

MEDICA PRIME SOLUTION® (COST) PART D
MEDICA ADVANTAGE SOLUTION® (HMO-POS)
MEDICA ADVANTAGE SOLUTION® (PPO)
MEDICA ADVANTAGE SOLUTION® WITH CHI HEALTH (HMO)
MEDICA ADVANTAGE SOLUTION® WITH CHI HEALTH (PPO)
MEDICA ADVANTAGE SOLUTION® PARTNERCARE (HMO I-SNP)
MEDICA GROUP PRIME SOLUTION™ (COST)
MEDICA GROUP ADVANTAGE SOLUTION™ (PPO)



2020 FORMULARY

(List of Covered Drugs)

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

Medica Part D Prime Solution/Advantage Solution Formulary ID # 00020143, v.6.

This formulary was updated on 09/3/2019.

For more recent information or other questions, please contact Medica Customer Service at **1-800-234-8755** (TTY: 711) for Prime Solution (Cost); **1-866-269-6804** (TTY: 711) for Advantage Solution (HMO-POS) and Advantage Solution (PPO); **1-866-398-7374** (TTY: 711) for Advantage Solution with CHI Health (HMO) and Advantage Solution with CHI Health (PPO); **1-888-347-3630** (TTY: 711) for Advantage Solution PartnerCare (HMO I-SNP); or **1-800-575-2330** (TTY: 711) for Group Prime Solution (Cost) and Group Advantage Solution (PPO), 8 a.m. to 8 p.m. Central, 7 days a week (access to representatives may be limited at times), or visit medica.com/Members.

Discrimination is Against the Law

Medica complies with applicable Federal civil rights laws and will not discriminate against any person based on his or her race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTY communication
- Written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages

If you need these services, contact the number on the back of your identification card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of your race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422, TTY: 711, civilrightscoordinator@medica.com.

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntaww no, hu rau tus xov tooj nyob hauv daim ntaww no los yog nyob nraum qab ntawm koj daim npav Medica ID.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的Medica ID卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqaa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات،
فأتصل على الرقم الوارد في هذه الوثيقة أو على ظهر
بطاقة تعريف ميديكا الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей индентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປ້ນນັ້ນຝົດ ໃຫ້ ໂທ້າລາງໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ດ້ວຍບໍ່ມີຂອງບໍດ
Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면,
이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의
전화번호로 전화하십시오.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification Medica.

နှမ်းကြံးတို့၏အကျဉ်းချုပ်၏အကျဉ်းချုပ်၏အကျဉ်းချုပ်၏
ကိုလိုတိနိုင်ရေးလာပိုလာလိုတိလိုမ်းအပူအံ့စွဲတွေ၏ဖုန်း
နှုန်းကြောင်းသို့မဟုတ်ဘုရားကြောင်းမြတ်စွာတွေ၏ဖုန်းတက်၏။

Kung nais mo ng libreng tulong sa pagasalin ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica.

ይህን መረጃ ለመተርጓም እና አርባታ የሚፈልገ ካሸነ በዘኑ ስነድ ወሰን
የለውን ቅጥር ወይም Medica መታወቂያ ክርድ በስተደርጉ የለውን
ይደውሉ::

Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poledini svoje ID kartice Medica.

Díí t’áá jíík’ e shá ata’ hodoonih nínízingo éí ninaaltsoos Medica bee néího’dílzinígí bine’déé’ namboo bikí’ágíjí’ békésh bee hodílnih.

Wenn Sie bei der Übersetzung dieser Informationen kostenlose Hilfe in Anspruch nehmen möchten, rufen Sie bitte die in diesem Dokument oder auf der Rückseite Ihrer Medica-ID-Karte angegebene Nummer an.

This page intentionally left blank

Medica Prime Solution® (Cost) Part D
Medica Advantage Solution® (HMO-POS)
Medica Advantage Solution® (PPO)
Medica Advantage Solution® with CHI Health (HMO)
Medica Advantage Solution® with CHI Health (PPO)
Medica Advantage Solution® PartnerCare (HMO I-SNP)
Medica Group Prime SolutionSM (Cost)
Medica Group Advantage SolutionSM (PPO)

2020 Formulary (List of Covered Drugs)

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

This formulary was updated on 09/03/2019. For more recent information or other questions, please contact Medica Customer Service at 1-800-234-8755 (TTY: 711) for Prime Solution (Cost); 1-866-269-6804 (TTY: 711) for Advantage Solution (HMO-POS) and Advantage Solution (PPO); 1-866-398-7374 (TTY: 711) for Advantage Solution with CHI Health (HMO) and Advantage Solution with CHI Health (PPO); 1-888-347-3630 (TTY: 711) for Advantage Solution PartnerCare (HMO I-SNP); or 1-800-575-2330 (TTY: 711) for Group Prime Solution (Cost) and Group Advantage Solution (PPO). From October 1 through March 31, we are open from 8 a.m. to 8 p.m. Central, seven days a week to speak with a representative. From April 1 to September 30, call us 8 a.m. to 8 p.m. Central, Monday through Friday to speak with a representative. On Saturdays, Sundays and holidays, you can leave a voicemail message, which will be returned within one business day, or visit medica.com/members.

Formulary ID: 00020143 Version Number: 6
Effective: 09/03/2019
Y0088_54470_C

MEDICA[®]

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Medica Insurance Company, Medica Health Plans and Medica Community Health Plan. When it refers to “plan” or “our plan,” it means Medica Prime Solution Part D and Medica Advantage Solution Part D.

This document includes the list of the drugs (formulary) for our plan which is current as of September 3, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the Medica Prime Solution Part D and Medica Advantage Solution Part D Formulary?

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

Can the Formulary (drug list) change?

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

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Medica Formulary?"

Changes that will not affect you if you are currently taking the drug:

Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of September 3, 2019. To get updated information about the drugs covered by Medica, please contact us. Our contact information appears on the front and back cover pages. Our print-ready formulary is updated monthly on our website.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 81. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug.

Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Medica requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medica before you fill your prescriptions. If you don't get approval Medica may not cover the drug.
- **Quantity Limits:** For certain drugs, Medica limits the amount of the drug that Medica will cover. For example, Medica provides 18 tablets per 28 days prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medica requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Medica may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medica will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Medica to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Medica Prime Solution Part D and Medica Advantage Solution Part D formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Medica does not cover your drug, you have two options:

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

How do I request an exception to the Medica Prime Solution Part D and Medica Advantage Solution Part D Formulary?

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need

a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

For current members who experience a Level of Care change:

We will cover a temporary supply of your drug, in order to ensure that you have continued access to your medications. You are allowed "refill-too-soon" overrides for each medication that you no longer have access due to the Level of Care change.

For more information

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

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

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

Medica's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Medica. If you have trouble finding your drug in the list, turn to the Index that begins on page 81. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., HETLIOZ) and generic drugs are listed in lower-case italics (e.g., lisinopril).

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBIA INTRAVENOUS	5	PA
CRESEMBIA ORAL	5	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	PA
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole</i>	2	MO
<i>ketoconazole oral</i>	2	MO
MYCAMINE	5	MO
NOXAFIL ORAL	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>terbinafine hcl oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>voriconazole intravenous</i>	2	PA; MO
<i>voriconazole oral</i>	5	MO
ANTIVIRALS		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	2	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS ORAL CAPSULE	5	MO
APTIVUS ORAL SOLUTION	5	
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO
<i>atazanavir oral capsule 300 mg</i>	5	MO
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
<i>cidofovir</i>	5	B/D PA; MO
CIMDUO	5	MO
COMPLERA	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	2	MO
EPCLUSA	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	B/D PA; MO
GENVOYA	5	MO
HARVONI	5	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
<i>lopinavir-ritonavir</i>	2	MO
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	2	MO
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
REBETOL ORAL SOLUTION	3	MO
RELENZA DISKHALER	3	MO
RESCRIPTOR ORAL TABLET	3	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribasphere oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ribasphere oral tablet 600 mg</i>	5	MO
<i>ribasphere ribapak oral tablets, dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
<i>tenofovir disoproxil fumarate</i>	2	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
TRUVADA	5	MO
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
VIDEX 2 GRAM PEDIATRIC	3	MO
VIDEX 4 GRAM PEDIATRIC	3	MO
VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 125 MG	4	MO
VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 200 MG	3	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
XOFLUZA	3	MO
<i>zidovudine</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	2	
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>cefepime injection</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>cefixime</i>	2	MO
<i>cefotaxime injection recon soln 1 gram</i>	2	
<i>cefotetan</i>	2	
<i>cefoxitin in dextrose, iso-osm</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	
<i>cefpodoxime</i>	2	MO
<i>ceprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone in dextrose,iso-os</i>	2	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>ceftriaxone intravenous recon soln 2 gram</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	
<i>cephalexin</i>	2	MO
<i>SUPRAX ORAL CAPSULE</i>	4	MO
<i>SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML</i>	4	
<i>SUPRAX ORAL TABLET,CHEWABLE</i>	4	MO
<i>tazicef intravenous</i>	2	
<i>TEFLARO</i>	5	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	2	MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	2	MO
<i>azithromycin oral tablet 500 mg (3 pack)</i>	2	
<i>clarithromycin</i>	2	MO
<i>e.e.s. 400 oral tablet</i>	2	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
ERY-TAB ORAL TABLET, DELAYE D RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral</i>	2	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	MO
ARIKAYCE	5	PA; MO; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam</i>	2	MO
<i>bacitracin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>bacitracin intramuscular</i>	2	MO
BENZNIDAZOLE	3	
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
CAPASTAT	4	
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	2	MO
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	2	MO
<i>dapsone oral</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO	<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO	<i>linezolid oral tablet</i>	2	MO
DARAPRIM	5	PA; MO	<i>linezolid-0.9% sodium chloride</i>	5	
EMVERM	5	MO	<i>mefloquine</i>	2	MO
<i>ertapenem</i>	2	MO	<i>meropenem</i>	2	MO
<i>ethambutol</i>	2	MO	<i>metro i.v.</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO	<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2		<i>metronidazole oral</i>	2	MO
<i>gentamicin injection solution 40 mg/ml</i>	2	MO	NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
<i>gentamicin sulfate (ped) (pf)</i>	2	MO	<i>neomycin</i>	2	MO
<i>hydroxychloroquine</i>	2	MO	<i>paromomycin</i>	4	MO
<i>imipenem-cilastatin</i>	2	MO	PASER	3	MO
IMPAVIDO	5	PA; MO	PENTAM	4	MO
<i>isoniazid injection</i>	2		<i>pentamidine</i>	2	
<i>isoniazid oral</i>	2	MO	<i>polymyxin b sulfate</i>	2	MO
<i>ivermectin</i>	2	MO	<i>praziquantel</i>	2	MO
<i>lincomycin</i>	2		PRIFTIN	3	MO
<i>linezolid in dextrose 5%</i>	5		PRIMAQUINE	3	MO
			<i>pyrazinamide</i>	2	MO
			<i>quinine sulfate</i>	2	MO
			<i>rifabutin</i>	2	MO
			<i>rifampin</i>	2	MO
			SIRTURO	5	MO; LA
			STREPTOMYCIN	3	MO
			SYNERCID	5	PA
			<i>tigecycline</i>	5	
			<i>tinidazole</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	
<i>tobramycin sulfate injection solution</i>	2	MO
TRECATOR	3	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
VANCOMYCIN INJECTION	3	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	3	
<i>vancomycin oral capsule 125 mg</i>	2	MO
<i>vancomycin oral capsule 250 mg</i>	5	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	2	MO
<i>ampicillin sodium intravenous</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	MO
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BICILLIN C-R	3	MO	PENICILLIN G	3	
BICILLIN L-A	3	MO	POT IN		
<i>dicloxacillin</i>	2	MO	DEXTROSE		
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2		INTRAVENOUS		
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO	PIGGYBACK 1		
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	MO	MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML		
<i>nafcillin injection recon soln 10 gram</i>	5	MO	PENICILLIN G	3	MO
<i>nafcillin intravenous</i>	2	MO	POT IN		
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	2		DEXTROSE		
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	2	MO	INTRAVENOUS		
<i>oxacillin injection recon soln 1 gram</i>	2		PIGGYBACK 3		
<i>oxacillin injection recon soln 10 gram</i>	5		MILLION UNIT/50 ML		
<i>oxacillin injection recon soln 2 gram</i>	2	MO	penicillin g potassium	2	MO
			penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	2	MO
			penicillin g procaine intramuscular syringe 600,000 unit/ml	2	
			penicillin g sodium	2	MO
			penicillin v potassium	2	MO
			pfizerpen-g	2	
			piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	2	MO

QUINOLONES

<i>ciprofloxacin</i>	2
<i>ciprofloxacin hcl oral</i>	2 MO

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

Drug Name	Drug Tier	Requirements /Limits
ciprofloxacin in 5 % dextrose	2	MO
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	2	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	2	MO
levofloxacin intravenous	2	MO
levofloxacin oral	2	MO
moxifloxacin oral	2	MO
moxifloxacin-sod.chloride(iso)	2	
ofloxacin oral tablet 300 mg	2	
ofloxacin oral tablet 400 mg	2	MO
SULFA'S / RELATED AGENTS		
sulfadiazine	4	MO
sulfamethoxazole-trimethoprim	2	MO
sulfatrim	2	MO
TETRACYCLINES		
demeclacycline	4	MO
doxy-100	2	MO
doxycycline hyclate intravenous	2	
doxycycline hyclate oral capsule	2	MO
doxycycline hyclate oral tablet	2	MO

Drug Name	Drug Tier	Requirements /Limits
doxycycline monohydrate oral capsule	2	MO
doxycycline monohydrate oral suspension for reconstitution	2	MO
doxycycline monohydrate oral tablet	2	MO
minocycline oral capsule	2	MO
minocycline oral tablet	2	MO
monodoxine nl	2	MO
morgidox	2	MO
okebo oral capsule 75 mg	2	MO
tetracycline	2	MO
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		
methenamine hippurate	2	MO
methenamine mandelate	2	MO
nitrofurantoin	2	MO
nitrofurantoin macrocrystal	2	MO
nitrofurantoin monohyd/m-cryst	2	MO
trimethoprim	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		

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

Drug Name	Drug Tier	Requirements /Limits
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	B/D PA
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE	5	MO
KHAPZORY	5	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B/D PA
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
mesna	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	PA; MO
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	5	PA; MO; QL (120 per 30 days)
ABRAXANE	5	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>adriamycin intravenous solution</i>	2	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	2	B/D PA; MO
AFINITOR	5	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	5	PA; MO
ALECensa	5	PA; MO; QL (240 per 30 days)
ALIMTA	5	B/D PA; MO
ALIQOPA	5	B/D PA; MO; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARRANON	5	B/D PA
ARSENIC TRIOXIDE	5	B/D PA
ARZERRA	5	B/D PA; MO
AVASTIN	5	B/D PA; MO
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
BALVERSA	5	PA; MO; LA
BAVENCIO	5	B/D PA; MO; LA
BELEODAQ	5	B/D PA; MO
BENDEKA	5	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BICNU	5	B/D PA; MO
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO
BORTEZOMIB	5	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
<i>busulfan</i>	5	B/D PA
CABOMETYX	5	PA; MO; LA
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>carmustine</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COMETRIQ	5	PA; MO
COPIKTRA	5	PA; MO; LA; QL (60 per 30 days)
COSMEGEN	5	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified</i>	2	B/D PA; MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA
DARZALEX	5	B/D PA; MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; MO
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
ENVARSUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	2	B/D PA; MO
ERBITUX	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINAZE	5	B/D PA; MO
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>exemestane</i>	2	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>flutamide</i>	2	MO
FOLOTYN	5	B/D PA; MO
<i>fulvestrant</i>	5	B/D PA; MO
GAZYVA	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	B/D PA
<i>genograf oral capsule 100 mg, 25 mg</i>	2	B/D PA; MO
<i>genograf oral solution</i>	2	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	MO
HALAVEN	5	B/D PA; MO
HERCEPTIN HYLECTA	5	B/D PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
IMFINZI	5	B/D PA; MO; LA
INFUGEM	5	B/D PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	5	B/D PA
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEVTANA	5	B/D PA; MO
KADCYLA	5	PA; MO
KANJINTI	5	B/D PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
KYPROLIS	5	B/D PA; MO
LENVIMA	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO	5	PA; MO; LA
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMOXITI	5	PA; MO; LA
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	3	B/D PA; MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	2	B/D PA; MO
<i>melphalan hcl</i>	5	B/D PA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MVASI	5	B/D PA; MO
<i>mycophenolate mofetil hcl</i>	2	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate sodium</i>	2	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	5	MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONCASPAR	5	B/D PA; MO
ONIVYDE	5	B/D PA; MO
OPDIVO	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin</i> <i>intravenous recon soln 50 mg</i>	2	B/D PA
<i>oxaliplatin</i> <i>intravenous solution</i>	2	B/D PA; MO
<i>paclitaxel</i>	2	B/D PA; MO
<i>PERJETA</i>	5	B/D PA; MO
<i>PIQRAY</i>	5	PA; MO
<i>POLIVY</i>	5	PA; MO
<i>POMALYST</i>	5	PA; MO; LA
<i>PORTRAZZA</i>	5	B/D PA; MO
<i>POTELIGEO</i>	5	PA; MO
<i>PROGRAF INTRAVENOUS</i>	3	B/D PA; MO
<i>PROGRAF ORAL GRANULES IN PACKET</i>	3	B/D PA; MO
<i>PURIXAN</i>	5	
<i>REVLIMID</i>	5	PA; MO; LA; QL (28 per 28 days)
<i>RITUXAN</i>	5	PA; MO
<i>RITUXAN HYCELA</i>	5	PA; MO
<i>ROMIDEPSIN</i>	5	B/D PA
<i>RUBRACA</i>	5	PA; MO; LA; QL (120 per 30 days)
<i>RYDAPT</i>	5	PA; MO
<i>SANDIMMUNE ORAL SOLUTION</i>	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON</i>	5	MO
<i>SIGNIFOR</i>	5	MO
<i>SIMULECT INTRAVENOUS RECON SOLN 10 MG</i>	3	B/D PA
<i>SIMULECT INTRAVENOUS RECON SOLN 20 MG</i>	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
<i>SOLTAMOX</i>	3	MO
<i>SOMATULINE DEPOT</i>	5	MO
<i>SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG</i>	5	PA; MO; QL (30 per 30 days)
<i>SPRYCEL ORAL TABLET 20 MG, 70 MG</i>	5	PA; MO; QL (60 per 30 days)
<i>STIVARGA</i>	5	PA; MO; QL (84 per 28 days)
<i>SUTENT</i>	5	PA; MO; QL (30 per 30 days)
<i>SYLVANT</i>	5	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
SYNRIBO	5	B/D PA; MO
TABLOID	4	MO
<i>tacrolimus oral</i>	2	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARGETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
THALOMID	5	PA; MO
<i>thiotepa</i>	5	B/D PA; MO
TIBSOVO	5	PA; MO
<i>toposar</i>	2	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>topotecan intravenous solution</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
TORISEL	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin (chemotherapy)</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PA; MO
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO
<i>valrubicin</i>	5	B/D PA
VALSTAR	5	B/D PA; MO
VANTAS	4	PA; MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; MO; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA; MO
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XOSPATA	5	PA; MO; LA
XPOVIO	5	PA; MO; LA
XTANDI	5	PA; MO; QL (120 per 30 days)
YERVOY	5	B/D PA; MO
YONDELIS	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	5	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZOLADEX	4	PA; MO
ZOLINZA	5	MO
ZORTRESS	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL	5	MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clobazam oral suspension</i>	2	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>clobazam oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet,delayed release (dr/ec)</i>	1	MO
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	2	MO
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET	3	MO
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
GRALISE 30-DAY STARTER PACK	3	PA; QL (78 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)	<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)	LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO	LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO	LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO	<i>oxcarbazepine</i>	2	MO
<i>lamotrigine oral tablet,disintegrating</i>	4	MO	PEGANONE	3	MO
<i>lamotrigine oral tablets,dose pack</i>	2	MO	<i>phenobarbital</i>	2	PA; MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2		<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO	<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO	<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO	<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2		<i>phenytoin oral tablet,chewable</i>	2	MO
<i>levetiracetam oral tablet</i>	2	MO	<i>phenytoin sodium extended</i>	2	MO
			<i>phenytoin sodium intravenous solution</i>	2	MO
			<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
<i>roweepra</i>	2	MO
<i>roweepra xr</i>	2	MO
SPRITAM	4	MO
<i>subvenite</i>	2	MO
<i>subvenite starter (blue) kit</i>	2	MO
<i>subvenite starter (green) kit</i>	2	MO
<i>subvenite starter (orange) kit</i>	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	2	
<i>vigabatrin</i>	5	MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>vigadron</i>	5	MO; LA
VIMPAT INTRAVENOUS	3	
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
<i>zonisamide</i>	2	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	MO; LA
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	2	MO
NEUPRO	3	MO
<i>pramipexole</i>	2	MO
<i>rasagiline</i>	2	MO
<i>ropinirole</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)
<i>eletriptan</i>	2	MO; QL (18 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA; MO; QL (3 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
<i>migergot</i>	2	MO
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	2	MO; QL (18 per 28 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	5	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	5	PA; MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO
FIRDAPSE	5	PA; MO; LA
galantamine	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LEMTRADA	5	PA; MO	LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	PA; MO	<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	2	MO
<i>memantine oral solution</i>	2	PA; MO	<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2	
<i>memantine oral tablet</i>	2	PA; MO	<i>pyridostigmine bromide oral syrup</i>	5	MO
NAMZARIC	3	PA; MO	<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
NUEDEXTA	5	PA; MO	<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
OCREVUS	5	PA; MO; LA	<i>regonol</i>	2	
RADICAVA	5	PA; MO	<i>revonto</i>	2	
<i>rivastigmine</i>	2	MO	<i>tizanidine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO	NARCOTIC ANALGESICS		
TECFIDERA	5	PA; MO; LA	<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	MO; QL (300 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)	<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)	<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
TYSABRI	5	PA; MO; LA	<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY					
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO			
<i>cyclobenzaprine oral tablet</i>	4	PA; MO			
<i>dantrolene</i>	2	MO			
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)	<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr</i>	2	PA; MO; QL (10 per 30 days)
<i>BELBUCA</i>	3	PA; MO; QL (60 per 30 days)	<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	5	PA; MO; QL (10 per 30 days)
<i>buprenorphine hcl injection solution</i>	2	MO	<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	2	QL (5550 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2		<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>buprenorphine hcl sublingual</i>	2	MO	<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	MO; QL (390 per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	2	PA; MO; QL (4 per 28 days)	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO; QL (4000 per 30 days)	<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	QL (2000 per 30 days)	<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	MO; QL (240 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)	<i>hydromorphone (pf) injection solution 2 mg/ml</i>	2	QL (1200 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	2	MO; QL (400 per 30 days)	<i>hydromorphone (pf) injection solution 1 mg/ml</i>	2	QL (2400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	QL (400 per 30 days)			
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)			

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

Drug Name	Drug Tier	Requirements /Limits
hydromorphone injection solution 2 mg/ml	2	MO; QL (1200 per 30 days)
hydromorphone injection solution 4 mg/ml	2	MO; QL (600 per 30 days)
hydromorphone injection syringe 1 mg/ml	2	MO; QL (2400 per 30 days)
hydromorphone injection syringe 2 mg/ml	2	QL (150 per 30 days)
hydromorphone injection syringe 4 mg/ml	2	MO; QL (600 per 30 days)
hydromorphone oral liquid	2	MO; QL (2400 per 30 days)
hydromorphone oral tablet	2	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	2	PA; MO; QL (60 per 30 days)
hydromorphone oral tablet extended release 24 hr 32 mg	5	PA; MO; QL (60 per 30 days)
ibuprofen-oxycodone	2	MO; QL (28 per 30 days)
levorphanol tartrate oral tablet 2 mg	2	MO; QL (120 per 30 days)
loracet (hydrocodone)	2	MO; QL (360 per 30 days)
loracet hd	2	MO; QL (360 per 30 days)
loracet plus oral tablet 7.5-325 mg	2	MO; QL (360 per 30 days)
methadone injection solution	2	QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methadone intensol</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; QL (2000 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	2	B/D PA; MO; QL (400 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	2	B/D PA; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	2	QL (250 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>morphine injection syringe 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	2	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	2	QL (400 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>morphine intravenous syringe 10 mg/ml</i>	2	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	2	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
buprenorphine-naloxone sublingual tablet 2-0.5 mg	2	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	2	MO; QL (90 per 30 days)
butorphanol tartrate injection solution 1 mg/ml	2	MO; QL (857 per 30 days)
butorphanol tartrate injection solution 2 mg/ml	2	MO; QL (428 per 30 days)
butorphanol tartrate nasal	2	MO; QL (10 per 28 days)
celecoxib	2	MO
clonidine (pf) epidural solution 5,000 mcg/10 ml	2	
diclofenac potassium	2	MO
diclofenac sodium oral	2	MO
diclofenac sodium topical drops	2	MO; QL (300 per 28 days)
diclofenac sodium topical gel 1 %	2	MO; QL (1000 per 28 days)
diclofenac-misoprostol	2	MO
diflunisal	2	MO
ec-naproxen	2	
etodolac	2	MO
fenoprofen oral tablet	2	MO
FLECTOR	4	PA; MO; QL (60 per 30 days)
flurbiprofen	2	MO
ibu	1	MO

Drug Name	Drug Tier	Requirements /Limits
ibuprofen oral suspension	2	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ketoprofen oral capsule 25 mg	2	MO
ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg	2	MO
meclofenamate	2	MO
mefenamic acid	2	MO
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
nabumetone	2	MO
nalbuphine injection solution 10 mg/ml	2	MO; QL (200 per 30 days)
nalbuphine injection solution 20 mg/ml	2	MO; QL (100 per 30 days)
naloxone	2	MO
naltrexone	2	MO
naproxen oral suspension	2	MO
naproxen oral tablet	1	MO
naproxen oral tablet, delayed release (dr/ec)	2	MO
naproxen sodium oral tablet 275 mg, 550 mg	2	MO
naproxen sodium oral tablet, er multiphase 24 hr	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
<i>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
<i>tolmetin</i>	2	MO
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO
ADASUVE	3	LA
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	2	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	5	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ARISTADA	5	MO
ARISTADA INITIO	5	MO
<i>armodafinil</i>	4	PA; MO
<i>atomoxetine</i>	2	MO
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>buspirone</i>	2	MO
<i>chlorpromazine</i>	2	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine oral solution</i>	2	MO
<i>dextroamphetamine-amphetamine</i>	2	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA; MO
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral</i>	4	MO
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO; QL (90 per 30 days)
<i>EMSAM</i>	5	MO
<i>ergoloid</i>	4	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
<i>FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG</i>	4	MO; QL (60 per 30 days)
<i>FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG</i>	5	MO; QL (60 per 30 days)
<i>FANAPT ORAL TABLETS,DOSE PACK</i>	4	MO; QL (8 per 28 days)
<i>FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG</i>	4	
<i>FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK</i>	3	MO; QL (28 per 28 days)
<i>FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR</i>	3	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	MO
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
FORFIVO XL	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	4	MO
<i>guanidine</i>	2	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe</i>	2	PA
<i>lorazepam intensol</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
MARPLAN	3	MO
<i>metadate er</i>	2	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	2	MO
<i>methylphenidate hcl oral tablet, chewable</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet, disintegrating</i>	2	MO
<i>modafinil</i>	2	PA; MO
<i>molindone</i>	2	
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
<i>NUPLAZID ORAL CAPSULE</i>	5	PA; MO; QL (30 per 30 days)
<i>NUPLAZID ORAL TABLET 10 MG</i>	5	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	2	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	2	MO; QL (30 per 30 days)
<i>PAXIL ORAL SUSPENSION</i>	4	MO
<i>perphenazine</i>	2	MO
<i>PERSERIS</i>	5	MO
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
<i>procenta</i>	2	MO
<i>protriptyline</i>	2	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
<i>ramelteon</i>	2	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULA R SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULA R SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	2	MO; QL (120 per 30 days)
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS	5	MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
XYREM	5	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	MO
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral</i>	2	MO
<i>dofetilide</i>	2	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	MO
<i>lidocaine (pf) in d7.5w</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	2	
<i>mexiletine</i>	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	
<i>propafenone</i>	2	MO
<i>quinidine gluconate oral</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	MO
<i>sotalol oral</i>	2	MO
SOTYLIZE	3	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>betaxolol oral</i>	2	MO
<i>BIDIL</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	2	MO
<i>BYSTOLIC</i>	3	MO
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	2	MO
<i>chlorothiazide</i>	2	MO
<i>chlorothiazide sodium</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>DEMSER</i>	5	PA; MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg, 240 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>EDARBI</i>	3	MO
<i>EDARBYCLOR</i>	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>enalapril maleate</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	2	MO
<i>epoprostenol (glycine)</i>	2	B/D PA; MO
<i>eprosartan</i>	2	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynat sodium</i>	5	
<i>ethacrynic acid</i>	5	MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	2	MO
<i>labetalol intravenous solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>labetalol</i>	2	
<i>intravenous syringe 20 mg/4 ml (5 mg/ml)</i>		
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	2	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>methyclothiazide</i>	2	MO
<i>methyldopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tar-hydrochlorothiazide</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate intravenous syringe</i>	2	
<i>metoprolol tartrate oral</i>	1	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
nifedipine oral tablet extended release	2	MO
nifedipine oral tablet extended release 24hr	2	MO
nimodipine	2	MO
nisoldipine	2	MO
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	2	MO
olmesartan-hydrochlorothiazide	1	MO
osmitrol 15 %	2	
osmitrol 20 %	2	
perindopril erbumine	1	MO
phenoxybenzamine	5	PA; MO
phentolamine injection recon soln	2	
pindolol	2	MO
prazosin	2	MO
propranolol intravenous	2	
propranolol oral capsule,extended release 24 hr	2	MO
propranolol oral solution	2	MO
propranolol oral tablet	1	MO
propranolol-hydrochlorothiazid	2	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	2	MO
ramipril	1	MO

Drug Name	Drug Tier	Requirements /Limits
REMODULIN	5	PA; MO; LA
spironolactone	1	MO
spironolacton-hydrochlorothiaz	2	MO
taztia xt	2	MO
TEKTURNNA HCT	3	MO
telmisartan	2	MO
telmisartan-amlodipine	2	MO
telmisartan-hydrochlorothiazid	2	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
timolol maleate oral	2	MO
torsemide oral	2	MO
trandolapril	1	MO
trandolapril-verapamil	2	MO
treprostinil sodium	5	PA; MO; LA
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet	1	MO
UPTRAVI	5	PA; MO; LA
valsartan	1	MO
valsartan-hydrochlorothiazide	1	MO
veletri	2	B/D PA; MO
verapamil intravenous solution	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
AMICAR	3	MO
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral tablet</i>	2	MO
<i>aspirin-dipyridamole</i>	2	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; MO; LA
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
cilostazol	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole intravenous</i>	2	PA
<i>dipyridamole oral</i>	2	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
<i>enoxaparin</i>	2	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) in nacl (pf)</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
HEPARIN(PORCIN E) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection</i>	2	MO
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	MO
MULPLETA	5	PA; MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
PRADAXA	4	MO
<i>prasugrel</i>	2	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO	3	MO
ZONTIVITY	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine- atorvastatin</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>colesevelam</i>	2	MO
<i>colestipol</i>	2	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MO
<i>fenofibrate oral tablet</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
JUXTAPID	5	PA; MO; LA
LIVALO	3	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
PRALUENT PEN	3	PA; MO; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
REPATHA	3	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
VASCEPA	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	2	
CORLANOR ORAL TABLET	3	PA; MO
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution 50 mcg/ml</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
<i>dobutamine</i>	2	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG	3	MO
<i>milrinone</i>	2	B/D PA; MO
<i>milrinone in 5 % dextrose</i>	2	B/D PA; MO
<i>norepinephrine bitartrate</i>	2	
<i>ranolazine</i>	2	MO
<i>sodium nitroprusside</i>	2	B/D PA
VECAMYL	5	

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

Drug Name	Drug Tier	Requirements /Limits
VYndaqel	5	PA; MO
NITRATES		
isosorbide dinitrate oral tablet	2	MO
isosorbide dinitrate oral tablet extended release	2	
isosorbide mononitrate	1	MO
nitro-bid	2	MO
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)	2	B/D PA
nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)	2	B/D PA; MO
nitroglycerin intravenous	2	B/D PA
nitroglycerin sublingual	2	MO
nitroglycerin transdermal patch 24 hour	2	MO
nitroglycerin translingual spray, non-aerosol	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 25 mg	2	MO

Drug Name	Drug Tier	Requirements /Limits
acitretin oral capsule 17.5 mg	5	MO
calcipotriene scalp	2	MO; QL (120 per 30 days)
calcipotriene topical cream	4	MO; QL (120 per 30 days)
calcipotriene topical ointment	2	MO; QL (120 per 30 days)
calcipotriene-betamethasone	2	MO; QL (400 per 30 days)
calcitriol topical	4	MO
COSENTYX	5	PA; MO
COSENTYX (2 SYRINGES)	5	PA; MO
COSENTYX PEN	5	PA; MO
COSENTYX PEN (2 PENS)	5	PA; MO
selenium sulfide topical lotion	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA	5	PA; MO
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate	2	MO
carbocaine (pf) injection solution 15 mg/ml (1.5 %)	2	
chloroprocaine (pf)	2	
CONDYLOX TOPICAL GEL	3	MO
diclofenac sodium topical gel 3 %	2	PA; MO; QL (100 per 28 days)
doxepin topical	5	MO; QL (45 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
DUPIXENT	5	PA; MO
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet</i>	2	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>lidocaine hcl injection solution</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	MO
PICATO	5	MO
<i>pimecrolimus</i>	2	PA; MO; QL (100 per 30 days)
<i>podofilox</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>prudoxin</i>	2	MO; QL (45 per 30 days)
REGRANEX	5	MO
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
TOLAK	4	MO
UVADEX	4	B/D PA
VALCHLOR	5	MO
THERAPY FOR ACNE		

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

Drug Name	Drug Tier	Requirements /Limits
<i>amnesteem</i>	2	MO
<i>azelaic acid</i>	2	MO
<i>claravis</i>	4	MO
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)
<i>dapsone topical</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin with ethanol topical swab</i>	2	MO
<i>isotretinoin</i>	2	
<i>metronidazole topical</i>	2	MO
<i>myorisan</i>	2	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
<i>tazarotene</i>	2	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
TAZORAC TOPICAL GEL	3	PA; MO
<i>tretinoïn topical</i>	2	PA; MO
<i>zenatane</i>	4	MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	2	MO
<i>mafénide acetate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mupirocin</i>	2	MO; QL (30 per 30 days)
<i>mupirocin calcium</i>	2	MO; QL (30 per 30 days)
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLYON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	2	MO; QL (60 per 28 days)
<i>econazole</i>	2	MO; QL (85 per 28 days)
KERYDIN	4	MO
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>ketoconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>naftifine</i>	2	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO
<i>oxiconazole</i>	2	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	2	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
XERESE	4	MO
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	2	MO
<i>alclometasone</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone, augmented</i>	2	MO
CAPEX	3	MO
<i>clobetasol scalp</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	2	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	2	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	2	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 28 days)
<i>desonide</i>	4	MO
<i>fluocinolone</i>	2	MO
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinonide</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	2	MO
<i>halobetasol propionate topical ointment</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
hydrocortisone butyrate topical lotion	2	MO
hydrocortisone topical cream 1 %, 2.5 %	2	MO
hydrocortisone topical lotion 2.5 %	2	MO
hydrocortisone topical ointment 1 %, 2.5 %	2	MO
mometasone topical	2	MO
nolix topical cream	2	QL (120 per 30 days)
prednicarbate	2	MO
triamcinolone acetonide topical aerosol	2	MO; QL (126 per 28 days)
triamcinolone acetonide topical cream	2	MO
triamcinolone acetonide topical lotion	2	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	MO
trianex	2	MO
triderm topical cream	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	2	
lindane topical shampoo	2	MO
malathion	2	MO

Drug Name	Drug Tier	Requirements /Limits
permethrin topical cream	2	MO
SKLICE	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine intravenous	2	MO
IRRIGATING SOLUTIONS		
lactated ringers irrigation	2	MO
neomycin-polymyxin b gu	2	MO
ringer's irrigation	2	MO
MISCELLANEOUS AGENTS		
acamprostate	4	MO
acetic acid irrigation	2	MO
alendronate oral tablet 40 mg	1	MO; QL (30 per 30 days)
anagrelide	2	MO
ARALAST NP	5	MO; LA
caffeine citrate intravenous	2	
caffeine citrate oral	2	MO
CARBAGLU	5	PA; MO; LA
cevimeline	2	MO
CHEMET	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
d10 %-0.45 % sodium chloride	2	
d2.5 %-0.45 % sodium chloride	2	

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

Drug Name	Drug Tier	Requirements /Limits
d5 % and 0.9 % sodium chloride	2	MO
d5 %-0.45 % sodium chloride	2	MO
deferasirox	5	PA; MO
deferoxamine	2	B/D PA; MO
dextrose 10 % and 0.2 % nacl	2	
dextrose 10 % in water (d10w)	2	MO
dextrose 20 % in water (d20w)	2	
dextrose 25 % in water (d25w)	2	
dextrose 30 % in water (d30w)	2	
dextrose 40 % in water (d40w)	2	
dextrose 5 % in water (d5w)	2	MO
dextrose 5 %-lactated ringers	2	MO
dextrose 5%-0.2 % sod chloride	2	
dextrose 5%-0.3 % sod.chloride	2	
dextrose 50 % in water (d50w)	2	MO
dextrose 70 % in water (d70w)	2	MO
dextrose with sodium chloride	2	
disulfiram	2	MO
FERRIPROX ORAL SOLUTION	5	PA; MO
FERRIPROX ORAL TABLET 500 MG	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
INCRELEX	5	MO; LA
kionex (with sorbitol)	2	MO
lanthanum	2	MO
levocarnitine (with sugar)	2	MO
levocarnitine oral tablet	2	MO
LOKELMA	5	MO
midodrine	2	MO
NORTHERA	5	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	PA; LA
ORFADIN ORAL CAPSULE 20 MG	5	PA; MO; LA
ORFADIN ORAL SUSPENSION	5	PA; MO; LA
pilocarpine hcl oral	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	MO; LA
RAVICTI	5	PA; MO
REVCovi	5	PA; MO; LA
riluzole	2	MO
risedronate oral tablet 30 mg	2	MO; QL (30 per 30 days)
sevelamer carbonate oral powder in packet	5	MO
sevelamer carbonate oral tablet	2	MO
sevelamer hcl	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
sodium benzoate-sod phenylacet	5	
sodium chloride 0.9 % intravenous	2	MO
sodium chloride irrigation	2	MO
sodium phenylbutyrate	5	PA; MO
sodium polystyrene sulfonate oral	2	MO
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	2	
SOLIRIS	5	PA; MO
sps (with sorbitol) oral	2	MO
sps (with sorbitol) rectal	2	
THIOLA	5	MO
trientine	5	PA; MO
VELTASSA	3	MO
water for irrigation, sterile	2	MO
XIAFLEX	5	PA; MO
XURIDEN	5	MO
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	2	MO
CHANTIX	3	MO

Drug Name	Drug Tier	Requirements /Limits
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal	2	MO; QL (60 per 30 days)
BACTROBAN NASAL	3	MO; QL (30 per 30 days)
chlorhexidine gluconate mucous membrane	2	MO
denta 5000 plus	2	MO
dentagel	2	MO
fluoride (sodium) dental gel	2	
ipratropium bromide nasal	2	MO; QL (30 per 30 days)
olopatadine nasal	2	MO; QL (30.5 per 30 days)
oralone	2	MO
paroex oral rinse	2	MO
periogard	2	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
sf	2	MO
sf 5000 plus	2	MO
sodium fluoride 5000 plus	2	

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

Drug Name	Drug Tier	Requirements /Limits
triamicinolone acetonide dental	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	2	MO
ciprofloxacin hcl otic (ear)	2	MO
fluocinolone acetonide oil	2	MO
hydrocortisone-acetic acid	2	MO
ofloxacin otic (ear)	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	MO
neomycin-polymyxin-hc otic (ear)	2	MO
OTOVEL	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
betamethasone acet,sod phos	2	MO
cortisone	2	MO
decadron oral elixir	2	MO
decadron oral tablet	2	
deltasone oral tablet 20 mg	2	B/D PA; MO
dexamethasone intensol	2	MO
dexamethasone oral elixir	2	MO
dexamethasone oral solution	2	MO
dexamethasone oral tablet	1	MO

Drug Name	Drug Tier	Requirements /Limits
dexamethasone oral tablets,dose pack	2	MO
dexamethasone sodium phos (pf)	2	MO
dexamethasone sodium phosphate injection	2	MO
fludrocortisone	2	MO
hydrocortisone oral	2	MO
methylprednisolone acetate	2	MO
methylprednisolone oral tablet	2	B/D PA; MO
methylprednisolone oral tablets,dose pack	2	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	2	MO
methylprednisolone sodium succ intravenous	2	MO
millipred oral tablet	4	B/D PA; MO
prednisolone oral solution 15 mg/5 ml	2	MO
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	2	MO
prednisolone sodium phosphate oral tablet,disintegrating	2	B/D PA; MO
prednisone intensol	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets, dose pack</i>	1	MO
<i>triamcinolone acetonide injection</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>ALCOHOL PADS</i>	3	MO
<i>APIDRA SOLOSTAR U-100 INSULIN</i>	4	ST; MO
<i>APIDRA U-100 INSULIN</i>	4	ST; MO
<i>BYDUREON BCISE</i>	3	PA; MO; QL (4 per 28 days)
<i>BYDUREON SUBCUTANEOUS PEN INJECTOR</i>	3	PA; MO; QL (4 per 28 days)
<i>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</i>	3	PA; MO; QL (2.4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</i>	3	PA; MO; QL (1.2 per 30 days)
<i>CYCLOSET</i>	4	MO; QL (180 per 30 days)
<i>FARXIGA ORAL TABLET 10 MG</i>	3	MO; QL (30 per 30 days)
<i>FARXIGA ORAL TABLET 5 MG</i>	3	MO; QL (60 per 30 days)
<i>GAUZE PADS 2 X 2</i>	3	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GLUCAGEN HYPOKIT	3	MO	INSULIN PEN NEEDLE	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO	INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO	INVOKAMET	3	MO; QL (60 per 30 days)
HUMALOG KWIKPEN INSULIN	3	MO	INVOKAMET XR	3	MO; QL (60 per 30 days)
HUMALOG MIX 50-50 INSULN U- 100	3	MO	INVOKANA	3	MO; QL (30 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	3	MO	JANUMET	3	MO; QL (60 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	3	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)
HUMALOG MIX 75-25(U- 100)INSULN	3	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)
HUMALOG U-100 INSULIN	3	MO	JANUVIA	3	MO; QL (30 per 30 days)
HUMULIN 70/30 U-100 INSULIN	3	MO	JENTADUETO	4	ST; MO; QL (60 per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	3	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; MO; QL (60 per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	3	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; MO; QL (30 per 30 days)
HUMULIN N NPH U-100 INSULIN	3	MO	KAZANO	4	ST; MO; QL (60 per 30 days)
HUMULIN R REGULAR U-100 INSULN	3	MO			
HUMULIN R U-500 (CONC) INSULIN	3	MO			
HUMULIN R U-500 (CONC) KWIKPEN	3	MO			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)	NEEDLES, INSULIN DISP.,SAFETY	3	MO
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)	NESINA	4	ST; MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO	NOVOFINE 32	3	MO
LANTUS U-100 INSULIN	3	MO	NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)	NOVOLOG MIX 70-30 U-100 INSULIN	4	ST; MO
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)	NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)	NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)	NOVOLOG U-100 INSULIN ASPART	4	ST; MO
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)	OMNIPOD INSULIN MANAGEMENT	3	MO
<i>miglitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)	ONGLYZA	3	MO; QL (30 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)	OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)
<i>miglitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)	OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	PA; MO; QL (3 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)	<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)			

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

Drug Name	Drug Tier	Requirements /Limits
<i>pioglitazone-glimepiride</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
QTERN ORAL TABLET 10-5 MG	3	MO; QL (30 per 30 days)
QTERN ORAL TABLET 5-5 MG	3	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
<i>repaglinide-metformin</i>	2	MO; QL (150 per 30 days)
RIOMET	3	MO; QL (765 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33	3	MO
STEGLATRO	3	MO; QL (30 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
<i>tolazamide oral tablet 250 mg</i>	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tolazamide oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	4	ST; MO; QL (30 per 30 days)
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	3	MO
TRUEPLUS PEN NEEDLE	3	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)
V-GO 20	3	MO
V-GO 30	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
V-GO 40	3	MO
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	3	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	5	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
ANDRODERM	3	PA; MO; QL (30 per 30 days)
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral</i>	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	2	MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clomiphene citrate</i>	2	PA; MO
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
DDAVP NASAL SOLUTION	3	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray,non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	2	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
KANUMA	5	PA; MO
KORLYM	5	PA; MO
KUVAN	5	PA; MO
LUMIZYME	5	PA; MO
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION	4	MO
<i>miglustat</i>	5	MO; LA
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
NATPARA	5	PA; MO; LA
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
pamidronate	2	MO
paricalcitol <i>intravenous solution</i> 2 mcg/ml	2	
paricalcitol <i>intravenous solution</i> 5 mcg/ml	2	MO
paricalcitol oral	4	MO
SAMSCA	5	PA; MO
SOMAVERT	5	MO
STIMATE	3	MO
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML	5	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8 ML	5	PA; MO; LA
SYNAREL	5	MO
<i>testosterone</i> <i>cypionate</i> <i>intramuscular oil</i> 100 mg/ml, 200 mg/ml	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone</i> <i>cypionate</i> <i>intramuscular oil</i> 200 mg/ml (1 ml)	2	PA
<i>testosterone</i> <i>enanthate</i>	2	PA; MO
<i>testosterone</i> <i>transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone</i> <i>transdermal gel in</i> <i>metered-dose pump</i> 10 mg/0.5 gram <i>/actuation</i>	2	PA; MO; QL (120 per 30 days)
<i>testosterone</i> <i>transdermal gel in</i> <i>metered-dose pump</i> 20.25 mg/1.25 gram (1.62 %)	2	PA; MO; QL (150 per 30 days)
<i>testosterone</i> <i>transdermal gel in</i> <i>packet 1 % (25</i> mg/2.5gram), 1 % (50 mg/5 gram)	2	PA; MO; QL (300 per 30 days)
<i>testosterone</i> <i>transdermal gel in</i> <i>packet 1.62 %</i> (20.25 mg/1.25 gram)	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone</i> <i>transdermal gel in</i> <i>packet 1.62 % (40.5</i> mg/2.5 gram)	2	PA; MO; QL (150 per 30 days)
<i>testosterone</i> <i>transdermal solution</i> <i>in metered pump</i> <i>w/app</i>	2	PA; MO; QL (180 per 30 days)
VIMIZIM	5	PA; MO; LA
<i>zoledronic acid</i> <i>intravenous solution</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	2	B/D PA
THYROID HORMONES		
levothyroxine intravenous recon soln	2	MO
levothyroxine oral	1	MO
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	1	MO
liothyronine	2	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection solution 0.4 mg/ml	2	MO
atropine injection syringe 0.05 mg/ml	2	
atropine injection syringe 0.1 mg/ml	2	MO
dicyclomine intramuscular	2	MO
dicyclomine oral capsule	2	MO
dicyclomine oral solution	2	MO
dicyclomine oral tablet	2	MO
diphenoxylate-atropine	2	MO

Drug Name	Drug Tier	Requirements /Limits
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	2	
glycopyrrolate injection	2	MO
glycopyrrolate oral tablet 1 mg, 2 mg	2	MO
glycopyrrolate oral tablet 1.5 mg	2	
loperamide oral capsule	2	MO
opium tincture	2	MO
paregoric	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	5	MO
aprepitant	2	B/D PA; MO
APRISO	4	MO
balsalazide	2	MO
budesonide oral capsule,delayed,extd.release	2	MO
budesonide oral tablet,delayed and ext.release	5	MO
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
CIMZIA	5	PA; MO
CIMZIA POWDER FOR RECONST	5	PA; MO
CIMZIA STARTER KIT	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
CINVANTI	3	MO
<i>colocort</i>	2	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	2	MO
CYSTADANE	5	
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM	5	MO
<i>doxylamine-pyridoxine (vit b6)</i>	2	MO
<i>dronabinol oral capsule 10 mg</i>	2	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO
ENTYVIO	5	PA; MO
<i>enulose</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>granisetron hcl intravenous</i>	2	MO
<i>granisetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	2	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine</i>	2	MO
<i>mesalamine with cleansing wipe</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet,disintegrating</i>	2	MO
MOVANTIK	3	MO
MOVIPREP	4	MO
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte</i>	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA; MO
SANCUSO	5	MO
<i>scopolamine base</i>	2	MO
SUCRAID	5	PA; MO
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
SYMPROIC	3	MO
<i>trilyte with flavor packets</i>	2	MO
TRULANCE	3	MO
<i>ursodiol</i>	2	MO
VARUBI INTRAVENOUS	3	
VARUBI ORAL	3	B/D PA; MO
VIBERZI	5	MO
VIOKACE	3	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAY ED 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	3	MO	<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	
			<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO
			<i>famotidine (pf)</i>	2	MO
			<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
			<i>famotidine intravenous solution</i>	2	MO
			<i>famotidine oral suspension</i>	2	MO
			<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
			<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
			<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
			<i>misoprostol</i>	2	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG	4	MO; QL (30 per 30 days)	NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	4	MO	NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)	<i>nizatidine</i>	2	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO	<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
omeprazole oral capsule, delayed release (dr/ec) 40 mg	1	MO
pantoprazole intravenous	2	MO
pantoprazole oral tablet, delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 40 mg	1	MO
ranitidine hcl injection	2	MO
ranitidine hcl oral capsule	1	MO
ranitidine hcl oral syrup	2	MO
ranitidine hcl oral tablet 150 mg, 300 mg	1	MO
sucralfate oral tablet	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; MO
ARCALYST	5	PA; MO
AVONEX (WITH ALBUMIN)	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO	NEULASTA	5	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO	NEUPOGEN	5	PA; MO
EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)	NORDITROPIN FLEXPRO	5	PA; MO
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PA; QL (15 per 28 days)	OMNITROPE	5	PA; MO
FULPHILA	5	PA; MO	PEGASYS PROCICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	MO; QL (2 per 28 days)
GRANIX	5	PA; MO	PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA	PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
INTRON A INJECTION RECON SOLN	5	B/D PA; MO	PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	MO; QL (4 per 28 days)
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	3	B/D PA; MO	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	B/D PA; MO	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
LEUKINE INJECTION RECON SOLN	5	PA; MO	PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
MOZOBIL	5	B/D PA; MO	PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)

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

Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	5	B/D PA; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
SYLATRON	5	MO
ZARXIO	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT (PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXZERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULA R SYRINGE	3	B/D PA; MO
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	MO
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULA R SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULA R SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULA R SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3		QUADRACEL (PF)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO	RABAVERT (PF)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3		RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
HYPERHEP B S-D NEONATAL	3		RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
HYQVIA	5	B/D PA; MO	RECOMBIVAX HB (PF)	3	B/D PA
IMOVOX RABIES VACCINE (PF)	3	MO	INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML		
INFANRIX (DTAP) (PF)	3	MO	ROTARIX	3	
IPOL	3	MO	ROTATEQ VACCINE	3	MO
IXIARO (PF)	3	MO	SHINGRIX (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3		STAMARIL (PF)	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO	TDVAX	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO	TENIVAC (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO	TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
M-M-R II (PF)	3	MO	TICE BCG	3	B/D PA; MO
PEDIARIX (PF)	3	MO	TRUMENBA	3	MO
PEDVAX HIB (PF)	3	MO	TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PENTACEL (PF)	3	MO	TYPHIM VI INTRAMUSCULAR SOLUTION	3	
PRIVIGEN	5	PA; MO	TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
PROQUAD (PF)	3	MO	VAQTA (PF)	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
COLCRYS	3	MO
<i>febuxostat</i>	2	MO
KRYSTEXXA	5	MO
MITIGARE	3	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
ULORIC	3	ST; MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FORTEO	5	PA; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	5	PA; MO
ACTEMRA ACTPEN	5	PA; MO; QL (4 per 28 days)
BENLYSTA	5	PA; MO
DEPEN TITRATABS	5	MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (6 per 180 days)	HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)	HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)	HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN PSOR-UVEITS- ADOL HS	5	PA; MO; QL (4 per 180 days)	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)	<i>leflunomide</i>	2	MO; QL (30 per 30 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)	ORENCIA	5	PA; MO
			ORENCIA (WITH MALTOSE)	5	PA; MO
			ORENCIA CLICKJECT	5	PA; MO
			OTEZLA	5	PA; MO
			OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	5	PA
<i>penicillamine</i>	5	MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	MO
RIDAURA	5	MO
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
SIMPONI	5	PA; MO
SIMPONI ARIA	5	PA; MO
XELJANZ	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila</i>	2	MO
CRINONE VAGINAL GEL 4 %	4	MO

Drug Name	Drug Tier	Requirements /Limits
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti</i>	2	PA; QL (8 per 28 days)
DUAVEE	3	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
ESTRING	3	MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jolivette</i>	2	MO
<i>lyza</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>medroxyprogesterone</i>	2	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
<i>norlyda</i>	2	MO
<i>norlyroc</i>	2	
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
<i>tulana</i>	2	MO
<i>yuvafem</i>	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
<i>mifepristone</i>	2	LA

Drug Name	Drug Tier	Requirements /Limits
MIRENA	3	MO; LA
NEXPLANON	3	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethyst (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
<i>camrese</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>delyla (28)</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>desog-</i> <i>e.estriadiol/e.estradio-</i> <i>l</i>	2	MO
<i>desogestrel-ethinyl</i> <i>estradiol</i>	2	MO
<i>drosipреноне-</i> <i>e.estriadiol-lm.fa</i> <i>oral tablet 3-0.03-</i> <i>0.451 mg (21) (7)</i>	2	MO
<i>drosipреноне-ethinyl</i> <i>estradiol</i>	2	MO
<i>elinest</i>	2	MO
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarrylla</i>	2	MO
<i>ethynodiol diac-eth</i> <i>estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>fayosim</i>	2	MO
<i>femynor</i>	2	MO
<i>gianvi (28)</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estriadiol-</i> <i>e.estrad</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissa</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-</i> <i>ethinyl estrad</i>	2	MO
<i>levonorg-eth estrad</i> <i>triphasic</i>	2	MO
<i>levora-28</i>	2	MO
<i>lillow (28)</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	
<i>lutera (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30</i> <i>(21)</i>	2	MO
<i>microgestin 1/20</i> <i>(21)</i>	2	MO
<i>microgestin fe 1.5/30</i> <i>(28)</i>	2	MO
<i>microgestin fe 1/20</i> <i>(28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth</i> <i>estradiol oral tablet</i> <i>1-20 mg-mcg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone- e.estriadiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	MO
<i>norgestimate-ethinyl estradiol</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>orsythia</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella</i>	2	MO
<i>portia 28</i>	2	MO
<i>previfem</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri femynor</i>	2	MO
<i>tri-estarrylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarrylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vienna</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zarah</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zumandimine (28)</i>	2	
OXYTOCICS		
<i>methergine</i>	2	PA
<i>methylergonovine injection</i>	2	PA
<i>methylergonovine oral</i>	2	PA; MO
<i>oxytocin injection solution</i>	2	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	2	MO
<i>AZASITE</i>	3	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin- polymyxin b ophthalmic (eye)</i>	2	MO
<i>BESIVANCE</i>	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>levofloxacin ophthalmic (eye)</i>	2	MO
<i>moxifloxacin ophthalmic (eye)</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulfate-trimethoprim</i>	2	MO
<i>tobramycin</i>	2	MO
ANTIVIRALS		
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>balanced salt</i>	2	
BEPREVE	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>bss</i>	2	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	PA; MO
<i>epinastine</i>	2	MO
EYLEA	5	PA; MO
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	5	MO; LA
LASTACAFT	4	MO
LUCENTIS	5	PA; MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
OXERVATE	5	PA; MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	2	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
sulfacetamide sodium ophthalmic (eye)	2	MO
sulfacetamide- prednisolone	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac	2	MO
BROMSITE	3	MO
diclofenac sodium ophthalmic (eye)	2	MO
flurbiprofen sodium	2	MO
ILEVRO	3	MO
ketorolac ophthalmic (eye)	2	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	2	MO
acetazolamide sodium	2	MO
methazolamide	2	MO
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye)	2	MO
COMBIGAN	3	MO
dorzolamide	2	MO
dorzolamide-timolol	2	MO

Drug Name	Drug Tier	Requirements /Limits
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	2	MO
latanoprost	2	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
miostat	2	
RHOPRESSA	3	MO
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
ZIOPTAN (PF)	4	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin- bacitracin-poly-hc	2	MO
neomycin-polymyxin b-dexameth	2	MO
neomycin- polymyxin-hc ophthalmic (eye)	2	MO
neo-polycin hc	2	MO
tobramycin- dexamethasone	2	MO
ZYLET	3	MO
STEROIDS		
ALREX	4	MO
dexamethasone sodium phosphate ophthalmic (eye)	2	MO
fluorometholone	2	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	2	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	2	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA

Drug Name	Drug Tier	Requirements /Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (2 per 30 days)
EPIPEN	3	MO; QL (2 per 30 days)
EPIPEN 2-PAK	3	MO; QL (2 per 30 days)
EPIPEN JR	3	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	4	QL (2 per 30 days)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML	4	MO; QL (2 per 30 days)
PULMONARY AGENTS		
<i>acetylcysteine</i>		B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ADEMPAS	5	PA; MO; LA	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ADVAIR DISKUS	3	MO; QL (60 per 30 days)			
ADVAIR HFA	3	MO; QL (12 per 30 days)			
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO			
<i>albuterol sulfate oral syrup</i>	2	MO			
<i>albuterol sulfate oral tablet</i>	4	MO			
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	MO			
<i>alyq</i>	5	PA; MO; QL (60 per 30 days)	ATROVENT HFA	3	MO; QL (25.8 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA	BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
ANORO ELLIPTA	3	MO; QL (60 per 30 days)	<i>bosentan</i>	5	PA; MO; LA
ARNUTITY ELLIPTA	3	MO; QL (30 per 30 days)	BREO ELLIPTA	3	MO; QL (60 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)	<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B/D PA; MO; QL (120 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)	<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	B/D PA; MO; QL (60 per 30 days)
			CINRYZE	5	PA; MO
			COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
			<i>cromolyn inhalation</i>	2	B/D PA; MO
			DALIRESP ORAL TABLET 250 MCG	4	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
DALIRESP ORAL TABLET 500 MCG	4	PA; MO
DULERA	3	MO; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	MO
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO
FIRAZYR	5	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
HAEGARDA	5	PA; MO; LA
<i>icatibant</i>	5	PA; MO
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl</i>	2	B/D PA; MO
<i>metaproterenol</i>	2	MO
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast</i>	2	MO
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
PERFOROMIST	3	B/D PA; MO
PROAIR HFA	3	MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil</i> <i>(pulmonary arterial hypertension)</i> <i>intravenous solution</i> <i>10 mg/12.5 ml</i>	5	PA
<i>sildenafil</i> <i>(pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)
<i>sildenafil</i> <i>(pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	5	PA; MO; QL (60 per 30 days)
terbutaline	2	MO
THEO-24	3	MO
theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml	2	
theophylline oral solution	2	MO
theophylline oral tablet extended release 12 hr	2	MO
theophylline oral tablet extended release 24 hr	2	MO
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
zafirlukast	2	MO

Drug Name	Drug Tier	Requirements /Limits
ZYFLO	5	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
flavoxate	2	MO
MYRBETRIQ	3	MO
oxybutynin chloride	2	MO
solifenacain	2	MO
tolterodine	2	MO
TOVIAZ	3	MO
trospium	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	2	MO
dutasteride	2	MO
dutasteride-tamsulosin	2	MO
finasteride oral tablet 5 mg	2	MO
silodosin	2	MO
tamsulosin	1	MO
MISCELLANEOUS UROLOGICALS		
alprostadil	2	MO
bethanechol chloride	2	MO
CYSTAGON	3	PA; MO; LA
ELMIRON	3	MO
glycine urologic	2	
glycine urologic solution	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
potassium citrate	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; MO; QL (30 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	2	
<i>alburx (human) 25 %</i>	2	MO
<i>alburx (human) 5 %</i>	2	
<i>albutein 25 %</i>	2	
<i>albutein 5 %</i>	2	
<i>plasbumin 25 %</i>	2	MO
<i>plasbumin 5 %</i>	2	
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>klor-con m20</i>	2	MO
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	2	MO
<i>klor-con/ef</i>	2	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	MO
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium chloride injection</i>	2	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R	3	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NORMOSOL-R IN 5 % DEXTROSE	3		<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium acetate intravenous solution 2 meq/ml</i>	2		<i>potassium chloride intravenous</i>	2	MO
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2		<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO	<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2		<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2		<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO	<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2		<i>potassium chloride-0.45 % nacl</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	2	MO	<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
			<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	
			<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium phosphate m-/d-basic</i>	2	
<i>ringer's intravenous</i>	2	
<i>sodium acetate</i>	2	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 3 %</i>	2	MO
<i>sodium chloride 5 %</i>	2	MO
<i>sodium chloride intravenous</i>	2	MO
<i>sodium lactate intravenous</i>	2	
<i>sodium phosphate</i>	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		

Drug Name	Drug Tier	Requirements /Limits
<i>AMINOSYN II 10 %</i>	3	B/D PA
<i>AMINOSYN II 15 %</i>	3	B/D PA
<i>AMINOSYN-PF 10 %</i>	3	B/D PA
<i>AMINOSYN-PF 7 % (SULFITE-FREE)</i>	3	B/D PA
<i>CLINIMIX 5%/D15W SULFITE FREE</i>	3	B/D PA
<i>CLINIMIX 4.25%/D10W SULF FREE</i>	3	B/D PA
<i>CLINIMIX 5%-D20W(SULFITE-FREE)</i>	3	B/D PA
<i>cysteine (<i>l</i>-cysteine) intravenous solution</i>	2	B/D PA
<i>electrolyte-48 in d5w</i>	2	
<i>freamine iii 10 %</i>	2	B/D PA
<i>HEPATAMINE 8%</i>	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA
<i>IONOSOL-MB IN D5W</i>	3	
<i>ISOLYTE S PH 7.4</i>	3	
<i>ISOLYTE-P IN 5 % DEXTROSE</i>	3	
<i>ISOLYTE-S</i>	3	
<i>NEPHRAMINE 5.4 %</i>	3	B/D PA
<i>NORMOSOL-R PH 7.4</i>	3	

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

Drug Name	Drug Tier	Requirements /Limits
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<i>plasmanate</i>	2	
<i>plenamine</i>	2	B/D PA
<i>premasol 10 %</i>	2	B/D PA; MO
PREMASOL 6 %	3	B/D PA
<i>travasol 10 %</i>	4	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
TROPHAMINE 6%	3	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	4	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	4	MO

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

Index

A

abacavir	2
abacavir-lamivudine	2
abacavir-lamivudine-zidovudine	2
ABELCET	2
ABILIFY MAINTENA	30
abiraterone	12
ABRAXANE	12
acamprosate	46
acarbose	50
acebutolol	35
acetaminophen-caff-dihydrocod	25
acetaminophen-codeine	25, 26
acetazolamide	71
acetazolamide sodium	71
acetic acid	46, 49
acetylcysteine	46, 72
acitretin	42
ACTEMRA	64
ACTEMRA ACTPEN	64
ACTHIB (PF)	62
ACTIMMUNE	60
acyclovir	2, 45
acyclovir sodium	2
ADACEL(TDAP ADOLESN/ADULT)(PF)	62
ADASUVE	30
adefovir	2
ADEMPAS	73
adenosine	35
adrenalin	72
adriamycin	12
adrucil	12
ADVAIR DISKUS	73
ADVAIR HFA	73
AFINITOR	12
AFINITOR DISPERZ	12
AIMOVIG AUTOINJECTOR	23
ak-poly-bac	69
ala-cort	45
albendazole	7
albumin, human 25 %	77

alburx (human) 25 %	77
alburx (human) 5 %	77
albutein 25 %	77
albutein 5 %	77
albuterol sulfate	73
alclometasone	45
ALCOHOL PADS	50
ALDURAZYME	54
ALECENSA	12
alendronate	46, 64
alfuzosin	76
ALIMTA	12
ALINIA	7
ALIQOPA	12
aliskiren	35
allopurinol	64
allopurinol sodium	64
aloprim	64
alosetron	56
ALPHAGAN P	72
alprostadiol	76
ALREX	71
altavera (28)	67
ALUNBRIG	12
alyacen 1/35 (28)	67
alyacen 7/7/7 (28)	67
alyq	73
amantadine hcl	2
AMBISOME	2
ambrisentan	73
methyst (28)	67
AMICAR	39
amikacin	7
amiloride	35
amiloride-hydrochlorothiazide	35
aminocaproic acid	39
AMINOSYN II 10 %	79
AMINOSYN II 15 %	79
AMINOSYN-PF 10 %	79
AMINOSYN-PF 7 % (SULFITE-FREE)	79
amiodarone	35
amitriptyline	30
amlodipine	36
amlodipine-atorvastatin	40
amlodipine-benzepril	36
amlodipine-olmesartan	36
amlodipine-valsartan	36
amlodipine-valsartan-hctiazid	36
ammonium lactate	42
amnesteem	44
amoxapine	30
amoxicil-clarithromy-lansopraz	59
amoxicillin	9
amoxicillin-pot clavulanate	9
amphotericin b	2
ampicillin	9
ampicillin sodium	9
ampicillin-sulbactam	9
anagrelide	46
anastrozole	12
ANDRODERM	54
ANORO ELLIPTA	73
APIDRA SOLOSTAR U-100 INSULIN	50
APIDRA U-100 INSULIN	50
APOKYN	23
apraclonidine	72
aprepitant	56
apri	67
APRISO	56
APTIOM	20
APTIVUS	2
ARALAST NP	46
aranelle (28)	67
ARANESP (IN POLYSORBATE)	60
ARCALYST	60
ARIKAYCE	7
ariPIPrazole	30
ARISTADA	30
ARISTADA INITIO	30
armodafinil	30
ARNUITY ELLIPTA	73
ARRANON	12
ARSENIC TRIOXIDE	12
ARZERRA	12

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

ASMANEX HFA	73	benazepril-hydrochlorothiazide	36	budesonide	56, 73
ASMANEX TWISTHALER	73	BENDEKA	13	bumetanide	36
aspirin-dipyridamole	39	BENLYSTA	64	buprenorphine	26
atazanavir	2	BENZNIDAZOLE	7	buprenorphine hcl	26
atenolol	36	benztropine	23	buprenorphine-naloxone	28, 29
atenolol-chlorthalidone	36	BEPREVE	70	bupropion hcl	30
atomoxetine	30	BESIVANCE	69	bupropion hcl (smoking deter)	48
atorvastatin	40	BESPONSA	13	buspirone	30
atovaquone	7	betamethasone acet,sod phos	49	busulfan	13
atovaquone-proguanil	7	betamethasone dipropionate	45	butorphanol tartrate	29
ATRIPLA	2	betamethasone valerate	45	BYDUREON	50
atropine	56, 70	betamethasone, augmented	45	BYDUREON BCISE	50
ATROVENT HFA	73	BETASERON	60	BYETTA	50
AUBAGIO	24	betaxolol	36, 70	BYSTOLIC	36
aubra	67	bethanechol chloride	76	C	
aubra eq	67	BETHKIS	7	cabergoline	54
AUGMENTIN	9	BEVESPI AEROSPHERE	73	CABLIVI	39
AVASTIN	12	bexarotene	13	CABOMETYX	13
aviane	67	BEXSERO	62	caffeine citrate	46
AVONEX	60	bicalutamide	13	calcipotriene	42
AVONEX (WITH ALBUMIN)	60	BICILLIN C-R	10	calcipotriene-betamethasone	42
azacitidine	12	BICILLIN L-A	10	calcitonin (salmon)	54
AZASITE	69	BICNU	13	calcitriol	42, 54
azathioprine	12	BIDIL	36	calcium acetate	77
azathioprine sodium	12	BIKTARVY	2	calcium chloride	77
azelaic acid	44	bimatoprost	71	calcium gluconate	77
azelastine	48, 70	bisoprolol fumarate	36	CALQUENCE	13
azithromycin	6	bisoprolol-hydrochlorothiazide	36	camila	66
aztreonam	7	bleomycin	13	camrese	67
azurette (28)	67	BLEPHAMIDE	70	candesartan	36
B		BLEPHAMIDE S.O.P.	70	candesartan-hydrochlorothiazide	36
baciim	7	BLINCYTO	13	CAPASTAT	7
bacitracin	7, 69	BOOSTRIX TDAP	62	CAPEX	45
bacitracin-polymyxin b	69	BORTEZOMIB	13	CAPRELSA	13
baclofen	25	bosentan	73	captopril	36
BACTROBAN NASAL	48	BOSULIF	13	captopril-hydrochlorothiazide	36
balanced salt	70	BOTOX	62	CARBAGLU	46
balsalazide	56	BRAFTOVI	13	carbamazepine	21
BALVERSA	13	BREO ELLIPTA	73	carbidopa	23
BANZEL	20	BRILINTA	39	carbidopa-levodopa	23
BARACLUDE	2	brimonidine	72	carbidopa-levodopa-	
BAVENCIO	13	BRIVIACT	20	entacapone	23
BCG VACCINE, LIVE (PF)	62	bromfenac	71	carbocaine (pf)	42
bekyree (28)	67	bromocriptine	23	carboplatin	13
BELBUCA	26	BROMSITE	71	cardioplegic soln	41
BELEODAQ	13	bss	70		
benazepril	36				

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

carmustine	13	chlorothiazide	36	clobetasol-emollient	45
carteolol.....	70	chlorothiazide sodium	36	clofarabine	13
cartia xt.....	36	chlorpromazine	30	clomiphene citrate	54
carvedilol.....	36	chlorthalidone	36	clomipramine	30
carvedilol phosphate.....	36	CHOLBAM.....	56	clonazepam	21
caspofungin	2	cholestyramine (with sugar) ..	40	clonidine	36
CAYSTON	7	cholestyramine light	40	clonidine (pf)	29, 36
caziant (28).....	67	cyclodan	44	clonidine hcl	30, 36
cefaclor.....	5	ciclopirox.....	44	clopidogrel	39
cefadroxil.....	5	cidofovir	2	clorazepate dipotassium.....	30
cefazolin	5	cilostazol.....	39	clotrimazole	2, 44
cefazolin in dextrose (iso-osm) ..	5	CIMDUO.....	2	clotrimazole-betamethasone ..	44
cefdinir	5	cimetidine	59	clozapine	30, 31
cefepime	5	cimetidine hcl	59	COARTEM	7
cefepime in dextrose,iso-osm ..	5	CIMZIA	56	COLCRYS	64
cefixime.....	6	CIMZIA POWDER FOR RECONST	56	colesevelam	40
cefotaxime	6	CIMZIA STARTER KIT	56	colestipol	40
cefotetan	6	cinacalcet	54	colistin (colistimethate na) ..	7
cefoxitin.....	6	CINRYZE.....	73	cocolcort	57
cefoxitin in dextrose, iso-osm ..	6	CINVANTI.....	57	COMBIGAN	71
cefpodoxime	6	CIPRODEX	49	COMBIVENT RESPIMAT ..	73
cefprozil.....	6	ciprofloxacin	10	COMETRIQ	13
ceftazidime	6	ciprofloxacin hcl	10, 49, 69	COMPLERA	2
ceftriaxone	6	ciprofloxacin in 5 % dextrose ..		compro	57
ceftriaxone in dextrose,iso-osm ..	6	.....	11	CONDYLOX	42
cefuroxime axetil.....	6	cisplatin	13	constulose	57
cefuroxime sodium	6	citalopram	30	COPAXONE	24
celecoxib.....	29	cladribine	13	COPIKTRA	13
CELONTIN	21	claravis	44	CORLANOR	41
cephalexin.....	6	clarithromycin	6	CORTIFOAM	57
CEPROTIN (BLUE BAR) ...	39	CLEOCIN	67	cortisone	49
CEPROTIN (GREEN BAR) ...	39	clindamycin hcl	7	COSENTYX	42
CERDELGA.....	54	clindamycin in 5 % dextrose ..	7	COSENTYX (2 SYRINGES)	42
CEREZYME	54	clindamycin palmitate hcl	7	COSENTYX PEN	42
cetirizine	72	clindamycin pediatric	7	COSENTYX PEN (2 PENS) ..	42
cevimeline	46	clindamycin phosphate	7, 44,	COSMEGEN	13
CHANTIX	48	67	COTELLIC	13	
CHANTIX CONTINUING MONTH BOX.....	48	CLINIMIX 5%/D15W SULFITE FREE	79	CREON	57
CHANTIX STARTING MONTH BOX.....	48	CLINIMIX 4.25%/D10W SULF FREE	79	CRESEMBA	2
CHEMET	46	CLINIMIX 4.25%/D5W SULFIT FREE.....	46	CRINONE	66
CHENODAL.....	56	CLINIMIX 5%- D20W(SULFITE-FREE) ..	79	CRIXIVAN	3
chloramphenicol sod succinate	7	clobazam	21	cromolyn	57, 70, 73
chlorhexidine gluconate	48	clobetasol	45	crotan	46
chloroprocaine (pf).....	42			cryselle (28)	67
chloroquine phosphate.....	7			CRYSVITA	54

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

cyclobenzaprine.....	25
cyclophosphamide.....	13
CYCLOSET	50
cyclosporine	13
cyclosporine modified.....	13
CYRAMZA.....	13
cyred.....	67
cyred eq.....	67
CYSTADANE.....	57
CYSTAGON	76
CYSTARAN	70
cysteine (l-cysteine).....	79
cytarabine	13
cytarabine (pf)	13
D	
d10 %-0.45 % sodium chloride	46
d2.5 %-0.45 % sodium chloride.....	46
d5 % and 0.9 % sodium chloride.....	47
d5 %-0.45 % sodium chloride	47
dacarbazine.....	13
dactinomycin.....	13
dalfampridine	24
DALIRESP.....	73, 74
danazol	54
dantrolene	25
dapsone.....	7, 44
DAPTACEL (DTAP PEDIATRIC) (PF)	62
daptomycin.....	8
DAPTOMYCIN	8
DARAPRIM.....	8
DARZALEX	13
dasetta 1/35 (28).....	67
dasetta 7/7/7 (28).....	67
daunorubicin.....	14
DAURISMO.....	14
daysee.....	67
DDAVP.....	54
deblitane	66
decadron	49
decitabine	14
deferasirox.....	47
deferoxamine.....	47
DELSTRIGO.....	3
deltasone.....	49
delyla (28).....	67
demeccycline	11
DEMSER.....	36
DENAVIR	45
denta 5000 plus.....	48
dentagel	48
DEPEN TITRATABS	64
DEPO-PROVERA.....	66
DEPO-SUBQ PROVERA 104	66
DESCOVY	3
desipramine	31
desmopressin	54
desog-e.estriadiol/e.estriadiol.	68
desogestrel-ethinyl estradiol.	68
desonide.....	45
desvenlafaxine succinate	31
dexamethasone	49
dexamethasone intensol.....	49
dexamethasone sodium phos (pf)	49
dexamethasone sodium phosphate.....	49, 71
DEXILANT	59
dexrazoxane hcl	12
dextroamphetamine	31
dextroamphetamine-amphetamine	31
dextrose 10 % and 0.2 % nacl	47
dextrose 10 % in water (d10w)	47
dextrose 20 % in water (d20w)	47
dextrose 25 % in water (d25w)	47
dextrose 30 % in water (d30w)	47
dextrose 40 % in water (d40w)	47
dextrose 5 % in water (d5w).47	
dextrose 5 %-lactated ringers47	
dextrose 5%-0.2 % sod chloride.....	47
dextrose 5%-0.3 % sod.chloride	47
dextrose 50 % in water (d50w)	47
dextrose 70 % in water (d70w)	47
dextrose with sodium chloride	47
DIASTAT	21
DIASTAT ACUDIAL	21
diazepam.....	21, 31
diclofenac potassium	29
diclofenac sodium....29, 42, 71	
diclofenac-misoprostol	29
dicloxacillin	10
dicyclomine	56
didanosine.....	3
dilfusal	29
digitek	41
digox	41
digoxin.....	41
dihydroergotamine.....	23
DILANTIN 30 MG.....	21
diltiazem hcl	36
dilt-xr	36
dimenhydrinate	57
DIPENTUM	57
diphenhydramine hcl	72
diphenoxylate-atropine	56
dipyridamole.....	39
disulfiram.....	47
divalproex	21
dobutamine	41
dobutamine in d5w	41
docetaxel.....	14
DOCETAXEL	14
dofetilide	35
donepezil.....	24
dopamine	41
dopamine in 5 % dextrose ....41	
DOPTELET (10 TAB PACK)	39
DOPTELET (15 TAB PACK)	39
DOPTELET (30 TAB PACK)	39
dorzolamide	71
dorzolamide-timolol	71
dorzolamide-timolol (pf)	71
dotti.....	66

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

DOVATO	3	EMPLICITI	14
doxazosin.....	36	EMSAM	31
doxepin.....	31, 42	EMTRIVA.....	3
doxercalciferol.....	54	EMVERM	8
doxorubicin.....	14	enalapril maleate.....	37
doxorubicin, peg-liposomal..	14	enalaprilat	37
doxy-100	11	enalapril-hydrochlorothiazide	37
doxycycline hyclate.....	11	ENBREL	64
doxycycline monohydrate	11	ENBREL MINI	64
doxylamine-pyridoxine (vit b6)	57	ENBREL SURECLICK	64
dronabinol.....	57	endocet.....	26
droperidol	57	ENGERIX-B (PF)	62
drospirenone-e.estradiol-lm.fa	68	ENGERIX-B PEDIATRIC (PF)	62
drospirenone-ethinyl estradiol	68	enoxaparin	39
DROXIA	14	enpresse	68
DUAVEE	66	enskyce	68
DULERA.....	74	entacapone	23
duloxetine	31	entecavir	3
DUPIXENT.....	43	ENTRESTO.....	41
duramorph (pf)	26	ENTYVIO	57
dutasteride	76	enulose	57
dutasteride-tamsulosin.....	76	ENVARSUS XR	14
DYMISTA.....	74	EPCLUSA	3
E		EPIDIOLEX	21
e.e.s. 400.....	6	epinastine	70
ec-naproxen	29	epinephrine	72
econazole	44	EPINEPHRINE	72
EDARBI	36	EPIPEN	72
EDARBYCLOR.....	36	EPIPEN 2-PAK	72
EDURANT	3	EPIPEN JR	72
efavirenz	3	EPIPEN JR 2-PAK	72
effer-k	77	epirubicin.....	14
ELAPRASE.....	54	epitol	21
electrolyte-48 in d5w.....	79	EPIVIR HBV	3
eletriptan.....	23	eplerenone	37
elinet	68	EPOGEN	61
ELIQUIS	39	epoprostenol (glycine).....	37
ELITEK.....	12	eprosartan	37
ELIXOPHYLLIN.....	74	ERBITUX	14
ELMIRON.....	76	ergoloid	31
EMCYT	14	ergotamine-caffeine.....	24
EMEND	57	ERIVEDGE	14
EMGALITY PEN	24	ERLEADA	14
EMGALITY SYRINGE.....	24	erlotinib	14
emoquette	68	errin	66
		ertapenem	8
ERWINAZE	14		
ery-tab.....	6		
ERY-TAB	7		
ERYTHROCIN	7		
erythrocin (as stearate)	7		
erythromycin.....	7, 69		
erythromycin ethylsuccinate...	7		
erythromycin with ethanol....	44		
ESBRIET	74		
escitalopram oxalate	31		
esmolol	37		
esomeprazole magnesium.....	59		
esomeprazole sodium	59		
estarrylla.....	68		
estradiol	66		
estradiol valerate.....	66		
estradiol-norethindrone acet.	66		
ESTRING	66		
eszopiclone	31		
ethacrynat e sodium	37		
ethacrylic acid.....	37		
ethambutol	8		
ethosuximide.....	21		
ethynodiol diac-eth estradiol	68		
etodolac.....	29		
ETOPOPHOS	14		
etoposide	14		
EVOTAZ	3		
exemestane	14		
EXTAVIA	61		
EYLEA	70		
ezetimibe	40		
ezetimibe-simvastatin	40		
F			
FABRAZYME	54		
falmina (28)	68		
famciclovir	3		
famotidine	59		
famotidine (pf).....	59		
famotidine (pf)-nacl (iso-os)	59		
FANAPT	31		
FARXIGA	50		
FARYDAK	14		
FASENRA	74		
FASLODEX	14		
fayosim	68		
FAZACLO	31		
febuxostat	64		

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

felbamate	21	fluvoxamine.....	32	glatopa	24
felodipine.....	37	FOLOTYN	15	GLEOSTINE	15
femynor	68	fomepizole	62	glimepiride.....	50
fenofibrate	40	fondaparinux.....	39	glipizide	50
fenofibrate micronized	40	FORFIVO XL.....	32	glipizide-metformin	50
fenofibrate nanocrystallized.	40	FORTEO	64	GLUCAGEN HYPOKIT.....	51
fenofibric acid	40	FOSAMAX PLUS D.....	64	GLUCAGON EMERGENCY	
fenofibric acid (choline).....	40	fosamprenavir	3	KIT (HUMAN).....	51
fenoprofen	29	fosinopril	37	glycine urologic	76
fentanyl.....	26	fosinopril-hydrochlorothiazide		glycine urologic solution	76
fentanyl citrate.....	26	37	glycopyrrolate.....	56
fentanyl citrate (pf).....	26	fosphenytoin	21	glycopyrrolate (pf) in water..	56
FERRIPROX.....	47	freamine iii 10 %	79	glydo	43
FETZIMA	31	FULPHILA.....	61	GRALISE	22
finasteride	76	fulvestrant.....	15	GRALISE 30-DAY STARTER	
FIRAZYR.....	74	furosemide	37	PACK	21
FIRDAPSE	24	FUZEON	3	gransetron (pf)	57
FIRMAGON KIT W DILUENT SYRINGE	14	FYCOMPA.....	21	gransetron hcl	57
flavoxate	76	G		GRANIX.....	61
flecainide	35	gabapentin	21	griseofulvin microsize	2
FLECTOR	29	galantamine	24	griseofulvin ultramicrosize....	2
FLOVENT DISKUS	74	GAMASTAN	62	guanidine	32
FLOVENT HFA.....	74	GAMASTAN S/D	62		
flouxuridine	14	ganciclovir sodium	3		
fluconazole	2	GARDASIL 9 (PF).....	62		
fluconazole in nacl (iso-osm) .2		gatifloxacin.....	69		
flucytosine	2	GATTEX 30-VIAL	57		
fludarabine.....	14	GATTEX ONE-VIAL	57		
fludrocortisone	49	GAUZE PAD	50		
flumazenil.....	31	gavilyte-c	57		
flunisolide.....	74	gavilyte-g.....	57		
fluocinolone.....	45	gavilyte-n.....	57		
fluocinolone acetonide oil	49	GAZYVA	15		
fluocinolone and shower cap	45	gemcitabine	15		
fluocinonide.....	45	GEMCITABINE	15		
fluocinonide-e.....	45	gemfibrozil	40		
fluoride (sodium).....	48, 80	generlac	57		
fluorometholone	71	genograf.....	15		
fluorouracil.....	14, 43	gentak	70		
fluoxetine.....	31	gentamicin	8, 44, 70		
fluphenazine decanoate	32	gentamicin in nacl (iso-osm) ..	8		
fluphenazine hcl	32	gentamicin sulfate (ped) (pf) ..	8		
flurbiprofen.....	29	GENVOYA	3		
flurbiprofen sodium.....	71	GEODON	32		
flutamide.....	15	gianvi (28)	68		
fluticasone propionate	74	GILENYA	24		
fluvastatin	40	GIOTRIF.....	15		
		glatiramer.....	24		

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

HUMALOG JUNIOR	
KWIKPEN U-100	51
HUMALOG KWIKPEN	
INSULIN.....	51
HUMALOG MIX 50-50	
INSULN U-100	51
HUMALOG MIX 50-50	
KWIKPEN	51
HUMALOG MIX 75-25	
KWIKPEN	51
HUMALOG MIX 75-25(U-	
100)INSULN.....	51
HUMALOG U-100 INSULIN	
.....	51
HUMIRA.....	65
HUMIRA PEDIATRIC	
CROHNS START	65
HUMIRA PEN	65
HUMIRA PEN CROHNS-UC-	
HS START	65
HUMIRA PEN PSOR-	
UVEITS-ADOL HS	65
HUMIRA(CF)	65
HUMIRA(CF) PEDI	
CROHNS STARTER.....	65
HUMIRA(CF) PEN	65
HUMIRA(CF) PEN	
CROHNS-UC-HS	65
HUMIRA(CF) PEN PSOR-	
UV-ADOL HS	65
HUMULIN 70/30 U-100	
INSULIN.....	51
HUMULIN 70/30 U-100	
KWIKPEN	51
HUMULIN N NPH INSULIN	
KWIKPEN	51
HUMULIN N NPH U-100	
INSULIN.....	51
HUMULIN R REGULAR U-	
100 INSULN	51
HUMULIN R U-500 (CONC)	
INSULIN.....	51
HUMULIN R U-500 (CONC)	
KWIKPEN	51
hydralazine	37
hydrochlorothiazide.....	37
hydrocodone-acetaminophen	26
hydrocodone-ibuprofen	26
hydrocortisone	46, 49, 57
hydrocortisone butyrate.....	46
hydrocortisone-acetic acid....	49
hydrocortisone-pramoxine....	57
hydromorphone	26, 27
hydromorphone (pf)	26
hydroxychloroquine.....	8
hydroxyprogesterone caproate	
.....	66
hydroxyurea.....	15
hydroxyzine hcl.....	72
HYPHERHEP B S/D	63
HYPHERHEP B S-D	
NEONATAL	63
HYQVIA	63
I	
ibandronate	64
IBRANCE	15
ibu.....	29
ibuprofen	29
ibuprofen-oxycodone.....	27
ibutilide fumarate	35
icatibant	74
ICLUSIG	15
idarubicin.....	15
IDHIFA	15
ifosfamide.....	15
ILARIS (PF).....	61
ILEVRO	71
imatinib.....	15
IMBRUICA	15
IMFINZI.....	16
imipenem-cilastatin	8
imipramine hcl.....	32
imipramine pamoate	32
imiquimod	43
IMOVAZ RABIES VACCINE	
(PF).....	63
IMPAVIDO	8
incassia	66
INCRELEX	47
INCRUSE ELLIPTA.....	74
indapamide	37
INFANRIX (DTAP) (PF)....	63
INFUGEM.....	16
INLYTA	16
INSULIN PEN NEEDLE.....	51
INSULIN SYRINGE-	
NEEDLE U-100	51
INTELENCE	3
intralipid	79
INTRON A	61
introvale.....	68
INVEGA SUSTENNA	32
INVEGA TRINZA	32
INVIRASE	3
INVOKAMET	51
INVOKAMET XR	51
INVOKANA.....	51
IONOSOL-MB IN D5W	79
IOPIDINE	72
IPOL	63
ipratropium bromide.....	48, 74
ipratropium-albuterol.....	74
irbesartan	37
irbesartan-hydrochlorothiazide	
.....	37
IRESSA	16
irinotecan	16
ISENTRESS	3
ISENTRESS HD	3
isibloom	68
ISOLYTE S PH 7.4	79
ISOLYTE-P IN 5 %	
DEXTROSE	79
ISOLYTE-S	79
isoniazid.....	8
isosorbide dinitrate	42
isosorbide mononitrate	42
isotretinoin	44
isradipine	37
ISTODAX.....	16
itraconazole.....	2
ivermectin	8
IXEMPRA	16
IXIARO (PF)	63
J	
JAKAFI	16
jantoven	40
JANUMET	51
JANUMET XR.....	51
JANUVIA.....	51
jasmiel (28).....	68
jencycla.....	66
JENTADUETO	51

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

JENTADUETO XR	51	KYPROLIS	16	levothyroxine	56
JETREA (PF)	70	L		levoxyl	56
JEVTANA	16	l norgest/e.estriadiol-e.estrad.	68	LEXIVA	3
jolessa	68	labetalol	37	LIBTAYO	16
jolivette	66	lactated ringers	46, 77	lidocaine	43
juleber	68	lactulose	57	lidocaine (pf) in d7.5w	35
JULUCA	3	lamivudine	3	lidocaine (pf)	35, 43
JUXTAPID	40	lamivudine-zidovudine	3	lidocaine hcl	43
K		lamotrigine	22	lidocaine in 5 % dextrose (pf)	
KADCYLA	16	LANOXIN	41		35
KALETRA	3	lansoprazole	59	lidocaine viscous	43
kalliga	68	lanthanum	47	lidocaine-epinephrine	43
KALYDECO	74	LANTUS SOLOSTAR U-100		lidocaine-prilocaine	43
KANJINTI	16	INSULIN	52	lillow (28)	68
KANUMA	54	LANTUS U-100 INSULIN	52	lincomycin	8
kariva (28)	68	larin 1.5/30 (21)	68	lindane	46
KAZANO	51	larin 1/20 (21)	68	linezolid	8
kelnor 1/35 (28)	68	larin 24 fe	68	linezolid in dextrose 5%	8
kelnor 1-50	68	larin fe 1.5/30 (28)	68	linezolid-0.9% sodium chloride	
KEPIVANCE	12	larin fe 1/20 (28)	68		8
KERYDIN	44	larissa	68	LIORESAL	25
ketoconazole	2, 44, 45	LASTACAFT	70	liothyronine	56
ketoprofen	29	latanoprost	71	lisinopril	37
ketorolac	71	LATUDA	32	lisinopril-hydrochlorothiazide	
KEYTRUDA	16	leflunomide	65		37
KHAPZORY	12	LEMTRADA	25	lithium carbonate	32
KINRIX (PF)	63	LENVIMA	16	lithium citrate	32
kionex (with sorbitol)	47	lessina	68	LIVALO	40
KISQALI	16	letrozole	16	LOKELMA	47
KISQALI FEMARA CO- PACK	16	leucovorin calcium	12	LONSURF	16
klor-con	77	LEUKERAN	16	loperamide	56
klor-con 10	77	LEUKINE	61	lopinavir-ritonavir	3
klor-con 8	77	leuprolide	16	lorazepam	32
klor-con m10	77	levalbuterol hcl	74	lorazepam intensol	32
klor-con m15	77	levetiracetam	22	LORBRENA	16
klor-con m20	77	levetiracetam in nacl (iso-os)	22	lorcet (hydrocodone)	27
klor-con sprinkle	77	levobunolol	70	lorcet hd	27
klor-con/ef	77	levocarnitine	47	lorcet plus	27
KOMBIGLYZE XR	52	levocarnitine (with sugar)	47	loryna (28)	68
KORLYM	54	levocetirizine	72	losartan	37
K-PHOS NO 2	76	levofloxacin	11, 70	losartan-hydrochlorothiazide	37
K-PHOS ORIGINAL	76	levofloxacin in d5w	11	LOTEMAX	71, 72
KRYSTEXXA	64	levoleucovorin calcium	12	LOTEMAX SM	72
k-tab	77	levonest (28)	68	loteprednol etabonate	72
K-TAB	77	levonorgestrel-ethinyl estrad	68	lovastatin	40
kurvelo (28)	68	levonorg-eth estrad triphasic	68	low-ogestrel (28)	68
KUVAN	54	levora-28	68	loxapine succinate	32
		levorphanol tartrate	27	lo-zumandimine (28)	68

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

LUCENTIS	70
LUMIGAN	71
LUMIZYME	54
LUMOXITI	16
LUPRON DEPOT	16
LUPRON DEPOT (3 MONTH).....	16
LUPRON DEPOT (4 MONTH).....	16
LUPRON DEPOT (6 MONTH).....	16
LUPRON DEPOT-PED	16
LUPRON DEPOT-PED (3 MONTH).....	16
lutera (28)	68
LYNPARZA.....	16
LYRICA	22
LYSODREN.....	16
lyza	66
M	
mafenide acetate.....	44
magnesium chloride	77
magnesium sulfate.....	77
MAGNESIUM SULFATE IN D5W	77
magnesium sulfate in water..	77
malathion.....	46
mannitol 20 %	37
mannitol 25 %	37
maprotiline	32
marlissa (28).....	68
MARPLAN	32
MARQIBO	16
MATULANE	16
matzim la	37
meclizine	57
meclofenamate	29
medroxyprogesterone	67
mefenamic acid	29
mefloquine.....	8
megestrol	16, 17
MEKINIST	17
MEKTOVI	17
meloxicam	29
melphalan	17
melphalan hcl	17
memantine	25
MENACTRA (PF)	63
MENEST	67
MENVEO A-C-Y-W-135-DIP (PF).....	63
mercaptopurine	17
meropenem	8
mesalamine	57
mesalamine with cleansing wipe	57
mesna.....	12
MESNEX.....	12
metadate er	32
metaproterenol.....	74
metformin	52
methadone	27
methadone intensol.....	27
methadose	27
methazolamide	71
methenamine hippurate	11
methenamine mandelate	11
methergine	69
methimazole	50
methotrexate sodium	17
methotrexate sodium (pf)	17
methoxsalen.....	43
methyclothiazide	37
methyldopa	37
methylergonovine	69
methylphenidate hcl	32, 33
methylprednisolone	49
methylprednisolone acetate ..	49
methylprednisolone sodium succ	49
methyltestosterone	54
metoclopramide hcl	57
metolazone.....	37
metoprolol succinate.....	37
metoprolol ta-hydrochlorothiaz	37
metoprolol tartrate	37
metro i.v.....	8
metronidazole	8, 44, 67
metronidazole in nacl (iso-os)	8
mexiletine	35
MIACALCIN	54
miconazole-3	67
microgestin 1.5/30 (21)	68
microgestin 1/20 (21)	68
microgestin fe 1.5/30 (28) ..	68
microgestin fe 1/20 (28)	68
midodrine	47
mifepristone	67
migergot	24
miglitol	52
miglustat	54
mili	68
millipred	49
milrinone	41
milrinone in 5 % dextrose	41
minocycline	11
minoxidil	37
miostat	71
MIRENA	67
mirtazapine	33
misoprostol	59
MITIGARE	64
mitomycin	17
mitoxantrone	17
M-M-R II (PF)	63
modafinil	33
moexipril	37
molindone	33
mometasone	46, 74
monodoxine nl	11
mono-linyah	68
montelukast	74
morgidox	11
morphine	27, 28
morphine (pf)	27
morphine concentrate	27
MOVANTIK	57
MOVIPREP	57
moxifloxacin	11, 70
moxifloxacin-sod.chloride(iso)	11
MOZOBIL	61
MULPLETA	40
mupirocin	44
mupirocin calcium	44
MVASI	17
MYALEPT	54
MYCAMINE	2
mycophenolate mofetil	17
mycophenolate mofetil hcl ..	17
mycophenolate sodium	17
MYLOTARG	17
myorisan	44

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

MYRBETRIQ	76
N	
nabumetone	29
nadolol.....	37
nadolol-bendroflumethiazide	37
nafcillin.....	10
nafcillin in dextrose iso-osm	10
naftifine	45
NAFTIN	45
NAGLAZYME.....	54
nalbuphine	29
naloxone	29
naltrexone.....	29
NAMZARIC.....	25
naproxen.....	29
naproxen sodium	29
naratriptan.....	24
NARCAN.....	30
NATACYN	70
nateglinide	52
NATPARA	54
NEBUPENT	8
NEEDLES, INSULIN	
DISP.,SAFETY	52
nefazodone	33
neomycin	8
neomycin-bacitracin-poly-hc	71
neomycin-bacitracin-	
polymyxin	70
neomycin-polymyxin b gu ...	46
neomycin-polymyxin b-	
dexameth	71
neomycin-polymyxin-	
gramicidin.....	70
neomycin-polymyxin-hc	49, 71
neo-polycin.....	70
neo-polycin hc	71
neostigmine methylsulfate....	25
NEPHRAMINE 5.4 %	79
NERLYNX.....	17
NESINA	52
NEULASTA.....	61
NEUPOGEN	61
NEUPRO	23
nevirapine.....	3, 4
NEXAVAR	17
NEXIUM PACKET	59
NEXPLANON	67
niacin	40
nicardipine.....	37
NICOTROL.....	48
NICOTROL NS.....	48
nifedipine.....	38
nikki (28)	68
nilutamide	17
nimodipine.....	38
NINLARO	17
nisoldipine	38
nitro-bid	42
nitrofurantoin	11
nitrofurantoin macrocrystal ..	11
nitrofurantoin monohyd/m-	
cryst	11
nitroglycerin	42
nitroglycerin in 5 % dextrose	42
nizatidine	59
nolix	46
nora-be	67
NORDITROPIN FLEXPRO	61
norepinephrine bitartrate	41
norethindrone (contraceptive)	
.....	67
norethindrone acetate	67
norethindrone ac-eth estradiol	
.....	67, 68
norethindrone-e.estradol-iron	
.....	69
norgestimate-ethinyl estradiol	
.....	69
norlyda.....	67
norlyroc	67
NORMOSOL-R.....	77
NORMOSOL-R IN 5 %	
DEXTROSE	78
NORMOSOL-R PH 7.4	79
NORTHERA	47
nortrel 0.5/35 (28).....	69
nortrel 1/35 (21).....	69
nortrel 1/35 (28).....	69
nortrel 7/7/7 (28)	69
nortriptyline	33
NORVIR.....	4
NOVOFINE 32.....	52
NOVOLOG FLEXPEN U-100	
INSULIN	52
NOVOLOG MIX 70-30 U-100	
INSULN	52
NOVOLOG MIX 70-	
30FEXPEN U-100	52
NOVOLOG PENFILL U-100	
INSULIN	52
NOVOLOG U-100 INSULIN	
ASPART	52
NOXAFILE.....	2
NPLATE	40
NUEDEXTA	25
NULOJIX	17
NUPLAZID	33
nyamyc	45
nystatin	2, 45
nystatin-triamcinolone	45
nystop	45
O	
OCALIVA	57
OCREVUS	25
octreotide acetate	17
ODEFSEY	4
ODOMZO.....	17
OFEV	74
ofloxacin	11, 49, 70
okebo	11
olanzapine	33
olanzapine-fluoxetine	33
olmesartan.....	38
olmesartan-amlodipin-	
hctiazid	38
olmesartan-	
hydrochlorothiazide	38
olopatadine	48, 70
omeprazole	59, 60
OMNIPOD INSULIN	
MANAGEMENT	52
OMNITROPE	61
ONCASPAR	17
ondansetron	57
ondansetron hcl.....	57, 58
ondansetron hcl (pf).....	57
ONGLYZA	52
ONIVYDE	17
OPDIVO	17
opium tincture.....	56
OPSUMIT	74
oralone	48

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

ORENCIA	65	PAXIL	33
ORENCIA (WITH MALTOSE).....	65	PAZEO	70
ORENCIA CLICKJECT	65	PEDIARIX (PF)	63
ORFADIN	47	PEDVAX HIB (PF).....	63
ORKAMBI	74	peg 3350-electrolytes	58
orsythia.....	69	PEGANONE	22
oseltamivir.....	4	PEGASYS	61
osmitrol 15 %	38	PEGASYS PROCLICK	61
osmitrol 20 %	38	peg-electrolyte	58
OTEZLA	65	PEGINTRON	61
OTEZLA STARTER	65, 66	penicillamine	66
OTOVEL.....	49	PENICILLIN G POT IN DEXTROSE	10
oxacillin.....	10	penicillin g potassium.....	10
oxacillin in dextrose(iso-osm)	10	penicillin g procaine	10
oxaliplatin.....	17, 18	penicillin g sodium	10
oxandrolone.....	54	penicillin v potassium.....	10
oxaprozin.....	30	PENTACEL (PF)	63
oxcarbazepine.....	22	PENTAM.....	8
OXERVATE	70	pentamidine	8
oxiconazole.....	45	PENTASA.....	58
oxybutynin chloride.....	76	pentoxifylline.....	40
oxycodone	28	PERFOROMIST	75
oxycodone-acetaminophen... <td>28</td>	28		
oxycodone-aspirin	28		
OXYCONTIN	28		
oxymorphone.....	28		
oxytocin.....	69		
OZEMPIK	52		
OZURDEX.....	72		
P			
pacerone	35		
paclitaxel	18		
paliperidone.....	33		
palonosetron	58		
PALYNZIQ.....	55		
pamidronate.....	55		
PANRETIN	43		
pantoprazole	60		
paregoric.....	56		
paricalcitol.....	55		
paroex oral rinse.....	48		
paromomycin.....	8		
paroxetine hcl	33		
paroxetine mesylate(menop.sym)	33		
PASER	8		
PAXIL	33		
PAZEO	70		
PEDIARIX (PF)	63		
PEDVAX HIB (PF).....	63		
peg 3350-electrolytes	58		
PEGANONE	22		
PEGASYS	61		
PEGASYS PROCLICK	61		
peg-electrolyte	58		
PEGINTRON	61		
penicillamine	66		
PENICILLIN G POT IN DEXTROSE	10		
penicillin g potassium.....	10		
penicillin g procaine	10		
penicillin g sodium	10		
penicillin v potassium.....	10		
PENTACEL (PF)	63		
PENTAM.....	8		
pentamidine	8		
PENTASA.....	58		
pentoxifylline.....	40		
PERFOROMIST	75		
perindopril erbumine	38		
periogard.....	48		
PERJETA	18		
permethrin	46		
perphenazine.....	33		
PERSERIS.....	33		
pfizerpen-g.....	10		
phenelzine.....	33		
phenobarbital	22		
phenobarbital sodium	22		
phenoxybenzamine	38		
phentolamine	38		
phenytoin	22		
phenytoin sodium	22		
phenytoin sodium extended..	22		
philith.....	69		
PHOSPHOLINE IODIDE	70		
PICATO.....	43		
PIFELTRO	4		
pilocarpine hcl	47, 71		
pimecrolimus	43		
pimozide	33		
pimtrea (28).....	69		
pindolol.....	38		
pioglitazone	52		
pioglitazone-glimepiride.....	53		
pioglitazone-metformin	53		
piperacillin-tazobactam	10		
PIQRAY	18		
pirmella.....	69		
piroxicam	30		
plasbumin 25 %	77		
plasbumin 5 %	77		
PLASMA-LYTE 148	80		
PLASMA-LYTE A	80		
plasmanate	80		
PLEGRIDY	61		
plenamine	80		
podofilox.....	43		
POLIVY	18		
polocaine.....	43		
polocaine-mpf.....	43		
polycin	70		
polyethylene glycol 3350	58		
polymyxin b sulfate	8		
polymyxin b sulf-trimethoprim	70		
POMALYST	18		
portia 28.....	69		
PORTRAZZA.....	18		
potassium acetate.....	78		
potassium chlorid-d5- 0.45%nacl	78		
potassium chloride	78		
potassium chloride in 0.9%nacl	78		
potassium chloride in 5 % dex	78		
potassium chloride in lr-d5 ...	78		
potassium chloride in water..	78		
potassium chloride-0.45 % nacl	78		
potassium chloride-d5- 0.2%nacl	78		
potassium chloride-d5- 0.3%nacl	78		
potassium chloride-d5- 0.9%nacl	79		
potassium citrate	76		
potassium phosphate m-d-d- basic	79		
POTELIGEO	18		
PRADAXA.....	40		

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

PRALUENT PEN	41	PROLASTIN-C	47	reclipsen (28)	69
pramipexole.....	23	PROLENSA	71	RECOMBIVAX HB (PF)....	63
prasugrel.....	40	PROLEUKIN	62	RECTIV.....	58
pravastatin	41	PROLIA.....	64	regionol.....	25
praziquantel	8	PROMACTA.....	40	REGRANEX	43
prazosin	38	promethazine	72	RELENZA DISKHALER	4
prednicarbate	46	propafenone	35	RELISTOR	58
prednisolone	49	propranolol	38	REMICADE	58
prednisolone acetate	72	propranolol-hydrochlorothiazid	38	REMODULIN	38
prednisolone sodium phosphate	49, 72	.....	38	RENACIDIN	77
prednisone	50	propylthiouracil	50	repaglinide	53
prednisone intensol.....	49	PROQUAD (PF).....	63	repaglinide-metformin	53
pregabalin	22, 23	protamine	40	REPATHA	41
PREMARIN	67	protriptyline	33	REPATHA PUSHTRONEX	41
premasol 10 %.....	80	prudoxin.....	43	REPATHA SURECLICK	41
PREMASOL 6 %	80	PULMICORT FLEXHALER	75	RESCRIPTOR	4
prenatal vitamin oral tablet...	80	.....	75	RESTASIS	71
prevalite.....	41	PULMOZYME.....	75	RESTASIS MULTIDOSE....	71
PREVIDENT 5000 BOOSTER		PURIXAN	18	RETACRIT	62
PLUS	48	pyrazinamide	8	RETROVIR	4
previfem	69	pyridostigmine bromide	25	REVCOVI	47
PREVYMIS.....	4	Q		REVLIMID.....	18
PREZCOBIX.....	4	QNDSL.....	75	revonto	25
PREZISTA	4	QTERN.....	53	REXULTI	34
PRIFTIN.....	8	QUADRACEL (PF)	63	REYATAZ	4
PRIMAQUINE.....	8	quetiapine	33	RHOPRESSA	71
primidone	23	quinapril.....	38	ribasphere	4
PRIVIGEN	63	quinapril-hydrochlorothiazide	38	ribasphere ribapak	4
PROAIR HFA	75	.....	38	ribavirin	4
PROAIR RESPICLICK	75	quinidine gluconate	35	RIDAURA	66
probenecid	64	quinidine sulfate	35	rifabutin	8
probenecid-colchicine	64	quinine sulfate	8	rifampin	8
procainamide	35	QVAR REDIHALER	75	riluzole	47
procentra.....	33	R		rimantadine	4
prochlorperazine.....	58	RABAVERT (PF)	63	ringer's	46, 79
prochlorperazine edisylate....	58	RADICAVA	25	RIOMET	53
prochlorperazine maleate oral	58	raloxifene	64	risedronate	47, 64
PROCRIT	62	ramelteon	33	RISPERDAL CONSTA	34
procto-med hc.....	58	ramipril	38	risperidone	34
procto-pak.....	58	ranitidine hcl.....	60	ritonavir	4
proctosol hc	58	ranolazine	41	RITUXAN	18
protozozone-hc	58	rasagiline	23	RITUXAN HYCELA	18
progesterone	67	RASUVO (PF)	66	rivastigmine	25
progesterone micronized	67	RAVICTI.....	47	rivastigmine tartrate.....	25
PROGLYCEM	53	REBETOL	4	rizatriptan.....	24
PROGRAF	18	REBIF (WITH ALBUMIN).62		ROMIDEPSIN.....	18
		REBIF REBIDOSE	62	ropinirole	23
		REBIF TITRATION PACK.62		rosadan.....	44

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

rosuvastatin.....	41
ROTARIX	63
ROTATEQ VACCINE	63
roweepra.....	23
roweepra xr.....	23
ROZEREM.....	34
RUBRACA	18
RYDAPT	18
S	
salsalate	30
SAMSCA	55
SANCUSO	58
SANDIMMUNE	18
SANDOSTATIN LAR	
DEPOT	18
SANTYL	43
SAPHRIS	34
SAVELLA.....	66
scopolamine base.....	58
SEGLUROMET.....	53
selegiline hcl.....	23
selenium sulfide.....	42
SELZENTRY	4
SEREVENT DISKUS	75
sertraline.....	34
setlakin	69
sevelamer carbonate	47
sevelamer hcl.....	47
sf 48	
sf 5000 plus	48
sharobel	67
SHINGRIX (PF).....	63
SIGNIFOR	18
sildenafil (pulmonary arterial	
hypertension).....	75
silodosin	76
silver sulfadiazine.....	43
SIMBRINZA.....	71
SIMPONI	66
SIMPONI ARIA.....	66
SIMULECT	18
simvastatin.....	41
sirolimus.....	18
SIRTURO.....	8
SKLICE	46
SKYRIZI	42
sodium acetate	79
sodium benzoate-sod	
phenylacet.....	48
sodium bicarbonate.....	79
sodium chloride	48, 79
sodium chloride 0.45 %.....	79
sodium chloride 0.9 %.....	48
sodium chloride 3 %.....	79
sodium chloride 5 %.....	79
sodium fluoride 5000 plus....	48
sodium lactate intravenous ...	79
sodium nitroprusside	41
sodium phenylbutyrate	48
sodium phosphate	79
sodium polystyrene sulfonate	
.....	48
solifenacin	76
SOLIQUA 100/33	53
SOLIRIS	48
SOLTAMOX.....	18
SOMATULINE DEPOT	18
SOMAVERT	55
sorine	35
sotalol	35
sotalol af	35
SOTYLIZE.....	35
SPIRIVA RESPIMAT	75
SPIRIVA WITH	
HANDIHALER.....	75
spironolactone	38
spironolacton-hydrochlorothiaz	
.....	38
sprintec (28).....	69
SPRITAM.....	23
SPRYCEL	18
sps (with sorbitol).....	48
sronyx	69
ssd.....	43
STAMARIL (PF)	63
stavudine.....	4
STEGLATRO	53
STELARA	42
STIMATE.....	55
STIOLTO RESPIMAT	75
STIVARGA.....	18
STRENSIQ	55
STREPTOMYCIN	8
STRIBILD	4
STRIVERDI RESPIMAT	75
subvenite.....	23
subvenite starter (blue) kit....	23
subvenite starter (green) kit..	23
subvenite starter (orange) kit	23
SUCRAID.....	58
sucralfate.....	60
sulfacetamide sodium	71
sulfacetamide sodium (acne) 44	
sulfacetamide-prednisolone..	71
sulfadiazine.....	11
sulfamethoxazole-trimethoprim	
.....	11
SULFAMYLYON.....	44
sulfasalazine	58
sulfatrim.....	11
sulindac.....	30
sumatriptan	24
sumatriptan succinate	24
sumatriptan-naproxen.....	24
SUPRAX	6
SUPREP BOWEL PREP KIT	
.....	58
SUTENT	18
syeda	69
SYLATRON.....	62
SYLVANT	18
SYMBICORT	75
SYMDEKO	75
SYMFI.....	4
SYMFI LO.....	4
SYMJEPI.....	72
SYMLINPEN 120	53
SYMLINPEN 60	53
SYMPAZAN	23
SYMPROIC	58
SYMTUZA	4
SYNAGIS	4
SYNAREL	55
SYNERCID	8
SYNRIBO	19
T	
TABLOID.....	19
tacrolimus	19, 43
tadalafil	77
tadalafil (pulmonary arterial	
hypertension) oral tablet	20
mg	76
TAFINLAR	19

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

TAGRISSO	19	tigecycline	8	triamterene-hydrochlorothiazid	38
TALZENNA.....	19	tilia fe.....	69	trianex	46
tamoxifen.....	19	timolol maleate	38, 70	triderm	46
tamsulosin	76	tinidazole	8	trientine.....	48
TARGETIN	19	TIVICAY.....	4	tri-estarylla	69
tarina 24 fe.....	69	tizanidine	25	trifluoperazine.....	34
tarina fe 1/20 (28).....	69	TOBI PODHALER	9	trifluridine.....	70
tarina fe 1-20 eq (28).....	69	tobramycin.....	70	tri-legest fe	69
TASIGNA	19	tobramycin in 0.225 % nacl....	9	tri-linyah	69
tazarotene	44	tobramycin sulfate	9	tri-lo-estarylla	69
tazicef	6	tobramycin-dexamethasone..	71	tri-lo-marzia	69
TAZORAC	44	TOLAK	43	tri-lo-sprintec	69
taztia xt.....	38	tolazamide	53	trilyte with flavor packets	58
TDVAX	63	tolbutamide.....	53	trimethoprim	11
TECENTRIQ.....	19	tolcapone	23	trimipramine	34
TECFIDERA.....	25	tolmetin.....	30	TRINTELLIX.....	34
TEFLARO	6	tolterodine.....	76	tri-previfem (28)	69
TEKTURNA HCT	38	topiramate.....	23	TRISENOX	19
telmisartan	38	toposar	19	tri-sprintec (28)	69
telmisartan-amlodipine.....	38	topotecan	19	TRIUMEQ	4
telmisartan-hydrochlorothiazid	38	toremifene.....	19	trivora (28).....	69
TEMODAR	19	TORISEL.....	19	TROGARZO	4
temsirolimus	19	torsemide	38	TROPHAMINE 10 %.....	80
TENIVAC (PF)	63	TOUJEU MAX U-300		TROPHAMINE 6%.....	80
tenofovir disoproxil fumarate.	4	SOLOSTAR	53	trospium.....	76
terazosin	38	TOUJEU SOLOSTAR U-300		TRUEPLUS INSULIN	53
terbinafine hcl.....	2	INSULIN	53	TRUEPLUS PEN NEEDLE	53
terbutaline.....	76	TOVIAZ	76	TRULANCE	58
terconazole	67	TRADJENTA	53	TRULICITY	53
testosterone.....	55	tramadol.....	30	TRUMENBA.....	63
testosterone cypionate	55	tramadol-acetaminophen	30	TRUVADA.....	5
testosterone enanthate	55	trandolapril	38	tulana	67
TETANUS,DIPHTHERIA		trandolapril-verapamil	38	TWINRIX (PF).....	63
TOX PED(PF)	63	tranexamic acid.....	67	TYKERB	19
tetrabenazine.....	25	tranylcypromine.....	34	TYMLOS	64
tetracycline	11	travasol 10 %	80	TYPHIM VI.....	63
THALOMID.....	19	TRAVATAN Z	71	TYSABRI	25
THEO-24.....	76	trazodone	34	TYVASO	76
theophylline.....	76	TREANDA	19	TYVASO INSTITUTIONAL	
theophylline in dextrose 5 %	76	TRECATOR.....	9	START KIT	76
THIOLA	48	TRELSTAR.....	19	TYVASO REFILL KIT	76
thiordiazine.....	34	treprostinil sodium.....	38	TYVASO STARTER KIT	76
thiotepa.....	19	tretinoin (chemotherapy)	19	U	
thiothixene.....	34	tretinoin topical.....	44	ULORIC	64
tiagabine	23	tri femynor.....	69	unithroid	56
TIBSOVO	19	triamcinolone acetonide	46, 49,	UNITUXIN.....	19
TICE BCG.....	63	50		UPTRAVI.....	38

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

ursodiol.....	58	VICTOZA 3-PAK	54	XTANDI.....	20
UVADEX.....	43	VIDEX 2 GRAM PEDIATRIC	5	xulane	67
V		VIDEX 4 GRAM PEDIATRIC	5	XULTOPHY 100/3.6	54
valacyclovir.....	5	VIDEX EC	5	XURIDEN	48
VALCHLOR.....	43	vienna	69	XYREM.....	34
valganciclovir.....	5	vigabatrin.....	23	Y	
valproate sodium	23	vigadroner.....	23	YERVOY	20
valproic acid	23	VIIBRYD	34	YF-VAX (PF).....	64
valproic acid (as sodium salt)	23	VIMIZIM.....	55	YONDELIS	20
valrubicin.....	19	VIMPAT.....	23	YONSA	20
valsartan	38	vinblastine	20	yuvafem	67
valsartan-hydrochlorothiazide	38	vincristine	20	Z	
VALSTAR	19	vinorelbine.....	20	zafirlukast	76
vancomycin	9	VIOKACE	58	zaleplon.....	34
VANCOMYCIN	9	viorele (28)	69	ZALTRAP	20
VANCOMYCIN IN 0.9 % SODIUM CHL	9	VIRACEPT	5	ZANOSAR	20
vandazole.....	67	VIREAD	5	zarah	69
VANTAS.....	19	VISTOGARD	12	ZARXIO	62
VAQTA (PF).....	63	VITRAKVI	20	ZEJULA	20
VARIVAX (PF).....	64	VIVITROL	30	ZELBORAF	20
VARIZIG	64	VIZIMPRO	20	zenatane	44
VARUBI	58	voriconazole	2	ZENPEP	59
VASCEPA.....	41	VOTRIENT	20	ZENZEDI	35
VECAMYL	41	VRAYLAR	34	zidovudine	5
VECTIBIX	19	VYNDAQEL	42	ZIOPTAN (PF).....	71
VELCADE	19	VYXEOS	20	ziprasidone hcl.....	35
veletri.....	38	W		ZIRGAN	70
velivet triphasic regimen (28)	69	warfarin	40	ZOLADEX	20
VELTASSA	48	water for irrigation, sterile....	48	zoledronic acid.....	55
VEMLIDY	5	wera (28).....	69	zoledronic acid-mannitol-water	48, 56
VENCLEXTA	19	X			
VENCLEXTA STARTING PACK	19	XALKORI	20	ZOLINZA	20
venlafaxine	34	XARELTO	40	zolmitriptan.....	24
verapamil	38, 39	XATMEP	20	zolpidem	35
VERSACLOZ	34	XELJANZ	66	zonisamide	23
VERZENIO	20	XELJANZ XR	66	ZONTIVITY	40
V-GO 20.....	53	XERESE	45	ZORTRESS	20
V-GO 30.....	53	XERMELO	20	ZOSTAVAX (PF)	64
V-GO 40.....	54	XGEVA	12	zovia 1/35e (28).....	69
VIBATIV	9	XIAFLEX	48	ZUBSOLV	30
VIBERZI	58	XIFAXAN	9	zumandimine (28).....	69
VIBRAMYCIN	11	XIGDUO XR	54	ZYDELIG	20
VICTOZA 2-PAK	54	XOFLUZA	5	ZYFLO	76
		XOLAIR	76	ZYKADIA	20
		XOSPATA.....	20	ZYLET	71
		XPOVIO	20	ZYPREXA RELPREVV	35
				ZYTIGA	20

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

This page intentionally left blank

This page intentionally left blank

This page intentionally left blank

ALREADY ENROLLED IN ONE OF THESE PLANS?



Medica Customer Service

For Information or questions about your plan benefits or prescription drug coverage, please contact Medica Customer Service. You will speak to a live representative if you call during our business hours unless we are closed for a holiday. If you call when we are not open for business, you can leave a voicemail message and we will return your call within one business day.

Prime Solution (Cost) Members

Toll free: **1-800-234-8755** (TTY: 711)

Advantage Solution (HMO-POS) and Advantage Solution (PPO) Members

Toll free: **1-866-269-6804** (TTY: 711)

Advantage Solution with CHI Health (HMO) and Advantage Solution with CHI Health (PPO) Members

Toll free: **1-866-398-7374** (TTY: 711)

Advantage Solution PartnerCare (HMO I-SNP) Members

Toll free: **1-888-347-3630** (TTY: 711)

Group Prime Solution (Cost) and Group Advantage Solution (PPO) Members

Toll free: **1-800-575-2330** (TTY: 711)

Hours of operation:

October 1-March 31

8 a.m. to 8 p.m. Central,
7 days a week

April 1-September 30

8 a.m. to 8 p.m. Central,
Monday-Friday

THINKING ABOUT ENROLLING IN A MEDICA PLAN? NEED HELP FINDING THE RIGHT OPTION?



Speak With A Medicare Consultant

Our Medicare consultants are ready to help you evaluate your unique situation so you can make the best coverage choice for you and your budget.

Medica Prime Solution (Cost)

Medica Advantage Solution (HMO-POS)

Medica Advantage Solution (PPO)

Medica Advantage Solution with CHI Health (HMO)

Medica Advantage Solution with CHI Health (PPO)

Medica Group Prime Solution (Cost)

Medica Group Advantage Solution (PPO)

Toll free: **1-800-906-5432** (TTY: 711)

Medica Advantage Solution PartnerCare (HMO I-SNP)

Toll free: **1-800-266-2157** (TTY: 711)

Hours of operation:

October 1-March 31

8 a.m. to 8 p.m. Central,
7 days a week

April 1-September 30

8 a.m. to 8 p.m. Central,
Monday-Friday



Access Formulary Online

Visit medica.com/Members to access the most up-to-date information about prescription drugs covered by your plan.

This formulary was updated on 09/03/2019.

For more recent information or other questions, please contact Medica Customer Service at **1-800-234-8755** (TTY: 711) for Prime Solution (Cost); **1-866-269-6804** (TTY: 711) for Advantage Solution (HMO-POS) and Advantage Solution (PPO); **1-866-398-7374** (TTY: 711) for Advantage Solution with CHI Health (HMO) and Advantage Solution with CHI Health (PPO); **1-888-347-3630** (TTY: 711) for Advantage Solution PartnerCare (HMO I-SNP); or **1-800-575-2330** (TTY: 711) for Group Prime Solution (Cost) and Group Advantage Solution (PPO), 8 a.m. to 8 p.m. Central, 7 days a week (access to representatives may be limited at times), or visit medica.com/Members.

© 2019 Medica. Medica®, Medica Prime Solution® and Medica Advantage Solution® are registered service marks of Medica Health Plans. "Medica" refers to the family of health services companies that includes Medica Health Plans, Medica Community Health Plan, Medica Insurance Company, Medica Self-Insured, MMSI, Inc. d/b/a Medica Health Plan Solutions, Medica Health Management, LLC and the Medica Foundation.