

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - TREATMENT OF PAIN		
ANALGESICS, OTHER		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1	PA
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	1	PA
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	PA
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PA
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA
<i>carisoprodol-asa-codeine oral tablet 200-325-16 mg</i>	1	PA
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	PA
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i>	1	
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	PA
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
COMFORT PAC-IBUPROFEN KIT 800 MG	1	
COMFORT PAC-MELOXICAM KIT 15 MG	1	
COMFORT PAC-NAPROXEN KIT 500 MG	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
DICLOZOR TOPICAL KIT 1 %	1	
<i>diflunisal oral tablet 500 mg</i>	1	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA
<i>indomethacin oral capsule, extended release 75 mg</i>	1	PA
<i>ketorolac oral tablet 10 mg</i>	1	PA; QL(20 EA per 30 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i>	1	QL(4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	1	PA
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	QL (10 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	QL (1200 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	QL (2400 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA
<i>methadone oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	1	PA
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	1	QL (5 ML per 30 days)
DURARPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL(120 EA per 30 days)
<i>hydromorphone (pf) injection solution 1 mg/ml, 10 (mg/ml) (5 ml), 10 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (120 EA per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY	2	PA; QL(600 EA per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY, 400 MCG/SPRAY	2	PA; QL(150 EA per 30 days)
<i>meperidine oral solution 50 mg/5 ml</i>	1	PA; QL(900 ML per 30 days)
<i>meperidine oral tablet 100 mg, 50 mg</i>	1	PA; QL(180 EA per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	1	QL (120 EA per 30 days)
<i>nalbuphine injection solution 10 mg/ml</i>	1	B/D
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (5400 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 EA per 30 days)

ANESTHETICS - LOCAL TREATMENT OF PAIN

LOCAL ANESTHETICS

ANODYNE LPT TOPICAL KIT 2.5-2.5 %	1	
DERMACINRX EMPRICAINE TOPICAL KIT 2.5-2.5 %	1	
<i>diclofenac sodium topical gel 1 %</i>	1	
LEVA SET TOPICAL KIT 2.5-2.5 %	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA; QL(90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	
LIDOPAC TOPICAL KIT 5 %	1	
LIDOPRIL TOPICAL KIT 2.5-2.5 %	1	
LIDOPRIL XR TOPICAL KIT 2.5-2.5 %	1	
LIDO-PRILO CAINE PACK TOPICAL KIT 2.5-2.5 %	1	
LIPROZONEPAK TOPICAL KIT 2.5-2.5 %	1	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	1	
MEDOLOR PAK TOPICAL KIT 2.5-2.5 %	1	
PRILOLID TOPICAL KIT 2.5-2.5 %	1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	PA
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS - TREATMENT OF SUBSTANCE ABUSE DISORDERS		
ALCOHOL DETERRENTS/ ANTI-CRAVING		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
OPIOID DEPENDENCE TREATMENTS		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	
LUCEMYRA ORAL TABLET 0.18 MG	2	PA; QL(224 EA per 14 days)
<i>naltrexone oral tablet 50 mg</i>	1	
OPIOID REVERSAL AGENTS		
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	
SKING CESSATION AGENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING NTH BOX ORAL TABLET 1 MG	2	QL(336 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	QL(336 EA per 365 days)
CHANTIX STARTING NTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	2	QL(106 EA per 365 days)
NICOTROL INHALATION CARTRIDGE 10 MG	2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	2	

ANTIBACTERIALS - TREATMENT OF BACTERIAL INFECTIONS

AMINOGLYCOSIDES

<i>amikacin injection solution 500 mg/2 ml</i>	1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>paromomycin oral capsule 250 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	

ANTIBACTERIALS, OTHER

<i>acetic acid otic (ear) solution 2 %</i>	1	
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2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BACTROBAN NASAL NASAL OINTMENT 2 %	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	1	
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	1	PA
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	B/D
<i>methenamine hippurate oral tablet 1 gram</i>	1	
METRO I.V. INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	QL(360 EA per 365 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	QL(180 EA per 365 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg (75/25)</i>	1	QL(360 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin injection recon soln 100 gram</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin intravenous recon soln 1.25 gram, 1.5 gram, 250 mg</i>	1	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefepime in dextrose 5 % intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime in d5w intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
<i>ceftriaxone injection recon soln 100 gram</i>	1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
SUPRAX ORAL CAPSULE 400 MG	2	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	1	
TAZICEF INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
BETA-LACTAM, OTHER		
<i>aztreonam injection recon soln 1 gram</i>	1	
<i>doripenem intravenous recon soln 500 mg</i>	1	PA
<i>ertapenem injection recon soln 1 gram</i>	1	PA
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	B/D
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
<i>meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml</i>	1	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	2	PA
BETA-LACTAM, PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 1 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>nafcillin injection recon soln 1 gram</i>	1	
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	2	PA
ERY PADS TOPICAL SWAB 2 %	1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	1	

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

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
QUINOLONES		
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFONAMIDES		

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

Drug Name	Drug Tier	Requirements/Limits
<i>silver sulfadiazine topical cream 1 %</i>	1	
SSD TOPICAL CREAM 1 %	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
TETRACYCLINES		
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
RGIDOX 1X 50 KIT 50 MG	1	
RGIDOX ORAL CAPSULE 50 MG	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
ANTICONVULSANTS - TREATMENT OF SEIZURES		
ANTICONVULSANTS, OTHER		
BRIVIACT ORAL SOLUTION 10 MG/ML	2	ST;
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	ST;
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	1	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	1	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	2	ST; QL(60 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	2	ST; QL(120 EA per 30 days)
CALCIUM CHANNEL DIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	2	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	
LYRICA ORAL SOLUTION 20 MG/ML	2	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA; QL(480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA; QL(60 EA per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	2	
DIASTAT RECTAL KIT 2.5 MG	2	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	2	PA; QL(60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA
<i>vigabatrin oral tablet 500 mg</i>	1	PA; QL(180 EA per 30 days)
VIGADRONE ORAL POWDER IN PACKET 500 MG	1	PA
GLUTAMATE REDUCING AGENTS		
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST;
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST; QL(30 EA per 30 days)
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	1	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	1	

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

Drug Name	Drug Tier	Requirements/Limits
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	1	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	2	ST; QL(30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	2	ST; QL(60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	2	PA; QL(2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG, 400 MG	2	PA; QL(240 EA per 30 days)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet,chewable 100 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	2	
EPITOL ORAL TABLET 200 MG	1	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PEGANONE ORAL TABLET 250 MG	2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet,chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
VIMPAT ORAL SOLUTION 10 MG/ML	2	ST; QL(1200 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	ST; QL(60 EA per 30 days)
ANTIDEMENTIA AGENTS - MANAGEMENT OF DEMENTIA		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid oral tablet 1 mg</i>	1	PA
CHOLINESTERASE INHIBITORS		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	1	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL(30 EA per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
<i>memantine oral tablets,dose pack 5-10 mg</i>	1	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	2	
ANTIDEPRESSANTS - TREATMENT OF DEPRESSION		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg, 450 mg</i>	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	2	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	PA
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
NOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	2	
MARPLAN ORAL TABLET 10 MG	2	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
SSRIS/ SNRIS		
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	ST;
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST;
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	
PAXIL ORAL SUSPENSION 10 MG/5 ML	2	
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	ST;
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST;
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	2	ST;
TRICYCLICS		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	PA
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA
<i>doxepin oral concentrate 10 mg/ml</i>	1	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	PA
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - TREATMENT OF VOMITING OR NAUSEA		
ANTIEMETICS, OTHER		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	PA
<i>promethazine rectal suppository 50 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	1	PA
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
<i>trimethobenzamide oral capsule 300 mg</i>	1	PA
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	B/D;
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D;
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D;
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	2	B/D;
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D;
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	B/D;
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	B/D;
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D;
SYNDROS ORAL SOLUTION 5 MG/ML	2	PA
ANTIFUNGALS - TREATMENT OF FUNGAL OR YEAST INFECTIONS		

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

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	B/D
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	B/D
<i>amphotericin b injection recon soln 50 mg</i>	1	B/D
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	PA
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>econazole topical cream 1 %</i>	1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	PA
<i>fluconazole in dextrose(iso-o) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg</i>	1	
<i>flucytosine oral capsule 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical shampoo 2 %</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
MENTAX TOPICAL CREAM 1 %	2	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	PA
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	2	PA
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>voriconazole intravenous solution 200 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
ANTIGOUT AGENTS - TREATMENT OR PREVENTION OF GOUTY ARTHRITIS		
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	2	ST;

ANTI-INFLAMMATORY AGENTS - TREATMENT OF INFLAMMATION

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

Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
ALA-CORT TOPICAL CREAM 1 %, 2.5 %	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	

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

2019 2 Tier Standard Medicare Formulary
Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDERM TOPICAL CREAM 0.1 %	1	
ANTIMIGRAINE AGENTS - TREATMENT OF MIGRAINE HEADACHES		
ERGOT ALKALOIDS		
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	PA
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	QL(8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
PROPHYLACTIC		
AIVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA
AIVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL(12 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL(12 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL(12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL(9 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL(4 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml, 6 mg/0.5 ml (auto-injector)</i>	1	QL(4 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL(4 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL(4 ML per 30 days)

ANTIMYASTHENIC AGENTS - TREATMENT OF MYASTHENIA

PARASYMPATHOMIMETICS

<i>guanidine oral tablet 125 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	

ANTIMYCOBACTERIALS - TREATMENT FOR INFECTIONS BY TUBERCULOSIS-TYPE ORGANISMS

ANTIMYCOBACTERIALS, OTHER

<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	

ANTITUBERCULARS

<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	
PRIFTIN ORAL TABLET 150 MG	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFATER ORAL TABLET 50-120-300 MG	2	
SIRTURO ORAL TABLET 100 MG	2	PA
TRECTOR ORAL TABLET 250 MG	2	

ANTINEOPLASTICS - TREATMENT OF CANCER

ALKYLATING AGENTS

<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D;
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
HEXALEN ORAL CAPSULE 50 MG	2	PA
LEUKERAN ORAL TABLET 2 MG	2	
MATULANE ORAL CAPSULE 50 MG	2	
VALCHLOR TOPICAL GEL 0.016 %	2	
ANTIANDROGENS		
<i>abiraterone oral tablet 250 mg</i>	1	PA
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 60 MG	2	PA
<i>flutamide oral capsule 125 mg</i>	1	
<i>nilutamide oral tablet 150 mg</i>	1	
XTANDI ORAL CAPSULE 40 MG	2	PA
YONSA ORAL TABLET 125 MG	2	PA
ZYTIGA ORAL TABLET 500 MG	2	PA
ANTIANGIOGENIC AGENTS		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	
ANTIESTROGENS/DIFIERS		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	PA
EMCYT ORAL CAPSULE 140 MG	2	
SOLTAX ORAL SOLUTION 10 MG/5 ML	2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene oral tablet 60 mg</i>	1	PA
ANTIMETABOLITES		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
<i>fluorouracil topical cream 0.5 %, 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>hydroxyurea oral capsule 500 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine oral tablet 50 mg</i>	1	
PURIXAN ORAL SUSPENSION 20 MG/ML	2	
TABLOID ORAL TABLET 40 MG	2	PA
ANTINEOPLASTICS, OTHER		
<i>diclofenac sodium topical gel 3 %</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA
LYNPARZA ORAL CAPSULE 50 MG	2	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA
MESNEX ORAL TABLET 400 MG	2	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA
ODOMZO ORAL CAPSULE 200 MG	2	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	2	PA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	PA
ZOLINZA ORAL CAPSULE 100 MG	2	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	
<i>letrozole oral tablet 2.5 mg</i>	1	
ENZYME INHIBITORS		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA
LECLAR TARGET INHIBITORS		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	2	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	2	PA
ALECENSA ORAL CAPSULE 150 MG	2	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	2	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	2	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	2	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA
CALQUENCE ORAL CAPSULE 100 MG	2	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	PA
COTELLIC ORAL TABLET 20 MG	2	PA
DAURIS ORAL TABLET 100 MG, 25 MG	2	PA
ERIVEDGE ORAL CAPSULE 150 MG	2	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	2	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA
ICLUSIG ORAL TABLET 15 MG, 45 MG	2	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA
<i>imatinib oral tablet 100 mg, 400 mg</i>	1	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA

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

2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	PA
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA
IRESSA ORAL TABLET 250 MG	2	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	2	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	2	PA
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG	2	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	2	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	PA
MEKTOVI ORAL TABLET 15 MG	2	PA
NERLYNX ORAL TABLET 40 MG	2	PA
NEXAVAR ORAL TABLET 200 MG	2	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	PA
RYDAPT ORAL CAPSULE 25 MG	2	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA
STIVARGA ORAL TABLET 40 MG	2	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA
TAGRISSE ORAL TABLET 40 MG, 80 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	2	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA
TIBSOVO ORAL TABLET 250 MG	2	PA
TYKERB ORAL TABLET 250 MG	2	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	2	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA
VOTRIENT ORAL TABLET 200 MG	2	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA
XOSPATA ORAL TABLET 40 MG	2	PA
ZEJULA ORAL CAPSULE 100 MG	2	PA
ZELBORAF ORAL TABLET 240 MG	2	PA
ZYKADIA ORAL CAPSULE 150 MG	2	PA
RETINOIDS		
<i>bexarotene oral capsule 75 mg</i>	1	
PANRETIN TOPICAL GEL 0.1 %	2	PA
TARGRETIN TOPICAL GEL 1 %	2	PA
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	1	
TREATMENT ADJUNCTS		
LYSODREN ORAL TABLET 500 MG	2	
ANTIPARASITICS - TREATMENT OF INFECTIONS FROM PARASITES		
ANTHELMINTICS		
<i>albendazole oral tablet 200 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	
ALINIA ORAL TABLET 500 MG	2	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	PA
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	
DARAPRIM ORAL TABLET 25 MG	2	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	2	B/D
PENTAM INJECTION RECON SOLN 300 MG	2	PA
<i>pentamidine injection recon soln 300 mg</i>	1	PA
<i>primaquine oral tablet 26.3 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	
PEDICULICIDES/ SCABICIDES		
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
ANTIPARKINSON AGENTS - TREATMENT OF PARKINSON'S DISEASE		
ANTICHOLINERGICS		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	PA
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	PA
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	2	PA
<i>tolcapone oral tablet 100 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
DOPAMINE AGONISTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	2	PA
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	2	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
NOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
ANTIPSYCHOTICS - TREATMENT OF BEHAVIORAL AND ETIONAL DISORDERS		
1ST GENERATION/ TYPICAL		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	PA
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
2ND GENERATION/ ATYPICAL		
<i>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG</i>	2	PA; QL(1 EA per 28 days)
<i>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG</i>	2	PA; QL(1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL(900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL(30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	QL(60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	PA
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA; QL(3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	PA; QL(1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	PA; QL(2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	PA; QL(3.2 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA; QL(60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	2	PA
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	2	B/DQL(6 EA per 3 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA; QL(0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA; QL(1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA; QL(1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA; QL(0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA; QL(0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	2	PA; QL(0.875 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	2	PA; QL(1.315 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	PA; QL(1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	2	PA; QL(2.625 ML per 84 days)

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

2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	PA; QL(30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	2	PA; QL(60 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	2	PA; QL(30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	2	PA; QL(30 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	2	PA; QL(60 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL(30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	PA; QL(30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	PA; QL(60 EA per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	2	PA
<i>quetiapine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine oral tablet 25 mg, 50 mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL(30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL(60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	PA; QL(30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	PA; QL(2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	QL(240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL(60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL(120 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL(60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	QL(120 EA per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 5 MG	2	QL(60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	2	QL(60 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	PA; QL(30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	2	PA; QL(28 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL(60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	PA; QL(2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	PA; QL(1 EA per 28 days)
TREATMENT-RESISTANT		
<i>clozapine oral tablet 100 mg</i>	1	QL(270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QL(120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	QL(90 EA per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg</i>	1	QL(270 EA per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	1	
<i>clozapine oral tablet,disintegrating 150 mg</i>	1	QL(180 EA per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	1	QL(120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	2	QL(540 ML per 30 days)
ANTISPASTICITY AGENTS - TREATMENT OF MUSCLE SPASMS		
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
COMFORT PAC-TIZANIDINE KIT 4 MG	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS - TREATMENT OF INFECTIONS BY VIRUSES		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	B/D;
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	PA
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	ST;
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir oral tablet 10 mg</i>	1	PA
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL(60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL(30 EA per 30 days)
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	PA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING AGENTS		
MAVYRET ORAL TABLET 100-40 MG	2	PA
VOSEVI ORAL TABLET 400-100-100 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-HEPATITIS C (HCV) AGENTS, OTHER		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	PA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	PA
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
ANTIHERPETIC AGENTS		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	
DENAVIR TOPICAL CREAM 1 %	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL(30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	2	QL(60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	
ISENTRESS ORAL TABLET 400 MG	2	QL(120 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	QL(180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	2	QL(30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	2	QL(30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	2	QL(300 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	2	QL(120 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	2	QL(60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL(30 EA per 30 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA ORAL TABLET 600-200-300 MG	2	QL(30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	2	QL(30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	2	QL(30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	2	QL(30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	QL(120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	QL(360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL(30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG	2	QL(120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	2	QL(60 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	QL(60 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL(120 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL(30 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL(30 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	2	QL(30 EA per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	2	QL(180 EA per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	2	QL(360 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL(30 EA per 30 days)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	QL(60 EA per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	QL(30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	QL(60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	2	QL(30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DESCOVY ORAL TABLET 200-25 MG	2	QL(30 EA per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	1	QL(90 EA per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	1	QL(60 EA per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	QL(30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	2	QL(30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL(60 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	QL(120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	QL(60 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	QL(30 EA per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	2	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	2	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	2	QL(90 EA per 30 days)
ZERIT ORAL RECON SOLN 1 MG/ML	2	
<i>zidovudine oral capsule 100 mg</i>	1	QL(180 EA per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	QL(60 EA per 30 days)
ANTI-HIV AGENTS, OTHER		
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL(30 EA per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 75 MG	2	QL(60 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	2	QL(120 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	2	QL(30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	2	QL(30 EA per 30 days)
ANTI-HIV AGENTS, PROTEASE INHIBITORS		

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

Drug Name	Drug Tier	Requirements/Limits
APTIVUS ORAL CAPSULE 250 MG	2	QL(120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	2	
<i>atazanavir oral capsule 150 mg, 300 mg</i>	1	QL(30 EA per 30 days)
<i>atazanavir oral capsule 200 mg</i>	1	QL(60 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	2	QL(360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	2	QL(180 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	2	QL(30 EA per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	1	QL(120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	2	QL(120 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	2	QL(240 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	2	QL(120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	2	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	2	QL(360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	2	
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	QL(30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG	2	QL(180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	2	QL(60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	2	QL(300 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	2	QL(30 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
<i>ritonavir oral tablet 100 mg</i>	1	QL(360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	2	QL(300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	2	QL(120 EA per 30 days)
ANTI-INFLUENZA AGENTS		
<i>oseltamivir oral capsule 30 mg</i>	1	QL(84 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL(42 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL(540 ML per 180 days)

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

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	QL(60 EA per 180 days)
<i>rimantadine oral tablet 100 mg</i>	1	
ANXIOLYTICS - TREATMENT OF ANXIETY OR NERVOUSNESS		
ANXIOLYTICS, OTHER		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
BENZODIAZEPINES		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL(150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; QL(90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	PA; QL(300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	PA; QL(90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	PA; QL(300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; QL(180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	1	PA; QL(90 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	PA; QL(240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	PA; QL(240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL(1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	PA; QL(120 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	QL(150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL(150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL(90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL(150 EA per 30 days)
BIPOLAR AGENTS - TREATMENT FOR BIPOLAR ILLNESSES		
OD STABILIZERS		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
BLOOD GLUCOSE REGULATORS - CONTROL OF DIABETES		
ANTIDIABETIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	ST; QL(90 EA per 30 days)
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	1	ST; QL(30 EA per 30 days)
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	1	ST; QL(60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25- 45 mg</i>	1	ST; QL(30 EA per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	2	ST; QL(60 EA per 30 days)
DM2 COMBO PACK, TABLET AND STRIP 500 MG	1	QL(60 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	QL(240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL(120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL(60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL(120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL(240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL(60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL(240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL(90 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL(240 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL(120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	1	PA; QL(90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	PA; QL(60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	PA; QL(60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	PA
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	PA; QL(240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	PA; QL(120 EA per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	ST; QL(60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	2	ST; QL(120 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	ST; QL(60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	2	ST; QL(30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	ST; QL(60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	ST; QL(30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	ST; QL(60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST; QL(30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL(30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	ST; QL(60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	ST; QL(60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	ST; QL(30 EA per 30 days)
KORLYM ORAL TABLET 300 MG	2	PA
<i>metformin oral tablet 1,000 mg</i>	1	QL(75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL(150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL(90 EA per 30 days)

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

2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL(120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL(60 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	ST; QL(90 EA per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	2	ST; QL(3 ML per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	ST; QL(30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	ST; QL(90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	ST; QL(120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	ST;
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL(60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	ST; QL(120 EA per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST; QL(30 EA per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	ST; QL(30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL(60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	ST; QL(60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	ST; QL(30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	2	ST; QL(30 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	ST; QL(2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; QL(9 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; QL(9 ML per 30 days)
BLOOD GLUCOSE REGULATORS		
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	1	
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	1	
GLYCEMIC AGENTS		
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	QL(4 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	QL(4 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	QL(4 EA per 30 days)
<i>glucagon hcl injection recon soln 1 mg</i>	1	QL(2 EA per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	
INSULINS		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	

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

2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML, 100 UNIT/ML (REFILLED SYRINGE)	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
BLOOD PRODUCTS/ DIFIERS/ VOLUME EXPANDERS - PREVENTION OF CLOTTING AND INCREASING BLOOD CELL PRODUCTION		
ANTICOAGULANTS		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml</i>	1	
<i>heparin (porcine) injection solution 10,000 unit/ml, 5,000 unit/ml</i>	1	B/D
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	2	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
BLOOD FORMATION DIFIERS		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	2	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	2	PA
DOPTELET ORAL TABLET 20 MG, 20 MG (15 PACK)	2	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	2	PA
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; QL(30 EA per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	2	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA
HESTASIS AGENTS		
<i>tranexamic acid oral tablet 650 mg</i>	1	
PLATELET DIFYING AGENTS		

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

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	PA
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
CARDIOVASCULAR AGENTS - TREATMENT OF CONDITIONS AFFECTING THE HEART AND BLOOD VESSELS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	PA
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	PA
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	2	PA
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	PA
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 120 mg (24 hours), 180 mg, 240 mg</i>	1	
CARDIOVASCULAR AGENTS, OTHER		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	

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

2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	PA
DEMSER ORAL CAPSULE 250 MG	2	PA
DIGITEK ORAL TABLET 125 MCG	1	QL(30 EA per 30 days)
DIGITEK ORAL TABLET 250 MCG	1	PA
DIGOX ORAL TABLET 125 MCG	1	QL(30 EA per 30 days)
DIGOX ORAL TABLET 250 MCG	1	PA
<i>digoxin oral solution 50 mcg/ml</i>	1	PA
<i>digoxin oral tablet 125 mcg</i>	1	QL(30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	1	PA
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	PA
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	2	ST;
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	ST;
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	
TEKTURNA ORAL TABLET 150 MG, 300 MG	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
KEVEYIS ORAL TABLET 50 MG	2	PA
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
DIURETICS, LOOP		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
DIURETICS, THIAZIDE		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 160 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 35 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	2	PA
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
PREVALITE ORAL POWDER 4 GRAM	1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA
TRIKLO ORAL CAPSULE 1 GRAM	1	
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual aerosol,spray 400 mcg/spray</i>	1	
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS - TREATMENT OF DISORDERS OF THE BRAIN AND SPINAL COLUMN		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>dextroamphetamine oral capsule, extended release 10 mg</i>	1	PA; QL(150 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	1	PA; QL(120 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	1	PA; QL(90 EA per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	1	PA; QL(180 EA per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	1	PA; QL(60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	PA; QL(30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA; QL(60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg</i>	1	PA; QL(120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	1	PA; QL(90 EA per 30 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	QL(120 EA per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	PA
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	PA
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	PA
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 30 mg, 40 mg, 60 mg</i>	1	PA
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	PA
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	PA
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	1	PA; QL(90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg</i>	1	PA; QL(120 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 27 mg</i>	1	PA; QL(90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	1	PA; QL(60 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 54 mg</i>	1	PA; QL(30 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	PA
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	2	PA
FIRDAPSE ORAL TABLET 10 MG	2	PA
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA
NUDEXTA ORAL CAPSULE 20-10 MG	2	PA
<i>riluzole oral tablet 50 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA
FIBROMYALGIA AGENTS		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	2	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	2	PA
GILENYA ORAL CAPSULE 0.5 MG	2	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	1	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	2	PA

DENTAL AND ORAL AGENTS - TREATMENT OF UTH AND GUM DISORDERS

DENTAL AND ORAL AGENTS

<i>cevimeline oral capsule 30 mg</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
PERIOGARD MUCOUS MEMBRANE UTHWASH 0.12 %	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	

DERMATOLOGICAL AGENTS - TREATMENT OF SKIN CONDITIONS

DERMATOLOGICAL AGENTS

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>adapalene topical gel 0.1 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	

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

2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
<i>calcipotriene topical ointment 0.005 %</i>	1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA
<i>doxepin topical cream 5 %</i>	1	
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
EUCRISA TOPICAL OINTMENT 2 %	2	PA
<i>hydrocortisone-min oil-wht pet topical ointment 1 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>pimecrolimus topical cream 1 %</i>	1	ST;
<i>podofilox topical solution 0.5 %</i>	1	
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
REGRANEX TOPICAL GEL 0.01 %	2	PA; QL(15 GM per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	ST;
<i>tazarotene topical cream 0.1 %</i>	1	
TAZORAC TOPICAL CREAM 0.05 %	2	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA
<i>tretinoin (emollient) topical cream 0.05 %</i>	1	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
ELECTROLYTES/MINERALS/ METALS/ VITAMINS - PRODUCTS THAT SUPPLEMENT OR REPLACE ELECTROLYTES, MINERALS, METALS OR VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	2	B/D
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	B/D

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

2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	B/D
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	B/D
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	B/D
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	B/D
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	2	B/D
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	B/D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	2	B/D
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	2	B/D
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	2	PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D;
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	
DEXTROSE WITH SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 5-0.2 %	1	
ENDARI ORAL POWDER IN PACKET 5 GRAM	2	PA
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	2	B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	1	

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

2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ, 8 MEQ	1	
K-SOL ORAL LIQUID 20 MEQ/15 ML	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
NORSOL-R INTRAVENOUS PARENTERAL SOLUTION	1	
NORSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D;
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 40 meq/100 ml</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride irrigation solution 0.9 %</i>	1	
ELECTROLYTE/MINERAL/METAL DIFIERS		
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	2	PA
FERRIPROX ORAL TABLET 500 MG	2	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	2	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	2	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	2	PA
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	1	
KIONEX ORAL POWDER	1	
SAMSCA ORAL TABLET 15 MG, 30 MG	2	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml, 50 gram/200 ml</i>	1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1	
<i>trientine oral capsule 250 mg</i>	1	PA
PHOSPHATE BINDERS		
<i>calcium acetate oral capsule 667 mg</i>	1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	2	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
VITAMINS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	2	
GASTROINTESTINAL AGENTS - TREATMENT OF STOMACH AND INTESTINAL CONDITIONS		
ANTISPASDICS, GASTROINTESTINAL		
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
GASTROINTESTINAL AGENTS, OTHER		
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	2	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	2	PA
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	1	
<i>loperamide oral capsule 2 mg</i>	1	
OALIVA ORAL TABLET 10 MG, 5 MG	2	PA
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
RELISTOR ORAL TABLET 150 MG	2	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
XERMELO ORAL TABLET 250 MG	2	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
IRRITABLE BOWEL SYNDROME AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	QL(60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	QL(60 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL(30 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA
LAXATIVES		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	1	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	1	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	1	
KRISTALOSE ORAL PACKET 20 GRAM	2	ST;
<i>lactulose oral packet 10 gram</i>	1	ST;
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
PEG-3350 WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	1	
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	1	
PROTECTANTS		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	ST;
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	
GENETIC OR ENZYME DISORDER: REPLACEMENT, DIFIERS, TREATMENT - PRODUCTS THAT REPLACE, DIFY, OR TREAT GENETIC OR ENZYME DISORDERS		
GENETIC OR ENZYME DISORDER: REPLACEMENT, DIFIERS, TREATMENT		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	2	PA
CERDELGA ORAL CAPSULE 84 MG	2	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
GALAFOLD ORAL CAPSULE 123 MG	2	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	2	PA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	2	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG	2	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	2	PA
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	2	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	2	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	PA
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	PA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
GENITOURINARY AGENTS - TREATMENT OF URINARY TRACT AND PROSTATE CONDITIONS		
ANTISPASDICS, URINARY		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	ST;
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	ST; QL(30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg, 50 mg</i>	1	
ELMIRON ORAL CAPSULE 100 MG	2	
THIOLA ORAL TABLET 100 MG	2	PA
HORNAL AGENTS, STIMULANT/ REPLACEMENT/ DIFYING (ADRENAL) - TREATMENT OF CONDITIONS REQUIRING STEROIDS		
HORNAL AGENTS, STIMULANT/ REPLACEMENT/ DIFYING (ADRENAL)		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML	2	PA
<i>cortisone oral tablet 25 mg</i>	1	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	1	B/D
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
HORNAL AGENTS, STIMULANT/ REPLACEMENT/ DIFYING (SEX HORNES/ DIFIERS) - FOR THE REPLACEMENT OR DIFICATION OF SEX HORNES		
ANABOLIC STEROIDS		
ANADROL-50 ORAL TABLET 50 MG	2	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
ANDROGENS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA
ESTROGENS		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
<i>estropipate oral tablet 0.75 mg</i>	1	PA
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
YUVAFEM VAGINAL TABLET 10 MCG	1	
HORNAL AGENTS, STIMULANT/ REPLACEMENT/ DIFYING (SEX HORNES/ DIFIERS)		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	1	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	1	
APRI ORAL TABLET 0.15-0.03 MG	1	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	
AUBRA ORAL TABLET 0.1-20 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	1	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	

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

Drug Name	Drug Tier	Requirements/Limits
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	1	
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	1	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	1	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	1	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1	
CYRED EQ ORAL TABLET 0.15-0.03 MG	1	
CYRED ORAL TABLET 0.15-0.03 MG	1	
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
EQUETTE ORAL TABLET 0.15-0.03 MG	1	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
ENSKYCE ORAL TABLET 0.15-0.03 MG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	1	

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

2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	1	
INTROVALE ORAL TABLETS,DOSE PACK,3 NTH 0.15 MG-30 MCG (91)	1	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	1	
JINTELI ORAL TABLET 1-5 MG-MCG	1	
JULEBER ORAL TABLET 0.15-0.03 MG	1	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG- MCG	1	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG- MCG	1	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG- 30 MCG (21)/75 MG (7)	1	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG- MCG	1	
KELNOR 1-50 ORAL TABLET 1-50 MG-MCG	1	
KIMIDESS (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	1	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG- MCG	1	
LARIN 1/20 (21) ORAL TABLET 1-20 MG- MCG	1	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG- 30 MCG (21)/75 MG (7)	1	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG- MCG	1	

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

Drug Name	Drug Tier	Requirements/Limits
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	1	
LILLOW (28) ORAL TABLET 0.15-0.03 MG	1	
LOPREEZA ORAL TABLET 1-0.5 MG	1	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	1	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	1	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	1	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
MILI ORAL TABLET 0.25-35 MG-MCG	1	
MIMVEY LO ORAL TABLET 0.5-0.1 MG	1	
MIMVEY ORAL TABLET 1-0.5 MG	1	
NONESSA (28) ORAL TABLET 0.25-35 MG-MCG	1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NECON 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	

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

2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
NORLYDA ORAL TABLET 0.35 MG	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	2	
OCELLA ORAL TABLET 3-0.03 MG	1	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
PIRMELLA ORAL TABLET 1-35 MG-MCG	1	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	
QUASENSE ORAL TABLETS,DOSE PACK,3 NTH 0.15 MG-30 MCG (91)	1	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	1	
SETLAKIN ORAL TABLETS,DOSE PACK,3 NTH 0.15 MG-30 MCG (91)	1	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	

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

Drug Name	Drug Tier	Requirements/Limits
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	1	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	1	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	1	
ZARAH ORAL TABLET 3-0.03 MG	1	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	
PROGESTINS		
CAMILA ORAL TABLET 0.35 MG	1	
DEBLITANE ORAL TABLET 0.35 MG	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	
ERRIN ORAL TABLET 0.35 MG	1	
INCASSIA ORAL TABLET 0.35 MG	1	
JOLIVETTE ORAL TABLET 0.35 MG	1	

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

Drug Name	Drug Tier	Requirements/Limits
LYZA ORAL TABLET 0.35 MG	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA
NORA-BE ORAL TABLET 0.35 MG	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
NORLYROC ORAL TABLET 0.35 MG	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
SHAROBEL ORAL TABLET 0.35 MG	1	
TULANA ORAL TABLET 0.35 MG	1	
SELECTIVE ESTROGEN RECEPTOR DIFYING AGENTS		
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>raloxifene oral tablet 60 mg</i>	1	
HORNAL AGENTS, STIMULANT/REPLACEMENT/ DIFYING (PITUITARY) - TREATMENT OF PITUITARY GLAND CONDITIONS		
HORNAL AGENTS, STIMULANT/REPLACEMENT/ DIFYING (PITUITARY)		
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG, 2 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	2	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	2	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	2	PA
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	2	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA
HORNAL AGENTS, STIMULANT/REPLACEMENT/ DIFYING (THYROID) - TREATMENT OF THYROID CONDITIONS		
HORNAL AGENTS, STIMULANT/REPLACEMENT/ DIFYING (THYROID)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
HORNAL AGENTS, SUPPRESSANT (PITUITARY) - TREATMENT OF OR DIFICATION OF PITUITARY HORNE SECRETION		
HORNAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline oral tablet 0.5 mg</i>	1	
ELIGARD (3 NTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA
ELIGARD (4 NTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA
ELIGARD (6 NTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 NTH)	2	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	2	PA
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	2	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	1	
LUPRON DEPOT (3 NTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	2	PA
LUPRON DEPOT (4 NTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6 NTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	2	PA
LUPRON DEPOT-PED (3 NTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	2	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	2	PA
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML	2	PA
HORNAL AGENTS, SUPPRESSANT (THYROID) - TREATMENT FOR OVERACTIVE THYROID		
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
IMMUNOLOGICAL AGENTS - MEDICATIONS THAT ALTER THE IMMUNE SYSTEM INCLUDING VACCINATIONS		
ANGIOEDEMA AGENTS		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	2	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	2	PA
IMMUNE SUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	2	B/D
<i>azathioprine oral tablet 50 mg</i>	1	B/D;
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	2	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D;
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D;
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D;
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (0.98 ML)	2	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	2	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	2	PA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	2	B/D;
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D;
GENGRAF ORAL SOLUTION 100 MG/ML	1	B/D;
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D;
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	B/D;
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D;
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D;
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	2	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	2	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	2	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	B/D
REMICADE INTRAVENOUS RECON SOLN 100 MG	2	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	B/D;
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	2	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	ST
XATMEP ORAL SOLUTION 2.5 MG/ML	2	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	2	B/D
IMMUNIZING AGENTS, PASSIVE		
BIVIGAM INTRAVENOUS SOLUTION 10 %	2	B/D
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	2	B/D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	2	B/D
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	B/D
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	B/D
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	2	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	2	B/D
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	B/D
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	2	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML, 150 UNIT/ML (10 ML)	2	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	B/D
IMMUNODULATORS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	2	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OTEZLA ORAL TABLET 30 MG	2	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	2	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA
VACCINES		

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

2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	B/D;
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	B/D;
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML	2	B/D;
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	B/D;

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

Drug Name	Drug Tier	Requirements/Limits
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
IVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	

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

2019 2 Tier Standard Medicare Formulary
 Effective Date: 5/1/2019

Drug Name	Drug Tier	Requirements/Limits
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	B/D;
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	B/D;
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	QL(2 EA per 999 days)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	1	
<i>tetanus-diphtheria toxoids-td intramuscular suspension 2-2 lf unit/0.5 ml</i>	1	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	

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

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	
VARIZIG INTRAMUSCULAR RECON SOLN 125 UNIT	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	2	QL(1 EA per 999 days)

INFLAMMATORY BOWEL DISEASE AGENTS - TREATMENT OF ULCERATIVE COLITIS OR CROHN'S DISEASE

AMINOSALICYLATES

<i>balsalazide oral capsule 750 mg</i>	1	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	2	
DIPENTUM ORAL CAPSULE 250 MG	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	

GLUCOCORTICOIDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
SULFONAMIDES		
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
METABOLIC BONE DISEASE AGENTS - TREATMENT OF BONE DISEASES INCLUDING OSTEOPOROSIS		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	QL(60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	1	QL(120 EA per 30 days)
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	2	PA
<i>ibandronate oral tablet 150 mg</i>	1	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	2	PA
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	1	
SENSIPAR ORAL TABLET 30 MG, 60 MG	2	QL(60 EA per 30 days)
SENSIPAR ORAL TABLET 90 MG	2	QL(120 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	PA
OPHTHALMIC AGENTS - TREATMENT OF EYE CONDITIONS		
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	2	
OPHTHALMIC AGENTS, OTHER		
<i>bevacizumab intravitreal syringe 1 mg/0.04 ml, 1.25 mg/0.05 ml, 2.5 mg/0.1 ml</i>	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	2	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML	2	PA
LUCENTIS INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	2	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	2	PA
MACUGEN INTRAVITREAL SYRINGE 0.3 MG/90MICROLITER	2	PA
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	2	PA
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL(11 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL(60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	2	QL(60 EA per 30 days)
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	ST;
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
COMBIGAN OPTHALMIC (EYE) DROPS 0.2- 0.5 %	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3- 6.8 mg/ml</i>	1	
FML FORTE OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
OPHTHALMIC ANTI-INFLAMMATORIES		

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	

OTIC AGENTS - TREATMENT OF EAR CONDITIONS

OTIC AGENTS

<i>acetic acid-aluminum acetate otic (ear) drops 2 %</i>	1	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	

RESPIRATORY TRACT/ PULNARY AGENTS - TREATMENT OF BREATHING CONDITIONS

ANTI-HISTAMINES

<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	PA
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	PA
<i>cyproheptadine oral tablet 4 mg</i>	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	B/D;
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	PA
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	B/D;
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
ANTILEUKOTRIENES		
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
XYREM ORAL SOLUTION 500 MG/ML	2	PA LA

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

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	ST;
BRONCHODILATORS, ANTICHOLINERGIC		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D;
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION, 400 MCG/ACTUATION (30 ACTUAT)	2	
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D;
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL(2 EA per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	1	B/D;
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	

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

Drug Name	Drug Tier	Requirements/Limits
CYSTIC FIBROSIS AGENTS		
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	2	PA
KALYDECO ORAL TABLET 150 MG	2	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	PA
ORKAMBI ORAL TABLET 100-125 MG, 200- 125 MG	2	PA
PULZYME INHALATION SOLUTION 1 MG/ML	2	B/D
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	2	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	B/D
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	1	B/D
MAST CELL STABILIZERS		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B/D;
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	2	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
PULNARY ANTIHYPERTENSIVES		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	2	PA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil (antihypertensive) oral tablet 20 mg</i>	1	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	2	PA
PULNARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG	2	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	2	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B/D
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	ST;
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	2	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D;
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	PA
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	

SKELETAL MUSCLE RELAXANTS - TREATMENT OF MUSCLE TIGHTNESS

SKELETAL MUSCLE RELAXANTS

<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	2	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA
CYCLOTENS REFILL COMBO PACK 10 MG	1	PA
CYCLOTENS STARTER COMBO PACK 10 MG	1	PA
METAXALL ORAL TABLET 800 MG	1	
<i>metaxalone oral tablet 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	PA

SLEEP DISORDER AGENTS - TREATMENT OF INSOMNIA

GABA RECEPTOR DULATORS

<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	QL(90 EA per 365 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL(90 EA per 365 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL(90 EA per 365 days)

SLEEP DISORDERS, OTHER

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

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA
HETLIOZ ORAL CAPSULE 20 MG	2	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA
ROZEREM ORAL TABLET 8 MG	2	QL(30 EA per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	2	

You can find information on what the symbols and abbreviations in this table mean by going to page vii.
104