ml syrup</i>	gen	QL (1 500 PER 30 DAYS OVER TIME)

Antimycobacterials

Antimycobacterials, Other

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

Antituberculars

CAPASTAT SULFATE	inj	
<i>cycloserine</i>	gen	
<i>ethambutol hcl</i>	gen	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	gen	
<i>isoniazid 100 mg/ml vial</i>	inj	
PASER	npd	
<i>pyrazinamide</i>	gen	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	gen	
<i>rifampin 600 mg vial</i>	inj	
RIFATER	npd	
SIRTURO	spec	PA, QL (24 PER 28 DAYS OVER TIME)
TRECTOR	npd	

Antineoplastics

Alkylating Agents

<i>bendamustine hcl</i>	spec	PA - FOR NEW STARTS ONLY
BENDEKA	spec	PA - FOR NEW STARTS ONLY
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	brd	PA - Part B vs D Determination
HEXALEN	spec	
LEUKERAN	brd	
MATULANE	brd	
<i>melphalan</i>	gen	
MYLERAN	brd	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
TREANDA (45 MG/0.5 ML VIAL, 180 MG/2 ML VIAL)	spec	PA - FOR NEW STARTS ONLY
VALCHLOR	spec	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS OVER TIME)

Antiandrogens

<i>abiraterone acetate</i>	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
<i>bicalutamide</i>	gen	
ERLEADA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
<i>flutamide</i>	gen	
<i>nilutamide</i>	spec	QL (1 PER 1 DAYS)
XTANDI	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
ZYTIGA 250 MG TABLET	spec	QL (4 PER 1 DAYS)
ZYTIGA 500 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)

Antiangiogenic Agents

POMALYST	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
REVLIMID (5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 25 MG CAPSULE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)

Antiestrogens/Modifiers

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

Antimetabolites

ALIMTA 100 MG VIAL	spec	PA - Part B vs D Determination
DROXIA	brd	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>gemcitabine hcl (1 g/26.3ml vial, 2 g/52.6ml vial, 100 mg/ml vial, 200mg/5.26 vial)</i>	inj	PA - Part B vs D Determination
<i>hydroxyurea</i>	gen	
LONSURF 15 MG-6.14 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (100 PER 28 DAYS OVER TIME)
LONSURF 20 MG-8.19 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (80 PER 28 DAYS OVER TIME)
PURIXAN	spec	PA - FOR NEW STARTS ONLY
TABLOID	brd	
GLEOSTINE	brd	
LYNPARZA (100 MG TABLET, 150 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
LYNPARZA 50 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (16 PER 1 DAYS)
MESNEX 400 MG TABLET	brd	
NINLARO	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 21 DAYS OVER TIME)
RUBRACA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
VENCLEXTA 10 MG TABLET	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
VENCLEXTA 100 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
VENCLEXTA 50 MG TABLET	npd	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
VENCLEXTA STARTING PACK	spec	PA - FOR NEW STARTS ONLY, QL (84 PER 365 DAYS OVER TIME)
ZEJULA	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)

Antineoplastics, Other

<i>amifostine crystalline</i>	spec	
ARZERRA 100 MG/5 ML VIAL	spec	PA - FOR NEW STARTS ONLY
AVASTIN	spec	PA - Part B vs D Determination
BAVENCIO	spec	PA - FOR NEW STARTS ONLY
BESPONSA	spec	PA - FOR NEW STARTS ONLY
CAMPATH	spec	PA - Part B vs D Determination
COPIKTRA	spec	PA - FOR NEW STARTS ONLY, LA, QL (56 PER 28 DAYS OVER TIME)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>dacarbazine</i>	inj	PA - Part B vs D Determination
DARZALEX	spec	PA - FOR NEW STARTS ONLY
<i>doxorubicin hcl (10 mg vial, 50 mg vial)</i>	inj	PA - Part B vs D Determination
EMPLICITI	spec	PA - FOR NEW STARTS ONLY
ERWINAZE	spec	PA - Part B vs D Determination
<i>fludarabine phosphate 50 mg/2 ml vial</i>	inj	PA - Part B vs D Determination
GAZYVA	spec	PA - FOR NEW STARTS ONLY
HALAVEN	spec	PA - Part B vs D Determination
HERCEPTIN	spec	PA - Part B vs D Determination
IMFINZI	spec	PA - FOR NEW STARTS ONLY
IXEMPRA	spec	PA - Part B vs D Determination
KADCYLA	spec	PA - FOR NEW STARTS ONLY
KEYTRUDA	spec	PA - FOR NEW STARTS ONLY
KHAPZORY (175 MG VIAL, 300 MG VIAL)	spec	PA - FOR NEW STARTS ONLY
LARTRUVO	spec	PA - FOR NEW STARTS ONLY
<i>leucovorin calcium (100 mg vial, 350 mg vial)</i>	inj	
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	gen	
<i>levoleucovorin calcium (10 mg/ml vial, 50 mg vial, 175 mg vial)</i>	inj	
LIBTAYO	spec	PA - FOR NEW STARTS ONLY
MARQIBO	spec	PA - FOR NEW STARTS ONLY
ONCASPAR	spec	PA - Part B vs D Determination
ONIVYDE	spec	PA - FOR NEW STARTS ONLY
OPDIVO	spec	PA - FOR NEW STARTS ONLY
PORTRAZZA	spec	PA - FOR NEW STARTS ONLY
POTELIGEO	spec	PA - FOR NEW STARTS ONLY
REVLIMID (2.5 MG CAPSULE, 20 MG CAPSULE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
RITUXAN	spec	PA - FOR NEW STARTS ONLY
RITUXAN HYCELA	spec	PA - FOR NEW STARTS ONLY
<i>romidepsin</i>	spec	PA - Part B vs D Determination
SYLATRON	spec	PA - FOR NEW STARTS ONLY
SYLVANT	spec	PA - FOR NEW STARTS ONLY

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
SYNRIBO	spec	PA - Part B vs D Determination
TECENTRIQ (840 MG/14 ML VIAL, 1,200 MG/20 ML VIAL)	spec	PA - FOR NEW STARTS ONLY
TIBSOVO	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
UNITUXIN	spec	PA - FOR NEW STARTS ONLY
VITRAKVI 100 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
VITRAKVI 20 MG/ML SOLUTION	spec	PA - FOR NEW STARTS ONLY, QL (10 PER 1 DAYS)
VITRAKVI 25 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)
XOSPATA	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
YERVOY	spec	PA - FOR NEW STARTS ONLY
ZALTRAP	spec	PA - FOR NEW STARTS ONLY

Aromatase Inhibitors, 3rd Generation

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

Enzyme Inhibitors

FARYDAK	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 21 DAYS OVER TIME)
IBRANCE	spec	PA - FOR NEW STARTS ONLY, QL (21 PER 28 DAYS OVER TIME)
IDHIFA	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
KISQALI 200 MG DAILY DOSE	spec	PA - FOR NEW STARTS ONLY, QL (21 PER 28 DAYS OVER TIME)
KISQALI 400 MG DAILY DOSE	spec	PA - FOR NEW STARTS ONLY, QL (42 PER 28 DAYS OVER TIME)
KISQALI 600 MG DAILY DOSE	spec	PA - FOR NEW STARTS ONLY, QL (63 PER 28 DAYS OVER TIME)
KISQALI FEMARA 200 MG CO-PACK	spec	PA - FOR NEW STARTS ONLY, QL (49 PER 28 DAYS OVER TIME)
KISQALI FEMARA 400 MG CO-PACK	spec	PA - FOR NEW STARTS ONLY, QL (70 PER 28 DAYS OVER TIME)
KISQALI FEMARA 600 MG CO-PACK	spec	PA - FOR NEW STARTS ONLY, QL (91 PER 28 DAYS OVER TIME)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
LORBRENA 100 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
LORBRENA 25 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
VERZENIO	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
VIZIMPRO	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
ZYDELIG	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)

Molecular Target Inhibitors

AFINITOR (2.5 MG TABLET, 5 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
AFINITOR (7.5 MG TABLET, 10 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
ALECENSA	spec	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
ALIQOPA	spec	PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TABLET, 180 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
ALUNBRIG 30 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
ALUNBRIG 90 MG-180 MG TAB PACK	spec	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS OVER TIME)
BOSULIF (400 MG TABLET, 500 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
BOSULIF 100 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
BRAFTOVI 50 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
BRAFTOVI 75 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
CABOMETYX	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
CALQUENCE	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
CAPRELSA 100 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
CAPRELSA 300 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
COMETRIQ 140 MG DAILY-DOSE PK	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
COTELLIC	spec	PA - FOR NEW STARTS ONLY, LA, QL (63 PER 28 DAYS OVER TIME)
CYRAMZA	spec	PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
DAURISMO 25 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
ERIVEDGE	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
GILOTRIF	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
ICLUSIG 15 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
ICLUSIG 45 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
<i>imatinib mesylate 100 mg tablet</i>	spec	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
<i>imatinib mesylate 400 mg tablet</i>	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
IMBRUVICA 140 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
INLYTA 1 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)
INLYTA 5 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
IRESSA	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
JAKAFI	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
KYPROLIS	spec	PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
MEKINIST 0.5 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
MEKINIST 2 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
MEKTOVI	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
NERLYNX	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
NEXAVAR	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
ODOMZO	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
OFEV	spec	PA, QL (2 PER 1 DAYS)
RYDAPT	spec	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
SPRYCEL (100 MG TABLET, 140 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
SPRYCEL (70 MG TABLET, 80 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
SPRYCEL 20 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)
SPRYCEL 50 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
STIVARGA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
SUTENT (37.5 MG CAPSULE, 50 MG CAPSULE)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
SUTENT 12.5 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (7 PER 1 DAYS)
SUTENT 25 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
TAFINLAR	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
TAGRISO	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
TALZENNA 0.25 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
TALZENNA 1 MG CAPSULE	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
TARCEVA (100 MG TABLET, 150 MG TABLET)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
TARCEVA 25 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
TASIGNA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
TYKERB	spec	PA - FOR NEW STARTS ONLY, QL (22 PER 1 DAYS)
VOTRIENT	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
XALKORI	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
ZELBORAF	spec	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
ZYKADIA	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)

Retinoids

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

TREATMENT ADJUNCTS

<i>mesna</i>	inj	
MESNEX 1 GRAM/10 ML VIAL	inj	

Antiparasitics

Anthelmintics

<i>albendazole</i>	gen	
ALBENZA	npd	
BILTRICIDE	brd	
<i>ivermectin</i>	gen	
<i>praziquantel</i>	gen	

Antiprotozoals

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
BENZNIDAZOLE 100 MG TABLET	npd	QL (240 PER 365 DAYS OVER TIME)
BENZNIDAZOLE 12.5 MG TABLET	npd	QL (720 PER 365 DAYS OVER TIME)
<i>chloroquine phosphate</i>	gen	
COARTEM	brd	QL (24 PER 2 DAYS OVER TIME)
DARAPRIM	spec	PA
<i>hydroxychloroquine sulfate</i>	gen	
KRINTAFEL	npd	QL (2 PER 28 DAYS OVER TIME)
<i>mefloquine hcl</i>	gen	
NEBUPENT	npd	PA - Part B vs D Determination
PENTAM 300	brd	
<i>pentamidine isethionate</i>	gen	
<i>primaquine phosphate</i>	gen	
<i>quinine sulfate</i>	gen	QL (6 PER 1 DAYS)

Pediculicides/Scabicides

<i>crotamiton</i>	gen	
EURAX	brd	
<i>lindane 1 % shampoo</i>	gen	
<i>malathion</i>	gen	
<i>permethrin</i>	gen	

Antiparkinson Agents

Anticholinergics

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

Antiparkinson Agents, Other

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

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

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

Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors

<i>carbidopa/levodopa</i>	gen	
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Monoamine Oxidase B (MAO-B) Inhibitors

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

Antipsychotics

1st Generation/Typical

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>haloperidol lactate 2 mg/ml oral conc</i>	gen	
<i>loxapine succinate</i>	gen	
<i>molindone hcl</i>	gen	
<i>pimozide</i>	gen	
<i>thioridazine hcl</i>	gen	PA - FOR NEW STARTS ONLY
<i>thiothixene</i>	gen	
<i>trifluoperazine hcl</i>	gen	

2nd Generation/Atypical

ABILIFY MAINTENA ER 400 MG VL	spec	PA - FOR NEW STARTS ONLY
<i>aripiprazole 1 mg/ml solution</i>	gen	QL (25 PER 1 DAYS)
ARISTADA	spec	PA - FOR NEW STARTS ONLY
ARISTADA INITIO	spec	PA - FOR NEW STARTS ONLY, QL (2.4 PER 42 DAYS OVER TIME)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
FANAPT TITRATION PACK	npd	PA - FOR NEW STARTS ONLY, QL (8 PER 30 DAYS OVER TIME)
GEODON 20 MG/ML VIAL	inj	
INVEGA SUSTENNA (117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	spec	PA - FOR NEW STARTS ONLY
INVEGA SUSTENNA (39 MG/0.25 ML, 78 MG/0.5 ML)	inj	PA - FOR NEW STARTS ONLY
INVEGA TRINZA	spec	PA - FOR NEW STARTS ONLY
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	npd	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
LATUDA (80 MG TABLET, 120 MG TABLET)	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
NUPLAZID 17 MG TABLET	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 10 mg tab rapdis, 15 mg tablet, 15 mg tab rapdis, 20 mg tab rapdis, 20 mg tablet)</i>	gen	
<i>olanzapine 10 mg vial</i>	inj	
<i>paliperidone (1.5 mg tab er 24, 3 mg tab er 24, 9 mg tab er 24)</i>	gen	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>paliperidone 6 mg tab er 24</i>	gen	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
PERSERIS	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 28 DAYS OVER TIME)
REXULTI	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
RISPERDAL CONSTA (12.5 MG SYR, 25 MG SYR)	inj	
RISPERDAL CONSTA (37.5 MG SYR, 50 MG SYR)	spec	
<i>risperidone (0.25 mg tablet, 0.25 mg tab rapdis, 0.5 mg tablet, 0.5 mg tab rapdis, 1 mg tablet, 1 mg tab rapdis, 1 mg/ml solution, 2 mg tablet, 2 mg tab rapdis, 3 mg tab rapdis, 3 mg tablet, 4 mg tab rapdis, 4 mg tablet)</i>	gen	
SAPHRIS	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	npd	PA - FOR NEW STARTS ONLY, QL (7 PER 30 DAYS OVER TIME)
<i>ziprasidone hcl</i>	gen	
ZYPREXA RELPREVV 210 MG VL KIT	inj	

Treatment-Resistant

<i>clozapine</i>	gen	
VERSACLOZ	spec	QL (18 PER 1 DAYS)

Antispasticity Agents

<i>baclofen 10 mg tablet</i>	gen	QL (8 PER 1 DAYS)
<i>baclofen 20 mg tablet</i>	gen	QL (4 PER 1 DAYS)
<i>baclofen 5 mg tablet</i>	gen	QL (3 PER 1 DAYS)
<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	gen	
<i>tizanidine hcl</i>	gen	

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY	npd	QL (1 PER 1 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
GENVOYA	npd	QL (1 PER 1 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	brd	QL (6 PER 1 DAYS)
ISENTRESS 100 MG POWDER PACKET	brd	QL (2 PER 1 DAYS)
ISENTRESS 400 MG TABLET	brd	QL (4 PER 1 DAYS)
ISENTRESS HD	brd	QL (2 PER 1 DAYS)
STRIBILD	brd	QL (1 PER 1 DAYS)
TIVICAY	brd	QL (2 PER 1 DAYS)
VITEKTA	spec	QL (1 PER 1 DAYS)

Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

COMPLERA	brd	QL (1 PER 1 DAYS)
DELSTRIGO	spec	QL (1 PER 1 DAYS)
EDURANT	brd	QL (2 PER 1 DAYS)
<i>efavirenz 200 mg capsule</i>	gen	QL (3 PER 1 DAYS)
<i>efavirenz 50 mg capsule</i>	gen	QL (6 PER 1 DAYS)
<i>efavirenz 600 mg tablet</i>	gen	QL (1 PER 1 DAYS)
INTELENCE 100 MG TABLET	brd	QL (4 PER 1 DAYS)
INTELENCE 200 MG TABLET	brd	QL (2 PER 1 DAYS)
INTELENCE 25 MG TABLET	brd	QL (12 PER 1 DAYS)
<i>nevirapine 100 mg tab er 24h</i>	gen	QL (3 PER 1 DAYS)
<i>nevirapine 200 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>nevirapine 400 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
<i>nevirapine 50 mg/5 ml oral susp</i>	gen	QL (40 PER 1 DAYS)
PIFELTRO	spec	QL (2 PER 1 DAYS)
RESCRIPTOR 100 MG TABLET	brd	QL (12 PER 1 DAYS)
RESCRIPTOR 200 MG TABLET	brd	QL (6 PER 1 DAYS)
VIRAMUNE 50 MG/5 ML SUSP	brd	QL (40 PER 1 DAYS)

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

<i>abacavir sulfate 20 mg/ml solution</i>	gen	QL (30 PER 1 DAYS)
<i>abacavir sulfate 300 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>abacavir sulfate/lamivudine</i>	gen	QL (1 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>abacavir sulfate/lamivudine/zidovudine</i>	gen	QL (2 PER 1 DAYS)
ATRIPLA	brd	QL (1 PER 1 DAYS)
CIMDUO	brd	QL (1 PER 1 DAYS)
DESCOVY	brd	QL (1 PER 1 DAYS)
<i>didanosine</i>	gen	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	brd	QL (24 PER 1 DAYS)
EMTRIVA 200 MG CAPSULE	brd	QL (1 PER 1 DAYS)
JULUCA	npd	QL (1 PER 1 DAYS)
<i>lamivudine/zidovudine</i>	gen	QL (2 PER 1 DAYS)
ODEFSEY	brd	QL (1 PER 1 DAYS)
<i>stavudine (15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	gen	QL (2 PER 1 DAYS)
<i>stavudine 1 mg/ml soln recon</i>	gen	QL (80 PER 1 DAYS)
SYMFI	npd	QL (1 PER 1 DAYS)
SYMFI LO	npd	QL (1 PER 1 DAYS)
TRUVADA	brd	QL (1 PER 1 DAYS)
VIDEX 4 GM PEDIATRIC SOLN	brd	
VIDEX EC 125 MG CAPSULE	brd	QL (3 PER 1 DAYS)
ZERIT 1 MG/ML SOLUTION	brd	QL (80 PER 1 DAYS)
<i>zidovudine 10 mg/ml syrup</i>	gen	QL (60 PER 1 DAYS)
<i>zidovudine 100 mg capsule</i>	gen	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tablet</i>	gen	QL (2 PER 1 DAYS)

Anti-HIV Agents, Other

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

Anti-HIV Agents, Protease Inhibitors

APTIVUS 100 MG/ML SOLUTION	brd	QL (10 PER 1 DAYS)
APTIVUS 250 MG CAPSULE	brd	QL (4 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>atazanavir sulfate (150 mg capsule, 200 mg capsule)</i>	gen	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg capsule</i>	gen	QL (1 PER 1 DAYS)
CRIXIVAN 200 MG CAPSULE	brd	QL (9 PER 1 DAYS)
CRIXIVAN 400 MG CAPSULE	brd	QL (6 PER 1 DAYS)
EVOTAZ	npd	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium</i>	gen	QL (4 PER 1 DAYS)
INVIRASE 200 MG CAPSULE	brd	QL (10 PER 1 DAYS)
INVIRASE 500 MG TABLET	brd	QL (4 PER 1 DAYS)
KALETRA 100-25 MG TABLET	brd	QL (10 PER 1 DAYS)
KALETRA 200-50 MG TABLET	brd	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	brd	QL (56 PER 1 DAYS)
<i>lopinavir/ritonavir</i>	gen	QL (13 PER 1 DAYS)
NORVIR (100 MG SOFTGEL CAP, 100 MG POWDER PACKET)	brd	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	brd	QL (15 PER 1 DAYS)
PREZCOBIX	npd	QL (1 PER 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	brd	QL (12 PER 1 DAYS)
PREZISTA 150 MG TABLET	brd	QL (4 PER 1 DAYS)
PREZISTA 600 MG TABLET	brd	QL (2 PER 1 DAYS)
PREZISTA 75 MG TABLET	brd	
PREZISTA 800 MG TABLET	brd	QL (1 PER 1 DAYS)
REYATAZ 50 MG POWDER PACKET	brd	QL (8 PER 1 DAYS)
<i>ritonavir</i>	gen	QL (12 PER 1 DAYS)
SYMTUZA	npd	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TABLET	brd	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TABLET	brd	QL (4 PER 1 DAYS)

Anti-cytomegalovirus (CMV) Agents

<i>ganciclovir sodium (500mg/10ml vial, 500 mg vial)</i>	inj	
<i>valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)</i>	gen	
ZIRGAN	npd	QL (5 PER 30 DAYS OVER TIME)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	gen	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	spec	QL (21 PER 1 DAYS)
<i>entecavir</i>	gen	QL (1 PER 1 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	brd	
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 25 MILLION UNIT/2.5ML)	spec	PA - FOR NEW STARTS ONLY
<i>lamivudine 10 mg/ml solution</i>	gen	QL (30 PER 1 DAYS)
<i>lamivudine 100 mg tablet</i>	gen	
<i>lamivudine 150 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>lamivudine 300 mg tablet</i>	gen	QL (1 PER 1 DAYS)
<i>ribavirin (200 mg capsule, 200 mg tablet, 400 mg tablet, 600 mg tablet)</i>	gen	
<i>tenofovir disoproxil fumarate</i>	gen	QL (1 PER 1 DAYS)
TYZEKA	brd	
VIREAD (200 MG TABLET, 250 MG TABLET)	brd	QL (1 PER 1 DAYS)
VIREAD 150 MG TABLET	brd	QL (2 PER 1 DAYS)
VIREAD POWDER	brd	QL (240 PER 30 DAYS OVER TIME)

Anti-hepatitis C (HCV) Agents, Direct Acting

EPCLUSA	spec	PA, QL (1 PER 1 DAYS)
HARVONI	spec	PA, QL (1 PER 1 DAYS)
MAVYRET	spec	PA, QL (3 PER 1 DAYS)
VOSEVI	spec	PA, QL (1 PER 1 DAYS)
ZEPATIER	spec	PA, QL (1 PER 1 DAYS)

Anti-hepatitis C (HCV) Agents, Others

INTRON A (18 MILLION VIL, 50 MILLION VIL)	spec	PA - FOR NEW STARTS ONLY
PEGASYS 180 MCG/0.5 ML SYRINGE	spec	PA, QL (2 PER 30 DAYS OVER TIME)
PEGASYS 180 MCG/ML VIAL	spec	PA, QL (4 PER 30 DAYS OVER TIME)
PEGASYS PROCLICK	spec	PA, QL (2 PER 30 DAYS OVER TIME)
PEGINTRON	spec	PA
PEGINTRON REDIPEN	spec	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-influenza Agents		
<i>oseltamivir phosphate 30 mg capsule</i>	gen	QL (120 PER 180 DAYS OVER TIME)
<i>oseltamivir phosphate 45 mg capsule</i>	gen	QL (42 PER 180 DAYS OVER TIME)
<i>oseltamivir phosphate 6 mg/ml susp recon</i>	gen	QL (1080 PER 365 DAYS OVER TIME)
<i>oseltamivir phosphate 75 mg capsule</i>	gen	QL (60 PER 180 DAYS OVER TIME)
RELENZA	brd	QL (60 PER 180 DAYS OVER TIME)
<i>rimantadine hcl</i>	gen	
XOFLUZA	npd	QL (2 PER 30 DAYS OVER TIME)

Antiherpetic Agents

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

Anxiolytics

Anxiolytics, Other

<i>bupirone hcl</i>	gen	
<i>meprobamate</i>	gen	PA - FOR NEW STARTS ONLY
<i>oxazepam</i>	gen	QL (4 PER 1 DAYS)
<i>triazolam 0.125 mg tablet</i>	gen	QL (4 PER 1 DAYS)
<i>triazolam 0.25 mg tablet</i>	gen	QL (2 PER 1 DAYS)

Benzodiazepines

<i>alprazolam (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tablet, 0.5 mg tab rapdis, 1 mg tablet, 1 mg tab rapdis)</i>	gen	QL (4 PER 1 DAYS)
<i>alprazolam (0.5 mg tab er 24h, 1 mg tab er 24h, 3 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>alprazolam (2 mg tablet, 2 mg tab er 24h, 2 mg tab rapdis)</i>	gen	QL (5 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>alprazolam 1 mg/ml oral conc</i>	gen	QL (10 PER 1 DAYS)
<i>chlordiazepoxide hcl 10 mg capsule</i>	gen	PA - FOR NEW STARTS ONLY, QL (30 PER 1 DAYS)
<i>chlordiazepoxide hcl 25 mg capsule</i>	gen	PA - FOR NEW STARTS ONLY, QL (12 PER 1 DAYS)
<i>chlordiazepoxide hcl 5 mg capsule</i>	gen	PA - FOR NEW STARTS ONLY, QL (60 PER 1 DAYS)
<i>lorazepam 0.5 mg tablet</i>	gen	QL (20 PER 1 DAYS)
<i>lorazepam 1 mg tablet</i>	gen	QL (10 PER 1 DAYS)
<i>lorazepam 2 mg tablet</i>	gen	QL (5 PER 1 DAYS)

Bipolar Agents

Mood Stabilizers

<i>carbamazepine (100 mg cpmp 12hr, 200 mg cpmp 12hr, 300 mg cpmp 12hr)</i>	gen	
<i>lithium carbonate</i>	gen	
<i>lithium citrate</i>	gen	

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose</i>	gen	
<i>alogliptin benzoate</i>	gen	PA, QL (1 PER 1 DAYS)
<i>alogliptin benzoate/metformin hcl</i>	gen	PA, QL (2 PER 1 DAYS)
<i>alogliptin benzoate/pioglitazone hcl</i>	gen	PA, QL (1 PER 1 DAYS)
AVANDIA	npd	PA
BYETTA 10 MCG DOSE PEN INJ	npd	QL (2.4 PER 28 DAYS OVER TIME)
BYETTA 5 MCG DOSE PEN INJ	npd	QL (1.2 PER 28 DAYS OVER TIME)
<i>chlorpropamide</i>	gen	PA
<i>colesevelam hcl</i>	gen	
CYCLOSET	npd	ST, QL (6 PER 1 DAYS)
<i>glimepiride</i>	gen	
<i>glipizide</i>	gen	
<i>glyburide</i>	gen	PA
<i>glyburide,micronized</i>	gen	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
GLYXAMBI	brd	QL (1 PER 1 DAYS)
INVOKAMET (50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	brd	QL (2 PER 1 DAYS)
INVOKAMET 50-500 MG TABLET	brd	QL (4 PER 1 DAYS)
INVOKAMET XR	brd	QL (2 PER 1 DAYS)
INVOKANA 100 MG TABLET	brd	QL (2 PER 1 DAYS)
INVOKANA 300 MG TABLET	brd	QL (1 PER 1 DAYS)
JANUVIA	brd	QL (1 PER 1 DAYS)
JARDIANCE	brd	QL (1 PER 1 DAYS)
<i>metformin hcl (500 mg tabergr24h, 1000 mg tabergr24h)</i>	gen	PA, QL (2 PER 1 DAYS)
<i>metformin hcl (500 mg tablet, 500 mg/5ml solution, 500 mg tab er 24, 500 mg tab er 24h, 750 mg tab er 24h, 850 mg tablet, 1000 mg tab er 24, 1000 mg tablet)</i>	gen	
<i>miglitol</i>	gen	QL (3 PER 1 DAYS)
<i>nateglinide 120 mg tablet</i>	gen	QL (3 PER 1 DAYS)
<i>nateglinide 60 mg tablet</i>	gen	QL (6 PER 1 DAYS)
OZEMPIC 0.25-0.5 MG DOSE PEN	brd	QL (1.5 PER 28 DAYS OVER TIME)
OZEMPIC 1 MG DOSE PEN	brd	QL (3 PER 28 DAYS OVER TIME)
<i>pioglitazone hcl</i>	gen	
<i>repaglinide (0.5 mg tablet, 1 mg tablet)</i>	gen	QL (4 PER 1 DAYS)
<i>repaglinide 2 mg tablet</i>	gen	QL (8 PER 1 DAYS)
SYMLINPEN 120	spec	PA, QL (10.8 PER 28 DAYS OVER TIME)
SYMLINPEN 60	spec	PA, QL (12 PER 28 DAYS OVER TIME)
SYNJARDY	brd	QL (2 PER 1 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	brd	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	brd	QL (1 PER 1 DAYS)
<i>tolazamide</i>	gen	
<i>tolbutamide</i>	gen	
TRADJENTA	brd	QL (1 PER 1 DAYS)
TRULICITY	brd	QL (2 PER 30 DAYS OVER TIME)
VICTOZA 2-PAK	brd	QL (9 PER 30 DAYS OVER TIME)
VICTOZA 3-PAK	brd	QL (9 PER 30 DAYS OVER TIME)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
WELCHOL 3.75G PACKET	brd	
ACTOPLUS MET XR	brd	ST, QL (1 PER 1 DAYS)
<i>glipizide/metformin hcl</i>	gen	
<i>glyburide/metformin hcl</i>	gen	PA
JANUMET	brd	QL (2 PER 1 DAYS)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	brd	QL (1 PER 1 DAYS)
JANUMET XR 50-1,000 MG TABLET	brd	QL (2 PER 1 DAYS)
JENTADUETO	brd	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	brd	QL (2 PER 1 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	brd	QL (1 PER 1 DAYS)
<i>pioglitazone hcl/glimepiride</i>	gen	ST, QL (1 PER 1 DAYS)
<i>pioglitazone hcl/metformin hcl</i>	gen	ST
<i>repaglinide/metformin hcl</i>	gen	QL (5 PER 1 DAYS)

Glycemic Agents

GLUCAGEN 1 MG HYPOKIT	brd	QL (2 PER 2 DAYS OVER TIME)
GLUCAGON EMERGENCY KIT	brd	QL (2 PER 2 DAYS OVER TIME)
KORLYM	spec	PA, QL (4 PER 1 DAYS)
PROGLYCEM	npd	

Insulins

HUMALOG	brd	
HUMALOG JUNIOR KWIKPEN	brd	
HUMALOG KWIKPEN U-100	brd	
HUMALOG KWIKPEN U-200	brd	
HUMALOG MIX 50-50	brd	
HUMALOG MIX 50-50 KWIKPEN	brd	
HUMALOG MIX 75-25	brd	
HUMALOG MIX 75-25 KWIKPEN	brd	
HUMULIN R U-500	brd	
HUMULIN R U-500 KWIKPEN	brd	
<i>insulin syringe needle</i>	brd	
LANTUS	brd	QL (40 PER 30 DAYS OVER TIME)
LANTUS SOLOSTAR	brd	QL (45 PER 30 DAYS OVER TIME)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>pen needle, diabetic</i>	brd	
<i>syringe with needle, insulin, safety, 0.3 ml</i>	brd	
<i>syringe with needle, insulin, safety, 0.5 ml</i>	brd	
<i>syringe with needle, insulin, safety, 1 ml</i>	brd	
<i>syringe with needle,disposable,insulin 1 ml</i>	brd	
<i>syringe with needle,insulin,0.5 ml</i>	brd	
TOUJEO MAX SOLOSTAR	brd	QL (15 PER 28 DAYS OVER TIME)
TOUJEO SOLOSTAR	brd	QL (15 PER 28 DAYS OVER TIME)

Blood Products/ Modifiers/ Volume Expanders

Anticoagulants

COUMADIN	npd	
ELIQUIS 2.5 MG TABLET	brd	QL (70 PER 180 DAYS OVER TIME)
ELIQUIS 5 MG STARTER PACK	brd	QL (74 PER 180 DAYS OVER TIME)
ELIQUIS 5 MG TABLET	brd	QL (60 PER 30 DAYS OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300mg/3ml vial)</i>	inj	QL (60 PER 30 DAYS OVER TIME)
<i>enoxaparin sodium (80mg/0.8ml syringe, 120mg/.8ml syringe)</i>	inj	QL (48 PER 30 DAYS OVER TIME)
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	inj	QL (18 PER 30 DAYS OVER TIME)
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	inj	QL (24 PER 30 DAYS OVER TIME)
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	inj	QL (36 PER 30 DAYS OVER TIME)
<i>fondaparinux sodium 10mg/0.8ml syringe</i>	spec	QL (24 PER 30 DAYS OVER TIME)
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	inj	QL (15 PER 30 DAYS OVER TIME)
<i>fondaparinux sodium 5mg/0.4ml syringe</i>	spec	QL (12 PER 30 DAYS OVER TIME)
<i>fondaparinux sodium 7.5mg/0.6 syringe</i>	spec	QL (18 PER 30 DAYS OVER TIME)
FRAGMIN (10,000 UNITS/ML SYRING, 12,500 UNITS/0.5 ML)	spec	QL (14 PER 60 DAYS OVER TIME)
FRAGMIN (2,500 UNITS/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR)	inj	QL (5.6 PER 60 DAYS OVER TIME)
FRAGMIN 15,000 UNITS/0.6 ML	spec	QL (16.8 PER 60 DAYS OVER TIME)
FRAGMIN 18,000 UNITS/0.72 ML	spec	QL (20.16 PER 60 DAYS OVER TIME)
FRAGMIN 7,500 UNITS/0.3 ML SYR	spec	QL (8.4 PER 60 DAYS OVER TIME)
FRAGMIN 95,000 UNITS/3.8 ML VL	spec	QL (22.8 PER 30 DAYS OVER TIME)
<i>heparin sodium,porcine (1000/ml vial, 5000/ml vial, 5000/ml syringe, 10000/ml vial, 20000/ml vial)</i>	inj	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
IPRIVASK	spec	QL (24 PER 68 DAYS OVER TIME)
PRADAXA	npd	QL (2 PER 1 DAYS)
<i>warfarin sodium</i>	gen	
XARELTO (10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	brd	QL (1 PER 1 DAYS)
XARELTO 2.5 MG TABLET	brd	QL (2 PER 1 DAYS)
XARELTO STARTER PACK	brd	QL (51 PER 180 DAYS OVER TIME)

Blood Formation Modifiers

<i>anagrelide hcl</i>	gen	
ARANESP (10 MCG/0.4 ML SYRINGE, 40 MCG/0.4 ML SYRINGE)	inj	PA, QL (1.6 PER 28 DAYS OVER TIME)
ARANESP (100 MCG/ML VIAL, 200 MCG/ML VIAL, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	spec	PA, QL (4 PER 28 DAYS OVER TIME)
ARANESP (25 MCG/ML VIAL, 40 MCG/ML VIAL, 60 MCG/ML VIAL)	inj	PA, QL (4 PER 28 DAYS OVER TIME)
ARANESP 100 MCG/0.5 ML SYRINGE	spec	PA, QL (2 PER 28 DAYS OVER TIME)
ARANESP 150 MCG/0.3 ML SYRINGE	spec	PA, QL (1.2 PER 28 DAYS OVER TIME)
ARANESP 150 MCG/0.75 ML VIAL	spec	PA, QL (3 PER 28 DAYS OVER TIME)
ARANESP 200 MCG/0.4 ML SYRINGE	spec	PA, QL (1.68 PER 28 DAYS OVER TIME)
ARANESP 25 MCG/0.42 ML SYRING	inj	PA, QL (1.68 PER 28 DAYS OVER TIME)
ARANESP 300 MCG/0.6 ML SYRINGE	spec	PA, QL (2.4 PER 28 DAYS OVER TIME)
ARANESP 60 MCG/0.3 ML SYRINGE	inj	PA, QL (1.2 PER 28 DAYS OVER TIME)
GRANIX	spec	PA
LEUKINE	spec	PA
MIRCERA (100 MCG/0.3 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.3 ML SYRINGE)	spec	PA, QL (0.6 PER 28 DAYS OVER TIME)
MIRCERA (30 MCG/0.3 ML SYRINGE, 50 MCG/0.3 ML SYRINGE, 75 MCG/0.3 ML SYRINGE)	inj	PA, QL (0.6 PER 28 DAYS OVER TIME)
MOZOBIL	spec	PA
NEULASTA	spec	PA
NEUPOGEN	spec	PA
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL)	inj	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	spec	PA
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET)	spec	PA, QL (1 PER 1 DAYS)
PROMACTA (25 MG TABLET, 50 MG TABLET)	spec	PA, QL (3 PER 1 DAYS)
PROMACTA 75 MG TABLET	spec	PA, QL (2 PER 1 DAYS)
TAVALISSE	spec	PA, QL (2 PER 1 DAYS)
ZARXIO	spec	PA

Hemostasis Agents

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

Platelet Modifying Agents

<i>aspirin/dipyridamole</i>	gen	
BRILINTA	brd	QL (2 PER 1 DAYS)
<i>cilostazol</i>	gen	
<i>clopidogrel bisulfate 75 mg tablet</i>	gen	QL (1 PER 1 DAYS)
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	gen	PA
<i>prasugrel hcl</i>	gen	QL (1 PER 1 DAYS)
<i>ticlopidine hcl</i>	gen	
ZONTIVITY	npd	QL (1 PER 1 DAYS)

Cardiovascular Agents

Alpha-adrenergic Agonists

<i>clonidine</i>	gen	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	gen	
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	gen	
<i>methyldopa</i>	gen	
<i>midodrine hcl</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
NORTHERA 100 MG CAPSULE	spec	PA, QL (252 PER 90 DAYS OVER TIME)
NORTHERA 200 MG CAPSULE	spec	PA, QL (126 PER 90 DAYS OVER TIME)
NORTHERA 300 MG CAPSULE	spec	PA, QL (84 PER 90 DAYS OVER TIME)

Alpha-adrenergic Blocking Agents

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

Angiotensin II Receptor Antagonists

<i>candesartan cilexetil 16 mg tablet</i>	gen	ST, QL (2 PER 1 DAYS)
<i>candesartan cilexetil 32 mg tablet</i>	gen	ST, QL (1 PER 1 DAYS)
<i>candesartan cilexetil 4 mg tablet</i>	gen	ST, QL (8 PER 1 DAYS)
<i>candesartan cilexetil 8 mg tablet</i>	gen	ST, QL (4 PER 1 DAYS)
ENTRESTO	brd	QL (2 PER 1 DAYS)
<i>eprosartan mesylate</i>	gen	ST, QL (1 PER 1 DAYS)
<i>irbesartan</i>	gen	QL (1 PER 1 DAYS)
<i>losartan potassium</i>	gen	QL (1 PER 1 DAYS)
<i>olmesartan medoxomil</i>	gen	QL (1 PER 1 DAYS)
<i>telmisartan (20 mg tablet, 40 mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>telmisartan 80 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	gen	QL (2 PER 1 DAYS)
<i>valsartan 320 mg tablet</i>	gen	QL (1 PER 1 DAYS)

Angiotensin-converting Enzyme (ACE) Inhibitors

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>moexipril hcl</i>	gen	
<i>perindopril erbumine (2 mg tablet, 4 mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>perindopril erbumine 8 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>quinapril hcl</i>	gen	QL (2 PER 1 DAYS)
<i>ramipril</i>	gen	
<i>trandolapril (1 mg tablet, 2 mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>trandolapril 4 mg tablet</i>	gen	QL (2 PER 1 DAYS)

Antiarrhythmics

<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	gen	
<i>disopyramide phosphate</i>	gen	
<i>dofetilide</i>	gen	
<i>flecainide acetate</i>	gen	
<i>mexiletine hcl</i>	gen	
MULTAQ	brd	QL (2 PER 1 DAYS)
<i>propafenone hcl</i>	gen	
<i>quinidine gluconate 324 mg tablet er</i>	gen	
<i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>	gen	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	gen	

Beta-adrenergic Blocking Agents

<i>acebutolol hcl</i>	gen	
<i>atenolol</i>	gen	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	gen	
<i>bisoprolol fumarate</i>	gen	
BYSTOLIC	brd	
<i>carvedilol</i>	gen	
<i>carvedilol phosphate</i>	gen	ST
INNOPRAN XL	npd	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	gen	
<i>metoprolol succinate</i>	gen	
<i>metoprolol tartrate (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
nadolol	gen	
pindolol	gen	
propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40mg/5ml solution, 40 mg tablet, 60 mg tablet, 60 mg cap sa 24h, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)	gen	
propranolol hcl 1 mg/ml vial	inj	

Calcium Channel Blocking Agents

amlodipine besylate	gen	
diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 24h, 120 mg cap er 12h, 120 mg cap sa 24h, 120 mg tablet, 120 mg cap er deg, 180 mg tab er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg cap er 24h, 240 mg cap er deg, 240 mg tab er 24h, 240 mg cap er 24h, 240 mg cap sa 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg tab er 24h, 360 mg cap er 24h, 420 mg tab er 24h, 420 mg cap sa 24h)	gen	
felodipine	gen	
isradipine	gen	
nicardipine hcl (20 mg capsule, 30 mg capsule)	gen	
nifedipine (10 mg capsule, 20 mg capsule)	gen	PA
nifedipine (30 mg tablet er, 30 mg tab er 24, 60 mg tablet er, 60 mg tab er 24, 90 mg tab er 24, 90 mg tablet er)	gen	
nimodipine	gen	
nisoldipine	gen	
NYMALIZE 60 MG/20 ML SOLUTION	spec	QL (2520 PER 180 DAYS OVER TIME)
verapamil hcl (40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg tablet er, 240 mg cap24h pel, 300 mg cap24h pct, 360 mg cap24h pel)	gen	
ALDACTAZIDE 50-50 TABLET	npd	
amiloride hcl/hydrochlorothiazide	gen	
amlodipine besylate/atorvastatin calcium	gen	QL (1 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>amlodipine besylate/benazepril hcl</i>	gen	QL (1 PER 1 DAYS)
<i>amlodipine besylate/olmesartan medoxomil</i>	gen	ST, QL (1 PER 1 DAYS)
<i>amlodipine besylate/valsartan</i>	gen	QL (1 PER 1 DAYS)
<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	gen	QL (1 PER 1 DAYS)
<i>atenolol/chlorthalidone</i>	gen	
<i>benazepril hcl/hydrochlorothiazide</i>	gen	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	gen	
BYVALSON	npd	QL (1 PER 1 DAYS)
<i>candesartan cilexetil/hydrochlorothiazide</i>	gen	ST, QL (1 PER 1 DAYS)
<i>captopril/hydrochlorothiazide</i>	gen	
DEMSEER	npd	
<i>enalapril maleate/hydrochlorothiazide</i>	gen	
<i>ezetimibe/simvastatin</i>	gen	QL (1 PER 1 DAYS)
<i>fosinopril sodium/hydrochlorothiazide</i>	gen	QL (4 PER 1 DAYS)
<i>irbesartan/hydrochlorothiazide</i>	gen	QL (1 PER 1 DAYS)
<i>lisinopril/hydrochlorothiazide</i>	gen	
<i>losartan potassium/hydrochlorothiazide</i>	gen	QL (1 PER 1 DAYS)
<i>methyldopa/hydrochlorothiazide</i>	gen	
<i>metoprolol tartrate/hydrochlorothiazide</i>	gen	
<i>moexipril hcl/hydrochlorothiazide</i>	gen	
<i>nadolol/bendroflumethiazide</i>	gen	
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	gen	PA, QL (1 PER 1 DAYS)
<i>olmesartan medoxomil/hydrochlorothiazide</i>	gen	QL (1 PER 1 DAYS)
<i>propranolol hcl/hydrochlorothiazide</i>	gen	
<i>quinapril hcl/hydrochlorothiazide</i>	gen	QL (1 PER 1 DAYS)
<i>spironolactone/hydrochlorothiazide</i>	gen	
<i>telmisartan/amlodipine besylate</i>	gen	ST, QL (1 PER 1 DAYS)
<i>telmisartan/hydrochlorothiazid 40-12.5 mg tablet</i>	gen	ST, QL (3 PER 1 DAYS)
<i>telmisartan/hydrochlorothiazide (telmisartan/hydrochlorothiazid 80 mg-25mg tablet, telmisartan/hydrochlorothiazid 80-12.5mg tablet)</i>	gen	ST, QL (2 PER 1 DAYS)

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

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

Cardiovascular Agents, Other

<i>aliskiren hemifumarate</i>	gen	QL (1 PER 1 DAYS)
CORLANOR	npd	PA, QL (2 PER 1 DAYS)
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i>	gen	PA
<i>pentoxifylline</i>	gen	
RANEXA	npd	ST, QL (2 PER 1 DAYS)
<i>ranolazine</i>	gen	QL (2 PER 1 DAYS)
<i>reserpine</i>	gen	
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	spec	PA, QL (2 PER 1 DAYS)
UPTRAVI 200-800 TITRATION PACK	spec	PA, QL (200 PER 180 DAYS OVER TIME)

Diuretics, Carbonic Anhydrase Inhibitors

<i>acetazolamide</i>	gen	
<i>methazolamide</i>	gen	

Diuretics, Loop

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>toremide</i>	gen	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	gen	
<i>eplerenone</i>	gen	
<i>spironolactone</i>	gen	
Diuretics, Thiazide		
<i>chlorothiazide</i>	gen	
<i>chlorthalidone</i>	gen	
DIURIL	npd	
<i>hydrochlorothiazide</i>	gen	
<i>indapamide</i>	gen	
<i>methyclothiazide</i>	gen	
<i>metolazone</i>	gen	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (40 mg tablet, 50 mg capsule, 120 mg tablet, 150 mg capsule, 160 mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>fenofibrate 54 mg tablet</i>	gen	QL (2 PER 1 DAYS)
<i>fenofibrate nanocrystallized (145mg tablet, 160 mg tablet)</i>	gen	QL (1 PER 1 DAYS)
<i>fenofibrate nanocrystallized 48 mg tablet</i>	gen	QL (3 PER 1 DAYS)
<i>fenofibrate,micronized (43 mg capsule, 130 mg capsule)</i>	gen	ST, QL (1 PER 1 DAYS)
<i>fenofibrate,micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i>	gen	QL (1 PER 1 DAYS)
<i>fenofibric acid</i>	gen	
<i>fenofibric acid (choline)</i>	gen	QL (1 PER 1 DAYS)
<i>gemfibrozil</i>	gen	QL (2 PER 1 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	gen	QL (1 PER 1 DAYS)
<i>fluvastatin sodium (20 mg capsule, 40 mg capsule)</i>	gen	QL (2 PER 1 DAYS)
<i>fluvastatin sodium 80 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
<i>lovastatin</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>pravastatin sodium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	gen	QL (2 PER 1 DAYS)
<i>pravastatin sodium 80 mg tablet</i>	gen	QL (1 PER 1 DAYS)
<i>rosuvastatin calcium</i>	gen	QL (1 PER 1 DAYS)
<i>simvastatin</i>	gen	QL (1 PER 1 DAYS)

Dyslipidemics, Other

<i>cholestyramine (with sugar) 4 g powd pack</i>	gen	
<i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i>	gen	
<i>colestipol hcl (1 g tablet, 5 g packet)</i>	gen	
<i>ezetimibe</i>	gen	QL (1 PER 1 DAYS)
JUXTAPID	spec	PA, QL (1 PER 1 DAYS)
KYNAMRO	spec	PA, QL (4 PER 28 DAYS OVER TIME)
<i>niacin (750 mg tab er 24h, 1000 mg tab er 24h)</i>	gen	QL (2 PER 1 DAYS)
<i>niacin 500 mg tab er 24h</i>	gen	QL (4 PER 1 DAYS)
<i>niacin 500 mg tablet</i>	gen	
<i>omega-3 acid ethyl esters</i>	gen	QL (4 PER 1 DAYS)
PRALUENT PEN	spec	PA, QL (2 PER 28 DAYS OVER TIME)
PRALUENT SYRINGE	spec	PA, QL (2 PER 28 DAYS OVER TIME)
REPATHA PUSHTRONEX	spec	PA, QL (3.5 PER 28 DAYS OVER TIME)
REPATHA SURECLICK	spec	PA, QL (2 PER 28 DAYS OVER TIME)
REPATHA SYRINGE	spec	PA, QL (2 PER 28 DAYS OVER TIME)

Vasodilators, Direct-acting Arterial

BIDIL	npd	PA, QL (6 PER 1 DAYS)
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	gen	
<i>minoxidil</i>	gen	

Vasodilators, Direct-acting Arterial/ Venous

ISORDIL	npd	
<i>isosorbide dinitrate</i>	gen	
<i>isosorbide mononitrate</i>	gen	
NITRO-BID	brd	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	brd	
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4mg/hr patch td24, 0.4 mg tab subl, 0.6mg/hr patch td24, 0.6 mg tab subl, 2.5 mg capsule er, 6.5 mg capsule er, 9 mg capsule er, 400mcg/spr spray)</i>	gen	
NITROMIST	npd	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>amphetamine sulfate 10 mg tablet</i>	gen	ST, QL (6 PER 1 DAYS)
<i>amphetamine sulfate 5 mg tablet</i>	gen	ST, QL (8 PER 1 DAYS)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h, dextroamphetamine/amphetamine 30 mg tablet)</i>	gen	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 15 mg tablet)</i>	gen	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate (5 mg tablet, 10 mg tablet)</i>	gen	
<i>dextroamphetamine sulfate 10 mg capsule er</i>	gen	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate 15 mg capsule er</i>	gen	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate 5 mg capsule er</i>	gen	QL (12 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulfate 5 mg/5 ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>dextroamphetamine/amphetamine 12.5 mg tablet</i>	gen	QL (5 PER 1 DAYS)
<i>dextroamphetamine/amphetamine 20 mg tablet</i>	gen	QL (3 PER 1 DAYS)
VYVANSE	npd	QL (1 PER 1 DAYS)

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
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Central Nervous System, Other

<i>benzphetamine hcl</i>	gen	PA, QL (3 PER 1 DAYS), ED
<i>estazolam</i>	gen	QL (1 PER 1 DAYS)
FIRDAPSE	spec	PA, LA, QL (8 PER 1 DAYS)
<i>mecamylamine hcl</i>	gen	
NUDEXTA	brd	PA, QL (2 PER 1 DAYS)
<i>phendimetrazine tartrate 35 mg tablet</i>	gen	PA
<i>riluzole</i>	gen	
<i>tetrabenazine 12.5 mg tablet</i>	spec	PA, QL (8 PER 1 DAYS)
<i>tetrabenazine 25 mg tablet</i>	spec	PA, QL (4 PER 1 DAYS)

Multiple Sclerosis Agents

AMPYRA	spec	PA, QL (2 PER 1 DAYS)
AUBAGIO	spec	PA, QL (1 PER 1 DAYS)
BETASERON	spec	PA, QL (15 PER 30 DAYS OVER TIME)
COPAXONE 40 MG/ML SYRINGE	spec	PA, QL (12 PER 28 DAYS OVER TIME)
<i>dalfampridine</i>	npd	PA, QL (2 PER 1 DAYS)
GILENYA	spec	PA, QL (1 PER 1 DAYS)
<i>glatiramer acetate 20 mg/ml syringe</i>	spec	PA, QL (30 PER 30 DAYS OVER TIME)
TECFIDERA	spec	PA, QL (2 PER 1 DAYS)
TYSABRI	spec	PA

Dental and Oral Agents

<i>cevimeline hcl</i>	gen	
<i>chlorhexidine gluconate</i>	gen	
<i>doxycycline hyclate (75 mg tablet, 150 mg tablet)</i>	gen	PA, QL (1 PER 1 DAYS)
<i>fluoride (sodium) ((sodium) 1.1 % paste (g), (sodium) 1.1 % gel (gram))</i>	gen	
KEPIVANCE	spec	PA - Part B vs D Determination
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	gen	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	gen	

Dermatological Agents

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
acitretin	gen	
adapalene (0.1 % cream (g), 0.1 % med. swab, 0.1 % solution, 0.1 % gel (gram), 0.1 % lotion, 0.3 % gel (gram), 0.3 % gel w/pump)	gen	PA
adapalene/benzoyl peroxide	gen	ST
ammonium lactate	gen	
ANALPRAM HC 2.5%-1% LOTION	brd	
azelaic acid	gen	QL (50 PER 30 DAYS OVER TIME)
AZELEX	npd	
calcipotriene (0.005 % oint. (g), 0.005 % solution, 0.005 % cream (g))	gen	
calcipotriene/betamethasone dipropionate	gen	PA
calcitriol 3 mcg/g oint. (g)	gen	
clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1.2(1)%-5% gel (gram))	gen	
clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel w/pump, phos/benzoyl 1.2%-2.5% gel w/pump)	gen	ST
clindamycin phosphate/tretinoin	gen	ST
clobetasol propionate 0.05 % spray	gen	ST, QL (125 PER 30 DAYS OVER TIME)
clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % cream (g), clotrimazole/betamethasone 1 % lotion)	gen	
CONDYLOX 0.5% GEL	brd	
CORTISPORIN	npd	
COSENTYX (2 SYRINGES)	spec	PA
COSENTYX PEN	spec	PA
COSENTYX PEN (2 PENS)	spec	PA
COSENTYX SYRINGE	spec	PA
dapsone 5 % gel (gram)	gen	PA, QL (90 PER 30 DAYS OVER TIME)
diclofenac sodium 1 % gel (gram)	gen	
diflorasone diacetate 0.05 % cream (g)	gen	ST
diflorasone diacetate/emollient base	gen	ST
doxepin hcl 5 % cream (g)	gen	
ELIDEL	brd	ST, QL (100 PER 30 DAYS OVER TIME)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
EPIDUO FORTE	brd	ST
EPIFOAM	brd	
ERYGEL	gen	
<i>erythromycin base/benzoyl peroxide</i>	gen	
<i>fluocinonide 0.1 % cream (g)</i>	gen	PA
<i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>	gen	
<i>fluorouracil 0.5 % cream (g)</i>	gen	PA, QL (30 PER 30 DAYS OVER TIME)
<i>flurandrenolide (0.05 % cream (g), 0.05 % oint. (g), 0.05 % lotion)</i>	gen	PA
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>	gen	
<i>fluticasone propionate 0.05 % lotion</i>	gen	ST
<i>imiquimod 3.75 % crm md pmp</i>	gen	ST, QL (7.5 PER 28 DAYS OVER TIME)
<i>imiquimod 5 % cream pack</i>	gen	QL (24 PER 30 DAYS OVER TIME)
<i>isotretinoin</i>	gen	
<i>lactic acid (10 % lotion, 10 % cream (g))</i>	gen	ED
<i>methoxsalen</i>	gen	
<i>nystatin/triamcinolone acetonide</i>	gen	
<i>oxiconazole nitrate</i>	gen	ST
PICATO 0.015% GEL	brd	QL (3 PER 30 DAYS OVER TIME)
PICATO 0.05% GEL	brd	QL (2 PER 30 DAYS OVER TIME)
<i>pimecrolimus</i>	gen	ST, QL (100 PER 30 DAYS OVER TIME)
<i>podofilox</i>	gen	
PRAMOSONE (1% LOTION, 2.5%-1% LOTION)	brd	
<i>prednicarbate 0.1 % cream (g)</i>	gen	
PROCTOFOAM-HC	brd	
REGRANEX	brd	PA, QL (15 PER 2 DAYS OVER TIME)
<i>salicylic acid (6 % lotion er, 6 % crm er (g), 6 % gel (gram), 6 % shampoo, 6 % foam, 6 % lotion, 6 % cream (g), 26 % liquid, 27.5 % liq-film, 28.5 % sol-filmer)</i>	gen	ED
SANTYL	brd	QL (180 PER 30 DAYS OVER TIME)
<i>selenium sulfide 2.5 % lotion</i>	gen	
<i>spinosad</i>	gen	
<i>sulfacetamide sodium (10 % shampoo, 10 % cleanser)</i>	gen	ED

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>sulfacetamide sodium/sulfur (sodium/sulfur 9 %-4 % cleanser, sodium/sulfur 10-5%(w/v) lotion, sodium/sulfur 10 %-2 % cream (g), sodium/sulfur 10-5%(w/w) lotion, sodium/sulfur 10 %-2 % cleanser, sodium/sulfur 10 %-1 % cleanser, sodium/sulfur 10 %-4 % med. pad, sodium/sulfur 10-5%(w/w) suspension, sodium/sulfur 10 %-5 % foam, sodium/sulfur 10-5%(w/w) cream (g), sodium/sulfur 10-5%(w/w) cleanser)</i>	gen	ED
<i>sulfacetamide sodium/sulfur (sodium/sulfur cream (g), sodium/sulfur lotion)</i>	gen	PA, QL (57 PER 30 DAYS OVER TIME), ED
<i>sulfacetamide sodium/sulfur 9.8%-4.8% cleanser</i>	gen	PA, QL (285 PER 30 DAYS OVER TIME), ED
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	gen	ST, QL (100 PER 30 DAYS OVER TIME)
<i>tazarotene</i>	gen	PA
<i>TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)</i>	npd	PA
<i>TOLAK</i>	brd	
<i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.025 % cream (g), 0.05 % gel (gram), 0.05 % cream (g), 0.1 % cream (g))</i>	gen	PA
<i>tretinoin microspheres (0.04 % gel (gram), 0.1 % gel (gram))</i>	gen	PA
<i>triamcinolone acetonide 0.05 % oint. (g)</i>	gen	
<i>urea (35 % foam, 39 % cream (g), 40 % foam, 45 % gel (ml), 45 % gel/pf app, 45 % lotion)</i>	gen	ST, ED
<i>urea (40 % gel (ml), 40 % cream (g), 40 % lotion, 45 % cream (g), 50 % sol/pf app)</i>	gen	ED
<i>urea 41 % cream (g)</i>	gen	QL (454 PER 30 DAYS OVER TIME), ED
<i>urea 47 % cream (g)</i>	gen	ST, QL (142 PER 30 DAYS OVER TIME), ED
<i>urea 50 % cream (g)</i>	gen	PA, ED

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/ Mineral Replacement

<i>0.9 % sodium chloride (0.9 % 0.9 % iv soln, 0.9 % pggbybk prt, 0.9 % pgy vl prt)</i>	inj	
<i>CARBAGLU</i>	spec	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CRYSVITA 10 MG/ML VIAL	spec	PA, QL (2 PER 28 DAYS OVER TIME)
CRYSVITA 20 MG/ML VIAL	spec	PA, QL (8 PER 28 DAYS OVER TIME)
CRYSVITA 30 MG/ML VIAL	spec	PA, QL (6 PER 28 DAYS OVER TIME)
KLOR-CON 10	gen	
KLOR-CON 8	gen	
KLOR-CON M15	gen	
<i>magnesium sulfate 4 meq/ml vial</i>	inj	
<i>potassium chloride (2 meq/ml vial, 2 meq/ml ampul)</i>	inj	
<i>potassium chloride (8 meq tablet er, 8 meq capsule er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 20 meq tablet er, 20meq/15ml liquid, 20 meq tab er prt, 40meq/15ml liquid)</i>	gen	
<i>potassium chloride in 0.9 % sodium chloride (20 meq/l iv soln, 40 meq/l iv soln)</i>	inj	
<i>potassium chloride in water 10meq/0.1l piggyback</i>	inj	
<i>potassium chloride in water for injection, sterile (20meq/0.1l piggyback, 40meq/0.1l piggyback)</i>	inj	PA - Part B vs D Determination
<i>sodium chloride 0.45 % 0.45 % iv soln</i>	inj	
<i>sodium chloride 2.5 meq/ml vial</i>	inj	
<i>sodium chloride 3 %</i>	inj	
<i>sodium chloride 5 %</i>	inj	
<i>sodium chloride irrigating solution</i>	gen	
SUPREP	brd	

Electrolyte/Mineral/Metal Modifiers

AMINOSYN 7%-ELECTROLYTE SOL	inj	PA - Part B vs D Determination
AMINOSYN-RF	inj	PA - Part B vs D Determination
CHEMET	brd	
<i>deferasirox</i>	spec	
DEPEN	spec	PA
EXJADE	spec	LA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	spec	PA
JADENU	spec	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
JADENU SPRINKLE	spec	
<i>potassium chloride 20 meq packet</i>	gen	
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder)</i>	gen	
<i>sodium polystyrene sulfonate/sorbitol solution</i>	gen	
<i>trientine hcl</i>	spec	PA
AMINOSYN 8.5%-ELECTROLYTES SOL	inj	PA - Part B vs D Determination
AMINOSYN II	inj	PA - Part B vs D Determination
AMINOSYN II WITH ELECTROLYTES	inj	PA - Part B vs D Determination
AMINOSYN-HBC	inj	PA - Part B vs D Determination
AMINOSYN-PF	inj	PA - Part B vs D Determination
CLINISOL	inj	PA - Part B vs D Determination
<i>dextrose 10 % and 0.2 % sodium chloride</i>	inj	
<i>dextrose 10 % and 0.45 % sodium chloride</i>	inj	
<i>dextrose 10 % in water</i>	inj	
<i>dextrose 2.5 % and 0.45 % sodium chloride</i>	inj	
<i>dextrose 5 % and 0.2 % sodium chloride</i>	inj	
<i>dextrose 5 % and 0.3 % sodium chloride</i>	inj	
<i>dextrose 5 % and 0.45 % sodium chloride</i>	inj	
<i>dextrose 5 % and 0.9 % sodium chloride</i>	inj	
<i>dextrose 5 % in lactated ringers</i>	inj	
<i>dextrose 5 % in water (5 % in pggybk prt, 5 % in pgy vl prt)</i>	inj	
<i>folic acid 1 mg tablet</i>	gen	ED
HEPATAMINE	inj	PA - Part B vs D Determination
INTRALIPID	inj	PA - Part B vs D Determination
IONOSOL MB-DEXTROSE 5%	inj	
JYNARQUE 15 MG TABLET	spec	PA, LA, QL (2 PER 1 DAYS)
JYNARQUE 30 MG TABLET	spec	PA, LA, QL (1 PER 1 DAYS)
<i>levocarnitine (with sugar)</i>	gen	
<i>levocarnitine 330 mg tablet</i>	gen	
NORMOSOL-M AND DEXTROSE	inj	
NUTRILIPID	inj	PA - Part B vs D Determination

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>parenteral amino acid 15% combination no.1</i>	inj	PA - Part B vs D Determination
<i>potassium bicarbonate/citric acid</i>	gen	ED
<i>potassium chloride in 5 % dextrose in water (20 meq/l iv soln, 40 meq/l iv soln)</i>	inj	
<i>potassium chloride in dextrose 5 % and 0.9 % sodium chloride</i>	inj	
<i>potassium chloride in dextrose 5% and 0.3 % sodium chloride</i>	inj	
<i>potassium chloride in lr-d5 20 meq/l iv soln</i>	inj	
<i>potassium chloride/d5-0.2%nacl 20 meq/l iv soln</i>	inj	
<i>potassium chloride/d5-0.45nacl 20 meq/l iv soln</i>	inj	
<i>potassium chloride/potassium bicarbonate/citric acid</i>	gen	
PREMASOL	inj	PA - Part B vs D Determination
<i>prenatal vit with calcium no.40/iron fumarate/folate no.1</i>	gen	
<i>prenatal vitamin</i>	gen	
<i>prenatal vits with calcium no.47/ferrous fum/folate no.1/dha</i>	gen	
<i>ringer's solution irrig soln</i>	gen	
<i>ringer's solution iv soln</i>	inj	
<i>ringer's solution,lactated irrig soln</i>	gen	
<i>ringer's solution,lactated iv soln</i>	inj	
SMOFLIPID	inj	PA - Part B vs D Determination
TPN ELECTROLYTES	inj	PA - Part B vs D Determination

Gastrointestinal Agents

Antispasmodics, Gastrointestinal

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>hyoscyamine sulfate (0.125 mg tablet, 0.125 mg tab rapdis, 0.125 mg tab subl, 0.125mg/ml drops, 0.375 mg tab er 12h, 125mcg/5ml elixir)</i>	gen	ED
<i>methscopolamine bromide</i>	gen	
<i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb (phenobarb/hyoscy/atropine/scop 16.2 mg tablet, phenobarb/hyoscy/atropine/scop 16.2mg/5ml elixir)</i>	gen	ED
<i>propantheline bromide</i>	gen	PA
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>	gen	QL (112 PER 14 DAYS OVER TIME)

Gastrointestinal Agents, Other

CHOLBAM 250 MG CAPSULE	spec	PA, QL (5 PER 1 DAYS)
CHOLBAM 50 MG CAPSULE	spec	PA, QL (4 PER 1 DAYS)
<i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025mg tablet, hcl/atropine 2.5-.025/5 liquid)</i>	gen	PA
GATTEX 5 MG 30-VIAL KIT	spec	PA
GATTEX 5 MG ONE-VIAL KIT	spec	PA, QL (30 PER 30 DAYS OVER TIME)
<i>hydrocortisone 2.5 % crm/pe app</i>	gen	
<i>loperamide hcl</i>	gen	
MOVANTI	brd	QL (1 PER 1 DAYS)
OICALIVA	spec	PA, QL (1 PER 1 DAYS)
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML VIAL, 12 MG/0.6 ML SYRINGE)	spec	PA
<i>ursodiol</i>	gen	

Histamine2 (H2) Receptor Antagonists

<i>cimetidine</i>	gen	
<i>cimetidine hcl</i>	gen	
<i>famotidine (20 mg tablet, 40mg/5ml oral susp, 40 mg tablet)</i>	gen	
<i>nizatidine (150 mg capsule, 150mg/10ml solution, 300 mg capsule)</i>	gen	
PEPCID 40 MG TABLET	gen	
<i>ranitidine hcl (15 mg/ml syrup, 150 mg capsule, 150 mg tablet, 300 mg tablet, 300 mg capsule)</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Irritable Bowel Syndrome Agents		
<i>alosetron hcl</i>	gen	PA
AMITIZA	brd	QL (2 PER 1 DAYS)
LINZESS	brd	QL (1 PER 1 DAYS)
Laxatives		
<i>bisacodyl/sodium chlor/sodium bicarb/potassium chl/peg 3350</i>	gen	
KRISTALOSE	npd	
<i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>	gen	
<i>lactulose 10 g packet</i>	gen	PA
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	gen	
<i>polyethylene glycol 3350 (3350 17g powd pack, 3350 17g/dose powder)</i>	gen	
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	gen	
Protectants		
CARAFATE 1 GM/10 ML SUSP	brd	
<i>misoprostol</i>	gen	
<i>sucralfate</i>	gen	
Proton Pump Inhibitors		
DEXILANT	brd	ST, QL (1 PER 1 DAYS)
<i>esomeprazole magnesium</i>	gen	
<i>esomeprazole strontium 24.65 mg capsule dr</i>	gen	ST, QL (1 PER 1 DAYS)
<i>esomeprazole strontium 49.3 mg capsule dr</i>	gen	ST, QL (6 PER 1 DAYS)
<i>lansoprazole (15 mg capsule dr, 30 mg capsule dr)</i>	gen	
<i>lansoprazole (15 mg tab rap dr, 30 mg tab rap dr)</i>	gen	ST
<i>omeprazole</i>	gen	
<i>omeprazole/sodium bicarbonate (omeprazole/sodium 20-1680mg packet, omeprazole/sodium 40-1680mg packet)</i>	gen	PA, QL (1 PER 1 DAYS)
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	gen	

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

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

Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment

ADAGEN	spec	
ALDURAZYME	spec	PA - Part B vs D Determination
CERDELGA	spec	PA, QL (2 PER 1 DAYS)
CEREZYME	spec	PA
CREON	brd	
CYSTADANE	npd	
CYSTAGON	npd	PA
ELAPRASE	spec	PA - Part B vs D Determination
FABRAZYME	spec	PA - Part B vs D Determination
KUVAN	spec	PA
LUMIZYME	spec	PA - Part B vs D Determination
<i>miglustat</i>	spec	PA, QL (3 PER 1 DAYS)
NAGLAZYME	spec	PA - Part B vs D Determination
NITYR 10 MG TABLET	spec	PA, LA, QL (14 PER 1 DAYS)
NITYR 2 MG TABLET	spec	PA, LA, QL (70 PER 1 DAYS)
NITYR 5 MG TABLET	spec	PA, LA, QL (28 PER 1 DAYS)
PROCYSBI	spec	PA
RAVICTI	spec	PA, QL (525 PER 30 DAYS OVER TIME)
<i>sodium phenylbutyrate 500 mg tablet</i>	spec	PA
STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL)	spec	PA
STRENSIQ 80 MG/0.8 ML VIAL	spec	PA, QL (38.4 PER 28 DAYS OVER TIME)
SUCRAID	spec	PA
VPRIV	spec	
ZENPEP	npd	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
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Genitourinary Agents

Antispasmodics, Urinary

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

Benign Prostatic Hypertrophy Agents

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

Genitourinary Agents, Other

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ELMIRON	brd	
JYNARQUE (45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	spec	PA, QL (56 PER 28 DAYS OVER TIME)
MUSE	brd	PA, QL (6 PER 30 DAYS OVER TIME), ED
<i>phenazopyridine hcl</i>	gen	ED
<i>potassium citrate</i>	gen	
<i>potassium citrate/citric acid</i>	gen	ED
SHOHL'S MODIFIED	gen	ED
<i>sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	gen	PA, QL (6 PER 30 DAYS OVER TIME), ED
<i>sodium phenylbutyrate 0.94 g/g powder</i>	spec	PA
<i>tadalafil 10 mg tablet</i>	gen	PA, QL (6 PER 30 DAYS OVER TIME), ED
<i>tadalafil 20 mg tablet</i>	gen	PA, QL (2 PER 1 DAYS), ED
THIOLA	spec	PA
<i>varafenafil hcl (2.5 mg tablet, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 20 mg tablet)</i>	gen	PA, QL (6 PER 30 DAYS OVER TIME)

Phosphate Binders

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

Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

ALA-CORT	gen	
<i>alclometasone dipropionate</i>	gen	
<i>amcinonide (0.1 % cream (g), 0.1 % oint. (g), 0.1 % lotion)</i>	gen	ST
<i>clobetasol propionate (0.05 % gel (gram), 0.05 % solution, 0.05 % oint. (g), 0.05 % cream (g))</i>	gen	
<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo)</i>	gen	ST
<i>clobetasol propionate 0.05 % foam</i>	gen	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>clobetasol propionate/emollient base</i>	gen	
<i>clocortolone pivalate</i>	gen	
DERMOTIC	brd	
<i>desonide (0.05 % lotion, 0.05 % oint. (g), 0.05 % cream (g))</i>	gen	
<i>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.25 % oint. (g), 0.25 % spray, 0.25 % cream (g))</i>	gen	ST
<i>dexamethasone ((27) tab ds pk, (41) tab ds pk)</i>	gen	PA
<i>dexamethasone sodium phosphate (4 mg/ml vial, 10 mg/ml vial)</i>	inj	
<i>diflorasone diacetate 0.05 % oint. (g)</i>	gen	ST
<i>fludrocortisone acetate</i>	gen	
<i>fluocinolone acetonide (0.01 % solution, 0.01 % oil, 0.01 % cream (g), 0.025 % oint. (g), 0.025 % cream (g))</i>	gen	
<i>fluocinolone acetonide oil</i>	gen	
<i>fluocinolone acetonide/shower cap</i>	gen	ST
<i>fluocinonide (0.05 % oint. (g), 0.05 % cream (g), 0.05 % gel (gram), 0.05 % solution)</i>	gen	
<i>fluocinonide/emollient base</i>	gen	
H.P. ACTHAR	spec	PA
<i>halobetasol propionate (0.05 % oint. (g), 0.05 % cream (g))</i>	gen	
<i>hydrocortisone (1 % crm/pe app, 1 % oint. (g), 1 % cream (g), 2.5 % cream (g), 2.5 % lotion, 2.5 % oint. (g), 10 mg tablet)</i>	gen	
<i>hydrocortisone 2 % lotion</i>	gen	ST, ED
<i>hydrocortisone acetate 2.5 % crm/pe app</i>	gen	
<i>hydrocortisone acetate 25 mg supp.rect</i>	gen	ED
<i>hydrocortisone butyrate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution, 0.1 % lotion)</i>	gen	ST
<i>hydrocortisone valerate</i>	gen	ST
<i>methylprednisolone 4 mg tab ds pk</i>	gen	
<i>methylprednisolone acetate</i>	inj	
<i>methylprednisolone sodium succinate</i>	inj	
<i>mometasone furoate (0.1 % oint. (g), 0.1 % cream (g), 0.1 % solution)</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>prednicarbate 0.1 % oint. (g)</i>	gen	
<i>prednisolone (5 mg (21) tab ds pk, 5 mg (48) tab ds pk)</i>	gen	
<i>prednisolone sodium phosphate (10 mg tab rapdis, 10 mg/5 ml solution, 15 mg tab rapdis, 20 mg/5 ml solution, 30 mg tab rapdis)</i>	gen	
TEXACORT	npd	
<i>triamcinolone acetonide (0.025 % oint. (g), 0.025 % cream (g), 0.025 % lotion, 0.1 % oint. (g), 0.1 % lotion, 0.1 % cream (g), 0.5 % oint. (g), 0.5 % cream (g))</i>	gen	
VERDESO	npd	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

<i>chorionic gonadotropin, human</i>	inj	
<i>desmopressin acetate (0.1 mg tablet, 0.1 mg/ml solution, 0.2 mg tablet, 10/spray spray/pump)</i>	gen	
<i>desmopressin acetate (4 mcg/ml vial, 4 mcg/ml ampul)</i>	inj	
<i>desmopressin acetate (non-refrigerated)</i>	gen	
EGRIFTA 1 MG VIAL	spec	PA, QL (60 PER 30 DAYS OVER TIME)
INCRELEX	spec	PA, LA
MYALEPT	spec	PA, LA, QL (60 PER 30 DAYS OVER TIME)
NORDITROPIN FLEXPRO	spec	PA
NOVAREL 5,000 UNIT VIAL	inj	
SEROSTIM	spec	PA
STIMATE	npd	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

Anabolic Steroids

ANADROL-50	npd	
<i>oxandrolone</i>	gen	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Androgens		
ANDROGEL (1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	npd	QL (150 PER 30 DAYS OVER TIME)
ANDROGEL 1.62%(1.25G) GEL PCKT	npd	QL (37.5 PER 30 DAYS OVER TIME)
danazol	gen	
methyltestosterone	gen	PA
testosterone (12.5/1.25g gel md pmp, 25mg(1%) gel packet, 50 mg (1%) gel packet, 50 mg (1%) gel (gram))	gen	PA, QL (300 PER 30 DAYS OVER TIME)
testosterone (2.5g-1.62% gel packet, 20.25/1.25 gel md pmp)	gen	PA, QL (150 PER 30 DAYS OVER TIME)
testosterone 1.25g-1.62 gel packet	gen	PA, QL (37.5 PER 30 DAYS OVER TIME)
testosterone 10 mg (2%) gel md pmp	gen	PA, QL (120 PER 30 DAYS OVER TIME)
testosterone 30mg/1.5ml sol md pmp	gen	PA, QL (180 PER 30 DAYS OVER TIME)
testosterone cypionate	gen	
testosterone enanthate	gen	QL (5 PER 30 DAYS OVER TIME)

Estrogens

ALORA	npd	PA, QL (16 PER 28 DAYS OVER TIME)
DEPO-ESTRADIOL	inj	
DUAVEE	brd	PA, QL (1 PER 1 DAYS)
estradiol (.025mg/24h patch tds, .0375mg/24 patch tds, 0.05mg/24h patch tds, .075mg/24h patch tds, 0.1mg/24hr patch tds)	gen	PA, QL (16 PER 28 DAYS OVER TIME)
estradiol (.025mg/24h patch tdw, .0375mg/24 patch tdw, 0.05mg/24h patch tdw, 0.06mg/24h patch tdw, .075mg/24h patch tdw, 0.1mg/24hr patch tdw)	gen	PA, QL (8 PER 28 DAYS OVER TIME)
estradiol (0.01 % cream/appl, 10 mcg tablet)	gen	
estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	gen	PA
estradiol valerate 20 mg/ml vial	gen	
ESTRING	brd	QL (1 PER 84 DAYS OVER TIME)
estrogens,esterified/methyltestosterone	gen	PA, ED
estropipate	gen	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
FEMRING	npd	QL (1 PER 84 DAYS OVER TIME)
MENEST	npd	PA
MENOSTAR	npd	PA, QL (4 PER 28 DAYS OVER TIME)
<i>norethindrone-ethinyl estrad 10-11 tablet</i>	gen	
<i>norethindrone-mestranol</i>	gen	
PREMARIN VAGINAL CREAM-APPL	brd	
CLIMARA PRO	brd	PA, QL (4 PER 28 DAYS OVER TIME)
COMBIPATCH	npd	PA, QL (8 PER 28 DAYS OVER TIME)
<i>desogestrel-ethinyl estradiol</i>	gen	
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	gen	
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	gen	
<i>estradiol valerate 40 mg/ml vial</i>	gen	
<i>estradiol/norethindrone acetate</i>	gen	PA
<i>ethinyl estradiol/drospirenone</i>	gen	
<i>ethynodiol diacetate-ethinyl estradiol</i>	gen	
<i>levonorgestrel-ethinyl estradiol</i>	gen	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	gen	
<i>norelgestromin/ethinyl estradiol</i>	gen	
<i>norethindrone</i>	gen	
<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	gen	PA
<i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	gen	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	gen	
<i>norethindrone-ethinyl estradiol (0.4-0.035 tablet, 0.5-0.035 tablet, 1 mg-35mcg tablet, 7-9-5 tablet, 7 days x 3 tablet)</i>	gen	
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	gen	
<i>norgestimate-ethinyl estradiol</i>	gen	
<i>norgestrel-ethinyl estradiol</i>	gen	
NUVARING	brd	QL (1 PER 28 DAYS OVER TIME)
PREMPHASE	brd	PA, QL (1 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PREMPRO	brd	PA, QL (1 PER 1 DAYS)

PROGESTERONE AGONISTS/ANTAGONISTS

ELLA	npd	
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Progestins

CRINONE (4% GEL, 8% GEL)	brd	PA
DEPO-PROVERA (150 MG/ML VIAL, 400 MG/ML VIAL)	inj	
<i>hydroxyprogesterone caproate</i>	spec	PA - FOR NEW STARTS ONLY
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	gen	
<i>medroxyprogesterone acetate 150 mg/ml syringe</i>	inj	PA - Part B vs D Determination
<i>medroxyprogesterone acetate 150 mg/ml vial</i>	inj	
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	gen	PA - FOR NEW STARTS ONLY
<i>megestrol acetate (400mg/10ml oral susp, 625mg/5ml oral susp)</i>	gen	PA
<i>norethindrone acetate</i>	gen	
<i>progesterone</i>	gen	
<i>progesterone, micronized</i>	gen	

Selective Estrogen Receptor Modifying Agents

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

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

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

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

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

Hormonal Agents, Suppressant (Adrenal)

LYSODREN	brd	
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Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline</i>	gen	QL (16 PER 30 DAYS OVER TIME)
FIRMAGON 2 X 120 MG KIT	spec	
FIRMAGON 80 MG KIT	inj	
<i>leuprolide acetate</i>	inj	
LUPRON DEPOT	spec	
LUPRON DEPOT-PED	spec	
<i>octreotide acetate (50 mcg/ml syringe, 50 mcg/ml ampul, 50 mcg/ml vial, 100 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 200 mcg/ml vial)</i>	inj	PA
<i>octreotide acetate (500 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 1000mcg/ml vial)</i>	spec	PA
SANDOSTATIN LAR DEPOT	spec	PA
SIGNIFOR	spec	PA, QL (60 PER 30 DAYS OVER TIME)
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML)	spec	PA
SOMATULINE DEPOT 120 MG/0.5 ML	spec	PA - FOR NEW STARTS ONLY
SOMAVERT	spec	PA, QL (30 PER 30 DAYS OVER TIME)
SYNAREL	spec	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
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Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

<i>methimazole</i>	gen	
<i>potassium iodide</i>	gen	ED
<i>propylthiouracil</i>	gen	

Immunological Agents

Angioedema Agents

BERINERT	spec	PA
CINRYZE	spec	PA
FIRAZYR	spec	PA, QL (36 PER 60 DAYS OVER TIME)
HAEGARDA	spec	PA, LA
RUCONEST	spec	PA

Immune Suppressants

AFINITOR DISPERZ 2 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
AFINITOR DISPERZ 3 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
AFINITOR DISPERZ 5 MG TABLET	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
<i>azathioprine</i>	gen	PA - Part B vs D Determination
<i>azathioprine sodium</i>	inj	PA - Part B vs D Determination
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	spec	PA, QL (4 PER 28 DAYS OVER TIME)
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	gen	PA - Part B vs D Determination
<i>cyclosporine 250 mg/5ml ampul</i>	inj	PA - Part B vs D Determination
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	gen	PA - Part B vs D Determination
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG KIT, 50 MG/ML SYRINGE)	spec	PA
ENBREL SURECLICK	spec	PA
ENVARUSUS XR	npd	PA - FOR NEW STARTS ONLY
HUMIRA	spec	PA

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

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immunizing Agents, Passive		
BIVIGAM	spec	PA
CARIMUNE NF NANOFILTERED	spec	PA
FLEBOGAMMA DIF	spec	PA
GAMMAGARD LIQUID	spec	PA
GAMMAGARD S-D	spec	PA
GAMMAKED 1 GRAM/10 ML VIAL	spec	PA
GAMMAPLEX	spec	PA
GAMUNEX-C	spec	PA
HIZENTRA 10 GRAM/50 ML VIAL	spec	PA
OCTAGAM	spec	PA
PRIVIGEN	spec	PA
THYMOGLOBULIN	spec	PA - FOR NEW STARTS ONLY
Immunomodulators		
ACTIMMUNE	spec	PA - FOR NEW STARTS ONLY
ARCALYST	spec	PA
BENLYSTA (120 MG VIAL, 400 MG VIAL)	spec	PA
ILARIS	spec	PA
<i>leflunomide</i>	gen	
RIDAURA	brd	
Vaccines		
ACTHIB	brd	
ADACEL TDAP	brd	
BCG VACCINE (TICE STRAIN)	brd	
BEXSERO	brd	
BIOTHRAX	inj	
BOOSTRIX TDAP	brd	
DAPTACEL DTAP	brd	
DIPHThERIA-TETANUS TOXOIDS-PED	brd	
ENGERIX-B ADULT	brd	PA - Part B vs D Determination
ENGERIX-B PEDIATRIC-ADOLESCENT	brd	PA - Part B vs D Determination
GARDASIL	inj	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
GARDASIL 9	brd	
HAVRIX	brd	
HIBERIX	brd	
IMOVAX RABIES VACCINE	brd	
INFANRIX DTAP	brd	
IPOL	brd	
IXIARO	inj	
KINRIX	brd	
M-M-R II VACCINE	brd	
MENACTRA	brd	
MENOMUNE-A-C-Y-W-135	brd	
MENVEO A-C-Y-W-135-DIP	brd	
PEDIARIX	brd	
PEDVAXHIB	brd	
PENTACEL ACTHIB COMPONENT	brd	
PENTACEL DTAP-IPV COMPONENT	brd	
PROQUAD	brd	
QUADRACEL DTAP-IPV	brd	
RABAVERT	brd	
RECOMBIVAX HB	brd	PA - Part B vs D Determination
ROTARIX	brd	
ROTATEQ	brd	
SHINGRIX	brd	QL (2 PER 365 DAYS OVER TIME)
TDVAX	brd	
TENIVAC	brd	
TRUMENBA	brd	
TWINRIX VACCINE SYRINGE	brd	PA - Part B vs D Determination
TWINRIX VACCINE VIAL	brd	
TYPHIM VI	inj	
VAQTA	brd	
VARIVAX VACCINE	brd	
VARIZIG 125 UNIT/1.2 ML VIAL	brd	
YF-VAX	inj	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ZOSTAVAX	inj	QL (1 PER 365 DAYS OVER TIME)

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	brd	QL (4 PER 1 DAYS)
<i>balsalazide disodium</i>	gen	
CANASA	brd	
DIPENTUM	npd	ST
<i>mesalamine (4 g/60 ml enema, 1000 mg supp.rect)</i>	gen	
<i>mesalamine 1.2 g tablet dr</i>	gen	QL (4 PER 1 DAYS)
<i>mesalamine 800 mg tablet dr</i>	gen	ST, QL (6 PER 1 DAYS)
<i>mesalamine with cleansing wipes</i>	gen	

Glucocorticoids

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

Sulfonamides

<i>sulfasalazine</i>	gen	
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MISCELLANEOUS THERAPEUTIC AGENTS

<i>bacteriostatic sodium chloride</i>	inj	
<i>inhaler, assist devices</i>	brd	
<i>insulin admin. supplies</i>	brd	PA, QL (1 PER 365 DAYS OVER TIME)
<i>methylergonovine maleate 0.2 mg tablet</i>	gen	
<i>water for irrigation,sterile</i>	gen	

Metabolic Bone Disease Agents

<i>alendronate sodium (35 mg tablet, 70 mg tablet)</i>	gen	QL (4 PER 28 DAYS OVER TIME)
<i>alendronate sodium (5 mg tablet, 10 mg tablet, 40 mg tablet)</i>	gen	QL (1 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>alendronate sodium 70 mg/75ml solution</i>	gen	QL (300 PER 28 DAYS OVER TIME)
<i>calcitonin,salmon,synthetic</i>	gen	QL (3.7 PER 30 DAYS OVER TIME)
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	gen	PA - Part B vs D Determination
<i>calcitriol 1 mcg/ml ampul</i>	inj	PA - Part B vs D Determination
<i>cinacalcet hcl</i>	gen	PA
<i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)</i>	gen	PA - Part B vs D Determination
<i>doxercalciferol (4mcg/2ml ampul, 4mcg/2ml vial)</i>	inj	PA - Part B vs D Determination
<i>ergocalciferol (vitamin d2)</i>	gen	ED
<i>etidronate disodium</i>	gen	
<i>ibandronate sodium (3 mg/3 ml vial, 3 mg/3 ml syringe)</i>	inj	PA
<i>ibandronate sodium 150 mg tablet</i>	gen	QL (1 PER 28 DAYS OVER TIME)
MIACALCIN 400 UNIT/2 ML VIAL	inj	
NATPARA	spec	PA, QL (2 PER 28 DAYS OVER TIME)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	gen	
<i>paricalcitol (2 mcg/ml vial, 5 mcg/ml vial)</i>	inj	PA - Part B vs D Determination
PROLIA	inj	PA
<i>risedronate sodium (35 mg tablet dr, 35 mg tablet)</i>	gen	ST, QL (4 PER 28 DAYS OVER TIME)
<i>risedronate sodium 150 mg tablet</i>	gen	ST, QL (1 PER 28 DAYS OVER TIME)
<i>risedronate sodium 30 mg tablet</i>	gen	ST
<i>risedronate sodium 5 mg tablet</i>	gen	ST, QL (1 PER 1 DAYS)
SENSIPAR	brd	PA - Part B vs D Determination
TYMLOS	spec	PA, QL (1.56 PER 28 DAYS OVER TIME)
XGEVA	spec	PA, QL (1.7 PER 28 DAYS OVER TIME)
<i>zoledronic acid (4 mg/5 ml vial, 4 mg vial)</i>	inj	PA - Part B vs D Determination
<i>zoledronic acid in mannitol and water for injection (acid/mannitol-water 5 mg/100ml pgybk btl, acid/mannitol-water 5 mg/100ml piggyback)</i>	inj	
<i>zoledronic acid/mannitol-water 4 mg/100ml pgybk btl</i>	inj	PA - Part B vs D Determination

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Agents		
<i>bacitracin/polymyxin b sulfate</i>	gen	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	gen	
<i>neomycin sulfate/bacitracin/polymyxin b</i>	gen	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	gen	
<i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i>	gen	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	gen	
<i>polymyxin b sulfate/trimethoprim</i>	gen	
PRED-G (1% DROPS, S.O.P. OINTMENT)	npd	
<i>tobramycin/dexamethasone</i>	gen	
ZYLET	brd	

Ophthalmic Agents, Other

<i>atropine sulfate (1 % drops, 1 % oint. (g))</i>	gen	
<i>cyclopentolate hcl</i>	gen	
CYSTARAN	spec	PA, QL (60 PER 28 DAYS OVER TIME)
<i>homatropine hbr</i>	gen	ED
LACRISERT	npd	
<i>naphazoline hcl</i>	gen	
OXERVATE	spec	PA, LA, QL (56 PER 28 DAYS)
<i>phenylephrine hcl (2.5 % drops, 10 % drops)</i>	gen	
<i>proparacaine hcl</i>	gen	
RESTASIS	brd	QL (60 PER 30 DAYS OVER TIME)
RESTASIS MULTIDOSE	brd	QL (5.5 PER 30 DAYS OVER TIME)
<i>tropicamide</i>	gen	

Ophthalmic Anti-allergy Agents

ALOCRIL	npd	
ALOMIDE	brd	

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

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

Ophthalmic Anti-inflammatories

ALREX	brd	
<i>bromfenac sodium</i>	gen	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	gen	
<i>diclofenac sodium 0.1 % drops</i>	gen	
DUREZOL	npd	
FLAREX	npd	
<i>fluorometholone</i>	gen	
<i>flurbiprofen sodium</i>	gen	
FML FORTE	npd	
FML S.O.P.	brd	
ILEVRO	brd	QL (1.7 PER 30 DAYS OVER TIME)
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	gen	
LOTEMAX (EYE DROPS, OPHTHALMIC GEL)	brd	
MAXIDEX	npd	
PROLENSA	brd	
VEXOL	npd	

Ophthalmic Antiglaucoma Agents

ALPHAGAN P 0.1% DROPS	brd	
<i>apraclonidine hcl</i>	gen	
AZOPT	brd	
<i>betaxolol hcl 0.5 % drops</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
BETIMOL	brd	
BETOPTIC S	brd	
<i>bimatoprost 0.03 % drops</i>	gen	ST, QL (5 PER 30 DAYS OVER TIME)
<i>brimonidine tartrate</i>	gen	
<i>carteolol hcl</i>	gen	
COMBIGAN	brd	
<i>dorzolamide hcl</i>	gen	
<i>dorzolamide hcl/timolol maleate</i>	gen	
<i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>	gen	QL (60 PER 30 DAYS OVER TIME)
IOPIDINE 1% EYE DROPS	brd	
<i>levobunolol hcl</i>	gen	
<i>metipranolol</i>	gen	
PHOSPHOLINE IODIDE	npd	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	gen	
SIMBRINZA	brd	
<i>timolol maleate (0.25 % sol-gel, 0.25 % drops, 0.5 % drop daily, 0.5 % drops, 0.5 % sol-gel)</i>	gen	
TIMOPTIC 0.5% OCUDOSE DROP	brd	

Ophthalmic Prostaglandin and Prostanamide Analogs

<i>latanoprost</i>	gen	
LUMIGAN	brd	QL (5 PER 30 DAYS OVER TIME)
TRAVATAN Z	brd	QL (5 PER 30 DAYS OVER TIME)

Otic Agents

CIPRO HC	npd	
CIPRODEX	npd	
COLY-MYCIN S	brd	
CORTISPORIN-TC	brd	
<i>hydrocortisone/acetic acid</i>	gen	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)</i>	gen	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>ofloxacin 300 mg tablet</i>	gen	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUITY ELLIPTA (100 MCG, 200 MCG)	brd	QL (1 PER 28 DAYS OVER TIME)
ARNUITY ELLIPTA 50 MCG INH	brd	QL (30 PER 30 DAYS OVER TIME)
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb)</i>	gen	PA - Part B vs D Determination, QL (120 PER 30 DAYS OVER TIME)
<i>budesonide 1 mg/2 ml ampul-neb</i>	gen	PA - Part B vs D Determination, QL (60 PER 30 DAYS OVER TIME)
FLOVENT 250 MCG DISKUS	brd	QL (240 PER 30 DAYS OVER TIME)
FLOVENT DISKUS (50 MCG, 100 MCG)	brd	QL (60 PER 30 DAYS OVER TIME)
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	brd	QL (24 PER 30 DAYS OVER TIME)
FLOVENT HFA 44 MCG INHALER	brd	QL (22 PER 30 DAYS OVER TIME)
<i>flunisolide</i>	gen	ST, QL (50 PER 30 DAYS OVER TIME)
<i>fluticasone propionate 50 mcg spray susp</i>	gen	QL (16 PER 30 DAYS OVER TIME)
<i>mometasone furoate 50 mcg spray/pump</i>	gen	ST, QL (34 PER 30 DAYS OVER TIME)
PULMICORT FLEXHALER	brd	QL (2 PER 30 DAYS OVER TIME)

Antihistamines

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

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PHENERGAN (25 MG/ML VIAL, 25 MG/ML AMPUL, 50 MG/ML VIAL, 50 MG/ML AMPUL)	inj	PA
<i>promethazine hcl (25 mg/ml vial, 25 mg/ml ampul, 50 mg/ml ampul, 50 mg/ml vial)</i>	inj	PA

Antileukotrienes

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

Bronchodilators, Anticholinergic

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

Bronchodilators, Sympathomimetic

<i>albuterol sulfate (2 mg/5 ml syrup, 2 mg tablet, 4 mg tablet, 4 mg tab er 12h, 8 mg tab er 12h)</i>	gen	
<i>albuterol sulfate 0.63mg/3ml vial-neb</i>	gen	PA - Part B vs D Determination, QL (375 PER 30 DAYS OVER TIME)
<i>albuterol sulfate 1.25mg/3ml vial-neb</i>	gen	PA - Part B vs D Determination, QL (180 PER 30 DAYS OVER TIME)
<i>albuterol sulfate 2.5 mg/0.5 vial-neb</i>	gen	PA - Part B vs D Determination
<i>albuterol sulfate 2.5 mg/3ml vial-neb</i>	gen	PA - Part B vs D Determination, QL (360 PER 30 DAYS OVER TIME)
<i>albuterol sulfate 5 mg/ml solution</i>	gen	PA - Part B vs D Determination, QL (40 PER 30 DAYS OVER TIME)
BREO ELLIPTA	brd	QL (60 PER 30 DAYS OVER TIME)
<i>epinephrine 0.3mg/0.3 auto injct</i>	gen	QL (24 PER 365 DAYS OVER TIME)
<i>epinephrine autoinjector (generic adrenaclick)</i>	gen	QL (24 PER 365 DAYS OVER TIME)
EPIPEN 2-PAK	npd	PA, QL (24 PER 365 DAYS OVER TIME)
EPIPEN JR 2-PAK	npd	PA, QL (24 PER 365 DAYS OVER TIME)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 55-14 mcg aer pow ba, propion/salmeterol 113-14 mcg aer pow ba, propion/salmeterol 232-14 mcg aer pow ba)</i>	gen	QL (1 PER 30 DAYS OVER TIME)
<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb)</i>	gen	PA, QL (288 PER 30 DAYS OVER TIME)
<i>levalbuterol hcl 1.25mg/0.5 vial-neb</i>	gen	PA, QL (90 PER 30 DAYS OVER TIME)
<i>levalbuterol tartrate</i>	gen	QL (30 PER 30 DAYS OVER TIME)
<i>metaproterenol sulfate (10 mg/5 ml syrup, 10 mg tablet, 20 mg tablet)</i>	gen	
SEREVENT DISKUS	brd	QL (60 PER 30 DAYS OVER TIME)
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	gen	
<i>terbutaline sulfate 1 mg/ml vial</i>	inj	
VENTOLIN HFA	brd	QL (36 PER 30 DAYS OVER TIME)

Cystic Fibrosis Agents

KALYDECO	spec	PA, QL (2 PER 1 DAYS)
SYMDEKO	spec	PA, QL (2 PER 1 DAYS)

Mast Cell Stabilizers

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

Phosphodiesterase Inhibitors, Airways Disease

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

Pulmonary Antihypertensives

ADCIRCA	spec	PA, QL (2 PER 1 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ADEMPAS	spec	PA, QL (3 PER 1 DAYS)
<i>ambrisentan 10 mg tablet</i>	spec	PA, QL (1 PER 1 DAYS)
<i>ambrisentan 5 mg tablet</i>	spec	PA, QL (2 PER 1 DAYS)
LETAIRIS 10 MG TABLET	spec	PA, QL (1 PER 1 DAYS)
LETAIRIS 5 MG TABLET	spec	PA, QL (2 PER 1 DAYS)
OPSUMIT	spec	PA, QL (1 PER 1 DAYS)
REVATIO 10 MG/ML ORAL SUSP	spec	PA, QL (6 PER 1 DAYS)
<i>sildenafil citrate 20 mg tablet</i>	brd	PA, QL (3 PER 1 DAYS)
TRACLEER 125 MG TABLET	spec	PA, LA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	spec	PA, QL (4 PER 1 DAYS)
TRACLEER 62.5 MG TABLET	spec	PA, LA, QL (4 PER 1 DAYS)
VENTAVIS 10 MCG/1 ML SOLUTION	spec	PA - Part B vs D Determination, QL (270 PER 30 DAYS OVER TIME)
VENTAVIS 20 MCG/1 ML SOLUTION	spec	PA - Part B vs D Determination, QL (90 PER 30 DAYS OVER TIME)

Respiratory Tract Agents, Other

<i>acetylcysteine</i>	gen	PA - Part B vs D Determination
ANORO ELLIPTA	brd	QL (60 PER 30 DAYS OVER TIME)
ARALAST NP 1,000 MG VIAL	spec	
<i>benzonatate</i>	gen	ED
BEVESPI AEROSPHERE	brd	QL (10.7 PER 28 DAYS OVER TIME)
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	gen	ED
GLASSIA	spec	
<i>guaifenesin/hydrocodone bitartrate</i>	gen	PA, QL (60 PER 1 DAYS), NDS (Non-Extended Day Supply)
<i>hydrocodone bit/homatrop me-br 5 mg-1.5mg tablet</i>	gen	QL (63 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply), ED
<i>hydrocodone bit/homatrop me-br 5-1.5 mg/5 syrup</i>	gen	QL (315 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply), ED
<i>hydrocodone bitart/chlorpheniramine maleate/pseudoephedrine</i>	gen	QL (140 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply), ED
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	gen	QL (84 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply), ED

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PROLASTIN C	spec	
<i>promethazine hcl/codeine</i>	gen	PA, QL (210 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply), ED
<i>promethazine hcl/dextromethorphan hbr</i>	gen	PA, ED
<i>promethazine/phenylephrine hcl/codeine</i>	gen	PA, QL (210 PER 30 DAYS OVER TIME), NDS (Non-Extended Day Supply), ED
<i>ribavirin 6 g vial-neb</i>	spec	PA - Part B vs D Determination
<i>sodium chloride for inhalation (3 % vial-neb, 7 % vial-neb, 10 % vial-neb)</i>	gen	ED
TYZINE 0.1% NOSE DROPS	npd	
ZEMAIRA	spec	
ADVAIR DISKUS	brd	QL (60 PER 30 DAYS OVER TIME)
ADVAIR HFA	brd	QL (12 PER 30 DAYS OVER TIME)
COMBIVENT RESPIMAT	brd	QL (4 PER 30 DAYS OVER TIME)
ESBRIET (267 MG TABLET, 267 MG CAPSULE)	spec	PA, QL (9 PER 1 DAYS)
ESBRIET 801 MG TABLET	spec	PA, QL (3 PER 1 DAYS)
FASENRA	spec	PA
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)</i>	gen	QL (60 PER 30 DAYS OVER TIME)
<i>ipratropium bromide/albuterol sulfate</i>	gen	PA - Part B vs D Determination, QL (540 PER 30 DAYS OVER TIME)
NUCALA	spec	PA, LA, QL (1 PER 28 DAYS OVER TIME)
<i>phenylephrine hcl/promethazine hcl</i>	gen	PA
PULMOZYME	spec	PA - Part B vs D Determination, QL (150 PER 30 DAYS OVER TIME)
SYMBICORT 160-4.5 MCG INHALER	brd	QL (12 PER 30 DAYS OVER TIME)
SYMBICORT 80-4.5 MCG INHALER	brd	QL (10.2 PER 30 DAYS OVER TIME)
TRELEGY ELLIPTA	brd	QL (60 PER 30 DAYS OVER TIME)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE, 150 MG VIAL)	spec	PA

Skeletal Muscle Relaxants

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>chlorzoxazone (250 mg tablet, 500 mg tablet)</i>	gen	PA, QL (4 PER 1 DAYS)
<i>chlorzoxazone (375 mg tablet, 750 mg tablet)</i>	gen	PA, QL (120 PER 30 DAYS)
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	gen	PA
<i>cyclobenzaprine hcl 15 mg cap er 24h</i>	gen	PA, QL (2 PER 1 DAYS)
<i>cyclobenzaprine hcl 30 mg cap er 24h</i>	gen	PA, QL (1 PER 1 DAYS)
<i>cyclobenzaprine hcl 7.5 mg tablet</i>	gen	PA, QL (3 PER 1 DAYS)
<i>metaxalone 400 mg tablet</i>	gen	PA, QL (4 PER 1 DAYS)
<i>metaxalone 800 mg tablet</i>	gen	PA
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	gen	PA
<i>orphenadrine citrate 100 mg tablet er</i>	gen	PA

Sleep Disorder Agents

GABA Receptor Modulators

<i>eszopiclone</i>	gen	PA, QL (1 PER 1 DAYS)
<i>flurazepam hcl</i>	gen	PA, QL (1 PER 1 DAYS)
<i>quazepam</i>	gen	PA
<i>temazepam (22.5 mg capsule, 30 mg capsule)</i>	gen	QL (1 PER 1 DAYS)
<i>temazepam 15 mg capsule</i>	gen	QL (2 PER 1 DAYS)
<i>temazepam 7.5 mg capsule</i>	gen	QL (4 PER 1 DAYS)
<i>zaleplon 10 mg capsule</i>	gen	PA, QL (2 PER 1 DAYS)
<i>zaleplon 5 mg capsule</i>	gen	PA, QL (4 PER 1 DAYS)
<i>zolpidem tartrate (1.75 mg tab subl, 3.5 mg tab subl, 10 mg tablet, 12.5 mg tab mphase)</i>	gen	PA, QL (1 PER 1 DAYS)
<i>zolpidem tartrate (5 mg tablet, 6.25 mg tab mphase)</i>	gen	PA, QL (2 PER 1 DAYS)

Sleep Disorders, Other

<i>armodafinil</i>	gen	PA, QL (1 PER 1 DAYS)
HETLIOZ	spec	PA, QL (1 PER 1 DAYS)
<i>modafinil 100 mg tablet</i>	gen	PA, QL (3 PER 1 DAYS)
<i>modafinil 200 mg tablet</i>	gen	PA, QL (2 PER 1 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ROZEREM	brd	QL (1 PER 1 DAYS)
XYREM	spec	PA, LA, QL (540 PER 30 DAYS OVER TIME)

Uncategorized

Unclassified

DOVATO	npd	QL (1 PER 1 DAYS)
<i>levorphanol tartrate 3 mg tablet</i>	gen	PA, QL (4 PER 1 DAYS), NDS (Non-Extended Day Supply)
<i>vancomycin hcl in water for injection (peg-400, nada)</i>	inj	

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ABILIFY MAINTENA 22,40

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acamprosate calcium 8

acarbose 47

acebutolol hcl 54

acetaminophen with codeine phosphate 2

acetaminophen/caffeine/dihydrocodeine
bitartrate 6

acetazolamide 57

acetic acid 11

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ADCIRCA 91

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ALDACTAZIDE 55

ALDURAZYME 71

ALECENSA 34

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amiodarone hcl.....	54	armodafinil.....	94
AMITIZA.....	70	ARMOUR THYROID.....	78
amitriptyline hcl.....	24	ARNUITY ELLIPTA.....	89
amitriptyline hcl/chlordiazepoxide.....	22	ARZERRA.....	31
amlodipine besylate.....	55	aspirin/caffeine/dihydrocodeine bitartrate..	6
amlodipine besylate/atorvastatin calcium..	55	aspirin/dipyridamole.....	52
amlodipine besylate/benazepril hcl.....	56	atazanavir sulfate.....	44
amlodipine besylate/olmesartan medoxomil.....	56	atenolol.....	54
amlodipine besylate/valsartan.....	56	atenolol/chlorthalidone.....	56
amlodipine besylate/valsartan/hydrochlorothiazide....	56	atomoxetine hcl.....	61
ammonium lactate.....	63	atorvastatin calcium.....	58
amoxapine.....	24	atovaquone.....	37
amoxicillin.....	14	atovaquone/proguanil hcl.....	37
amoxicillin/potassium clavulanate.....	14	ATRIPLA.....	43
amphetamine sulfate.....	60	atropine sulfate.....	68,86
amphotericin b.....	26	ATROVENT HFA.....	90
ampicillin sodium.....	14	AUBAGIO.....	62
ampicillin sodium/sulbactam sodium.....	14	AUGMENTIN.....	15
ampicillin trihydrate.....	14	AURYXIA.....	73
AMPYRA.....	62	AVANDIA.....	47
ANADROL-50.....	75	AVASTIN.....	31
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ANALPRAM HC.....	9,63	AZASITE.....	15
anastrozole.....	33	azathioprine.....	80
ANDROGEL.....	76	azathioprine sodium.....	80
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ANZEMET.....	25	azelastine hcl.....	87,89
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apraclonidine hcl.....	87	azithromycin.....	15
aprepitant.....	25	AZOPT.....	87
APRISO.....	84	aztreonam.....	14
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ARCALYST.....	82	baclofen.....	41
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BAVENCIO.....	31	BIVIGAM.....	82
BAXDELA.....	16	BLEPHAMIDE.....	10
BCG VACCINE (TICE STRAIN).....	82	BLEPHAMIDE S.O.P.....	10
benazepril hcl.....	53	BOOSTRIX TDAP.....	82
benazepril hcl/hydrochlorothiazide.....	56	BOSULIF.....	34
bendamustine hcl.....	29	BRAFTOVI.....	34
BENDEKA.....	29	BREO ELLIPTA.....	90
BENLYSTA.....	80,82	BRILINTA.....	52
BENZNIDAZOLE.....	38	brimonidine tartrate.....	88
benzonatate.....	92	BRIVIACT.....	17
benzphetamine hcl.....	62	bromfenac sodium.....	87
benztropine mesylate.....	38	bromocriptine mesylate.....	39
BEPREVE.....	87	brompheniramine maleate/pseudoephedrine hcl/dextromethorphan.....	92
BERINERT.....	80	budesonide.....	84,89
BESIVANCE.....	16	bumetanide.....	57
BESPONSA.....	31	buprenorphine.....	4
betamethasone dipropionate.....	9	buprenorphine hcl.....	8
betamethasone dipropionate/propylene glycol.....	10	buprenorphine hcl/naloxone hcl.....	8,9
betamethasone valerate.....	10	bupropion hcl.....	9,22
BETASERON.....	62	bupirone hcl.....	46
betaxolol hcl.....	54,87	butalbital/acetaminophen.....	2
bethanechol chloride.....	72	butalbital/acetaminophen/caffeine.....	2
BETHKIS.....	11	butalbital/acetaminophen/caffeine/codeine phosphate.....	2
BETIMOL.....	88	butalbital/aspirin/caffeine.....	2,3
BETOPTIC S.....	88	butoconazole nitrate.....	26
BEVESPI AEROSPHERE.....	92	butorphanol tartrate.....	6
bexarotene.....	37	BYETTA.....	47
BEXSERO.....	82	BYSTOLIC.....	54
bicalutamide.....	30	BYVALSON.....	56
BICILLIN C-R.....	15	C	
BICILLIN L-A.....	15	cabergoline.....	79
BIDIL.....	59	CABOMETYX.....	34
BIKTARVY.....	41	caffeine citrate.....	91
BILTRICIDE.....	37	calcipotriene.....	63
bimatoprost.....	88	calcipotriene/betamethasone dipropionate.....	63
BIOTHRAX.....	82	calcitonin,salmon,synthetic.....	85
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CAMPATH.....	31	cefuroxime axetil.....	14
CANASA.....	84	cefuroxime sodium.....	14
candesartan cilexetil.....	53	celecoxib.....	3
candesartan cilexetil/hydrochlorothiazide..	56	CELONTIN.....	18
CAPASTAT SULFATE.....	29	cephalexin.....	14
CAPRELSA.....	34	CERDELGA.....	71
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captopril/hydrochlorothiazide.....	56	cetirizine hcl.....	89
CARAFATE.....	70	cevimeline hcl.....	62
CARBAGLU.....	65	CHANTIX.....	9
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carbidopa/levodopa/entacapone.....	38	chlordiazepoxide/clidinium bromide.....	68
carbinoxamine maleate.....	89	chlorhexidine gluconate.....	62
CARIMUNE NF NANOFILTERED.....	82	chloroquine phosphate.....	38
carisoprodol.....	93	chlorothiazide.....	58
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carisoprodol/aspirin/codeine phosphate....	2	chlorpropamide.....	47
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CAYSTON.....	14	cholestyramine/aspartame.....	59
cefaclor.....	13	chorionic gonadotropin, human.....	75
cefadroxil.....	13	ciclopirox.....	26
cefazolin sodium.....	13	ciclopirox olamine.....	26
cefazolin sodium/dextrose, iso-osmotic....	13	cilostazol.....	52
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cefepime hcl.....	13	cimetidine.....	69
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cefixime.....	13	cinacalcet hcl.....	85
cefotaxime sodium.....	13	CINRYZE.....	80
cefotetan disodium.....	13	CIPRO HC.....	88
cefoxitin sodium.....	13	CIPRODEX.....	88
cefpodoxime proxetil.....	13	ciprofloxacin.....	16
cefprozil.....	13	ciprofloxacin hcl.....	16

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ciprofloxacin lactate/dextrose 5 % in water .	16	COMBIGAN	88
ciprofloxacin/ciprofloxacin hcl	16	COMBIPATCH	77
citalopram hydrobromide	23	COMBIVENT RESPIMAT	93
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clemastine fumarate	89	COMPLERA	42
CLEOCIN	11	CONDYLOX	63
CLIMARA PRO	77	COPAXONE	62
clindamycin hcl	11	COPIKTRA	31
clindamycin palmitate hcl	11	CORLANOR	57
clindamycin phosphate	11	CORTIFOAM	84
clindamycin phosphate in 0.9 % sodium chloride	11	cortisone acetate	10
clindamycin phosphate/benzoyl peroxide .	63	CORTISPORIN	63
clindamycin phosphate/dextrose 5 % in water	11	CORTISPORIN-TC	88
clindamycin phosphate/tretinoin	63	COSENTYX (2 SYRINGES)	63
CLINDESSE	11	COSENTYX PEN	63
CLINISOL	67	COSENTYX PEN (2 PENS)	63
clobazam	18,19	COSENTYX SYRINGE	63
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clomipramine hcl	24	CRESEMBA	26
clonazepam	19	CRINONE	78
clonidine	52	CRIVIVAN	44
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codeine sulfate	6	cyclosporine	80
colchicine	27	cyclosporine, modified	80
COLCRYS	27	cyproheptadine hcl	89
colesevelam hcl	47	CYRAMZA	35
colestipol hcl	59	CYSTADANE	71
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		CYSTARAN	86

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dalfampridine	62	dextroamphetamine sulf-	
DALIRESP	91	saccharate/amphetamine sulf-	
DALVANCE	12	aspartate	60,61
danazol	76	dextroamphetamine sulfate	60,61
dantrolene sodium	41	dextrose 10 % and 0.2 % sodium chloride	67
dapsone	29,63	dextrose 10 % and 0.45 % sodium chloride	67
DAPTACEL DTAP	82	dextrose 10 % in water	67
daptomycin	12	dextrose 2.5 % and 0.45 % sodium chloride	67
DARAPRIM	38	dextrose 5 % and 0.2 % sodium chloride	67
darifenacin hydrobromide	72	dextrose 5 % and 0.3 % sodium chloride	67
DARZALEX	32	dextrose 5 % and 0.45 % sodium chloride	67
DAURISMO	35	dextrose 5 % and 0.9 % sodium chloride	67
deferasirox	66	dextrose 5 % in lactated ringers	67
DELSTRIGO	42	dextrose 5 % in water	67
demeclocycline hcl	17	DIASTAT	17
DEMSER	56	DIASTAT ACUDIAL	17
DENAVIR	46	diazepam	17,18
DEPEN	66	diclofenac epolamine	3
DEPO-ESTRADIOL	76	diclofenac potassium	3
DEPO-PROVERA	78	diclofenac sodium	3,63,87
DERMOTIC	74	diclofenac sodium/misoprostol	3
DESCOVY	43	dicloxacillin sodium	15
desipramine hcl	24	dicyclomine hcl	68
desloratadine	89	didanosine	43
desmopressin acetate	75	diflorasone diacetate	63,74
desmopressin acetate (non-refrigerated)	75	diflorasone diacetate/emollient base	63
desogestrel-ethinyl estradiol	77	diflunisal	3
desogestrel-ethinyl estradiol/ethinyl		digoxin	57
estradiol	77	dihydroergotamine mesylate	28
desonide	74	DILANTIN	20
desoximetasone	74	diltiazem hcl	55
desvenlafaxine	23	DIPENTUM	84
desvenlafaxine fumarate	23	diphenhydramine hcl	89
desvenlafaxine succinate	23	diphenoxylate hcl/atropine sulfate	69
dexamethasone	10,74	DIPHThERIA-TETANUS TOXOIDS-PED	82
dexamethasone sodium phosphate	74,87	dipyridamole	52
dexchlorpheniramine maleate	89	disopyramide phosphate	54
DEXILANT	70	disulfiram	8
		DIURIL	58
		divalproex sodium	19

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dofetilide	54	enalapril maleate	53
donepezil hcl	21	enalapril maleate/hydrochlorothiazide	56
dorzolamide hcl	88	ENBREL	80
dorzolamide hcl/timolol maleate	88	ENBREL SURECLICK	80
dorzolamide hcl/timolol maleate/pf	88	ENGERIX-B ADULT	82
DOVATO	95	ENGERIX-B PEDIATRIC-ADOLESCENT	82
doxazosin mesylate	53	enoxaparin sodium	50
doxepin hcl	24,63	entacapone	38
doxercalciferol	85	entecavir	45
doxorubicin hcl	32	ENTRESTO	53
doxycycline hyclate	17,62	ENVARSUS XR	80
doxycycline monohydrate	17	EPCLUSA	45
dronabinol	25	EPIDIOLEX	18
drospirenone/ethinyl estradiol/levomefolate calcium	77	EPIDUO FORTE	64
DROXIA	30	EPIFOAM	64
DUAVEE	76	epinastine hcl	87
duloxetine hcl	23	epinephrine	90
DURAMORPH	4	epinephrine autoinjector (generic adrenaclick)	90
DUREZOL	87	EPIPEN 2-PAK	90
dutasteride	72	EPIPEN JR 2-PAK	90
dutasteride/tamsulosin hcl	72	EPIVIR HBV	45
E		eplerenone	58
econazole nitrate	26	eprosartan mesylate	53
EDURANT	42	EQUETRO	20
efavirenz	42	ERAXIS (WATER DILUENT)	26
EGRIFTA	75	ergocalciferol (vitamin d2)	85
ELAPRASE	71	ergoloid mesylates	21
eletriptan hydrobromide	28	ergotamine tartrate/caffeine	28
ELIDEL	63	ERIVEDGE	35
ELIQUIS	50	ERLEADA	30
ELIXOPHYLLIN	91	ertapenem sodium	14
ELLA	78	ERWINAZE	32
ELMIRON	73	ERY-TAB	15
EMADINE	87	ERYGEL	64
EMCYT	30	ERYPED 400	15
EMEND	25	ERYTHROCIN LACTOBIONATE	15
EMPLICITI	32	ERYTHROCIN STEARATE	15
EMSAM	22	erythromycin base	15
EMTRIVA	43	erythromycin base in ethanol	15
		erythromycin base/benzoyl peroxide	64

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on this table mean by going to page 1.

erythromycin ethylsuccinate	15	fenofibrate nanocrystallized	58
ESBRIET	93	fenofibrate, micronized	58
escitalopram oxalate	23	fenofibric acid	58
esomeprazole magnesium	70	fenofibric acid (choline)	58
esomeprazole strontium	70	fenoprofen calcium	3
estazolam	62	fentanyl	4,5
estradiol	76	fentanyl citrate	5
estradiol valerate	76,77	FENTORA	5
estradiol/norethindrone acetate	77	FERRIPROX	66
ESTRING	76	FETZIMA	23
estrogens, esterified/methyltestosterone	76	finasteride	72
estropipate	76	FIRAZYR	80
eszopiclone	94	FIRDAPSE	62
ethacrynic acid	57	FIRMAGON	79
ethambutol hcl	29	FLAREX	87
ethinyl estradiol/drospirenone	77	flavoxate hcl	72
ethosuximide	18	FLEBOGAMMA DIF	82
ethynodiol diacetate-ethinyl estradiol	77	flecainide acetate	54
etidronate disodium	85	FLOVENT DISKUS	89
etodolac	3	FLOVENT HFA	89
EURAX	38	fluconazole	26
EUTHYROX	78	fluconazole in dextrose, iso-osmotic	26
EVOTAZ	44	fluconazole in sodium chloride, iso-osmotic	26
exemestane	33	flucytosine	26
EXJADE	66	fludarabine phosphate	32
ezetimibe	59	fludrocortisone acetate	74
ezetimibe/simvastatin	56	flunisolide	89
F		fluocinolone acetonide	74
FABRAZYME	71	fluocinolone acetonide oil	74
famciclovir	46	fluocinolone acetonide/shower cap	74
famotidine	69	fluocinonide	64,74
FANAPT	40	fluocinonide/emollient base	74
FARESTON	30	fluoride (sodium)	62
FARYDAK	33	fluorometholone	87
FASENRA	93	fluorouracil	64
FASLODEX	30	fluoxetine hcl	22,23
felbamate	20	fluphenazine decanoate	39
felodipine	55	fluphenazine hcl	39
FEMRING	77	flurandrenolide	64
fenofibrate	58	flurazepam hcl	94
		flurbiprofen	4

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flurbiprofen sodium.....	87	GILENYA.....	62
flutamide.....	30	GILOTRIF.....	35
fluticasone propionate.....	64,89	GLASSIA.....	92
fluticasone propionate/salmeterol xinafoate.....	91,93	glatiramer acetate.....	62
fluvastatin sodium.....	58	GLEOSTINE.....	31
fluvoxamine maleate.....	23	glimepiride.....	47
FML FORTE.....	87	glipizide.....	47
FML S.O.P.....	87	glipizide/metformin hcl.....	49
folic acid.....	67	GLUCAGEN.....	49
fondaparinux sodium.....	50	GLUCAGON EMERGENCY KIT.....	49
fosamprenavir calcium.....	44	glyburide.....	47
fosinopril sodium.....	53	glyburide,micronized.....	47
fosinopril sodium/hydrochlorothiazide.....	56	glyburide/metformin hcl.....	49
fosphenytoin sodium.....	21	glycopyrrolate.....	68
FRAGMIN.....	50	GLYXAMBI.....	48
frovatriptan succinate.....	28	granisetron hcl.....	25,26
furosemide.....	57	granisetron hcl/pf.....	26
FUZEON.....	43	GRANIX.....	51
FYCOMPA.....	20	griseofulvin ultramicrosize.....	26
		griseofulvin, microsize.....	26
G		guaifenesin/hydrocodone bitartrate.....	92
gabapentin.....	19	guanfacine hcl.....	52,61
galantamine hbr.....	21	guanidine hcl.....	28
GAMMAGARD LIQUID.....	82		
GAMMAGARD S-D.....	82	H	
GAMMAKED.....	82	H.P. ACTHAR.....	74
GAMMAPLEX.....	82	HAEGARDA.....	80
GAMUNEX-C.....	82	HALAVEN.....	32
ganciclovir sodium.....	44	halobetasol propionate.....	74
GARDASIL.....	82	haloperidol.....	39
GARDASIL 9.....	83	haloperidol decanoate.....	39
gatifloxacin.....	16	haloperidol lactate.....	39,40
GATTEX.....	69	HARVONI.....	45
GAZYVA.....	32	HAVRIX.....	83
gemcitabine hcl.....	31	heparin sodium,porcine.....	50
gemfibrozil.....	58	HEPATAMINE.....	67
gentamicin sulfate.....	11	HERCEPTIN.....	32
gentamicin sulfate/pf.....	11	HETLIOZ.....	94
GENVOYA.....	42	HEXALEN.....	29
GEODON.....	40	HIBERIX.....	83
		HIZENTRA.....	82

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homatropine hbr.....	86	hydroxyzine hcl.....	25
HUMALOG.....	49	hydroxyzine pamoate.....	25
HUMALOG JUNIOR KWIKPEN.....	49	hyoscyamine sulfate.....	69
HUMALOG KWIKPEN U-100.....	49		
HUMALOG KWIKPEN U-200.....	49	I	
HUMALOG MIX 50-50.....	49	ibandronate sodium.....	85
HUMALOG MIX 50-50 KWIKPEN.....	49	IBRANCE.....	33
HUMALOG MIX 75-25.....	49	ibuprofen.....	4
HUMALOG MIX 75-25 KWIKPEN.....	49	ibuprofen/oxycodone hcl.....	4
HUMIRA.....	80	ICLUSIG.....	35
HUMIRA PEDIATRIC CROHN'S.....	81	IDHIFA.....	33
HUMIRA PEN.....	81	ILARIS.....	82
HUMIRA PEN CROHN'S-UC-HS.....	81	ILEVRO.....	87
HUMIRA PEN PSOR-UEVITS-ADOL HS.....	81	imatinib mesylate.....	35
HUMIRA(CF).....	81	IMBRUVICA.....	35
HUMIRA(CF) PEDIATRIC CROHN'S.....	81	IMFINZI.....	32
HUMIRA(CF) PEN.....	81	imipenem/cilastatin sodium.....	14
HUMIRA(CF) PEN CROHN'S-UC-HS.....	81	imipramine hcl.....	24
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	81	imipramine pamoate.....	24
HUMULIN R U-500.....	49	imiquimod.....	64
HUMULIN R U-500 KWIKPEN.....	49	IMOVAX RABIES VACCINE.....	83
hydralazine hcl.....	59	INCRELEX.....	75
hydrochlorothiazide.....	58	INCRUSE ELLIPTA.....	90
hydrocodone bitart/chlorpheniramine		indapamide.....	58
maleate/pseudoephedrine.....	92	INDOCIN.....	4
hydrocodone bitartrate/acetaminophen 2,6,7		indomethacin.....	4
hydrocodone bitartrate/homatropine		INFANRIX DTAP.....	83
methylbromide.....	92	inhaler, assist devices.....	84
hydrocodone polistirex/chlorpheniramine		INLYTA.....	35
polistirex.....	92	INNOPRAN XL.....	54
hydrocodone/ibuprofen.....	3	insulin admin. supplies.....	84
hydrocortisone.....	10,69,74,84	insulin syringe needle.....	49
hydrocortisone acetate.....	74	INTELENCE.....	42
hydrocortisone acetate/pramoxine hcl.....	10	INTRALIPID.....	67
hydrocortisone butyrate.....	74	INTRON A.....	45
hydrocortisone valerate.....	74	INVANZ.....	14
hydrocortisone/acetic acid.....	88	INVEGA SUSTENNA.....	40
hydromorphone hcl.....	5,7	INVEGA TRINZA.....	40
hydroxychloroquine sulfate.....	38	INVIRASE.....	44
hydroxyprogesterone caproate.....	78	INVOKAMET.....	48
hydroxyurea.....	31	INVOKAMET XR.....	48

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IONOSOL MB-DEXTROSE 5%.....	67	ketoconazole.....	27
IOPIDINE.....	88	ketoprofen.....	4
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ipratropium bromide/albuterol sulfate.....	93	KHAPZORY.....	32
I PRIVASK.....	51	KINRIX.....	83
irbesartan.....	53	KISQALI.....	33
irbesartan/hydrochlorothiazide.....	56	KISQALI FEMARA CO-PACK.....	33
IRESSA.....	35	KLOR-CON 10.....	66
ISENTRESS.....	42	KLOR-CON 8.....	66
ISENTRESS HD.....	42	KLOR-CON M15.....	66
isoniazid.....	29	KORLYM.....	49
ISORDIL.....	59	KRINTAFEL.....	38
isosorbide dinitrate.....	59	KRISTALOSE.....	70
isosorbide mononitrate.....	59	KRYSTEXXA.....	27
isotretinoin.....	64	KUVAN.....	71
isradipine.....	55	KYNAMRO.....	59
itraconazole.....	27	KYPROLIS.....	35
ivermectin.....	37		
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IXIARO.....	83	labetalol hcl.....	54
		LACRISERT.....	86
J		lactic acid.....	64
JADENU.....	66	lactulose.....	70
JADENU SPRINKLE.....	67	lamivudine.....	45
JAKAFI.....	35	lamivudine/zidovudine.....	43
JANUMET.....	49	lamotrigine.....	19,20
JANUMET XR.....	49	lansoprazole.....	70
JANUVIA.....	48	lansoprazole/amoxicillin	
JARDIANCE.....	48	trihydrate/clarithromycin.....	69
JENTADUETO.....	49	lanthanum carbonate.....	73
JENTADUETO XR.....	49	LANTUS.....	49
JULUCA.....	43	LANTUS SOLOSTAR.....	49
JUXTAPID.....	59	LARTRUVO.....	32
JYNARQUE.....	67,73	LASTACAPT.....	87
		latanoprost.....	88
K		LATUDA.....	40
KADCYLA.....	32	leflunomide.....	82
KALETRA.....	44	LENVIMA.....	35
KALYDECO.....	91	LETAIRIS.....	92

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leucovorin calcium.....	32	lorazepam.....	19,47
LEUKERAN.....	29	LORBRENA.....	34
LEUKINE.....	51	losartan potassium.....	53
leuprolide acetate.....	79	losartan potassium/hydrochlorothiazide.....	56
levabuterol hcl.....	91	LOTEMAX.....	87
levabuterol tartrate.....	91	lovastatin.....	58
levetiracetam.....	18	loxapine succinate.....	40
levetiracetam in sodium chloride, iso- osmotic.....	18	luliconazole.....	27
LEVO-T.....	78	LUMIGAN.....	88
levobunolol hcl.....	88	LUMIZYME.....	71
levocarnitine.....	67	LUPRON DEPOT.....	79
levocarnitine (with sugar).....	67	LUPRON DEPOT-PED.....	79
levocetirizine dihydrochloride.....	89	LYNPARZA.....	31
levofloxacin.....	16	LYRICA.....	18
levofloxacin/dextrose 5 % in water.....	16	LYSODREN.....	79
levoleucovorin calcium.....	32		
levonorgestrel-ethinyl estradiol.....	77	M	
levonorgestrel/ethinyl estradiol and ethinyl estradiol.....	77	M-M-R II VACCINE.....	83
levorphanol tartrate.....	5,95	magnesium sulfate.....	66
levothyroxine sodium.....	78	malathion.....	38
LEVOXYL.....	78	maprotiline hcl.....	22
LEXIVA.....	44	MARPLAN.....	22
LIBTAYO.....	32	MARQIBO.....	32
lidocaine.....	8	MATULANE.....	29
lidocaine hcl.....	8	MAVYRET.....	45
lidocaine/prilocaine.....	8	MAXIDEX.....	87
lincomycin hcl.....	12	mecamylamine hcl.....	62
lindane.....	38	meclizine hcl.....	25
linezolid.....	12	meclofenamate sodium.....	4
linezolid in dextrose 5 % in water.....	12	MEDROL.....	10
LINZESS.....	70	medroxyprogesterone acetate.....	78
liothyronine sodium.....	78	mefenamic acid.....	4
lisinopril.....	53	mefloquine hcl.....	38
lisinopril/hydrochlorothiazide.....	56	megestrol acetate.....	78
lithium carbonate.....	47	MEKINIST.....	36
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LONSURF.....	31	meloxicam.....	4
loperamide hcl.....	69	melphalan.....	29
		memantine hcl.....	21
		MENACTRA.....	83

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MENEST.....	77	metoprolol tartrate/hydrochlorothiazide....	56
MENOMUNE-A-C-Y-W-135.....	83	metronidazole.....	12
MENOSTAR.....	77	metronidazole in sodium chloride.....	12
MENVEO A-C-Y-W-135-DIP.....	83	mexiletine hcl.....	54
meperidine hcl.....	7	MIACALCIN.....	85
MEPHYTON.....	52	miconazole nitrate.....	27
meprobamate.....	46	miconazole nitrate/zinc oxide/petrolatum,white.....	27
mercaptapurine.....	81	midodrine hcl.....	52
meropenem.....	14	miglitol.....	48
mesalamine.....	84	miglustat.....	71
mesalamine with cleansing wipes.....	84	minocycline hcl.....	17
mesna.....	37	minoxidil.....	59
MESNEX.....	31,37	MIRCERA.....	51
MESTINON.....	28	mirtazapine.....	22
metaproterenol sulfate.....	91	misoprostol.....	70
metaxalone.....	94	modafinil.....	94
metformin hcl.....	48	moexipril hcl.....	54
methadone hcl.....	5	moexipril hcl/hydrochlorothiazide.....	56
methazolamide.....	57	molindone hcl.....	40
methenamine hippurate.....	12	mometasone furoate.....	74,89
methenamine mandelate.....	12	montelukast sodium.....	90
methimazole.....	80	MONUROL.....	12
methocarbamol.....	94	morphine sulfate.....	5,6,7
methotrexate sodium.....	81	morphine sulfate/pf.....	7
methotrexate sodium/pf.....	81	MOVANTIK.....	69
methoxsalen.....	64	MOXEZA.....	16
methscopolamine bromide.....	69	moxifloxacin hcl.....	16
methyclothiazide.....	58	MOZOBIL.....	51
methyl dopa.....	52	MULTAQ.....	54
methyl dopa/hydrochlorothiazide.....	56	mupirocin.....	12
methylergonovine maleate.....	84	mupirocin calcium.....	12
methylphenidate hcl.....	61	MUSE.....	73
methylprednisolone.....	10,74	MYALEPT.....	75
methylprednisolone acetate.....	74	MYCAMINE.....	27
methylprednisolone sodium succinate.....	74	mycophenolate mofetil.....	81
methyltestosterone.....	76	mycophenolate mofetil hcl.....	81
metipranolol.....	88	mycophenolate sodium.....	81
metoclopramide hcl.....	25	MYLERAN.....	29
metolazone.....	58	MYRBETRIQ.....	72
metoprolol succinate.....	54		
metoprolol tartrate.....	54		

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nabumetone	4	niacin	59
nadolol	55	nicardipine hcl	55
nadolol/bendroflumethiazide	56	NICOTROL	9
nafcillin in dextrose, iso-osmotic	15	NICOTROL NS	9
nafcillin sodium	15	nifedipine	55
naftifine hcl	27	nilutamide	30
NAGLAZYME	71	nimodipine	55
NALFON	4	NINLARO	31
naloxone hcl	9	nisoldipine	55
naltrexone hcl	8	NITRO-BID	59
NAMENDA XR	21	NITRO-DUR	60
NAMZARIC	22	nitrofurantoin	12
naphazoline hcl	86	nitrofurantoin macrocrystal	12
naproxen	4	nitrofurantoin monohydrate/macrocrystals	12
naproxen sodium	4	nitroglycerin	60
naratriptan hcl	28	NITROMIST	60
NARCAN	9	NITYR	71
NATACYN	27	nizatidine	69
nateglinide	48	NORDITROPIN FLEXPOR	75
NATPARA	85	norelgestromin/ethinyl estradiol	77
NEBUPENT	38	norethindrone	77
nefazodone hcl	22	norethindrone acetate	78
neomycin sulfate	11	norethindrone acetate-ethinyl estradiol	77
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone	86	norethindrone acetate-ethinyl estradiol/ferrous fumarate	77
neomycin sulfate/bacitracin/polymyxin b	86	norethindrone-ethinyl estradiol	77
neomycin sulfate/polymyxin b sulfate	12	norethindrone-ethinyl estradiol/ferrous fumarate	77
neomycin sulfate/polymyxin b sulfate/gramicidin d	86	norethindrone-mestranol	77
neomycin sulfate/polymyxin b sulfate/hydrocortisone	86,88	norgestimate-ethinyl estradiol	77
neomycin/polymyxin b sulfate/dexamethasone	86	norgestrel-ethinyl estradiol	77
NERLYNX	36	NORMOSOL-M AND DEXTROSE	67
NEULASTA	51	NORTHERA	53
NEUPOGEN	51	nortriptyline hcl	24
NEUPRO	39	nortriptyline oral solution (unit dose)	24
nevirapine	42	NORVIR	44
NEXAVAR	36	NOVAREL	75
		NOXAFIL	27
		NUCALA	93
		NUEDEXTA	62
		NULOJIX	81

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NUPLAZID.....	40	oxacillin sodium in iso-osmotic dextrose.....	15
NUTRILIPID.....	67	oxandrolone.....	75
NUVARING.....	77	oxaprozin.....	4
NYMALIZE.....	55	oxazepam.....	46
nystatin.....	27	oxcarbazepine.....	21
nystatin/triamcinolone acetonide.....	64	OXERVATE.....	86
O		oxiconazole nitrate.....	64
OCALIVA.....	69	OXTELLAR XR.....	21
OCTAGAM.....	82	oxybutynin chloride.....	72
octreotide acetate.....	79	oxycodone hcl.....	6,7
ODEFSEY.....	43	oxycodone hcl/acetaminophen.....	3,8
ODOMZO.....	36	oxycodone hcl/aspirin.....	3
OFEV.....	36	oxymorphone hcl.....	6,8
ofloxacin.....	16,89	OZEMPIC.....	48
olanzapine.....	40	P	
olanzapine/fluoxetine hcl.....	22	paliperidone.....	40,41
olmesartan medoxomil.....	53	PANRETIN.....	37
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide.....	56	pantoprazole sodium.....	70,71
olmesartan medoxomil/hydrochlorothiazide.....	56	parenteral amino acid 15% combination no.1.....	68
olopatadine hcl.....	87,89	paricalcitol.....	85
omega-3 acid ethyl esters.....	59	paromomycin sulfate.....	11
omeprazole.....	70	paroxetine hcl.....	23
omeprazole/sodium bicarbonate.....	70	paroxetine mesylate.....	23
ONCASPAR.....	32	PASER.....	29
ondansetron.....	26	PAXIL.....	23
ondansetron hcl.....	26	PAZEO.....	87
ondansetron hcl/pf.....	26	PCE.....	16
ONFI.....	19	PEDIARIX.....	83
ONIVYDE.....	32	PEDVAXHIB.....	83
OPDIVO.....	32	peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride.....	70
OPSUMIT.....	92	PEGANONE.....	21
ORBACTIV.....	12	PEGASYS.....	45
ORENCIA.....	81	PEGASYS PROCLICK.....	45
ORENCIA CLICKJECT.....	81	PEGINTRON.....	45
orphenadrine citrate.....	94	PEGINTRON REDIPEN.....	45
oseltamivir phosphate.....	46	pen needle, diabetic.....	50
OSPHENA.....	78	penicillin g potassium.....	15
oxacillin sodium.....	15	penicillin g procaine.....	15

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penicillin g sodium	15	polyethylene glycol 3350	70
penicillin v potassium	15	polymyxin b sulfate	12
PENTACEL ACTHIB COMPONENT	83	polymyxin b sulfate/trimethoprim	86
PENTACEL DTAP-IPV COMPONENT	83	POMALYST	30
PENTAM 300	38	PORTRAZZA	32
pentamidine isethionate	38	potassium bicarbonate/citric acid	68
pentazocine hcl/naloxone hcl	3	potassium chloride	66,67
pentoxifylline	57	potassium chloride in 0.9 % sodium chloride	66
PEPCID	69	potassium chloride in 5 % dextrose in water	68
perindopril erbumine	54	potassium chloride in dextrose 5 % and 0.9 % sodium chloride	68
permethrin	38	potassium chloride in dextrose 5 %-0.2 % sodium chloride	68
perphenazine	25	potassium chloride in dextrose 5 %-0.45 % sodium chloride	68
perphenazine/amitriptyline hcl	22	potassium chloride in dextrose 5% and 0.3 % sodium chloride	68
PERSERIS	41	potassium chloride in lactated ringers and 5 % dextrose	68
PEXEVA	23	potassium chloride in water for injection, sterile	66
phenazopyridine hcl	73	potassium chloride/potassium bicarbonate/citric acid	68
phendimetrazine tartrate	62	potassium citrate	73
phenelzine sulfate	22	potassium citrate/citric acid	73
PHENERGAN	25,90	potassium iodide	80
phenobarbital	19	POTELIGEO	32
phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb	69	POTIGA	18
phenylephrine hcl	86	PRADAXA	51
phenylephrine hcl/promethazine hcl	93	PRALUENT PEN	59
PHENYTEK	21	PRALUENT SYRINGE	59
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phenytoin sodium extended	21	PRAMOSONE	64
PHOSPHOLINE IODIDE	88	prasugrel hcl	52
phytonadione (vit k1)	52	pravastatin sodium	59
PICATO	64	praziquantel	37
PIFELTRO	42	prazosin hcl	53
pilocarpine hcl	62,88	PRED MILD	10
pimecrolimus	64	PRED-G	86
pimozide	40	prednicarbate	64,75
pindolol	55	prednisolone	10,75
pioglitazone hcl	48		
pioglitazone hcl/glimepiride	49		
pioglitazone hcl/metformin hcl	49		
piperacillin sodium/tazobactam sodium	15		
piroxicam	4		
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

prednisolone acetate	10	proparacaine hcl	86
prednisolone sodium phosphate	10,75	propranolol hcl	55
prednisone	10	propranolol hcl/hydrochlorothiazide	56
PREMARIN	77	propylthiouracil	80
PREMASOL	68	PROQUAD	83
PREMPHASE	77	PROTONIX	71
PREMPRO	78	protriptyline hcl	24
prenatal vit with calcium no.40/iron		PULMICORT FLEXHALER	89
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prenatal vitamin	68	PURIXAN	31
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PREZISTA	44	Q	
PRIFTIN	29	QUADRACEL DTAP-IPV	83
primaquine phosphate	38	quazepam	94
primidone	19	quetiapine fumarate	22
PRIMSOL	12	quinapril hcl	54
PRIVIGEN	82	quinapril hcl/hydrochlorothiazide	56
probenecid	27	quinidine gluconate	54
probenecid/colchicine	27	quinidine sulfate	54
prochlorperazine	25	quinine sulfate	38
prochlorperazine edisylate	25		
prochlorperazine maleate	25	R	
PROCRT	51,52	RABAVERT	83
PROCTOFOAM-HC	64	rabeprazole sodium	71
PROCYSBI	71	raloxifene hcl	78
progesterone	78	ramipril	54
progesterone, micronized	78	RANEXA	57
PROGLYCEM	49	ranitidine hcl	69
PROGRAF	81	ranolazine	57
PROLASTIN C	93	RAPAFLO	72
PROLENSA	87	RAPAMUNE	81
PROLIA	85	rasagiline mesylate	39
PROMACTA	52	RAVICTI	71
promethazine hcl	25,90	RECOMBIVAX HB	83
promethazine hcl/codeine	93	REGRANEX	64
promethazine hcl/dextromethorphan hbr	93	RELENZA	46
promethazine/phenylephrine hcl/codeine	93	RELISTOR	69
propafenone hcl	54	REMICADE	81
propantheline bromide	69	repaglinide	48

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REPATHA SURECLICK.....	59
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REYATAZ.....	44
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rifampin.....	29
RIFATER.....	29
riluzole.....	62
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RISPERDAL CONSTA.....	41
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ritonavir.....	44
RITUXAN.....	32
RITUXAN HYCELA.....	32
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rivastigmine tartrate.....	21
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romidepsin.....	32
ropinirole hcl.....	39
rosuvastatin calcium.....	59
ROTARIX.....	83
ROTATEQ.....	83
ROZEREM.....	95
RUBRACA.....	31
RUCONEST.....	80
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salsalate.....	4
SANDIMMUNE.....	81
SANDOSTATIN LAR DEPOT.....	79
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SAPHRIS.....	41
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selenium sulfide.....	64
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sodium chloride 0.45 %.....	66
sodium chloride 3 %.....	66
sodium chloride 5 %.....	66
sodium chloride for inhalation.....	93
sodium chloride irrigating solution.....	66
sodium chloride/sodium bicarbonate/potassium chloride/peg.....	70
sodium phenylbutyrate.....	71,73

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sodium polystyrene sulfonate	67	SYLVANT	32
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SOLTAMOX	30	SYMFI	43
SOMATULINE DEPOT	79	SYMFI LO	43
SOMAVERT	79	SYMLINPEN 120	48
sotalol hcl	54	SYMLINPEN 60	48
spinosad	64	SYMPAZAN	19
SPIRIVA	90	SYMTUZA	44
SPIRIVA RESPIMAT	90	SYNAREL	79
spironolactone	58	SYNERCID	12
spironolactone/hydrochlorothiazide	56	SYNJARDY	48
SPORANOX	27	SYNJARDY XR	48
SPRITAM	18	SYNRIBO	33
SPRYCEL	36	SYNTHROID	79
SSD	16	syringe with needle, insulin, safety, 0.3 ml	50
stavudine	43	syringe with needle, insulin, safety, 0.5 ml	50
STIMATE	75	syringe with needle, insulin, safety, 1 ml	50
STIVARGA	36	syringe with needle, disposable, insulin 1 ml	50
STRENSIQ	71	syringe with needle, insulin, 0.5 ml	50
streptomycin sulfate	11		
STRIBILD	42	T	
SUBOXONE	9	TABLOID	31
SUCRAID	71	tacrolimus	65,81
sucralfate	70	tadalafil	72,73
sulfacetamide sodium	16,64	TAFINLAR	36
sulfacetamide sodium/prednisolone sodium		TAGRISSO	36
phosphate	10	TALZENNA	36
sulfacetamide sodium/sulfur	65	tamoxifen citrate	30
sulfadiazine	17	tamsulosin hcl	72
sulfamethoxazole/trimethoprim	17	TARCEVA	36
SULFAMYLON	12	TARGRETIN	37
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sulindac	4	TAVALISSE	52
sumatriptan	28	tazarotene	65
sumatriptan succinate	28	TAZORAC	65
sumatriptan succinate/naproxen sodium	28	TDVAX	83
SUPRAX	14	TECENTRIQ	33
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terbinafine hcl.....	27	tolazamide.....	48
terbutaline sulfate.....	91	tolbutamide.....	48
terconazole.....	27	tolcapone.....	39
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testosterone enanthate.....	76	topiramate.....	20
tetrabenazine.....	62	toremifene citrate.....	30
tetracycline hcl.....	17	torseamide.....	58
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THALOMID.....	30	TOUJEO SOLOSTAR.....	50
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THIOLA.....	73	TRADJENTA.....	48
thioridazine hcl.....	40	tramadol hcl.....	6,8
thiothixene.....	40	tramadol hcl/acetaminophen.....	3
THYMOGLOBULIN.....	82	trandolapril.....	54
thyroid,pork.....	79	trandolapril/verapamil hcl.....	57
THYROLAR-1.....	79	tranexamic acid.....	52
THYROLAR-1/2.....	79	tranlycypromine sulfate.....	23
THYROLAR-1/4.....	79	TRAVATAN Z.....	88
THYROLAR-2.....	79	trazodone hcl.....	22
THYROLAR-3.....	79	TREANDA.....	30
tiagabine hcl.....	19	TRECTOR.....	29
TIBSOVO.....	33	TRELEGY ELLIPTA.....	93
ticlopidine hcl.....	52	tretinoin.....	37,65
tigecycline.....	12	tretinoin microspheres.....	65
timolol maleate.....	28,88	TREXALL.....	81
TIMOPTIC OCUDOSE.....	88	triamcinolone acetonide.....	10,62,65,75
tinidazole.....	12	triamterene/hydrochlorothiazide.....	57
TIROSINT.....	79	triazolam.....	46
TIVICAY.....	42	trientine hcl.....	67
tizanidine hcl.....	41	trifluoperazine hcl.....	40
TOBI PODHALER.....	11	trifluridine.....	46
TOBRADEX.....	11	trihexyphenidyl hcl.....	38
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tropicamide	86	VENCLEXTA STARTING PACK	31
tropium chloride	72	venlafaxine hcl	24
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TRUMENBA	83	VENTAVIS	92
TRUVADA	43	VENTOLIN HFA	91
TWINRIX	83	verapamil hcl	55
TYBOST	43	VERDESO	75
TYKERB	37	VERSACLOZ	41
TYMLOS	85	VERZENIO	34
TYPHIM VI	83	VESICARE	72
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TYZEKA	45	VIBRAMYCIN	17
TYZINE	93	VICTOZA 2-PAK	48
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U		VIDEX	43
ULORIC	27	VIDEX EC	43
UNITHROID	79	vigabatrin	19
UNITUXIN	33	VIIBRYD	24
UPTRAVI	57	VIMPAT	21
urea	65	VIRACEPT	44
ursodiol	69	VIRAMUNE	42
V		VIREAD	45
valacyclovir hcl	46	VITEKTA	42
VALCHLOR	30	VITRAKVI	33
valganciclovir hcl	44	VIZIMPRO	34
valproic acid	19	voriconazole	27
valproic acid (as sodium salt) (valproate sodium)	19	VOSEVI	45
valsartan	53	VOTRIENT	37
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vancomycin hcl	12	VRAYLAR	41
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ziprasidone hcl	41
ZIRGAN	44
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ZONTIVITY	52

ZORTRESS	81
ZOSTAVAX	84
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ZYDELIG	34
ZYKADIA	37
ZYLET	86
ZYPREXA RELPREVV	41
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This formulary was updated on 05/01/2019. For more recent information or other questions, please contact Blue Shield 65 Plus Member Services, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30, or visit blueshieldca.com/med_formulary.

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ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-776-4466 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

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El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

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

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