
2020 Prescription Drug Formulary

MedMutual Advantage HMO and PPO Plans

List of Covered Drugs



PLEASE READ:

This document contains information about the drugs we cover in this plan.

This formulary was updated on . For more recent information or other questions, please contact Medical Mutual Member Services at 1-844-404-7947 or, for TTY users, 711, 24 hours a day, seven days a week, or visit [MedMutual.com/MAPlanInfo](https://www.MedMutual.com/MAPlanInfo).

HPMS Approved Formulary File Submission ID , Version Number

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 Medical Mutual. When it refers to “plan” or “our plan,” it means MedMutual Advantage.

This document includes a list of the drugs (formulary) for our plan, which is current as of .
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.

Introduction

What Is the MedMutual Advantage Formulary?

A formulary is a list of covered drugs selected by MedMutual Advantage in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. MedMutual Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a MedMutual Advantage 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 we 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:

- **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 new generic drug 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, 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 MedMutual Advantage 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 . To get updated information about the drugs covered by MedMutual Advantage, please contact us. Our contact information appears on the front and back cover pages. If there are additional changes made to the formulary that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time from when the changes are made.

How Do I Use the Formulary?

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

■ Medical Condition

The formulary begins on page . 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, Hypertension/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page . 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 . 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?

MedMutual Advantage 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**

MedMutual Advantage requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from MedMutual Advantage before you fill your prescriptions. If you don't get approval, MedMutual Advantage may not cover the drug.

- **Quantity Limits**

For certain drugs, MedMutual Advantage limits the amount of the drug that MedMutual Advantage will cover. For example, MedMutual Advantage provides 30 capsules per prescription for Omeprazole DR 10mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy**

In some cases, MedMutual Advantage 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, MedMutual Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MedMutual Advantage 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 . You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask MedMutual Advantage 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 MedMutual Advantage’s Formulary?” on page 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 Member Services and ask if your drug is covered.

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

- You can ask Member Services for a list of similar drugs that are covered by MedMutual Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by MedMutual Advantage.
- You can ask MedMutual Advantage 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 MedMutual Advantage Formulary?

You can ask MedMutual Advantage to make an exception to our coverage rules. There are several types of exceptions 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, MedMutual Advantage limits the amount of the drug we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, MedMutual Advantage 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 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.

Other times when we will cover a temporary 31-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

The plan will send you a letter within three business days of your filling a temporary transition supply, notifying you this was a temporary supply and explaining your options.

For More Information

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

If you have questions about MedMutual Advantage, 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/seven days a week. TTY users should call 1-877-486-2048. Or, visit Medicare.gov.

MedMutual Advantage's Formulary

The formulary that begins on page provides coverage information about the drugs covered by MedMutual Advantage. If you have trouble finding your drug in the list, turn to the index that begins on page .

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., NEXIUM®) and generic drugs are listed in lower-case italics (e.g., omeprazole). The information in the Requirements/Limits column tells you if MedMutual Advantage has any special requirements for coverage of your drug.

Your Cost

The amount you pay for a covered drug will depend on:

- Your coverage stage. MedMutual Advantage has different stages of coverage. In each stage, the amount you pay for a drug may change.
- The drug tier for your drug. Each covered drug is in one of five drug tiers. Each tier may have a different copayment or coinsurance amount. The Drug Tiers chart on page explains what types of drugs are included in each tier and shows how costs may change with each tier.

The Evidence of Coverage (EOC) has more information about the plan's coverage stages and lists the copayment and coinsurance amounts for each tier.

If You Qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your copayments and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider)." Please read it to find out what your costs are. You can also contact Member Services for more information.

Drug Tiers

Tier	Includes	Helpful Tips
Tier 1 Preferred Generic	This tier includes many commonly prescribed low-cost drugs.	This tier includes commonly prescribed generic drugs. Use Tier 1 drugs for the lowest copayments.
Tier 2 Generic	This tier includes additional low-cost drugs.	This tier includes generic drugs. Use Tier 2 drugs to keep your copayments low.
Tier 3 Preferred Brand	This tier includes preferred brand-name drugs.	Drugs in this tier will generally have lower copayments than non-preferred drugs.
Tier 4 Non-Preferred Drug	This tier includes non-preferred brand-name and generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1, 2 and 3. Ask your doctor if switching to a lower-cost generic or preferred brand may be right for you.
Tier 5 Specialty	This tier includes very high-cost brand-name and generic drugs.	To learn more about medications in this tier, you may contact a pharmacist at the numbers listed on the front and back covers of this document.

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>casprofungin</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
<i>micafungin</i>	5	
MYCAMINE	5	MO
NOXAFIL ORAL	5	MO
<i>nystatin oral suspension</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	MO
<i>terbinafine hcl oral</i>	2	MO
<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	5	MO
APTIVUS (WITH VITAMIN E)	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

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
BIKTARVY	5	MO
<i>cidofovir</i>	5	B/D PA; MO
CIMDUO	5	MO
COMPLERA	5	MO
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
<i>efavirenz-emtricitabin-tenofov</i>	5	MO
<i>efavirenz-lamivudine-tenofov disop</i>	5	MO
<i>emtricitabine</i>	2	MO
<i>emtricitabine-tenofovir (tdf)</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	2	MO
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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 ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
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

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
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
<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	

Drug Name	Drug Tier	Requirements /Limits
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
RELENZA DISKHALER	3	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	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
RUKOBIA	5	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

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
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
TEMIXYS	5	MO
<i>tenofovir disoproxil fumarate</i>	2	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO; LA
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
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
XOFLUZA	3	MO
<i>zidovudine</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-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>cefdinir</i>	2	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</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>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>cefepime injection</i>	2	MO
<i>cefixime</i>	2	MO
<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</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO
<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 injection recon soln 1 gram</i>	2	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	2	MO
<i>tazicef intravenous</i>	2	
TEFLARO	5	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin</i>	2	MO
<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
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	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>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral</i>	2	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	MO
ARIKAYCE	5	PA; MO; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam</i>	2	MO
<i>bacitracin intramuscular</i>	2	MO
BENZNIDAZOLE	3	MO
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)

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

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>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 oral</i>	2	MO
<i>lincomycin</i>	2	
<i>linezolid in dextrose 5%</i>	5	
<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

Drug Name	Drug Tier	Requirements /Limits
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 inhalation</i>	2	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	2	MO
<i>polymyxin b sulfate</i>	2	MO
<i>praziquantel</i>	2	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	2	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO
<i>rifampin</i>	2	MO
SIRTURO ORAL TABLET 100 MG	5	MO; LA
SIRTURO ORAL TABLET 20 MG	5	LA
STREPTOMYCIN	3	MO
SYNERCID	5	PA
<i>tigecycline</i>	5	
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 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>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	B/D PA; MO; QL (224 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)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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
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	

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>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
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

Drug Name	Drug Tier	Requirements /Limits
<i>penicillin g potassium</i>	2	MO
<i>penicillin g procaine</i>	2	MO
<i>penicillin g sodium</i>	2	MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	2	
<i>piperacillin-tazobactam</i>	2	MO
QUINOLONES		
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl oral</i>	2	MO
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
<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>mondoxyne nl oral capsule 100 mg, 75 mg</i>	2	MO
<i>morgidox</i>	2	MO
<i>tetracycline</i>	2	MO
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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		
<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

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Drug Name	Drug Tier	Requirements /Limits
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
ADCETRIS	5	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PA; MO
<i>adriamycin intravenous solution</i>	2	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
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)

Drug Name	Drug Tier	Requirements /Limits
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 INTRAVENOUS SOLUTION 1 MG/ML	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ARZERRA	5	B/D PA; MO
AVASTIN	5	B/D PA; MO
AYVAKIT	5	PA; MO; LA
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA
BALVERSA	5	PA; MO; LA
BAVENCIO	5	B/D PA; MO; LA
BELEODAQ	5	B/D PA; MO
BENDEKA	5	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BICNU	5	B/D PA; MO
BLNREP	5	PA; MO
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO
BORTEZOMIB	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
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 50 MG	5	PA; MO; LA; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; MO; LA
<i>busulfan</i>	5	B/D PA
BYNFEZIA	5	MO
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; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<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

Drug Name	Drug Tier	Requirements /Limits
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</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
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
<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
ELZONRIS	5	PA; MO; LA
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
ENVARUSUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	2	B/D PA; MO
ERBITUX	5	B/D PA; MO
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

Drug Name	Drug Tier	Requirements /Limits
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>everolimus (antineoplastic)</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (immunosuppressive)</i>	5	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
<i>flutamide</i>	2	MO
FOLOTYN	5	B/D PA; MO
<i>fulvestrant</i>	5	B/D PA; MO
GAVRETO	5	PA; MO; LA
GAZYVA	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
<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
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
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)
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)

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
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO
INREBIC	5	PA; MO; LA; 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 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
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
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LENVIMA	5	PA; MO
<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), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/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
MONJUVI	5	PA; MO; LA
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

Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<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)
NUBEQA	5	PA; MO; LA
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)
OGIVRI	5	B/D PA; MO
ONCASPAR	5	B/D PA; MO
ONIVYDE	5	B/D PA; MO
ONUREG	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
OPDIVO	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel</i>	2	B/D PA; MO
PADCEV	5	PA; MO
<i>paraplatin</i>	2	B/D PA
PEMAZYRE	5	PA; MO; LA
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	
QINLOCK	5	PA; MO; LA
RETEVMO	5	PA; MO; LA
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
RITUXAN HYCELA	5	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYDAPT	5	PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MO
SARCLISA	5	PA; MO; LA
SIGNIFOR	5	MO
SIKLOS	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

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
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
SYNRIBO	5	B/D PA; MO
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	2	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISO	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
TARGRETIN TOPICAL	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
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)
TAZVERIK	5	PA; MO; LA
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 injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</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
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
TORISEL	5	B/D PA; MO
TRAZIMERA	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tretinoin</i> (antineoplastic)	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PA; MO
TRODELVY	5	PA; MO; LA
TRUXIMA	5	PA; MO
TUKYSA	5	PA; MO; LA
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO
<i>valrubicin</i>	5	B/D PA; MO
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)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i> <i>intravenous solution</i>	2	B/D PA; MO
<i>vincasar pfs</i> <i>intravenous solution</i> <i>1 mg/ml</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
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
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)

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
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZEPZELCA	5	PA; MO
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	MO
ZORTRESS	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
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

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>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
FINTEPLA	5	PA; MO; LA
<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 250 mg/5 ml (5 ml), 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 ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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 disintegrating, dose pk</i>	2	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

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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)
NAYZILAM	5	PA; MO; QL (10 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

Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<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	
SPRITAM	4	MO
<i>subvenite</i>	1	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 (5 ml)</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	2	MO
VALTOCO	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	MO; LA
<i>vigadrone</i>	5	MO; LA
VIMPAT INTRAVENOUS	3	MO
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
XCOPRI MAINTENANCE PACK	5	MO
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	MO
XCOPRI ORAL TABLET 200 MG	5	MO
XCOPRI TITRATION PACK	4	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

Drug Name	Drug Tier	Requirements /Limits
<i>entacapone</i>	2	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
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)
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)

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
NURTEC ODT	5	PA; MO; QL (16 per 30 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)
<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)
UBRELVY ORAL TABLET 100 MG	5	PA; MO; QL (20 per 30 days)
UBRELVY ORAL TABLET 50 MG	3	PA; MO; QL (20 per 30 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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>dimethyl fumarate</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)
LEMTRADA	5	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	PA; MO
<i>memantine oral solution</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<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
VUMERITY	5	PA; MO
ZEPOSIA	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT	5	PA; MO; QL (37 per 30 days)
ZEPOSIA STARTER PACK	3	PA; MO; QL (7 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
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 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 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 solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<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</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)

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 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 bitartrate</i>	2	PA; MO; QL (90 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)

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 (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)
<i>hydromorphone injection solution 2 mg/ml</i>	2	MO; QL (1200 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 (1200 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 hd</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 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)
<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)

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 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 solution 4 mg/ml</i>	2	MO; QL (500 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)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)

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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 injection solution 1 mg/ml</i>	2	MO; QL (857 per 30 days)
<i>butorphanol injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol 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	MO
<i>etodolac</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
FLECTOR	4	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ibu</i>	1	MO
<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, 75 mg</i>	2	MO
<i>ketoprofen oral capsule 50 mg</i>	2	
<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 injection solution</i>	2	MO
<i>naloxone injection syringe</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

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Drug Name	Drug Tier	Requirements /Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	MO
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
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	4	MO; QL (90 per 30 days)
<i>sulindac</i>	1	MO
<i>tolmetin</i>	2	MO
<i>tramadol oral tablet 50 mg</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)

Drug Name	Drug Tier	Requirements /Limits
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)
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
CAPLYTA	5	MO
<i>chlorpromazine</i>	2	MO
<i>citalopram oral solution</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>clozapine oral tablet, disintegrating</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)

Drug Name	Drug Tier	Requirements /Limits
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<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)
<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)

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
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
<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)

Drug Name	Drug Tier	Requirements /Limits
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 intramuscular</i>	2	
<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
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

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Drug Name	Drug Tier	Requirements /Limits
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO
<i>lorazepam injection syringe 4 mg/ml</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>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	MO
<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

Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil</i>	2	PA; MO
<i>molindone</i>	2	MO
<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)
<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)

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>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	MO; QL (30 per 30 days)
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 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)
SECUADO	5	MO; QL (30 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)
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	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>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)
<i>venlafaxine oral tablet extended release 24hr</i>	2	MO; QL (30 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)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	2	
<i>zolidem 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
<i>lidocaine (pf) intravenous syringe</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>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
<i>amlodipine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>betaxolol oral</i>	2	MO
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 oral tablet 500 mg</i>	2	MO
<i>chlorothiazide sodium</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>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 recon soln</i>	2	
<i>diltiazem hcl intravenous solution</i>	2	MO
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	2	
<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)

Drug Name	Drug Tier	Requirements /Limits
EDARBI	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	2	MO
<i>epoprostenol (glycine)</i>	2	B/D PA; MO
<i>eprosartan</i>	2	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	MO
<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

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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>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 oral</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral</i>	2	MO

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

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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>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	2	MO
<i>torse mide 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</i>	2	MO
<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

Drug Name	Drug Tier	Requirements /Limits
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	MO
<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</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

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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
ELIQUIS DVT-PE TREAT 30D START	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

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 solution</i>	2	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
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
XARELTO DVT-PE TREAT 30D START	3	MO

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Drug Name	Drug Tier	Requirements /Limits
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
<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

Drug Name	Drug Tier	Requirements /Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	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)
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	2	MO
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 oral tablet</i>	1	MO; QL (30 per 30 days)
VASCEPA	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA; MO
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
<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
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/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

Drug Name	Drug Tier	Requirements /Limits
<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 (0.0625 MG)	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	
VYNDAMAX	5	PA; MO
VYNDAQEL	5	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	2	MO
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
<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 topical ointment</i>	2	MO; QL (400 per 30 days)
<i>calcipotriene-betamethasone topical suspension</i>	4	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	4	MO
COSENTYX	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
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)
DUPIXENT PEN	5	PA; MO
DUPIXENT SYRINGE	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

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>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 laryngotracheal</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 5 %</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
<i>lidocaine-epinephrine (pf)</i>	2	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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		
<i>amnesteem</i>	2	MO
<i>avita topical cream</i>	2	PA; 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)

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>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 gel</i>	2	MO
<i>ery pads</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin</i>	2	MO
<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
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>mupirocin calcium</i>	2	MO; QL (30 per 30 days)
<i>sulfacetamide sodium (acne)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclofanol 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>ketconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ketodan</i>	2	MO; QL (100 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>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 1 %</i>	2	MO
<i>alclometasone</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
CAPEX	3	MO
<i>clobetasol scalp</i>	2	MO; QL (100 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<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>clodan</i>	2	MO; QL (236 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
<i>hydrocortisone butyrate topical lotion</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 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	MO; QL (120 per 30 days)
<i>prednicarbate</i>	2	MO
<i>tovet emollient</i>	2	MO; QL (100 per 28 days)
<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</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	MO
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin topical cream</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
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>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>clovique</i>	5	PA
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</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>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferasirox</i>	5	PA; MO
<i>deferiprone</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 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>disulfiram</i>	2	MO
FERRIPROX	5	PA; MO
FERRIPROX (2 TIMES A DAY)	5	PA
INCRELEX	5	MO; LA
<i>kionex (with sorbitol)</i>	2	MO
<i>lanthanum</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral solution 100 mg/ml</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
LOKELMA	3	MO
<i>midodrine</i>	2	MO
<i>nitisinone</i>	5	PA; MO
NORTHERA	5	PA; MO
ORFADIN	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
REVCОВI	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
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	2	MO
<i>sodium chloride irrigation</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 phenylbutyrate</i>	5	PA; MO
<i>sodium polystyrene (sorb free)</i>	2	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
SOLIRIS	5	PA; MO
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
THIOLA	5	MO
THIOLA EC	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
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO

Drug Name	Drug Tier	Requirements /Limits
NICOTROL NS	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	2	MO; QL (60 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 cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<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	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetamide dental</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
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	2	MO
<i>flac otic oil</i>	2	
<i>fluocinolone acetamide 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>ciprofloxacin-dexamethasone</i>	2	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 tablet</i>	1	
<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
<i>dexamethasone oral tablets,dose pack</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone sodium phos (pf) injection solution</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 recon soln 1,000 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	2	
<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, 15 mg/5 ml (3 mg/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

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Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	B/D PA; MO
<i>prednisone intensol</i>	2	B/D PA; MO
<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
BAQSIMI	3	MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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)
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)
<i>diazoxide</i>	2	MO
DROPLET INSULIN SYR HALF UNIT	3	
DROPLET INSULIN SYRINGE	3	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	MO
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

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>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)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE	3	MO

Drug Name	Drug Tier	Requirements /Limits
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
INSULIN PEN NEEDLE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
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	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 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)

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
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
<i>metformin oral solution</i>	2	MO; QL (765 per 30 days)
<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)

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>migliol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>migliol 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)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOFINE 32	3	MO
NOVOFINE PLUS	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
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	3	MO
OMNIPOD DASH 5 PACK POD	3	MO
OMNIPOD INSULIN MANAGEMENT	3	MO

Drug Name	Drug Tier	Requirements /Limits
OMNIPOD INSULIN REFILL	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)
<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	3	MO; 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)
RYBELSUS	3	PA; MO
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	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
SEGLUOMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33	3	MO
STEGLATRO	3	MO; QL (30 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
TECHLITE INSULIN SYR HALF UNIT	3	
TECHLITE INSULIN SYRINGE	3	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	MO
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	3	
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	4	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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
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)

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
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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
MEPSEVII	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
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)

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 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
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	MO
STIMATE	3	MO
STRENSIQ	5	PA; MO; LA
SYNAREL	5	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<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)

Drug Name	Drug Tier	Requirements /Limits
<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)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; MO
VIMIZIM	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid- mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</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>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
<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

Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate oral tablet 1.5 mg</i>	2	
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</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; MO; 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
CINVANTI	3	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	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>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
<i>fosaprepitant</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
<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 topical cream with perineal applicator</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	MO
<i>lactulose oral solution</i>	2	MO
LINZESS	3	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
<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

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Drug Name	Drug Tier	Requirements /Limits
<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>peg3350-sod sul-nacl-kcl-asb-c</i>	4	MO
<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
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO

Drug Name	Drug Tier	Requirements /Limits
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 ORAL	3	B/D PA; MO
VIBERZI	5	MO
VIOKACE	3	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	MO

ULCER THERAPY

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>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,BIPHAS E DELAYED RELEAS 30 MG	4	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 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
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	MO
<i>esomeprazole sodium</i>	2	
<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

Drug Name	Drug Tier	Requirements /Limits
<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)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral granules dr for susp in packet</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

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Drug Name	Drug Tier	Requirements /Limits
<i>sucralfate</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 INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
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

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
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
NEULASTA	5	PA; MO
NEULASTA ONPRO	5	PA; MO
NEUPOGEN	5	PA; MO
NORDITROPIN FLEXPOR	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	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)

Drug Name	Drug Tier	Requirements /Limits
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)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 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)

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
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 SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
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
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF)	3	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
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
IPOL	3	MO
IXIARO (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
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
ODACTRA	3	PA; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT- 20 MCG-5 LF/0.5 ML	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
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,DIPHTE RIA 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
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (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
ZOSTAVAX (PF)	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	2	MO
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	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
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>rалoxifene</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)
TERIPARATIDE	5	PA; MO; QL (2.48 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 SOLUTION	5	PA; MO; QL (8 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 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-UVEITS-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)
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)

Drug Name	Drug Tier	Requirements /Limits
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
<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
RINVOQ	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti</i>	2	PA; MO; 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)

Drug Name	Drug Tier	Requirements /Limits
<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>lyza</i>	2	MO
<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
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<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>eluryng</i>	2	MO
<i>etonogestrel-ethinyl estradiol</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
<i>mifepristone</i>	2	LA
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

Drug Name	Drug Tier	Requirements /Limits
<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>desog-e.estradiol/e.estradiol</i>	2	MO
<i>drospirenone-e.estradiol-lm.fa 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

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Drug Name	Drug Tier	Requirements /Limits
<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	MO
<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
<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	MO
<i>lutra (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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-linyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<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

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Drug Name	Drug Tier	Requirements /Limits
<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	MO
<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
<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>violele (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	MO
OXYTOCICS		
<i>methergine</i>	2	PA
<i>methylergonovine injection</i>	2	PA

Drug Name	Drug Tier	Requirements /Limits
<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
<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

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Drug Name	Drug Tier	Requirements /Limits
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</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
<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

Drug Name	Drug Tier	Requirements /Limits
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
LASTACAFT	4	MO
LUCENTIS	5	PA; MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
OXERVATE	5	PA; MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	3	MO
<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

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Drug Name	Drug Tier	Requirements /Limits
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
<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
ROCKLATAN	3	MO
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
<i>travoprost</i>	2	MO
ZIOPTAN (PF)	4	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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
STEROIDS		
ALREX	4	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	2	MO
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	3	MO
LOTEMAX OPTHALMIC (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 OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	MO

RESPIRATORY AND ALLERGY

ANTI-HISTAMINE / ANTI-ALLERGENIC 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
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 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)

Drug Name	Drug Tier	Requirements /Limits
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
SYMJEPI	4	MO; QL (2 per 30 days)

PULMONARY AGENTS

<i>acetylcysteine</i>	2	B/D PA; MO
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 hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	MO; QL (13.4 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>ambroxol hydrochloride oral solution</i>	5	PA; MO; LA
ANORO ELLIPTA	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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)
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)
<i>azelastine-fluticasone</i>	2	MO; QL (23 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)

Drug Name	Drug Tier	Requirements /Limits
BREZTRI AEROSPHERE	3	MO; QL (10.7 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)
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
FASENRA PEN	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
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)
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

Drug Name	Drug Tier	Requirements /Limits
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 oral syrup</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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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 REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDHALER 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

Drug Name	Drug Tier	Requirements /Limits
<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 HANDHALER	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)
<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 oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 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>theophylline oral tablet extended release 24 hr</i>	2	MO
TRIKAFTA	5	PA; 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
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>tropium</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
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
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	

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>albuminar 25 %</i>	2	MO
<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(phosphat bind)</i>	2	MO
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	MO
<i>effe-r-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</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>	1	MO
<i>lactated ringers intravenous</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<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

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 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</i>	2	MO
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 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

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>potassium chloride-d5-0.9%nacl</i>	2	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</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

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 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 phosphate</i>	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	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>electrolyte-48 in d5w</i>	2	
<i>freamine iii 10 %</i>	2	B/D PA
HEPATAMINE 8%	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<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	
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
<i>travasol 10 %</i>	4	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO

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dapsone.....	7, 46	dextrose 10 % in water (d10w)		donepezil.....	25
DAPTACEL (DTAP		49	dopamine	43
PEDIATRIC) (PF).....	65	dextrose 25 % in water (d25w)		dopamine in 5 % dextrose	43
daptomycin	7	49	DOPTELET (10 TAB PACK)	
DAPTOMYCIN	7	dextrose 30 % in water (d30w)		40
DARAPRIM.....	7	49	DOPTELET (15 TAB PACK)	
DARZALEX	13	dextrose 40 % in water (d40w)		41
dasetta 1/35 (28).....	70	49	DOPTELET (30 TAB PACK)	
dasetta 7/7/7 (28).....	70	dextrose 5 % in water (d5w).	49	41
daunorubicin.....	13	dextrose 5 %-lactated ringers	49	dorzolamide	74

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dorzolamide-timolol.....	74	effer-k.....	80	EPIPEN.....	75
dorzolamide-timolol (pf).....	74	ELAPRASE.....	57	EPIPEN 2-PAK.....	75
dotti.....	69	electrolyte-48 in d5w.....	82	EPIPEN JR.....	75
DOVATO.....	3	eletriptan.....	24	EPIPEN JR 2-PAK.....	75
doxazosin.....	38	elimest.....	70	epirubicin.....	14
doxepin.....	32, 44	ELIQUIS.....	41	epitol.....	22
doxercalciferol.....	57	ELIQUIS DVT-PE TREAT		EPIVIR HBV.....	3
doxorubicin.....	14	30D START.....	41	eplerenone.....	38
doxorubicin, peg-liposomal..	14	ELITEK.....	11	EPOGEN.....	63
doxy-100.....	11	ELIXOPHYLLIN.....	76	epoprostenol (glycine).....	38
doxycycline hyclate.....	11	ELMIRON.....	79	eprosartan.....	38
doxycycline monohydrate....	11	eluryng.....	70	ERBITUX.....	14
doxylamine-pyridoxine (vit b6)		ELZONRIS.....	14	ergoloid.....	32
.....	60	EMCYT.....	14	ergotamine-caffeine.....	24
DRIZALMA SPRINKLE.....	32	EMEND.....	60	ERIVEDGE.....	14
dronabinol.....	60	EMGALITY PEN.....	24	ERLEADA.....	14
droperidol.....	60	EMGALITY SYRINGE.....	24	erlotinib.....	14
DROPLET INSULIN SYR		emoquette.....	70	errin.....	69
HALF UNIT.....	52	EMPLICITI.....	14	ertapenem.....	7
DROPLET INSULIN		EMSAM.....	32	ERWINAZE.....	14
SYRINGE.....	52	emtricitabine.....	3	ery pads.....	46
DROPLET PEN NEEDLE...	52	emtricitabine-tenofovir (tdf)...	3	ery-tab.....	6
drospirenone-e.estradiol-lm.fa		EMTRIVA.....	3	ERY-TAB.....	6
.....	70	EMVERM.....	7	ERYTHROCIN.....	7
drospirenone-ethinyl estradiol		enalapril maleate.....	38	erythrocin (as stearate).....	7
.....	70	enalaprilat.....	38	erythromycin.....	7, 72
DROXIA.....	14	enalapril-hydrochlorothiazide		erythromycin ethylsuccinate...	7
DUAVEE.....	69	.....	38	erythromycin with ethanol...	46
DULERA.....	76	ENBREL.....	67	ESBRIET.....	76
duloxetine.....	32	ENBREL MINI.....	67	escitalopram oxalate.....	32
DUPIXENT PEN.....	44	ENBREL SURECLICK.....	67	esmolol.....	38
DUPIXENT SYRINGE.....	44	endocet.....	27	esomeprazole magnesium.....	62
duramorph (pf).....	27	ENGERIX-B (PF).....	65	esomeprazole sodium.....	62
dutasteride.....	79	ENGERIX-B PEDIATRIC		estarylla.....	70
dutasteride-tamsulosin.....	79	(PF).....	65	estradiol.....	69
DYMISTA.....	76	enoxaparin.....	41	estradiol valerate.....	69
E		enpresse.....	70	estradiol-norethindrone acet.	69
e.e.s. 400.....	6	enskyce.....	70	ESTRING.....	69
ec-naproxen.....	30	entacapone.....	24	eszopiclone.....	32
econazole.....	46	entecavir.....	3	ethacrynate sodium.....	38
EDARBI.....	38	ENTRESTO.....	43	ethacrynic acid.....	38
EDARBYCLOR.....	38	ENTYVIO.....	60	ethambutol.....	7
EDURANT.....	3	enulose.....	60	ethosuximide.....	22
efavirenz.....	3	ENVARBUS XR.....	14	ethynodiol diac-eth estradiol	70
efavirenz-emtricitabin-tenofov		EPCLUSA.....	3	etodolac.....	30
.....	3	EPIDIOLEX.....	22	etonogestrel-ethinyl estradiol	170
efavirenz-lamivu-tenofov disop		epinastine.....	73	ETOPOPHOS.....	14
.....	3	epinephrine.....	75	etoposide.....	14

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euthyrox.....	58	flavoxate	79	G
everolimus (antineoplastic) ..	14	flecainide	36	gabapentin.....
everolimus		FLECTOR	30	galantamine.....
(immunosuppressive)	14	FLOVENT DISKUS	77	GAMASTAN
EVOTAZ.....	3	FLOVENT HFA.....	77	GAMASTAN S/D
exemestane	14	floxuridine	14	ganciclovir sodium
EXTAVIA	63	fluconazole	2	GARDASIL 9 (PF).....
EYLEA.....	73	fluconazole in nacl (iso-osm) ..	2	gatifloxacin
ezetimibe	42	flucytosine	2	GATTEX 30-VIAL
ezetimibe-simvastatin.....	42	fludarabine.....	14	GATTEX ONE-VIAL
F		fludrocortisone.....	51	GAUZE PAD.....
FABRAZYME	57	flumazenil.....	33	gavilyte-c
falmina (28).....	70	flunisolide.....	77	gavilyte-g.....
famciclovir	3	fluocinolone.....	47	gavilyte-n.....
famotidine.....	62	fluocinolone acetonide oil	51	GAVRETO
famotidine (pf).....	62	fluocinolone and shower cap	47	GAZYVA
famotidine (pf)-nacl (iso-os)	62	fluocinonide.....	47	gemcitabine.....
FANAPT	32	fluocinonide-e.....	47	GEMCITABINE.....
FARXIGA.....	52	fluoride (sodium).....	50, 82	gemfibrozil
FARYDAK.....	14	fluorometholone	74	generlac.....
FASENRA.....	76	fluorouracil	14, 44	gengraf.....
FASENRA PEN	76	fluoxetine.....	33	gentak
FASLODEX.....	14	fluphenazine decanoate	33	gentamicin
fayosim	70	fluphenazine hcl	33	gentamicin in nacl (iso-osm) ..
febuxostat	67	flurbiprofen.....	30	gentamicin sulfate (ped) (pf) ..
felbamate	22	flurbiprofen sodium.....	73	GENVOYA
felodipine.....	38	flutamide.....	14	GEODON
femynor	71	fluticasone propionate	77	gianvi (28)
fenofibrate	42	fluvastatin	42	GILENYA
fenofibrate micronized	42	fluvoxamine.....	33	GILOTRIF
fenofibrate nanocrystallized .	42	FOLOTYN	14	glatiramer.....
fenofibric acid	42	fomepizole.....	65	glatopa
fenofibric acid (choline).....	42	fondaparinux.....	41	GLEOSTINE
fenoprofen	30	FORFIVO XL.....	33	glimepiride.....
fentanyl.....	27	FORTEO	67	glipizide
fentanyl citrate.....	27	FOSAMAX PLUS D.....	67	glipizide-metformin.....
fentanyl citrate (pf).....	27	fosamprenavir.....	3	GLUCAGEN HYPOKIT.....
FERRIPROX.....	49	fosaprepitant	60	GLUCAGON EMERGENCY
FERRIPROX (2 TIMES A		fosinopril	38	KIT (HUMAN).....
DAY).....	49	fosinopril-hydrochlorothiazide		glycine urologic
FETZIMA.....	33	.....	38	glycine urologic solution
finasteride	79	fosphenytoin	22	glycopyrrolate.....
FINTEPLA	22	freamine iii 10 %	82	glycopyrrolate (pf) in water ..
FIRAZYR.....	77	FULPHILA.....	63	glydo
FIRDAPSE	25	fulvestrant	14	GRALISE
FIRMAGON KIT W		furosemide.....	38	granisetron (pf)
DILUENT SYRINGE	14	FUZEON	3	granisetron hcl
flac otic oil.....	51	FYCOMPA.....	22	GRANIX.....

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GRASTEK	65	HUMALOG MIX 75-25(U-100)INSULN	53	HYPERHEP B S/D.....	65
griseofulvin microsize.....	2	HUMALOG U-100 INSULIN	53	HYPERHEP B S-D NEONATAL	65
griseofulvin ultramicrosize.....	2	HUMIRA.....	68	HYQVIA	65
guanidine	33	HUMIRA PEN	68	I	
GVOKE HYPOPEN 1-PACK	53	HUMIRA PEN CROHNS-UC-HS START	68	ibandronate	67
GVOKE HYPOPEN 2-PACK	53	HUMIRA PEN PSOR- UVEITS-ADOL HS	68	IBRANCE.....	15
GVOKE PFS 1-PACK SYRINGE.....	53	HUMIRA(CF)	68	ibu	30
GVOKE PFS 2-PACK SYRINGE.....	53	HUMIRA(CF) PEDI CROHNS STARTER.....	68	ibuprofen.....	30
H		HUMIRA(CF) PEN.....	68	ibuprofen-oxycodone.....	28
HAEGARDA	77	HUMIRA(CF) PEN CROHNS-UC-HS	68	ibutilide fumarate.....	36
HALAVEN.....	15	HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	68	icatibant	77
halobetasol propionate.....	47	HUMULIN 70/30 U-100 INSULIN	53	ICLUSIG	15
haloperidol.....	33	HUMULIN 70/30 U-100 KWIKPEN.....	53	idarubicin.....	15
haloperidol decanoate.....	33	HUMULIN N NPH INSULIN KWIKPEN.....	53	IDHIFA.....	15
haloperidol lactate	33	HUMULIN N NPH U-100 INSULIN	53	ifosfamide	15
HARVONI	3	HUMULIN R REGULAR U-100 INSULN	53	ILARIS (PF)	63
HAVRIX (PF)	65	HUMULIN R U-500 (CONC) INSULIN	53	ILEVRO	74
heather	69	HUMULIN R U-500 (CONC) KWIKPEN.....	53	imatinib.....	15
heparin (porcine)	41	hydrochlorothiazide.....	38	IMBRUVICA	15
heparin (porcine) in 5 % dex	41	hydrocodone bitartrate.....	27	IMFINZI	15
heparin (porcine) in nacl (pf).....	41	hydrocodone-acetaminophen.....	27	imipenem-cilastatin	8
heparin(porcine) in 0.45% nacl	41	hydrocodone-ibuprofen	27	imipramine hcl.....	33
HEPARIN(PORCINE) IN 0.45% NACL.....	41	hydrocortisone	48, 51, 60	imipramine pamoate	33
heparin, porcine (pf).....	41	hydrocortisone butyrate.....	47	imiquimod.....	44
HEPARIN, PORCINE (PF)	41	hydrocortisone-acetic acid....	51	IMOVAX RABIES VACCINE (PF).....	65
HEPATAMINE 8%.....	82	hydrocortisone-pramoxine....	60	IMPAVIDO	8
HERCEPTIN	15	hydromorphone	28	incassia	69
HERCEPTIN HYLECTA	15	hydromorphone (pf)	27, 28	INCRELEX	49
HETLIOZ	33	hydroxychloroquine.....	8	INCRUSE ELLIPTA.....	77
HIBERIX (PF).....	65	hydroxyprogesterone caproate	69	indapamide	38
HIZENTRA	65	hydroxyurea.....	15	INFANRIX (DTAP) (PF).....	65
HUMALOG JUNIOR KWIKPEN U-100	53	hydroxyzine hcl	75	INFUGEM.....	15
HUMALOG KWIKPEN INSULIN.....	53			INLYTA	15, 16
HUMALOG MIX 50-50 INSULN U-100	53			INQOVI.....	16
HUMALOG MIX 50-50 KWIKPEN	53			INREBIC	16
HUMALOG MIX 75-25 KWIKPEN	53			INSULIN PEN NEEDLE	53
				INSULIN SYRINGE-NEEDLE U-100	54
				INTELENCE	3
				intralipid	82
				INTRON A	63, 64
				introvale	71
				INVEGA SUSTENNA	33
				INVEGA TRINZA	33
				INVIRASE	3
				INVOKAMET.....	54

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INVOKAMET XR	54	KALYDECO	77	lanthanum	49
INVOKANA	54	KANJINTI.....	16	LANTUS SOLOSTAR U-100	
IONOSOL-MB IN D5W	82	KANUMA	57	INSULIN	54
IOPIDINE.....	75	kariva (28)	71	LANTUS U-100 INSULIN ..	54
IPOL	65	KAZANO	54	lapatinib	16
ipratropium bromide.....	50, 77	kelnor 1/35 (28).....	71	larin 1.5/30 (21).....	71
ipratropium-albuterol	77	kelnor 1-50	71	larin 1/20 (21).....	71
irbesartan	38	KEPIVANCE	11	larin 24 fe.....	71
irbesartan-hydrochlorothiazide		KERYDIN	46	larin fe 1.5/30 (28).....	71
.....	38	ketoconazole.....	2, 46	larin fe 1/20 (28).....	71
IRESSA	16	ketodan	46	larissia.....	71
irinotecan.....	16	ketoprofen.....	30	LASTACRAFT	73
ISENTRESS	3, 4	ketorolac	74	latanoprost	74
ISENTRESS HD	3	KEYTRUDA	16	LATUDA.....	33
isibloom.....	71	KHAPZORY	11	leflunomide.....	68
ISOLYTE S PH 7.4.....	82	KINRIX (PF).....	66	LEMTRADA	25
ISOLYTE-P IN 5 %		kionex (with sorbitol).....	49	LENVIMA.....	16
DEXTROSE	82	KISQALI	16	lessina	71
ISOLYTE-S.....	82	KISQALI FEMARA CO-		letrozole	16
isoniazid	8	PACK	16	leucovorin calcium	11
isosorbide dinitrate	43	klor-con 10	80	LEUKERAN.....	16
isosorbide mononitrate	43	klor-con 8	80	LEUKINE.....	64
isotretinoin.....	46	klor-con m10	80	leuprolide.....	16
isradipine	38	klor-con m15	80	levabuterol hcl	77
ISTODAX	16	klor-con m20	80	levetiracetam.....	22, 23
itraconazole	2	klor-con oral packet 20.....	80	levetiracetam in nacl (iso-os)22	
ivermectin.....	8	klor-con/ef	80	levobunolol	73
IXEMPRA	16	KOMBIGLYZE XR.....	54	levocarnitine	49
IXIARO (PF).....	65	KORLYM.....	57	levocarnitine (with sugar)....	49
J		K-PHOS NO 2.....	79	levocetirizine	75
JAKAFI.....	16	K-PHOS ORIGINAL	79	levofloxacin	10, 72
jantoven	41	KRYSTEXXA.....	67	levofloxacin in d5w	10
JANUMET	54	k-tab.....	80	levoleucovorin calcium	11
JANUMET XR.....	54	K-TAB.....	80	levonest (28)	71
JANUVIA.....	54	kurvelo (28)	71	levonorgestrel-ethinyl estrad	71
jasmiel (28).....	71	KUVAN.....	57	levonorg-eth estrad triphasic	71
jencycla.....	69	KYNMOBI.....	24	levora-28.....	71
JENTADUETO	54	KYPROLIS	16	levorphanol tartrate.....	28
JENTADUETO XR.....	54	L		levo-t.....	58
JEVTANA.....	16	l norgest/e.estradiol-e.estrad.	71	levothyroxine	58, 59
jolessa	71	labetalol	38, 39	levoxyl	59
juleber.....	71	lactated ringers	48, 80	LEXIVA	4
JULUCA.....	4	lactulose.....	60	LIBTAYO.....	16
JUXTAPID.....	42	lamivudine	4	lidocaine	45
K		lamivudine-zidovudine.....	4	lidocaine (pf) in d7.5w	36
KADCYLA	16	lamotrigine.....	22	lidocaine (pf)	36, 45
KALETRA	4	LANOXIN.....	43	lidocaine hcl.....	45
kalliga	71	lansoprazole.....	62		

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lidocaine in 5 % dextrose (pf)	LUPRON DEPOT (4 MONTH)	MENVEO A-C-Y-W-135-DIP (PF)
..... 37 16 66
lidocaine viscous	LUPRON DEPOT (6 MONTH)	MEPSEVII
..... 45	..... 16	..... 57
lidocaine-epinephrine	LUPRON DEPOT-PED	mercaptapurine
..... 45	..... 16	..... 17
lidocaine-epinephrine (pf)	LUPRON DEPOT-PED (3 MONTH)	meropenem
..... 45	..... 16	..... 8
lidocaine-prilocaine	lutera (28)	mesalamine
..... 45	..... 71	..... 60
lillow (28)	LYNPARZA	mesalamine with cleansing wipe
..... 71	..... 16	..... 60
lincomycin	LYRICA	mesna
..... 8	..... 23	..... 11
lindane	LYSODREN	MESNEX
..... 48	..... 16	..... 12
linezolid	LYUMJEV KWIKPEN U-100 INSULIN	metaproterenol
..... 8	..... 54	..... 77
linezolid in dextrose 5%	LYUMJEV KWIKPEN U-200 INSULIN	metformin
..... 8	..... 54	..... 54
linezolid-0.9% sodium chloride	LYUMJEV U-100 INSULIN	methadone
..... 8	..... 54	..... 28
LINZESS	lyza	methadone intensol
..... 60	..... 69	..... 28
LIORESAL	M	methadose
..... 26		..... 28
liothyronine	mafenide acetate	methazolamide
..... 59	..... 46	..... 74
lisinopril	magnesium chloride	methenamine hippurate
..... 39	..... 80	..... 11
lisinopril-hydrochlorothiazide	magnesium sulfate	methenamine mandelate
..... 39	..... 80	..... 11
lithium carbonate	MAGNESIUM SULFATE IN D5W	methergine
..... 33	..... 80	..... 72
lithium citrate	magnesium sulfate in water	methimazole
..... 34	..... 80	..... 52
LIVALO	malathion	methotrexate sodium
..... 42	..... 48	..... 17
LOKELMA	mannitol 20 %	methotrexate sodium (pf)
..... 49	..... 39	..... 17
LONSURF	mannitol 25 %	methoxsalen
..... 16	..... 39	..... 45
loperamide	maprotiline	methyl dopa
..... 59	..... 34	..... 39
lopinavir-ritonavir	marlissa (28)	methyl ergonovine
..... 4	..... 71	..... 72
lorazepam	MARPLAN	methylphenidate hcl
..... 34	..... 34	..... 34
lorazepam intensol	MARQIBO	methylprednisolone
..... 34	..... 16	..... 51
LORBRENA	MATULANE	methylprednisolone acetate
..... 16	..... 16	..... 51
lorcet hd	matzim la	methylprednisolone sodium succ
..... 28	..... 39	..... 51
loryna (28)	meclizine	methyltestosterone
..... 71	..... 60	..... 57
losartan	meclofenamate	metoclopramide hcl
..... 39	..... 30	..... 60
losartan-hydrochlorothiazide	medroxyprogesterone	metolazone
..... 39	..... 69	..... 39
LOTEMAX	mefenamic acid	metoprolol succinate
..... 74	..... 30	..... 39
LOTEMAX SM	mefloquine	metoprolol ta-hydrochlorothiaz
..... 74	..... 8	..... 39
loteprednol etabonate	megestrol	metoprolol tartrate
..... 74	..... 16, 17	..... 39
lovastatin	MEKINIST	metro i.v.
..... 42	..... 17	..... 8
low-ogestrel (28)	MEKTOVI	metronidazole
..... 71	..... 17	..... 8, 46, 70
loxapine succinate	meloxicam	metronidazole in nacl (iso-os)
..... 34	..... 30	..... 8
lo-zumandimine (28)	melphalan	metyrosine
..... 71	..... 17	..... 39
LUCENTIS	melphalan hcl	mexiletine
..... 73	..... 17	..... 37
LUMIGAN	memantine	MIACALCIN
..... 74	..... 25, 26	..... 57
LUMIZYME	MENACTRA (PF)	micafungin
..... 57	..... 66	..... 2
LUMOXITI	MENEST	miconazole-3
..... 16	..... 69	..... 70
LUPRON DEPOT		microgestin 1.5/30 (21)
..... 16	 71
LUPRON DEPOT (3 MONTH)		microgestin 1/20 (21)
..... 16	 71
		microgestin fe 1.5/30 (28)
	 71

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microgestin fe 1/20 (28).....	71	myorisan.....	46	nevirapine.....	4
midodrine.....	49	MYRBETRIQ.....	79	NEXAVAR.....	17
mifepristone.....	70	N		NEXIUM PACKET.....	62
migergot.....	24	nabumetone.....	30	NEXLETOL.....	42
miglitol.....	54, 55	nadolol.....	39	NEXLIZET.....	42
miglustat.....	57	nadolol-bendroflumethiazide	39	NEXPLANON.....	70
mili.....	71	nafcillin.....	10	niacin.....	42
millipred.....	51	nafcillin in dextrose iso-osm	9,	nicardipine.....	39
milrinone.....	43	10		NICOTROL.....	50
milrinone in 5 % dextrose....	43	naftifine.....	47	NICOTROL NS.....	50
minocycline.....	11	NAFTIN.....	47	nifedipine.....	39
minoxidil.....	39	NAGLAZYME.....	57	nikki (28).....	71
miostat.....	74	nalbuphine.....	30	nilutamide.....	17
MIRENA.....	70	naloxone.....	30	nimodipine.....	39
mirtazapine.....	34	naltrexone.....	30	NINLARO.....	17
misoprostol.....	62	NAMZARIC.....	26	nisoldipine.....	39
MITIGARE.....	67	naproxen.....	30	nitisinone.....	49
mitomycin.....	17	naproxen sodium.....	31	nitro-bid.....	43
mitoxantrone.....	17	naratriptan.....	24	nitrofurantoin.....	11
M-M-R II (PF).....	66	NARCAN.....	31	nitrofurantoin macrocrystal..	11
modafinil.....	34	NATACYN.....	72	nitrofurantoin monohyd/m-	
moexipril.....	39	nateglinide.....	55	cryst.....	11
molindone.....	34	NATPARA.....	57	nitroglycerin.....	44
mometasone.....	48, 77	NAYZILAM.....	23	nitroglycerin in 5 % dextrose	
mondoxyne nl.....	11	NEBUPENT.....	8	.....	43, 44
MONJUVI.....	17	NEEDLES, INSULIN		nizatidine.....	62
mono-lynyah.....	71	DISP.,SAFETY.....	55	nolix.....	48
montelukast.....	77	nefazodone.....	34	nora-be.....	69
morgidox.....	11	neomycin.....	8	NORDITROPIN FLEXPRO	64
morphine.....	28, 29	neomycin-bacitracin-poly-hc	74	norepinephrine bitartrate.....	43
morphine (pf).....	28	neomycin-bacitracin-		norethindrone (contraceptive)	
morphine concentrate.....	28	polymyxin.....	72	.....	69
MOVANTIK.....	60	neomycin-polymyxin b gu....	48	norethindrone acetate.....	69
MOVIPREP.....	60	neomycin-polymyxin b-		norethindrone ac-eth estradiol	
moxifloxacin.....	10, 72	dexameth.....	74	.....	69, 71
moxifloxacin-sod.chloride(iso)		neomycin-polymyxin-		norethindrone-e.estradiol-iron	
.....	10	gramicidin.....	72	.....	71
MOZOBIL.....	64	neomycin-polymyxin-hc	51, 74	norgestimate-ethinyl estradiol	
MULPLETA.....	41	neo-polycin.....	72	.....	71
mupirocin.....	46	neo-polycin hc.....	74	norlyda.....	69
mupirocin calcium.....	46	neostigmine methylsulfate....	26	NORMOSOL-R.....	80
MVASI.....	17	NEPHRAMINE 5.4 %.....	82	NORMOSOL-R PH 7.4.....	82
MYALEPT.....	57	NERLYNX.....	17	NORTHERA.....	49
MYCAMINE.....	2	NESINA.....	55	nortrel 0.5/35 (28).....	71
mycophenolate mofetil.....	17	NEULASTA.....	64	nortrel 1/35 (21).....	71
mycophenolate mofetil (hcl)	17	NEULASTA ONPRO.....	64	nortrel 1/35 (28).....	71
mycophenolate sodium.....	17	NEUPOGEN.....	64	nortrel 7/7/7 (28).....	71
MYLOTARG.....	17	NEUPRO.....	24	nortriptyline.....	34

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NORVIR.....	4	OMNIPOD INSULIN REFILL	55	PADCEV	18
NOVOFINE 32	55	55	paliperidone	34
NOVOFINE PLUS.....	55	OMNITROPE.....	64	palonosetron	61
NOVOLOG FLEXPEN U-100		ONCASPAR.....	17	PALYNZIQ.....	57, 58
INSULIN.....	55	ondansetron	60	pamidronate	58
NOVOLOG MIX 70-30 U-100		ondansetron hcl.....	60	PANRETIN	45
INSULN	55	ondansetron hcl (pf).....	60	pantoprazole	62
NOVOLOG MIX 70-		ONGLYZA.....	55	paraplatin	18
30FLEXPEN U-100	55	ONIVYDE.....	17	paricalcitol	58
NOVOLOG PENFILL U-100		ONUREG	17	paroex oral rinse	50
INSULIN.....	55	OPDIVO.....	18	paromomycin.....	8
NOVOLOG U-100 INSULIN		opium tincture.....	59	paroxetine hcl	34
ASPART.....	55	OPSUMIT	77	paroxetine	
NOVOTWIST	55	oralone	50	mesylate(menop.sym).....	35
NOXAFIL	2	ORENCIA	68	PASER.....	8
NPLATE.....	41	ORENCIA (WITH		PAXIL	35
NUBEQA	17	MALTOSE).....	68	PAZEO	73
NUEDEXTA	26	ORENCIA CLICKJECT	68	PEDIARIX (PF)	66
NULOJIX	17	ORFADIN	49	PEDVAX HIB (PF).....	66
NUPLAZID.....	34	ORKAMBI.....	77	peg 3350-electrolytes.....	61
NURTEC ODT.....	25	orsythia	71	peg3350-sod sul-nacl-kcl-asb-c	
nyamyc	47	oseltamivir	4	.....	61
nystatin	2, 47	osmitrol 15 %	39	PEGANONE.....	23
nystatin-triamcinolone.....	47	osmitrol 20 %	39	PEGASYS	64
nystop	47	OTEZLA	68	PEGASYS PROCLICK.....	64
O		OTEZLA STARTER.....	68	peg-electrolyte	61
OALIVA.....	60	OTOVEL.....	51	PEGINTRON	64
OCREVUS	26	oxacillin.....	10	PEMAZYRE.....	18
octreotide acetate.....	17	oxacillin in dextrose(iso-osm)		penicillamine	68
ODACTRA.....	66	.....	10	PENICILLIN G POT IN	
ODEFSEY	4	oxaliplatin.....	18	DEXTROSE	10
ODOMZO	17	oxandrolone.....	57	penicillin g potassium.....	10
OFEV	77	oxaprozin.....	31	penicillin g procaine	10
ofloxacin.....	10, 51, 73	oxcarbazepine.....	23	penicillin g sodium	10
OGIVRI.....	17	OXERVATE	73	penicillin v potassium.....	10
olanzapine.....	34	oxiconazole.....	47	PENTACEL (PF).....	66
olanzapine-fluoxetine.....	34	oxybutynin chloride.....	79	PENTAM.....	8
olmesartan	39	oxycodone	29	pentamidine	8
olmesartan-amlodipin-		oxycodone-acetaminophen...29		PENTASA	61
hcthiazyd	39	oxycodone-aspirin	29	pentoxifylline.....	41
olmesartan-		OXYCONTIN	29	PERFOROMIST.....	77
hydrochlorothiazide.....	39	oxymorphone.....	29	perindopril erbumine	39
olopatadine	50, 73	oxytocin	72	periogard.....	50
omeprazole	62	OZEMPIC	55	PERJETA	18
OMNIPOD DASH 5 PACK		OZURDEX.....	74	permethrin.....	48
POD.....	55	P		perphenazine.....	35
OMNIPOD INSULIN		pacerone.....	37	PERSERIS	35
MANAGEMENT	55	paclitaxel	18	pfizerpen-g.....	10

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phenelzine.....	35	potassium chloride in 0.9%nacl	81	PRIVIGEN	66
phenobarbital.....	23	81	PROAIR HFA	77
phenobarbital sodium	23	potassium chloride in 5 % dex	81	PROAIR RESPICLICK.....	77
phenoxybenzamine.....	39	.....	81	probenecid	67
phentolamine	39	potassium chloride in lr-d5...81		probenecid-colchicine.....	67
phenytoin.....	23	potassium chloride in water..81		procainamide	37
phenytoin sodium	23	potassium chloride-0.45 % nacl	81	procentra	35
phenytoin sodium extended..	23	.....	81	prochlorperazine	61
philith	71	potassium chloride-d5-		prochlorperazine edisylate...61	
PHOSPHOLINE IODIDE....	73	0.2%nacl.....	81	prochlorperazine maleate oral	
PICATO	45	potassium chloride-d5-		.....	61
PIFELTRO	4	0.3%nacl.....	81	PROCRIT	64
pilocarpine hcl.....	49, 73	potassium chloride-d5-		procto-med hc.....	61
pimecrolimus.....	45	0.9%nacl.....	81	procto-pak.....	61
pimozide.....	35	potassium citrate.....	79	proctosol hc	61
pimtrea (28).....	71	potassium phosphate m-/d-		proctozone-hc	61
pindolol.....	39	basic.....	81	progesterone	70
pioglitazone	55	POTELIGEO	18	progesterone micronized	70
pioglitazone-glimepiride	55	PRADAXA.....	41	PROGLYCEM	55
pioglitazone-metformin.....	55	PRALUENT PEN.....	42	PROGRAF.....	18
piperacillin-tazobactam	10	pramipexole.....	24	PROLASTIN-C	49
PIQRAY	18	prasugrel	41	PROLENSA	74
pirmella.....	71	pravastatin	42	PROLEUKIN	64
piroxicam.....	31	praziquantel	8	PROLIA.....	67
plasbumin 25 %.....	80	prazosin	39	PROMACTA.....	41
plasbumin 5 %.....	80	prednicarbate	48	promethazine	75
PLASMA-LYTE 148	82	prednisolone	51	propafenone	37
PLASMA-LYTE A	82	prednisolone acetate	74	propranolol	39
plasmanate.....	82	prednisolone sodium phosphate		propranolol-hydrochlorothiazid	
PLEGRIDY	64	.....	51, 52, 74	.....	39
plenamine	82	prednisone	52	propylthiouracil	52
podofilox	45	prednisone intensol.....	52	PROQUAD (PF).....	66
POLIVY	18	pregabalin	23	protamine.....	41
polocaine	45	PREMARIN	69	protriptyline	35
polocaine-mpf.....	45	premasol 10 %.....	82	prudoxin.....	45
polycin.....	73	PREMPHASE	69	PULMICORT FLEXHALER	
polyethylene glycol 3350	61	PREMPRO	69	.....	77, 78
polymyxin b sulfate.....	8	prenatal vitamin oral tablet..82		PULMOZYME.....	78
polymyxin b sulf-trimethoprim		prevalite.....	42	PURIXAN	18
.....	73	PREVIDENT 5000 BOOSTER		pyrazinamide	8
POMALYST	18	PLUS	50	pyridostigmine bromide.....	26
portia 28.....	71	previfem.....	71	pyrimethamine.....	8
PORTRAZZA	18	PREVYMIS.....	4	Q	
posaconazole	2	PREZCOBIX.....	4	QINLOCK	18
potassium acetate.....	80	PREZISTA	4	QNASL.....	78
potassium chlorid-d5-		PRIFTIN.....	8	QTERN.....	55
0.45%nacl.....	80	PRIMAQUINE.....	8	QUADRACEL (PF)	66
potassium chloride.....	81	primidone.....	23	quetiapine	35

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quinapril	39	RIDAURA.....	68	selenium sulfide.....	44
quinapril-hydrochlorothiazide		rifabutin	8	SELZENTRY	4
.....	39	rifampin	8	SEREVENT DISKUS	78
quinidine gluconate	37	riluzole.....	49	sertraline	35
quinidine sulfate	37	rimantadine.....	4	setlakin.....	72
quinine sulfate	8	ringer's	48, 81	sevelamer carbonate	49
QVAR REDIHALER.....	78	RINVOQ	68	sevelamer hcl	49
R		RIOMET.....	55	sf 50	
RABAVERT (PF).....	66	risedronate	49, 67	sf 5000 plus.....	50
RADICAVA.....	26	RISPERDAL CONSTA	35	sharobel.....	70
RAGWITEK.....	66	risperidone	35	SHINGRIX (PF).....	66
raloxifene.....	67	ritonavir	4	SIGNIFOR.....	18
ramelteon.....	35	RITUXAN.....	18	SIKLOS	18
ramipril.....	39	RITUXAN HYCELA.....	18	sildenafil (pulmonary arterial	
ranolazine	43	rivastigmine.....	26	hypertension)	78
rasagiline	24	rivastigmine tartrate.....	26	silodosin.....	79
RASUVO (PF)	68	rizatriptan.....	25	silver sulfadiazine.....	45
RAVICTL.....	49	ROCKLATAN	74	SIMBRINZA	74
REBIF (WITH ALBUMIN). 64		ropinirole	24	SIMPONI.....	69
REBIF REBIDOSE.....	64	rosadan.....	46	SIMPONI ARIA	69
REBIF TITRATION PACK 65		rosuvastatin.....	42	SIMULECT	18
reclipsen (28).....	71	ROTARIX	66	simvastatin.....	42
RECOMBIVAX HB (PF)	66	ROTATEQ VACCINE.....	66	sirolimus	18
RECTIV	61	roweepra	23	SIRTURO	8
regonol.....	26	roweepra xr.....	23	SKLICE	48
REGRANEX.....	45	ROZEREM.....	35	SKYRIZI	44
RELENZA DISKHALER.....	4	ROZLYTREK	18	sodium acetate	81
RELISTOR.....	61	RUBRACA.....	18	sodium benzoate-sod	
REMICADE	61	RUKOBIA.....	4	phenylacet.....	49
REMODULIN.....	40	RUXIENCE.....	18	sodium bicarbonate.....	81, 82
RENACIDIN.....	79	RYBELSUS.....	55	sodium chloride	49, 82
repaglinide.....	55	RYDAPT	18	sodium chloride 0.45 %.....	82
repaglinide-metformin.....	55	S		sodium chloride 0.9 %.....	49
REPATHA	42	salsalate	31	sodium chloride 3 %.....	82
REPATHA PUSHTRONEX 42		SAMSCA.....	58	sodium chloride 5 %.....	82
REPATHA SURECLICK	42	SANCUSO	61	sodium fluoride 5000 plus	50
RESTASIS	73	SANDIMMUNE	18	sodium fluoride-pot nitrate ...	50
RESTASIS MULTIDOSE ...	73	SANDOSTATIN LAR		sodium nitroprusside	43
RETACRIT	65	DEPOT	18	sodium phenylbutyrate	50
RETEVMO.....	18	SANTYL	45	sodium phosphate	82
RETROVIR.....	4	SAPHRIS.....	35	sodium polystyrene (sorb free)	
REVCovi.....	49	sapropterin	58	.....	50
REVLIMID	18	SARCLISA.....	18	sodium polystyrene sulfonate	
revonto.....	26	SAVELLA.....	69	.....	50
REXULTI.....	35	scopolamine base.....	61	solifenacin.....	79
REYATAZ	4	SECUADO	35	SOLQUA 100/33	56
RHOPRESSA.....	74	SEGLUROMET	55, 56	SOLIRIS	50
ribavirin	4	selegiline hcl.....	24	SOLTAMOX.....	19

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SOMATULINE DEPOT	19	sumatriptan-naproxen.....	25	TECHLITE INSULIN SYR	
SOMAVERT.....	58	SUPRAX	6	HALF UNIT	56
sorine	37	SUPREP BOWEL PREP KIT		TECHLITE INSULIN	
sotalol	37	.....	61	SYRINGE.....	56
sotalol af	37	SUTENT.....	19	TECHLITE PEN NEEDLE..	56
SOTYLIZE.....	37	syeda.....	72	TEFLARO	6
SPIRIVA RESPIMAT	78	SYLATRON.....	65	TEKTURNA HCT.....	40
SPIRIVA WITH		SYLVANT	19	telmisartan	40
HANDIHALER.....	78	SYMBICORT.....	78	telmisartan-amlodipine	40
spironolactone	40	SYMDEKO	78	telmisartan-hydrochlorothiazid	
spironolacton-hydrochlorothiaz		SYMFI.....	4	.....	40
.....	40	SYMFI LO	5	TEMIXYS	5
sprintec (28).....	72	SYMJEPI.....	75	TEMODAR	19
SPRITAM.....	23	SYMLINPEN 120	56	temsirolimus	19
SPRYCEL	19	SYMLINPEN 60	56	TENIVAC (PF)	66
sps (with sorbitol).....	50	SYMPAZAN	23	tenofovir disoproxil fumarate .	5
sronyx	72	SYMPROIC.....	61	terazosin.....	40
ssd.....	45	SYMTUZA.....	5	terbinafine hcl.....	2
STAMARIL (PF)	66	SYNAGIS.....	5	terbutaline	78
stavudine.....	4	SYNAREL.....	58	terconazole.....	70
STEGLATRO.....	56	SYNERCID	8	TERIPARATIDE	67
STELARA	44	SYNRIBO	19	testosterone	58
STIMATE.....	58	T		testosterone cypionate	58
STIOLTO RESPIMAT	78	TABLOID	19	testosterone enanthate.....	58
STIVARGA.....	19	TABRECTA.....	19	TETANUS,DIPHThERIA	
STRENSIQ.....	58	tacrolimus	19, 45	TOX PED(PF)	66
STREPTOMYCIN	8	tadalafil	79	tetrabenazine.....	26
STRIBILD.....	4	tadalafil (pulmonary arterial		tetracycline	11
STRIVERDI RESPIMAT ...	78	hypertension) oral tablet 20		THALOMID.....	19
SUBOXONE	31	mg.....	78	THEO-24	78
subvenite.....	23	TAFINLAR	19	theophylline	78, 79
subvenite starter (blue) kit....	23	TAGRISSE	19	THIOLA	50
subvenite starter (green) kit..	23	TALZENNA.....	19	THIOLA EC	50
subvenite starter (orange) kit	23	tamoxifen.....	19	thioridazine	35
SUCRAID	61	tamsulosin.....	79	thiotepa	19
sucralfate	63	TARGRETIN	19	thiothixene	35
sulfacetamide sodium.....	73	tarina 24 fe.....	72	tiadylt er.....	40
sulfacetamide sodium (acne)	46	tarina fe 1/20 (28).....	72	tiagabine	23
sulfacetamide-prednisolone..	73	tarina fe 1-20 eq (28).....	72	TIBSOVO.....	19
sulfadiazine.....	10	TASIGNA	19	TICE BCG	66
sulfamethoxazole-trimethoprim		tazarotene.....	46	tigecycline.....	8
.....	11	tazicef	6	tilia fe.....	72
SULFAMYLON.....	46	TAZORAC	46	timolol maleate	40, 73
sulfasalazine	61	taztia xt	40	tinidazole	8
sulfatrim	11	TAZVERIK	19	TIVICAY.....	5
sulindac.....	31	TDVAX.....	66	TIVICAY PD.....	5
sumatriptan	25	TECENTRIQ.....	19	tizanidine	26
sumatriptan succinate	25	TECFIDERA	26	TOBI PODHALER	8

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tobramycin.....	9, 73	tri-estarylla.....	72	UVADEX	45
tobramycin in 0.225 % nacl ...	9	trifluoperazine	36	V	
tobramycin sulfate	9	trifluridine.....	73	valacyclovir	5
tobramycin-dexamethasone..	74	TRIKAFTA	79	VALCHLOR	45
TOLAK	45	tri-legest fe.....	72	valganciclovir	5
tolcapone	24	tri-linyah	72	valproate sodium	23
tolmetin.....	31	tri-lo-estarylla	72	valproic acid	23
tolterodine.....	79	tri-lo-marzia.....	72	valproic acid (as sodium salt)	
tolvaptan	58	tri-lo-sprintec	72	.....	23, 24
topiramate.....	23	trilyte with flavor packets....	61	valrubicin.....	20
toposar	19	trimethoprim.....	11	valsartan.....	40
topotecan	19	trimipramine	36	valsartan-hydrochlorothiazide	
toremifene.....	19	TRINTELLIX.....	36	.....	40
TORISEL	19	tri-previfem (28).....	72	VALSTAR.....	20
toremide	40	TRISENOX	20	VALTOCO	24
TOUJEO MAX U-300		tri-sprintec (28).....	72	vancomycin.....	9
SOLOSTAR	56	TRIUMEQ.....	5	VANCOMYCIN.....	9
TOUJEO SOLOSTAR U-300		trivora (28).....	72	VANCOMYCIN IN 0.9 %	
INSULIN.....	56	TRODELVY	20	SODIUM CHL	9
tovet emollient.....	48	TROGARZO	5	vandazole.....	70
TOVIAZ.....	79	TROPHAMINE 10 %	82	VANTAS.....	20
TRADJENTA.....	56	tropium.....	79	VAQTA (PF).....	66
tramadol.....	31	TRUEPLUS INSULIN.....	56	VARIVAX (PF).....	66
tramadol-acetaminophen	31	TRUEPLUS PEN NEEDLE.....	56	VARIZIG.....	66
trandolapril	40	TRULANCE.....	61	VARUBI.....	61
trandolapril-verapamil	40	TRULICITY	56	VASCEPA	42
tranexamic acid	70	TRUMENBA.....	66	VECAMYL	43
tranylcypromine	35	TRUVADA	5	VECTIBIX	20
travasol 10 %.....	82	TRUXIMA	20	VELCADE	20
TRAVATAN Z	74	TUKYSA.....	20	veletri.....	40
travoprost.....	74	tulana	70	velivet triphasic regimen (28)	
TRAZIMERA.....	19	TWINRIX (PF).....	66	.....	72
trazodone	35	TYKERB	20	VELTASSA.....	50
TREANDA.....	19	TYMLOS.....	67	VELMIDY.....	5
TRECTOR.....	9	TYPHIM VI	66	VENCLEXTA	20
TRELSTAR.....	19	TYSABRI.....	26	VENCLEXTA STARTING	
treprostinil sodium.....	40	TYVASO.....	79	PACK	20
tretinoin (antineoplastic)	20	TYVASO INSTITUTIONAL		venlafaxine	36
tretinoin topical	46	START KIT.....	79	verapamil	40
tri femynor.....	72	TYVASO REFILL KIT.....	79	VERSACLOZ.....	36
triamcinolone acetonide 48, 50,		TYVASO STARTER KIT ..	79	VERZENIO	20
52		U		V-GO 20	56
triamterene.....	40	UBRELVY	25	V-GO 30	56
triamterene-hydrochlorothiazid		ULORIC	67	V-GO 40	56
.....	40	unithroid	59	VIBATIV.....	9
trianex.....	48	UNITUXIN	20	VIBERZI	61
triderm	48	UPTRAVI.....	40	VIBRAMYCIN	11
trientine.....	50	ursodiol.....	61	VICTOZA 2-PAK	56

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VICTOZA 3-PAK.....	56	XCOPRI	24	ZELBORAF	21
vienna	72	XCOPRI MAINTENANCE PACK	24	zenatane	46
vigabatrin.....	24	XCOPRI TITRATION PACK	24	ZENPEP	61
vigadrone.....	24	XELJANZ	69	ZENZEDI	36
VIIBRYD	36	XELJANZ XR.....	69	ZEPOSIA.....	26
VIMIZIM	58	XERESE.....	47	ZEPOSIA STARTER KIT ...	26
VIMPAT.....	24	XERMELO.....	20	ZEPOSIA STARTER PACK	26
vinblastine	20	XGEVA	12	ZEPZELCA	21
vincasar pfs.....	20	XIAFLEX.....	50	zidovudine	5
vincristine	20	XIFAXAN	9	ZIEXTENZO.....	65
vinorelbine.....	20	XIGDUO XR.....	56, 57	ZIOPTAN (PF).....	74
VIOKACE.....	61	XOFLUZA	5	ziprasidone hcl.....	36
viorele (28).....	72	XOLAIR.....	79	ziprasidone mesylate	36
VIRACEPT	5	XOSPATA.....	20	ZIRABEV	21
VIREAD.....	5	XPOVIO.....	20	ZIRGAN.....	73
VISTOGARD.....	12	XTANDI.....	20	ZOLADEX	21
VITRAKVI.....	20	xulane	70	zoledronic acid.....	58
VIVITROL.....	31	XULTOPHY 100/3.6	57	zoledronic acid-mannitol-water	50, 58
VIZIMPRO.....	20	XURIDEN	50	ZOLINZA.....	21
voriconazole	2	XYREM.....	36	zolmitriptan.....	25
VOTRIENT.....	20	Y		zolpidem	36
VRAYLAR.....	36	YERVOY	20	zonisamide.....	24
VUMERITY.....	26	YF-VAX (PF).....	66	ZONTIVITY	42
VYNDAMAX.....	43	YONDELIS	20	ZORTRESS	21
VYNDAQEL.....	43	YONSA	20	ZOSTAVAX (PF)	67
VYXEOS.....	20	yuvafem	70	zovia 1/35e (28).....	72
W		Z		ZUBSOLV.....	31
warfarin	41	zafirlukast	79	zumandimine (28).....	72
water for irrigation, sterile....	50	zaleplon	36	ZYDELIG.....	21
wera (28)	72	ZALTRAP	20	ZYFLO	79
X		ZANOSAR.....	20	ZYKADIA.....	21
XALKORI.....	20	zarah	72	ZYLET	74
XARELTO	41	ZARXIO.....	65	ZYPREXA RELPREVV	36
XARELTO DVT-PE TREAT 30D START	41	ZEJULA	20	ZYTIGA	21
XATMEP	20				

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