

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.

2020 FORMULARY (LIST OF COVERED DRUGS)

MEDICA®

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)

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.

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**.

MEDICA®

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: TTYcommunication
- 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, civilrightscordinator@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
ntawv no, hu rau tus xov tooj nyob hauv daim ntawv
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, lakkoobsa 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 مديك 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 идентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີ.ໃຫ້
ໂທຫາເລກໝາຍທີມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ
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.

နမူအဲဒီးတၢ်ကျိးထံစၢကလိန့ၢ်နၢတၢ်ဂ့ၢ်တၢ်ကျိးအံၤလၢအကလိန့ၢ်
 ,ကိးလိတဲစီနီၣ်ဂံၢ်လၢအပၣ်ယုၣ်လၢလံာ်တိလံာ်မိအပူၤအံၤမ့တမ့ၢ်ဖဲန
 န့ၣ်ခဝေလံာ်အၣ်သးခးကအလိၣ်ခံတကပၤအဖီခိၣ်န့ၣ်တက့ၢ်.

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

ይህን መረጃ ለመተርጎም ነጻ እርዳታ የሚፈልጉ ከሆነ በዝ ህ ሰነድ ውስጥ ያለውን ቁጥር ወይም Medica መታወቂያ ካርድዎ በስተጀርባ ያለውን 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 éi ninaaltsoos
Medicaa bee nésho' dílzinígí bine' déé' námboo biki' ágíjii'
béesh 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 you 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
CRESEMBA INTRAVENOUS	5	PA
CRESEMBA 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>cefactor oral capsule</i>	2	MO
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefactor oral suspension for reconstitution 375 mg/5 ml</i>	2	
<i>cefactor 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-os) 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>cefдинир</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>cefprozil</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
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
<i>tazicef intravenous</i>	2	
TEFLARO	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, DELAYED 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>bacim</i>	2	

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 sodium 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 sodium)</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
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	PA; MO
EMVERM	5	MO
<i>ertapenem</i>	2	MO
<i>ethambutol</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>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	MO
<i>gentamicin sulfate (ped) (pf)</i>	2	MO
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO
IMPAVIDO	5	PA; MO
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin</i>	2	MO
<i>lincomycin</i>	2	
<i>linezolid in dextrose 5%</i>	5	

Drug Name	Drug Tier	Requirements /Limits
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	2	MO
<i>linezolid-0.9% sodium chloride</i>	5	
<i>mefloquine</i>	2	MO
<i>meropenem</i>	2	MO
<i>metro i.v.</i>	2	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	4	MO
PASER	3	MO
PENTAM	4	MO
<i>pentamidine</i>	2	
<i>polymyxin b sulfate</i>	2	MO
<i>praziquantel</i>	2	MO
PRIFTIN	3	MO
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
TRECTOR	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
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</i>	2	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	2	MO
<i>oxacillin injection recon soln 1 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	
<i>oxacillin injection recon soln 2 gram</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	3	MO
<i>penicillin g potassium</i>	2	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	
<i>penicillin g sodium</i>	2	MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	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
<i>ciprofloxacin in 5 % dextrose</i>	2	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous</i>	2	MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>moxifloxacin-sod.chloride(iso)</i>	2	
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim</i>	2	MO
<i>sulfatrim</i>	2	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	2	MO
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline monohydrate oral capsule</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>mondoxylene nl</i>	2	MO
<i>morgidox</i>	2	MO
<i>okebo oral capsule 75 mg</i>	2	MO
<i>tetracycline</i>	2	MO
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin</i>	2	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	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
<i>mesna</i>	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
BESPO NSA	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
ENVARBUS 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>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PA; MO
<i>gengraf 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 intravenous recon soln 50 mg</i>	2	B/D PA
<i>oxaliplatin intravenous solution</i>	2	B/D PA; MO
<i>paclitaxel</i>	2	B/D PA; MO
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA; MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	5	
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
RITUXAN HYCELA	5	PA; MO
ROMIDEPSIN	5	B/D PA
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RYDAPT	5	PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO
SIGNIFOR	5	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	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
SOLTAMOX	3	MO
SOMATULINE DEPOT	5	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYLVANT	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
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
<i>oxcarbazepine</i>	2	MO
PEGANONE	3	MO
<i>phenobarbital</i>	2	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</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>vigadrone</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
<i>galantamine</i>	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
LEMTRADA	5	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA; MO
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
TECFIDERA	5	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA
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

Drug Name	Drug Tier	Requirements /Limits
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	2	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2	
<i>pyridostigmine bromide oral syrup</i>	5	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>regonol</i>	2	
<i>revonto</i>	2	
<i>tizanidine</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	MO; QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 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>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection solution</i>	2	MO
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<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>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	QL (2000 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>fentanyl citrate (pf) injection solution</i>	2	MO; QL (400 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)

Drug Name	Drug Tier	Requirements /Limits
<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>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	5	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	MO; QL (390 per 30 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>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (50 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>hydromorphone (pf) injection solution 2 mg/ml</i>	2	QL (1200 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	2	QL (2400 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>hydromorphone injection solution 2 mg/ml</i>	2	MO; QL (1200 per 30 days)
<i>hydromorphone injection solution 4 mg/ml</i>	2	MO; QL (600 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	2	QL (150 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	2	MO; QL (600 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>ibuprofen-oxycodone</i>	2	MO; QL (28 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	2	MO; QL (360 per 30 days)
<i>lorcet hd</i>	2	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>methadone injection solution</i>	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
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	MO; QL (857 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol tartrate nasal</i>	2	MO; QL (10 per 28 days)
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
<i>ec-naproxen</i>	2	
<i>etodolac</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
FLECTOR	4	PA; MO; QL (60 per 30 days)
<i>flurbiprofen</i>	2	MO
<i>ibu</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule 25 mg</i>	2	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
<i>naloxone</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>naproxen sodium oral tablet, er multiphase 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
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)
EMSAM	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)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	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
NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	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)
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine</i>	2	MO
PERSERIS	5	MO
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
<i>procentra</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 INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR 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-hcthiiazid</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
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	2	MO
BYSTOLIC	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
DEMSER	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)
EDARBI	3	MO
EDARBYCLOR	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>epplerenone</i>	2	MO
<i>epoprostenol (glycine)</i>	2	B/D PA; MO
<i>eprosartan</i>	2	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate 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 intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<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 ta-hydrochlorothiaz</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
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	2	MO
<i>nisoldipine</i>	2	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	PA; MO
<i>phentolamine injection recon soln</i>	2	
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule,extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
REMODULIN	5	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	2	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>timolol maleate oral</i>	2	MO
<i>torseamide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>velettri</i>	2	B/D PA; MO
<i>verapamil intravenous solution</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>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
<i>cilostazol</i>	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(PORCINE) 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		
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	2	
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	2	B/D PA; MO
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 25 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>acitretin oral capsule 17.5 mg</i>	5	MO
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	2	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	4	MO
COSENTYX	5	PA; MO
COSENTYX (2 SYRINGES)	5	PA; MO
COSENTYX PEN	5	PA; MO
COSENTYX PEN (2 PENS)	5	PA; MO
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA	5	PA; MO
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chloroprocaine (pf)</i>	2	
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	2	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	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>amnesteam</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>tretinoin topical</i>	2	PA; MO
<i>zenatane</i>	4	MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	2	MO
<i>mafenide 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
SULFAMYLON 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
<i>hydrocortisone butyrate topical lotion</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>nolix topical cream</i>	2	QL (120 per 30 days)
<i>prednicarbate</i>	2	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>permethrin topical cream</i>	2	MO
SKLICE	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	2	MO
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	2	MO
<i>neomycin-polymyxin b gu</i>	2	MO
<i>ringer's irrigation</i>	2	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide</i>	2	MO
ARALAST NP	5	MO; LA
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
CARBAGLU	5	PA; MO; LA
<i>cevimeline</i>	2	MO
CHEMET	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</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>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferasirox</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	MO
<i>dextrose 20 % in water (d20w)</i>	2	
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 30 % in water (d30w)</i>	2	
<i>dextrose 40 % in water (d40w)</i>	2	
<i>dextrose 5 % in water (d5w)</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose 50 % in water (d50w)</i>	2	MO
<i>dextrose 70 % in water (d70w)</i>	2	MO
<i>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	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
<i>kionex (with sorbitol)</i>	2	MO
<i>lanthanum</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
LOKELMA	5	MO
<i>midodrine</i>	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
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	MO; LA
RAVICTI	5	PA; MO
REVCIVI	5	PA; MO; LA
<i>riluzole</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sevelamer hcl</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>sodium benzoate-sodium phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	PA; MO
<i>sodium polystyrene sulfonate oral</i>	2	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	2	
SOLIRIS	5	PA; MO
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
THIOLA	5	MO
<i>trientine</i>	5	PA; MO
VELTASSA	3	MO
<i>water for irrigation, sterile</i>	2	MO
XIAFLEX	5	PA; MO
XURIDEN	5	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	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		
<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
BACTROBAN NASAL	3	MO; QL (30 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental gel</i>	2	
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	2	MO; QL (30.5 per 30 days)
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	2	MO
<i>periogard</i>	2	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 plus</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>triamcinolone acetonide dental</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	2	MO
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
OTOVEL	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>betamethasone acet,sod phos</i>	2	MO
<i>cortisone</i>	2	MO
<i>decadron oral elixir</i>	2	MO
<i>decadron oral tablet</i>	2	
<i>deltasone oral tablet 20 mg</i>	2	B/D PA; MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone oral tablets,dose pack</i>	2	MO
<i>dexamethasone sodium phos (pf)</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>millipred oral tablet</i>	4	B/D PA; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>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)</i>	2	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	2	B/D PA; MO
<i>prednisone intensol</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>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)
ALCOHOL PADS	3	MO
APIDRA SOLOSTAR U-100 INSULIN	4	ST; MO
APIDRA U-100 INSULIN	4	ST; MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
CYCLOSET	4	MO; QL (180 per 30 days)
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
GAUZE PADS 2 X 2	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
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO

Drug Name	Drug Tier	Requirements /Limits
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
INVOKAMET	3	MO; QL (60 per 30 days)
INVOKAMET XR	3	MO; QL (60 per 30 days)
INVOKANA	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JENTADUETO	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; MO; QL (30 per 30 days)
KAZANO	4	ST; MO; QL (60 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
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>miglitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOFINE 32	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
NOVOLOG U-100 INSULIN ASPART	4	ST; MO
OMNIPOD INSULIN MANAGEMENT	3	MO
ONGLYZA	3	MO; QL (30 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)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</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
<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)
SOLQUA 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)
<i>pamidronate</i>	2	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>paricalcitol oral</i>	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 cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate</i>	2	PA; MO
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)
VIMIZIM	5	PA; MO; LA
<i>zoledronic acid 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
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA
THYROID HORMONES		
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral</i>	1	MO
<i>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</i>	1	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	2	MO
<i>atropine injection syringe 0.05 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	MO
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	2	
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
<i>paregoric</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	MO
<i>aprepitant</i>	2	B/D PA; MO
APRISO	4	MO
<i>balsalazide</i>	2	MO
<i>budesonide oral capsule, delayed, extended release</i>	2	MO
<i>budesonide oral tablet, delayed and extended release</i>	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
OICALIVA	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
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	MO
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	MO; QL (112 per 30 days)
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG	4	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	4	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
<i>nizatidine</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
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
<i>ranitidine hcl injection</i>	2	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	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

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
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
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO
EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PA; QL (15 per 28 days)
FULPHILA	5	PA; MO
GRANIX	5	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA
INTRON A INJECTION RECON SOLN	5	B/D PA; MO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	3	B/D PA; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
NEULASTA	5	PA; MO
NEUPOGEN	5	PA; MO
NORDITROPIN FLEXPPO	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
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
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGRIX-B (PF)	3	B/D PA; MO
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR 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) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR 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
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL	3	
HYQVIA	5	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
IPOLE	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF)	3	MO
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	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
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (3 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 PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UEITS-ADOL HS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
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(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 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(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 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 INTRAMUSCULA R 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-e.estradiol/e.estradiol</i>	2	MO
<i>desogestrel-ethinyl estradiol</i>	2	MO
<i>drospirenone-e.estradiol-lm.f.a oral tablet 3-0.03-0.451 mg (21) (7)</i>	2	MO
<i>drospirenone-ethinyl 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>estarylla</i>	2	MO
<i>ethynodiol diac-eth 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.estradiol-e.estradiol</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>larissia</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol</i>	2	MO
<i>levonorg-eth estradiol 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>lutra (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-lynyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 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.estradiol-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-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarylla</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>vienva</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
AZASITE	3	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
BESIVANCE	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 sulf-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
LASTACFT	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
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	2	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	2	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	
RHOPRESSA	3	MO
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
ZIOPTAN (PF)	4	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>neo-polycin hc</i>	2	MO
<i>tobramycin-dexamethasone</i>	2	MO
ZYLET	3	MO
STERIODS		
ALREX	4	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	2	MO
LOTEMAX OPTHALMIC (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		
ANTI HISTAMINE / 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)
EPIPEN JR 2-PAK	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>	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
ADEMPAS	5	PA; MO; LA
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)
<i>ambrisentan</i>	5	PA; MO; LA
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ASMANEX HFA	3	MO; QL (13 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)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>bosentan</i>	5	PA; MO; LA
BREO ELLIPTA	3	MO; QL (60 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)
<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 (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)
<i>sildenafil (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
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>terbutaline</i>	2	MO
THEO-24	3	MO
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	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)
<i>zafirlukast</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
ZYFLO	5	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>flavoxate</i>	2	MO
MYRBETRIQ	3	MO
<i>oxybutynin chloride</i>	2	MO
<i>solifenacin</i>	2	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>trospium</i>	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>silodosin</i>	2	MO
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	2	MO
<i>bethanechol chloride</i>	2	MO
CYSTAGON	3	PA; MO; LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate</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
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
NORMOSOL-R IN 5 % DEXTROSE	3	
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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 chloride intravenous</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	2	
<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
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA
AMINOSYN-PF 10 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	B/D PA
<i>cysteine (l-cysteine) intravenous solution</i>	2	B/D PA
<i>electrolyte-48 in d5w</i>	2	
<i>freamine iii 10 %</i>	2	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA
IONOSOL-MB IN D5W	3	
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
NEPHRAMINE 5.4 %	3	B/D PA
NORMOSOL-R PH 7.4	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	
alprostadil	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	
amethyst (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-benazepril	36	
amlodipine-olmesartan	36	
amlodipine-valsartan	36	
amlodipine-valsartan-hcthiazid	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-hydrochlorothiazid	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	ciclodan	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-os) .	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		colesevelam	40
cefotaxime	6	RECONST	56	colestipol.....	40
cefotetan	6	CIMZIA STARTER KIT	56	colistin (colistimethate na)	7
cefoxitin.....	6	cinacalcet.....	54	colocort.....	57
cefoxitin in dextrose, iso-osm	6	CINRYZE.....	73	COMBIGAN	71
cefpodoxime	6	CINVANTI.....	57	COMBIVENT RESPIMAT..	73
cefprozil.....	6	CIPRODEX	49	COMETRIQ	13
ceftazidime	6	ciprofloxacin.....	10	COMPLERA	2
ceftriaxone	6	ciprofloxacin hcl.....	10, 49, 69	compro	57
ceftriaxone in dextrose,iso-os.	6	ciprofloxacin in 5 % dextrose		CONDYLOX.....	42
cefuroxime axetil.....	6	.....	11	constulose	57
cefuroxime sodium.....	6	cisplatin	13	COPAXONE	24
celecoxib.....	29	citalopram	30	COPIKTRA	13
CELONTIN.....	21	cladribine	13	CORLANOR.....	41
cephalexin.....	6	claravis.....	44	CORTIFOAM.....	57
CEPROTIN (BLUE BAR) ...	39	clarithromycin	6	cortisone	49
CEPROTIN (GREEN BAR) ..	39	CLEOCIN.....	67	COSENTYX.....	42
CERDELGA.....	54	clindamycin hcl	7	COSENTYX (2 SYRINGES)	
CEREZYME	54	clindamycin in 5 % dextrose ..	7	.....	42
cetirizine	72	clindamycin palmitate hcl	7	COSENTYX PEN	42
cevimeline	46	clindamycin pediatric	7	COSENTYX PEN (2 PENS).....	42
CHANTIX.....	48	clindamycin phosphate	7, 44,	COSMEGEN	13
CHANTIX CONTINUING		67		COTELLIC.....	13
MONTH BOX.....	48	CLINIMIX 5%/D15W		CREON.....	57
SULFITE FREE	79	CLINIMIX 4.25%/D10W		CRESEMBA.....	2
MONTH BOX.....	48	SULF FREE	79	CRINONE	66
CHEMET	46	CLINIMIX 4.25%/D5W		CRIVAN.....	3
CHENODAL	56	SULFITE FREE.....	46	cromolyn.....	57, 70, 73
chloramphenicol sod succinate		CLINIMIX 5%-		crotan	46
.....	7	D20W(SULFITE-FREE)..	79	cryselle (28)	67
chlorhexidine gluconate	48	clobazam.....	21	CRYSVITA	54
chloroprocaine (pf).....	42	clobetasol.....	45	cyclafem 1/35 (28).....	67
chloroquine phosphate.....	7			cyclafem 7/7/7 (28).....	67

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

cyclobenzaprine.....	25	deltasone.....	49	dextrose 50 % in water (d50w)	47
cyclophosphamide.....	13	delyla (28).....	67	.....	47
CYCLOSET.....	50	demeclocycline.....	11	dextrose 70 % in water (d70w)	47
cyclosporine.....	13	DEMSER.....	36	.....	47
cyclosporine modified.....	13	DENAVIR.....	45	dextrose with sodium chloride	47
CYRAMZA.....	13	denta 5000 plus.....	48	.....	47
cyred.....	67	dentagel.....	48	DIASTAT.....	21
cyred eq.....	67	DEPEN TITRATABS.....	64	DIASTAT ACUDIAL.....	21
CYSTADANE.....	57	DEPO-PROVERA.....	66	diazepam.....	21, 31
CYSTAGON.....	76	DEPO-SUBQ PROVERA.....	104	diclofenac potassium.....	29
CYSTARAN.....	70	.....	66	diclofenac sodium.....	29, 42, 71
cysteine (l-cysteine).....	79	DESCOVY.....	3	diclofenac-misoprostol.....	29
cytarabine.....	13	desipramine.....	31	dicloxacillin.....	10
cytarabine (pf).....	13	desmopressin.....	54	dicyclomine.....	56
D		desog-e.estradiol/e.estradiol.....	68	didanosine.....	3
d10 %-0.45 % sodium chloride	46	desogestrel-ethinyl estradiol.....	68	diflunisal.....	29
.....	46	desonide.....	45	digitek.....	41
d2.5 %-0.45 % sodium		desvenlafaxine succinate.....	31	digox.....	41
chloride.....	46	dexamethasone.....	49	digoxin.....	41
d5 % and 0.9 % sodium		dexamethasone intensol.....	49	dihydroergotamine.....	23
chloride.....	47	dexamethasone sodium phos		DILANTIN 30 MG.....	21
d5 %-0.45 % sodium chloride	47	(pf).....	49	diltiazem hcl.....	36
.....	47	dexamethasone sodium		dilt-xr.....	36
dacarbazine.....	13	phosphate.....	49, 71	dimenhydrinate.....	57
dactinomycin.....	13	DEXILANT.....	59	DIPENTUM.....	57
dalfampridine.....	24	dexrazoxane hcl.....	12	diphenhydramine hcl.....	72
DALIRESP.....	73, 74	dextroamphetamine.....	31	diphenoxylate-atropine.....	56
danazol.....	54	dextroamphetamine-		dipyridamole.....	39
dantrolene.....	25	amphetamine.....	31	disulfiram.....	47
dapsone.....	7, 44	dextrose 10 % and 0.2 % nacl	47	divalproex.....	21
DAPTACEL (DTAP		.....	47	dobutamine.....	41
PEDIATRIC) (PF).....	62	dextrose 10 % in water (d10w)	47	dobutamine in d5w.....	41
daptomycin.....	8	.....	47	docetaxel.....	14
DAPTOMYCIN.....	8	dextrose 20 % in water (d20w)	47	DOCETAXEL.....	14
DARAPRIM.....	8	.....	47	dofetilide.....	35
DARZALEX.....	13	dextrose 25 % in water (d25w)	47	donepezil.....	24
dasetta 1/35 (28).....	67	.....	47	dopamine.....	41
dasetta 7/7/7 (28).....	67	dextrose 30 % in water (d30w)	47	dopamine in 5 % dextrose.....	41
daunorubicin.....	14	.....	47	DOPTELET (10 TAB PACK)	39
DAURISMO.....	14	dextrose 40 % in water (d40w)	47	.....	39
daysee.....	67	.....	47	DOPTELET (15 TAB PACK)	39
DDAVP.....	54	dextrose 5 % in water (d5w).....	47	.....	39
deblitane.....	66	dextrose 5 %-lactated ringers.....	47	DOPTELET (30 TAB PACK)	39
decadron.....	49	dextrose 5%-0.2 % sod		.....	39
decitabine.....	14	chloride.....	47	dorzolamide.....	71
deferasirox.....	47	dextrose 5%-0.3 %		dorzolamide-timolol.....	71
deferoxamine.....	47	sod.chloride.....	47	dorzolamide-timolol (pf).....	71
DELSTRIGO.....	3			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	ERWINAZE	14
doxazosin.....	36	EMSAM	31	ery-tab.....	6
doxepin.....	31, 42	EMTRIVA.....	3	ERY-TAB.....	7
doxercalciferol.....	54	EMVERM	8	ERYTHROCIN	7
doxorubicin.....	14	enalapril maleate.....	37	erythrocin (as stearate)	7
doxorubicin, peg-liposomal..	14	enalaprilat	37	erythromycin.....	7, 69
doxy-100	11	enalapril-hydrochlorothiazide	37	erythromycin ethylsuccinate...7	
doxycycline hyclate.....	11	ENBREL	64	erythromycin with ethanol....44	
doxycycline monohydrate	11	ENBREL MINI	64	ESBRIET.....	74
doxylamine-pyridoxine (vit b6)	57	ENBREL SURECLICK	64	escitalopram oxalate	31
dronabinol.....	57	endocet.....	26	esmolol	37
droperidol	57	ENERGIX-B (PF)	62	esomeprazole magnesium.....59	
drospirenone-e.estradiol-lm.fa	68	ENERGIX-B PEDIATRIC (PF).....	62	esomeprazole sodium	59
drospirenone-ethinyl estradiol	68	enoxaparin	39	estarylla.....	68
DROXIA	14	enpresse	68	estradiol	66
DUAVEE	66	enskyce	68	estradiol valerate.....	66
DULERA.....	74	entacapone	23	estradiol-norethindrone acet.66	
duloxetine.....	31	entecavir	3	ESTRING	66
DUPIXENT.....	43	ENTRESTO.....	41	eszopiclone	31
duramorph (pf)	26	ENTYVIO	57	ethacrynate sodium.....	37
dutasteride	76	enulose.....	57	ethacrynic acid.....	37
dutasteride-tamsulosin.....	76	ENVARUS XR	14	ethambutol	8
DYMISTA.....	74	EPCLUSA	3	ethosuximide.....	21
E		EPIDIOLEX	21	ethynodiol diac-eth estradiol 68	
e.e.s. 400.....	6	epinastine.....	70	etodolac.....	29
ec-naproxen	29	epinephrine	72	ETOPOPHOS	14
econazole	44	EPINEPHRINE	72	etoposide.....	14
EDARBI.....	36	EIPEN	72	EVOTAZ	3
EDARBYCLOR.....	36	EIPEN 2-PAK	72	exemestane	14
EDURANT.....	3	EIPEN JR	72	EXTAVIA	61
efavirenz.....	3	EIPEN JR 2-PAK.....	72	EYLEA	70
effer-k	77	epirubicin.....	14	ezetimibe.....	40
ELAPRASE.....	54	epitol	21	ezetimibe-simvastatin	40
electrolyte-48 in d5w.....	79	EPIVIR HBV.....	3	F	
eletriptan.....	23	eplerenone	37	FABRAZYME	54
elinest	68	EPOGEN	61	falmina (28)	68
ELIQUIS	39	epoprostenol (glycine).....	37	famciclovir.....	3
ELITEK.....	12	eprosartan	37	famotidine.....	59
ELIXOPHYLLIN.....	74	ERBITUX.....	14	famotidine (pf).....	59
ELMIRON.....	76	ergoloid.....	31	famotidine (pf)-nacl (iso-os)59	
EMCYT	14	ergotamine-caffeine.....	24	FANAPT.....	31
EMEND.....	57	ERIVEDGE	14	FARXIGA	50
EMGALITY PEN	24	ERLEADA	14	FARYDAK.....	14
EMGALITY SYRINGE.....	24	erlotinib	14	FASENRA.....	74
emoquette	68	errin	66	FASLODEX	14
		ertapenem	8	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
fenopropfen	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	granisetron (pf)	57
FIRMAGON KIT W		FYCOMPA.....	21	granisetron hcl	57
DILUENT SYRINGE	14	G		GRANIX.....	61
flavoxate	76	gabapentin	21	griseofulvin microsize	2
flecainide	35	galantamine	24	griseofulvin ultramicrosize	2
FLECTOR.....	29	GAMASTAN	62	guanidine	32
FLOVENT DISKUS	74	GAMASTAN S/D	62	H	
FLOVENT HFA.....	74	ganciclovir sodium	3	HAEGARDA.....	74
floxuridine	14	GARDASIL 9 (PF).....	62	HALAVEN.....	15
fluconazole	2	gatifloxacin	69	halobetasol propionate.....	45
fluconazole in nacl (iso-osm) ..	2	GATTEX 30-VIAL	57	haloperidol	32
flucytosine	2	GATTEX ONE-VIAL	57	haloperidol decanoate	32
fludarabine.....	14	GAUZE PAD	50	haloperidol lactate	32
fludrocortisone	49	gavilyte-c	57	HARVONI.....	3
flumazenil.....	31	gavilyte-g.....	57	HAVRIX (PF)	62
flunisolide.....	74	gavilyte-n.....	57	heather	66
fluocinolone.....	45	GAZYVA	15	heparin (porcine)	39
fluocinolone acetone oil	49	gemcitabine	15	heparin (porcine) in 5 % dex ..	39
fluocinolone and shower cap ..	45	GEMCITABINE	15	heparin (porcine) in nacl (pf) ..	39
fluocinonide.....	45	gemfibrozil	40	heparin(porcine) in 0.45% nacl	
fluocinonide-e.....	45	generlac	57	.....	40
fluoride (sodium).....	48, 80	gengraf.....	15	HEPARIN(PORCINE) IN	
fluorometholone	71	gentak	70	0.45% NACL	40
fluorouracil	14, 43	gentamicin	8, 44, 70	heparin, porcine (pf)	40
fluoxetine.....	31	gentamicin in nacl (iso-osm) ..	8	HEPARIN, PORCINE (PF).....	40
fluphenazine decanoate	32	gentamicin sulfate (ped) (pf) ..	8	HEPATAMINE 8%.....	79
fluphenazine hcl	32	GENVOYA	3	HERCEPTIN	15
flurbiprofen.....	29	GEODON	32	HERCEPTIN HYLECTA	15
flurbiprofen sodium.....	71	gianvi (28)	68	HETLIOZ	32
flutamide.....	15	GILENYA	24	HIBERIX (PF).....	62
fluticasone propionate	74	GILOTRIF	15	HIZENTRA	62
fluvastatin	40	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	hydrocortisone.....46, 49, 57	INSULIN SYRINGE-
KWIKPEN U-100 .....51	hydrocortisone butyrate.....46	NEEDLE U-100 .....51
HUMALOG KWIKPEN	hydrocortisone-acetic acid....49	INTELENCE .....3
INSULIN.....51	hydrocortisone-pramoxine....57	intralipid .....79
HUMALOG MIX 50-50	hydromorphone .....26, 27	INTRON A .....61
INSULN U-100 .....51	hydromorphone (pf) .....26	introvale.....68
HUMALOG MIX 50-50	hydroxychloroquine.....8	INVEGA SUSTENNA.....32
KWIKPEN .....51	hydroxyprogesterone caproate	INVEGA TRINZA .....32
HUMALOG MIX 75-25	66	INVIRASE .....3
KWIKPEN .....51	hydroxyurea.....15	INVOKAMET .....51
HUMALOG MIX 75-25(U-	hydroxyzine hcl .....72	INVOKAMET XR .....51
100)INSULN.....51	HYPERHEP B S/D .....63	INVOKANA.....51
HUMALOG U-100 INSULIN	HYPERHEP B S-D	IONOSOL-MB IN D5W .....79
.....51	NEONATAL .....63	IOPIDINE.....72
HUMIRA.....65	HYQVIA .....63	IPOL .....63
HUMIRA PEDIATRIC	I	ipratropium bromide.....48, 74
CROHNS START .....65	ibandronate .....64	ipratropium-albuterol.....74
HUMIRA PEN .....65	IBRANCE .....15	irbesartan .....37
HUMIRA PEN CROHNS-UC-	ibu.....29	irbesartan-hydrochlorothiazide
HS START .....65	ibuprofen .....29	37
HUMIRA PEN PSOR-	ibuprofen-oxycodone.....27	IRESSA .....16
UVEITS-ADOL HS .....65	ibutilide fumarate .....35	irinotecan .....16
HUMIRA(CF) .....65	icatibant .....74	ISENTRESS .....3
HUMIRA(CF) PEDI	ICLUSIG .....15	ISENTRESS HD .....3
CROHNS STARTER.....65	idarubicin.....15	isibloom .....68
HUMIRA(CF) PEN .....65	IDHIFA .....15	ISOLYTE S PH 7.4 .....79
HUMIRA(CF) PEN	ifosfamide .....15	ISOLYTE-P IN 5 %
CROHNS-UC-HS .....65	ILARIS (PF).....61	DEXTROSE .....79
HUMIRA(CF) PEN PSOR-	ILEVRO .....71	ISOLYTE-S.....79
UV-ADOL HS .....65	imatinib.....15	isoniazid.....8
HUMULIN 70/30 U-100	IMBRUVICA .....15	isosorbide dinitrate .....42
INSULIN.....51	IMFINZI.....16	isosorbide mononitrate .....42
HUMULIN 70/30 U-100	imipenem-cilastatin .....8	isotretinoin .....44
KWIKPEN .....51	imipramine hcl.....32	isradipine .....37
HUMULIN N NPH INSULIN	imipramine pamoate .....32	ISTODAX.....16
KWIKPEN .....51	imiquimod .....43	itraconazole.....2
HUMULIN N NPH U-100	IMOVAX RABIES VACCINE	ivermectin .....8
INSULIN.....51	(PF).....63	IXEMPRA .....16
HUMULIN R REGULAR U-	IMPAVIDO .....8	IXIARO (PF).....63
100 INSULN .....51	incassia .....66	J
HUMULIN R U-500 (CONC)	INCRELEX .....47	JAKAFI .....16
INSULIN.....51	INCRUSE ELLIPTA.....74	jantoven .....40
HUMULIN R U-500 (CONC)	indapamide .....37	JANUMET .....51
KWIKPEN .....51	INFANRIX (DTAP) (PF).....63	JANUMET XR.....51
hydralazine .....37	INFUGEM.....16	JANUVIA.....51
hydrochlorothiazide.....37	INLYTA .....16	jasmiel (28).....68
hydrocodone-acetaminophen26	INSULIN PEN NEEDLE .....51	jencycla.....66
hydrocodone-ibuprofen .....26		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.estradiol-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	larissia.....	68	LIORESAL.....	25
ketoconazole.....	2, 44, 45	LASTACRAFT.....	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-		leucovorin calcium	12	LONSURF	16
PACK	16	LEUKERAN	16	loperamide	56
klor-con	77	LEUKINE.....	61	lopinavir-ritonavir.....	3
klor-con 10	77	leuprolide.....	16	lorazepam	32
klor-con 8	77	levalbuterol hcl	74	lorazepam intensol.....	32
klor-con m10	77	levetiracetam	22	LORBRENA.....	16
klor-con m15	77	levetiracetam in nacl (iso-os)	22	lorcet (hydrocodone)	27
klor-con m20	77	levobunolol.....	70	lorcet hd	27
klor-con sprinkle	77	levocarnitine	47	lorcet plus	27
klor-con/ef.....	77	levocarnitine (with sugar)....	47	loryna (28)	68
KOMBIGLYZE XR.....	52	levocetirizine	72	losartan	37
KORLYM	54	levofloxacin.....	11, 70	losartan-hydrochlorothiazide	37
K-PHOS NO 2.....	76	levofloxacin in d5w	11	LOTEMAX.....	71, 72
K-PHOS ORIGINAL	76	levoleucovorin calcium	12	LOTEMAX SM.....	72
KRYSTEXXA.....	64	levonest (28)	68	loteprednol etabonate.....	72
k-tab.....	77	levonorgestrel-ethinyl estrad	68	lovastatin.....	40
K-TAB.....	77	levonorg-eth estrad triphasic	68	low-ogestrel (28)	68
kurvelo (28)	68	levora-28.....	68	loxapine succinate	32
KUVAN	54	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	MENEST	67	microgestin fe 1/20 (28)	68
LUMIGAN	71	MENVEO A-C-Y-W-135-DIP		midodrine.....	47
LUMIZYME	54	(PF).....	63	mifepristone.....	67
LUMOXITI	16	mercaptopurine.....	17	migergot.....	24
LUPRON DEPOT	16	meropenem	8	miglitol	52
LUPRON DEPOT (3		mesalamine	57	miglustat	54
MONTH).....	16	mesalamine with cleansing		mili.....	68
LUPRON DEPOT (4		wipe	57	millipred	49
MONTH).....	16	mesna.....	12	milrinone.....	41
LUPRON DEPOT (6		MESNEX.....	12	milrinone in 5 % dextrose.....	41
MONTH).....	16	metadate er	32	minocycline	11
LUPRON DEPOT-PED	16	metaproterenol.....	74	minoxidil.....	37
LUPRON DEPOT-PED (3		metformin	52	miostat	71
MONTH).....	16	methadone	27	MIRENA	67
lutra (28).....	68	methadone intensol.....	27	mirtazapine	33
LYNPARZA.....	16	methadose	27	misoprostol	59
LYRICA	22	methazolamide.....	71	MITIGARE.....	64
LYSODREN.....	16	methenamine hippurate	11	mitomycin.....	17
lyza	66	methenamine mandelate	11	mitoxantrone.....	17
M		methergine	69	M-M-R II (PF).....	63
mafenide acetate.....	44	methimazole	50	modafinil.....	33
magnesium chloride	77	methotrexate sodium	17	moexipril.....	37
magnesium sulfate.....	77	methotrexate sodium (pf)	17	molindone	33
MAGNESIUM SULFATE IN		methoxsalen.....	43	mometasone	46, 74
D5W	77	methyclothiazide	37	mondoxyne nl	11
magnesium sulfate in water..	77	methyldopa	37	mono-lynyah.....	68
malathion	46	methylergonovine	69	montelukast.....	74
mannitol 20 %	37	methylphenidate hcl	32, 33	morgidox.....	11
mannitol 25 %	37	methylprednisolone	49	morphine.....	27, 28
maprotiline	32	methylprednisolone acetate ..	49	morphine (pf).....	27
marlissa (28).....	68	methylprednisolone sodium		morphine concentrate	27
MARPLAN	32	succ.....	49	MOVANTIK	57
MARQIBO	16	methyltestosterone.....	54	MOVIPREP	57
MATULANE	16	metoclopramide hcl	57	moxifloxacin.....	11, 70
matzim la	37	metolazone.....	37	moxifloxacin-sod.chloride(iso)	
meclizine	57	metoprolol succinate.....	37	.....	11
meclofenamate	29	metoprolol ta-hydrochlorothiaz		MOZOBIL	61
medroxyprogesterone	67	.....	37	MULPLETA.....	40
mefenamic acid	29	metoprolol tartrate	37	mupirocin.....	44
mefloquine.....	8	metro i.v.....	8	mupirocin calcium	44
megestrol	16, 17	metronidazole	8, 44, 67	MVASI	17
MEKINIST.....	17	metronidazole in nacl (iso-os)	8	MYALEPT	54
MEKTOVI	17	mexiletine	35	MYCAMINE	2
meloxicam	29	MIACALCIN	54	mycophenolate mofetil	17
melphalan	17	miconazole-3	67	mycophenolate mofetil hcl ...	17
melphalan hcl	17	microgestin 1.5/30 (21)	68	mycophenolate sodium.....	17
memantine	25	microgestin 1/20 (21)	68	MYLOTARG	17
MENACTRA (PF)	63	microgestin fe 1.5/30 (28)	68	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	niacin	40	NOVOLOG MIX 70-30 U-100	
N		nicardipine	37	INSULN	52
nabumetone	29	NICOTROL	48	NOVOLOG MIX 70-	
nadolol	37	NICOTROL NS	48	30FLEXPEN U-100	52
nadolol-bendroflumethiazide	37	nifedipine	38	NOVOLOG PENFILL U-100	
nafticillin	10	nikki (28)	68	INSULIN	52
nafticillin in dextrose iso-osm	10	nilutamide	17	NOVOLOG U-100 INSULIN	
naftifine	45	nimodipine	38	ASPART	52
NAFTIN	45	NINLARO	17	NOXAFIL	2
NAGLAZYME	54	nisoldipine	38	NPLATE	40
nalbuphine	29	nitro-bid	42	NUEDEXTA	25
naloxone	29	nitrofurantoin	11	NULOJIX	17
naltrexone	29	nitrofurantoin macrocrystal ..	11	NUPLAZID	33
NAMZARIC	25	nitrofurantoin monohyd/m-		nyamyc	45
naproxen	29	cryst	11	nystatin	2, 45
naproxen sodium	29	nitroglycerin	42	nystatin-triamcinolone	45
naratriptan	24	nitroglycerin in 5 % dextrose	42	nystop	45
NARCAN	30	nizatidine	59	O	
NATACYN	70	nolix	46	OCALIVA	57
nateglinide	52	nora-be	67	OCREVUS	25
NATPARA	54	NORDITROPIN FLEXPRO	61	octreotide acetate	17
NEBUPENT	8	norepinephrine bitartrate	41	ODEFSEY	4
NEEDLES, INSULIN		norethindrone (contraceptive)		ODOMZO	17
DISP.,SAFETY	52	.....	67	OFEV	74
nefazodone	33	norethindrone acetate	67	ofloxacin	11, 49, 70
neomycin	8	norethindrone ac-eth estradiol		okebo	11
neomycin-bacitracin-poly-hc	71	.....	67, 68	olanzapine	33
neomycin-bacitracin-		norethindrone-e.estradiol-iron		olanzapine-fluoxetine	33
polymyxin	70	.....	69	olmesartan	38
neomycin-polymyxin b gu ...	46	norgestimate-ethinyl estradiol		olmesartan-amlodipin-	
neomycin-polymyxin b-		.....	69	hcthiazid	38
dexameth	71	norlyda	67	olmesartan-	
neomycin-polymyxin-		norlyroc	67	hydrochlorothiazide	38
gramicidin	70	NORMOSOL-R	77	olopatadine	48, 70
neomycin-polymyxin-hc	49, 71	NORMOSOL-R IN 5 %		omeprazole	59, 60
neo-polycin	70	DEXTROSE	78	OMNIPOD INSULIN	
neo-polycin hc	71	NORMOSOL-R PH 7.4	79	MANAGEMENT	52
neostigmine methylsulfate ...	25	NORTHERA	47	OMNITROPE	61
NEPHRAMINE 5.4 %	79	nortrel 0.5/35 (28)	69	ONCASPAR	17
NERLYNX	17	nortrel 1/35 (21)	69	ondansetron	57
NESINA	52	nortrel 1/35 (28)	69	ondansetron hcl	57, 58
NEULASTA	61	nortrel 7/7/7 (28)	69	ondansetron hcl (pf)	57
NEUPOGEN	61	nortriptyline	33	ONGLYZA	52
NEUPRO	23	NORVIR	4	ONIVYDE	17
nevirapine	3, 4	NOVOFINE 32	52	OPDIVO	17
NEXAVAR	17	NOVOLOG FLEXPEN U-100		opium tincture	56
NEXIUM PACKET	59	INSULIN	52	OPSUMIT	74
NEXPLANON	67			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	pioglitazone-glimepiride.....	53
ORENCIA (WITH		PAZEO	70	pioglitazone-metformin	53
MALTOSE).....	65	PEDIARIX (PF)	63	piperacillin-tazobactam	10
ORENCIA CLICKJECT	65	PEDVAX HIB (PF).....	63	PIQRAY	18
ORFADIN	47	peg 3350-electrolytes	58	pirmella.....	69
ORKAMBI.....	74	PEGANONE	22	piroxicam	30
orsythia.....	69	PEGASYS	61	plasbumin 25 %	77
oseltamivir	4	PEGASYS PROCLICK	61	plasbumin 5 %	77
osmitrol 15 %	38	peg-electrolyte	58	PLASMA-LYTE 148	80
osmitrol 20 %	38	PEGINTRON	61	PLASMA-LYTE A	80
OTEZLA	65	penicillamine	66	plasmanate	80
OTEZLA STARTER	65, 66	PENICILLIN G POT IN		PLEGRIDY	61
OTOVEL	49	DEXTROSE	10	plenamine	80
oxacillin.....	10	penicillin g potassium.....	10	podofilox.....	43
oxacillin in dextrose(iso-osm)		penicillin g procaine	10	POLIVY	18
.....	10	penicillin g sodium	10	polocaine.....	43
oxaliplatin.....	17, 18	penicillin v potassium.....	10	polocaine-mpf.....	43
oxandrolone.....	54	PENTACEL (PF)	63	polycin	70
oxaprozin.....	30	PENTAM.....	8	polyethylene glycol 3350	58
oxcarbazepine.....	22	pentamidine	8	polymyxin b sulfate	8
OXERVATE	70	PENTASA	58	polymyxin b sulf-trimethoprim	
oxiconazole.....	45	pentoxifylline.....	40	.....	70
oxybutynin chloride.....	76	PERFOROMIST	75	POMALYST.....	18
oxycodone	28	perindopril erbumine	38	portia 28.....	69
oxycodone-acetaminophen...	28	periogard.....	48	PORTRAZZA.....	18
oxycodone-aspirin	28	PERJETA	18	potassium acetate.....	78
OXYCONTIN	28	permethrin	46	potassium chlorid-d5-	
oxymorphone.....	28	perphenazine.....	33	0.45%nacl	78
oxytocin.....	69	PERSERIS.....	33	potassium chloride.....	78
OZEMPIC	52	pfizerpen-g.....	10	potassium chloride in 0.9%nacl	
OZURDEX.....	72	phenelzine.....	33	.....	78
P		phenobarbital	22	potassium chloride in 5 % dex	
pacerone	35	phenobarbital sodium	22	.....	78
paclitaxel	18	phenoxybenzamine	38	potassium chloride in lr-d5...	78
paliperidone.....	33	phentolamine	38	potassium chloride in water..	78
palonosetron	58	phenytoin.....	22	potassium chloride-0.45 % nacl	
PALYNZIQ.....	55	phenytoin sodium	22	.....	78
pamidronate.....	55	phenytoin sodium extended..	22	potassium chloride-d5-	
PANRETIN	43	philith.....	69	0.2%nacl	78
pantoprazole	60	PHOSPHOLINE IODIDE	70	potassium chloride-d5-	
paregoric.....	56	PICATO.....	43	0.3%nacl	78
paricalcitol.....	55	PIFELTRO	4	potassium chloride-d5-	
paroex oral rinse.....	48	pilocarpine hcl	47, 71	0.9%nacl	79
paromomycin.....	8	pimecrolimus	43	potassium citrate	76
paroxetine hcl	33	pimozide	33	potassium phosphate m-/d-	
paroxetine		pimtrea (28)	69	basic	79
mesylate(menop.sym)	33	pindolol.....	38	POTELIGEO	18
PASER	8	pioglitazone	52	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	regonol	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	propylthiouracil	50	RENACIDIN	77
prednisone	50	PROQUAD (PF).....	63	repaglinide	53
prednisone intensol.....	49	protamine.....	40	repaglinide-metformin	53
pregabalin	22, 23	protriptyline	33	REPATHA.....	41
PREMARIN	67	prudoxin.....	43	REPATHA PUSHTRONEX	41
premasol 10 %.....	80	PULMICORT FLEXHALER	75	RESCRIPTOR.....	4
PREMASOL 6 %	80	PULMOZYME.....	75	RESTASIS.....	71
prenatal vitamin oral tablet...	80	PURIXAN	18	RESTASIS MULTIDOSE.....	71
prevalite.....	41	pyrazinamide	8	RETACRIT.....	62
PREVIDENT 5000 BOOSTER PLUS	48	pyridostigmine bromide	25	RETROVIR	4
previfem	69	Q		REVCovi	47
PREVYMIS.....	4	QNASL.....	75	REVLIMID.....	18
PREZCOBIX.....	4	QTERN.....	53	revonto	25
PREZISTA	4	QUADRACEL (PF)	63	REXULTI	34
PRIFTIN.....	8	quetiapine	33	REYATAZ	4
PRIMAQUINE.....	8	quinapril.....	38	RHOPRESSA	71
primidone	23	quinapril-hydrochlorothiazide	38	ribasphere	4
PRIVIGEN	63	quinidine gluconate	35	ribasphere ribapak	4
PROAIR HFA	75	quinidine sulfate	35	ribavirin	4
PROAIR RESPICLICK	75	quinine sulfate	8	RIDAURA	66
probenecid	64	QVAR REDIHALER	75	rifabutin	8
probenecid-colchicine	64	R		rifampin	8
procainamide	35	RABAVERT (PF)	63	riluzole	47
procentra.....	33	RADICAVA.....	25	rimantadine	4
prochlorperazine.....	58	raloxifene.....	64	ringer's	46, 79
prochlorperazine edisylate....	58	ramelteon	33	RIOMET.....	53
prochlorperazine maleate oral	58	ramipril	38	risedronate	47, 64
PROCRIT	62	ranitidine hcl.....	60	RISPERDAL CONSTA	34
procto-med hc.....	58	ranolazine	41	risperidone	34
procto-pak.....	58	rasagiline	23	ritonavir	4
proctosol hc	58	RASUVO (PF)	66	RITUXAN	18
proctozone-hc	58	RAVICTI.....	47	RITUXAN HYCELA	18
progesterone	67	REBETOL	4	rivastigmine	25
progesterone micronized	67	REBIF (WITH ALBUMIN).....	62	rivastigmine tartrate.....	25
PROGLYCEM	53	REBIF REBIDOSE	62	rizatriptan.....	24
PROGRAF	18	REBIF TITRATION PACK.....	62	ROMIDEPSIN.....	18
				ropinirole	23
				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	sodium benzoate-sod		subvenite.....	23
ROTARIX.....	63	phenylacet.....	48	subvenite starter (blue) kit....	23
ROTATEQ VACCINE	63	sodium bicarbonate.....	79	subvenite starter (green) kit..	23
roweepra.....	23	sodium chloride	48, 79	subvenite starter (orange) kit	23
roweepra xr.....	23	sodium chloride 0.45 %.....	79	SUCRAID.....	58
ROZEREM.....	34	sodium chloride 0.9 %.....	48	sucrafate.....	60
RUBRACA	18	sodium chloride 3 %.....	79	sulfacetamide sodium	71
RYDAPT.....	18	sodium chloride 5 %.....	79	sulfacetamide sodium (acne)	44
S		sodium fluoride 5000 plus....	48	sulfacetamide-prednisolone..	71
salsalate	30	sodium lactate intravenous ..	79	sulfadiazine.....	11
SAMSCA	55	sodium nitroprusside	41	sulfamethoxazole-trimethoprim	
SANCUSO	58	sodium phenylbutyrate	48	.....	11
SANDIMMUNE	18	sodium phosphate	79	SULFAMYLON.....	44
SANDOSTATIN LAR		sodium polystyrene sulfonate		sulfasalazine	58
DEPOT	18	.....	48	sulfatrim.....	11
SANTYL	43	solifenacin	76	sulindac.....	30
SAPHRIS	34	SOLQUA 100/33	53	sumatriptan	24
SAVELLA.....	66	SOLIRIS.....	48	sumatriptan succinate	24
scopolamine base.....	58	SOLTAMOX.....	18	sumatriptan-naproxen	24
SEGLUROMET	53	SOMATULINE DEPOT	18	SUPRAX	6
selegiline hcl.....	23	SOMAVERT	55	SUPREP BOWEL PREP KIT	
selenium sulfide.....	42	sorine	35	.....	58
SELZENTRY	4	sotalol	35	SUTENT.....	18
SEREVENT DISKUS	75	sotalol af.....	35	syeda.....	69
sertraline.....	34	SOTYLIZE.....	35	SYLATRON.....	62
setlakin	69	SPIRIVA RESPIMAT.....	75	SYLVANT	18
sevelamer carbonate	47	SPIRIVA WITH		SYMBICORT.....	75
sevelamer hcl.....	47	HANDIHALER.....	75	SYMDEKO	75
sf 48		spironolactone	38	SYMFI.....	4
sf 5000 plus	48	spironolacton-hydrochlorothiaz		SYMFI LO.....	4
sharobel	67	.....	38	SYMJEPI.....	72
SHINGRIX (PF).....	63	sprintec (28).....	69	SYMLINPEN 120	53
SIGNIFOR	18	SPRITAM.....	23	SYMLINPEN 60	53
sildenafil (pulmonary arterial		SPRYCEL	18	SYMPAZAN	23
hypertension).....	75	sps (with sorbitol).....	48	SYMPROIC.....	58
silodosin	76	sronyx	69	SYMTUZA.....	4
silver sulfadiazine.....	43	ssd.....	43	SYNAGIS.....	4
SIMBRINZA.....	71	STAMARIL (PF)	63	SYNAREL.....	55
SIMPONI	66	stavudine.....	4	SYNERCID	8
SIMPONI ARIA.....	66	STEGLATRO.....	53	SYNRIBO.....	19
SIMULECT.....	18	STELARA	42	T	
simvastatin.....	41	STIMATE.....	55	TABLOID.....	19
sirolimus	18	STIOLTO RESPIMAT.....	75	tacrolimus	19, 43
SIRTURO.....	8	STIVARGA.....	18	tadalafil.....	77
SKLICE.....	46	STRENSIQ.....	55	tadalafil (pulmonary arterial	
SKYRIZI	42	STREPTOMYCIN	8	hypertension) oral tablet 20	
sodium acetate	79	STRIBILD	4	mg.....	76
		STRIVERDI RESPIMAT	75	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
TARGRETIN	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-lynyah	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	TOUJEO MAX U-300		TROPHAMINE 6%.....	80
tenofovir disoproxil fumarate.	4	SOLOSTAR	53	trospium.....	76
terazosin	38	TOUJEO 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	TRECTOR.....	9	START KIT.....	76
THIOLA	48	TRELSTAR.....	19	TYVASO REFILL KIT.....	76
thioridazine.....	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	vienva	69	XYREM.....	34
valganciclovir.....	5	vigabatrin.....	23	Y	
valproate sodium	23	vigadrone.....	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	yuvaferm	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		ZOLINZA.....	20
VENCLEXTA STARTING PACK	19	XALKORI	20	zolmitriptan.....	24
venlafaxine	34	XARELTO	40	zolpidem	35
verapamil.....	38, 39	XATMEP.....	20	zonisamide.....	23
VERSACLOZ	34	XELJANZ	66	ZONTIVITY.....	40
VERZENIO.....	20	XELJANZ XR.....	66	ZORTRESS	20
V-GO 20.....	53	XERESE.....	45	ZOSTAVAX (PF)	64
V-GO 30.....	53	XERMELO.....	20	zovia 1/35e (28).....	69
V-GO 40.....	54	XGEVA	12	ZUBSOLV.....	30
VIBATIV	9	XIAFLEX.....	48	zumandimine (28).....	69
VIBERZI	58	XIFAXAN	9	ZYDELIG.....	20
VIBRAMYCIN	11	XIGDUO XR.....	54	ZYFLO	76
VICTOZA 2-PAK.....	54	XOFLUZA	5	ZYKADIA.....	20
		XOLAIR.....	76	ZYLET	71
		XOSPATA.....	20	ZYPREXA RELPREVV	35
		XPOVIO.....	20	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

