

# 2021

## List of Covered Drugs (Formulary)



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Updated on 09/01/2020. For more recent information or other questions, contact us at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week or visit **[www.amerhealthcaritasvipcareplus.com](http://www.amerhealthcaritasvipcareplus.com)**.

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# AmeriHealth Caritas VIP Care Plus (Medicare-Medicaid Plan) | 2021 *List of Covered Drugs* (Formulary)

## Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by AmeriHealth Caritas VIP Care Plus. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by AmeriHealth Caritas VIP Care Plus. Key terms and their definitions appear in the last chapter of the *Member Handbook*.



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit [www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com).

# Table of Contents

A. Disclaimers.....	iii
B. Frequently Asked Questions (FAQ).....	iii
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	iii
B2. Does the Drug List ever change? .....	iv
B3. What happens when there is a change to the Drug List?.....	v
B4. Are there any restrictions or limits on drug coverage? Or are there any required actions to take to get certain drugs? .....	vi
B5. How will you know if the drug you want has limits or if there are required actions to take to get the drug?.....	vi
B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)? .....	vi
B7. How can you find a drug on the Drug List? .....	vii
B8. What if the drug you want to take is not on the Drug List? .....	vii
B9. What if you are a new AmeriHealth Caritas VIP Care Plus member and can't find your drug on the Drug List or have a problem getting your drug? .....	vii
B10. Can you ask for an exception to cover your drug?.....	viii
B11. How can you ask for an exception? .....	viii
B12. How long does it take to get an exception? .....	ix
B13. What are generic drugs? .....	ix
B14. What are OTC drugs? .....	ix
B15. Does AmeriHealth Caritas VIP Care Plus cover non-drug OTC products? .....	ix
B16. What is your copay? .....	ix
B17. What are drug tiers?.....	ix
C. Overview of the <i>List of Covered Drugs</i> .....	<b>x</b>
C1. Drugs Grouped by Medical Condition .....	xi
D. Index of Covered Drugs.....	xv



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## A. Disclaimers

This is a list of drugs that members can get in AmeriHealth Caritas VIP Care Plus.

- ❖ AmeriHealth Caritas VIP Care Plus is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the AmeriHealth Caritas VIP Care Plus Member Handbook.
- **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-667-0318 (TTY 711)** de 8 a.m. a 8 p.m., los siete días de la semana. La llamada es gratuita.
- تنويه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجاناً. يُرجى الاتصال بالرقم **1-888-667-0318 (TTY 711)**، من 8 صباحاً إلى 8 مساءً، سبعة أيام في الأسبوع. المكالمات مجانية.
- ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free.
- ❖ You can make a request to get this document, now and in the future, in a language other than English or in another format simply by calling Member Services at 1-888-667-0318 (TTY 711), seven days a week, 8 a.m. to 8 p.m. We'll also ask for your preference during our Welcome Call and later in the year, when you contact the plan. The plan will store your request and continue to send future documents in this requested language or format, unless you ask us to cancel or change the request. You can cancel or change your request at any time, simply by calling Member Services. The calls are free.

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## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

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### B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 1 are the drugs covered by AmeriHealth Caritas VIP Care Plus. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- AmeriHealth Caritas VIP Care Plus will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy, **and**
  - you fill the prescription at a AmeriHealth Caritas VIP Care Plus network pharmacy.



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- AmeriHealth Caritas VIP Care Plus may have additional steps to access certain drugs (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at [www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com) or call Member Services toll-free at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week.

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## **B2. Does the Drug List ever change?**

Yes, and AmeriHealth Caritas VIP Care Plus must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (Prior approval is permission from AmeriHealth Caritas VIP Care Plus before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, see question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, or
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check AmeriHealth Caritas VIP Care Plus’ up to date Drug List online at [www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com).
- You can also call Member Services to check the current Drug List at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week.



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit [www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com).

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### B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen immediately. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
  - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know.
- If you are notified that your medication has been taken off the market and is removed from the Drug List, you should contact the provider who wrote the prescription.

**We may make other changes that affect the drugs you take.** We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. He or she can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, see question B10.



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#### **B4. Are there any restrictions or limits on drug coverage? Or are there any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from AmeriHealth Caritas VIP Care Plus before you fill your prescription. If you don't get approval, AmeriHealth Caritas VIP Care Plus may not cover the drug.
- **Quantity limits:** Sometimes AmeriHealth Caritas VIP Care Plus limits the amount of a drug you can get.
- **Step therapy:** Sometimes AmeriHealth Caritas VIP Care Plus requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1-128. You can also get more information by visiting our website at [www.amerhealthcaritasvipcareplus.com](http://www.amerhealthcaritasvipcareplus.com). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can also ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see questions B10 – B12 for more information about exceptions.

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#### **B5. How will you know if the drug you want has limits or if there are required actions to take to get the drug?**

The List of Covered Drugs on pages 1-128 has a column labeled "Necessary actions, restrictions, or limits on use."

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#### **B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. See question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.



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## **B7. How can you find a drug on the Drug List?**

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it after the drug listing on page 129. The index provides an alphabetical list of all the covered drugs. The list includes brand, generic, and over-the-counter drugs. Find your drug name in the index, and next to the drug will be a 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.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page xi. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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## **B8. What if the drug you want to take is not on the Drug List?**

If you don't see your drug on the Drug List, call Member Services at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week, and ask about it. If you learn that AmeriHealth Caritas VIP Care Plus will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see questions B10-B12 for more information about exceptions.

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## **B9. What if you are a new AmeriHealth Caritas VIP Care Plus member and can't find your drug on the Drug List or have a problem getting your drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 180 days you are a member of AmeriHealth Caritas VIP Care Plus. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, or



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- health plan rules do not let you get the amount ordered by your prescriber, or
- the drug requires prior approval by AmeriHealth Caritas VIP Care Plus, or
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility, and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new AmeriHealth Caritas VIP Care Plus member.
- This is in addition to the temporary supply during the first 180 days you are a member of AmeriHealth Caritas VIP Care Plus.

A level of care change occurs when a member changes from one treatment setting to another. Examples include entering a long-term care facility from an acute-care hospital or being discharged from hospital to home. Current members who experience a Level of Care Change are eligible to receive a transition supply of a non-formulary drug (a drug not on the Drug List) upon admission or discharge from an applicable setting.

If a member has more than one change in level of care in a month, the pharmacy will have to call Member Services to request an extension of the transition policy.

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## **B10. Can you ask for an exception to cover your drug?**

Yes. You can ask AmeriHealth Caritas VIP Care Plus to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, AmeriHealth Caritas VIP Care Plus may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

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## **B11. How can you ask for an exception?**

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9, Section 6.4, of the *Member Handbook* to learn more about exceptions.



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## **B12. How long does it take to get an exception?**

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

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## **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

AmeriHealth Caritas VIP Care Plus covers both brand name drugs and generic drugs.

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## **B14. What are OTC drugs?**

OTC stands for "over-the-counter." AmeriHealth Caritas VIP Care Plus covers some OTC drugs when they are written as prescriptions by your provider.

You can read the AmeriHealth Caritas VIP Care Plus Drug List to see what OTC drugs are covered.

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## **B15. Does AmeriHealth Caritas VIP Care Plus cover non-drug OTC products?**

AmeriHealth Caritas VIP Care Plus covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include certain contraceptives.

You can read the AmeriHealth Caritas VIP Care Plus Drug List to see what non-drug OTC products are covered.

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## **B16. What is your copay?**

As an AmeriHealth Caritas VIP Care Plus member, you have no copays for prescription and OTC drugs as long as you follow AmeriHealth Caritas VIP Care Plus' rules.

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## **B17. What are drug tiers?**

Tiers are groups of drugs. There are no copays for drugs in any tier.

- Tier 1 drugs are Part D covered generic drugs.
- Tier 2 drugs are Part D covered brand name drugs and some generic drugs.
- Tier 3 drugs are Michigan Medicaid (non-Part D) covered drugs and OTC drugs and products.



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## C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by AmeriHealth Caritas VIP Care Plus. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 129. The index alphabetically lists all drugs covered by AmeriHealth Caritas VIP Care Plus.

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

The information in the necessary actions, restrictions, or limits on use column tells you if AmeriHealth Caritas VIP Care Plus has any rules for covering your drug.

### Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

**B/D:** The prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**QL:** Quantity Limit. For certain drugs, AmeriHealth Caritas VIP Care Plus limits the amount of the drug that the plan will cover. For example, our plan provides twelve tablets per prescription for sumatriptan succinate. This may be in addition to a standard one-month or three-month supply.

**ST:** Step Therapy. In some cases, AmeriHealth Caritas VIP Care 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, AmeriHealth Caritas VIP Care Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AmeriHealth Caritas VIP Care Plus will then cover Drug B.

**PA:** Prior Authorization. AmeriHealth Caritas VIP Care Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from AmeriHealth Caritas VIP Care Plus before you fill your prescriptions. If you don't get approval, AmeriHealth Caritas VIP Care Plus may not cover the drug.

**NM:** This Prescription cannot be filled by the mail order pharmacy. Please review your *Provider and Pharmacy Directory* for more information about which pharmacies offer mail order service. For more information consult your *Provider and Pharmacy Directory* or call our Member Services department.

**MME:** This indicates an additional quantity limit on drugs in the opioid class, which is based on the morphine milligram equivalent (MME). MME is used to determine and monitor safe dosing and duration of therapy. If the amount of opioids prescribed is above the limit, but is needed, the prescriber can request the plan cover additional quantity.



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**Note:** The DP next to a drug means the drug is not a “Part D drug.”

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-888-667-0318 (TTY 711), 8 a.m. – 8 p.m., seven days a week. You can also read Chapter 9 in the Member Handbook to learn how to appeal a decision.

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## C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

Prescription type	Medical condition
Analgesics	Treatment of pain
Anesthetics	Local treatment of pain
Anti-addiction/substance abuse treatment agents	Treatment of substance abuse disorders
Antibacterials	Treatment of bacterial infections
Anticonvulsants	Treatment of seizures
Antidementia agents	Management of dementia
Antidepressants	Treatment of depression
Antiemetics	Treatment of vomiting or nausea
Antifungals	Treatment of fungal or yeast infections
Antigout agents	Treatment or prevention of gouty arthritis
Anti-inflammatory agents	Treatment of inflammation
Antimigraine agents	Treatment of migraine headaches



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Prescription type	Medical condition
Antimyasthenic agents	Treatment for myasthenia
Antimycobacterials	Treatment for infections by tuberculosis-type organisms
Antineoplastics	Treatment of cancer
Antiparasitics	Treatment of infections from parasites
Antiparkinson agents	Treatment of Parkinson's disease
Antipsychotics	Treatment of behavioral and emotional disorders
Antispasticity agents	Treatment of muscle spasms
Antivirals	Treatment of infections by viruses
Anxiolytics	Treatment of anxiety or nervousness
Bipolar agents	Treatment for bipolar illnesses
Blood glucose regulators	Control of diabetes
Blood products/modifiers/volume expanders	Prevention of clotting and increasing blood cell production
Cardiovascular agents	Treatment of conditions affecting the heart and blood vessels
Central nervous system agents	Treatment of disorders of the brain and spinal column
Dental and oral agents	Treatment of mouth and gum disorders
Dermatological agents	Treatment of skin conditions
Diabetic supplies	Supplies used for diabetes
Enzyme replacement/modifiers	Medications to replace missing or deficient enzyme production



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Prescription type	Medical condition
Gastrointestinal agents	Treatment of stomach and intestinal conditions
Genitourinary agents	Treatment of urinary tract and prostate conditions
Hormonal agents, stimulant/replacement/modifying (adrenal)	Treatment of conditions requiring steroids
Hormonal agents, stimulant/replacement/modifying (pituitary)	Treatment of pituitary gland conditions
Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers)	For the replacement or modification of sex hormones
Hormonal agents, stimulant/replacement/modifying (thyroid)	Treatment of thyroid conditions
Hormonal agents, suppressant (adrenal)	Treatment of inoperable adrenal cancer
Hormonal agents, suppressant (parathyroid)	Treatment of parathyroid conditions
Hormonal agents, suppressant (pituitary)	Treatment of or modification of pituitary hormone secretion
Hormonal agents, suppressant (thyroid)	Treatment of overactive thyroid
Immunological agents	Medications that alter the immune system including vaccinations
Inflammatory bowel disease agents	Treatment of ulcerative colitis or Crohn's disease
Metabolic bone disease agents	Treatment of bone diseases including osteoporosis
Ophthalmic agents	Treatment of eye conditions
Otic agents	Treatment of ear conditions
Respiratory tract agents	Treatment of breathing conditions



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Prescription type	Medical condition
Respiratory tract/pulmonary agents	Treatment of breathing conditions
Skeletal muscle relaxants	Treatment of muscle tightness
Sleep disorder agents	Treatment of insomnia
Therapeutic nutrients/minerals/electrolytes	Replacement or supplementation of minerals, nutrients, and vitamins



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## D. Index of Covered Drugs



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## 2021 AmeriHealth Caritas VIP Care Plus

### 2021 Member Formulary

Formulary ID 21351

**CURRENT AS OF 1/1/2021**

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Analgesics - Treatment Of Pain</b>		
<b>Analgesics, Other</b>		
<i>8 hour arthritis pain reliever tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>8hr muscle aches &amp; pain tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>acetaminophen childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>acetaminophen er tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>acetaminophen extra strength tablet 500 mg oral 500 mg</i>	3	DP
<i>acetaminophen infants suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>acetaminophen solution 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>acetaminophen solution 325 mg/10.15ml oral 325 mg/10.15ml</i>	3	DP
<i>acetaminophen solution 650 mg/20.3ml oral 650 mg/20.3ml</i>	3	DP
<i>acetaminophen suppository 120 mg rectal 120 mg</i>	3	DP
<i>acetaminophen suppository 650 mg rectal 650 mg</i>	3	DP
<i>acetaminophen tablet 325 mg oral 325 mg</i>	3	DP
<i>acetaminophen tablet 500 mg oral 500 mg</i>	3	DP
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	1	MME
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	1	MME
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	1	MME
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	MME
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	MME

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>arthritis pain relief tablet extended release 650 mg oral 650 mg</i>	3	DP
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	1	PA; MME
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	PA; MME
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	PA
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	PA; MME
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	PA
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA; MME
<i>childrens acetaminophen suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>childrens acetaminophen suspension 325 mg/10.15ml oral 325 mg/10.15ml</i>	3	DP
<i>childrens silapap liquid 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>childrens tactinal tablet chewable 80 mg oral 80 mg</i>	3	DP
<i>ed-apap liquid 160 mg/5ml oral 160 mg/5ml</i>	3	DP
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	MME
FEVERALL ADULTS SUPPOSITORY 650 MG RECTAL 650 MG	3	DP
FEVERALL CHILDRENS SUPPOSITORY 120 MG RECTAL 120 MG	3	DP
FEVERALL INFANTS SUPPOSITORY 80 MG RECTAL 80 MG	3	DP
FEVERALL JUNIOR STRENGTH SUPPOSITORY 325 MG RECTAL 325 MG	3	DP
<i>gnp 8 hour pain reliever tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>gnp acetaminophen tablet 325 mg oral 325 mg</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>gnp arthritis pain relief tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>gnp infants pain relief suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>gnp infants pain/fever suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>gnp pain &amp; fever childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>gnp pain relief extra strength tablet 500 mg oral 500 mg</i>	3	DP
<i>gnp pain relief tablet 325 mg oral 325 mg</i>	3	DP
<i>goodsense arthritis pain tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>goodsense pain &amp; fever child suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>goodsense pain &amp; fever infants suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>goodsense pain relief extra st tablet 500 mg oral 500 mg</i>	3	DP
<i>hm arthritis pain relief tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>hm pain &amp; fever childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>hm pain &amp; fever infants suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>hm pain relief extra strength tablet 500 mg oral 500 mg</i>	3	DP
<i>hm pain reliever tablet 325 mg oral 325 mg</i>	3	DP
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MME
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MME
<b>IBU ORAL TABLET 600 MG, 800 MG</b>	1	
<b>MAPAP ACETAMINOPHEN EXTRA STR LIQUID 500 MG/15ML ORAL 500 MG/15ML</b>	3	DP
<i>mapap arthritis pain tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>mapap capsule 500 mg oral 500 mg</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
MAPAP CHILDRENS TABLET CHEWABLE 80 MG ORAL 80 MG	3	DP
<i>mapap tablet 325 mg oral 325 mg</i>	3	DP
<i>m-pap liquid 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>non-aspirin childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>non-aspirin extra strength tablet 500 mg oral 500 mg</i>	3	DP
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MME
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	MME
<i>pain &amp; fever childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>pain &amp; fever infants suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>pain &amp; fever tablet 325 mg oral 325 mg</i>	3	DP
<i>pain relief extra strength tablet 500 mg oral 500 mg</i>	3	DP
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	PA; MME
PHARBETOL EXTRA STRENGTH TABLET 500 MG ORAL 500 MG	3	DP
PHARBETOL TABLET 325 MG ORAL 325 MG	3	DP
<i>qc acetaminophen 8 hours tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>qc arthritis pain relief tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>qc non-aspirin childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>qc non-aspirin extra strength tablet 500 mg oral 500 mg</i>	3	DP
<i>qc non-aspirin jr strength tablet dispersible 160 mg oral 160 mg</i>	3	DP
<i>qc pain relief childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>qc pain relief extra strength tablet 500 mg oral 500 mg</i>	3	DP
<i>qc pain relief tablet 325 mg oral 325 mg</i>	3	DP
<i>sm 8 hour pain relief tablet extended release 650 mg oral 650 mg</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>sm arthritis pain relief tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>sm arthritis pain reliever tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>sm pain &amp; fever childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>sm pain &amp; fever infants suspension 160 mg/5ml oral 160 mg/5ml</i>	3	DP
<i>sm pain reliever capsule 500 mg oral 500 mg</i>	3	DP
<i>sm pain reliever ex st tablet 500 mg oral 500 mg</i>	3	DP
<i>sm pain reliever ex st tablet extended release 650 mg oral 650 mg</i>	3	DP
<i>sm pain reliever tablet 325 mg oral 325 mg</i>	3	DP
<i>tactinal extra strength tablet 500 mg oral 500 mg</i>	3	DP
<i>tactinal tablet 325 mg oral 325 mg</i>	3	DP
<i>tension headache tablet 500-65 mg oral 500-65 mg</i>	3	DP
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	MME
<i>tri-buffered aspirin tablet 325 mg oral 325 mg</i>	3	DP
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
ADVIL CAPSULE 200 MG ORAL 200 MG	3	DP
ADVIL JUNIOR STRENGTH TABLET CHEWABLE 100 MG ORAL 100 MG	3	DP
ADVIL MIGRAINE CAPSULE 200 MG ORAL 200 MG	3	DP
ADVIL TABLET 200 MG ORAL 200 MG	3	DP
<i>all day pain relief tablet 220 mg oral 220 mg</i>	3	DP
<i>all day relief tablet 220 mg oral 220 mg</i>	3	DP
<i>aspirin adult tablet 325 mg oral 325 mg</i>	3	DP
<i>aspirin ec tablet delayed release 325 mg oral 325 mg</i>	3	DP
<i>aspirin suppository 300 mg rectal 300 mg</i>	3	DP
<i>aspirin suppository 600 mg rectal 600 mg</i>	3	DP
<i>aspirin tablet 325 mg oral 325 mg</i>	3	DP
<i>aspirin tablet delayed release 325 mg oral 325 mg</i>	3	DP

Last Updated: 09/2020

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<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
CHILDRENS ADVIL SUSPENSION 100 MG/5ML ORAL 100 MG/5ML	3	DP
<i>childrens ibuprofen suspension 100 mg/5ml oral 100 mg/5ml</i>	3	DP
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
ECPIRIN TABLET DELAYED RELEASE 325 MG ORAL 325 MG	3	DP
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>gnp all day pain relief tablet 220 mg oral 220 mg</i>	3	DP
<i>gnp aspirin tablet 325 mg oral 325 mg</i>	3	DP
<i>gnp aspirin tablet delayed release 325 mg oral 325 mg</i>	3	DP
<i>gnp childrens ibuprofen suspension 100 mg/5ml oral 100 mg/5ml</i>	3	DP
<i>gnp ibuprofen capsule 200 mg oral 200 mg</i>	3	DP
<i>gnp ibuprofen infants suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	3	DP
<i>gnp ibuprofen junior strength tablet chewable 100 mg oral 100 mg</i>	3	DP
<i>gnp ibuprofen tablet 200 mg oral 200 mg</i>	3	DP
<i>gnp naproxen sodium capsule 220 mg oral 220 mg</i>	3	DP
<i>gnp naproxen sodium tablet 220 mg oral 220 mg</i>	3	DP
<i>goodsense aspirin tablet 325 mg oral 325 mg</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>goodsense ibuprofen childrens suspension 100 mg/5ml oral 100 mg/5ml</i>	3	DP
<i>goodsense ibuprofen infants suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	3	DP
<i>goodsense ibuprofen junior st tablet chewable 100 mg oral 100 mg</i>	3	DP
<i>goodsense ibuprofen tablet 200 mg oral 200 mg</i>	3	DP
<i>goodsense naproxen sodium tablet 220 mg oral 220 mg</i>	3	DP
<i>hm aspirin ec tablet delayed release 325 mg oral 325 mg</i>	3	DP
<i>hm aspirin tablet 325 mg oral 325 mg</i>	3	DP
<i>hm ibuprofen capsule 200 mg oral 200 mg</i>	3	DP
<i>hm ibuprofen childrens suspension 100 mg/5ml oral 100 mg/5ml</i>	3	DP
<i>hm ibuprofen ib tablet 200 mg oral 200 mg</i>	3	DP
<i>hm ibuprofen ib tablet chewable 100 mg oral 100 mg</i>	3	DP
<i>hm ibuprofen infants suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	3	DP
<i>hm ibuprofen tablet 200 mg oral 200 mg</i>	3	DP
<i>hm ibuprofen tablet chewable 100 mg oral 100 mg</i>	3	DP
<i>hm naproxen sodium capsule 220 mg oral 220 mg</i>	3	DP
<i>hm naproxen sodium tablet 220 mg oral 220 mg</i>	3	DP
<i>ibu-200 tablet 200 mg oral 200 mg</i>	3	DP
<i>ibuprofen capsule 200 mg oral 200 mg</i>	3	DP
<i>ibuprofen childrens suspension 100 mg/5ml oral 100 mg/5ml</i>	3	DP
<i>ibuprofen infants drops suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	3	DP
<i>ibuprofen infants suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	3	DP
<i>ibuprofen junior strength tablet chewable 100 mg oral 100 mg</i>	3	DP
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen tablet 200 mg oral 200 mg</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>indomethacin er oral capsule extended release 75 mg</i>	1	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA
INFANTS ADVIL SUSPENSION 50 MG/1.25ML ORAL 50 MG/1.25ML	3	DP
<i>infants ibuprofen suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	3	DP
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	PA; QL (20 EA per 30 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen sodium capsule 220 mg oral 220 mg</i>	3	DP
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium tablet 220 mg oral 220 mg</i>	3	DP
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
PROVIL TABLET 200 MG ORAL 200 MG	3	DP
<i>qc aspirin tablet 325 mg oral 325 mg</i>	3	DP
<i>qc aspirin tablet delayed release 325 mg oral 325 mg</i>	3	DP
<i>qc childrens ibuprofen suspension 100 mg/5ml oral 100 mg/5ml</i>	3	DP
<i>qc enteric aspirin tablet delayed release 325 mg oral 325 mg</i>	3	DP
<i>qc ibuprofen capsule 200 mg oral 200 mg</i>	3	DP
<i>qc ibuprofen ib tablet 200 mg oral 200 mg</i>	3	DP
<i>qc ibuprofen infants suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	3	DP
<i>qc ibuprofen tablet 200 mg oral 200 mg</i>	3	DP
<i>qc naproxen sodium tablet 220 mg oral 220 mg</i>	3	DP
<i>sm aspirin ec tablet delayed release 325 mg oral 325 mg</i>	3	DP
<i>sm aspirin tablet 325 mg oral 325 mg</i>	3	DP

Last Updated: 09/2020

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



<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>sm childrens ibuprofen suspension 100 mg/5ml oral 100 mg/5ml</i>	3	DP
<i>sm ibuprofen capsule 200 mg oral 200 mg</i>	3	DP
<i>sm ibuprofen ib tablet 200 mg oral 200 mg</i>	3	DP
<i>sm ibuprofen ib tablet chewable 100 mg oral 100 mg</i>	3	DP
<i>sm ibuprofen tablet 200 mg oral 200 mg</i>	3	DP
<i>sm infants ibuprofen suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	3	DP
<i>sm naproxen sodium tablet 220 mg oral 220 mg</i>	3	DP
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<b>Opioid Analgesics, Long-Acting</b>		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	MME; QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	1	PA; MME
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	MME; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	1	MME; QL (1200 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	1	MME; QL (2400 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	1	PA; MME
<i>methadone hcl oral tablet 5 mg</i>	1	MME; QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	1	PA; MME
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	MME; QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; MME
<b>Opioid Analgesics, Short-Acting</b>		
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	MME; QL (5 ML per 30 days)
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	1	B/D; MME
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; MME; QL (120 EA per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	MME; QL (120 EA per 30 days)

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml</i>	1	MME
<i>meperidine hcl oral solution 50 mg/5ml</i>	1	PA; MME; QL (900 ML per 30 days)
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	1	PA; MME; QL (180 EA per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	MME; QL (120 EA per 30 days)
<i>nalbuphine hcl injection solution 10 mg/ml</i>	1	B/D; MME
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	MME; QL (5400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	MME; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	MME; QL (240 EA per 30 days)
<b>Anesthetics - Local Treatment Of Pain</b>		
<b>Local Anesthetics</b>		
<i>diclofenac sodium transdermal gel 1 %</i>	1	
<i>lidocaine external ointment 5 %</i>	1	
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl mouth/throat solution 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
PREPARATION H CREAM 1 % EXTERNAL 1 %	3	DP
ZTLIDO EXTERNAL PATCH 1.8 %	2	PA
<b>Anti-Addiction/ Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders</b>		
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	2	QL (56 EA per 28 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	QL (56 EA per 28 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	2	QL (56 EA per 28 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
LUCEMYRA ORAL TABLET 0.18 MG	2	PA; QL (224 EA per 14 days)
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML	2	
NICOTROL INHALATION INHALER 10 MG	2	
NICOTROL NS NASAL SOLUTION 10 MG/ML	2	
<b>Smoking Cessation Agents</b>		
<i>gnp nicotine mini lozenge 2 mg mouth/throat 2 mg</i>	3	DP
<i>gnp nicotine patch 24 hour 14 mg/24hr transdermal 14 mg/24hr</i>	3	DP
<i>gnp nicotine patch 24 hour 7 mg/24hr transdermal 7 mg/24hr</i>	3	DP
<i>gnp nicotine polacrilex gum 2 mg mouth/throat 2 mg</i>	3	DP
<i>gnp nicotine polacrilex gum 4 mg mouth/throat 4 mg</i>	3	DP
<i>gnp nicotine polacrilex lozenge 2 mg mouth/throat 2 mg</i>	3	DP
<i>gnp nicotine polacrilex lozenge 4 mg mouth/throat 4 mg</i>	3	DP
<i>goodsense nicotine gum 4 mg mouth/throat 4 mg</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>goodsense nicotine lozenge 2 mg mouth/throat 2 mg</i>	3	DP
<i>goodsense nicotine lozenge 4 mg mouth/throat 4 mg</i>	3	DP
<i>hm nicotine patch 24 hour 14 mg/24hr transdermal 14 mg/24hr</i>	3	DP
<i>hm nicotine patch 24 hour 21 mg/24hr transdermal 21 mg/24hr</i>	3	DP
<i>hm nicotine patch 24 hour 7 mg/24hr transdermal 7 mg/24hr</i>	3	DP
<i>hm nicotine polacrilex gum 2 mg mouth/throat 2 mg</i>	3	DP
<i>hm nicotine polacrilex gum 4 mg mouth/throat 4 mg</i>	3	DP
<i>hm nicotine polacrilex lozenge 2 mg mouth/throat 2 mg</i>	3	DP
<i>hm nicotine polacrilex lozenge 4 mg mouth/throat 4 mg</i>	3	DP
NICODERM CQ PATCH 24 HOUR 14 MG/24HR TRANSDERMAL 14 MG/24HR	3	DP
NICODERM CQ PATCH 24 HOUR 21 MG/24HR TRANSDERMAL 21 MG/24HR	3	DP
NICODERM CQ PATCH 24 HOUR 7 MG/24HR TRANSDERMAL 7 MG/24HR	3	DP
NICORETTE GUM 2 MG MOUTH/THROAT 2 MG	3	DP
NICORETTE GUM 4 MG MOUTH/THROAT 4 MG	3	DP
NICORETTE LOZENGE 2 MG MOUTH/THROAT 2 MG	3	DP
NICORETTE LOZENGE 4 MG MOUTH/THROAT 4 MG	3	DP
NICORETTE MINI LOZENGE 2 MG MOUTH/THROAT 2 MG	3	DP
NICORETTE MINI LOZENGE 4 MG MOUTH/THROAT 4 MG	3	DP
NICORETTE STARTER KIT GUM 2 MG MOUTH/THROAT 2 MG	3	DP
NICORETTE STARTER KIT GUM 4 MG MOUTH/THROAT 4 MG	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>nicotine kit 21-14-7 mg/24hr transdermal 21-14-7 mg/24hr</i>	3	DP
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc) 14 mg/24hr</i>	3	DP
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc) 21 mg/24hr</i>	3	DP
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc) 7 mg/24hr</i>	3	DP
<i>nicotine polacrilex gum 2 mg mouth/throat 2 mg</i>	3	DP
<i>nicotine polacrilex gum 4 mg mouth/throat 4 mg</i>	3	DP
<i>nicotine polacrilex lozenge 2 mg mouth/throat 2 mg</i>	3	DP
<i>nicotine polacrilex lozenge 4 mg mouth/throat 4 mg</i>	3	DP
<i>nicotine step 1 patch 24 hour 21 mg/24hr transdermal 21 mg/24hr</i>	3	DP
<i>nicotine step 2 patch 24 hour 14 mg/24hr transdermal 14 mg/24hr</i>	3	DP
<i>nicotine step 3 patch 24 hour 7 mg/24hr transdermal 7 mg/24hr</i>	3	DP
<i>sm nicotine gum 4 mg mouth/throat 4 mg</i>	3	DP
<i>sm nicotine lozenge 2 mg mouth/throat 2 mg</i>	3	DP
<i>sm nicotine patch 24 hour 14 mg/24hr transdermal 14 mg/24hr</i>	3	DP
<i>sm nicotine patch 24 hour 21 mg/24hr transdermal 21 mg/24hr</i>	3	DP
<i>sm nicotine patch 24 hour 7 mg/24hr transdermal 7 mg/24hr</i>	3	DP
<i>sm nicotine polacrilex gum 2 mg mouth/throat 2 mg</i>	3	DP
<i>sm nicotine polacrilex gum 4 mg mouth/throat 4 mg</i>	3	DP
<i>sm nicotine polacrilex lozenge 4 mg mouth/throat 4 mg</i>	3	DP
<b>Antibacterials - Treatment Of Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>paromomycin sulfate oral capsule 250 mg</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
<b>Antibacterials, Other</b>		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
BETADINE SOLUTION 10 % EXTERNAL 10 %	3	DP
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	

Last Updated: 09/2020

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<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate intravenous solution 300 mg/2ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	
<i>gnp triple antibiotic ointment external</i>	3	DP
<i>hm povidone-iodine solution 10 % external 10 %</i>	3	DP
<i>hm triple antibiotic ointment 3.5-400-5000 external 3.5-400-5000</i>	3	DP
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	1	B/D
<i>linezolid intravenous solution 600 mg/300ml</i>	1	B/D
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.74 mg/100ml-%, 500-0.79 mg/100ml-%</i>	1	
<i>metronidazole intravenous solution 5 mg/ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	

Last Updated: 09/2020

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<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>povidone-iodine ointment 10 % external 10 %</i>	3	DP
<i>povidone-iodine solution 10 % external 10 %</i>	3	DP
<i>qc povidone iodine solution 10 % external 10 %</i>	3	DP
<i>sm povidone-iodine solution 10 % external 10 %</i>	3	DP
<i>sm triple antibiotic ointment 3.5-400-5000 external 3.5-400-5000</i>	3	DP
<i>sm triple antibiotic original ointment 3.5-400-5000 external 3.5-400-5000</i>	3	DP
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>triple antibiotic ointment 3.5-400-5000 external 3.5-400-5000</i>	3	DP
<i>triple antibiotic ointment 5-400-5000 external 5-400-5000</i>	3	DP
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 250 mg, 5 gm, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	
<b>Beta-Lactam, Cephalosporins</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 500 mg</i>	1	

Last Updated: 09/2020

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



<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	1	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%</i>	1	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml)</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	1	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	2	PA
<b>Beta-Lactam, Other</b>		
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	B/D
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	1	
<b>Beta-Lactam, Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	1	
<b>BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML</b>	2	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin sodium in dextrose intravenous solution 1 gm/50ml</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<b>Macrolides</b>		

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	2	PA
<i>ery external pad 2 %</i>	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<b>Quinolones</b>		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>Sulfonamides</b>		
<i>silver sulfadiazine external cream 1 %</i>	1	
SSD EXTERNAL CREAM 1 %	1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<b>Tetracyclines</b>		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
<b>Anticonvulsants - Treatment Of Seizures</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT ORAL SOLUTION 10 MG/ML	2	ST

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	ST
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	2	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	2	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
ROWEEPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	1	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	2	ST; QL (60 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	2	ST; QL (120 EA per 30 days)
<b>Calcium Channel Modifying Agents</b>		
CELONTIN ORAL CAPSULE 300 MG	2	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA; QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	2	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	2	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	2	PA; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	2	PA
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	2	PA
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	2	PA
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	2	PA
<i>vigabatrin oral packet 500 mg</i>	1	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET 500 MG	1	PA; QL (180 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	2	ST
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	2	ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	2	ST

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Glutamate Reducing Agents</b>		
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<b>Sodium Channel Agents</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	2	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	2	ST; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	2	PA; QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG, 400 MG	2	PA; QL (240 EA per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	2	
EPITOL ORAL TABLET 200 MG	1	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PEGANONE ORAL TABLET 250 MG	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
VIMPAT ORAL SOLUTION 10 MG/ML	2	ST; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	ST; QL (60 EA per 30 days)

Last Updated: 09/2020

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



Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Antidementia Agents - Management Of Dementia</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates oral tablet 1 mg</i>	1	PA
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	1	
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	ST
<b>Antidepressants - Treatment Of Depression</b>		
<b>Antidepressants, Other</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg, 450 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	PA
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	2	
MARPLAN ORAL TABLET 10 MG	2	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
<b>Ssris/ Snris</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	2	ST
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	2	ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	2	ST
<i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
PAXIL ORAL SUSPENSION 10 MG/5ML	2	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	ST
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	2	ST
<b>Tricyclics</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	PA
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	PA
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	PA
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	PA
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
<b>Antiemetics - Treatment Of Vomiting Or Nausea</b>		
<b>Antiemetics, Other</b>		

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	PA
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	1	PA
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	1	B/D
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	2	B/D
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	B/D
SYNDROS ORAL SOLUTION 5 MG/ML	2	PA
<b>Antifungals - Treatment Of Fungal Or Yeast Infections</b>		
<b>Antifungals</b>		
<i>3 day vaginal cream 2 % vaginal 2 %</i>	3	DP
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	2	B/D

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	B/D
<i>antifungal cream 1 % external 1 %</i>	3	DP
<i>antifungal cream 2 % external 2 %</i>	3	DP
<i>anti-fungal powder 1 % external 1 %</i>	3	DP
<i>baza antifungal cream 2 % external 2 %</i>	3	DP
<b>CARRINGTON ANTIFUNGAL CREAM 2 % EXTERNAL 2 %</b>	3	DP
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	PA
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
<i>ciclopirox treatment external kit 8 %</i>	1	
<i>clotrimazole anti-fungal cream 1 % external (otc) 1 %</i>	3	DP
<i>clotrimazole cream 1 % external (otc) 1 %</i>	3	DP
<i>clotrimazole cream 1 % vaginal 1 %</i>	3	DP
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>econazole nitrate external cream 1 %</i>	1	
<i>fluconazole in dextrose intravenous solution 200 mg/100ml, 400 mg/200ml</i>	1	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<b>FUNGOID TINCTURE SOLUTION 2 % EXTERNAL 2 %</b>	3	DP
<i>gnp athletes foot cream 1 % external 1 %</i>	3	DP
<i>gnp clotrimazole 3 cream 2 % vaginal 2 %</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>gnp miconazole 3 kit 200 &amp; 2 mg-% (9gm) vaginal 200 &amp; 2 mg-% (9gm)</i>	3	DP
<i>gnp miconazole 7 cream 2 % vaginal 2 %</i>	3	DP
<i>gnp tolnaftate cream 1 % external 1 %</i>	3	DP
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
MENTAX EXTERNAL CREAM 1 %	2	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	1	
<i>miconazole 1 kit 1200 &amp; 2 mg &amp; % vaginal 1200 &amp; 2 mg &amp; %</i>	3	DP
<i>miconazole 3 combo pack kit 200 &amp; 2 mg-% (9gm) vaginal 200 &amp; 2 mg-% (9gm)</i>	3	DP
<i>miconazole 3 cream 4 % vaginal 4 %</i>	3	DP
<i>miconazole 7 cream 2 % vaginal 2 %</i>	3	DP
<i>miconazole 7 suppository 100 mg vaginal 100 mg</i>	3	DP
<i>miconazole nitrate cream 2 % external (otc) 2 %</i>	3	DP
<i>miconazole nitrate cream 2 % vaginal 2 %</i>	3	DP
NOXAFIL ORAL SUSPENSION 40 MG/ML	2	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA
<i>qc 3 day cream 4 % vaginal 4 %</i>	3	DP
<i>qc miconazole 7 cream 2 % vaginal 2 %</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>qc tolnaftate cream 1 % external 1 %</i>	3	DP
<i>sm 3-day vaginal cream 2 % vaginal 2 %</i>	3	DP
<i>sm antifungal clotrimazole cream 1 % external 1 %</i>	3	DP
<i>sm antifungal miconazole cream 2 % external 2 %</i>	3	DP
<i>sm antifungal tolnaftate cream 1 % external 1 %</i>	3	DP
<i>sm clotrimazole vaginal cream 1 % vaginal 1 %</i>	3	DP
<i>sm miconazole 3 kit 200 &amp; 2 mg-% (9gm) vaginal 200 &amp; 2 mg-% (9gm)</i>	3	DP
<i>sm miconazole 7 cream 2 % vaginal 2 %</i>	3	DP
<i>sm miconazole 7 suppository 100 mg vaginal 100 mg</i>	3	DP
<i>sm tioconazole-1 ointment 6.5 % vaginal 6.5 %</i>	3	DP
<b>SOOTHE &amp; COOL INZO ANTIFUNGAL CREAM 2 % EXTERNAL 2 %</b>	3	DP
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tioconazole-1 ointment 6.5 % vaginal 6.5 %</i>	3	DP
<i>tolnaftate cream 1 % external 1 %</i>	3	DP
<i>tolnaftate powder 1 % external 1 %</i>	3	DP
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
<b>Antigout Agents - Treatment Or Prevention Of Gouty Arthritis</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
<i>probenecid oral tablet 500 mg</i>	1	

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Anti-Inflammatory Agents - Treatment Of Inflammation</b>		
<b>Glucocorticoids</b>		
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>anti-itch maximum strength cream 1 % external 1 %</i>	3	DP
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	

Last Updated: 09/2020

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



<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>gnp hydrocortisone max st ointment 1 % external 1 %</i>	3	DP
<i>gnp hydrocortisone plus cream 1 % external 1 %</i>	3	DP
<i>gnp hydrocortisone/aloe cream 1 % external 1 %</i>	3	DP
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	
<i>hm hydrocortisone plus cream 1 % external 1 %</i>	3	DP
<i>hm hydrocortisone-aloe max st cream 1 % external 1 %</i>	3	DP
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone cream 1 % external (otc) 1 %</i>	3	DP
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>hydrocortisone max st cream 1 % external 1 %</i>	3	DP
<i>hydrocortisone max st/12 moist cream 1 % external 1 %</i>	3	DP
<i>hydrocortisone ointment 1 % external (otc) 1 %</i>	3	DP
<i>hydrocortisone rectal cream 1 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>hydrocortisone-aloe cream 1 % external 1 %</i>	3	DP
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	1	
PROCTO-PAK EXTERNAL CREAM 1 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	1	
PROCTOZONE-HC RECTAL CREAM 2.5 %	1	
SCALPICIN MAXIMUM STRENGTH SOLUTION 1 % EXTERNAL 1 %	3	DP
<i>sm hydrocortisone cream 1 % external 1 %</i>	3	DP
<i>sm hydrocortisone max st ointment 1 % external 1 %</i>	3	DP
<i>sm hydrocortisone plus cream 1 % external 1 %</i>	3	DP
<i>sm hydrocortisone-aloe max st cream 1 % external 1 %</i>	3	DP
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<b>Antimigraine Agents - Treatment Of Migraine Headaches</b>		
<b>Abortive Agents</b>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)
<b>Prophylactic</b>		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	PA
<b>Antimyasthenic Agents - Treatment Of Myasthenia</b>		
<b>Parasympathomimetics</b>		
<i>guanidine hcl oral tablet 125 mg</i>	1	

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<b>Antimycobacterials - Treatment For Infections By Tuberculosis-Type Organisms</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<b>Antituberculars</b>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL PACKET 4 GM	2	
<i>pretomanid oral tablet 200 mg</i>	2	PA
PRIFTIN ORAL TABLET 150 MG	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG	2	PA
TRECTOR ORAL TABLET 250 MG	2	
<b>Antineoplastics - Treatment Of Cancer</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA
LEUKERAN ORAL TABLET 2 MG	2	
MATULANE ORAL CAPSULE 50 MG	2	
VALCHLOR EXTERNAL GEL 0.016 %	2	
<b>Antiandrogens</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	1	PA
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 60 MG	2	PA
<i>flutamide oral capsule 125 mg</i>	1	
<i>nilutamide oral tablet 150 mg</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
NUBEQA ORAL TABLET 300 MG	2	PA
XTANDI ORAL CAPSULE 40 MG	2	PA
YONSA ORAL TABLET 125 MG	2	PA
ZYTIGA ORAL TABLET 500 MG	2	PA
<b>Antiangiogenic Agents</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	PA
<b>Antiestrogens/Modifiers</b>		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	PA
EMCYT ORAL CAPSULE 140 MG	2	
SOLTAMOX ORAL SOLUTION 10 MG/5ML	2	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	1	PA
<b>Antimetabolites</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
<i>fluorouracil external cream 0.5 %, 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>hydroxyurea oral capsule 500 mg</i>	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
PURIXAN ORAL SUSPENSION 2000 MG/100ML	2	
TABLOID ORAL TABLET 40 MG	2	PA
<b>Antineoplastics, Other</b>		
<i>diclofenac sodium transdermal gel 3 %</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA
LYNPARZA ORAL CAPSULE 50 MG	2	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
LYSODREN ORAL TABLET 500 MG	2	
MESNEX ORAL TABLET 400 MG	2	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA
ODOMZO ORAL CAPSULE 200 MG	2	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	2	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	2	PA
TAZVERIK ORAL TABLET 200 MG	2	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	2	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	2	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	2	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	2	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	2	PA
ZOLINZA ORAL CAPSULE 100 MG	2	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	
<i>letrozole oral tablet 2.5 mg</i>	1	
<b>Enzyme Inhibitors</b>		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	2	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	2	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	2	PA
AFINITOR ORAL TABLET 10 MG	2	PA
ALECENSA ORAL CAPSULE 150 MG	2	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	2	PA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	2	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	2	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	2	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA
BRAFTOVI ORAL CAPSULE 75 MG	2	PA
BRUKINSA ORAL CAPSULE 80 MG	2	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA
CALQUENCE ORAL CAPSULE 100 MG	2	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	2	PA
COTELLIC ORAL TABLET 20 MG	2	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	2	PA
ERIVEDGE ORAL CAPSULE 150 MG	2	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA
FARYDAK ORAL CAPSULE 10 MG, 20 MG	2	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA
ICLUSIG ORAL TABLET 15 MG, 45 MG	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	1	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	PA
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA
INREBIC ORAL CAPSULE 100 MG	2	PA
IRESSA ORAL TABLET 250 MG	2	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	2	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	2	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	2	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	2	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	2	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	2	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	2	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	2	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	2	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	2	PA

Last Updated: 09/2020

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



<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	2	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	2	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	PA
MEKTOVI ORAL TABLET 15 MG	2	PA
NERLYNX ORAL TABLET 40 MG	2	PA
NEXAVAR ORAL TABLET 200 MG	2	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	2	PA
QINLOCK ORAL TABLET 50 MG	2	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	2	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	2	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	PA
RYDAPT ORAL CAPSULE 25 MG	2	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA
STIVARGA ORAL TABLET 40 MG	2	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	2	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA
TAGRISSE ORAL TABLET 40 MG, 80 MG	2	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA
TIBSOVO ORAL TABLET 250 MG	2	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	2	PA
TURALIO ORAL CAPSULE 200 MG	2	PA
TYKERB ORAL TABLET 250 MG	2	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	2	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA
VOTRIENT ORAL TABLET 200 MG	2	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA
XOSPATA ORAL TABLET 40 MG	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
ZEJULA ORAL CAPSULE 100 MG	2	PA
ZELBORAF ORAL TABLET 240 MG	2	PA
ZYKADIA ORAL TABLET 150 MG	2	PA
<b>Retinoids</b>		
<i>bexarotene oral capsule 75 mg</i>	1	
PANRETIN EXTERNAL GEL 0.1 %	2	PA
TARGRETIN EXTERNAL GEL 1 %	2	PA
<i>tretinoin oral capsule 10 mg</i>	1	
<b>Antiparasitics - Treatment Of Infections From Parasites</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
<b>Antiprotozoals</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	2	
ALINIA ORAL TABLET 500 MG	2	
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	PA
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	PA
<i>primaquine phosphate oral tablet 26.3 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	QL (90 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	1	
<b>Pediculicides/ Scabicides</b>		

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>gnp lice treatment liquid 1 % external 1 %</i>	3	DP
<i>gnp lice treatment shampoo 0.33-4 % external 0.33-4 %</i>	3	DP
<i>hm lice killing max st shampoo 0.33-4 % external 0.33-4 %</i>	3	DP
<i>hm lice treatment liquid 1 % external 1 %</i>	3	DP
<i>lice killing maximum strength shampoo 0.33-4 % external 0.33-4 %</i>	3	DP
<i>lice killing shampoo 0.33-4 % external 0.33-4 %</i>	3	DP
<i>lice treatment lotion 1 % external 1 %</i>	3	DP
<i>lindane external shampoo 1 %</i>	1	
<i>malathion external lotion 0.5 %</i>	1	
<i>permethrin external cream 5 %</i>	1	
<i>sm lice killing max strength shampoo 0.33-4 % external 0.33-4 %</i>	3	DP
<i>sm lice treatment lotion 1 % external 1 %</i>	3	DP
<b>Antiparkinson Agents - Treatment Of Parkinson's Disease</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	PA
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	PA
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	2	PA
<i>tolcapone oral tablet 100 mg</i>	1	
<b>Dopamine Agonists</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	2	PA
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	2	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<b>Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25- 100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10- 100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5- 50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<b>Antipsychotics - Treatment Of Behavioral And Emotional Disorders</b>		
<b>1St Generation/ Typical</b>		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>2Nd Generation/ Atypical</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	2	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	2	PA; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	2	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	2	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	2	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	2	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	2	PA; QL (3.2 ML per 28 days)
CAPLYTA ORAL CAPSULE 42 MG	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>clozapine oral tablet 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	1	
<i>clozapine oral tablet dispersible 150 mg</i>	1	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	1	QL (120 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	2	PA
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	2	PA; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	2	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	2	PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	2	PA; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	2	PA; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	2	PA; QL (0.875 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	2	PA; QL (1.315 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	2	PA; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	2	PA; QL (2.625 ML per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	PA; QL (30 EA per 30 days)

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
LATUDA ORAL TABLET 80 MG	2	PA; QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	2	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	2	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	2	PA; QL (60 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	PA; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	PA; QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	2	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	PA; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA; QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	1	QL (120 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	2	QL (60 EA per 30 days)

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	2	PA; QL (30 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	2	QL (540 ML per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	2	PA; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	B/D; QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	2	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	2	PA; QL (1 EA per 28 days)
<b>Antispasticity Agents - Treatment Of Muscle Spasms</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
<b>Antivirals - Treatment Of Infections By Viruses</b>		
<b>Anti-Cytomegalovirus (Cmv) Agents</b>		
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
<b>Anti-Hepatitis B (Hbv) Agents</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	PA
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	2	
<i>lamivudine oral solution 10 mg/ml</i>	1	

Last Updated: 09/2020

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



<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	2	PA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	2	
VIREAD ORAL POWDER 40 MG/GM	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL (30 EA per 30 days)
<b>Anti-Hepatitis C (Hcv) Agents, Direct Acting Agents</b>		
MAVYRET ORAL TABLET 100-40 MG	2	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	2	PA
VOSEVI ORAL TABLET 400-100-100 MG	2	PA
<b>Anti-Hepatitis C (Hcv) Agents, Other</b>		
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	2	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	2	PA
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<b>Antiherpetic Agents</b>		
<i>acyclovir external cream 5 %</i>	1	
<i>acyclovir external ointment 5 %</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D
DENAVIR EXTERNAL CREAM 1 %	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>		
DOVATO ORAL TABLET 50-300 MG	2	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	2	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	2	QL (180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	2	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	2	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	2	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	2	QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL (30 EA per 30 days)
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>		
ATRIPLA ORAL TABLET 600-200-300 MG	2	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	2	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	2	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	2	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG	2	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	2	QL (60 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL (30 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	2	QL (30 EA per 30 days)

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL (30 EA per 30 days)
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	QL (60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	2	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	2	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 125 mg</i>	1	QL (60 EA per 30 days)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	1	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	2	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL (60 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	QL (120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	QL (60 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	QL (30 EA per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	2	QL (60 EA per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	2	
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	2	
<i>zidovudine oral capsule 100 mg</i>	1	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
<b>Anti-Hiv Agents, Other</b>		
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	2	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 75 MG	2	QL (60 EA per 30 days)

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
SELZENTRY ORAL TABLET 25 MG, 300 MG	2	QL (120 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	2	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	2	QL (30 EA per 30 days)
<b>Anti-Hiv Agents, Protease Inhibitors</b>		
APTIVUS ORAL CAPSULE 250 MG	2	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	2	
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	1	QL (60 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	2	QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	2	QL (180 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	2	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	2	QL (120 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	2	QL (240 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	2	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	2	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	QL (300 ML per 30 days)
NORVIR ORAL PACKET 100 MG	2	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	2	QL (450 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	2	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG	2	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	2	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	2	QL (300 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	2	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	2	
<i>ritonavir oral tablet 100 mg</i>	1	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	2	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	2	QL (120 EA per 30 days)
<b>Anti-Influenza Agents</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (84 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (42 EA per 180 days)

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL (540 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	2	QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	1	
<b>Anxiolytics - Treatment Of Anxiety Or Nervousness</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
<b>Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	1	QL (90 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (120 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Bipolar Agents - Treatment For Bipolar Illnesses</b>		
<b>Mood Stabilizers</b>		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
<b>Blood Glucose Regulators - Control Of Diabetes</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	2	QL (60 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	1	PA; QL (90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	PA; QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	PA; QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	PA; QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	PA; QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	PA; QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30 EA per 30 days)
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG	2	QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	2	QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	2	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	2	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 EA per 30 days)
KORLYM ORAL TABLET 300 MG	2	PA
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	2	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	2	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	2	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	2	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	2	QL (9 ML per 30 days)
<b>Blood Glucose Regulators</b>		
<i>alcohol pad 70 %</i>	1	
<i>gauze pad 2"x2"</i>	1	
<i>insulin syringe 28g x 1/2" 0.5 ml</i>	1	
INSULIN SYRINGE 29G 0.3 ML, 29G X 1/2" 1 ML	1	

Last Updated: 09/2020

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



<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
PEN NEEDLES 29G X 12MM	1	
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	2	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	2	QL (4 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG	2	QL (4 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	2	QL (4 EA per 30 days)
GLUCAGON EMERGENCY INJECTION KIT 1 MG	2	QL (4 EA per 30 days)
<i>glucagon hcl (diagnostic) injection solution reconstituted 1 mg</i>	1	QL (4 EA per 30 days)
<b>Insulins</b>		
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	2	
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	1	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	1	
<i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>	1	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	1	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	1	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	2	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	2	
<b>Blood Products/ Modifiers/ Volume Expanders - Prevention Of Clotting And Increasing Blood Cell Production</b>		
<b>Anticoagulants</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	2	B/D
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	2	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	2	
<b>Blood Formation Modifiers</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	2	PA
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	2	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	2	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA
OXBRYTA ORAL TABLET 500 MG	2	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	PA
PROMACTA ORAL PACKET 12.5 MG, 25 MG	2	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; QL (30 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	2	PA
<i>tranexamic acid oral tablet 650 mg</i>	1	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA
<b>Hemostasis Agents</b>		
MEPHYTON TABLET 5 MG ORAL 5 MG	3	DP
<i>phytonadione solution 1 mg/0.5ml injection 1 mg/0.5ml</i>	3	DP
<i>phytonadione solution 10 mg/ml injection 10 mg/ml</i>	3	DP
<i>phytonadione tablet 5 mg oral 5 mg</i>	3	DP
<i>vitamin k1 solution 1 mg/0.5ml injection 1 mg/0.5ml</i>	3	DP
<i>vitamin k1 solution 10 mg/ml injection 10 mg/ml</i>	3	DP
<b>Platelet Modifying Agents</b>		
<i>adult aspirin regimen tablet delayed release 81 mg oral 81 mg</i>	3	DP
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
<i>aspirin 81 tablet delayed release 81 mg oral 81 mg</i>	3	DP
<i>aspirin adult low dose tablet delayed release 81 mg oral 81 mg</i>	3	DP
<i>aspirin adult low strength tablet chewable 81 mg oral 81 mg</i>	3	DP
<i>aspirin ec tablet delayed release 81 mg oral 81 mg</i>	3	DP
<i>aspirin low dose tablet chewable 81 mg oral 81 mg</i>	3	DP
<i>aspirin low dose tablet delayed release 81 mg oral 81 mg</i>	3	DP
<i>aspirin low strength tablet chewable 81 mg oral 81 mg</i>	3	DP
<i>aspirin tablet chewable 81 mg oral 81 mg</i>	3	DP
<i>aspirin tablet delayed release 81 mg oral 81 mg</i>	3	DP
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
ASPIR-LOW TABLET DELAYED RELEASE 81 MG ORAL 81 MG	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
<i>childrens aspirin low strength tablet chewable 81 mg oral 81 mg</i>	3	DP
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	PA
<i>gnp adult aspirin low strength tablet chewable 81 mg oral 81 mg</i>	3	DP
<i>gnp aspirin low dose tablet delayed release 81 mg oral 81 mg</i>	3	DP
<i>gnp aspirin tablet delayed release 81 mg oral 81 mg</i>	3	DP
<i>goodsense aspirin adult low st tablet chewable 81 mg oral 81 mg</i>	3	DP
<i>goodsense aspirin tablet chewable 81 mg oral 81 mg</i>	3	DP
<i>hm aspirin ec low dose tablet delayed release 81 mg oral 81 mg</i>	3	DP
<i>hm aspirin tablet chewable 81 mg oral 81 mg</i>	3	DP
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
<i>qc aspirin low dose tablet chewable 81 mg oral 81 mg</i>	3	DP
<i>qc aspirin low dose tablet delayed release 81 mg oral 81 mg</i>	3	DP
<i>sm aspirin adult low strength tablet chewable 81 mg oral 81 mg</i>	3	DP
<i>sm aspirin adult low strength tablet delayed release 81 mg oral 81 mg</i>	3	DP
<i>sm aspirin low dose tablet chewable 81 mg oral 81 mg</i>	3	DP
<i>sm childrens aspirin tablet chewable 81 mg oral 81 mg</i>	3	DP
ST JOSEPH LOW DOSE TABLET CHEWABLE 81 MG ORAL 81 MG	3	DP
ST JOSEPH LOW DOSE TABLET DELAYED RELEASE 81 MG ORAL 81 MG	3	DP

### **Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels**

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<b>Alpha-Adrenergic Agonists</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	PA
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	PA
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	2	
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	PA
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>Angiotensin II Receptor Antagonists</b>		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<b>Antiarrhythmics</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	PA
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	2	PA
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	

Last Updated: 09/2020

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



<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>Calcium Channel Blocking Agents</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG</b>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	PA
<i>nimodipine oral capsule 30 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CORLANOR ORAL SOLUTION 5 MG/5ML	2	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	PA
DEMSER ORAL CAPSULE 250 MG	2	PA
DIGITEK ORAL TABLET 125 MCG	1	QL (30 EA per 30 days)
DIGITEK ORAL TABLET 250 MCG	1	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
DIGOX ORAL TABLET 125 MCG	1	QL (30 EA per 30 days)
DIGOX ORAL TABLET 250 MCG	1	PA
<i>digoxin oral solution 0.05 mg/ml</i>	1	PA
<i>digoxin oral tablet 125 mcg</i>	1	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	1	PA
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	PA
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
KEVEYIS ORAL TABLET 50 MG	2	PA
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<b>Diuretics, Loop</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<b>Diuretics, Potassium-Sparing</b>		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<b>Dyslipidemics, Fibrin Acid Derivatives</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 35 mg</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>gemfibrozil oral tablet 600 mg</i>	1	
<b>Dyslipidemics, Hmg Coa Reductase Inhibitors</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	2	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
<i>niacin er capsule extended release 500 mg oral 500 mg</i>	3	DP
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	2	PA
PREVALITE ORAL PACKET 4 GM	1	
PREVALITE ORAL POWDER 4 GM/DOSE	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	2	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	2	PA
<b>Vasodilators, Direct-Acting Arterial</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<b>Vasodilators, Direct-Acting Arterial/ Venous</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual aerosol solution 400 mcg/spray</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
<b>Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	1	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	PA
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	
<i>methylphenidate hcl er oral tablet extended release 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg, 27 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	1	PA; QL (120 EA per 30 days)

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg</i>	1	PA; QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	1	PA; QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 54 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<b>Central Nervous System, Other</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	2	PA
FIRDAPSE ORAL TABLET 10 MG	2	PA
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	2	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
<i>riluzole oral tablet 50 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA
XENICAL CAPSULE 120 MG ORAL 120 MG	3	DP
<b>Fibromyalgia Agents</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	2	
<b>Multiple Sclerosis Agents</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA

Last Updated: 09/2020

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



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BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	2	PA
GILENYA ORAL CAPSULE 0.5 MG	2	PA
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	1	PA
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	1	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	2	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	2	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	2	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	2	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	2	PA
TECFIDERA ORAL 120 & 240 MG	2	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	2	PA
<b>Dental And Oral Agents - Treatment Of Mouth And Gum Disorders</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
<b>Dermatological Agents - Treatment Of Skin Conditions</b>		
<b>Dermatological Agents</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>acne medication 10 gel 10 % external 10 %</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>acne medication 10 lotion 10 % external 10 %</i>	3	DP
<i>acne medication 5 gel 5 % external (otc) 5 %</i>	3	DP
<i>adapalene external gel 0.1 %</i>	1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	
<i>ammonium lactate cream 12 % external (otc) 12 %</i>	3	DP
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
<i>ammonium lactate lotion 12 % external (otc) 12 %</i>	3	DP
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	
<i>anti-itch maximum strength cream 1 % external 1 %</i>	3	DP
AVAGE CREAM 0.1 % EXTERNAL 0.1 %	3	DP
<i>benzoyl peroxide gel 10 % external (otc) 10 %</i>	3	DP
<i>benzoyl peroxide gel 2.5 % external (otc) 2.5 %</i>	3	DP
<i>benzoyl peroxide gel 5 % external (otc) 5 %</i>	3	DP
<i>benzoyl peroxide wash liquid 5 % external (otc) 5 %</i>	3	DP
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	1	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
DIFFERIN GEL 0.1 % EXTERNAL (OTC) 0.1 %	3	DP
<i>doxepin hcl external cream 5 %</i>	1	PA; QL (45 GM per 30 days)

Last Updated: 09/2020

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

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DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA
EUCRISA EXTERNAL OINTMENT 2 %	2	PA
<i>gnp hydrocortisone cream 0.5 % external 0.5 %</i>	3	DP
<i>gnp hydrocortisone max st ointment 1 % external 1 %</i>	3	DP
<i>hydrocortisone ointment 0.5 % external 0.5 %</i>	3	DP
<i>hydrocortisone-aloe cream 0.5 % external 0.5 %</i>	3	DP
<i>imiquimod external cream 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>methoxsalen rapid oral capsule 10 mg</i>	1	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>pimecrolimus external cream 1 %</i>	1	ST
<i>podofilox external solution 0.5 %</i>	1	
<i>prednicarbate external cream 0.1 %</i>	1	
<i>prednicarbate external ointment 0.1 %</i>	1	
REGRANEX EXTERNAL GEL 0.01 %	2	PA; QL (15 GM per 30 days)
RENOVA CREAM 0.02 % EXTERNAL 0.02 %	3	DP
RENOVA PUMP CREAM 0.02 % EXTERNAL 0.02 %	3	DP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	2	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>sm hydrocortisone max st ointment 1 % external 1 %</i>	3	DP
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	ST
<i>tazarotene external cream 0.1 %</i>	1	
TAZORAC EXTERNAL CREAM 0.05 %	2	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	2	

Last Updated: 09/2020

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

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TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA
<i>tretinoin (emollient) external cream 0.05 %</i>	1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
<b>Electrolytes/Minerals/ Metals/ Vitamins - Products That Supplement Or Replace Electrolytes, Minerals, Metals Or Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	2	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	2	B/D
<i>antacid extra strength tablet chewable 750 mg oral 750 mg</i>	3	DP
<i>bp vit 3 capsule 1 mg oral 1 mg</i>	3	DP
<i>calcium 600 tablet 1500 (600 ca) mg oral 1500 (600 ca) mg</i>	3	DP
<i>calcium 600 tablet 600 mg oral 600 mg</i>	3	DP
<i>calcium 600+d tablet 600-200 mg-unit oral 600-200 mg-unit</i>	3	DP
<i>calcium antacid extra strength tablet chewable 750 mg oral 750 mg</i>	3	DP
<i>calcium carbonate antacid suspension 1250 mg/5ml oral 1250 mg/5ml</i>	3	DP
<i>calcium high potency tablet 600 mg oral 600 mg</i>	3	DP
<i>calcium high potency/vitamin d tablet 600-200 mg-unit oral 600-200 mg-unit</i>	3	DP
CARBAGLU ORAL TABLET 200 MG	2	PA
<i>chromic chloride solution 40 mcg/10ml intravenous 40 mcg/10ml</i>	3	DP
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	B/D

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
CLINISOL SF INTRAVENOUS SOLUTION 15 %	1	B/D
CORVITE FREE TABLET ORAL	3	DP
<i>cupric chloride solution 0.4 mg/ml intravenous 0.4 mg/ml</i>	3	DP
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
ENDARI ORAL PACKET 5 GM	2	PA
<i>fabb tablet 2.2-25-1 mg oral 2.2-25-1 mg</i>	3	DP
FOLBIC TABLET 2.5-25-2 MG ORAL (OTC) 2.5-25-2 MG	3	DP
<i>folic acid solution 5 mg/ml injection 5 mg/ml</i>	3	DP
<i>folic acid tablet 1 mg oral (rx) 1 mg</i>	3	DP
<i>hm calcium antacid tablet chewable 500 mg oral 500 mg</i>	3	DP
<i>hydroxocobalamin acetate solution 1000 mcg/ml intramuscular 1000 mcg/ml</i>	3	DP
INFUVITE ADULT INJECTABLE INTRAVENOUS	3	DP
INFUVITE PEDIATRIC SOLUTION INTRAVENOUS	3	DP
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	2	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	2	
ISOLYTE-S INTRAVENOUS SOLUTION	2	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	2	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	

Last Updated: 09/2020

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

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KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ	1	
K-PHOS TABLET 500 MG ORAL 500 MG	3	DP
<i>levocarnitine oral solution 1 gm/10ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	1	
M.V.I. PEDIATRIC SOLUTION RECONSTITUTED INTRAVENOUS	3	DP
<i>magnesium oxide tablet 400 (241.3 mg) mg oral 400 (241.3 mg) mg</i>	3	DP
<i>magnesium oxide tablet 400 mg oral 400 mg</i>	3	DP
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>manganese chloride solution 0.1 mg/ml intravenous 0.1 mg/ml</i>	3	DP
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL 500 MCG/0.1ML	3	DP
NEPHPLEX RX TABLET ORAL	3	DP
NORMOSOL-R INTRAVENOUS SOLUTION	1	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	1	
<i>nutrilipid intravenous emulsion 20 %</i>	1	B/D
PLENAMINE INTRAVENOUS SOLUTION 15 %	1	B/D
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml (20 ml), 40 meq/100ml</i>	1	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
RENAL CAPSULE 1 MG ORAL 1 MG	3	DP
<i>reno caps capsule 1 mg oral (rx) 1 mg</i>	3	DP
SLOW-MAG TABLET DELAYED RELEASE 71.5-119 MG ORAL 71.5-119 MG	3	DP
<i>sm calcium antacid tablet chewable 500 mg oral 500 mg</i>	3	DP
<i>sodium bicarbonate tablet 325 mg oral 325 mg</i>	3	DP
<i>sodium bicarbonate tablet 650 mg oral 650 mg</i>	3	DP
<i>sodium chloride (pf) injection solution 0.9 %</i>	1	
<i>sodium chloride injection solution 0.9 %</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
<i>virt-caps capsule 1 mg oral 1 mg</i>	3	DP
VIRT-GARD TABLET 2.2-25-1 MG ORAL 2.2-25-1 MG	3	DP
VITAL-D RX TABLET 1 MG ORAL 1 MG	3	DP
<i>wee care suspension 15 mg/1.25ml oral 15 mg/1.25ml</i>	3	DP
<b>Electrolyte/Mineral/Metal Modifiers</b>		
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA
FERRIPROX ORAL TABLET 1000 MG, 500 MG	2	PA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	2	PA
JYNARQUE ORAL TABLET 15 MG, 30 MG	2	PA
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA
KIONEX ORAL SUSPENSION 15 GM/60ML	1	
SAMSCA ORAL TABLET 15 MG, 30 MG	2	
<i>sodium polystyrene sulfonate oral powder</i>	1	

Last Updated: 09/2020

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

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<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	1	
SPS ORAL SUSPENSION 15 GM/60ML	1	
<i>trientine hcl oral capsule 250 mg</i>	1	PA
<b>Phosphate Binders</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	2	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
VELPHORO ORAL TABLET CHEWABLE 500 MG	2	
<b>Vitamins</b>		
<i>adc/f (0.5mg/ml) solution 0.5 mg/ml oral 0.5 mg/ml</i>	3	DP
AQUASOL A SOLUTION 15 MG/ML INTRAMUSCULAR 15 MG/ML	3	DP
BACMIN TABLET ORAL	3	DP
<i>calcitriol external ointment 3 mcg/gm</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CORVITA TABLET 1.25 MG ORAL 1.25 MG	3	DP
<i>cyanocobalamin solution 1000 mcg/ml injection 1000 mcg/ml</i>	3	DP
DIALYVITE 3000 TABLET 3 MG ORAL 3 MG	3	DP
DIALYVITE 5000 TABLET 5 MG ORAL 5 MG	3	DP
DIALYVITE SUPREME D TABLET 3 MG ORAL 3 MG	3	DP
DIALYVITE TABLET ORAL	3	DP
DIALYVITE/ZINC TABLET ORAL	3	DP
DRISDOL CAPSULE 1.25 MG (50000 UT) ORAL 1.25 MG (50000 UT)	3	DP

Last Updated: 09/2020

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



<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
ENLYTE CAPSULE ORAL	3	DP
<i>ergocalciferol capsule 1.25 mg (50000 ut) oral 1.25 mg (50000 ut)</i>	3	DP
FLORIVA TABLET CHEWABLE 0.25 MG ORAL 0.25 MG	3	DP
FLORIVA TABLET CHEWABLE 0.5 MG ORAL 0.5 MG	3	DP
FLORIVA TABLET CHEWABLE 1 MG ORAL 1 MG	3	DP
<i>folic acid tablet 1 mg oral (rx) 1 mg</i>	3	DP
FOLTRATE TABLET 500-1 MCG-MG ORAL 500-1 MCG-MG	3	DP
<i>multi-vit/iron/fluoride solution 0.25-10 mg/ml oral 0.25-10 mg/ml</i>	3	DP
<i>multivitamin/fluoride solution 0.25 mg/ml oral 0.25 mg/ml</i>	3	DP
<i>multi-vitamin/fluoride solution 0.25 mg/ml oral 0.25 mg/ml</i>	3	DP
<i>multivitamin/fluoride solution 0.5 mg/ml oral 0.5 mg/ml</i>	3	DP
<i>multi-vitamin/fluoride solution 0.5 mg/ml oral 0.5 mg/ml</i>	3	DP
<i>multivitamin/fluoride tablet chewable 0.25 mg oral 0.25 mg</i>	3	DP
<i>multivitamin/fluoride tablet chewable 0.5 mg oral 0.5 mg</i>	3	DP
<i>multivitamin/fluoride tablet chewable 1 mg oral 1 mg</i>	3	DP
<i>multivitamin/fluoride/iron solution 0.25-10 mg/ml oral 0.25-10 mg/ml</i>	3	DP
<i>multi-vitamin/fluoride/iron solution 0.25-10 mg/ml oral 0.25-10 mg/ml</i>	3	DP
MVC-FLUORIDE TABLET CHEWABLE 0.25 MG ORAL 0.25 MG	3	DP
MVC-FLUORIDE TABLET CHEWABLE 0.5 MG ORAL 0.5 MG	3	DP
MVC-FLUORIDE TABLET CHEWABLE 1 MG ORAL 1 MG	3	DP
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL 0.25 MG/ML	3	DP
POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL 0.25 MG	3	DP
POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL 0.5 MG	3	DP
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL 1 MG	3	DP
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL 0.25-7 MG/ML	3	DP
POLY-VI-FLOR/IRON TABLET CHEWABLE 0.5-10 MG ORAL 0.5-10 MG	3	DP
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>pyridoxine hcl solution 100 mg/ml injection 100 mg/ml</i>	3	DP
QUFLORA FE PEDIATRIC LIQUID 0.25-9.5 MG/ML ORAL 0.25-9.5 MG/ML	3	DP
QUFLORA FE TABLET CHEWABLE 0.25 MG ORAL 0.25 MG	3	DP
QUFLORA PEDIATRIC SOLUTION 0.25 MG/ML ORAL 0.25 MG/ML	3	DP
QUFLORA PEDIATRIC SOLUTION 0.5 MG/ML ORAL 0.5 MG/ML	3	DP
QUFLORA PEDIATRIC TABLET CHEWABLE 0.25 MG ORAL 0.25 MG	3	DP
QUFLORA PEDIATRIC TABLET CHEWABLE 0.5 MG ORAL 0.5 MG	3	DP
QUFLORA PEDIATRIC TABLET CHEWABLE 1 MG ORAL 1 MG	3	DP
STROVITE FORTE TABLET ORAL	3	DP
STROVITE ONE TABLET ORAL	3	DP
<i>thiamine hcl solution 100 mg/ml injection 100 mg/ml</i>	3	DP
<i>triphrocaps capsule 1 mg oral 1 mg</i>	3	DP
TRI-VI-FLOR SUSPENSION 0.25 MG/ML ORAL 0.25 MG/ML	3	DP
TRI-VI-FLOR SUSPENSION 0.5 MG/ML ORAL 0.5 MG/ML	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>tri-vitamin/fluoride solution 0.25 mg/ml oral 0.25 mg/ml</i>	3	DP
<i>tri-vitamin/fluoride solution 0.5 mg/ml oral 0.5 mg/ml</i>	3	DP
<i>tri-vite/fluoride solution 0.25 mg/ml oral 0.25 mg/ml</i>	3	DP
<i>tri-vite/fluoride solution 0.5 mg/ml oral 0.5 mg/ml</i>	3	DP
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral 1.25 mg (50000 ut)</i>	3	DP
<i>vitamin d3 capsule 250 mcg (10000 ut) oral 250 mcg (10000 ut)</i>	3	DP
<i>vitamins acd-fluoride solution 0.25 mg/ml oral 0.25 mg/ml</i>	3	DP
<b>Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<b>Gastrointestinal Agents, Other</b>		
ACID GONE SUSPENSION 95-358 MG/15ML ORAL 95-358 MG/15ML	3	DP
ALMACONE DOUBLE STRENGTH SUSPENSION 400-400-40 MG/5ML ORAL 400-400-40 MG/5ML	3	DP
ALMACONE SUSPENSION 200-200-20 MG/5ML ORAL 200-200-20 MG/5ML	3	DP
<i>aluminum hydroxide gel suspension 320 mg/5ml oral 320 mg/5ml</i>	3	DP
<i>antacid anti-gas max strength suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	3	DP
<i>antacid calcium extra strength tablet chewable 750 mg oral 750 mg</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>antacid calcium tablet chewable 500 mg oral 500 mg</i>	3	DP
<i>antacid extra strength tablet chewable 750 mg oral 750 mg</i>	3	DP
<i>antacid fast relief suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>antacid maximum strength suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	3	DP
<i>antacid plus anti-gas fast act suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>antacid plus anti-gas relief suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>antacid plus anti-gas relief suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	3	DP
<i>antacid regular strength suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>antacid suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>antacid tablet chewable 500 mg oral 500 mg</i>	3	DP
<i>antacid ultra strength tablet chewable 1000 mg oral 1000 mg</i>	3	DP
<i>anti-diarrheal capsule 2 mg oral 2 mg</i>	3	DP
<i>anti-diarrheal liquid 1 mg/7.5ml oral 1 mg/7.5ml</i>	3	DP
<i>anti-diarrheal tablet 2 mg oral 2 mg</i>	3	DP
<i>bismatrol maximum strength suspension 525 mg/15ml oral 525 mg/15ml</i>	3	DP
<i>bismatrol suspension 262 mg/15ml oral 262 mg/15ml</i>	3	DP
<i>bismatrol tablet chewable 262 mg oral 262 mg</i>	3	DP
<i>bismuth subsalicylate tablet chewable 262 mg oral 262 mg</i>	3	DP
<i>calcium 600 tablet 1500 (600 ca) mg oral 1500 (600 ca) mg</i>	3	DP
<i>calcium antacid extra strength tablet chewable 750 mg oral 750 mg</i>	3	DP
<i>calcium antacid tablet chewable 500 mg oral 500 mg</i>	3	DP
<i>calcium antacid ultra max st tablet chewable 1000 mg oral 1000 mg</i>	3	DP

Last Updated: 09/2020

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<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>calcium antacid ultra strength tablet chewable 1000 mg oral 1000 mg</i>	3	DP
<i>calcium antacid ultra tablet chewable 1000 mg oral 1000 mg</i>	3	DP
CAL-GEST ANTACID TABLET CHEWABLE 500 MG ORAL 500 MG	3	DP
<i>enulose oral solution 10 gm/15ml</i>	1	
GATTEX SUBCUTANEOUS KIT 5 MG	2	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVISCON EXTRA RELIEF FORMULA SUSPENSION 508-475 MG/10ML ORAL 508-475 MG/10ML	3	DP
GAVISCON EXTRA STRENGTH SUSPENSION 254-237.5 MG/5ML ORAL 254-237.5 MG/5ML	3	DP
GAVISCON SUSPENSION 95-358 MG/15ML ORAL 95-358 MG/15ML	3	DP
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>gnp antacid &amp; anti-gas suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>gnp antacid &amp; anti-gas suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	3	DP
<i>gnp antacid anti-gas suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>gnp antacid extra strength tablet chewable 750 mg oral 750 mg</i>	3	DP
<i>gnp antacid regular strength suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>gnp anti-diarrheal capsule 2 mg oral 2 mg</i>	3	DP
<i>gnp anti-diarrheal tablet 2 mg oral 2 mg</i>	3	DP
<i>gnp foaming antacid suspension 95-358 mg/15ml oral 95-358 mg/15ml</i>	3	DP
<i>gnp k-pec suspension 262 mg/15ml oral 262 mg/15ml</i>	3	DP
<i>gnp loperamide hcl liquid 1 mg/7.5ml oral 1 mg/7.5ml</i>	3	DP
<i>gnp loperamide hcl suspension 1 mg/7.5ml oral 1 mg/7.5ml</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>gnp pink bismuth tablet 262 mg oral 262 mg</i>	3	DP
<i>gnp pink bismuth tablet chewable 262 mg oral 262 mg</i>	3	DP
<i>gnp stomach relief suspension 262 mg/15ml oral 262 mg/15ml</i>	3	DP
<i>goodsense stomach relief tablet chewable 262 mg oral 262 mg</i>	3	DP
<i>heartburn relief ex st suspension 254-237.5 mg/5ml oral 254-237.5 mg/5ml</i>	3	DP
<i>hm advanced antacid max st suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	3	DP
<i>hm antacid anti-gas ex st suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	3	DP
<i>hm antacid suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>hm antacid/antigas suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>hm anti-diarrheal tablet 2 mg oral 2 mg</i>	3	DP
<i>hm calcium antacid ex st tablet chewable 750 mg oral 750 mg</i>	3	DP
<i>hm calcium antacid tablet chewable 750 mg oral 750 mg</i>	3	DP
<i>hm calcium antacid ultra st tablet chewable 1000 mg oral 1000 mg</i>	3	DP
<i>hm loperamide hcl capsule 2 mg oral 2 mg</i>	3	DP
<i>hm loperamide hcl liquid 1 mg/7.5ml oral 1 mg/7.5ml</i>	3	DP
<i>hm loperamide hcl suspension 1 mg/7.5ml oral 1 mg/7.5ml</i>	3	DP
<i>hm stomach relief max strength suspension 525 mg/15ml oral 525 mg/15ml</i>	3	DP
<i>hm stomach relief suspension 262 mg/15ml oral 262 mg/15ml</i>	3	DP
<i>hm stomach relief suspension 525 mg/30ml oral 525 mg/30ml</i>	3	DP
<i>hm stomach relief tablet chewable 262 mg oral 262 mg</i>	3	DP
<i>loperamide hcl liquid 1 mg/7.5ml oral 1 mg/7.5ml</i>	3	DP
<i>loperamide hcl oral capsule 2 mg</i>	1	

Last Updated: 09/2020

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<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>loperamide hcl suspension 1 mg/7.5ml oral 1 mg/7.5ml</i>	3	DP
<i>mag-al liquid 200-200 mg/5ml oral 200-200 mg/5ml</i>	3	DP
<i>mag-al plus liquid 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>mag-al plus xs liquid 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	3	DP
<i>mi-acid maximum strength suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	3	DP
MI-ACID SUSPENSION 200-200-20 MG/5ML ORAL 200-200-20 MG/5ML	3	DP
<i>mintox maximum strength suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	3	DP
MINTOX REGULAR STRENGTH SUSPENSION 200-200-20 MG/5ML ORAL 200-200-20 MG/5ML	3	DP
OCALIVA ORAL TABLET 10 MG, 5 MG	2	PA
<i>peptic relief tablet chewable 262 mg oral 262 mg</i>	3	DP
PEPTO-BISMOL SUSPENSION 524 MG/30ML ORAL 524 MG/30ML	3	DP
<i>pink bismuth tablet chewable 262 mg oral 262 mg</i>	3	DP
<i>qc antacid suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>qc antacid tablet chewable 500 mg oral 500 mg</i>	3	DP
<i>qc antacid/anti-gas suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>qc antacid/anti-gas suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	3	DP
<i>qc anti-diarrheal capsule 2 mg oral 2 mg</i>	3	DP
<i>qc anti-diarrheal tablet 2 mg oral 2 mg</i>	3	DP
<i>qc diarrhea relief suspension 262 mg/15ml oral 262 mg/15ml</i>	3	DP
<i>qc pink bismuth tablet chewable 262 mg oral 262 mg</i>	3	DP
RECTIV RECTAL OINTMENT 0.4 %	2	
RELISTOR ORAL TABLET 150 MG	2	PA
RELISTOR SUBCUTANEOUS KIT 12 MG/0.6ML	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	2	PA
<i>sm antacid advanced max st suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	3	DP
<i>sm antacid advanced suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>sm antacid maximum strength suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	3	DP
<i>sm antacid/antigas suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	3	DP
<i>sm anti-diarrheal capsule 2 mg oral 2 mg</i>	3	DP
<i>sm anti-diarrheal liquid 1 mg/7.5ml oral 1 mg/7.5ml</i>	3	DP
<i>sm anti-diarrheal tablet 2 mg oral 2 mg</i>	3	DP
<i>sm calcium antacid ex st tablet chewable 750 mg oral 750 mg</i>	3	DP
<i>sm calcium antacid tablet chewable 500 mg oral 500 mg</i>	3	DP
<i>sm loperamide hcl suspension 1 mg/7.5ml oral 1 mg/7.5ml</i>	3	DP
<i>sm stomach relief suspension 525 mg/30ml oral 525 mg/30ml</i>	3	DP
<i>sm stomach relief tablet 262 mg oral 262 mg</i>	3	DP
<i>sm stomach relief tablet chewable 262 mg oral 262 mg</i>	3	DP
<i>stomach relief max st suspension 525 mg/15ml oral 525 mg/15ml</i>	3	DP
<i>stomach relief suspension 262 mg/15ml oral 262 mg/15ml</i>	3	DP
<i>stomach relief tablet chewable 262 mg oral 262 mg</i>	3	DP
TUMS CHEWY BITES TABLET CHEWABLE 750 MG ORAL 750 MG	3	DP
TUMS CHEWY DELIGHTS TABLET CHEWABLE 1177 MG ORAL 1177 MG	3	DP
TUMS E-X 750 TABLET CHEWABLE 750 MG ORAL 750 MG	3	DP

Last Updated: 09/2020

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



<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
TUMS EXTRA STRENGTH 750 TABLET CHEWABLE 750 MG ORAL 750 MG	3	DP
TUMS SMOOTHIES TABLET CHEWABLE 750 MG ORAL 750 MG	3	DP
TUMS TABLET CHEWABLE 500 MG ORAL 500 MG	3	DP
TUMS ULTRA 1000 TABLET CHEWABLE 1000 MG ORAL 1000 MG	3	DP
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
XERMELO ORAL TABLET 250 MG	2	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>acid control maximum strength tablet 150 mg oral 150 mg</i>	3	DP
<i>acid reducer complete tablet chewable 10-800-165 mg oral 10-800-165 mg</i>	3	DP
<i>acid reducer maximum strength tablet 20 mg oral 20 mg</i>	3	DP
<i>acid reducer tablet 10 mg oral 10 mg</i>	3	DP
<i>cimetidine 200 oral tablet 200 mg</i>	1	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine tablet 10 mg oral 10 mg</i>	3	DP
<i>gnp acid reducer max st tablet 20 mg oral 20 mg</i>	3	DP
<i>gnp acid reducer tablet 10 mg oral 10 mg</i>	3	DP
<i>gnp heartburn relief tablet 200 mg oral 200 mg</i>	3	DP
<i>goodsense acid reducer tablet 150 mg oral 150 mg</i>	3	DP
<i>heartburn relief max st tablet 20 mg oral 20 mg</i>	3	DP
<i>heartburn relief tablet 10 mg oral 10 mg</i>	3	DP
<i>heartburn relief tablet 200 mg oral 200 mg</i>	3	DP
<i>hm famotidine tablet 10 mg oral 10 mg</i>	3	DP
<i>hm famotidine tablet 20 mg oral 20 mg</i>	3	DP
<i>qc acid controller max st tablet 20 mg oral 20 mg</i>	3	DP
<i>qc acid controller tablet 10 mg oral 10 mg</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>ranitidine hcl tablet 150 mg oral (otc) 150 mg</i>	3	DP
<i>sm acid reducer max st tablet 20 mg oral 20 mg</i>	3	DP
<i>sm acid reducer tablet 10 mg oral 10 mg</i>	3	DP
<i>sm acid reducer tablet 200 mg oral 200 mg</i>	3	DP
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	QL (60 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA
<b>Laxatives</b>		
<i>bisacodyl ec tablet delayed release 5 mg oral 5 mg</i>	3	DP
<i>bisacodyl suppository 10 mg rectal 10 mg</i>	3	DP
COLACE CAPSULE 100 MG ORAL 100 MG	3	DP
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>docu liquid 50 mg/5ml oral 50 mg/5ml</i>	3	DP
<i>docusate sodium capsule 100 mg oral 100 mg</i>	3	DP
<i>docusate sodium capsule 250 mg oral 250 mg</i>	3	DP
<i>docusate sodium liquid 50 mg/5ml oral 50 mg/5ml</i>	3	DP
DOCUSIL CAPSULE 100 MG ORAL 100 MG	3	DP
DOK CAPSULE 100 MG ORAL 100 MG	3	DP
DOK CAPSULE 250 MG ORAL 250 MG	3	DP
<i>ducodyl tablet delayed release 5 mg oral 5 mg</i>	3	DP
<i>enema enema 7-19 gm/118ml rectal 7-19 gm/118ml</i>	3	DP
<i>enema ready-to-use enema 7-19 gm/118ml rectal 7-19 gm/118ml</i>	3	DP
FLEET ENEMA ENEMA 7-19 GM/118ML RECTAL 7-19 GM/118ML	3	DP
FLEET PEDIATRIC ENEMA 3.5-9.5 GM/59ML RECTAL 3.5-9.5 GM/59ML	3	DP
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>gentle laxative tablet delayed release 5 mg oral 5 mg</i>	3	DP
GNP BISA-LAX TABLET DELAYED RELEASE 5 MG ORAL 5 MG	3	DP
GNP CLEARLAX PACKET 17 GM ORAL 17 GM	3	DP
<i>gnp enema enema 7-19 gm/118ml rectal 7-19 gm/118ml</i>	3	DP
<i>gnp enema enema rectal</i>	3	DP
<i>gnp gentle laxative suppository 10 mg rectal 10 mg</i>	3	DP
<i>gnp gentle laxative tablet delayed release 5 mg oral 5 mg</i>	3	DP
<i>gnp laxative tablet delayed release 5 mg oral 5 mg</i>	3	DP
<i>gnp natural fiber powder 48.57 % oral 48.57 %</i>	3	DP
<i>gnp stool softener capsule 100 mg oral 100 mg</i>	3	DP
<i>gnp stool softener capsule 250 mg oral 250 mg</i>	3	DP
<i>gnp stool softener liquid 50 mg/5ml oral 50 mg/5ml</i>	3	DP
<i>gnp stool softener syrup 60 mg/15ml oral 60 mg/15ml</i>	3	DP
<i>gnp womens gentle laxative tablet delayed release 5 mg oral 5 mg</i>	3	DP
<i>hm enema enema 7-19 gm/118ml rectal 7-19 gm/118ml</i>	3	DP
<i>hm fiber powder 28.3 % oral 28.3 %</i>	3	DP
<i>hm fiber powder 48.57 % oral 48.57 %</i>	3	DP
<i>hm laxative tablet delayed release 5 mg oral 5 mg</i>	3	DP
<i>hm stool softener capsule 100 mg oral 100 mg</i>	3	DP
<i>hm stool softener capsule 250 mg oral 250 mg</i>	3	DP
KAO-TIN CAPSULE 240 MG ORAL 240 MG	3	DP
<i>konsyl daily fiber powder 28.3 % oral 28.3 %</i>	3	DP
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
<i>natural fiber powder 28.3 % oral 28.3 %</i>	3	DP
<i>natural fiber therapy powder 28.3 % oral 28.3 %</i>	3	DP
<i>natural fiber therapy powder 48.57 % oral 48.57 %</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>peg 3350 packet 17 gm oral 17 gm</i>	3	DP
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	
<i>polyethylene glycol 3350 packet 17 gm oral (otc) 17 gm</i>	3	DP
<i>polyethylene glycol 3350 powder</i>	1	
<i>qc enema enema 16-6 gm/133ml rectal 16-6 gm/133ml</i>	3	DP
<i>qc gentle laxative suppository 10 mg rectal 10 mg</i>	3	DP
<i>qc natural vegetable powder 95 % oral 95 %</i>	3	DP
REGULOID POWDER 28.3 % ORAL 28.3 %	3	DP
REGULOID POWDER 48.57 % ORAL 48.57 %	3	DP
REGULOID POWDER 58.6 % ORAL 58.6 %	3	DP
<i>silace liquid 150 mg/15ml oral 150 mg/15ml</i>	3	DP
<i>silace syrup 60 mg/15ml oral 60 mg/15ml</i>	3	DP
<i>sm enema enema 7-19 gm/118ml rectal 7-19 gm/118ml</i>	3	DP
<i>sm fiber powder 28.3 % oral 28.3 %</i>	3	DP
<i>sm fiber powder 48.57 % oral 48.57 %</i>	3	DP
<i>sm fiber powder 58.6 % oral 58.6 %</i>	3	DP
<i>sm gentle laxative tablet delayed release 5 mg oral 5 mg</i>	3	DP
<i>sm laxative suppository 10 mg rectal 10 mg</i>	3	DP
<i>sm stool softener capsule 100 mg oral 100 mg</i>	3	DP
<i>sm stool softener capsule 240 mg oral 240 mg</i>	3	DP
<i>stool softener capsule 100 mg oral 100 mg</i>	3	DP
<i>stool softener capsule 240 mg oral 240 mg</i>	3	DP
<i>stool softener capsule 250 mg oral 250 mg</i>	3	DP
<i>stool softener laxative capsule 100 mg oral 100 mg</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>stool softener laxative capsule 250 mg oral 250 mg</i>	3	DP
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	1	
<i>womens laxative tablet delayed release 5 mg oral 5 mg</i>	3	DP
<b>Protectants</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
<b>Proton Pump Inhibitors</b>		
ESOMEPRAZOLE ORAL KIT 20 MG	1	ST
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	ST
<i>gnp lansoprazole capsule delayed release 15 mg oral 15 mg</i>	3	DP
<i>gnp omeprazole tablet delayed release 20 mg oral 20 mg</i>	3	DP
<i>goodsense lansoprazole capsule delayed release 15 mg oral 15 mg</i>	3	DP
<i>heartburn treatment 24 hour capsule delayed release 15 mg oral 15 mg</i>	3	DP
<i>hm lansoprazole capsule delayed release 15 mg oral 15 mg</i>	3	DP
<i>hm omeprazole tablet delayed release 20 mg oral 20 mg</i>	3	DP
<i>lansoprazole capsule delayed release 15 mg oral (otc) 15 mg</i>	3	DP
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole tablet delayed release 20 mg oral 20 mg</i>	3	DP
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	
PREVACID 24HR CAPSULE DELAYED RELEASE 15 MG ORAL 15 MG	3	DP
<i>sm lansoprazole capsule delayed release 15 mg oral 15 mg</i>	3	DP

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<i>sm omeprazole tablet delayed release 20 mg oral 20 mg</i>	3	DP
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders</b>		
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 400 MG, 500 MG, 800 MG	2	PA
CERDELGA ORAL CAPSULE 84 MG	2	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	2	
CYSTADANE ORAL POWDER	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA
GALAFOLD ORAL CAPSULE 123 MG	2	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	2	PA
KUVAN ORAL PACKET 100 MG, 500 MG	2	PA
KUVAN ORAL TABLET SOLUBLE 100 MG	2	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA
ORFADIN ORAL CAPSULE 20 MG	2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	2	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	2	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	2	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	2	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	2	PA
XURIDEN ORAL PACKET 2 GM	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	2	PA
<b>Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	ST
<i>flavoxate hcl oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	2	ST; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	ST
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	2	ST
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	1	ST
<i>trospium chloride oral tablet 20 mg</i>	1	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
ELMIRON ORAL CAPSULE 100 MG	2	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	2	PA
THIOLA ORAL TABLET 100 MG	2	PA

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	2	PA
<i>cortisone acetate oral tablet 25 mg</i>	1	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	B/D
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 ORAL TABLET 50 MG	2	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
<b>Androgens</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA
<i>testosterone transdermal solution 30 mg/act</i>	1	PA
<b>Estrogens</b>		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

Last Updated: 09/2020

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



<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM	2	
YUVAFEM VAGINAL TABLET 10 MCG	1	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	1	
AFTERA TABLET 1.5 MG ORAL 1.5 MG	3	DP
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	1	
APRI ORAL TABLET 0.15-30 MG-MCG	1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	
AUBRA ORAL TABLET 0.1-20 MG-MCG	1	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
AYUNA ORAL TABLET 0.15-30 MG-MCG	1	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	1	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
CAZIAN T ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	1	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	1	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	2	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	1	
CYRED ORAL TABLET 0.15-30 MG-MCG	1	
DELYLA ORAL TABLET 0.1-20 MG-MCG	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
ECONTRA EZ TABLET 1.5 MG ORAL 1.5 MG	3	DP
ECONTRA ONE-STEP TABLET 1.5 MG ORAL 1.5 MG	3	DP
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	1	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	1	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	
INTROVALE ORAL TABLET 0.15-0.03 MG	1	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	
JINTELI ORAL TABLET 1-5 MG-MCG	1	
JOLIVETTE ORAL TABLET 0.35 MG	1	
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
KALLIGA ORAL TABLET 0.15-30 MG-MCG	1	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1	
<i>levonorgestrel tablet 1.5 mg oral (otc) 1.5 mg</i>	3	DP
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	
LILLOW ORAL TABLET 0.15-30 MG-MCG	1	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	
LOPREEZA ORAL TABLET 1-0.5 MG	1	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
MILI ORAL TABLET 0.25-35 MG-MCG	1	
MIMVEY ORAL TABLET 1-0.5 MG	1	
MONONESSA ORAL TABLET 0.25-35 MG-MCG	1	
MY CHOICE TABLET 1.5 MG ORAL 1.5 MG	3	DP
MY WAY TABLET 1.5 MG ORAL (OTC) 1.5 MG	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NEW DAY TABLET 1.5 MG ORAL 1.5 MG	3	DP
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
NORLYDA ORAL TABLET 0.35 MG	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
OCELLA ORAL TABLET 3-0.03 MG	1	
OPCICON ONE-STEP TABLET 1.5 MG ORAL 1.5 MG	3	DP
OPTION 2 TABLET 1.5 MG ORAL 1.5 MG	3	DP
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	
PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC) 1.5 MG	3	DP
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	
PREMPHASE ORAL TABLET 0.625-5 MG	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
TAKE ACTION TABLET 1.5 MG ORAL 1.5 MG	3	DP
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	1	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	1	
ZARAH ORAL TABLET 3-0.03 MG	1	

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	
<b>Progestins</b>		
CAMILA ORAL TABLET 0.35 MG	1	
DEBLITANE ORAL TABLET 0.35 MG	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	2	
ERRIN ORAL TABLET 0.35 MG	1	
INCASSIA ORAL TABLET 0.35 MG	1	
LYZA ORAL TABLET 0.35 MG	1	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	1	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	PA
NORA-BE ORAL TABLET 0.35 MG	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone oral tablet 0.35 mg</i>	1	
NORLYROC ORAL TABLET 0.35 MG	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
SHAROBEL ORAL TABLET 0.35 MG	1	
TULANA ORAL TABLET 0.35 MG	1	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>raloxifene hcl oral tablet 60 mg</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary) - Treatment Of Pituitary Gland Conditions</b>		

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG, 2 MG	2	PA
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	2	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	2	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG	2	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG	2	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	2	PA
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML, 1.66 MCG/0.1ML	2	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	2	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML	2	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML	2	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML	2	PA
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	2	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	2	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	2	PA

Last Updated: 09/2020

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



Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions</b>		
<b>Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)</b>		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<b>Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline oral tablet 0.5 mg</i>	1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	2	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG	2	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	2	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	2	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	2	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	2	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED)	2	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	2	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	2	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA
SYNAREL NASAL SOLUTION 2 MG/ML	2	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	2	PA
<b>Hormonal Agents, Suppressant (Thyroid) - Treatment For Overactive Thyroid</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Immunological Agents - Medications That Alter The Immune System Including Vaccinations</b>		
<b>Angioedema Agents</b>		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	2	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	2	PA
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	1	PA
<b>Immune Suppressants</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	2	B/D
<i>azathioprine oral tablet 50 mg</i>	1	B/D
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	2	PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	2	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	2	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	2	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	2	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	2	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	2	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	2	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	B/D
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D
GENGRAF ORAL SOLUTION 100 MG/ML	1	B/D

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	2	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	2	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA
<i>methotrexate oral tablet 2.5 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	2	B/D
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	2	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	2	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	2	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	2	B/D

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
RENFLXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	2	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	B/D
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	2	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	2	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D
XATMEP ORAL SOLUTION 2.5 MG/ML	2	PA
ZORTRESS ORAL TABLET 1 MG	2	B/D
<b>Immunoglobulins</b>		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	2	B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	2	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	2	B/D
GAMMAKED INJECTION SOLUTION 1 GM/10ML	2	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	2	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	2	B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	2	B/D
<b>Immunomodulators</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	2	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	2	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	2	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	2	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	2	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	2	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	2	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	2	PA
OTEZLA ORAL TABLET 30 MG	2	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	2	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	2	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	2	PA
<b>Vaccines</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	2	
<i>bcg vaccine injection injectable</i>	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE), 5-2.5-18.5 LF-MCG/0.5	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	2	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	2	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	2	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	2	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	2	
IPOL INJECTION INJECTABLE	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	2	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
MENACTRA INTRAMUSCULAR INJECTABLE	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
PEDIARIX INTRAMUSCULAR SUSPENSION	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	2	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	2	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	2	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	2	

Last Updated: 09/2020

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



<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	2	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	2	
VARIZIG INTRAMUSCULAR SOLUTION RECONSTITUTED 125 UNIT	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	2	
YF-VAX SUBCUTANEOUS INJECTABLE	2	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	2	QL (1 EA per 999 days)
<b>Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	2	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<b>Glucocorticoids</b>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	PA
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	2	PA
<i>ibandronate sodium oral tablet 150 mg</i>	1	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	2	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	2	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	1	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	2	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	2	PA
<b>Ophthalmic Agents - Treatment Of Eye Conditions</b>		
<b>Ophthalmic Prostaglandin And Prostanoid Analogs</b>		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	
<i>travoprost ophthalmic solution 0.004 %</i>	1	
<b>Ophthalmic Agents, Other</b>		
AKWA TEARS OINTMENT 2-15-83 % OPHTHALMIC 2-15-83 %	3	DP
ALAWAY CHILDRENS ALLERGY SOLUTION 0.025 % OPHTHALMIC 0.025 %	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>artificial tears solution 1.4 % ophthalmic 1.4 %</i>	3	DP
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML	2	PA
<i>bevacizumab intraocular solution prefilled syringe 2.75 mg/0.11ml, 3.75 mg/0.15ml</i>	1	
<i>bevacizumab intravitreal solution prefilled syringe 3.25 mg/0.13ml</i>	1	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	2	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML	2	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	2	PA
GENTEAL SEVERE GEL 0.3 % OPHTHALMIC 0.3 %	3	DP
GENTEAL TEARS SOLUTION 0.1-0.3 % OPHTHALMIC 0.1-0.3 %	3	DP
<i>gnp artificial tears solution 5-6 mg/ml ophthalmic 5-6 mg/ml</i>	3	DP
<i>gnp eye drops solution 0.5 % ophthalmic 0.5 %</i>	3	DP
<i>gnp lubricant pm ointment ophthalmic</i>	3	DP
<i>gnp lubricating plus eye drops solution 0.5 % ophthalmic 0.5 %</i>	3	DP
<i>goodsense lubricating eye drop solution 0.5 % ophthalmic 0.5 %</i>	3	DP
<i>hm lubricating plus solution 0.5 % ophthalmic 0.5 %</i>	3	DP
ISOPTO TEARS SOLUTION 0.5 % OPHTHALMIC 0.5 %	3	DP
<i>lubricating plus eye drops solution 0.5 % ophthalmic 0.5 %</i>	3	DP
<i>lubrifresh p.m. ointment ophthalmic</i>	3	DP
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	2	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML	2	PA
MACUGEN INTRAOCULAR SOLUTION 0.3 MG	2	PA

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
NATACYN OPHTHALMIC SUSPENSION 5 %	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	2	PA
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
REFRESH CELLUVISC GEL 1 % OPHTHALMIC 1 %	3	DP
REFRESH LACRI-LUBE OINTMENT OPHTHALMIC	3	DP
REFRESH LIQUIGEL GEL 1 % OPHTHALMIC 1 %	3	DP
REFRESH P.M. OINTMENT OPHTHALMIC	3	DP
REFRESH PLUS SOLUTION 0.5 % OPHTHALMIC 0.5 %	3	DP
REFRESH TEARS SOLUTION 0.5 % OPHTHALMIC 0.5 %	3	DP
RESTASIS OPHTHALMIC EMULSION 0.05 %	2	QL (60 EA per 30 days)
<i>sm lubricating plus solution 0.5 % ophthalmic 0.5 %</i>	3	DP
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
SYSTANE NIGHTTIME OINTMENT OPHTHALMIC	3	DP
SYSTANE OVERNIGHT THERAPY GEL 0.3 % OPHTHALMIC 0.3 %	3	DP
XIIDRA OPHTHALMIC SOLUTION 5 %	2	QL (60 EA per 30 days)
<b>Ophthalmic Anti-Allergy Agents</b>		
ALAWAY SOLUTION 0.025 % OPHTHALMIC 0.025 %	3	DP
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>eye itch relief solution 0.025 % ophthalmic 0.025 %</i>	3	DP
<i>hm eye itch relief solution 0.025 % ophthalmic 0.025 %</i>	3	DP
<i>ketotifen fumarate solution 0.025 % ophthalmic (otc) 0.025 %</i>	3	DP
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>sm eye itch relief solution 0.025 % ophthalmic 0.025 %</i>	3	DP
ZADITOR SOLUTION 0.025 % OPHTHALMIC 0.025 %	3	DP
<b>Ophthalmic Antiglaucoma Agents</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
AZOPT OPHTHALMIC SUSPENSION 1 %	2	ST
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	2	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<b>Ophthalmic Anti-Inflammatories</b>		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
DUREZOL OPHTHALMIC EMULSION 0.05 %	2	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
<b>Otic Agents - Treatment Of Ear Conditions</b>		

Last Updated: 09/2020

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

Name of Drug	Drug Tier	Necessary actions, restrictions, or limits on use
<b>Otic Agents</b>		
<i>acetic acid otic solution 2 %</i>	1	
<i>acetic acid-aluminum acetate otic solution 2 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
<b>Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions</b>		
<b>Antihistamines</b>		
<i>24hr allergy relief tablet 180 mg oral 180 mg</i>	3	DP
AHIST TABLET 25 MG ORAL 25 MG	3	DP
ALA-HIST IR TABLET 2 MG ORAL 2 MG	3	DP
ALAVERT TABLET DISPERSIBLE 10 MG ORAL 10 MG	3	DP
<i>all day allergy childrens solution 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>all day allergy tablet 10 mg oral 10 mg</i>	3	DP
<i>all-day allergy childrens solution 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>aller-chlor tablet 4 mg oral 4 mg</i>	3	DP
<i>aller-ease tablet 60 mg oral 60 mg</i>	3	DP
<i>allergy childrens liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	3	DP
<i>allergy childrens syrup 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>allergy relief capsule 25 mg oral 25 mg</i>	3	DP
<i>allergy relief childrens liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	3	DP
<i>allergy relief childrens solution 1 mg/ml oral 1 mg/ml</i>	3	DP
<i>allergy relief tablet 10 mg oral 10 mg</i>	3	DP
<i>allergy relief tablet 180 mg oral 180 mg</i>	3	DP
<i>allergy relief tablet 25 mg oral 25 mg</i>	3	DP
<i>allergy relief tablet 4 mg oral 4 mg</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>allergy relief/indoor/outdoor tablet 10 mg oral 10 mg</i>	3	DP
<i>allergy tablet 10 mg oral 10 mg</i>	3	DP
<i>allergy tablet 25 mg oral 25 mg</i>	3	DP
<i>allergy tablet 4 mg oral 4 mg</i>	3	DP
<i>allergy-time tablet 4 mg oral 4 mg</i>	3	DP
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
BANOPHEN CAPSULE 25 MG ORAL 25 MG	3	DP
BANOPHEN CAPSULE 50 MG ORAL 50 MG	3	DP
BANOPHEN TABLET 25 MG ORAL 25 MG	3	DP
<i>cetirizine hcl allergy child solution 5 mg/5ml oral (otc) 5 mg/5ml</i>	3	DP
<i>cetirizine hcl childrens alrgy solution 1 mg/ml oral 1 mg/ml</i>	3	DP
<i>cetirizine hcl childrens solution 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>cetirizine hcl childrens tablet chewable 10 mg oral 10 mg</i>	3	DP
<i>cetirizine hcl childrens tablet chewable 5 mg oral 5 mg</i>	3	DP
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>cetirizine hcl tablet 10 mg oral 10 mg</i>	3	DP
<i>cetirizine hcl tablet 5 mg oral 5 mg</i>	3	DP
<i>cetirizine hcl tablet chewable 10 mg oral 10 mg</i>	3	DP
<i>cetirizine hcl tablet chewable 5 mg oral 5 mg</i>	3	DP
<i>childrens loratadine solution 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>childrens loratadine syrup 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>chlorpheniramine maleate tablet 4 mg oral 4 mg</i>	3	DP
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
<i>complete allergy medicine capsule 25 mg oral 25 mg</i>	3	DP
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	PA
<i>diphenhist capsule 25 mg oral 25 mg</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>diphenhydramine hcl capsule 25 mg oral (otc) 25 mg</i>	3	DP
<i>diphenhydramine hcl capsule 50 mg oral (otc) 50 mg</i>	3	DP
<i>diphenhydramine hcl childrens liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	3	DP
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	B/D
<i>diphenhydramine hcl liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	3	DP
<i>diphenhydramine hcl tablet 25 mg oral 25 mg</i>	3	DP
<i>ed chlorped jr syrup 2 mg/5ml oral 2 mg/5ml</i>	3	DP
<i>fexofenadine hcl tablet 180 mg oral (otc) 180 mg</i>	3	DP
<i>fexofenadine hcl tablet 60 mg oral (otc) 60 mg</i>	3	DP
<i>gnp all day allergy childrens solution 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>gnp all day allergy tablet 10 mg oral 10 mg</i>	3	DP
<i>gnp allergy antihistamine liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	3	DP
<i>gnp allergy capsule 25 mg oral 25 mg</i>	3	DP
<i>gnp allergy relief capsule 25 mg oral 25 mg</i>	3	DP
<i>gnp allergy tablet 25 mg oral 25 mg</i>	3	DP
<i>gnp allergy tablet 4 mg oral 4 mg</i>	3	DP
<i>gnp childrens allergy liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	3	DP
<i>gnp dayhist allergy tablet 1.34 mg oral 1.34 mg</i>	3	DP
<i>gnp loratadine childrens solution 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>gnp loratadine childrens syrup 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>gnp loratadine syrup 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>gnp loratadine tablet 10 mg oral 10 mg</i>	3	DP
<i>goodsense all day allergy solution 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>goodsense all day allergy tablet 10 mg oral 10 mg</i>	3	DP
<i>goodsense aller-ease tablet 180 mg oral 180 mg</i>	3	DP
<b>HISTEX PD LIQUID 0.938 MG/ML ORAL 0.938 MG/ML</b>	3	DP

Last Updated: 09/2020

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



<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
HISTEX SYRUP 2.5 MG/5ML ORAL 2.5 MG/5ML	3	DP
<i>hm all day allergy childrens solution 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>hm all day allergy solution 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>hm all day allergy tablet 10 mg oral 10 mg</i>	3	DP
<i>hm allergy relief capsule 25 mg oral 25 mg</i>	3	DP
<i>hm allergy relief childrens liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	3	DP
<i>hm allergy relief tablet 25 mg oral 25 mg</i>	3	DP
<i>hm allergy relief tablet 4 mg oral 4 mg</i>	3	DP
<i>hm allergy tablet 25 mg oral 25 mg</i>	3	DP
<i>hm cetirizine hcl childrens solution 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>hm cetirizine hcl tablet 10 mg oral 10 mg</i>	3	DP
<i>hm fexofenadine hcl tablet 180 mg oral 180 mg</i>	3	DP
<i>hm fexofenadine hcl tablet 60 mg oral 60 mg</i>	3	DP
<i>hm loratadine childrens syrup 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>hm loratadine tablet 10 mg oral 10 mg</i>	3	DP
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	PA
<i>hydroxyzine hcl oral tablet 10 mg</i>	1	
<i>hydroxyzine hcl oral tablet 25 mg, 50 mg</i>	1	PA
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<i>loratadine childrens syrup 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>loratadine tablet 10 mg oral 10 mg</i>	3	DP
<i>m-dryl liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	3	DP
<i>m-hist pd liquid 0.625 mg/ml oral 0.625 mg/ml</i>	3	DP
PEDIACLEAR ALLERGY CHILDRENS LIQUID 0.313 MG/ML ORAL 0.313 MG/ML	3	DP
PEDIACLEAR COUGH CHILDRENS LIQUID 6.25 MG/ML ORAL 6.25 MG/ML	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
PEDIACLEAR PD CHILDRENS LIQUID 0.625 MG/ML ORAL 0.625 MG/ML	3	DP
PEDIAVENT SYRUP 2 MG/5ML ORAL 2 MG/5ML	3	DP
<i>pharbedryl capsule 25 mg oral 25 mg</i>	3	DP
<i>pharbedryl capsule 50 mg oral 50 mg</i>	3	DP
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	1	PA
<i>qc all day allergy tablet 10 mg oral 10 mg</i>	3	DP
<i>qc childrens allergy solution 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>qc chlor-pheniramine tablet 4 mg oral 4 mg</i>	3	DP
<i>qc complete allergy medicine tablet 25 mg oral 25 mg</i>	3	DP
<i>qc fexofenadine hydrochloride tablet 180 mg oral 180 mg</i>	3	DP
<i>qc loratadine allergy relief tablet 10 mg oral 10 mg</i>	3	DP
<i>siladryl allergy liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	3	DP
<i>sm all day allergy childrens solution 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>sm all day allergy tablet 10 mg oral 10 mg</i>	3	DP
<i>sm allergy 4 hour tablet 4 mg oral 4 mg</i>	3	DP
<i>sm allergy childrens syrup 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>sm allergy relief capsule 25 mg oral 25 mg</i>	3	DP
<i>sm allergy relief liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	3	DP
<i>sm allergy relief tablet 1.34 mg oral 1.34 mg</i>	3	DP
<i>sm allergy relief tablet 25 mg oral 25 mg</i>	3	DP
<i>sm childrens loratadine syrup 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>sm fexofenadine hcl tablet 180 mg oral 180 mg</i>	3	DP
<i>sm fexofenadine hcl tablet 60 mg oral 60 mg</i>	3	DP
<i>sm loratadine syrup 5 mg/5ml oral 5 mg/5ml</i>	3	DP
<i>sm loratadine tablet 10 mg oral 10 mg</i>	3	DP
<i>triprolidine hcl liquid 0.625 mg/ml oral 0.625 mg/ml</i>	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
VANACLEAR PD LIQUID 0.313 MG/ML ORAL 0.313 MG/ML	3	DP
VANAMINE PD LIQUID 6.25 MG/ML ORAL 6.25 MG/ML	3	DP
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
<i>allergy relief suspension 50 mcg/act nasal 50 mcg/act</i>	3	DP
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	2	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	B/D
<i>budesonide suspension 32 mcg/act nasal (otc) 32 mcg/act</i>	3	DP
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	2	
<i>gnp budesonide nasal spray suspension 32 mcg/act nasal 32 mcg/act</i>	3	DP
<i>gnp fluticasone propionate chl suspension 50 mcg/act nasal 50 mcg/act</i>	3	DP
<i>gnp fluticasone propionate suspension 50 mcg/act nasal 50 mcg/act</i>	3	DP
<i>hm allergy relief suspension 50 mcg/act nasal 50 mcg/act</i>	3	DP
<i>qc allergy relief suspension 50 mcg/act nasal 50 mcg/act</i>	3	DP
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	2	
<i>sm allergy relief suspension 50 mcg/act nasal 50 mcg/act</i>	3	DP
<b>Anti-Inflammatories, Nasal Corticosteroids</b>		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>fluticasone propionate suspension 50 mcg/act nasal (otc) 50 mcg/act</i>	3	DP
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
<b>Antileukotrienes</b>		
<i>montelukast sodium oral packet 4 mg</i>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	ST
<b>Bronchodilators, Anticholinergic</b>		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	1	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	2	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	2	
<b>Cystic Fibrosis Agents</b>		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	2	PA
KALYDECO ORAL TABLET 150 MG	2	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	2	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	2	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	B/D
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	2	PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium aerosol solution 5.2 mg/act nasal 5.2 mg/act</i>	3	DP
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<b>Pulmonary Antihypertensives</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	2	PA
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET ORAL CAPSULE 267 MG	2	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	2	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	B/D
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2	
<i>allergy relief tablet 25 mg oral 25 mg</i>	3	DP
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	2	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	2	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	2	ST
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	B/D
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
CUVPOSA ORAL SOLUTION 1 MG/5ML	2	
FLONASE ALLERGY RELIEF SUSPENSION 50 MCG/ACT NASAL 50 MCG/ACT	3	DP

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
FLONASE SENSIMIST SUSPENSION 27.5 MCG/SPRAY NASAL 27.5 MCG/SPRAY	3	DP
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcg/act</i>	1	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	B/D
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	PA
<i>promethazine vc plain oral solution 6.25-5 mg/5ml</i>	1	PA
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	2	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	
<b>Skeletal Muscle Relaxants - Treatment Of Muscle Tightness</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA
CYCLOBENZAPRINE COMFORT PAC COMBINATION KIT 10 MG	2	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA
<i>metaxalone oral tablet 800 mg</i>	1	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	PA
<b>Sleep Disorder Agents - Treatment Of Insomnia</b>		

Last Updated: 09/2020

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

<b>Name of Drug</b>	<b>Drug Tier</b>	<b>Necessary actions, restrictions, or limits on use</b>
<b>Gaba Receptor Modulators</b>		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<b>Sleep Disorders, Other</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	2	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	2	PA

Last Updated: 09/2020

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



## Index

- 2**  
24hr allergy relief ..... 118
- 3**  
3 day vaginal ..... 28
- 8**  
8 hour arthritis pain reliever ..... 1  
8hr muscle aches & pain ..... 1
- A**  
abacavir sulfate ..... 51  
abacavir sulfate-lamivudine ... 51  
abacavir-lamivudine-zidovudine  
..... 51  
ABELCET ..... 28  
ABILIFY MAINTENA ..... 45  
abiraterone acetate ..... 36  
acamprosate calcium ..... 10  
acarbose ..... 54  
acebutolol hcl ..... 64  
acetaminophen ..... 1  
acetaminophen childrens ..... 1  
acetaminophen er ..... 1  
acetaminophen extra strength... 1  
acetaminophen infants ..... 1  
acetaminophen-codeine ..... 1  
acetaminophen-codeine #2 ..... 1  
acetaminophen-codeine #3 ..... 1  
acetaminophen-codeine #4 ..... 1  
acetazolamide ..... 68  
acetazolamide er ..... 68  
acetic acid ..... 118  
acetic acid-aluminum acetate 118  
acetylcysteine ..... 126  
acid control maximum strength  
..... 89  
ACID GONE ..... 83  
acid reducer ..... 89  
acid reducer complete ..... 89  
acid reducer maximum strength  
..... 89  
acitretin ..... 73  
acne medication 10 ..... 73, 74  
acne medication 5 ..... 74  
ACTEMRA ..... 109  
ACTEMRA ACTPEN ..... 109  
ACTHAR ..... 96  
ACTHIB ..... 111  
ACTIMMUNE ..... 110  
acyclovir ..... 49  
acyclovir sodium ..... 49  
ADACEL ..... 111  
adapalene ..... 74  
adapalene-benzoyl peroxide ... 74  
adc/f (0.5mg/ml) ..... 80  
adefovir dipivoxil ..... 48  
ADEMPAS ..... 126  
adult aspirin regimen ..... 61  
ADVAIR HFA ..... 126  
ADVIL ..... 5  
ADVIL JUNIOR STRENGTH 5  
ADVIL MIGRAINE ..... 5  
AFINITOR ..... 39  
AFINITOR DISPERZ ..... 39  
AFIRMELLE ..... 97  
AFTERA ..... 97  
AHIST ..... 118  
AIMOVIG ..... 35  
AIMOVIG (140 MG DOSE) .. 35  
ak-poly-bac ..... 14  
AKWA TEARS ..... 114  
ALA-HIST IR ..... 118  
ALAVERT ..... 118  
ALAWAY ..... 116  
ALAWAY CHILDRENS  
ALLERGY ..... 114  
albendazole ..... 42  
albuterol sulfate ..... 124  
albuterol sulfate er ..... 124  
albuterol sulfate hfa ..... 124  
alclometasone dipropionate .... 32  
alcohol ..... 56  
ALECENSA ..... 39  
alendronate sodium ..... 114  
alfuzosin hcl er ..... 95  
ALINIA ..... 42  
aliskiren fumarate ..... 66  
all day allergy ..... 118  
all day allergy childrens ..... 118  
all day pain relief ..... 5  
all day relief ..... 5  
all-day allergy childrens ..... 118  
aller-chlor ..... 118  
aller-ease ..... 118  
allergy ..... 119  
allergy childrens ..... 118  
allergy relief ..... 118, 123, 126  
allergy relief childrens ..... 118  
allergy relief/indoor/outdoor 119  
allergy-time ..... 119  
allopurinol ..... 31  
ALMACONE ..... 83  
ALMACONE DOUBLE  
STRENGTH ..... 83  
alosetron hcl ..... 90  
ALPHAGAN P ..... 117  
alprazolam ..... 53  
ALPRAZOLAM INTENSOL 53  
ALTAVERA ..... 97  
aluminum hydroxide gel ..... 83  
ALUNBRIG ..... 39  
alyacen 1/35 ..... 97  
alyacen 7/7/7 ..... 97  
AMABELZ ..... 97  
amantadine hcl ..... 43  
AMBISOME ..... 28  
ambrisentan ..... 126  
amikacin sulfate ..... 13  
amiloride hcl ..... 68  
amiloride-hydrochlorothiazide 66  
AMINOSYN II ..... 76  
AMINOSYN-PF ..... 76  
amiodarone hcl ..... 64  
AMITIZA ..... 90  
amitriptyline hcl ..... 27  
amlodipine besy-benazepril hcl  
..... 66  
amlodipine besylate ..... 65  
amlodipine besylate-valsartan 66  
amlodipine-olmesartan ..... 66  
amlodipine-valsartan-hctz ..... 66  
ammonium lactate ..... 74  
AMNESTEEM ..... 74  
amoxapine ..... 27  
amoxicillin ..... 18  
amoxicillin-pot clavulanate .... 19  
amoxicillin-pot clavulanate er 18  
amphetamine-dextroamphet er  
..... 70  
amphetamine-  
dextroamphetamine ..... 71  
amphotericin b ..... 29  
ampicillin ..... 19  
ampicillin sodium ..... 19  
ampicillin-sulbactam sodium .. 19  
ANADROL-50 ..... 96

anagrelide hcl .....	61	atenolol .....	64	BEOVU .....	115
anastrozole.....	38	atenolol-chlorthalidone.....	66	BETADINE .....	14
ANORO ELLIPTA .....	126	atomoxetine hcl .....	71	betamethasone dipropionate ...	32
antacid .....	84	atorvastatin calcium.....	69	betamethasone dipropionate aug	
antacid anti-gas max strength.	83	atovaquone.....	42	.....	32
antacid calcium.....	84	atovaquone-proguanil hcl .....	42	betamethasone valerate.....	32
antacid calcium extra strength	83	ATRIPLA .....	50	BETASERON.....	73
antacid extra strength .....	76, 84	atropine sulfate .....	117	betaxolol hcl .....	64
antacid fast relief .....	84	AUBAGIO.....	72	bethanechol chloride.....	95
antacid maximum strength .....	84	AUBRA .....	97	bevacizumab .....	115
antacid plus anti-gas fast act...	84	AUBRA EQ.....	97	BEVESPI AEROSPHERE ...	126
antacid plus anti-gas relief.....	84	AUROVELA 1.5/30.....	97	bexarotene.....	42
antacid regular strength .....	84	AUROVELA FE 1.5/30 .....	97	BEXSERO .....	111
antacid ultra strength .....	84	AUROVELA FE 1/20 .....	97	bicalutamide .....	36
anti-diarrheal .....	84	AUSTEDO .....	72	BICILLIN L-A .....	19
antifungal.....	29	AVAGE .....	74	BIKTARVY .....	51
anti-fungal .....	29	AVANDIA .....	54	bisacodyl.....	90
anti-itch maximum strength ..	32,	AVIANE.....	98	bisacodyl ec .....	90
74		AYUNA.....	98	bismatrol .....	84
APOKYN .....	43	AYVAKIT.....	39	bismatrol maximum strength..	84
aprepitant.....	28	azathioprine .....	107	bismuth subsalicylate.....	84
APRI.....	97	azelastine hcl .....	116, 119	bisoprolol fumarate.....	64
APTIOM.....	24	azithromycin .....	20	bisoprolol-hydrochlorothiazide	
APTIVUS.....	52	AZOPT .....	117	.....	66
AQUASOL A.....	80	aztreonam .....	18	BLISOVI FE 1.5/30.....	98
ARALAST NP .....	94	<b>B</b>		BLISOVI FE 1/20.....	98
ARANELLE.....	97	bacitracin .....	14	BOOSTRIX .....	111
ARANESP (ALBUMIN FREE)		bacitracin-polymyxin b.....	14	BOSULIF .....	39
.....	59	baclofen .....	48	BOTOX .....	72
ARCALYST.....	110	BACMIN.....	80	bp vit 3.....	76
aripiprazole.....	45	balsalazide disodium .....	113	BRAFTOVI.....	39
ARISTADA.....	45	BALVERSA.....	39	BREO ELLIPTA .....	126
ARISTADA INITIO .....	45	BALZIVA .....	98	briellyn.....	98
armodafinil .....	128	BANOPHEN .....	119	BRILINTA .....	62
ARNUITY ELLIPTA.....	123	BANZEL .....	24	brimonidine tartrate .....	117
arthritis pain relief .....	2	BAQSIMI ONE PACK .....	57	BRIVIACT .....	21, 22
artificial tears.....	115	BAQSIMI TWO PACK .....	57	bromocriptine mesylate .....	43
ASCOMP-CODEINE.....	2	BARACLUDGE .....	48	BRUKINSA.....	39
aspirin .....	5, 61	baza antifungal .....	29	budesonide.....	113, 123
aspirin 81 .....	61	bcg vaccine .....	111	budesonide er.....	113
aspirin adult.....	5	benazepril hcl .....	63	budesonide-formoterol fumarate	
aspirin adult low dose.....	61	benazepril-hydrochlorothiazide		.....	126
aspirin adult low strength .....	61	.....	66	bumetanide .....	68
aspirin ec .....	5, 61	BENLYSTA .....	110	buprenorphine.....	9
aspirin low dose.....	61	benznidazole.....	42	buprenorphine hcl.....	10
aspirin low strength .....	61	benzoyl peroxide .....	74	buprenorphine hcl-naloxone hcl	
aspirin-dipyridamole er .....	61	benzoyl peroxide wash .....	74	.....	11
ASPIR-LOW .....	61	benzoyl peroxide-erythromycin		bupropion hcl.....	25
ASTAGRAF XL .....	107	.....	74	bupropion hcl er (smoking det)	
atazanavir sulfate.....	52	benztropine mesylate.....	43	.....	11

bupropion hcl er (sr).....	25	carvedilol.....	64	chlorpheniramine maleate ....	119
bupropion hcl er (xl).....	25	casprofingun acetate .....	29	chlorpromazine hcl .....	28
bupirone hcl .....	53	CAZIAN T .....	98	chlorthalidone .....	68
butalbital-acetaminophen .....	2	cefaclor .....	16	chlorzoxazone.....	127
butalbital-apap-caff-cod .....	2	cefaclor er .....	16	CHOLBAM .....	94
butalbital-apap-caffeine.....	2	cefadroxil.....	16	cholestyramine.....	69
butalbital-asa-caff-codeine .....	2	cefazolin sodium.....	16, 17	cholestyramine light .....	69
butalbital-aspirin-caffeine .....	2	cefazolin sodium-dextrose.....	17	chromic chloride.....	76
butorphanol tartrate .....	9	cefdinir.....	17	ciclopirox.....	29
BYSTOLIC .....	64	cefepime hcl .....	17	ciclopirox olamine .....	29
<b>C</b>		cefepime-dextrose .....	17	ciclopirox treatment.....	29
cabergoline .....	105	cefixime .....	17	cilostazol.....	62
CABOMETYX.....	39	cefotaxime sodium .....	17	CIMDUO.....	51
calcipotriene .....	74	cefoxitin sodium .....	17	cimetidine .....	89
calcitonin (salmon).....	114	cefoxitin sodium-dextrose .....	17	cimetidine 200 .....	89
calcitriol.....	80	cefopodoxime proxetil.....	17	cimetidine hcl .....	89
calcium 600 .....	76, 84	cefprozil.....	17	CIMZIA .....	107
calcium 600+d.....	76	ceftazidime .....	17	CIMZIA PREFILLED.....	107
calcium acetate (phos binder).80		ceftazidime and dextrose .....	17	CIMZIA STARTER KIT .....	107
calcium antacid.....	84	ceftriaxone sodium .....	17, 18	cinacalcet hcl .....	114
calcium antacid extra strength		ceftriaxone sodium in dextrose		CINRYZE.....	107
.....	76, 84	.....	17	ciprofloxacin hcl.....	20
calcium antacid ultra .....	85	ceftriaxone sodium-dextrose ..	18	ciprofloxacin in d5w.....	20
calcium antacid ultra max st...84		cefuroxime axetil.....	18	citalopram hydrobromide .....	26
calcium antacid ultra strength 85		cefuroxime sodium .....	18	CLARAVIS .....	74
calcium carbonate antacid .....	76	celecoxib.....	6	clarithromycin.....	20
calcium high potency .....	76	CELONTIN.....	22	clarithromycin er .....	20
calcium high potency/vitamin d		cephalexin.....	18	clemastine fumarate.....	119
.....	76	CERDELGA.....	94	clindamycin hcl .....	14
CAL-GEST ANTACID.....	85	cetirizine hcl .....	119	clindamycin palmitate hcl.....	14
CALQUENCE.....	39	cetirizine hcl allergy child ....	119	clindamycin phos-benzoyl perox	
CAMILA .....	103	cetirizine hcl childrens.....	119	.....	74
CAPLYTA .....	45	cetirizine hcl childrens alrgy	119	clindamycin phosphate .....	14, 15
CAPRELSA .....	39	cevimeline hcl.....	73	clindamycin phosphate in d5w	
captopril.....	63	CHANTIX .....	11	.....	14
captopril-hydrochlorothiazide	66	CHANTIX CONTINUING		clindamycin phosphate in nacl15	
CARBAGLU.....	76	MONTH PAK .....	11	CLINIMIX/DEXTROSE	
carbamazepine .....	24	CHANTIX STARTING		(4.25/10) .....	76
carbamazepine er.....	24, 54	MONTH PAK .....	11	CLINISOL SF .....	77
carbidopa-levodopa .....	44	CHATEAL EQ.....	98	clobazam.....	22
carbidopa-levodopa er.....	44	childrens acetaminophen .....	2	clobetasol propionate.....	32
carbidopa-levodopa-entacapone		CHILDRENS ADVIL .....	6	clobetasol propionate e .....	32
.....	44	childrens aspirin low strength.	62	clomipramine hcl .....	27
carisoprodol.....	127	childrens ibuprofen.....	6	clonazepam.....	53
carisoprodol-aspirin.....	2	childrens loratadine .....	119	clonidine .....	63
carisoprodol-aspirin-codeine ....	2	childrens silapap .....	2	clonidine hcl .....	63
CARRINGTON		childrens tactinal.....	2	clonidine hcl er .....	71
ANTIFUNGAL .....	29	chlorhexidine gluconate .....	73	clopidogrel bisulfate .....	62
carteolol hcl .....	117	chloroquine phosphate.....	42	clorazepate dipotassium.....	53
CARTIA XT.....	65	chlorothiazide .....	68	clotrimazole .....	29

clotrimazole anti-fungal .....	29	CYSTAGON .....	94	diazepam.....	22, 53
clotrimazole-betamethasone ...	74	CYSTARAN .....	115	DIAZEPAM INTENSOL.....	53
clozapine.....	46	<b>D</b>		diazoxide.....	57
COARTEM .....	42	dalfampridine er .....	73	diclofenac potassium .....	6
COLACE.....	90	DALIRESP .....	125	diclofenac sodium.6, 10, 37, 117	
colchicine .....	31	danazol.....	96	diclofenac sodium er.....	6
colchicine-probenecid .....	31	dantrolene sodium .....	48	dicloxacillin sodium .....	19
colesevelam hcl .....	69	dapsone.....	36	dicyclomine hcl .....	83
colestipol hcl .....	69	DAPTACEL .....	111	didanosine.....	51
colistimethate sodium (cba) ...	15	daptomycin .....	15	DIFFERIN .....	74
COMBIGAN .....	117	darifenacin hydrobromide er ..	95	DIFICID .....	20
COMBIPATCH.....	98	DAURISMO.....	39	diflunisal .....	6
COMBIVENT RESPIMAT .	126	DEBLITANE.....	103	DIGITEK .....	66
COMETRIQ (60 MG DAILY		deferasirox .....	79	DIGOX .....	67
DOSE) .....	39	DELSTRIGO.....	50	digoxin .....	67
COMPLERA .....	50	DELYLA .....	98	dihydroergotamine mesylate ..	35
complete allergy medicine ...	119	DEMSEER.....	66	DILANTIN.....	24
constulose .....	90	DENAVIR.....	49	diltiazem hcl .....	65
COPIKTRA.....	38	DEPO-PROVERA.....	37	diltiazem hcl er .....	65
CORLANOR.....	66	DEPO-SUBQ PROVERA	104	diltiazem hcl er beads .....	65
cortisone acetate .....	96	.....	103	diltiazem hcl er coated beads..	65
CORVITA .....	80	DESCOVY .....	51	dilt-xr .....	65
CORVITE FREE.....	77	desipramine hcl.....	27	DIPENTUM .....	113
COSENTYX.....	110	desmopressin ace spray refrig		diphenhist .....	119
COSENTYX (300 MG DOSE)		.....	104	diphenhydramine hcl .....	120
.....	110	desmopressin acetate .....	104	diphenhydramine hcl childrens	
COSENTYX SENSOREADY		desmopressin acetate spray ..	104	.....	120
(300 MG).....	110	desogestrel-ethinyl estradiol...	98	diphenoxylate-atropine .....	83
COSENTYX SENSOREADY		desonide.....	32	diphtheria-tetanus toxoids dt	111
PEN .....	110	desoximetasone .....	32	dipyridamole.....	62
COTELLIC.....	39	desvenlafaxine succinate er ....	26	disopyramide phosphate .....	64
CREON .....	94	dexamethasone .....	33	disulfiram.....	11
CRIXIVAN .....	52	DEXAMETHASONE		divalproex sodium .....	23
cromolyn sodium..	116, 125, 126	INTENSOL .....	33	divalproex sodium er .....	22
CRYSSELLE-28 .....	98	dexamethasone sodium		docu .....	90
cupric chloride.....	77	phosphate.....	96, 117	docusate sodium .....	90
CUVPOSA .....	126	dexmethylphenidate hcl.....	71	DOCUSIL.....	90
cyanocobalamin.....	80	dexmethylphenidate hcl er.....	71	dofetilide.....	64
CYCLAFEM 1/35 .....	98	dextroamphetamine sulfate.....	71	DOK .....	90
CYCLAFEM 7/7/7 .....	98	dextroamphetamine sulfate er	71	donepezil hcl.....	25
CYCLOBENZAPRINE		dextrose .....	77	DOPTELET.....	59
COMFORT PAC.....	127	dextrose-nacl .....	77	dorzolamide hcl .....	117
cyclobenzaprine hcl.....	127	DIACOMIT .....	22	dorzolamide hcl-timolol mal	117
cyclophosphamide .....	36	DIALYVITE .....	80	DOVATO .....	50
cyclosporine .....	107	DIALYVITE 3000 .....	80	doxazosin mesylate.....	63
cyclosporine modified .....	107	DIALYVITE 5000 .....	80	doxepin hcl .....	27, 74, 128
cyproheptadine hcl .....	119	DIALYVITE SUPREME D ..	80	doxercalciferol.....	114
CYRED .....	98	DIALYVITE/ZINC .....	80	DOXY 100.....	21
CYRED EQ .....	98	DIASTAT ACUDIAL.....	22	doxycycline hyclate .....	21
CYSTADANE.....	94	DIASTAT PEDIATRIC .....	22	doxycycline monohydrate .....	21

DRISDOL.....	80	ENPRESSE-28 .....	98	eye itch relief .....	116
DRIZALMA SPRINKLE.....	26	ENSKYCE.....	98	EYLEA .....	115
dronabinol.....	28	entacapone .....	43	ezetimibe.....	69
drosiprone-ethinyl estradiol	98	entecavir .....	48	ezetimibe-simvastatin .....	69
DROXIA .....	37	ENTRESTO.....	67	<b>F</b>	
DUAVEE .....	103	enulose.....	85	fabb.....	77
ducodyl.....	90	ENVARUSUS XR .....	107	FALMINA .....	99
duloxetine hcl .....	72	EPIDIOLEX .....	22	famciclovir.....	49
DUPIXENT .....	75	epinastine hcl.....	116	famotidine.....	89
duramorph .....	9	epinephrine .....	124	FANAPT.....	46
DUREZOL .....	117	EPITOL .....	24	FANAPT TITRATION PACK	
dutasteride .....	95	EPIVIR HBV.....	48	.....	46
<b>E</b>		eplerenone .....	68	FARYDAK.....	39
ec-naproxen .....	6	EPOGEN .....	60	febuxostat .....	31
econazole nitrate.....	29	EQUETRO .....	54	felbamate .....	24
ECONTRA EZ.....	98	ergocalciferol.....	81	felodipine er.....	65
ECONTRA ONE-STEP.....	98	ergoloid mesylates.....	25	FEMYNOR.....	99
ECPIRIN .....	6	ergotamine-caffeine.....	35	fenofibrate.....	68
ed chlorped jr.....	120	ERIVEDGE .....	39	fenofibrate micronized.....	68
ed-apap .....	2	ERLEADA .....	36	fenofibric acid.....	68
EDURANT.....	50	erlotinib hcl.....	39	fentanyl.....	9
efavirenz .....	50	ERRIN .....	103	fentanyl citrate .....	9
EGRIFTA .....	104	ertapenem sodium.....	18	FERRIPROX .....	79
EGRIFTA SV.....	104	ery.....	20	FETZIMA.....	26
ELIGARD .....	105	ERYTHROCIN		FETZIMA TITRATION .....	26
ELIQUIS .....	58	LACTOBIONATE .....	20	FEVERALL ADULTS.....	2
ELIQUIS DVT/PE STARTER		ERYTHROCIN STEARATE.....	20	FEVERALL CHILDRENS .....	2
PACK .....	58	erythromycin .....	20	FEVERALL INFANTS.....	2
ELMIRON.....	95	erythromycin base .....	20	FEVERALL JUNIOR	
ELURYNG.....	98	erythromycin ethylsuccinate...20		STRENGTH .....	2
EMCYT.....	37	ESBRIET.....	126	fexofenadine hcl .....	120
EMEND.....	28	escitalopram oxalate .....	26	finasteride .....	95
EMGALITY .....	35	ESOMEPE-EZS.....	93	FIRDAPSE .....	72
EMGALITY (300 MG DOSE)		esomeprazole magnesium.....93		FIRMAGON.....	106
.....	35	ESTARYLLA.....	99	FIRMAGON (240 MG DOSE)	
EMOQUETTE .....	98	estradiol .....	96, 97	.....	105
EMSAM .....	26	estradiol valerate.....	97	flavoxate hcl .....	95
EMTRIVA.....	51	estradiol-norethindrone acet...99		FLEBOGAMMA DIF .....	109
enalapril maleate .....	63	eszopiclone .....	128	flecainide acetate .....	64
enalapril-hydrochlorothiazide	67	ethambutol hcl .....	36	FLEET ENEMA.....	90
ENBREL .....	107	ethosuximide .....	22	FLEET PEDIATRIC .....	90
ENBREL MINI .....	107	ethynodiol diac-eth estradiol ..99		FLOINASE ALLERGY RELIEF	
ENBREL SURECLICK .....	107	etodolac .....	6	.....	126
ENDARI.....	77	etodolac er .....	6	FLOINASE SENSIMIST .....	127
ENDOCET .....	2	etonogestrel-ethinyl estradiol .99		FLORIVA.....	81
enema .....	90	EUCRISA.....	75	FLOVENT DISKUS .....	123
enema ready-to-use .....	90	everolimus .....	39, 107	FLOVENT HFA.....	123
ENGERIX-B .....	111	EVOTAZ.....	52	fluconazole .....	29
ENLYTE .....	81	exemestane .....	38	fluconazole in dextrose.....	29
enoxaparin sodium .....	58, 59	EXTAVIA .....	73		

fluconazole in sodium chloride .....	29	GAVILYTE-C.....	85	gnp allergy antihistamine .....	120
flucytosine .....	29	GAVILYTE-G.....	90	gnp allergy relief.....	120
fludrocortisone acetate .....	96	GAVILYTE-N WITH FLAVOR		gnp antacid & anti-gas.....	85
flunisolide.....	123	PACK .....	90	gnp antacid anti-gas.....	85
fluocinolone acetonide .....	33	GAVISCON .....	85	gnp antacid extra strength.....	85
fluocinonide.....	33	GAVISCON EXTRA RELIEF		gnp antacid regular strength ..	85
fluocinonide emulsified base..	33	FORMULA .....	85	gnp anti-diarrheal.....	85
fluorometholone .....	117	GAVISCON EXTRA		gnp arthritis pain relief .....	3
fluorouracil .....	37	STRENGTH .....	85	gnp artificial tears .....	115
fluoxetine hcl.....	26	gemfibrozil .....	69	gnp aspirin .....	6, 62
fluoxetine hcl (pmdd).....	26	generlac .....	85	gnp aspirin low dose.....	62
fluphenazine decanoate .....	44	GENGRAF .....	107	gnp athletes foot .....	29
fluphenazine hcl .....	44, 45	GENOTROPIN .....	104	GNP BISA-LAX .....	91
flurbiprofen.....	6	GENOTROPIN MINIQUICK		gnp budesonide nasal spray ..	123
flurbiprofen sodium.....	117	.....	104	gnp childrens allergy .....	120
flutamide.....	36	GENTAK.....	14	gnp childrens ibuprofen.....	6
fluticasone propionate ....	33, 124	gentamicin in saline.....	14	GNP CLEARLAX.....	91
fluticasone-salmeterol .....	127	gentamicin sulfate.....	14	gnp clotrimazole 3 .....	29
fluvoxamine maleate .....	26	GENTEAL SEVERE .....	115	gnp dayhist allergy .....	120
FOLBIC.....	77	GENTEAL TEARS.....	115	gnp enema.....	91
folic acid.....	77, 81	gentle laxative.....	91	gnp eye drops.....	115
FOLTRATE .....	81	GENVOYA .....	50	gnp fluticasone propionate ..	123
fondaparinux sodium.....	59	GILENYA .....	73	gnp fluticasone propionate chl	
FORTEO .....	114	GILOTRIF.....	39	.....	123
fosamprenavir calcium .....	52	GLASSIA .....	94	gnp foaming antacid .....	85
fosinopril sodium.....	63	glatiramer acetate .....	73	gnp gentle laxative.....	91
fosinopril sodium-hctz.....	67	GLATOPA .....	73	gnp heartburn relief .....	89
FOSRENOL .....	80	GLEOSTINE.....	36	gnp hydrocortisone .....	75
FRAGMIN .....	59	glimepiride.....	54	gnp hydrocortisone max st33, 75	
FULPHILA.....	60	glipizide .....	54	gnp hydrocortisone plus .....	33
FUNGOID TINCTURE .....	29	glipizide er.....	54	gnp hydrocortisone/aloe .....	33
furosemide .....	68	glipizide-metformin hcl ...	54, 55	gnp ibuprofen.....	6
FUZEON .....	51	GLUCAGEN DIAGNOSTIC.....	57	gnp ibuprofen infants.....	6
FYAVOLV.....	99	GLUCAGEN HYPOKIT .....	57	gnp ibuprofen junior strength ..	6
FYCOMPA.....	24	GLUCAGON EMERGENCY.....	57	gnp infants pain relief.....	3
<b>G</b>		glucagon hcl (diagnostic) .....	57	gnp infants pain/fever .....	3
gabapentin .....	23	glyburide.....	55	gnp k-pec .....	85
GALAFOLD .....	94	glyburide micronized.....	55	gnp lansoprazole .....	93
galantamine hydrobromide.....	25	glyburide-metformin .....	55	gnp laxative .....	91
galantamine hydrobromide er.	25	glycopyrrolate.....	83	gnp lice treatment .....	43
GAMMAGARD.....	109	GLYXAMBI .....	55	gnp loperamide hcl .....	85
GAMMAGARD S/D LESS IGA		gnp 8 hour pain reliever.....	2	gnp loratadine .....	120
.....	109	gnp acetaminophen.....	2	gnp loratadine childrens .....	120
GAMMAKED .....	109	gnp acid reducer .....	89	gnp lubricant pm.....	115
GAMMAPLEX .....	109	gnp acid reducer max st.....	89	gnp lubricating plus eye drops	
GAMUNEX-C .....	109	gnp adult aspirin low strength	62	.....	115
GARDASIL 9.....	111	gnp all day allergy .....	120	gnp miconazole 3.....	30
GATTEX.....	85	gnp all day allergy childrens	120	gnp miconazole 7.....	30
gauze.....	56	gnp all day pain relief.....	6	gnp naproxen sodium .....	6
		gnp allergy .....	120	gnp natural fiber .....	91

gnp nicotine .....	11	heartburn relief max st.....	89	hm nicotine polacrilex .....	12
gnp nicotine mini.....	11	heartburn treatment 24 hour ...	93	hm omeprazole .....	93
gnp nicotine polacrilex .....	11	heparin sodium (porcine).....	59	hm pain & fever childrens .....	3
gnp omeprazole .....	93	heparin sodium (porcine) pf ...	59	hm pain & fever infants .....	3
gnp pain & fever childrens .....	3	HEPLISAV-B.....	111	hm pain relief extra strength.....	3
gnp pain relief.....	3	HETLIOZ .....	128	hm pain reliever .....	3
gnp pain relief extra strength....	3	HIBERIX.....	111	hm povidone-iodine.....	15
gnp pink bismuth .....	86	HISTEX.....	121	hm stomach relief .....	86
gnp stomach relief .....	86	HISTEX PD.....	120	hm stomach relief max strength	86
gnp stool softener .....	91	hm advanced antacid max st...	86	.....	86
gnp tolnaftate.....	30	hm all day allergy .....	121	hm stool softener .....	91
gnp triple antibiotic .....	15	hm all day allergy childrens .	121	hm triple antibiotic .....	15
gnp womens gentle laxative ...	91	hm allergy.....	121	HUMATROPE .....	104
GOCOVRI.....	43	hm allergy relief .....	121, 123	HUMIRA .....	108
goodsense acid reducer.....	89	hm allergy relief childrens....	121	HUMIRA PEDIATRIC	
goodsense all day allergy .....	120	hm antacid .....	86	CROHNS START .....	108
goodsense aller-ease.....	120	hm antacid anti-gas ex st .....	86	HUMIRA PEN .....	108
goodsense arthritis pain .....	3	hm antacid/antigas .....	86	HUMIRA PEN-CD/UC/HS	
goodsense aspirin .....	6, 62	hm anti-diarrheal .....	86	STARTER .....	108
goodsense aspirin adult low st	62	hm arthritis pain relief .....	3	HUMIRA PEN-PS/UV/ADOL	
goodsense ibuprofen.....	7	hm aspirin.....	7, 62	HS START .....	108
goodsense ibuprofen childrens .	7	hm aspirin ec .....	7	HUMULIN 70/30 .....	57
goodsense ibuprofen infants.....	7	hm aspirin ec low dose .....	62	HUMULIN N .....	57
goodsense ibuprofen junior st ..	7	hm calcium antacid.....	77, 86	HUMULIN R.....	57
goodsense lansoprazole .....	93	hm calcium antacid ex st .....	86	HUMULIN R U-500	
goodsense lubricating eye drop		hm calcium antacid ultra st....	86	(CONCENTRATED) .....	57
.....	115	hm cetirizine hcl .....	121	HUMULIN R U-500	
goodsense naproxen sodium.....	7	hm cetirizine hcl childrens ...	121	KWIKPEN.....	57
goodsense nicotine .....	11, 12	hm enema .....	91	hydralazine hcl.....	70
goodsense pain & fever child...	3	hm eye itch relief.....	116	hydrochlorothiazide.....	68
goodsense pain & fever infants	3	hm famotidine.....	89	hydrocodone-acetaminophen....	3
goodsense pain relief extra st ...	3	hm fexofenadine hcl .....	121	hydrocodone-ibuprofen .....	3
goodsense stomach relief .....	86	hm fiber .....	91	hydrocortisone .....	33, 34, 75, 96,
granisetron hcl .....	28	hm hydrocortisone plus .....	33	113	
GRANIX .....	60	hm hydrocortisone-aloe max st		hydrocortisone butyr lipo base	33
griseofulvin microsize .....	30	.....	33	hydrocortisone butyrate .....	33
guanfacine hcl .....	63	hm ibuprofen .....	7	hydrocortisone max st.....	34
guanfacine hcl er .....	71	hm ibuprofen childrens.....	7	hydrocortisone max st/12 moist	
guanidine hcl .....	35	hm ibuprofen ib .....	7	.....	34
<b>H</b>		hm ibuprofen infants .....	7	hydrocortisone valerate .....	34
HAEGARDA .....	107	hm lansoprazole.....	93	hydrocortisone-acetic acid....	118
HAILEY 1.5/30.....	99	hm laxative .....	91	hydrocortisone-aloe .....	34, 75
HAILEY 24 FE .....	99	hm lice killing max st .....	43	hydromorphone hcl.....	9
halobetasol propionate.....	33	hm lice treatment .....	43	hydromorphone hcl pf .....	10
haloperidol.....	45	hm loperamide hcl .....	86	hydroxocobalamin acetate .....	77
haloperidol decanoate.....	45	hm loratadine.....	121	hydroxychloroquine sulfate ...	42
haloperidol lactate .....	45	hm loratadine childrens .....	121	hydroxyurea.....	37
HAVRIX .....	111	hm lubricating plus .....	115	hydroxyzine hcl .....	121
heartburn relief .....	89	hm naproxen sodium .....	7	hydroxyzine pamoate.....	53
heartburn relief ex st.....	86	hm nicotine .....	12		

<b>I</b>	INVEGA TRINZA .....	46	KALLIGA .....	99	
ibandronate sodium .....	114	INVIRASE .....	52	KALYDECO .....	125
IBRANCE .....	39	INVOKAMET .....	55	KAO-TIN .....	91
IBU .....	3	INVOKAMET XR .....	55	KARIVA.....	99
ibu-200 .....	7	INVOKANA .....	55	kcl in dextrose-nacl.....	77
ibuprofen .....	7	IPOL .....	111	KELNOR 1/35.....	99
ibuprofen childrens.....	7	ipratropium bromide.....	124, 127	KELNOR 1/50.....	99
ibuprofen infants .....	7	ipratropium-albuterol.....	127	ketoconazole .....	30
ibuprofen infants drops.....	7	irbesartan .....	63	ketorolac tromethamine ....	8, 117
ibuprofen junior strength.....	7	irbesartan-hydrochlorothiazide		ketotifen fumarate.....	116
icatibant acetate .....	107	.....	67	KEVEYIS .....	68
ICLUSIG .....	39	IRESSA .....	40	KIMIDESS .....	99
IDHIFA .....	40	ISENTRESS .....	50	KINERET .....	108
imatinib mesylate .....	40	ISENTRESS HD .....	50	KINRIX .....	111
IMBRUVICA .....	40	ISIBLOOM.....	99	KIONEX.....	79
imipenem-cilastatin .....	18	ISOLYTE-P IN D5W .....	77	KISQALI (200 MG DOSE)....	40
imipramine hcl.....	27	ISOLYTE-S.....	77	KISQALI (400 MG DOSE)....	40
imipramine pamoate .....	27	ISOLYTE-S PH 7.4.....	77	KISQALI (600 MG DOSE)....	40
imiquimod .....	75	isoniazid.....	36	KISQALI FEMARA (400 MG	
IMOVAX RABIES .....	111	ISOPTO TEARS .....	115	DOSE) .....	40
INCASSIA .....	103	isosorbide dinitrate .....	70	KISQALI FEMARA (600 MG	
INCRELEX .....	104	isosorbide mononitrate .....	70	DOSE) .....	40
INCRUSE ELLIPTA.....	124	isosorbide mononitrate er .....	70	KISQALI FEMARA(200 MG	
indapamide .....	68	isotretinoin.....	75	DOSE) .....	40
indomethacin .....	8	isradipine .....	65	KLOR-CON .....	78
indomethacin er .....	8	itraconazole .....	30	KLOR-CON 10 .....	77
INFANRIX.....	111	ivermectin.....	42	KLOR-CON M10.....	77
INFANTS ADVIL.....	8	IXIARO .....	111	KLOR-CON M15.....	77
infants ibuprofen .....	8	<b>J</b>		KLOR-CON M20.....	78
INFUVITE ADULT.....	77	JADENU SPRINKLE .....	79	KLOR-CON SPRINKLE .....	78
INFUVITE PEDIATRIC.....	77	JAKAFI .....	40	konsyl daily fiber.....	91
INGREZZA .....	72	JANTOVEN .....	59	KORLYM.....	55
INLYTA .....	40	JANUMET .....	55	K-PHOS.....	78
INREBIC .....	40	JANUMET XR.....	55	KURVELO .....	99
insulin asp prot & asp flexpen	57	JANUVIA.....	55	KUVAN.....	94
insulin aspart .....	57	JARDIANCE.....	55	<b>L</b>	
insulin aspart flexpen .....	57	JENTADUETO .....	55	labetalol hcl .....	65
insulin aspart penfill .....	57	JENTADUETO XR.....	55	lactulose .....	91
insulin lispro .....	58	JINTELI.....	99	lamivudine .....	48, 49
insulin lispro (1 unit dial).....	57	JOLIVETTE .....	99	lamivudine-zidovudine .....	51
insulin lispro junior kwikpen..	58	JULEBER.....	99	lamotrigine.....	24, 54
insulin lispro prot & lispro ....	58	JULUCA.....	50	lamotrigine er.....	24
insulin syringe .....	56	JUNEL 1.5/30.....	99	lamotrigine starter kit-blue ....	54
INSULIN SYRINGE.....	56	JUNEL 1/20.....	99	lamotrigine starter kit-green ...	54
INTELENCE.....	50	JUNEL FE 1.5/30 .....	99	lamotrigine starter kit-orange .	54
INTRALIPID .....	77	JUNEL FE 1/20.....	99	lansoprazole.....	93
INTRON A.....	49	JUXTAPID.....	69	lanthanum carbonate.....	80
INTROVALE .....	99	JYNARQUE.....	79	LANTUS .....	58
INVEGA SUSTENNA.....	46	<b>K</b>		LANTUS SOLOSTAR.....	58
		KALETRA .....	52	LARIN 1.5/30.....	99



LARIN 1/20.....	99	LEVOXYL .....	105	LUPRON DEPOT-PED (1-	
LARIN FE 1.5/30.....	100	LEXIVA .....	52	MONTH) .....	106
LARIN FE 1/20.....	100	lice killing.....	43	LUPRON DEPOT-PED (3-	
LARISSIA .....	100	lice killing maximum strength	43	MONTH) .....	106
latanoprost .....	114	lice treatment .....	43	LUTERA .....	100
LATUDA .....	46, 47	lidocaine .....	10	LYNPARZA.....	37
LEENA.....	100	lidocaine hcl .....	10	LYSODREN.....	38
leflunomide.....	110	lidocaine hcl urethral/mucosal	10	LYZA .....	103
LENVIMA (10 MG DAILY		lidocaine viscous hcl .....	10	<b>M</b>	
DOSE) .....	40	lidocaine-prilocaine .....	10	M. V. I. PEDIATRIC .....	78
LENVIMA (12 MG DAILY		LILLOW.....	100	MACUGEN.....	115
DOSE) .....	40	lindane .....	43	mag-al .....	87
LENVIMA (14 MG DAILY		linezolid.....	15	mag-al plus .....	87
DOSE) .....	40	linezolid in sodium chloride ...	15	mag-al plus xs.....	87
LENVIMA (18 MG DAILY		LINZESS .....	90	magnesium oxide.....	78
DOSE) .....	40	liothyronine sodium.....	105	magnesium sulfate .....	78
LENVIMA (20 MG DAILY		lisinopril.....	63	malathion .....	43
DOSE) .....	40	lisinopril-hydrochlorothiazide	67	manganese chloride .....	78
LENVIMA (24 MG DAILY		lithium .....	54	mapap .....	3, 4
DOSE) .....	40	lithium carbonate.....	54	MAPAP ACETAMINOPHEN	
LENVIMA (4 MG DAILY		lithium carbonate er.....	54	EXTRA STR .....	3
DOSE) .....	40	LOESTRIN 1.5/30 (21).....	100	mapap arthritis pain .....	3
LENVIMA (8 MG DAILY		LONSURF.....	37	MAPAP CHILDRENS.....	4
DOSE) .....	41	loperamide hcl.....	86, 87	maprotiline hcl.....	25
LESSINA .....	100	lopinavir-ritonavir .....	52	marlissa.....	100
letrozole.....	38	LOPREEZA.....	100	MARPLAN.....	26
leucovorin calcium .....	37	loratadine.....	121	MATULANE.....	36
LEUKERAN .....	36	loratadine childrens .....	121	MAVYRET .....	49
LEUKINE.....	60	lorazepam .....	53	MAYZENT.....	73
leuprolide acetate.....	106	LORAZEPAM INTENSOL ...	53	m-dryl .....	121
levabuterol hcl.....	124	LORBRENA .....	41	meclizine hcl.....	28
LEVEMIR .....	58	losartan potassium .....	63	meclofenamate sodium.....	8
LEVEMIR FLEXTOUCH .....	58	losartan potassium-hctz .....	67	medroxyprogesterone acetate	
levetiracetam .....	22	lovastatin .....	69	.....	103
levetiracetam er .....	22	LOW-OGESTREL .....	100	mefloquine hcl .....	42
levobunolol hcl.....	117	loxapine succinate .....	45	megestrol acetate .....	103
levocarnitine.....	78	lubricating plus eye drops.....	115	MEKINIST.....	41
levocarnitine sf.....	78	lubrifresh p.m. ....	115	MEKTOVI.....	41
levocetirizine dihydrochloride		LUCEMYRA.....	11	meloxicam .....	8
.....	121	LUCENTIS.....	115	memantine hcl .....	25
levofloxacin.....	20	LUMIGAN .....	114	memantine hcl er .....	25
levofloxacin in d5w .....	20	LUPRON DEPOT (1-MONTH)		MENACTRA.....	112
LEVONEST .....	100	.....	106	MENEST .....	97
levonorgest-eth estrad 91-day		LUPRON DEPOT (3-MONTH)		MENTAX.....	30
.....	100	.....	106	MENVEO .....	112
levonorgestrel.....	100	LUPRON DEPOT (4-MONTH)		mepiridine hcl .....	10
levonorgestrel-ethinyl estrad		.....	106	MEPHYTON.....	61
LEVORA 0.15/30 (28).....	100	LUPRON DEPOT (6-MONTH)		mercaptopurine .....	37
LEVO-T .....	105	.....	106	meropenem .....	18
levothyroxine sodium.....	105			meropenem-sodium chloride ..	18

mesalamine.....	113	MILI.....	100	nateglinide.....	56
mesalamine-cleanser.....	113	MIMVEY.....	100	NATPARA.....	114
MESNEX.....	38	minocycline hcl.....	21	natural fiber.....	91
metaproterenol sulfate.....	124	minoxidil.....	70	natural fiber therapy.....	91
metaxalone.....	127	mintox maximum strength.....	87	NAYZILAM.....	23
metformin hcl.....	56	MINTOX REGULAR		NECON 0.5/35 (28).....	101
metformin hcl er.....	55	STRENGTH.....	87	nefazodone hcl.....	25
methadone hcl.....	9	mirtazapine.....	25	neomycin sulfate.....	14
methazolamide.....	68	misoprostol.....	93	neomycin-polymyxin-dexameth	
methenamine hippurate.....	15	M-M-R II.....	112	.....	15
methimazole.....	106	modafinil.....	128	neomycin-polymyxin-	
methocarbamol.....	127	moexipril hcl.....	63	gramicidin.....	16
methotrexate.....	108	molindone hcl.....	45	neomycin-polymyxin-hc.....	118
methotrexate sodium.....	108	mometasone furoate.....	34, 124	NEHPLEX RX.....	78
methotrexate sodium (pf).....	108	MONONESSA.....	100	NERLYNX.....	41
methoxsalen rapid.....	75	montelukast sodium.....	124	NEULASTA.....	60
methyclothiazide.....	68	morphine sulfate.....	10	NEULASTA ONPRO.....	60
methyl dopa.....	63	morphine sulfate er.....	9	NEUPOGEN.....	60
methyl dopa-hydrochlorothiazide		moxifloxacin hcl.....	21	NEUPRO.....	44
.....	67	moxifloxacin hcl in nacl.....	21	nevirapine.....	50
methylphenidate hcl.....	72	m-pap.....	4	nevirapine er.....	50
methylphenidate hcl er.....	71, 72	MULTAQ.....	64	NEW DAY.....	101
methylphenidate hcl er (cd).....	71	multi-vit/iron/fluoride.....	81	NEXAVAR.....	41
methylphenidate hcl er (la).....	71	multivitamin/fluoride.....	81	niacin er.....	69
methylprednisolone.....	34, 113	multi-vitamin/fluoride.....	81	niacin er (antihyperlipidemic).....	69
methylprednisolone acetate.....	96	multi-vitamin/fluoride.....	81	NICODERM CQ.....	12
methyltestosterone.....	96	multivitamin/fluoride/iron.....	81	NICORETTE.....	12
metoclopramide hcl.....	28	multi-vitamin/fluoride/iron.....	81	NICORETTE MINI.....	12
metolazone.....	68	mupirocin.....	15	NICORETTE STARTER KIT.....	12
metoprolol succinate er.....	65	MVC-FLUORIDE.....	81	nicotine.....	13
metoprolol tartrate.....	65	MY CHOICE.....	100	nicotine polacrilex.....	13
metoprolol-hydrochlorothiazide		MY WAY.....	100	nicotine step 1.....	13
.....	65	mycophenolate mofetil.....	108	nicotine step 2.....	13
metronidazole.....	15	mycophenolate sodium.....	108	nicotine step 3.....	13
metronidazole in nacl.....	15	MYORISAN.....	75	NICOTROL.....	11
mexiletine hcl.....	64	MYRBETRIQ.....	95	NICOTROL NS.....	11
m-hist pd.....	121	<b>N</b>		nifedipine.....	66
MI-ACID.....	87	nabumetone.....	8	nifedipine er.....	66
mi-acid maximum strength.....	87	nadolol.....	65	nifedipine er osmotic release.....	66
micafungin sodium.....	30	nafcillin sodium.....	19	nilutamide.....	36
miconazole 1.....	30	nafcillin sodium in dextrose.....	19	nimodipine.....	66
miconazole 3.....	30	nalbuphine hcl.....	10	NINLARO.....	38
miconazole 3 combo pack.....	30	naloxone hcl.....	11	nitisinone.....	94
miconazole 7.....	30	naltrexone hcl.....	11	NITRO-BID.....	70
miconazole nitrate.....	30	naproxen.....	8	NITRO-DUR.....	70
MICROGESTIN 1.5/30.....	100	naproxen dr.....	8	nitrofurantoin macrocrystal.....	16
MICROGESTIN 1/20.....	100	naproxen sodium.....	8	.....	16
MICROGESTIN FE 1.5/30.....	100	NARCAN.....	11	nitroglycerin.....	70
MICROGESTIN FE 1/20.....	100	NASCOBAL.....	78	NITYR.....	94
midodrine hcl.....	63	NATACYN.....	116		

NIVESTYM .....	60
NOCTIVA .....	104
non-aspirin childrens .....	4
non-aspirin extra strength.....	4
NORA-BE .....	103
NORDITROPIN FLEXPRO	104
norethin ace-eth estrad-fe .....	101
norethindrone .....	103
norethindrone acetate .....	103
norethindrone acet-ethinyl est .....	101
norethindrone-eth estradiol ..	101
norgestimate-eth estradiol ....	101
norgestim-eth estrad triphasic .....	101
NORLYDA .....	101
NORLYROC .....	103
NORMOSOL-R .....	78
NORMOSOL-R PH 7.4 .....	78
NORPACE CR.....	64
NORTHERA .....	63
NORTREL 0.5/35 (28).....	101
NORTREL 1/35 (21).....	101
NORTREL 1/35 (28).....	101
NORTREL 7/7/7 .....	101
nortriptyline hcl.....	27
NORVIR.....	52
NOVOLIN 70/30.....	58
NOVOLIN 70/30 RELION ....	58
NOVOLIN N.....	58
NOVOLIN N RELION .....	58
NOVOLIN R.....	58
NOVOLIN R RELION .....	58
NOXAFIL .....	30
NUBEQA .....	37
NUCALA .....	110
NUEDEXTA .....	72
NULOJIX.....	108
NUPLAZID .....	47
nutrilipid.....	78
NUTROPIN AQ NUSPIN 10 .....	104
NUTROPIN AQ NUSPIN 20 .....	104
NUTROPIN AQ NUSPIN 5	104
NYAMYC .....	30
nystatin .....	30
nystatin-triamcinolone.....	75
NYSTOP .....	30
<b>O</b>	
OICALIVA .....	87
OCELLA .....	101
octreotide acetate.....	106
ODEFSEY .....	50
ODOMZO .....	38
OFEV.....	126
ofloxacin.....	21, 118
olanzapine.....	47
olmesartan medoxomil .....	63
olmesartan medoxomil-hctz ...	67
olmesartan-amlodipine-hctz ...	67
olopatadine hcl .....	116
omega-3-acid ethyl esters .....	69
omeprazole .....	93
OMNITROPE.....	104
ondansetron .....	28
ondansetron hcl.....	28
OPCICON ONE-STEP.....	101
OPTION 2 .....	101
ORENCIA .....	108
ORENCIA CLICKJECT .....	108
ORFADIN .....	94
ORLISSA.....	106
ORKAMBI .....	125
orphenadrine citrate er.....	127
ORSYTHIA.....	101
oseltamivir phosphate.....	52, 53
OTEZLA .....	110
oxandrolone.....	96
OXBRYTA.....	60
oxcarbazepine.....	24
OXERVATE .....	116
oxybutynin chloride.....	95
oxybutynin chloride er.....	95
oxycodone hcl.....	10
oxycodone hcl er .....	9
oxycodone-acetaminophen .....	4
oxycodone-aspirin .....	4
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	56
OZEMPIC (1 MG/DOSE).....	56
<b>P</b>	
pain & fever.....	4
pain & fever childrens .....	4
pain & fever infants.....	4
pain relief extra strength.....	4
paliperidone er.....	47
PANRETIN .....	42
pantoprazole sodium.....	93
paricalcitol .....	81
paromomycin sulfate .....	14
paroxetine hcl .....	26
paroxetine hcl er .....	26
PASER.....	36
PAXIL .....	26
PEDIACLEAR ALLERGY CHILDRENS.....	121
PEDIACLEAR COUGH CHILDRENS.....	121
PEDIACLEAR PD CHILDRENS.....	122
PEDIARIX .....	112
PEDIAVENT.....	122
PEDVAX HIB .....	112
peg 3350 .....	92
peg 3350/electrolytes.....	92
peg 3350-kcl-na bicarb-nacl ...	92
peg-3350/electrolytes .....	92
PEGANONE.....	24
PEGASYS .....	49
PEGASYS PROCLICK.....	49
PEMAZYRE.....	41
PEN NEEDLES.....	57
penicillamine .....	108
penicillin g procaine .....	19
penicillin g sodium .....	19
penicillin v potassium.....	19
PENTACEL.....	112
pentamidine isethionate .....	42
pentazocine-naloxone hcl .....	4
pentoxifylline er.....	67
peptic relief.....	87
PEPTO-BISMOL .....	87
PERFOROMIST.....	125
permethrin.....	43
perphenazine.....	28
perphenazine-amitriptyline....	25
PERSERIS .....	47
pharbedryl.....	122
PHARBETOL.....	4
PHARBETOL EXTRA STRENGTH .....	4
phenelzine sulfate .....	26
phenobarbital .....	23
phenoxybenzamine hcl .....	63
phenytoin .....	24
phenytoin sodium extended....	24
phytonadione .....	61
PIFELTRO .....	50

pilocarpine hcl.....	73, 117	pregabalin.....	22	pyrimethamine.....	42
pimecrolimus.....	75	PREMARIN.....	97	<b>Q</b>	
pimozide.....	45	PREMPHASE.....	101	qc 3 day.....	30
PIMTREA.....	101	PREMPRO.....	101	qc acetaminophen 8 hours.....	4
pindolol.....	65	prenatal.....	82	qc acid controller.....	89
pink bismuth.....	87	PREPARATION H.....	10	qc acid controller max st.....	89
pioglitazone hcl.....	56	pretomanid.....	36	qc all day allergy.....	122
pioglitazone hcl-metformin hcl .....	56	PREVACID 24HR.....	93	qc allergy relief.....	123
piperacillin sod-tazobactam so19		PREVALITE.....	69	qc antacid.....	87
PIQRAY (200 MG DAILY DOSE).....	38	PREVIFEM.....	101	qc antacid/anti-gas.....	87
PIQRAY (250 MG DAILY DOSE).....	38	PREVYMIS.....	48	qc anti-diarrheal.....	87
PIQRAY (300 MG DAILY DOSE).....	38	PREZCOBIX.....	52	qc arthritis pain relief.....	4
PIRMELLA 1/35.....	101	PREZISTA.....	52	qc aspirin.....	8
piroxicam.....	8	PRIFTIN.....	36	qc aspirin low dose.....	62
PLAN B ONE-STEP.....	101	primaquine phosphate.....	42	qc childrens allergy.....	122
PLENAMINE.....	78	primidone.....	23	qc childrens ibuprofen.....	8
podofilox.....	75	PRIVIGEN.....	109	qc chlor-pheniramine.....	122
polyethylene glycol 3350.....	92	probenecid.....	31	qc complete allergy medicine .....	122
polymyxin b sulfate.....	16	prochlorperazine.....	28	qc diarrhea relief.....	87
polymyxin b-trimethoprim.....	16	prochlorperazine maleate.....	28	qc enema.....	92
POLY-VI-FLOR.....	82	PROCRIT.....	60	qc enteric aspirin.....	8
POLY-VI-FLOR/IRON.....	82	PROCTO-MED HC.....	34	qc fexofenadine hydrochloride .....	122
POMALYST.....	37	PROCTO-PAK.....	34	qc gentle laxative.....	92
PORTIA-28.....	101	PROCTOSOL HC.....	34	qc ibuprofen.....	8
posaconazole.....	30	PROCTOZONE-HC.....	34	qc ibuprofen ib.....	8
potassium chloride.....	78	PROCTOZONE-HC.....	34	qc ibuprofen infants.....	8
potassium chloride crys er.....	78	progesterone micronized.....	103	qc loratadine allergy relief....	122
potassium chloride er.....	78	PROGRAF.....	108	qc miconazole 7.....	30
potassium citrate er.....	79	PROLASTIN-C.....	94	qc naproxen sodium.....	8
povidone-iodine.....	16	PROLIA.....	114	qc natural vegetable.....	92
PRADAXA.....	59	PROMACTA.....	60	qc non-aspirin childrens.....	4
PRALUENT.....	69	promethazine hcl.....	28, 122	qc non-aspirin extra strength....	4
pramipexole dihydrochloride.....	44	promethazine vc.....	127	qc non-aspirin jr strength.....	4
pramipexole dihydrochloride er .....	44	promethazine vc plain.....	127	qc pain relief.....	4
prasugrel hcl.....	62	promethazine-phenylephrine.....	127	qc pain relief childrens.....	4
pravastatin sodium.....	69	PROMETHEGAN.....	28	qc pain relief extra strength.....	4
praziquantel.....	42	propafenone hcl.....	64	qc pink bismuth.....	87
prazosin hcl.....	63	proparacaine hcl.....	116	qc povidone iodine.....	16
prednicarbate.....	75	propranolol hcl.....	65	qc tolnaftate.....	31
prednisolone.....	34	propranolol hcl er.....	65	QINLOCK.....	41
prednisolone acetate.....	117	propranolol-hctz.....	67	QUADRACEL.....	112
prednisolone sodium phosphate .....	34, 117	propylthiouracil.....	106	quetiapine fumarate.....	47
prednisone.....	34	PROQUAD.....	112	quetiapine fumarate er.....	47
PREDNISONE INTENSOL.....	96	protriptyline hcl.....	27	QUFLORA FE.....	82
		PROVIL.....	8	QUFLORA FE PEDIATRIC.....	82
		PULMOZYME.....	125	QUFLORA PEDIATRIC.....	82
		PURIXAN.....	37	quinapril hcl.....	64
		pyrazinamide.....	36	quinapril-hydrochlorothiazide.....	67
		pyridostigmine bromide.....	36		
		pyridostigmine bromide er.....	36		
		pyridoxine hcl.....	82		

quinidine gluconate er .....	64	riluzole.....	72	simvastatin.....	69
quinidine sulfate .....	64	rimantadine hcl .....	53	sirolimus .....	109
quinine sulfate .....	42	risedronate sodium .....	114	SIRTURO.....	36
QVAR REDIHALER.....	123	RISPERDAL CONSTA .....	47	SLOW-MAG.....	79
<b>R</b>		risperidone.....	47	sm 3-day vaginal.....	31
RABAVERT .....	112	ritonavir .....	52	sm 8 hour pain relief.....	4
raloxifene hcl.....	103	rivastigmine.....	25	sm acid reducer.....	90
ramelteon.....	128	rivastigmine tartrate.....	25	sm acid reducer max st .....	90
ramipril.....	64	rizatriptan benzoate .....	35	sm all day allergy.....	122
ranitidine hcl.....	90	ropinirole hcl .....	44	sm all day allergy childrens ..	122
ranolazine er .....	67	ropinirole hcl er .....	44	sm allergy 4 hour .....	122
rasagiline mesylate .....	44	rosuvastatin calcium.....	69	sm allergy childrens.....	122
RAVICTI.....	94	ROTARIX .....	112	sm allergy relief.....	122, 123
REBIF.....	73	ROTATEQ .....	112	sm antacid advanced.....	88
REBIF REBIDOSE .....	73	ROWEEPRA .....	22	sm antacid advanced max st ..	88
REBIF REBIDOSE		ROWEEPRA XR .....	22	sm antacid maximum strength	88
TITRATION PACK.....	73	ROZLYTREK .....	41	sm antacid/antigas .....	88
REBIF TITRATION PACK..	73	RUBRACA.....	41	sm anti-diarrheal.....	88
RECLIPSEN.....	102	RYBELSUS.....	56	sm antifungal clotrimazole .....	31
RECOMBIVAX HB .....	112	RYDAPT .....	41	sm antifungal miconazole.....	31
RECTIV .....	87	<b>S</b>		sm antifungal tolnaftate .....	31
REFRESH CELLUVISC .....	116	SAMSCA .....	79	sm arthritis pain relief.....	5
REFRESH LACRI-LUBE....	116	SANDIMMUNE .....	109	sm arthritis pain reliever.....	5
REFRESH LIQUIGEL.....	116	SANTYL .....	75	sm aspirin.....	8
REFRESH P.M.....	116	SAPHRIS .....	47	sm aspirin adult low strength..	62
REFRESH PLUS.....	116	SAVELLA.....	72	sm aspirin ec .....	8
REFRESH TEARS.....	116	SAVELLA TITRATION PACK		sm aspirin low dose .....	62
REGRANEX .....	75	.....	72	sm calcium antacid .....	79, 88
REGULOID .....	92	SCALPICIN MAXIMUM		sm calcium antacid ex st.....	88
RELENZA DISKHALER .....	53	STRENGTH .....	34	sm childrens aspirin.....	62
RELISTOR.....	87, 88	scopolamine.....	28	sm childrens ibuprofen .....	9
RENAL.....	79	SECUADO .....	48	sm childrens loratadine.....	122
RENFLEXIS .....	109	selegiline hcl.....	44	sm clotrimazole vaginal.....	31
reno caps.....	79	selenium sulfide.....	75	sm enema .....	92
RENOVA .....	75	SELZENTRY .....	51, 52	sm eye itch relief .....	117
RENOVA PUMP .....	75	SEREVENT DISKUS .....	125	sm fexofenadine hcl.....	122
repaglinide.....	56	SEROSTIM .....	104	sm fiber .....	92
REPATHA .....	70	sertraline hcl .....	26, 27	sm gentle laxative .....	92
REPATHA PUSHTRONEX		SETLAKIN .....	102	sm hydrocortisone .....	34
SYSTEM .....	70	sevelamer carbonate .....	80	sm hydrocortisone max st .	34, 75
REPATHA SURECLICK .....	70	SHAROBEL.....	103	sm hydrocortisone plus.....	34
RESTASIS .....	116	SHINGRIX.....	112	sm hydrocortisone-aloe max st	
RETACRIT .....	60	SIGNIFOR.....	106	.....	34
RETEVMO.....	41	silace.....	92	sm ibuprofen.....	9
REVLIMID .....	37	siladryl allergy.....	122	sm ibuprofen ib.....	9
REXULTI.....	47	sildenafil citrate .....	126	sm infants ibuprofen.....	9
REYATAZ .....	52	silver sulfadiazine.....	21	sm lansoprazole .....	93
ribavirin .....	49	SIMBRINZA .....	117	sm laxative.....	92
rifabutin .....	36	SIMLIYA .....	102	sm lice killing max strength ..	43
rifampin .....	36	SIMPONI.....	109	sm lice treatment.....	43

sm loperamide hcl .....	88	STIOLTO RESPIMAT .....	127	TAKE ACTION .....	102
sm loratadine .....	122	STIVARGA.....	41	TALZENNA.....	38
sm lubricating plus .....	116	stomach relief .....	88	tamoxifen citrate.....	37
sm miconazole 3.....	31	stomach relief max st.....	88	tamsulosin hcl.....	95
sm miconazole 7.....	31	stool softener .....	92	TARGRETIN .....	42
sm naproxen sodium.....	9	stool softener laxative.....	92, 93	TARINA FE 1/20 .....	102
sm nicotine .....	13	streptomycin sulfate .....	14	TARINA FE 1/20 EQ.....	102
sm nicotine polacrilex .....	13	STRIBILD .....	50	TASIGNA.....	41
sm omeprazole.....	94	STRIVERDI RESPIMAT ...	125	tazarotene.....	75
sm pain & fever childrens .....	5	STROVITE FORTE .....	82	TAZICEF.....	18
sm pain & fever infants .....	5	STROVITE ONE .....	82	TAZORAC .....	75
sm pain reliever .....	5	SUCRAID .....	94	TAZVERIK .....	38
sm pain reliever ex st.....	5	sucralfate .....	93	TDVAX .....	112
sm povidone-iodine .....	16	sulfacetamide sodium .....	21	TECFIDERA .....	73
sm stomach relief .....	88	sulfacetamide sodium (acne)..	21	TEFLARO .....	18
sm stool softener.....	92	sulfacetamide-prednisolone..	116	TEKTURNA HCT.....	67
sm tioconazole-1 .....	31	sulfadiazine.....	21	temazepam.....	128
sm triple antibiotic.....	16	sulfamethoxazole-trimethoprim		TENIVAC.....	112
sm triple antibiotic original ....	16	.....	21	tenofovir disoproxil fumarate.	49
sodium bicarbonate .....	79	sulfasalazine .....	113	tension headache.....	5
sodium chloride .....	79	sulindac.....	9	terazosin hcl.....	63
sodium chloride (pf).....	79	sumatriptan .....	35	terbinafine hcl.....	31
sodium fluoride .....	79	sumatriptan succinate .....	35	terbutaline sulfate .....	125
sodium phenylbutyrate .....	94	sumatriptan succinate refill ...	35	terconazole.....	31
sodium polystyrene sulfonate 79,		SUTENT.....	41	testosterone .....	96
80		SYLATRON.....	38	testosterone cypionate .....	96
sofosbuvir-velpatasvir .....	49	SYMDEKO .....	125	testosterone enanthate.....	96
solifenacin succinate .....	95	SYMFI.....	52	tetrabenazine .....	72
SOLIRIS.....	60	SYMFI LO .....	51	tetracycline hcl.....	21
SOLTAMOX.....	37	SYMLINPEN 120 .....	56	THALOMID.....	37
SOMATULINE DEPOT .....	106	SYMLINPEN 60 .....	56	theophylline .....	125
SOMAVERT.....	106	SYMPAZAN .....	23	theophylline er .....	125
SOOTHE & COOL INZO		SYMTUZA.....	52	thiamine hcl .....	82
ANTIFUNGAL .....	31	SYNAREL.....	106	THIOLA .....	95
SORINE .....	64	SYNDROS .....	28	THIOLA EC .....	95
sotalol hcl .....	64	SYNJARDY .....	56	thioridazine hcl.....	45
sotalol hcl (af).....	64	SYNJARDY XR.....	56	thiothixene .....	45
SPIRIVA HANDIHALER ...	124	SYNRIBO .....	38	tiagabine hcl.....	23
SPIRIVA RESPIMAT.....	124	SYNTHROID.....	105	TIBSOVO.....	41
spironolactone .....	68	SYSTANE NIGHTTIME.....	116	TICE BCG.....	112
spironolactone-hctz .....	67	SYSTANE OVERNIGHT		timolol maleate .....	65, 117
SPRINTEC 28.....	102	THERAPY.....	116	tinidazole .....	16
SPRITAM.....	22	<b>T</b>		tioconazole-1 .....	31
SPRYCEL .....	41	TABLOID .....	37	TIVICAY.....	50
SPS .....	80	TABRECTA.....	41	tizanidine hcl .....	48
SRONYX .....	102	tacrolimus .....	75, 109	tobramycin.....	14, 125
SSD.....	21	tactinal .....	5	tobramycin sulfate .....	14
ST JOSEPH LOW DOSE .....	62	tactinal extra strength .....	5	tobramycin-dexamethasone ....	14
stavudine.....	51	TAFINLAR .....	41	tolcapone.....	43
STELARA.....	110	TAGRISSO .....	41	tolnaftate .....	31

tolterodine tartrate .....	95	TRIVORA (28).....	102	VENCLEXTA STARTING	
tolterodine tartrate er .....	95	TRI-VYLIBRA .....	102	PACK .....	38
topiramate.....	24	tropium chloride.....	95	venlafaxine hcl.....	27
toremifene citrate.....	37	tropium chloride er.....	95	venlafaxine hcl er .....	27
torseamide .....	68	TRULICITY .....	56	VENTAVIS .....	126
TOUJEO MAX SOLOSTAR.....	58	TRUMENBA.....	112	VENTOLIN HFA.....	125
TOUJEO SOLOSTAR.....	58	TRUVADA .....	51	verapamil hcl .....	66
TOVIAZ.....	95	TUKYSA.....	41	verapamil hcl er .....	66
TRADJENTA.....	56	TULANA.....	103	VERSACLOZ.....	48
tramadol hcl.....	10	TUMS.....	89	VERZENIO .....	41
tramadol-acetaminophen .....	5	TUMS CHEWY BITES .....	88	VICTOZA.....	56
trandolapril .....	64	TUMS CHEWY DELIGHTS.....	88	VIDEX.....	51
tranexamic acid .....	60	TUMS E-X 750 .....	88	VIDEX EC.....	51
tranylcypramine sulfate.....	26	TUMS EXTRA STRENGTH		VIENVA.....	102
travoprost.....	114	750.....	89	vigabatrin .....	23
travoprost (bak free).....	114	TUMS SMOOTHIES .....	89	VIGADRONE .....	23
trazodone hcl .....	25	TUMS ULTRA 1000.....	89	VIIBRYD .....	27
TRECTOR.....	36	TURALIO .....	41	VIIBRYD STARTER PACK.....	27
TRELEGY ELLIPTA .....	127	TWINRIX.....	112	VIMPAT.....	24
TRELSTAR MIXJECT.....	106	TYBOST .....	52	VIRACEPT.....	52
TREMFYA.....	76	TYKERB .....	41	VIREAD .....	49
tretinoin .....	42, 76	TYMLOS.....	114	virt-caps .....	79
tretinoin (emollient).....	76	TYPHIM VI .....	112	VIRT-GARD .....	79
TRI FEMYNOR.....	102	<b>U</b>		VITAL-D RX .....	79
triamcinolone acetonide ..34, 35,		UDENYCA .....	60	vitamin d (ergocalciferol).....	83
73		UNITHROID.....	105	vitamin d3.....	83
triamterene-hctz.....	67	ursodiol.....	89	vitamin k1 .....	61
tri-buffered aspirin.....	5	<b>V</b>		vitamins acd-fluoride.....	83
trientine hcl.....	80	valacyclovir hcl .....	49	VITRAKVI.....	41
TRI-ESTARYLLA.....	102	VALCHLOR .....	36	VIZIMPRO.....	39
trifluoperazine hcl .....	45	valganciclovir hcl .....	48	voriconazole .....	31
trifluridine.....	49	valproic acid .....	23	VOSEVI .....	49
trihexyphenidyl hcl.....	43	valsartan.....	63	VOTRIENT .....	41
TRIKAFTA .....	125	valsartan-hydrochlorothiazide.....	67	VRAYLAR.....	48
TRI-LEGEST FE.....	102	VALTOCO 10 MG DOSE .....	23	VYFEMLA.....	102
TRILYTE .....	93	VALTOCO 15 MG DOSE .....	23	VYLIBRA .....	102
trimethobenzamide hcl .....	28	VALTOCO 20 MG DOSE .....	23	<b>W</b>	
trimethoprim.....	16	VALTOCO 5 MG DOSE .....	23	warfarin sodium.....	59
TRI-MILI .....	102	VANACLEAR PD .....	123	wee care .....	79
trimipramine maleate.....	27	VANAMINE PD .....	123	WIXELA INHUB.....	127
TRINTELLIX.....	27	vancomycin hcl.....	16	womens laxative .....	93
triphrocaps.....	82	VAQTA .....	113	<b>X</b>	
triple antibiotic .....	16	VARIVAX.....	113	XALKORI .....	41
TRI-PREVIFEM .....	102	VARIZIG.....	113	XARELTO .....	59
triprolidine hcl .....	122	VASCEPA.....	70	XARELTO STARTER PACK	
TRI-SPRINTEC .....	102	VAXCHORA .....	113	.....	59
TRIUMEQ.....	50	VELIVET .....	102	XATMEP.....	109
TRI-VI-FLOR .....	82	VELPHORO.....	80	XCOPRI .....	23
tri-vitamin/fluoride .....	83	VEMLIDY.....	49	XCOPRI (250 MG DAILY	
tri-vite/fluoride .....	83	VENCLEXTA.....	38	DOSE) .....	23

XCOPRI (350 MG DAILY DOSE) .....	23	XTANDI.....	37	zidovudine .....	51
XELJANZ .....	110	XULANE.....	102	ZIEXTENZO .....	61
XELJANZ XR.....	110	XURIDEN .....	94	ziprasidone hcl.....	48
XENICAL .....	72	XYREM.....	128	ziprasidone mesylate .....	48
XERMELO.....	89	<b>Y</b>		ZOLINZA.....	38
XGEVA .....	114	YF-VAX.....	113	zolpidem tartrate.....	128
XIFAXAN.....	90	YONSA .....	37	zolpidem tartrate er.....	128
XIIDRA .....	116	YUVAFEM .....	97	zonisamide.....	22
XOLAIR.....	110, 111	<b>Z</b>		ZORTRESS .....	109
XOSPATA .....	41	ZADITOR .....	117	ZOSTAVAX.....	113
XPOVIO (100 MG ONCE WEEKLY).....	38	zafirlukast .....	124	ZOVIA 1/35E (28) .....	103
XPOVIO (60 MG ONCE WEEKLY).....	38	zaleplon .....	128	ZTLIDO.....	10
XPOVIO (80 MG ONCE WEEKLY).....	38	ZARAH .....	102	ZYDELIG.....	38
XPOVIO (80 MG TWICE WEEKLY).....	38	ZARXIO.....	61	ZYKADIA .....	42
		ZEJULA .....	42	ZYPREXA RELPREVV .....	48
		ZELBORAF .....	42	ZYTIGA .....	37
		ZEMAIRA.....	95		
		ZENATANE.....	76		
		ZERIT.....	51		





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