

Fallon Senior Plan Group 1

2016 Formulary (List of Covered Drugs)

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

Formulary ID: 00016193 Version: 8

This formulary was updated on 08/20/2015. For more recent information or other questions, please contact Fallon Senior Plan at 1-800-325-5669 or, for TTY users, TRS 711, 8 a.m.–8 p.m., Monday–Friday (Oct. 1–Feb. 14, seven days a week), or visit fallonhealth.org/seniorplan.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Fallon Health. When it refers to “plan” or “our plan,” it means Fallon Senior Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of 08/20/2015. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017 and from time to time during the year.

What is the Fallon Senior Plan Group 1 Formulary?

A formulary is a list of covered drugs selected by Fallon Senior Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Fallon Senior Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Fallon Senior Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 08/20/2015. To get updated information about the drugs covered by Fallon Senior Plan, please contact us. Our contact information appears on the front and back cover pages.

Non-maintenance formulary changes, which include changing preferred or non-preferred formulary drugs, adding utilization management, increasing cost-sharing on preferred drugs, removing dosage forms or exchanging therapeutic alternatives (either by formulary addition/removal or tier exchanges), are not implemented until receipt of notification of approval from The Centers for Medicare & Medicaid Services (CMS). Notification of such changes to affected members, practitioners and other entities as required by CMS occurs after approval has been obtained and is sent at least 60 days in advance of the change. Notifications occur by direct mailings, practitioner's manuals, newsletters, e-mail, fallonhealth.org/medicare-formulary, Explanation of Benefits for Part D and through the Fallon Health pharmacy benefit manager (CVS Caremark). All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur. The formulary and any addenda will also be available online at fallonhealth.org/seniorplan.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 76. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Fallon Senior Plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Senior Plan before you fill your prescriptions. If you don't get approval, Fallon Senior Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Fallon Senior Plan limits the amount of the drug that Fallon Senior Plan will cover. For example, Fallon Senior Plan provides 30 each per 30 days for PRISTIQ. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Fallon Senior Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Senior Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Senior Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Fallon Senior Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Fallon Senior Plan Group 1 formulary?" on page vi for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Fallon Senior Plan does not cover your drug, you have two options:

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

How do I request an exception to the Fallon Senior Plan Group 1 Formulary?

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a current member being admitted to or discharged from a long-term care facility, you will be able to get an early refill on your medications if needed.

For more information

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

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

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

Fallon Senior Plan Group 1 Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Fallon Senior Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 76.

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

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

	Explanation
BD	This 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.
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information consult your <i>Provider and Pharmacy Directory</i> or call Customer Service at 1-800-325-5669, Monday–Friday, 8 a.m.–8 p.m. (Oct. 1–Feb. 14, seven days a week). TTY users should call TRS 711.
PA	Prior Authorization. Fallon Senior Plan requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Senior Plan before you fill your prescriptions. If you don't get approval, Fallon Senior Plan may not cover the drug.
QL	Quantity limit. For certain drugs, Fallon Senior Plan limits the amount of the drug that Fallon Senior Plan will cover. For example, only 30 tablets of AZOR per 30 days. This may be in addition to a standard one-month or three-month supply.
ST	Step Therapy. In some cases, Fallon Senior Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Senior Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Senior Plan will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
ABSTRAL	3	PA
<i>acetaminophen/caffeine/dihydrocodeine</i>	1	
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE	1	
<i>acetaminophen/codeine #2</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	1	
<i>acetaminophen/codeine soln</i>	1	
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg</i>	1	
ACTIQ	3	PA
<i>ali-flex</i>	1	
ANAPROX	3	
ANAPROX DS	3	
ARTHROTEC 50	3	
ARTHROTEC 75	3	
<i>ascomp/codeine</i>	1	
ASPIRIN-CAFFEINE-DIHYDROCODEINE	1	
AVINZA	3	
BIOREGESIC	3	
BUPAP TABS 300MG; 50MG	3	
<i>butalbital/acetaminophen</i>	1	
<i>butalbital/acetaminophen/caffeine</i>	1	
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	
<i>butalbital/apap/caffeine</i>	1	
<i>butalbital/aspirin/caffeine/codeine</i>	1	
<i>butalbital/aspirin/caffeine caps</i>	1	
<i>butorphanol tartrate soln</i>	1	
CAMBIA	3	PA
<i>capacet</i>	1	
CAPITAL/CODEINE	3	
<i>carisoprodol/aspirin/codeine</i>	1	
CATAFLAM	3	
CELEBREX	3	PA
<i>celecoxib caps</i>	1	
<i>choline magnesium trisalicylate liqd</i>	1	
<i>choline magnesium trisalicylate tabs 1000mg</i>	1	
CODEINE SULFATE SOLN	3	
<i>codeine sulfate tabs</i>	1	
CONZIP	3	PA
DAYPRO	3	
DEMEROL TABS 100MG	3	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium/misoprostol</i>	1	
<i>diflunisal tabs</i>	1	
DILAUDID LIQD, TABS	3	

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

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
DOLGIC PLUS	3	
DOLOGESIC LIQD	3	
<i>dologesic tabs</i>	1	
DOLOPHINE	3	
DOLOPHINE HCL	3	
<i>dolorex</i>	1	
DUEXIS	3	PA
DURAGESIC	3	
<i>duramorph</i>	1	BD
EC-NAPROSYN	3	
<i>ed-flex</i>	1	
EMBEDA	3	PA
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	
<i>endodan</i>	1	
ESGIC-PLUS	3	
ESGIC TABS	3	
<i>etodolac er</i>	1	
<i>etodolac caps, tabs</i>	1	
EXALGO	3	PA
FELDENE	3	
FENOPROFEN CALCIUM CAPS	1	
<i>fenoprofen calcium tabs</i>	1	
<i>fantanyl citrate oral transmucosal</i>	1	QL (120 EA per 30 days) PA
<i>fantanyl citrate inj</i>	1	BD
FENTANYL PT72 37.5MCG/HR, 62.5MCG/HR, 87.5MCG/HR	3	
<i>fantanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	1	
FENTORA	3	PA
FIORICET/CODEINE CAPS 300MG; 50MG; 40MG; 30MG	3	
FIORICET CAPS	3	
FIORINAL	3	
FIORINAL/CODEINE #3	3	
FLECTOR	3	PA
<i>flurbiprofen tabs</i>	1	
GRALISE	3	PA
GRALISE STARTER	3	PA
HYCET	3	
<i>hydrocodone bitartrate/acetaminophen</i>	1	
<i>hydrocodone/acetaminophen soln 500mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 10mg, 500mg; 5mg, 500mg; 7.5mg, 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg</i>	1	
<i>hydrocodone/ibuprofen tabs 2.5mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	
<i>hydrogesic</i>	1	
<i>hydromorphone hcl er</i>	1	PA
HYDROMORPHONE HCL SUPP	3	

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

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>hydromorphone hcl liqd, tabs</i>	1	
HYSINGLA ER	3	PA
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
INDOCIN	3	
<i>indomethacin er</i>	1	
<i>indomethacin caps</i>	1	
KADIAN	3	PA
<i>ketoprofen er</i>	1	
<i>ketoprofen caps</i>	1	
<i>ketorolac tromethamine tabs 10mg</i>	1	PA
LAZANDA	3	PA
<i>levorphanol tartrate tabs</i>	1	
LIQUICET	3	
<i>lorcet</i>	1	
LORCET 10/650	3	
<i>lorcet hd</i>	1	
LORCET PLUS TABS 650MG; 7.5MG	3	
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	
LORTAB ELIX 300MG/15ML; 10MG/15ML	3	
LORTAB TABS 500MG; 10MG, 500MG; 5MG, 500MG; 7.5MG	3	
<i>lortab tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	
MAGNACET	3	
<i>margesic</i>	1	
<i>marten-tab</i>	1	
MAXIDONE	3	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	
<i>meloxicam susp, tabs</i>	1	
<i>meperidine hcl oral soln, tabs</i>	1	
<i>meperidine hcl inj</i>	1	BD
<i>meperitab</i>	1	
<i>methadone hcl intensol</i>	1	
<i>methadone hcl conc, soln, tabs, tbso</i>	1	
METHADOSE SUGAR-FREE	1	
METHADOSE CONC	1	
<i>methadose tbso</i>	1	
<i>methadose tabs 10mg</i>	1	
MOBIC	3	
<i>morphine sulfate er cp24 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	1	PA
<i>morphine sulfate er tbc</i>	1	
<i>morphine sulfate oral soln, tabs</i>	1	
MORPHINE SULFATE INJ 5MG/ML	3	BD
<i>morphine sulfate inj 1mg/ml</i>	1	BD

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

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
MORPHINE SULFATE SUPP 10MG, 20MG, 5MG	1	
MORPHINE SULFATE SUPP 30MG	3	
MS CONTIN	3	
MST 600	3	
<i>nabumetone</i>	1	
NALFON CAPS 400MG	3	
NAPRELAN TB24 375MG, 500MG, 750MG	3	PA
NAPROSYN	3	
<i>naproxen dr</i>	1	
<i>naproxen sodium er</i>	1	PA
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen susp, tabs</i>	1	
NORCO	3	
NUCYNTA	3	PA
NUCYNTA ER	3	PA
OPANA ER (CRUSH RESISTANT)	3	QL (60 EA per 30 days) PA
OPANA TABS	3	PA
<i>opium</i>	1	
ORBIVAN	3	
<i>oxaprozin</i>	1	
OXECTA	3	PA
<i>oxycodone hcl er</i>	1	QL (60 EA per 30 days) PA
<i>oxycodone hcl caps, conc, soln, tabs</i>	1	
<i>oxycodone/acetaminophen</i>	1	
<i>oxycodone/aspirin</i>	1	
<i>oxycodone/ibuprofen</i>	1	
OXYCONTIN	3	QL (60 EA per 30 days) PA
<i>oxymorphone hydrochloride</i>	1	PA
<i>oxymorphone hydrochloride er</i>	1	QL (60 EA per 30 days) PA
<i>pentazocine/acetaminophen</i>	1	
<i>pentazocine/naloxone hcl</i>	1	
PERCOCET TABS 500MG; 7.5MG	1	
PERCOCET TABS 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG	3	
<i>percocet tabs 650mg; 10mg</i>	1	
PERCODAN	3	
PHRENILIN FORTE	3	
<i>piroxicam caps</i>	1	
PONSTEL	3	
PRIMLEV	3	
RELAGESIC TABS	3	
<i>repan</i>	1	
REPREXAIN TABS 2.5MG; 200MG, 5MG; 200MG	3	
<i>reprexain tabs 10mg; 200mg</i>	1	
RHINOFLEX-650	3	
ROXICET SOLN	3	
<i>roxicet tabs 325mg; 5mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
ROXICODONE TABS 15MG, 30MG	3	
<i>salsalate</i>	1	
SPRIX	3	PA
SUBSYS	3	PA
<i>sulindac tabs</i>	1	
SYNALGOS-DC	3	
TENCON TABS 650MG; 50MG	3	
<i>tencon tabs 325mg; 50mg</i>	1	
<i>tolmetin sodium</i>	1	
TRAMADOL HCL ER CP24 100MG, 200MG, 300MG	1	PA
TRAMADOL HCL ER CP24 150MG	3	PA
<i>tramadol hcl er tb24 100mg, 200mg, 300mg</i>	1	
<i>tramadol hcl er tb24 100mg, 200mg, 300mg</i>	1	PA
<i>tramadol hcl tabs</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
TREZIX CAPS 356.4MG; 30MG; 16MG	1	
TREZIX CAPS 320.5MG; 30MG; 16MG	3	
TYLENOL/CODEINE #3	3	
TYLENOL/CODEINE #4	3	
ULTRACET	3	PA
ULTRAM	3	
ULTRAM ER	3	
<i>verdrocet</i>	1	
VICOPROFEN	3	
VIMOVO	3	PA
VOLTAREN-XR	3	
XARTEMIS XR	3	
XODOL	3	
XOLOX	3	
ZAMICET	1	
<i>zebutal</i>	1	
ZIPSOR	3	
ZOHYDRO ER	3	PA
ZORVOLEX	3	
ZYDONE	3	
Anesthetics		
AKTEN	3	
COCAINE HCL	1	
EMLA	3	
LIDOCAINE AND TETRACAINE CREAM	1	
<i>lidocaine hcl jelly</i>	1	
LIDOCAINE HCL LOTN	3	
<i>lidocaine hcl external soln</i>	1	
<i>lidocaine hcl inj 1%</i>	1	BD
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine crea</i>	1	
<i>lidocaine crea 3%</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Anesthetics		
<i>lidocaine oint</i>	1	
<i>lidocaine ptch</i>	1	QL (90 EA per 30 days) PA
LIDODERM	3	QL (90 EA per 30 days)
LIDORX	3	
PLIAGLIS	3	
SYNERA	3	
XYLOCAINE SOLN	3	
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium dr</i>	1	PA
ANTABUSE	3	
<i>buprenorphine hcl/naloxone hcl</i>	1	PA
<i>buprenorphine hcl inj</i>	1	BD
<i>buprenorphine hcl subl</i>	1	PA
<i>buproban</i>	1	
<i>bupropion hcl sr tb12 150mg</i>	1	
BUTRANS PTWK 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR	3	PA
CAMPRAL	3	PA
CHANTIX CONTINUING MONTH PAK	3	
CHANTIX STARTING MONTH PAK	3	
CHANTIX TABS 0.5MG, 1MG	3	
<i>disulfiram tabs</i>	1	
EVZIO	3	PA
<i>naloxone hcl inj 1mg/ml</i>	1	BD
<i>naltrexone hcl tabs</i>	1	
NICOTROL INHALER	3	
REVIA	3	
SUBOXONE FILM	3	PA
ZUBSOLV	3	PA
ZYBAN	3	
Anti-inflammatory Agents		
<i>diclofenac sodium gel 3%</i>	1	PA
EPIFOAM	3	
<i>hydrocortisone acetate/pramoxine external crea 2.5%; 1%</i>	1	
<i>pramcort</i>	1	
PRAMOSONE	3	
Antibacterials		
ADOXA	3	
AKNE-MYCIN	2	
ALCOHOL PREP PADS	3	
ALCORTIN A	3	
ALTABAX	3	
<i>amikacin sulfate inj 500mg/2ml</i>	1	BD
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>ampicillin</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
<i>ampicillin sodium inj 1gm</i>	1	BD
<i>ampicillin-sulbactam inj 10gm; 5gm, 2gm; 1gm</i>	1	BD
AUGMENTIN XR	3	
AUGMENTIN SUSR, TABS	3	
AVAR LS FOAM 10%; 2%	3	
AVAR FOAM 9.5%; 5%	3	
AVC	3	
AVELOX ABC PACK	3	
AVELOX TABS	3	
AZACTAM IN ISO-OSMOTIC DEXTROSE	3	BD
AZASITE	3	
AZITHROMYCIN PACK	1	
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	1	BD
<i>aztreonam inj 1gm</i>	1	BD
<i>bacitracin oint</i>	1	
BACTRIM	3	
BACTRIM DS	3	
BACTROBAN	3	
BACTROBAN NASAL	3	QL (1 GM per 30 days)
BESIVANCE	3	
BIAXIN	3	
BIAXIN XL	3	
BIAXIN XL PAC	3	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	3	BD
BLEPH-10	3	
CEDAX	3	PA
<i>cefaclor</i>	1	
CEFACLOR ER	3	
<i>cefadroxil</i>	1	
<i>cefazolin sodium inj 10gm, 1gm</i>	1	BD
<i>cefdinir</i>	1	
<i>cefditoren pivoxil tabs 200mg</i>	1	
<i>cefepime inj 1gm, 2gm</i>	1	BD
<i>cefixime</i>	1	
<i>cefotaxime sodium inj 1gm, 500mg</i>	1	BD
<i>cefoxitin sodium inj 1gm</i>	1	BD
<i>cefepodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
CEFTIN	3	
<i>ceftriaxone sodium inj 500mg</i>	1	BD
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium inj 7.5gm</i>	1	BD
CENTANY	1	
CEPHALEXIN TABS	1	
<i>cephalexin caps, susr</i>	1	
CETRAXAL	3	

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

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
CHLORAMPHENICOL SODIUM SUCCINATE	3	BD
CILOXAN OINT	2	
CILOXAN SOLN	3	
CIPRO I.V.-IN D5W INJ 400MG/200ML; 5%	3	BD
CIPRO XR	3	QL (3 EA per dispensing)
CIPRO SUSR	3	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin hcl soln, tabs</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	1	BD
<i>ciprofloxacin susr</i>	1	
CIPRO TABS 250MG, 500MG	3	
<i>clarithromycin er</i>	1	
<i>clarithromycin susr, tabs</i>	1	
CLEOCIN	3	
CLEOCIN PEDIATRIC GRANULES	3	
CLEOCIN-T	3	
CLINDAGEL	3	
<i>clindamax</i>	1	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	BD
<i>clindamycin phosphate crea, gel, lotn, soln, swab</i>	1	
<i>clindamycin phosphate foam</i>	1	PA
CLINDESSE	3	
<i>colistimethate sodium</i>	1	BD
CUBICIN	3	BD
DEBACTEROL	3	
<i>demeclocycline hcl tabs</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	3	PA
DORYX	3	
<i>doxycycline hyclate dr</i>	1	
<i>doxycycline hyclate caps, tabs</i>	1	
<i>doxycycline hyclate inj</i>	1	BD
<i>doxycycline monohydrate</i>	1	
<i>doxycycline caps 150mg, 75mg</i>	1	
<i>doxycycline susr 25mg/5ml</i>	1	
<i>e.e.s. 400</i>	1	
E.E.S. GRANULES	3	
ERY-TAB	2	
ERYGEL	3	
ERYPED 200	3	
ERYPED 400	2	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	BD
<i>erythrocine stearate</i>	1	
<i>erythromycin base tabs</i>	1	
<i>erythromycin ethylsuccinate tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
<i>erythromycin/sulfisoxazole</i>	1	
<i>erythromycin cpep, gel, oint, pads, soln</i>	1	
EVOCLIN	3	PA
FACTIVE	3	PA
FEM PH	3	
FIRST-VANCOMYCIN 25	3	
FIRST-VANCOMYCIN 50	3	
FLAGYL	3	
FLAGYL ER	3	
FURADANTIN	3	
GARAMYCIN SOLN	3	
<i>garamycin oint</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate crea, external oint, ophthalmic oint, ophthalmic soln</i>	1	
<i>gentamicin sulfate inj 10mg/ml</i>	1	BD
HIPREX	3	
<i>hydrocortisone acetate & iodoquinol</i>	1	
<i>imipenem/cilastatin</i>	1	BD
INVANZ	3	BD
KEFLEX	3	
KETEK	3	
KLARON	3	
LEVAQUIN SOLN, TABS	3	
<i>levofloxacin ophthalmic soln, oral soln, tabs</i>	1	
<i>levofloxacin inj</i>	1	BD
<i>linezolid</i>	1	PA
MACROBID	3	
MACRODANTIN	3	
<i>mafenide acetate pack</i>	1	
<i>meropenem inj 500mg</i>	1	BD
<i>methenamine hippurate</i>	1	
METHENAMINE MANDELATE TABS 0.5GM	1	
<i>methenamine mandelate tabs 1gm</i>	1	
METROCREAM	3	
METROGEL	3	
METROGEL-VAGINAL	3	
METROLOTION	3	
<i>metronidazole in nacl 0.79%</i>	1	BD
<i>metronidazole vaginal</i>	1	
<i>metronidazole caps, crea, gel, lotn, tabs</i>	1	
MINOCIN KIT KIT 100MG	3	
MINOCIN CAPS	3	
<i>minocycline hcl er</i>	1	PA
<i>minocycline hcl caps, tabs</i>	1	
MONODOX	3	

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

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
MONUROL	3	PA
MOXATAG	3	PA
MOXEZA	3	QL (3 ML per dispensing)
<i>moxifloxacin hcl</i>	1	
<i>mupirocin crea, oint</i>	1	
<i>nafcillin sodium inj 10gm, 1gm</i>	1	BD
<i>neomycin sulfate tabs</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>nitrofurantoin susp</i>	1	
NORITATE	3	
NOROXIN	2	
OCUFLOX	3	
<i>ofloxacin</i>	1	
OVACE PLUS FOAM 9.8%	3	
<i>oxacillin sodium inj 2gm</i>	1	BD
<i>paromomycin sulfate</i>	1	
PCE	3	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	BD
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	1	BD
PRIMSOL	3	
RELAGARD	3	
<i>romycin</i>	1	
<i>rosadan</i>	1	
SILVADENE	3	
<i>silver sulfadiazine crea</i>	1	
SIVEXTRO TABS	3	PA
<i>sodium sulfacetamide soln 10%</i>	1	
SOLODYN TB24 105MG, 115MG, 55MG, 65MG, 80MG	3	PA
SPECTRACEF	3	PA
<i>ssd</i>	1	
STREPTOMYCIN SULFATE INJ	3	BD
SULFACETAMIDE SODIUM OINT	3	
<i>sulfacetamide sodium susp</i>	1	
SULFADIAZINE TABS	3	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	1	
<i>sulfamethoxazole/trimethoprim inj</i>	1	BD
SULFAMYLON	3	
SUPRAX	3	
SYNERCID	3	BD
TEFLARO	3	PA
<i>tetracycline hcl caps</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
<i>thermazene</i>	1	
<i>tobramycin sulfate ophthalmic soln</i>	1	
<i>tobramycin sulfate inj 10mg/ml</i>	1	BD
TOBEX OINT	2	
TOBEX SOLN	3	
<i>trimethoprim tabs</i>	1	
TYGACIL	3	PA
UREX	3	
UROQID #2	3	
VANCOCIN HCL	3	PA
<i>vancomycin hcl caps</i>	1	PA
<i>vancomycin hcl inj 1000mg, 10gm</i>	1	BD
<i>vandazole</i>	1	
VIBRAMYCIN	3	
VIGAMOX	3	
VYTON	3	
XIFAXAN TABS 550MG	3	PA
XIFAXAN TABS 200MG	3	QL (9 EA per 1 days)
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZITHROMAX PACK, SUSR	3	
ZITHROMAX TABS 250MG, 500MG	3	
ZITHROMAX TABS 600MG	3	PA
ZMAX	3	
ZYMAXID	3	QL (5 ML per 1 days)
ZYVOX	3	PA
Anticonvulsants		
APTiom	3	PA
BANZEL	3	PA
<i>carbamazepine er</i>	1	
<i>carbamazepine chew, susp, tabs</i>	1	
CARBATROL	3	
CELONTIN	3	
CEREBYX INJ 500MG PE/10ML	3	BD
<i>clonazepam odt</i>	1	
<i>clonazepam tabs</i>	1	
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASAT ACUDIAL	3	
DIASAT PEDIATRIC	3	
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	1	
DILANTIN	2	
DILANTIN INFATABS	2	
DILANTIN-125	2	
<i>divalproex sodium</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants		
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
<i>fosphephenytoin sodium inj 100mg pe/2ml</i>	1	BD
FYCOMPA	3	PA
<i>gabapentin caps, soln, tabs</i>	1	
GABITRIL	3	
KEPPRA XR	3	
KEPPRA SOLN, TABS	3	
KLONOPIN	3	
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERSIBLE	3	
LAMICTAL ODT	3	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	
LAMICTAL STARTER/TAKING VALPROATE	3	
LAMICTAL XR	3	
<i>lamotrigine er</i>	1	
<i>lamotrigine chew, tabs</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral soln, tabs</i>	1	
LEVETIRACETAM INJ 1000MG/100ML; 750MG/100ML, 1500MG/100ML; 540MG/100ML, 500MG/100ML; 820MG/100ML	3	BD
<i>levetiracetam inj 500mg/5ml</i>	1	BD
LYRICA	3	PA
MYSOLINE	3	
NEURONTIN	3	
ONFI	3	PA
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	PA
PEGANONE	3	
<i>phenobarbital elix, tabs</i>	1	
PHENYTEK	3	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin chew, susp</i>	1	
POTIGA	3	PA
<i>primidone tabs</i>	1	
QUDEXY XR	3	
SABRIL	3	PA
STAVZOR	3	PA
TEGRETOL-XR	3	

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

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants		
TEGRETOL SUSP, TABS	3	
<i>tiagabine hydrochloride</i>	1	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate er</i>	1	
<i>topiramate csp, tabs</i>	1	
TRILEPTAL	3	
TROKENDI XR	3	PA
<i>valproate sodium inj</i>	1	BD
<i>valproic acid caps, syrp</i>	1	
VIMPAT	3	PA
ZARONTIN	3	
ZONEGRAN	3	
<i>zonisamide</i>	1	
Antidementia Agents		
ARICEPT	3	
ARICEPT ODT	3	
<i>donepezil hcl</i>	1	
<i>ergoloid mesylates tabs</i>	1	
EXELON CAPS, SOLN	3	
EXELON PT24	3	QL (30 EA per 30 days)
<i>galantamine hydrobromide</i>	1	
<i>memantine hcl</i>	1	
<i>memantine hcl titration pak</i>	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
NAMENDA XR	3	QL (30 EA per 30 days)
NAMENDA XR TITRATION PACK	3	QL (30 EA per 30 days)
RAZADYNE	3	
RAZADYNE ER	3	
<i>rivastigmine tartrate</i>	1	
Antidepressants		
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE	3	
ANAFRANIL	3	
APLENZIN	3	PA
BRINTELLIX	3	PA
BRISDELLE	3	
<i>budeprion sr tb12 150mg</i>	1	
<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	1	
<i>bupropion hcl xl</i>	1	
<i>bupropion hcl tabs</i>	1	
CELEXA	3	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl caps</i>	1	
CYMBALTA	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
<i>desipramine hcl tabs</i>	1	
DESVENLAFAXINE ER	3	QL (30 EA per 30 days) PA
<i>doxepin hcl caps, conc</i>	1	
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	1	
EFFEXOR XR	3	
EMSAM	3	PA
<i>escitalopram oxalate</i>	1	
FETZIMA	3	PA
FETZIMA TITRATION PACK	3	PA
<i>fluoxetine dr</i>	1	QL (4 EA per 28 days)
<i>fluoxetine hcl caps, soln</i>	1	
FLUOXETINE HCL TABS 60MG	3	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	
FORFIVO XL	3	QL (30 EA per 30 days)
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate</i>	1	
KHEDEZLA	3	QL (30 EA per 30 days) PA
LEXAPRO	3	
LUVOX CR	3	QL (30 EA per 30 days)
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tabs</i>	1	
NARDIL	3	
<i>nefazodone hcl</i>	1	
NORPRAMIN	3	
<i>nortriptyline hcl caps, soln</i>	1	
<i>olanzapine/fluoxetine</i>	1	
OLEPTRO	3	PA
PAMELOR CAPS 10MG, 50MG, 75MG	3	
PARNATE	3	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PAXIL	3	
PAXIL CR	3	
<i>perphenazine/amitriptyline</i>	1	
PEXEVA	3	
<i>phenelzine sulfate tabs</i>	1	
PRISTIQ	3	QL (30 EA per 30 days) PA
<i>protriptyline hcl</i>	1	
PROZAC	3	
PROZAC WEEKLY	3	QL (4 EA per 28 days) PA
REMERON	3	
REMERON SOLTAB	3	
SARAFEM	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
<i>sertraline hcl conc, tabs</i>	1	
SURMONTIL	3	
SYMBYAX	3	PA
TOFRANIL	3	
TOFRANIL-PM	3	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl tabs</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er cp24</i>	1	
VENLAFAXINE HCL ER TB24 225MG	3	
<i>venlafaxine hcl er tb24 150mg, 37.5mg, 75mg</i>	1	
VIIBRYD	3	PA
VIVACTIL	3	
WELLBUTRIN	3	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	QL (30 EA per 30 days)
ZOLOFT	3	
Antiemetics		
AKYNZEO	3	PA
ANTIVERT TABS 12.5MG, 25MG	3	
ANZEMET TABS	2	QL (3 EA per 30 days)
CESAMET	3	PA
<i>dronabinol</i>	1	BD
EMEND CAPS	3	BD
<i>granisetron hcl tabs</i>	1	BD
GRANISOL	3	QL (15 ML per 30 days) BD
MARINOL	3	QL (3 EA per 30 days)
<i>meclizine hcl tabs</i>	1	
<i>ondansetron hcl oral soln, tabs</i>	1	PA
<i>ondansetron hcl inj 4mg/2ml</i>	1	BD
<i>ondansetron odt</i>	1	PA
<i>phenadoz</i>	1	
<i>promethazine hcl syrpf, tabs</i>	1	
<i>promethazine hcl inj</i>	1	BD
<i>promethazine hcl supp 12.5mg, 25mg</i>	1	
<i>promethegan</i>	1	
SANCUSO	3	PA
TIGAN CAPS	3	
TRANSDERM-SCOP	3	
<i>trimethobenzamide hcl caps</i>	1	
ZOFRAN ODT	3	QL (9 EA per 30 days)
ZOFRAN SOLN	3	QL (60 ML per 30 days)
ZOFRAN TABS	3	QL (9 EA per 30 days)
ZUPLENZ	3	QL (30 EA per 30 days) PA
Antifungals		
ABELCET	3	BD
ALA QUIN	3	

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Drug Name	Drug Tier	Requirements/Limits
Antifungals		
AMBISOME	3	BD
AMPHOTERICIN B	3	BD
ANCOBON	3	
BIO-STATIN CAPS	3	
<i>bio-statin powd</i>	1	
CANCIDAS	3	BD
CICLODAN CREAM KIT	3	
CICLODAN SOLUTION KIT	1	PA
<i>ciclodan crea</i>	1	
<i>ciclodan soln</i>	1	PA
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine crea</i>	1	
CICLOPIROX TOPICAL SOLUTION KIT	3	
<i>ciclopirox treatment</i>	1	
<i>clotrimazole crea, soln, troc</i>	1	
CRESEMBA CAPS	3	PA
DIFLUCAN SUSR	3	QL (75 ML per dispensing)
DIFLUCAN TABS 150MG	3	QL (1 EA per dispensing)
DIFLUCAN TABS 100MG, 200MG, 50MG	3	QL (15 EA per dispensing)
<i>econazole nitrate crea</i>	1	
ERTACZO	3	
EXELDERM	2	
EXODERM	1	
EXTINA	3	PA
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	1	BD
<i>fluconazole susr</i>	1	
<i>fluconazole tabs 100mg, 200mg, 50mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	QL (1 EA per 1 days)
<i>flucytosine</i>	1	
GRIFULVIN V	3	
GRIS-PEG	3	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GYNAZOLE-1	3	
<i>itraconazole caps</i>	1	
<i>ketoconazole crea, sham, tabs</i>	1	
<i>ketoconazole foam</i>	1	PA
LAMISIL SPRAY	3	
LAMISIL PACK	3	PA
LAMISIL TABS	3	QL (84 EA per 365 days)
LOPROX	3	
LOPROX SHAMPOO	3	
MENTAX	2	
<i>miconazole 3 supp</i>	1	
<i>naftifine hcl</i>	1	
NAFTIN	3	

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Drug Name	Drug Tier	Requirements/Limits
Antifungals		
NATACYN	3	
NOXAFIL SUSP, TBEC	3	PA
<i>nyamyc</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin crea, oint, powd, susp, tabs</i>	1	
<i>nystop</i>	1	
ONMEL	3	PA
OXISTAT	2	
<i>pedi-dri</i>	1	
PENLAC NAIL LACQUER	3	PA
SPORANOX	3	PA
SPORANOX PULSEPAK	3	PA
TERAZOL 3	3	
TERAZOL 7	3	
<i>terbinafine hcl tabs</i>	1	
<i>terconazole</i>	1	
VFEND	3	PA
<i>voriconazole inj, susr, tabs</i>	1	PA
VUSION	3	
XOLEGEL	3	
<i>zazole</i>	1	
Antigout Agents		
<i>allopurinol tabs</i>	1	
CERDELGA	3	PA
<i>colchicine tabs</i>	1	
COLCRYS	3	
MITIGARE	3	
<i>probenecid/colchicine</i>	1	
<i>probenecid tabs</i>	1	
ULORIC	2	
ZYLOPRIM TABS 100MG	3	
Antimigraine Agents		
<i>almotriptan malate</i>	1	QL (6 EA per 30 days)
ALSUMA	3	QL (2 ML per 30 days)
AMERGE	3	QL (9 EA per 30 days) PA
AXERT TABS 12.5MG	3	QL (2 EA per 28 days)
AXERT TABS 6.25MG	3	QL (6 EA per 30 days)
CAFERGOT	3	
D.H.E. 45	3	
<i>dihydroergotamine mesylate inj, nasal soln</i>	1	
ERGOMAR	2	
FROVA	3	QL (9 EA per 30 days)
IMITREX STATDOSE REFILL	3	QL (2 ML per 30 days)
IMITREX STATDOSE SYSTEM	3	QL (2 ML per 30 days)
IMITREX INJ	3	QL (2 ML per 30 days)
IMITREX NASAL SOLN	3	QL (6 EA per 30 days)
IMITREX TABS	3	QL (9 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents		
<i>isometheptene mucate/caffeine/acetaminophen</i>	1	
<i>isometheptene/caffeine/acetaminophen</i>	1	
<i>isometheptene/dichloralphenazone/acetaminophen caps 325mg; 100mg; 0; 65mg</i>	1	
MAXALT	3	QL (9 EA per 30 days)
MAXALT-MLT	3	QL (9 EA per 30 days)
MIGERGOT	3	
<i>migragesic ida</i>	1	
MIGRALAM	3	
MIGRANAL	3	
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days)
<i>nodolor</i>	1	
PRODRIN	3	
RELPAX	2	QL (6 EA per 30 days)
<i>rizatriptan benzoate</i>	1	QL (9 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	QL (2 ML per 30 days)
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (2 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan soln</i>	1	QL (6 EA per 30 days)
SUMAVEL DOSEPRO INJ 6MG/0.5ML	3	QL (2 ML per 30 days)
TREXIMET	3	QL (9 EA per 30 days) PA
<i>zolmitriptan odt</i>	1	QL (6 EA per 30 days)
<i>zolmitriptan tabs</i>	1	QL (6 EA per 30 days)
ZOMIG NASAL SPRAY	3	QL (6 EA per 30 days)
ZOMIG ZMT	3	QL (6 EA per 30 days)
ZOMIG TABS	3	QL (6 EA per 30 days)
ZOMIG SOLN 2.5MG	3	QL (6 EA per 30 days)
Antimyasthenic Agents		
GUANIDINE HCL	3	
MESTINON TIMESPAN	2	
MESTINON SYRP	2	
MESTINON TABS	3	
PROSTIGMIN TABS	3	
<i>pyridostigmine bromide tabs, tbcr</i>	1	
Antimycobacterials		
CAPASTAT SULFATE	3	BD
CYCLOSERINE	1	
DAPSONE TABS	3	
<i>ethambutol hcl tabs</i>	1	
ISONIAZID SYRP	3	
<i>isoniazid tabs</i>	1	
MYCOBUTIN	3	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Antimycobacterials		
<i>rifabutin</i>	1	
RIFADIN CAPS	3	
RIFAMATE	3	
<i>rifampin caps</i>	1	
<i>rifampin inj</i>	1	BD
RIFATER	3	
SIRTURO	3	PA
TRECTOR	3	
Antineoplastics		
AFINITOR	3	PA
AFINITOR DISPERZ	3	PA
ALIMTA INJ 500MG	3	BD
ALKERAN TABS	3	
<i>amifostine</i>	1	BD
<i>anastrozole tabs</i>	1	
ARIMIDEX	3	
AROMASIN	3	
AVASTIN INJ 100MG/4ML	2	BD
<i>azacitidine</i>	1	PA
BELEODAQ	3	PA
<i>bexarotene</i>	1	
<i>bicalutamide</i>	1	
<i>bleomycin sulfate inj 30unit</i>	1	BD
BOSULIF	3	PA
<i>capecitabine</i>	1	
CAPRELSA	3	PA
CASODEX	3	
COMETRIQ	3	PA
<i>cyclophosphamide caps, tabs</i>	1	BD
DACOGEN	3	BD
<i>decitabine</i>	1	BD
DROXIA	3	
ELITEK INJ 1.5MG	3	BD
EMCYT	2	
ERIVEDGE	3	PA
ERWINAZE	3	PA
ETOPOSIDE CAPS	1	
<i>etoposide inj 500mg/25ml</i>	1	BD
<i>exemestane</i>	1	
FARESTON	3	
FARYDAK	3	PA
FASLODEX	2	BD
FEMARA	3	
<i>fludarabine phosphate inj 50mg</i>	1	BD
<i>flutamide</i>	1	
GILOTRIF	3	PA
GLEEVEC	2	

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

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics		
GLEOSTINE	3	
HERCEPTIN	2	PA
HEXALEN	3	
HYCAMTIN CAPS	3	PA
HYDREA	3	
<i>hydroxyurea caps</i>	1	
IBRANCE	3	PA
ICLUSIG	3	PA
IMBRUVICA	3	PA
INLYTA	3	PA
JAKAFI	3	PA
KADCYLA INJ 100MG	3	PA
KEYTRUDA INJ 50MG	3	PA
<i>letrozole</i>	1	
<i>leucovorin calcium inj 100mg, 350mg</i>	1	BD
LEUCOVORIN CALCIUM TABS 10MG, 15MG	3	
<i>leucovorin calcium tabs 25mg, 5mg</i>	1	
LEUKERAN	2	
LEVOLEUCOVORIN CALCIUM	3	BD
<i>lomustine</i>	1	
LYNPARZA	3	PA
MATULANE	2	
MEKINIST	3	PA
<i>mercaptopurine tabs</i>	1	
MESNEX TABS	3	
<i>mitoxantrone hcl</i>	1	BD
MYLERAN	3	
NEXAVAR	2	PA LA
NILANDRON	3	
ONCASPAR	3	PA
OPDIVO INJ 40MG/4ML	3	PA
<i>paclitaxel inj 300mg/50ml</i>	1	BD
PANRETIN	3	
PERJETA	3	PA
POMALYST	3	PA
PROLEUKIN	3	BD
PURINETHOL	3	
PURIXAN	3	
REVLIMID	3	PA LA
RITUXAN	3	BD
SOLTAMOX	3	
SPRYCEL	3	PA
STIVARGA	3	PA
SUTENT	2	PA
SYLATRON	3	PA
SYLVANT INJ 100MG	3	PA
SYNRIBO	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics		
TABLOID	3	
TAFINLAR	3	PA
<i>tamoxifen citrate tabs</i>	1	
TARCEVA	2	PA
TARGRETIN	2	
TASIGNA	3	PA
TEMODAR CAPS	3	
<i>temozolomide</i>	1	
THALOMID	2	PA
<i>topotecan hcl inj 4mg</i>	1	BD
<i>tretinoin caps 10mg</i>	1	
TRISENOX	3	BD
TYKERB	3	PA LA
VALCHLOR	3	PA
VELCADE	3	BD
VIDAZA	3	PA
VOTRIENT	3	PA
XALKORI	3	PA
XELODA	3	
XTANDI	3	PA
YERVOY INJ 50MG/10ML	3	PA
ZALTRAP INJ 100MG/4ML	3	PA
ZELBORAF	3	PA
ZOLINZA	3	PA
ZYDELIG	3	PA
ZYKADIA	3	PA
ZYTIGA	3	PA
Antiparasitics		
<i>acticin</i>	1	
ALBENZA	2	
ALINIA	3	
ARALEN	3	
<i>atovaquone</i>	1	
<i>atovaquone/proguanil hcl</i>	1	
BILTRICIDE	3	
<i>chloroquine phosphate tabs</i>	1	
COARTEM	3	
DARAPRIM	3	
EURAX	3	
<i>hydroxychloroquine sulfate tabs</i>	1	
<i>ivermectin tabs</i>	1	
<i>lindane lotn, sham</i>	1	
MALARONE	3	
<i>malathion lotn</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON	3	
NATROBA	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Antiparasitics		
NEBUPENT	3	BD
NEUTREXIN	3	BD
OVIDE	3	PA
PENTAM 300	3	BD
<i>permethrin crea</i>	1	
PLAQUENIL	3	
PRIMAQUINE PHOSPHATE TABS	3	
QUALAQUIN	3	PA
<i>quinine sulfate</i>	1	
SKLICE	3	
SPINOSAD	3	PA
STROMECTOL	3	
TINDAMAX	3	QL (3 days supply per dispensing)
<i>tinidazole tabs</i>	1	QL (3 days supply per dispensing)
ULESFIA	3	
YODOXIN	3	
Antiparkinson Agents		
APOKYN	3	PA LA
AZILECT	3	
<i>benztropine mesylate tabs</i>	1	
<i>bromocriptine mesylate caps, tabs</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa/entacapone</i>	1	
<i>carbidopa tabs</i>	1	
COMTAN	3	
ELDEPRYL	3	
<i>entacapone</i>	1	
LODOSYN	3	
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	3	PA
PARCOPA	3	
PARLODEL TABS 2.5MG	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
REQUIP	3	
REQUIP XL	3	
<i>ropinirole er</i>	1	
<i>ropinirole hcl</i>	1	
RYTARY	3	PA
<i>selegiline hcl caps, tabs</i>	1	
SINEMET	3	
SINEMET CR	3	

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

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Agents		
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
<i>tolcapone</i>	1	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	3	
Antipsychotics		
ABILIFY DISCMELT TBDP 15MG	3	QL (60 EA per 30 days)
ABILIFY DISCMELT TBDP 10MG	3	QL (90 EA per 30 days)
ABILIFY MAINTENA	3	BD
ABILIFY INJ	3	BD
ABILIFY TABS	3	QL (30 EA per 30 days)
ABILIFY ORAL SOLN	3	QL (900 ML per 30 days)
<i>aripiprazole tabs</i>	1	QL (30 EA per 30 days)
CHLORPROMAZINE HCL INJ	3	BD
<i>chlorpromazine hcl tabs</i>	1	
<i>clozapine</i>	1	
<i>clozapine odt</i>	1	
CLOZARIL	3	
COMPAZINE TABS	3	
<i>compazine supp</i>	1	
<i>compro</i>	1	
FANAPT	3	PA
FANAPT TITRATION PACK	3	PA
FAZACLO	3	
<i>fluphenazine decanoate inj</i>	1	BD
FLUPHENAZINE HCL CONC, ELIX	3	
FLUPHENAZINE HCL INJ	3	BD
<i>fluphenazine hcl tabs</i>	1	
GEODON CAPS	3	
GEODON INJ	3	BD
<i>haloperidol decanoate</i>	1	BD
<i>haloperidol lactate</i>	1	BD
<i>haloperidol conc, tabs</i>	1	
INVEGA	3	PA
INVEGA SUSTENNA	3	PA
LATUDA	3	PA
<i>loxapine succinate caps</i>	1	
LOXITANE CAPS 5MG	3	
<i>olanzapine odt</i>	1	
<i>olanzapine tabs</i>	1	
<i>olanzapine inj</i>	1	BD
ORAP	2	

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

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics		
<i>perphenazine tabs</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate inj</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>quetiapine fumarate</i>	1	
RISPERDAL CONSTA	3	BD
RISPERDAL M-TAB	3	QL (60 EA per 30 days)
RISPERDAL TABS	3	QL (60 EA per 30 days)
RISPERDAL SOLN	3	QL (60 ML per 30 days)
<i>risperidone m-tab</i>	1	QL (60 EA per 30 days)
<i>risperidone odt</i>	1	QL (60 EA per 30 days)
<i>risperidone soln</i>	1	QL (240 ML per 30 days)
<i>risperidone tabs</i>	1	QL (60 EA per 30 days)
SAPHRIS	3	PA
SEROQUEL	3	
SEROQUEL XR TB24 150MG, 200MG, 50MG	3	QL (30 EA per 30 days)
SEROQUEL XR TB24 300MG, 400MG	3	QL (60 EA per 30 days)
<i>thioridazine hcl tabs</i>	1	
<i>thiothixene caps</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
VERSACLOZ	3	
<i>ziprasidone hcl</i>	1	
ZYPREXA RELPREVV INJ 210MG	3	BD
ZYPREXA ZYDIS	3	
ZYPREXA TABS	3	
Antispasticity Agents		
<i>baclofen tabs</i>	1	
DANTRIUM	3	
<i>dantrolene sodium caps</i>	1	
<i>tizanidine hcl caps, tabs</i>	1	
ZANAFLEX	3	
Antivirals		
<i>abacavir</i>	1	
<i>abacavir sulfate/lamivudine/zidovudine</i>	1	
<i>acyclovir sodium inj 50mg/ml</i>	1	BD
<i>acyclovir caps, oint, susp, tabs</i>	1	
<i>adefovir dipivoxil</i>	1	PA
<i>amantadine hcl caps, syrp, tabs</i>	1	
APTIVUS	3	
ATRIPLA	3	
BARACLUDE	3	PA
<i>cidofovir</i>	1	BD
COMBIVIR	3	
COMPLERA	3	
COPEGUS	3	PA
CRIXIVAN	2	
DENAVIR	3	

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

Drug Name	Drug Tier	Requirements/Limits
Antivirals		
<i>didanosine</i>	1	
EDURANT	3	
EMTRIVA	3	
<i>entecavir</i>	1	PA
EPIVIR	3	
EPIVIR HBV SOLN	2	
EPIVIR HBV TABS	3	
EPZICOM	3	
EVOTAZ	3	
<i>famciclovir tabs</i>	1	
FAMVIR	3	
FLUMADINE	3	PA
FUZEON	2	
<i>ganciclovir inj</i>	1	BD
HARVONI	3	PA
HEPSERA	3	PA
INCIVEK	3	PA
INFERGEN INJ 15MCG/0.5ML	3	PA
INTELENCE	3	
INTRON A W/DILUENT INJ 10MU	2	PA
INTRON A INJ 18MU, 50MU, 6000000UNIT/ML	2	PA
INVIRASE	2	
ISENTRESS CHEW, PACK	2	
ISENTRESS TABS	3	
KALETRA	2	
<i>lamivudine</i>	1	
<i>lamivudine/zidovudine</i>	1	
LEXIVA	3	
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
NORVIR	2	
OLYSIO	3	PA
PEG-INTRON	3	PA
PEG-INTRON REDIPEN	3	PA
PEG-INTRON REDIPEN PAK 4	3	PA
PEGASYS	3	PA
PEGASYS PROCLICK	3	PA
PEGINTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 80MCG/0.5ML	3	PA
PREZCOBIX	3	
PREZISTA	3	
REBETOL	3	PA
RELENZA DISKHALER	3	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
RETROVIR CAPS, SYRP	3	
REYATAZ PACK	3	

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

Drug Name	Drug Tier	Requirements/Limits
Antivirals		
REYATAZ CAPS 150MG, 200MG, 300MG	3	
<i>ribasphere</i>	1	PA
RIBASPHERE RIBAPAK	3	PA
<i>ribavirin</i>	1	PA
<i>rimantadine hcl</i>	1	
SELZENTRY	3	
SOVALDI	3	PA
<i>stavudine</i>	1	
STRIBILD	3	
SUSTIVA	2	
TAMIFLU SUSR	3	QL (150 ML per dispensing) PA
TAMIFLU CAPS 45MG, 75MG	3	QL (30 EA per 30 days)
TAMIFLU CAPS 30MG	3	QL (60 EA per 30 days)
TIVICAY	3	
<i>trifluridine soln</i>	1	
TRIUMEQ	3	
TRIZIVIR	3	
TRUVADA	3	
TYBOST	3	
TYZEKA	3	
<i>valacyclovir hcl</i>	1	
VALCYTE SOLR	3	
VALCYTE TABS	3	PA
<i>valganciclovir</i>	1	
VALTREX	3	
VICTRELIS	3	PA
VIDEX EC	3	
VIDEX PEDIATRIC SOLR 4GM	2	
VIDEX PEDIATRIC SOLR 2GM	3	
VIEKIRA PAK	3	PA
VIRACEPT	2	
VIRAMUNE	3	
VIRAMUNE XR	3	
VIRAZOLE	3	BD
VIREAD	2	
VIROPTIC	3	
VITEKTA	3	
XERESE	3	PA
ZERIT	3	
ZIAGEN SOLN	2	
ZIAGEN TABS	3	
<i>zidovudine</i>	1	
ZIRGAN	3	
ZOVIRAX	3	
Anxiolytics		
<i>alprazolam</i>	1	
<i>alprazolam er tb24 0.5mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Anxiolytics		
<i>alprazolam er tb24 1mg, 2mg, 3mg</i>	1	QL (30 EA per 30 days)
ALPRAZOLAM INTENSOL	3	
<i>alprazolam odt</i>	1	
ATIVAN TABS	3	
<i>buspirone hcl tabs</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam soln 1mg/ml</i>	1	
<i>diazepam tabs 10mg, 2mg, 5mg</i>	1	
DORAL	3	
DULOXETINE HCL CPEP 40MG	3	
<i>estazolam</i>	1	QL (30 EA per 30 days)
HALCION	3	PA
<i>lorazepam intensol</i>	1	
<i>lorazepam conc, tabs</i>	1	
<i>meprobamate</i>	1	
<i>midazolam hcl syrp</i>	1	
NIRAVAM	3	
<i>oxazepam</i>	1	
QUAZEPAM	1	
TRANXENE T	3	
<i>triazolam</i>	1	
VALIUM	3	
XANAX	3	
XANAX XR	3	QL (30 EA per 30 days)
Bipolar Agents		
LITHIUM	3	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
LITHOBID	3	
Blood Glucose Regulators		
<i>acarbose</i>	1	QL (90 EA per 30 days)
ACTOPLUS MET	3	QL (60 EA per 30 days)
ACTOPLUS MET XR	2	
ACTOS	3	QL (30 EA per 30 days)
AFREZZA	3	PA
AMARYL	3	
APIDRA	3	
APIDRA SOLOSTAR	3	PA
AVANDAMET	3	
AVANDARYL	3	
AVANDIA	3	
BYDUREON	3	PA
BYETTA	3	PA
<i>chlorpropamide</i>	1	
CYCLOSET	3	

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

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
DIABETA	3	
DUETACT	3	QL (30 EA per 30 days)
FARXIGA	3	PA
FORTAMET	3	QL (30 EA per 30 days)
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	1	
<i>glipizide tabs</i>	1	
GLUCAGEN DIAGNOSTIC	2	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE	3	QL (120 EA per 30 days)
GLUMETZA	3	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	QL (120 EA per 30 days)
<i>glyburide tabs</i>	1	
GLYNASE	3	
GLYSET	2	
GLYXAMBI	3	PA
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
INVOKAMET	3	PA
INVOKANA	3	PA
JANUMET	3	QL (60 EA per 30 days) ST
JANUMET XR	3	PA
JANUVIA	3	QL (30 EA per 30 days) ST
JARDIANCE	3	PA
JENTADUETO	2	QL (60 EA per 30 days)
KAZANO	3	
KOMBIGLYZE XR	3	QL (30 EA per 30 days)
LANTUS	2	
LANTUS SOLOSTAR	2	

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

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
LEVEMIR	3	
LEVEMIR FLEXPEN	3	PA
LEVEMIR FLEXTOUCH	3	
<i>metformin hcl er</i>	1	
<i>metformin hcl tabs</i>	1	
<i>nateglinide</i>	1	
NESINA	3	
NOVOLIN 70/30	3	PA
NOVOLIN N	3	PA
NOVOLIN R	3	PA
NOVOLOG	3	PA
NOVOLOG FLEXPEN	3	PA
NOVOLOG MIX 70/30	3	PA
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	PA
NOVOLOG PENFILL	3	PA
ONGLYZA	3	
OSENI	3	
<i>pioglitazone hcl</i>	1	
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl/metformin hcl</i>	1	
PRANDIMET	2	QL (90 EA per 30 days)
PRANDIN TABS 0.5MG, 1MG	3	QL (120 EA per 30 days)
PRANDIN TABS 2MG	3	QL (240 EA per 30 days)
PRECOSE	3	QL (90 EA per 30 days)
PROGLYCEM	3	
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days)
RIOMET	3	
STARLIX	3	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
<i>tolazamide</i>	1	
TOLBUTAMIDE	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	2	QL (30 EA per 30 days)
TRULICITY	3	PA
VICTOZA	3	PA
XIGDUO XR	3	PA
Blood Products/Modifiers/Volume Expanders		
AGGRENEX	3	
AGRYLIN	3	PA
AMICAR	3	
<i>aminocaproic acid syrp</i>	1	
AMINOCAPROIC ACID TABS 1000MG	3	
<i>aminocaproic acid tabs 500mg</i>	1	
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Blood Products/Modifiers/Volume Expanders		
ARIXTRA	3	QL (14 days supply per dispensing)
ASPIRIN/DIPYRIDAMOLE	1	
BRILINTA	3	PA
<i>cilostazol</i>	1	
<i>clopidogrel tabs 75mg</i>	1	
<i>clopidogrel tabs 300mg</i>	1	QL (1 EA per 30 days)
COUMADIN TABS	3	
<i>dipyridamole tabs</i>	1	
EFFIENT	3	PA
ELIQUIS	3	PA
<i>enoxaparin sodium</i>	1	
EPOGEN	3	PA
<i>fondaparinux sodium</i>	1	
FRAGMIN	2	
GRANIX	2	
<i>heparin sodium/nacl 0.9%</i>	1	BD
HEPARIN SODIUM INJ 2500UNIT/ML	3	BD
<i>heparin sodium inj 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	1	BD
<i>jantoven</i>	1	
LEUKINE	3	BD
LOVENOX	3	QL (21 days supply per dispensing)
LYSTEDA	3	QL (30 EA per 30 days)
MIRCERA	3	PA
NEULASTA	3	BD
NEUMEGA	3	BD
NEUPOGEN	2	BD
OMONTYS	3	PA
PERSANTINE	3	
PLAVIX TABS 75MG	3	
PLAVIX TABS 300MG	3	QL (1 EA per dispensing)
PLETAL	3	
PRADAXA	3	
PROCRIT	2	PA
PROMACTA	3	PA
SAVAYSA	3	PA
<i>ticlopidine hcl</i>	1	
<i>tranexamic acid tabs</i>	1	
<i>tranexamic acid inj</i>	1	BD
<i>warfarin sodium tabs</i>	1	
XARELTO	3	PA
XARELTO STARTER PACK	3	PA
ZONTIVITY	3	PA
Cardiovascular Agents		
ACCUPRIL	3	QL (30 EA per 30 days)
ACCURETIC	3	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
<i>acebutolol hcl caps</i>	1	
ACEON	3	
<i>acetazolamide tabs</i>	1	
ADALAT CC	3	
ADVICOR TB24 20MG; 1000MG, 20MG; 500MG, 40MG; 1000MG	3	
<i>afeditab cr</i>	1	
ALDACTAZIDE	3	
ALDACTONE	3	
ALTACE	3	
ALTOPREV	3	
<i>amiloride hcl tabs</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amiodarone hcl tabs 200mg, 400mg</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	QL (30 EA per 30 days)
<i>amlodipine besylate/benazepril hcl</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days)
<i>amlodipine besylate tabs</i>	1	
<i>amlodipine/valsartan/hctz</i>	1	QL (30 EA per 30 days)
AMTURNIDE	3	PA
ANTARA	3	
ATACAND	3	
ATACAND HCT	3	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>atorvastatin calcium</i>	1	
AVALIDE	3	
AVAPRO	3	
AZOR	3	QL (30 EA per 30 days)
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>benazepril hcl tabs</i>	1	
BENICAR	2	
BENICAR HCT	2	
BETAPACE	3	
BETAPACE AF	3	PA
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	
BIDIL	3	PA
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>bumetanide tabs</i>	1	
BYSTOLIC	3	QL (30 EA per 30 days)
CADUET	3	QL (30 EA per 30 days)
CALAN	3	
CALAN SR	3	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
<i>captopril/hydrochlorothiazide</i>	1	
<i>captopril tabs</i>	1	
CARDENE SR CP12 30MG, 60MG	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM TABS 120MG, 30MG, 60MG	3	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
CATAPRES	3	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>cholestyramine light</i>	1	
<i>cholestyramine pack, powd</i>	1	
<i>clonidine hcl er</i>	1	PA
<i>clonidine hcl ptwk, tabs</i>	1	
CLORPRES	3	
COLESTID	3	
COLESTID FLAVORED	3	
<i>colestipol hcl</i>	1	
<i>colestipol hcl for oral suspension</i>	1	
CORDARONE	3	
COREG	3	PA
COREG CR	2	
CORGARD	3	
CORZIDE	3	
COZAAR	3	
CRESTOR	3	QL (30 EA per 30 days) ST
DEMADEX	3	
DEMSER	3	
DIBENZYLINE	1	
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin soln, tabs</i>	1	
DILACOR XR	3	
DILATRATE SR	2	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd cp24 180mg, 240mg, 300mg</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl tabs</i>	1	
<i>diltzac</i>	1	
DIOVAN	3	
DIOVAN HCT	3	
<i>disopyramide phosphate caps</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
DIURIL	3	
DUTOPROL	3	QL (30 EA per 30 days)
DYRENIUM CAPS 0; 100MG, 50MG	3	
EDARBI	3	QL (30 EA per 30 days)
EDARBYCLOR	3	QL (30 EA per 30 days)
EDECIN	2	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>eplerenone</i>	1	
EPROSARTAN MESYLATE	1	
EXFORGE	3	QL (30 EA per 30 days) PA
EXFORGE HCT	3	QL (30 EA per 30 days)
<i>felodipine er</i>	1	
<i>fenofibrate micronized</i>	1	
FENOFIBRATE CAPS 150MG, 50MG	3	
<i>fenofibrate caps 130mg, 43mg</i>	1	
FENOFIBRATE TABS 120MG	1	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	1	
FENOFIBRIC ACID	1	
<i>fenofibric acid dr</i>	1	PA
FENOGLIDE	3	
FIBRICOR	3	
<i>flecainide acetate</i>	1	
<i>fluvastatin</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>furosemide tabs</i>	1	
<i>furosemide inj</i>	1	BD
FUROSEMIDE ORAL SOLN 8MG/ML	3	
<i>furosemide oral soln 10mg/ml</i>	1	
<i>gemfibrozil tabs</i>	1	
<i>guanfacine hcl</i>	1	
HEMANGEOL	3	
<i>hydralazine hcl tabs</i>	1	
<i>hydrochlorothiazide caps, tabs</i>	1	
HYZAAR	3	QL (30 EA per 30 days)
IMDUR	3	
<i>indapamide tabs</i>	1	
INDERAL LA	3	
INDERAL XL	3	
INNOPRAN XL	3	
INSPRA	3	PA
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide dinitrate tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
ISOXSUPRINE HCL TABS 20MG	1	
<i>isoxsuprine hcl tabs 10mg</i>	1	
<i>isradipine</i>	1	
JUXTAPID	3	PA
KERLONE	3	
KYNAMRO	3	PA
<i>labetalol hcl tabs</i>	1	
LANOXIN TABS	3	
LASIX TABS 20MG, 80MG	3	
LESCOL	3	
LESCOL XL	3	
LEVATOL	3	PA
LIPITOR	3	QL (45 EA per 30 days)
LIPOFEN	3	
LIPTRUZET	3	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
LIVALO	3	QL (30 EA per 30 days) PA
LOFIBRA	3	
LOPID	3	
LOPRESSOR HCT	3	
LOPRESSOR TABS	3	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days)
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	
<i>lovastatin</i>	1	
LOVAZA	3	PA
<i>matzim la</i>	1	
MAVIK	3	
MAXZIDE	3	
MAXZIDE-25	3	
METHYCLOTHIAZIDE TABS	3	
<i>methyldopa/hydrochlorothiazide</i>	1	
<i>methyldopa tabs</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
MEVACOR	3	
<i>mexiletine hcl</i>	1	
MICARDIS	3	
MICARDIS HCT	3	
MICROZIDE	3	

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

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
<i>midodrine hcl</i>	1	
MINIPRESS	3	
<i>minitran</i>	1	
<i>minoxidil tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
MULTAQ	3	PA
<i>nadolol/bendroflumethiazide</i>	1	
<i>nadolol tabs</i>	1	
<i>niacin er tbc 1000mg, 500mg, 750mg</i>	1	
<i>niacor</i>	1	
NIASPAN	3	
<i>nicardipine hcl caps</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine caps</i>	1	
<i>nimodipine caps</i>	1	
NISOLDIPINE ER	1	
NISOLDIPINE TB24 20MG, 30MG, 40MG	1	
<i>nisoldipine tb24 17mg, 34mg, 8.5mg</i>	1	
NITRO-BID	3	
NITRO-DUR	3	
<i>nitro-time cpcr 2.5mg, 9mg</i>	1	
<i>nitroglycerin er</i>	1	
NITROGLYCERIN LINGUAL AERS	3	
<i>nitroglycerin lingual soln</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin pt24 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	1	
NITROLINGUAL PUMPSPRAY	3	
NITROMIST	3	
NITROSTAT	3	
NORPACE	3	
NORPACE CR	2	
NORTHERA	3	PA
NORVASC	3	
NYMALIZE	3	
<i>omega-3-acid ethyl esters</i>	1	
<i>pacerone</i>	1	
<i>pentoxifylline er</i>	1	
<i>perindopril erbumine</i>	1	
<i>pindolol</i>	1	
PRAVACHOL	3	QL (45 EA per 30 days)
<i>pravastatin sodium tabs 80mg</i>	1	QL (30 EA per 30 days)
<i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>	1	QL (45 EA per 30 days)
<i>prazosin hcl</i>	1	
<i>prevalite</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
PRINIVIL	3	QL (30 EA per 30 days)
PROCARDIA	3	
PROCARDIA XL TB24 30MG, 60MG	3	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl soln, tabs</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
QUESTRAN	3	
QUESTRAN LIGHT POWD	3	
<i>quinapril hcl</i>	1	QL (60 EA per 30 days)
<i>quinapril/hydrochlorothiazide</i>	1	QL (30 EA per 30 days)
<i>quinidine gluconate cr</i>	1	
<i>quinidine sulfate</i>	1	
QUINIDINE SULFATE ER	3	
<i>ramipril</i>	1	
RANEXA	2	PA
RECTIV	3	PA
RESERPINE TABS	3	
RYTHMOL	3	
RYTHMOL SR	3	PA
SECTRAL	3	
SIMCOR	3	QL (30 EA per 30 days)
<i>simvastatin</i>	1	QL (45 EA per 30 days)
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>spironolactone tabs</i>	1	
SULAR	3	
TARKA	3	
<i>taztia xt</i>	1	
TEKAMLO	3	PA
TEKTURNA	3	
TEKTURNA HCT	3	PA
<i>telmisartan</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochloroth</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
TENEX	3	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
TEVETEN HCT	3	
TEVETEN TABS 600MG	3	
TIAZAC	3	
TIKOSYN	3	

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

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	
TOPROL XL	3	QL (45 EA per 30 days)
<i>toremide tabs</i>	1	
TRANDATE TABS 200MG, 300MG	3	
<i>trandolapril</i>	1	
<i>trandolapril/verapamil hcl</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
TRIBENZOR	3	QL (30 EA per 30 days)
TRICOR	3	
TRIGLIDE TABS 160MG	3	
TRILIPIX	3	PA
TWYNSTA	3	
UNIRETIC	3	
UNIVASC	3	
<i>valsartan</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VASCEPA	3	PA
VASERETIC	3	
VASOTEC	3	
VECAMYL	3	PA
<i>verapamil hcl er</i>	1	
<i>verapamil hcl sr cp24</i>	1	
<i>verapamil hcl tabs</i>	1	
VERELAN	3	
VERELAN PM	3	PA
VYTORIN	3	
WELCHOL	3	
ZAROXOLYN	3	
ZEBETA	3	
ZESTORETIC	3	
ZESTRIL	3	
ZETIA	2	
ZIAC	3	
ZOCOR	3	QL (45 EA per 30 days)
Central Nervous System Agents		
ADDERALL	3	
ADDERALL XR	3	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs</i>	1	
<i>amphetamine/dextroamphetamine cp24</i>	1	QL (30 EA per 30 days)
AMPYRA	3	PA
APTENSIO XR	3	
AUBAGIO	3	PA
AVONEX	2	
AVONEX PEN	2	
BETASERON	2	
CAFCIT SOLN	3	PA
<i>caffeine citrate soln 20mg/ml</i>	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
CONCERTA TBCR 18MG, 27MG, 54MG	3	QL (30 EA per 30 days)
CONCERTA TBCR 36MG	3	QL (60 EA per 30 days)
COPAXONE INJ 20MG/ML	2	
COPAXONE INJ 40MG/ML	3	PA
DAYTRANA	3	PA
DESOXYN	3	
DEXEDRINE CP24	3	
<i>dexmethylphenidate hcl</i>	1	
<i>dexmethylphenidate hcl er</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
<i>dextroamphetamine sulfate soln, tabs</i>	1	
EVEKEO	3	
EXTAVIA	3	PA
FOCALIN	3	
FOCALIN XR CP24 20MG, 25MG, 35MG	3	
FOCALIN XR CP24 10MG, 15MG, 30MG, 40MG, 5MG	3	QL (30 EA per 30 days)
GILENYA	3	PA
<i>glatopa</i>	1	
<i>guanfacine er</i>	1	PA
HETLIOZ	3	PA
HORIZANT	3	PA
INTUNIV	3	PA
KAPVAY	3	PA
LEVACET	3	
METADATE CD	3	
<i>metadate er</i>	1	
<i>methamphetamine hcl</i>	1	
METHYLIN	3	
<i>methylphenidate hcl cd</i>	1	
<i>methylphenidate hcl er cp24</i>	1	
<i>methylphenidate hcl er tbc 10mg, 20mg</i>	1	
<i>methylphenidate hcl er tbc 18mg, 27mg, 54mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er tbc 36mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl chew, tabs</i>	1	
<i>methylphenidate hydrochloride</i>	1	
NUDEXTA	3	PA
PLEGRIDY	3	PA
PLEGRIDY STARTER PACK	3	PA
PROCENTRA	3	
QUILLIVANT XR	3	PA
REBIF	3	PA
REBIF REBIDOSE	3	PA
REBIF REBIDOSE TITRATION PACK	3	PA
REBIF TITRATION PACK	3	PA
RILUTEK	3	
<i>riluzole</i>	1	
RITALIN	3	

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

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
RITALIN LA	3	
RITALIN SR	3	
SAVELLA	2	
SAVELLA TITRATION PACK	2	
STRATTERA	3	PA
TECFIDERA	3	PA
TECFIDERA STARTER PACK	3	PA
TYSABRI	3	BD
VYVANSE	3	PA
XENAZINE	3	PA
ZENZEDI TABS 2.5MG, 7.5MG	1	
<i>zenzedi tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	1	
Dental and Oral Agents		
<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate oral rinse</i>	1	
EVOXAC	3	
FIRST-MOUTHWASH BLM SUSP 3.15GM/237ML; 0.2GM/237ML; 1.6GM/237ML; 3.15GM/237ML; 0.315GM/237ML	3	
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl tabs 7.5mg</i>	1	
<i>pilocarpine hydrochloride</i>	1	
SALAGEN	3	
<i>triamcinolone in orabase</i>	1	
Dermatological Agents		
8-MOP	3	
ABSORICA	3	
ACANYA	3	PA
<i>acitretin</i>	1	
ACZONE	3	PA
<i>adapalene crea, gel</i>	1	
ALDARA	3	QL (48 EA per 365 days)
<i>ammonium lactate crea, lotn</i>	1	
<i>amnesteem</i>	1	
ANACAINE	3	
APOP	3	
ATRALIN	3	PA
<i>avar cleanser</i>	1	
AVAR LS CLEANSER	3	
AVAR LS PADS 10%; 2%	3	
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
AVAR-E LS	3	
AVAR PADS 9.5%; 5%	3	
<i>avita</i>	1	PA
AZELEX	3	

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Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
BENZAC AC WASH	3	
BENZAC W WASH	3	
BENZACLIN	3	PA
BENZAMYCIN	3	
BENZAMYCINPAK	3	
BENZEFOAM	3	PA
BENZIQ	1	
BENZIQ LS	3	
<i>benziq wash</i>	1	
<i>benzoyl peroxide foam</i>	1	PA
BP CLEANSING WASH	1	
BPO	3	
BPO 3% FOAMING CLOTHS	1	
<i>bpo 6% foaming cloths</i>	1	
BPO 9% FOAMING CLOTHS	1	
<i>calcipotriene</i>	1	
<i>calcipotriene/betamethasone dipropionate</i>	1	PA
<i>calcitrene</i>	1	
CALCITRIOL OINT 3MCG/GM	3	PA
CARAC	3	
CEM-UREA	1	
<i>cerisa wash</i>	1	
CLARAVIS CAPS 30MG	1	
<i>claravis caps 10mg, 20mg, 40mg</i>	1	
CLARIFOAM EF	3	
<i>clindamycin/benzoyl peroxide</i>	1	PA
<i>clotrimazole/betamethasone dipropionate</i>	1	
CONDYLOX	3	
CORTANE-B	3	
CORTISPORIN CREA 0.5%; 0.5%; 10000UNIT/GM	3	
CORTISPORIN OINT 400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	3	
COSENTYX SENSOREADY PEN	3	PA
CURITY GAUZE PADS 2"X2"	3	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	
DESONATE	3	PA
<i>diclofenac sodium transdermal soln 1.5%</i>	1	
DIFFERIN	3	
DOVONEX	3	
DOXYCYCLINE CPDR 40MG	1	
DRITHO-CREME HP	3	
DRYSOL	3	
Dermatological Agents		
DUAC	3	PA
EFUDEX	3	
ELIDEL	3	
EPIDUO	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
EPIDUO FORTE	3	PA
<i>erythromycin/benzoyl peroxide</i>	1	
FABIOR	3	PA
FINACEA	3	
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
GORDONS UREA OINT 40%	3	
GRANULEX	3	
HYDRO 40 FOAM	3	
<i>hydrocortisone acetate/aloe gel</i>	1	
<i>hypercare</i>	1	
<i>imiquimod crea</i>	1	
KERALAC	3	
KERALYT GEL 6%	3	
<i>latrix</i>	1	
LATRIX XM	3	
LOTRISONE	3	
LUGOLS STRONG IODINE	3	
MEDROX-RX	3	
<i>methoxsalen caps</i>	1	
<i>mexar wash</i>	1	
<i>myorisan</i>	1	
NOVACORT	3	
NUOX	3	
NUZON	3	
ORACEA	3	
<i>oscion cleanser lotn 6%</i>	1	
OVACE PLUS WASH GEL	3	
OVACE PLUS SHAM 10%	3	
OVACE WASH	3	
OXSORALEN ULTRA	3	
PENNSAID	3	
PICATO	3	PA
PODOCON 25 IN BENZOIN TINCTURE	3	
<i>podofilox soln</i>	1	
<i>pr benzoyl peroxide wash</i>	1	
<i>prascion</i>	1	
<i>prascion fc</i>	1	
PROTOPIC	3	
PRUDOXIN	3	
REGRANEX	3	PA
<i>remeven</i>	1	
RETIN-A	3	PA
RETIN-A MICRO	3	PA
RETIN-A MICRO PUMP	3	PA
RIAX	3	PA
ROSANIL	3	

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

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
<i>rosanil cleanser</i>	1	
<i>salacyn crea</i>	1	
SALEX	3	
<i>salicylic acid wart remover</i>	1	
<i>salicylic acid crea, foam, gel, lotn, sham</i>	1	
SALICYLIC ACID LIQD 26%	1	
SALKERA	3	
SALVAX	3	
SANTYL	2	
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide wash liqd 10%</i>	1	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA	3	
SODIUM SULFACETAMIDE/SULFUR IN UREA	3	
<i>sodium sulfacetamide/sulfur wash</i>	1	
<i>sodium sulfacetamide/sulfur crea 10%; 2%, 10%; 5%</i>	1	
<i>sodium sulfacetamide/sulfur foam, liqd, pads</i>	1	
<i>sodium sulfacetamide/sulfur lotn 10%; 5%</i>	1	
SODIUM SULFACETAMIDE/SULFUR SUSP 10%; 5%	3	
<i>sodium sulfacetamide/sulfur susp 8%; 4%</i>	1	
SODIUM SULFACETAMIDE/UREA	3	
<i>sodium sulfacetamide gel 10%</i>	1	
<i>sodium sulfacetamide sham 10%</i>	1	
SOLARAZE	3	PA
SORIATANE	3	
SORILUX	3	PA
SSS 10-4	3	
<i>sss 10-5</i>	1	
STELARA	3	PA
<i>sulfacetamide sodium/sulfur cleanser</i>	1	
<i>sulfacleanse 8/4</i>	1	
SULFOAM	3	
SUMADAN WASH	3	
SUMAXIN	3	
SUMAXIN TS	3	
SUMAXIN WASH	3	
SYNALAR SOLN 0.01%	3	
TACLONEX	3	PA
<i>tacrolimus oint 0.03%, 0.1%</i>	1	
TAZORAC	3	
<i>tbc</i>	1	
TERSI FOAM	3	PA
TRETIN-X CREA	3	PA
TRETINOIN EMOLLIENT	3	
<i>tretinoin microsphere</i>	1	PA
<i>tretinoin crea 0.1%</i>	1	
<i>tretinoin crea 0.025%, 0.05%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%</i>	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
UMECTA	3	
<i>umecta mousse</i>	1	
URAMAXIN	3	
<i>urea in zinc undecylenate/lactic acid vehicle</i>	1	
UREA NAIL STCK	3	
<i>urea nail gel</i>	1	
<i>urea topical</i>	1	
<i>urea crea 39%, 40%, 45%, 47%, 50%</i>	1	
<i>urea emul, gel, susp</i>	1	
<i>urea lotn 40%, 45%</i>	1	
<i>vasolex</i>	1	
VECTICAL	3	PA
VELTIN	3	PA
VEREGEN	3	PA
VIRASAL	3	
VOLTAREN	3	
XENADERM	3	
XERAC AC	3	
ZACLIR CLEANSING	3	
<i>zenatane caps 10mg, 20mg, 40mg</i>	1	
<i>zencia</i>	1	
ZIANA	3	PA
ZITHRANOL	3	PA
ZITHRANOL-RR	3	
ZONALON	3	
ZYCLARA	3	
ZYCLARA PUMP	3	
Enzyme Replacement/Modifiers		
ADAGEN	3	BD
ALDURAZYME	3	BD LA
BUPHENYL	3	
CEREZYME INJ 400UNIT	3	PA LA
CREON	2	
CYSTADANE	3	
CYSTAGON	3	
FABRAZYME INJ 35MG	3	PA LA
KUVAN	3	PA
LUMIZYME	3	PA
NAGLAZYME	3	BD LA
ORFADIN	3	PA
PANCREAZE	3	
PANCRELIPASE	3	
PERTZYE	3	
RAVICTI	3	PA
<i>sodium phenylbutyrate powd</i>	1	
SUCRAID	3	
ULTRESA	3	

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

Drug Name	Drug Tier	Requirements/Limits
Enzyme Replacement/Modifiers		
VIOKACE	3	
ZAVESCA	3	
ZENPEP	3	
Gastrointestinal Agents		
ACIPHEX	3	QL (30 EA per 30 days) PA
ACTIGALL	3	
<i>alosetron hydrochloride</i>	1	QL (60 EA per 30 days) PA
AMITIZA	2	
ANASPAZ	3	
AXID SOLN	3	
AXID CAPS 300MG	3	
BELLADONNA & OPIUM	3	
BELLADONNA ALKALOIDS & OPIUM	3	
BENTYL CAPS, TABS	3	
CANTIL	3	
CARAFATE	3	
CHENODAL	3	
<i>chlordiazepoxide hcl/clidinium bromide</i>	1	
<i>cimetidine hcl soln</i>	1	
<i>cimetidine tabs</i>	1	
COLYTE-FLAVOR PACKS	3	
<i>constulose</i>	1	
<i>cromolyn sodium conc 100mg/5ml</i>	1	
CUVPOSA	3	PA
CYTOTEC	3	
DEXILANT	2	QL (30 EA per 30 days)
<i>dicyclomine hcl</i>	1	
<i>diphenoxylate/atropine</i>	1	
DONNATAL	3	
DONNATAL EXTENTABS	3	
<i>enulose</i>	1	
<i>esomeprazole magnesium</i>	1	QL (30 EA per 30 days) PA
<i>esomeprazole sodium inj 40mg</i>	1	BD
<i>famotidine susr</i>	1	
<i>famotidine tabs 40mg</i>	1	
FULYZAQ	3	PA
GASTRINEX NF	1	
GASTROCROM	3	
GATTEX	3	PA
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	
GLYCATE	3	
<i>glycopyrrolate tabs</i>	1	
GOLYTELY	3	
HELIDAC	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
<i>hyomax-sl</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyoscyamine sulfate er</i>	1	
<i>hyosyne</i>	1	
ISOPTO HYOSCINE	2	
KRISTALOSE	2	
<i>lactulose soln</i>	1	
<i>lansoprazole cpdr 15mg</i>	1	
LEVBID	3	
LEVSIN/SL	3	
LEVSIN TABS	3	
LIBRAX	3	PA
LINZESS	3	PA
<i>lofene</i>	1	
LOMOTIL	3	
<i>lonox</i>	1	
<i>loperamide hcl caps</i>	1	
LOTRONEX	2	QL (60 EA per 30 days) PA
<i>me-pb-hyos tabs</i>	1	
<i>methscopolamine bromide</i>	1	
<i>metoclopramide hcl oral soln, tabs</i>	1	
<i>metoclopramide hcl inj</i>	1	BD
<i>metoclopramide odt</i>	1	PA
METOZOLV ODT TBDP 5MG	3	PA
<i>misoprostol</i>	1	
MOTOFEN	3	
MOVANTIK	3	PA
MOVIPREP	3	
NEXIUM	3	QL (30 EA per 30 days) PA
<i>nizatidine</i>	1	
<i>nulev</i>	1	
NULYTELY/FLAVOR PACKS	3	
<i>omeprazole cpdr 40mg</i>	1	
<i>omeprazole cpdr 10mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole cpdr 20mg</i>	1	QL (60 EA per 30 days)
OSMOPREP	3	
PAMINE	3	PA
PAMINE FORTE	3	PA
<i>pantoprazole sodium inj</i>	1	BD
<i>pantoprazole sodium tbec</i>	1	QL (30 EA per 30 days)
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
PEPCID SUSR	3	PA
PEPCID TABS 40MG	3	PA
<i>polyethylene glycol 3350 powd</i>	1	
PREPOPIK	3	

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

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
PROPANTHELINE BROMIDE	3	
PYLERA	3	QL (120 EA per 10 days) PA
<i>rabeprazole sodium</i>	1	QL (30 EA per 30 days) PA
<i>ranitidine hcl caps, syrp</i>	1	
<i>ranitidine hcl inj 150mg/6ml</i>	1	BD
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	
RELISTOR	3	PA
ROBINUL FORTE	3	
ROBINUL TABS	3	
SUCLEAR	3	
<i>sucalfate tabs</i>	1	
SUPREP BOWEL PREP	3	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
<i>trilyte</i>	1	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol caps, tabs</i>	1	
ZANTAC TABS	3	
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days)
AURYXIA	3	PA
AVODART	2	
<i>bethanechol chloride tabs</i>	1	
<i>calcium acetate caps</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
CARDURA	3	
CARDURA XL	3	QL (30 EA per 30 days)
CAVERJECT	3	QL (4 EA per 30 days)
CAVERJECT IMPULSE	3	QL (4 EA per 30 days)
CIALIS	3	QL (4 EA per 30 days)
DETROL	3	
DETROL LA	3	
DITROPAN XL	3	
<i>doxazosin mesylate</i>	1	
EDEX	3	QL (4 EA per 30 days)
ELIPHOS	3	
ELMIRON	2	
ENABLEX	3	QL (30 EA per 30 days)
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days)
<i>flavoxate hcl</i>	1	
FLOMAX	3	
FOSRENOL CHEW	3	
FOSRENOL PACK	3	PA
GELNIQUE	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
<i>hyophen</i>	1	
JALYN	2	
LEVITRA	3	QL (4 EA per 30 days)
LITHOSTAT	3	
MYRBETRIQ	3	PA
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride syrup, tabs</i>	1	
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	1	
PHOSLO	3	
PHOSLYRA	3	
<i>phosphasal</i>	1	
PROSCAR	3	QL (30 EA per 30 days)
PROSED/DS	3	
PYRIDIUM	3	
RAPAFLO	3	PA
RENAGEL	2	
REVELA	2	
SANCTURA	3	
SANCTURA XR	3	
<i>sevelamer carbonate</i>	1	
STAXYN	3	QL (4 EA per 30 days)
STENDRA	3	QL (4 EA per 30 days)
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
THIOLA	3	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	3	PA
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
<i>ur n-c</i>	1	
URECHOLINE	3	
<i>urelle</i>	1	
URETRON D/S TABS 0.12MG; 120MG; 10.8MG; 36.2MG; 40.8MG	3	
<i>uretron d/s tabs 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg</i>	1	
<i>uribel</i>	1	
<i>urin d/s</i>	1	
UROGESIC-BLUE	3	
UROXATRAL	3	QL (30 EA per 30 days)
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>uta</i>	1	
<i>uticap</i>	1	
<i>utira-c</i>	1	
<i>utrona-c</i>	1	
VELPHORO	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
VESICARE	3	
VIAGRA	3	QL (4 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACLOVATE	3	
<i>ala cort</i>	1	
ALA SCALP	3	
<i>alclometasone dipropionate</i>	1	
<i>alphatrex</i>	1	
AMCINONIDE OINT	3	
<i>amcinonide crea, lotn</i>	1	
ANALPRAM E	3	
ANALPRAM-HC LOTN	2	
ANALPRAM-HC CREA	3	
<i>anucort-hc</i>	1	
ANUSOL-HC CREA	3	
<i>apexicon</i>	1	
APEXICON E	3	
<i>augmented betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate crea, lotn, oint</i>	1	
<i>betamethasone valerate crea, lotn, oint</i>	1	
<i>betamethasone valerate foam</i>	1	PA
CAPEX	3	
CARMOL-HC	3	
CELESTONE	3	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emollient foam</i>	1	PA
<i>clobetasol propionate crea, gel, oint, soln</i>	1	
<i>clobetasol propionate foam, liqd, lotn, sham</i>	1	PA
CLOBEX	3	PA
<i>clocortolone pivalate</i>	1	
<i>clocortolone pivalate pump</i>	1	
CLODERM	3	
CLODERM PUMP	3	
<i>colocort</i>	1	
CORDRAN	3	
CORDRAN TAPE	3	
<i>cormax scalp application</i>	1	
CORTEF	3	
CORTENEMA	3	
CORTIFOAM	2	
<i>cortisone acetate tabs</i>	1	
CUTIVATE	3	
DERMATOP	3	
<i>dermazene</i>	1	
DERMOTIC	3	
<i>desonide crea, lotn, oint</i>	1	
DESOWEN	3	

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DESOWEN OINTMENT/CETAPHIL LOTION	3	
<i>desoximetasone crea, gel, oint</i>	1	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	1	BD
DEXAMETHASONE SOLN	1	
<i>dexamethasone elix</i>	1	
DEXAMETHASONE TABS 1MG	3	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	
DEPAK 13 DAY	3	
<i>diflorasone diacetate crea, oint</i>	1	
DIPROLENE	3	
DIPROLENE AF	3	
ELOCON	3	
ENTOCORT EC	3	QL (90 EA per 30 days)
FIRST-HYDROCORTISONE	2	PA
FLO-PRED	3	
<i>fludrocortisone acetate tabs</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide crea, oil, oint, soln</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluocinonide crea, gel, oint, soln</i>	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate lotn 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	2	
<i>hemril-30</i>	1	
<i>hydrocortisone acetate/lidocaine hcl</i>	1	
<i>hydrocortisone acetate/pramoxine hcl</i>	1	
<i>hydrocortisone acetate/pramoxine rectal crea 1%; 1%, 2.5%; 1%</i>	1	
<i>hydrocortisone acetate supp</i>	1	
<i>hydrocortisone butyrate (lipophilic)</i>	1	
<i>hydrocortisone butyrate crea, oint, soln</i>	1	
<i>hydrocortisone in absorbase</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone/iodoquinol</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone enem, tabs</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
KENALOG	3	
<i>lidazone hc</i>	1	
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE	3	
<i>lidocaine hcl/hydrocortisone acetate crea</i>	1	
<i>lidocaine hcl/hydrocortisone acetate kit 0.5%; 3%, 1%; 3%, 2.5%; 3%</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
LOCOID	3	
LOCOID LIPOCREAM	3	
<i>lokara</i>	1	
LUXIQ	3	PA
MEDROL	3	
MEDROL DOSEPAK	3	
<i>methylprednisolone dose pack</i>	1	
<i>methylprednisolone sodiumsuccinate inj 125mg</i>	1	BD
<i>methylprednisolone tabs</i>	1	
MILLIPRED	3	
MILLIPRED DP	3	
<i>mometasone furoate crea, oint, soln</i>	1	
NUCORT	3	
OLUX	3	PA
OLUX-E	3	PA
ORAPRED	3	
ORAPRED ODT TBDP 15MG, 30MG	3	
PANDEL	3	
PRAMOSONE E	3	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate odt</i>	1	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone soln</i>	1	
PREDNISONONE INTENSOL	3	
<i>prednisone soln</i>	1	
PREDNISONONE TABS 10MG, 5MG	1	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>procto-pak</i>	1	
PROCTOFOAM HC	3	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
RAYOS	3	
<i>rectacort-hc</i>	1	
<i>scalacort</i>	1	
SYNALAR CREA 0.025%	3	
SYNALAR OINT 0.025%	3	
TEMOVATE	3	
TEMOVATE E	3	
TEXACORT	3	
TOPICORT CREA, GEL	3	
TOPICORT LIQD	3	PA
TOPICORT OINT 0.25%	3	
<i>triamcinolone acetonide aers 0</i>	1	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
TRIANEX	3	
<i>triderm</i>	1	
<i>u-cort</i>	1	
UCERIS	3	PA
ULTRAVATE	3	
VANOS	3	
VERDESO	3	PA
VERIPRED 20	3	
WESTCORT	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
BRAVELLE	3	QL (20 EA per 30 days) PA
<i>chorionic gonadotropin</i>	1	QL (1 EA per 30 days) PA
DDAVP SOLN, TABS	3	
<i>desmopressin acetate inj, nasal soln, tabs</i>	1	
EGRIFTA	3	PA
FOLLISTIM AQ INJ 150UNIT/0.5ML	3	QL (10 ML per 30 days) PA
FOLLISTIM AQ INJ 900UNT/1.08ML	3	QL (2 ML per 30 days) PA
FOLLISTIM AQ INJ 75UNIT/0.5ML	3	QL (20 ML per 30 days) PA
FOLLISTIM AQ INJ 600UNT/0.72ML	3	QL (3 ML per 30 days) PA
FOLLISTIM AQ INJ 300UNT/0.36ML	3	QL (5 ML per 30 days) PA
GENOTROPIN	3	PA
GENOTROPIN MINIQUICK	3	PA
GONAL-F	2	QL (1 EA per 30 days) PA
GONAL-F RFF	2	QL (20 EA per 30 days) PA
GONAL-F RFF PEN INJ 900UNIT/1.5ML	2	QL (2 ML per 30 days) PA
GONAL-F RFF PEN INJ 450UNT/0.75ML	2	QL (4 ML per 30 days) PA
GONAL-F RFF PEN INJ 300UNIT/0.5ML	2	QL (5 ML per 30 days) PA
HUMATROPE COMBO PACK	2	PA
HUMATROPE INJ 12MG, 24MG, 6MG	2	PA
INCRELEX	3	PA LA
NORDITROPIN FLEXPPO INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	3	PA
<i>novarel</i>	1	QL (1 EA per 30 days) PA
NUTROPIN AQ NUSPIN 10	3	PA
NUTROPIN AQ NUSPIN 20	3	PA
NUTROPIN AQ NUSPIN 5	3	PA
NUTROPIN AQ PEN	3	PA
OMNITROPE	3	PA
OVIDREL	2	QL (1 ML per 30 days) PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	1	QL (1 EA per 30 days) PA
SAIZEN	3	PA LA
SAIZEN CLICK.EASY	3	PA LA
SEROSTIM	3	PA
STIMATE	3	
TEV-TROPIN	2	PA
ZOMACTON	3	PA
ZORBTIVE	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	3	PA
MIFEPREX	3	QL (8 EA per 30 days)
MUSE	3	QL (6 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ACTIVELLA	3	
ALORA	3	QL (8 EA per 28 days)
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethia lo</i>	1	
<i>amethyst</i>	1	
ANADROL-50	3	PA
ANDRODERM	3	QL (30 EA per 30 days)
ANDROGEL	3	
ANDROGEL PUMP	3	
ANDROID	3	
ANDROXY	3	
ANGELIQ	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aviane</i>	1	
AXIRON	3	PA
AYGESTIN	3	
<i>azurette</i>	1	
<i>balziva</i>	1	
BEYAZ	3	PA
BREVICON-28	3	
<i>briellyn</i>	1	
<i>camila</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>caziant</i>	1	
CENESTIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG	3	
<i>cesia</i>	1	
<i>chateal</i>	1	
CLIMARA	3	QL (4 EA per 28 days)
CLIMARA PRO	3	
CLOMID	3	
<i>clomiphene citrate tabs</i>	1	
COMBIPATCH	3	
CRINONE	3	PA
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
CYCLESSA	3	
<i>danazol caps</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i>	1	
<i>delyla</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104	2	QL (1 ML per 90 days)
DESOGEN	3	
<i>desogestrel/ethinyl estradiol</i>	1	
DIVIGEL	3	
<i>drospirenone/ethinyl estradiol</i>	1	
DUAVEE	3	
ELESTRIN	3	
<i>elinest</i>	1	
ELLA	3	QL (1 EA per dispensing)
<i>emoquette</i>	1	
ENDOMETRIN	3	PA
ENJUVIA	3	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i>	1	
<i>estarylla</i>	1	
ESTRACE CREA	2	
ESTRACE TABS 1MG, 2MG	3	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol ptwk, tabs</i>	1	
<i>estradiol pttw</i>	1	QL (8 EA per 28 days)
ESTRASORB	3	
ESTRING	3	
ESTROGEL	3	
<i>estropipate tabs</i>	1	
ESTROSTEP FE	3	
EVAMIST	3	
EVISTA	3	QL (30 EA per 30 days)
FALESSA KIT	3	
<i>falmina</i>	1	
FEMCON FE	3	
FEMHRT LOW DOSE	3	
FEMRING	3	
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	3	
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	3	
FIRST-PROGESTERONE VGS 50 COMPOUNDING KIT	3	
FIRST-TESTOSTERONE	2	
FIRST-TESTOSTERONE MC COMPOUNDING KIT	2	
FORTESTA	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
GENERESS FE	3	
<i>gianvi</i>	1	
<i>gildagia</i>	1	
<i>gildess 1.5/30</i>	1	
<i>gildess 1/20</i>	1	
<i>gildess 24 fe</i>	1	
<i>gildess fe 1.5/30</i>	1	
<i>gildess fe 1/20</i>	1	
<i>heather</i>	1	
<i>introvale</i>	1	
<i>jencycla</i>	1	
<i>jinteli</i>	1	
<i>jolessa</i>	1	QL (1 EA per 91 days)
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kimidess</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	QL (1 EA per 91 days)
LEVONORGESTREL TABS 0.75MG	1	QL (2 EA per dispensing)
<i>levonorgestrel tabs 1.5mg</i>	1	QL (2 EA per dispensing)
<i>levora 0.15/30-28</i>	1	
LO LOESTRIN FE	3	
LO MINASTRIN FE	3	
LO/OVRAL-28	3	
LOESTRIN 1.5/30-21	3	
LOESTRIN 1/20-21	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
<i>lomedica 24 fe</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>loryna</i>	1	
LOSEASONIQUE	3	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
LYBREL	3	
<i>lyza</i>	1	
MAKENA	3	PA
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	1	QL (1 ML per 90 days)
MEGACE ES	3	
MEGACE ORAL	3	
<i>megestrol acetate susp, tabs</i>	1	
MENEST	2	
MENOSTAR	3	
METHITEST	3	
<i>methyltestosterone/esterified estrogens</i>	1	
<i>methyltestosterone/esterified estrogens hs</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mimvey</i>	1	
MINASTRIN 24 FE	3	
MINIVELLE	3	QL (8 EA per 28 days)
MIRCETTE	3	
MODICON	3	
<i>mono-linyah</i>	1	
<i>mononessa</i>	1	
<i>my way</i>	1	QL (2 EA per dispensing)
<i>myzilra</i>	1	
NATAZIA	3	PA
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35</i>	1	
<i>necon 1/50-28</i>	1	
NECON 10/11-28	3	
<i>necon 7/7/7</i>	1	
<i>next choice one dose</i>	1	
<i>nikki</i>	1	
NOR-QD	3	
<i>nora-be</i>	1	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	
<i>norethindrone acetate/ethinyl estradiol</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	
<i>norethindrone acetate tabs</i>	1	
<i>norethindrone tabs</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
NORINYL 1+35	3	
NORINYL 1+50	2	
<i>norlyroc</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	3	
<i>ocella</i>	1	
OGESTREL	3	
<i>orsythia</i>	1	
ORTHO EVRA	3	
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN	3	
ORTHO TRI-CYCLEN LO	3	
ORTHO-CEPT	3	
ORTHO-CYCLEN	3	
<i>ortho-est</i>	1	
ORTHO-NOVUM 1/35	3	
ORTHO-NOVUM 7/7/7	3	
OSPHENA	3	PA
OVCON-35	3	
OXANDRIN	3	PA
<i>oxandrolone tabs</i>	1	PA
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
PLAN B	3	
PLAN B ONE-STEP	3	
<i>portia-28</i>	1	
PREFEST	3	
PREMARIN CREA	2	
PREMARIN TABS	3	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	1	
<i>progesterone caps, inj</i>	1	
PROMETRIUM	3	
PROVERA	3	
QUARTETTE	3	
<i>quasense</i>	1	
<i>raloxifene hydrochloride</i>	1	QL (30 EA per 30 days)
<i>reclipsen</i>	1	
SAFYRAL	3	PA
SEASONALE	3	
SEASONIQUE	3	QL (1 EA per 91 days)
<i>sharobel</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>solia</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
STRIANT	3	PA
<i>syeda</i>	1	
TANZEUM	3	PA
<i>tarina fe 1/20</i>	1	
TESTIM	3	PA
<i>testosterone cypionate inj</i>	1	BD
<i>testosterone enanthate inj</i>	1	BD
<i>testosterone pump</i>	1	
TESTOSTERONE GEL 10MG/ACT	1	PA
<i>testosterone gel 1%, 25mg/2.5gm</i>	1	
TESTRED	3	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
TRI-NORINYL 28	3	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	
VAGIFEM	3	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>viorele</i>	1	
VIVELLE-DOT	3	QL (8 EA per 28 days)
VOGELXO	3	PA
VOGELXO PUMP	3	PA
<i>vyfemla</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
YASMIN 28	3	
YAZ	3	
<i>zarah</i>	1	
<i>zenchent</i>	1	
<i>zenchent fe</i>	1	
<i>zeosa</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	3	
CYTOMEL	3	
<i>levothyroxine sodium tabs</i>	1	
<i>levoxyl</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>liothyronine sodium tabs</i>	1	
NATURE-THROID	3	
NATURE-THROID NT-2.5	3	
<i>np thyroid 30</i>	1	
<i>np thyroid 60</i>	1	
<i>np thyroid 90</i>	1	
SYNTHROID	3	
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
TIROSINT	3	QL (30 EA per 30 days)
<i>unithroid</i>	1	
WESTHROID	3	
WP THYROID	3	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	2	
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	1	QL (32 EA per 30 days)
CETROTIDE INJ 0.25MG	3	PA
ELIGARD	3	BD
GANIRELIX ACETATE	3	PA
<i>leuprolide acetate inj</i>	1	
LUPRON DEPOT INJ 11.25MG, 22.5MG, 3.75MG, 30MG, 7.5MG	3	BD
MENOPUR	3	QL (20 EA per 30 days) PA
<i>octreotide acetate</i>	1	BD
REPRONEX	3	QL (20 EA per 30 days) PA
SANDOSTATIN	3	PA
SIGNIFOR	3	PA
SIGNIFOR LAR	3	BD
SOMATULINE DEPOT	3	PA
SOMAVERT	3	BD LA
SYNAREL	3	
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE	3	
Immunological Agents		
ACTEMRA INJ 162MG/0.9ML	3	PA
ACTHIB	2	
ACTIMMUNE	3	PA LA
ADACEL	3	
ARAVA	3	
ARCALYST	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents		
ASTAGRAF XL	3	
AZASAN	3	BD
AZATHIOPRINE SODIUM	3	BD
<i>azathioprine tabs</i>	1	BD
BCG VACCINE	3	
BENLYSTA INJ 120MG	3	PA
BEXSERO	3	
BOOSTRIX	3	
CELLCEPT CAPS, TABS	3	
CELLCEPT SUSR	3	BD
CERVARIX	3	
CIMZIA STARTER KIT	3	PA
CIMZIA INJ 200MG/ML	3	PA
CINRYZE	2	PA
COMVAX	2	
CYCLOSPORINE MODIFIED CAPS 50MG	3	BD
<i>cyclosporine modified caps 100mg</i>	1	
<i>cyclosporine modified caps 25mg</i>	1	BD
<i>cyclosporine modified soln</i>	1	BD
<i>cyclosporine caps</i>	1	BD
DAPTACEL	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENBREL SURECLICK	2	QL (8 ML per 28 days)
ENBREL INJ 25MG/0.5ML	2	QL (16 ML per 28 days)
ENBREL INJ 50MG/ML	2	QL (8 ML per 28 days)
ENBREL INJ 25MG	3	QL (8 EA per 30 days)
ENGERIX-B	3	BD
FIRAZYR	3	PA
GAMMAGARD LIQUID INJ 2.5GM/25ML	2	PA
GARDASIL	3	
GARDASIL 9	3	
<i>gengraf</i>	1	BD
HAVRIX	3	
<i>hecoria</i>	1	
HIZENTRA	3	PA
HUMIRA PEN	2	QL (2 EA per 28 days)
HUMIRA PEN-CROHNS DISEASESTARTER	2	QL (6 EA per 28 days)
HUMIRA PEN-PSORIASIS STARTER	2	QL (4 EA per 28 days)
HUMIRA INJ 10MG/0.2ML	2	QL (0.8 EA per 28 days)
HUMIRA INJ 20MG/0.4ML	2	QL (1.6 EA per 28 days)
HUMIRA INJ 40MG/0.8ML	2	QL (3.2 EA per 28 days)
HYPERRAB S/D	3	BD
ILARIS	3	PA
IMOVAX RABIES (H.D.C.V.)	3	
IMURAN	3	
INFANRIX	3	
IPOL INACTIVATED IPV	2	

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

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents		
IXIARO	3	
KINERET	3	PA
<i>leflunomide</i>	1	
M-M-R II	2	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	3	
<i>methotrexate sodium inj 25mg/ml</i>	1	
<i>methotrexate sodium inj 1gm/40ml, 1gm</i>	1	BD
<i>methotrexate tabs</i>	1	
<i>mycophenolate mofetil</i>	1	BD
<i>mycophenolic acid dr</i>	1	BD
MYFORTIC	3	BD
NEORAL	3	
NULOJIX	3	BD
ORENCIA INJ 125MG/ML	3	PA
OTEZLA	3	PA
OTREXUP	3	PA
PEDIARIX	3	
PEDVAX HIB	3	
PROGRAF CAPS	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RAPAMUNE SOLN	2	BD
RAPAMUNE TABS	3	BD
RASUVO	3	PA
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML	2	BD
<i>recombivax hb inj 5mcg/0.5ml</i>	2	BD
REMICADE	3	PA
RHEUMATREX	3	
RIDAURA	2	
ROTARIX	3	
ROTATEQ	3	
SANDIMMUNE CAPS	3	
SANDIMMUNE SOLN	3	BD
SIMPONI	3	PA
<i>sirolimus tabs</i>	1	BD
SYNAGIS INJ 50MG/0.5ML	3	PA
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	BD
TENIVAC	3	
TETANUS TOXOID ADSORBED	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
THYMOGLOBULIN	3	BD
TREXALL	3	BD
TRUMENBA	3	
TWINRIX	2	

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

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents		
TYPHIM VI	3	
VAQTA	2	
VARIVAX	2	
VARIZIG INJ 125UNIT/1.2ML	3	
VIVOTIF BERNA	3	
XELJANZ	3	PA
YF-VAX	3	
ZORTRESS	3	BD
ZOSTAVAX	3	
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	
<i>budesonide cp24 3mg</i>	1	
CANASA	3	
COLAZAL	3	
DELZICOL	3	
DIPENTUM	3	
GIAZO	3	
LIALDA	3	PA
<i>mesalamine enem, kit</i>	1	
ORAPRED ODT TBDP 10MG	3	
PENTASA	3	
ROWASA	3	
SFROWASA	3	
<i>sulfasalazine tabs, tbec</i>	1	
<i>sulfazine</i>	1	
<i>sulfazine ec</i>	1	
Metabolic Bone Disease Agents		
ACTONEL TABS 150MG	3	QL (1 EA per 28 days)
ACTONEL TABS 30MG, 5MG	3	QL (30 EA per 30 days)
ACTONEL TABS 35MG	3	QL (4 EA per 28 days)
ALENDRONATE SODIUM SOLN	1	
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days)
ATELVIA	3	QL (4 EA per 28 days)
BINOSTO	3	
BONIVA INJ	3	BD
BONIVA TABS	3	QL (1 EA per 28 days) PA
<i>calcitonin-salmon</i>	1	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	BD
<i>calcitriol inj 1mcg/ml</i>	1	BD
<i>calcitriol oral soln 1mcg/ml</i>	1	BD
<i>doxercalciferol caps</i>	1	BD
<i>etidronate disodium</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Metabolic Bone Disease Agents		
FORTEO	3	PA
FORTICAL	3	
FOSAMAX PLUS D	2	QL (4 EA per 28 days)
FOSAMAX TABS 70MG	3	QL (4 EA per 28 days)
HECTOROL CAPS	3	BD
<i>ibandronate sodium inj</i>	1	BD
<i>ibandronate sodium tabs</i>	1	QL (1 EA per 28 days)
MIACALCIN NASAL SOLN	3	
MIACALCIN INJ	3	BD
<i>paricalcitol caps</i>	1	PA
PROLIA	3	BD
<i>risedronate sodium dr</i>	1	QL (4 EA per 28 days)
<i>risedronate sodium tabs 150mg</i>	1	QL (1 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	1	QL (30 EA per 30 days)
<i>risedronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days)
ROCALTROL	3	
SKELID	3	
XGEVA	3	BD
ZEMPLAR CAPS	3	PA
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	1	BD
Miscellaneous Therapeutic Agents		
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	
CARNITOR SOLN, TABS	3	
FERRIPROX	3	PA
GRASTEK	3	PA
INTRALIPID INJ 30GM/100ML	3	BD
INTROL	3	
<i>levocarnitine soln, tabs</i>	1	BD
<i>methylergonovine maleate tabs</i>	1	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	3	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	3	
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	3	
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	3	
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	3	
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	3	
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	3	
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/27GX1/2"	3	
MYALEPT	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
NATPARA	3	PA
OMNIFLEX DIAPHRAGM	3	
ORALAIR	3	PA
ORTHO DIAPHRAGM ALL-FLEX/65MM	3	
ORTHO DIAPHRAGM ALL-FLEX/70MM	3	
ORTHO DIAPHRAGM ALL-FLEX/75MM	3	
ORTHO DIAPHRAGM ALL-FLEX/80MM	3	
ORTHO DIAPHRAGM COIL SPRING KIT 100	3	
ORTHO DIAPHRAGM COIL SPRING KIT 105	3	
ORTHO DIAPHRAGM COIL SPRING KIT 50	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 55	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 60	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 65	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 70	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 75	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 80	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 85	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 90	3	
ORTHO DIAPHRAGM FLAT SPRING KIT 95	3	
PENTETATE CALCIUM TRISODIUM	3	PA
PENTETATE ZINC TRISODIUM	3	PA
PRENTIF CAVITY-RIM CERVICAL CAP	3	
RAGWITEK	3	PA
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	3	
Ophthalmic Agents		
<i>acetazolamide er</i>	1	
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
<i>ak-poly-bac</i>	1	
<i>akorn balanced salt solution</i>	1	
ALOCRIAL	3	
ALOMIDE	3	
ALPHAGAN P	3	
ALREX	2	
<i>altafrin soln 10%</i>	1	
<i>apraclonidine</i>	1	
ATROPINE SULFATE OINT	3	
<i>atropine sulfate soln</i>	1	
<i>azelastine hcl ophthalmic soln 0.05%</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
AZOPT	3	
<i>bacitracin/polymyxin b</i>	1	
<i>balanced salt solution inj 0.48mg/ml; 0.3mg/ml; 0.75mg/ml; 3.9mg/ml; 6.4mg/ml; 1.7mg/ml</i>	1	
BEPREVE	3	
<i>betaxolol hcl soln 0.5%</i>	1	
BETIMOL SOLN 0.5%	2	
BETIMOL SOLN 0.25%	3	
BETOPTIC-S	2	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate</i>	1	
<i>bromfenac</i>	1	
<i>carteolol hcl</i>	1	
COMBIGAN	3	
COSOPT	3	
COSOPT PF	3	
<i>cromolyn sodium soln 4%</i>	1	
CYCLOGYL	3	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
CYSTARAN	3	PA
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	
DIAMOX	3	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
DUREZOL	3	
ELESTAT	3	
EMADINE	3	
<i>epinastine hcl</i>	1	
FLAREX	3	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
FML LIQUIFILM	3	
<i>homatropine</i>	1	
<i>homatropine hbr</i>	1	
ILEVRO	3	
IOPIDINE SOLN 1%	2	
IOPIDINE SOLN 0.5%	3	
ISOPTO ATROPINE	3	
ISOPTO CARBACHOL	2	
ISOPTO CARPINE	3	
ISOPTO HOMATROPINE	3	
ISTALOL	3	

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

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
<i>ketorolac tromethamine soln 0.4%, 0.5%</i>	1	
LACRISERT	3	
LASTACAPT	3	
<i>latanoprost</i>	1	
<i>levobunolol hcl</i>	1	
LOTEMAX	3	
LUMIGAN SOLN 0.01%	3	ST
MAXIDEX	2	
MAXITROL	3	
<i>methazolamide tabs</i>	1	
<i>metipranolol</i>	1	
MIRVASO	3	PA
MYDRIN	3	
<i>mydral</i>	1	
MYDRIACYL	3	
<i>naphazoline hcl</i>	1	
<i>neofrin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
NEOSPORIN	3	
NEPTAZANE	3	
NEVANAC	3	
OCUFEN	3	
OMNIPRED	3	
OPTIPRANOLOL	3	
OPTIVAR	3	
PATADAY	3	
PATANOL	3	
<i>phenylephrine hcl soln 10%, 2.5%</i>	1	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
PILOPINE HS	2	
<i>poly-dex</i>	1	
<i>polycin b</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
PRED-G	2	
PRED-G S.O.P.	2	
<i>prednisolone acetate</i>	1	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	3	
PROCYSBI	3	PA
PROLENSA	3	
<i>proparacaine hcl</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
RESCULA	3	
RESTASIS	2	
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE SOLN 0.5%	3	
TIMOPTIC-XE	3	
TOBRADEX ST	3	
TOBRADEX OINT	2	
TOBRADEX SUSP	3	
<i>tobramycin/dexamethasone</i>	1	
TRAVATAN Z	3	ST
<i>travoprost</i>	1	ST
<i>tropicamide</i>	1	
TRUSOPT	3	
VEXOL	2	
XALATAN	3	
ZIOPTAN	3	PA
ZYLET	3	
Otic Agents		
<i>acetasol hc</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid/aluminum acetate</i>	1	
<i>aero otic hc</i>	1	
<i>antipyrine/benzocaine soln 5.4%; 1.4%</i>	1	
<i>aurodex</i>	1	
CIPRO HC	2	
CIPRODEX	3	
COLY-MYCIN S	3	
CORTANE-B AQUEOUS	3	
CORTANE-B-OTIC	3	
<i>cortic-nd</i>	1	
CORTISPORIN-TC	3	
CORTISPORIN SOLN 1%; 3.5MG/ML; 10000UNIT/ML	3	
CRESYLATE	3	
<i>cyotic</i>	1	
<i>exotic-hc</i>	1	
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>otic care</i>	1	
<i>oticin</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Otic Agents		
OTOZIN	1	
PRAMOTIC	3	
TREAGAN OTIC	3	
Respiratory Tract/Pulmonary Agents		
ACCOLATE	3	QL (60 EA per 30 days)
ACCUNEB	3	
<i>acetylcysteine soln</i>	1	BD
ADCIRCA	3	PA
ADEMPAS	3	PA
ADRENALIN SOLN	3	
ADVAIR DISKUS	2	
ADVAIR HFA	2	
AEROSPAN	3	
ALBATUSSIN	3	
ALBATUSSIN NN	3	
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate syrup, tabs</i>	1	
<i>albuterol sulfate nebu</i>	1	BD
ALVESCO	3	PA
ANORO ELLIPTA	2	
ARALAST NP INJ 400MG	3	BD LA
<i>arbinoxa tabs</i>	1	
ARCAPTA NEOHALER	3	
ARNUIITY ELLIPTA	2	
ASMANEX HFA	3	
ASMANEX TWISTHALER 120 METERED DOSES	3	
ASMANEX TWISTHALER 14 METERED DOSES	3	
ASMANEX TWISTHALER 30 METERED DOSES	3	
ASMANEX TWISTHALER 60 METERED DOSES	3	
ASMANEX TWISTHALER 7 METERED DOSES	3	
ASTELIN	3	
ASTEPRO	3	
ATROVENT	3	
ATROVENT HFA	3	
AUVI-Q	3	
<i>azelastine hcl nasal soln 0.1%, 0.15%</i>	1	
BECONASE AQ	3	
<i>benzonatate caps 100mg, 200mg</i>	1	
BETHKIS	3	
BREO ELLIPTA	2	
<i>bromfed dm</i>	1	
BROVANA	3	PA
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	BD
<i>budesonide nasal susp 32mcg/act</i>	1	
CARBAPHEN 12	3	
CARBAPHEN 12 PED	3	

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

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
<i>carbinoxamine maleate soln, tabs</i>	1	
CAYSTON	3	PA
CLEMASTINE FUMARATE SYRP	1	
<i>clemastine fumarate tabs 2.68mg</i>	1	
COMBIVENT RESPIMAT	2	
CPB WC	3	
<i>cromolyn sodium nebu 20mg/2ml</i>	1	BD
<i>cyproheptadine hcl syrp, tabs</i>	1	
DALIRESP	3	QL (30 EA per 30 days)
DECON-A ELIX	3	
DECON-G	3	
DEXCHLORPHENIRAMINE MALEATE SYRP	1	
DEXTROMETHORPHAN HBR/CHLORPHENIRAMINE/PHENYLEPHRINE HCL	1	
<i>difil-g forte</i>	1	
<i>diphenhydramine hcl caps 50mg</i>	1	
<i>diphenhydramine hcl inj</i>	1	BD
DULERA	3	
DUONEB	3	
DYMISTA	3	
ED-CHLOR-TAN	3	
ELIXOPHYLLIN	3	
<i>epinephrine</i>	1	
EIPEN 2-PAK	2	
EIPEN-JR 2-PAK	2	
ESBRIET	3	PA
FLONASE	3	
FLOVENT DISKUS	2	
FLOVENT HFA	2	
<i>flunisolide soln 0.025%</i>	1	
<i>fluticasone propionate susp 50mcg/act</i>	1	
FORADIL AEROLIZER	2	
GILPHEX TR	3	
GILTUSS	3	
GILTUSS PED-C	3	
<i>giltuss pediatric</i>	1	
GILTUSS TR TABS	3	
HDC DM	3	
<i>hydrocodone bitartrate/chlorpheniramine maleate/pse</i>	1	
<i>hydrocodone bitartrate/homatropine methylbromide tabs</i>	1	
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	1	
<i>hydrocodone/homatropine</i>	1	
<i>hydromet</i>	1	
<i>hydroxyzine hcl soln, tabs</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
HYPER-SAL	3	
HYPERSAL NEBU 3.5%	3	

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

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
INCRUSE ELLIPTA	2	
IODINE STRONG	3	
<i>ipratropium bromide/albuterol sulfate</i>	1	BD
<i>ipratropium bromide nasal soln</i>	1	
<i>ipratropium bromide inhalation soln</i>	1	BD
KALYDECO	3	PA
KARBINAL ER	3	
KITABIS PAK	3	
LETAIRIS	3	PA
<i>levalbuterol hcl nebu</i>	1	BD
<i>levalbuterol nebu</i>	1	BD
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days)
LUFYLLIN	3	
MAXAIR AUTOHALER	2	
METAPROTERENOL SULFATE TABS	3	
<i>metaproterenol sulfate syrup</i>	1	
<i>montelukast sodium</i>	1	
NASACORT AQ	3	
NASONEX	2	
NEBUSAL NEBU 6%	3	
<i>nebusal nebu 3%</i>	1	
NEOTUSS PLUS	3	
NEOTUSS-D LIQD 4MG/10ML; 60MG/10ML; 400MG/10ML; 60MG/10ML	3	
NORTUSS-EX	1	
OFEV	3	PA
<i>olopatadine hcl</i>	1	
OMNARIS	3	
OPSUMIT	3	PA
ORENITRAM	3	PA
PALGIC	3	
PATANASE	3	
PEDIATEX TD	3	
PEDIATEX TDM	3	
PERFOROMIST	3	PA
<i>phenylephrine/guaifenesin</i>	1	
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROMETHAZINE VC PLAIN	1	
<i>promethazine vc/codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine/codeine</i>	1	
<i>promethazine/dextromethorphan</i>	1	
PROVENTIL HFA	3	
PULMICORT FLEXHALER	2	
PULMICORT SUSP 1MG/2ML	3	BD
PULMICORT SUSP 0.25MG/2ML, 0.5MG/2ML	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
<i>pulmosal</i>	1	
PULMOZYME	3	BD
QNASL	3	
QVAR	2	
RELHIST	3	
REMODULIN	3	BD
RESCON-JR	3	
RESCON-MX	3	
REVATIO SUSR, TABS	3	PA
REZIRA	3	
RHINOCORT AQUA	3	
SEMPREX-D	2	
SEREVENT DISKUS	2	
<i>sildenafil</i>	1	PA
SINGULAIR	3	
<i>sodium chloride nebu 0.9%, 10%, 3%, 7%</i>	1	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
SSKI	3	
STIOLTO RESPIMAT	3	
STRIVERDI RESPIMAT	3	
SUTTAR-2	3	
SUTTAR-SF	3	
SYMBICORT	3	
<i>terbutaline sulfate tabs</i>	1	
TESSALON PERLES	3	
TGQ 15DM/5PEH/2CPM	1	
TGQ 30PSE/3BRM/15DM	1	
TGQ 50PSE/3BRM/30DM	1	
THEO-24	2	
<i>theochron</i>	1	
<i>theophylline cr tb12 100mg, 200mg</i>	1	
<i>theophylline er</i>	1	
<i>theophylline soln</i>	1	
TOBI	3	BD
TOBI PODHALER	3	
<i>tobramycin</i>	1	BD
TRACLEER	2	PA LA
<i>triamcinolone acetonide aero 55mcg/act</i>	1	
TUDORZA PRESSAIR	3	
TUSNEL PED-C	3	
TUSNEL CAPS	3	
<i>tussafed ex</i>	1	
TUSSICAPS CP12 4MG; 5MG	3	
<i>tussigon</i>	1	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	3	
TYVASO	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
TYVASO REFILL	3	PA
TYVASO STARTER	3	PA
TYZINE	2	
TYZINE PEDIATRIC NASAL DROPS	2	
VENTAVIS	3	PA
VENTOLIN HFA	3	
VERAMYST	3	
VISTARIL	3	
VITUZ	3	
VOSPIRE ER	3	
XOLAIR	3	PA LA
XOPENEX	3	PA
XOPENEX CONCENTRATE	3	PA
XOPENEX HFA	3	
<i>zafirlukast</i>	1	QL (60 EA per 30 days)
ZETONNA	3	
ZUTRIPRO	3	
ZYFLO	3	
ZYFLO CR	3	QL (120 EA per 30 days)
Skeletal Muscle Relaxants		
AMRIX	3	PA
<i>carisoprodol/aspirin</i>	1	
CARISOPRODOL TABS 250MG	1	
<i>carisoprodol tabs 350mg</i>	1	PA
<i>chlorzoxazone tabs</i>	1	
<i>cyclobenzaprine hcl tabs 7.5mg</i>	1	
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	1	PA
FEXMID	3	
LORZONE	3	
<i>metaxalone tabs 800mg</i>	1	
<i>methocarbamol tabs</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine/asa/caffeine tabs 385mg; 30mg; 25mg</i>	1	
PARAFON FORTE DSC	3	
ROBAXIN-750	3	
ROBAXIN TABS	3	
SKELAXIN	3	
SOMA	3	
Sleep Disorder Agents		
AMBIEN	3	QL (30 EA per 30 days)
AMBIEN CR	3	QL (9 EA per 30 days) PA
BELSOMRA	3	PA
BUTISOL SODIUM	2	
EDLUAR	3	PA
<i>eszopiclone</i>	1	PA
<i>flurazepam hcl</i>	1	
INTERMEZZO	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents		
LUNESTA	3	PA
<i>modafinil</i>	1	QL (30 EA per 30 days) PA
NUVIGIL	3	PA
PROVIGIL	3	QL (30 EA per 30 days) PA
RESTORIL	3	
ROZEREM	3	PA
SECONAL	2	
SILENOR	3	PA
SONATA	3	QL (9 EA per 30 days)
<i>temazepam</i>	1	
XYREM	3	PA LA
<i>zaleplon</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	1	QL (9 EA per 30 days) PA
ZOLPIMIST	3	PA
Therapeutic Nutrients/Minerals/Electrolytes		
AMINO BENZOATE POTASSIUM	1	
<i>aminosyn ii 8.5%/electrolytes</i>	1	BD
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	3	BD
CARBAGLU	3	PA
CHEMET	2	
<i>citric acid/sodium citrate</i>	1	
CITROLITH	3	
CUPRIMINE	3	
<i>cyanocobalamin inj</i>	1	ED
<i>cytra k crystals</i>	1	
<i>cytra-2</i>	1	
CYTRA-3	1	
<i>cytra-k</i>	1	
DEPEN TITRATABS	3	
<i>dextrose 10% flex container</i>	1	BD
DEXTROSE 10%/NACL 0.2%	3	BD
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	BD
<i>dextrose 5%</i>	1	BD
<i>dextrose 5%/nacl 0.2%</i>	1	BD
<i>dextrose 5%/nacl 0.9%</i>	1	BD
DRISDOL CAPS	3	
EFFER-K TBEF 0.84GM; 1GM, 1.68GM; 2GM	3	
<i>effer-k tbe 25meq</i>	1	
<i>effervescent pot chloride</i>	1	
<i>effervescent potassium/chloride</i>	1	
<i>ergocalciferol caps</i>	1	
EXJADE	3	

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

Drug Name	Drug Tier	Requirements/Limits
Therapeutic Nutrients/Minerals/Electrolytes		
<i>fluoritab</i>	1	
FLURA-DROPS SOLN 0.25MG/DROP	1	
<i>flura-drops soln 0.125mg/drop</i>	1	
<i>folic acid tabs 1mg</i>	1	
<i>k-effervescent</i>	1	
K-PHOS	2	
K-PHOS NEUTRAL	3	
K-PHOS NO 2	3	
K-TAB	3	
<i>k-vescent</i>	1	
<i>karidium</i>	1	
KAYEXALATE	3	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	BD
<i>kionex</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
KLOR-CON 25	3	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	3	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>lactated ringers dextrose 5% viaflex</i>	1	BD
<i>lactated ringers viaflex</i>	1	BD
LOZI-FLUR	3	
<i>ludent</i>	1	
LURIDE	3	
<i>magnesium sulfate inj 50%</i>	1	BD
MEPHYTON	2	ED
MICRO-K	3	
MOZOBIL	3	PA
NASCOBAL	3	PA
<i>natacare plus</i>	1	
<i>natatab fa</i>	1	
<i>natatab rx</i>	1	
ORACIT	3	
<i>phospha 250 neutral</i>	1	
PNV-DHA	3	
POTABA	2	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	1	BD
<i>potassium chloride er</i>	1	
<i>potassium chloride sr tbc 8meq</i>	1	
<i>potassium chloride liqd</i>	1	
<i>potassium chloride inj 20meq/100ml, 40meq/100ml</i>	1	BD
<i>potassium citrate er</i>	1	
PRENATABS FA	3	
PRENATAL AD	3	

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

Drug Name	Drug Tier	Requirements/Limits
Therapeutic Nutrients/Minerals/Electrolytes		
SAMSCA	3	PA
SHOHL'S SOLUTION MODIFIED	3	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride inj 0.9%, 5%</i>	1	BD
<i>sodium fluoride chew 0.25mg</i>	1	
<i>sodium fluoride soln</i>	1	
<i>sodium fluoride tabs 1mg</i>	1	
<i>sodium polystyrene sulfonate powd, susp</i>	1	
<i>sps</i>	3	
SYPRINE	3	
<i>tpn electrolytes</i>	1	BD
<i>ultra natalcare</i>	1	
UROCI-K 10	3	
UROCI-K 15	3	
UROCI-K 5	3	
<i>vitamin d caps 50000unit</i>	1	ED
<i>vp-pnv-dha</i>	1	
ZATEAN-PN	3	
Unclassified		
ALFERON N	3	PA
BENSAL HP	3	
BUNAVAIL	3	PA
ELITE-OB	3	
ETHYL CHLORIDE/MIST	3	
GORDOFILM	3	
INTRON A W/DILUENT INJ 18MU, 50MU	3	PA
INTRON A INJ 10MU/ML	3	PA
JADENU	3	
LENVIMA 10MG DAILY DOSE	3	PA
LENVIMA 14MG DAILY DOSE	3	PA
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You can find information on what the symbols and abbreviations on this table mean by going to page vi.

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

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This formulary was updated on 08/20/2015. For more recent information or other questions, please contact Fallon Senior Plan at 1-800-325-5669 or, for TTY users, TRS 711, 8 a.m.–8 p.m., Monday–Friday (Oct. 1–Feb. 14, seven days a week), or visit fallonhealth.org/seniorplan.

Fallon Senior Plan is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Fallon Senior Plan depends on contract renewal.