

2018 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 [REDACTED]. For more recent information or other questions, please contact Medical Mutual Member Services at (844) 404-7947 or, for TTY users, 711, 24 hours a day, seven days a week, or visit MedMutual.com/MAPlanInfo.

HPMS Approved Formulary File Submission ID 00018471, Version Number 5

Note to Existing Members

This formulary has changed since last year. Please review this document to make sure 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, 2019, 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?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the index that begins on page 88. 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 two inhalers (17 grams) for a one-month supply per prescription for PROAIR® HFA. 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 2. 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 v for information about how to request an exception.

What if My Drug Is Not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a maximum of a 91- to 98-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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 (800) MEDICARE ((800) 633-4227) 24 hours a day/seven days a week. TTY users should call (877) 486-2048. Or, visit Medicare.gov.

MedMutual Advantage's Formulary

The formulary that begins on page 2 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 84.

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 viii 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
CANCIDAS	5	B/D PA; MO
<i>caspofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBIA INTRAVENOUS	5	
CRESEMBIA ORAL	5	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in dextrose(iso-o)</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole</i>	2	MO
<i>ketoconazole oral</i>	2	MO
MYCAMINE	5	MO
NOXAFIL ORAL	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
ORAVIG	3	MO
SPORANOX ORAL SOLUTION	3	MO
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	2	MO
<i>voriconazole oral</i>	5	MO
ANTIVIRALS		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	5	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 recon soln 500 mg</i>	2	B/D PA
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS ORAL CAPSULE	5	MO
APTIVUS ORAL SOLUTION	5	
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO

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>atazanavir oral capsule 300 mg</i>	5	MO
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	3	MO
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) 200 mg, 250 mg, 400 mg</i>	2	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	5	MO
EPCLUSA	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	B/D PA; MO
GENVOYA	5	MO
HARVONI	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE ORAL CAPSULE	5	
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETTRA ORAL TABLET 100-25 MG	3	MO
KALETTRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</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>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	5	MO
<i>lopinavir-ritonavir</i>	2	MO
<i>moderiba</i>	2	MO
<i>moderiba oral tablets,dose pack 200 mg (28)- 400 mg (28), 400-400 mg (28)-mg (28)</i>	2	MO
<i>moderiba dose pack oral tablets,dose pack 400 mg (7)-400 mg (7)</i>	2	
<i>moderiba dose pack oral tablets,dose pack 600 mg (7)-600 mg (7)</i>	5	
<i>moderiba dose pack oral tablets,dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	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 CAPSULE	3	
NORVIR ORAL POWDER IN PACKET	3	MO

Drug Name	Drug Tier	Requirements /Limits
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	2	MO
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
REBETOL ORAL SOLUTION	3	MO
RELENZA DISKHALER	3	MO
RESCRIPTOR	3	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribasphere oral capsule</i>	2	MO
<i>ribasphere oral tablet 200 mg, 400 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
ribasphere oral tablet 600 mg	5	MO
ribasphere ribapak oral tablets,dose pack 200 mg (28)-400 mg (28)	2	MO
ribasphere ribapak oral tablets,dose pack 200 mg (7)-400 mg (7)	2	
ribasphere ribapak oral tablets,dose pack 400 mg (7)-400 mg (7), 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)	5	
ribasphere ribapak oral tablets,dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	5	MO
ribavirin oral capsule	2	MO
ribavirin oral tablet 200 mg	2	MO
rimantadine	2	MO
ritonavir	2	MO
SELZENTRY	3	MO
stavudine oral capsule	2	MO
STRIBILD	5	MO
SUSTIVA ORAL CAPSULE 200 MG	5	MO
SUSTIVA ORAL CAPSULE 50 MG	3	MO
SUSTIVA ORAL TABLET	5	MO

Drug Name	Drug Tier	Requirements /Limits
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
TAMIFLU	3	MO
tenofovir disoproxil fumarate	5	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO
TRUVADA	5	MO
valacyclovir oral tablet 1 gram	2	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	2	MO; QL (60 per 30 days)
valganciclovir	5	MO
VEMLIDY	5	MO
VIDEX 2 GRAM PEDIATRIC	3	MO
VIDEX 4 GRAM PEDIATRIC	3	MO
VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 125 MG	4	MO
VIRACEPT ORAL TABLET	5	MO
VIRAMUNE ORAL SUSPENSION	4	MO
VIREAD	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
ZEPATIER	5	PA; MO; QL (28 per 28 days)
ZERIT ORAL RECON SOLN	4	MO
ZIAGEN ORAL SOLUTION	3	MO
<i>zidovudine</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-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

Drug Name	Drug Tier	Requirements /Limits
<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</i>	2	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	2	
<i>cefotetan</i>	2	
<i>cefoxitin in dextrose, iso-osm</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	

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>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
<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
TEFLARO	5	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	2	MO
<i>azithromycin oral packet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	2	MO
<i>azithromycin oral tablet 500 mg (3 pack)</i>	2	
<i>clarithromycin</i>	2	MO
<i>e.e.s. 400 oral tablet</i>	2	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	2	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	2	MO
<i>erythromycin oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	2	
ALBENZA	3	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
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam</i>	2	MO
<i>baciim</i>	2	
<i>bacitracin intramuscular</i>	2	MO
BENZNIDAZOLE	3	
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAPASTAT	4	
CAYSTON	5	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

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	2	MO
<i>clindamycin phosphate intravenous</i>	2	
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	2	MO
<i>dapsone oral</i>	2	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	PA; MO
EMVERM	5	MO
<i>ertapenem</i>	2	
<i>ethambutol</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 90 mg/100 ml</i>	2	
<i>gentamicin injection</i>	2	MO
<i>gentamicin sulfate (ped) (pf)</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 sulfate (pf) intravenous solution 100 mg/10 ml</i>	2	MO
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	2	
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO
IMPAVIDO	5	MO
INVANZ INJECTION	4	MO
INVANZ INTRAVENOUS	4	
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin</i>	2	MO
<i>lincomycin</i>	2	
<i>linezolid</i>	5	MO
<i>linezolid in dextrose 5%</i>	5	
<i>linezolid-0.9% sodium chloride</i>	5	
<i>mefloquine</i>	2	MO
<i>meropenem</i>	2	MO
<i>metro i.v.</i>	2	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
PASER	3	MO
PENTAM	4	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>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO
<i>rifampin</i>	2	MO
SIRTURO	5	MO; LA
SIVEXTRO INTRAVENOUS	5	
STREPTOMYCIN	3	MO
SYNERCID	5	
<i>tigecycline</i>	5	
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE	5	QL (224 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	
<i>tobramycin sulfate injection solution</i>	2	MO
TRECATOR	3	MO
TYGACIL	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
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	5	
PENICILLINS		
amoxicillin oral capsule	2	MO
amoxicillin oral suspension for reconstitution	2	MO
amoxicillin oral tablet	2	MO
amoxicillin oral tablet, chewable 125 mg, 250 mg	2	MO
amoxicillin-pot clavulanate	2	MO
ampicillin oral capsule 500 mg	2	MO
ampicillin sodium injection	2	MO
ampicillin sodium intravenous	2	
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	2	MO
ampicillin-sulbactam injection recon soln 15 gram	2	
ampicillin-sulbactam intravenous recon soln 1.5 gram	2	

Drug Name	Drug Tier	Requirements /Limits
ampicillin-sulbactam intravenous recon soln 3 gram	2	MO
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
dicloxacillin	2	MO
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	2	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	2	MO
nafcillin injection recon soln 1 gram, 2 gram	2	MO
nafcillin injection recon soln 10 gram	5	MO
nafcillin intravenous	2	MO
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	2	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	5	MO
oxacillin injection recon soln 1 gram	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	Drug Name	Drug Tier	Requirements /Limits
<i>oxacillin injection recon soln 10 gram</i>	5		BAXDELA INTRAVENOUS	5	
<i>oxacillin injection recon soln 2 gram</i>	2	MO	ciprofloxacin	2	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	3		ciprofloxacin (mixture)	2	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	3	MO	ciprofloxacin hcl oral	2	MO
<i>penicillin g potassium</i>	2	MO	<i>ciprofloxacin in 5 % dextrose</i>	2	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO	<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2		<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>penicillin g sodium</i>	2	MO	<i>levofloxacin intravenous</i>	2	MO
<i>penicillin v potassium</i>	2	MO	<i>levofloxacin oral</i>	2	MO
<i>pfsizerpen-g</i>	2		<i>moxifloxacin in nacl (iso-osm)</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	MO	<i>moxifloxacin oral</i>	2	MO
QUINOLONES			<i>ofloxacin oral tablet 300 mg</i>	2	
			<i>ofloxacin oral tablet 400 mg</i>	2	MO
SULFA'S / RELATED AGENTS					
			<i>sulfadiazine</i>	4	MO
			<i>sulfamethoxazole-trimethoprim</i>	2	MO
			<i>sulfatrim</i>	2	MO
TETRACYCLINES					
			<i>coremino</i>	2	
			<i>demeclacycline</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<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 100 mg, 150 mg, 20 mg, 75 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 50 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	4	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>minocycline oral tablet extended release 24 hr 115 mg, 65 mg</i>	5	MO
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	4	MO
<i>monodoxine nl</i>	2	MO
<i>morgidox</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>okebo oral capsule 75 mg</i>	2	MO
<i>soloxide</i>	2	
<i>tetracycline</i>	2	MO
<i>VIBRAMYCIN ORAL SYRUP</i>	3	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin</i>	2	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO
VANCOMYCIN		
<i>VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK</i>	3	
<i>VANCOMYCIN INJECTION</i>	3	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	MO
<i>vancomycin oral capsule</i>	5	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG		

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
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>amifostine crystalline</i>	5	MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	MO
ELITEK	5	MO
KEPIVANCE	5	MO
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	
<i>leucovorin calcium oral</i>	2	MO
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	5	
<i>levoleucovorin intravenous recon soln 50 mg</i>	5	
<i>levoleucovorin intravenous solution</i>	5	
<i>mesna</i>	2	MO
MESNEX ORAL	5	MO
VISTOGARD	5	MO
XGEVA	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	5	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PA
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	B/D PA
<i>adriamycin intravenous solution</i>	2	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	2	B/D PA; MO
AFINITOR DISPERZ	5	PA; MO
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	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
ALKERAN ORAL	3	B/D PA; MO
ALUNBRIG ORAL TABLET 180 MG	5	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARRANON	5	B/D PA
ARZERRA	5	B/D PA; MO
AVASTIN	5	B/D PA; MO
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA
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
<i>bexarotene</i>	5	MO
<i>bicalutamide</i>	2	MO
BICNU	5	B/D PA; MO
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO
BORTEZOMIB	5	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>busulfan</i>	5	B/D PA
BUSULFEX	5	B/D PA
CABOMETYX	5	PA; MO; LA
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine</i>	5	B/D PA; MO
CELLCEPT INTRAVENOUS	3	B/D PA; MO
<i>cisplatin</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
CLOLAR	5	B/D PA
COMETRIQ	5	PA; MO
COSMEGEN	5	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified</i>	2	B/D PA; MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO

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
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
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; MO
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PA
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
EMCYT	3	MO
EMPLICITI	5	B/D PA; MO
ENVARSUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	2	B/D PA; MO
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO
ERWINAZE	5	B/D PA; MO
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>exemestane</i>	2	MO
FARESTON	5	MO
FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	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

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
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; MO
<i>flouxuridine</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
GAZYVA	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	B/D PA
<i>genograf oral capsule 100 mg, 25 mg</i>	2	B/D PA; MO
<i>genograf oral solution</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
GILOTRIF ORAL TABLET 20 MG	5	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 30 MG	5	PA; MO; QL (40 per 30 days)
GILOTRIF ORAL TABLET 40 MG	5	PA; MO; QL (30 per 30 days)
GLEOSTINE	3	MO
HALAVEN	5	B/D PA; MO
HERCEPTIN	5	B/D PA; MO
HEXALEN	5	MO
hydroxyurea	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (90 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA
IDHIFA ORAL TABLET 100 MG	5	PA; MO; LA; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; MO; LA; QL (60 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	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
<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 (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 280 MG	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL TABLET 420 MG	5	PA; MO; QL (40 per 30 days)
IMBRUVICA ORAL TABLET 560 MG	5	PA; MO; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
INLYTA ORAL TABLET 1 MG	5	PA; MO
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>irinotecan intravenous solution 500 mg/25 ml</i>	5	B/D PA
ISTODAX	5	B/D PA; MO
IXEMPRADA	5	B/D PA; MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; MO
JAKAFI ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
JEVTANA	5	B/D PA; MO
KADCYLA	5	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
LARTRUVO	5	B/D PA; MO; LA
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	2	MO
LONSURF	5	PA; MO
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

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
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA	5	PA; MO
LYSODREN	3	MO
MARQIBO	3	B/D PA; MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	2	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO
<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

Drug Name	Drug Tier	Requirements /Limits
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MUSTARGEN	4	B/D PA; MO
<i>mycophenolate mofetil hcl</i>	2	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium</i>	2	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
NERLYNX	5	MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	5	MO
NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; MO; QL (3 per 28 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO

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>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONCASPAR	5	B/D PA; MO
ONIVYDE	5	B/D PA; MO
OPDIVO	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA
<i>oxaliplatin intravenous solution</i>	2	B/D PA; MO
paclitaxel	2	B/D PA; MO
PERJETA	5	B/D PA; MO
POMALYST	5	MO; LA
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PURIXAN	5	MO
RAPAMUNE ORAL SOLUTION	5	B/D PA; MO
REVLIMID	5	PA; MO; LA
RITUXAN	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
RITUXAN HYCELA	5	PA; MO
ROMIDEPSIN	5	B/D PA
RUBRACA ORAL TABLET 200 MG	5	PA; MO; LA; QL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG	5	PA; MO; LA; QL (150 per 30 days)
RUBRACA ORAL TABLET 300 MG	5	PA; MO; LA; QL (120 per 30 days)
RYDAPT	5	PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO
SIGNIFOR	5	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	5	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	5	PA; MO	TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA; MO
SPRYCEL ORAL TABLET 140 MG	5	PA; MO; QL (30 per 30 days)	TARCEVA ORAL TABLET 150 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (60 per 30 days)	TARGRETIN TOPICAL	5	MO
STIVARGA	5	PA; MO; QL (84 per 28 days)	TASIGNA ORAL CAPSULE 150 MG, 50 MG	5	PA; MO
SUTENT ORAL CAPSULE 12.5 MG	5	PA; MO	TASIGNA ORAL CAPSULE 200 MG	5	PA; MO; QL (112 per 28 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	5	PA; MO; QL (60 per 30 days)	TECENTRIQ	5	B/D PA; MO; LA
SUTENT ORAL CAPSULE 50 MG	5	PA; MO; QL (30 per 30 days)	TEMODAR INTRAVENOUS	5	B/D PA; MO
SYLVANT	5	B/D PA; MO	<i>temsirolimus</i>	5	B/D PA; MO
SYNRIBO	5	B/D PA; MO	THALOMID	5	PA; MO
TABLOID	3	MO	<i>thiotepa</i>	5	B/D PA; MO
<i>tacrolimus oral</i>	2	B/D PA; MO	TIBSOVO	5	PA; MO
TAFINLAR ORAL CAPSULE 50 MG	5	PA; MO; QL (180 per 30 days)	<i>toposar</i>	2	B/D PA; MO
TAFINLAR ORAL CAPSULE 75 MG	5	PA; MO; QL (120 per 30 days)	<i>topotecan intravenous recon soln</i>	5	B/D PA
TAGRISSO ORAL TABLET 40 MG	5	PA; MO; LA; QL (60 per 30 days)	<i>topotecan intravenous solution</i>	5	B/D PA; MO
TAGRISSO ORAL TABLET 80 MG	5	PA; MO; LA; QL (30 per 30 days)	TORISEL	5	B/D PA; MO
<i>tamoxifen</i>	2	MO	TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO
			TRELSTAR	5	B/D PA; MO
			<i>tretinoin (chemotherapy)</i>	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
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PA; MO
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO
VALSTAR	5	B/D PA; MO
VANTAS	4	B/D 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 180 days)
VERZENIO ORAL TABLET 100 MG	5	PA; MO; LA; QL (120 per 30 days)
VERZENIO ORAL TABLET 150 MG	5	PA; MO; LA; QL (80 per 30 days)
VERZENIO ORAL TABLET 200 MG	5	PA; MO; LA; QL (60 per 30 days)
VERZENIO ORAL TABLET 50 MG	5	PA; MO; LA; QL (240 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

Drug Name	Drug Tier	Requirements /Limits
<i>vincasar pfs</i> <i>intravenous solution</i> <i>2 mg/2 ml</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA; MO
XALKORI ORAL CAPSULE 200 MG	5	PA; MO
XALKORI ORAL CAPSULE 250 MG	5	PA; MO; QL (60 per 30 days)
XATMEP	5	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XTANDI	5	PA; MO; QL (120 per 30 days)
YEROVY	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)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZOLADEX	4	B/D PA; MO
ZOLINZA	5	MO
ZORTRESS	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
ZYDELIG	5	PA; MO; QL (90 per 30 days)
ZYKADIA	5	PA; MO; QL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PA; MO; QL (120 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 ORAL SUSPENSION	3	MO
BANZEL ORAL TABLET 200 MG	3	MO
BANZEL ORAL TABLET 400 MG	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>clonazepam</i>	2	PA; MO
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
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
<i>epitol</i>	2	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	2	MO
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET	3	MO
<i>gabapentin oral capsule 100 mg</i>	1	MO; QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral capsule 400 mg</i>	1	MO; QL (270 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 (135 per 30 days)
GABITRIL ORAL TABLET 12 MG, 16 MG	3	MO
GRALISE 30-DAY STARTER PACK	3	PA; MO; QL (78 per 180 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet 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

Drug Name	Drug Tier	Requirements /Limits
<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
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LYRICA ORAL CAPSULE 100 MG	3	PA; MO; QL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	3	PA; MO; QL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	3	PA; MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG	3	PA; MO; QL (81 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
LYRICA ORAL CAPSULE 25 MG	3	PA; MO; QL (720 per 30 days)
LYRICA ORAL CAPSULE 300 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 50 MG	3	PA; MO; QL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	3	PA; MO; QL (240 per 30 days)
LYRICA ORAL SOLUTION	3	PA; MO; QL (900 per 30 days)
ONFI ORAL SUSPENSION	3	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; MO
<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

Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>phenytoin sodium intravenous syringe</i>	2	
<i>primidone</i>	2	MO
<i>roweepra</i>	2	MO
<i>roweepra xr</i>	2	MO
SABRIL	5	MO; LA
SPRITAM	4	MO
<i>subvenite oral tablet 100 mg, 200 mg, 25 mg</i>	2	
<i>subvenite oral tablet 150 mg</i>	2	MO
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
<i>tiagabine</i>	2	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
vigabatrin	5	MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
VIMPAT INTRAVENOUS	3	
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
zonisamide	2	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	MO; LA
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	2	MO
NEUPRO	3	MO
<i>pramipexole</i>	2	MO
<i>rasagiline</i>	2	MO
<i>ropinirole</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>almotriptan malate oral tablet 12.5 mg</i>	2	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	2	MO; QL (18 per 28 days)
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>eletriptan</i>	2	MO; QL (18 per 28 days)
<i>ergotamine-caffeine</i>	2	MO
<i>frovatriptan</i>	2	MO; QL (27 per 28 days)
<i>migergot</i>	2	MO
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	2	MO
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	PA; MO; LA
AUBAGIO	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
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	5	PA; MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO
<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
<i>memantine oral tablet</i>	2	PA; MO
NAMENDA XR	3	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	3	MO

Drug Name	Drug Tier	Requirements /Limits
OCREVUS	5	PA; MO; LA
RADICAVA	5	MO
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
TECFIDERA	5	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>anectine</i>	2	
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
<i>dantrolene</i>	2	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
MESTINON ORAL SYRUP	5	MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/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>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2	
<i>pyridostigmine bromide</i>	2	MO
<i>regonal</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)
<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)
<i>buprenorphine hcl injection solution</i>	2	MO
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>BUTRANS</i>	3	PA; MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</i>	2	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate (pf) injection</i>	2	MO; QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	QL (400 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr</i>	2	PA; MO; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	5	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 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)

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
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	MO; QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	2	MO; QL (240 per 30 days)
hydromorphone (pf) injection solution 2 mg/ml	2	QL (1200 per 30 days)
hydromorphone injection solution 1 mg/ml	2	QL (300 per 30 days)
hydromorphone injection solution 2 mg/ml	2	MO; QL (150 per 30 days)
hydromorphone injection solution 4 mg/ml	2	MO; QL (75 per 30 days)
hydromorphone injection syringe 1 mg/ml	2	QL (300 per 30 days)
hydromorphone injection syringe 2 mg/ml	2	QL (1200 per 30 days)
hydromorphone injection syringe 4 mg/ml	2	MO; QL (75 per 30 days)
hydromorphone oral liquid	2	MO; QL (2400 per 30 days)
hydromorphone oral tablet	2	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg	2	PA; MO; QL (60 per 30 days)
hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg	5	PA; MO; QL (60 per 30 days)
ibuprofen-oxycodone	2	MO; QL (28 per 30 days)
levorphanol tartrate	2	MO; QL (120 per 30 days)
loracet (hydrocodone)	2	MO; QL (360 per 30 days)
loracet hd	2	MO; QL (360 per 30 days)
loracet plus oral tablet 7.5-325 mg	2	MO; QL (360 per 30 days)
methadone injection solution	2	QL (150 per 30 days)
methadone intensol	2	PA; MO; QL (90 per 30 days)
methadone oral concentrate	2	PA; MO; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	2	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	2	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	2	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	2	PA; 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>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; QL (2000 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	2	B/D PA; MO; QL (400 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	2	B/D PA; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
MORPHINE INJECTION SOLUTION 10 MG/ML	3	MO
<i>morphine injection solution 8 mg/ml</i>	2	
<i>morphine injection syringe 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	2	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	2	QL (400 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine intravenous cartridge 10 mg/ml</i>	2	QL (200 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine intravenous cartridge 2 mg/ml</i>	2	QL (1000 per 30 days)
<i>morphine intravenous cartridge 4 mg/ml</i>	2	QL (500 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO; 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 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</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 100 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</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)

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>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	2	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; MO; QL (90 per 30 days)
<i>vicodin</i>	2	MO; QL (390 per 30 days)
<i>vicodin es</i>	2	MO; QL (390 per 30 days)
<i>vicodin hp</i>	2	MO; QL (390 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>xylon 10</i>	2	QL (50 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	MO; QL (857 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol tartrate nasal</i>	2	MO; QL (10 per 28 days)
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
<i>etodolac</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>FLECTOR</i>	4	PA; 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>flurbiprofen</i>	2	MO
<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</i>	2	
<i>ketoprofen oral capsule 50 mg</i>	2	MO
<i>ketoprofen oral capsule 75 mg</i>	2	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
<i>naloxone</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO

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
<i>NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION</i>	3	MO; QL (2 per 28 days)
<i>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
<i>profeno</i>	2	
<i>salsalate</i>	1	MO
<i>SUBOXONE SUBLINGUAL FILM 12-3 MG</i>	3	MO; QL (60 per 30 days)
<i>SUBOXONE SUBLINGUAL FILM 2-0.5 MG</i>	3	MO; QL (360 per 30 days)
<i>SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG</i>	3	MO; QL (90 per 30 days)
<i>sulindac</i>	1	MO
<i>tolmetin</i>	2	MO
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
<i>tramadol oral tablet, extended release 24 hr</i>	2	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; MO; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
<i>VIVITROL</i>	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
VOLTAREN TOPICAL	3	MO; QL (1000 per 28 days)
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)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO
ADASUVE	3	LA
amitriptyline	2	PA; MO
amoxapine	2	MO
amphetamine sulfate	2	
ariPIPRAZOLE oral solution	5	MO
ariPIPRAZOLE oral tablet 10 mg	2	MO; QL (90 per 30 days)
ariPIPRAZOLE oral tablet 15 mg	2	MO; QL (60 per 30 days)
ariPIPRAZOLE oral tablet 2 mg	2	MO; QL (450 per 30 days)
ariPIPRAZOLE oral tablet 20 mg	5	MO; QL (60 per 30 days)
ariPIPRAZOLE oral tablet 30 mg	5	MO; QL (30 per 30 days)
ariPIPRAZOLE oral tablet 5 mg	2	MO; QL (180 per 30 days)
ariPIPRAZOLE oral tablet,disintegrating 10 mg	5	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ariPIPRAZOLE oral tablet,disintegrating 15 mg	5	MO; QL (60 per 30 days)
ARISTADA	5	MO
ARISTADA INITIO	5	
armodafinil	4	PA; MO
atomoxetine	2	MO
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	2	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	2	MO; QL (60 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg	2	MO; QL (120 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 150 mg	2	MO; QL (90 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 200 mg	2	MO; QL (60 per 30 days)
buspirone	2	MO
chlorpromazine	2	MO
citalopram oral solution	2	MO
citalopram oral tablet 10 mg	1	MO; QL (120 per 30 days)
citalopram oral tablet 20 mg	1	MO; QL (60 per 30 days)
citalopram oral tablet 40 mg	1	MO; QL (30 per 30 days)
clomipramine	4	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
clonidine hcl oral tablet extended release 12 hr	2	MO
clorazepate dipotassium	2	PA; MO
clozapine oral tablet	2	MO
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	2	
desipramine	2	MO
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	2	MO; QL (120 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	2	MO; QL (480 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 50 mg	2	MO; QL (240 per 30 days)
dexmethylphenidate	2	MO
dextroamphetamine	2	MO
dextroamphetamine-amphetamine	2	MO
diazepam injection solution	2	PA
diazepam injection syringe	2	PA; MO
diazepam intensol	2	PA; MO
diazepam oral concentrate	2	PA; MO
diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	PA; MO
diazepam oral tablet	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
doxepin oral	4	PA; MO
duloxetine oral capsule,delayed release(dr/ec) 20 mg	2	MO; QL (180 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	2	MO; QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	2	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	2	MO; QL (60 per 30 days)
EMSAM	5	MO
ergoloid	4	MO
escitalopram oxalate oral solution	2	MO
escitalopram oxalate oral tablet 10 mg	1	MO; QL (60 per 30 days)
escitalopram oxalate oral tablet 20 mg	1	MO; QL (30 per 30 days)
escitalopram oxalate oral tablet 5 mg	1	MO; QL (120 per 30 days)
eszopiclone	4	ST; MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG	4	MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 8 MG	5	MO; QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	5	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	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
FANAPT ORAL TABLET 6 MG	5	MO; QL (120 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTE GRATING 150 MG, 200 MG	4	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 120 MG	3	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 20 MG	3	MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 40 MG	3	MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 80 MG	3	MO; QL (45 per 30 days)
flumazenil	2	MO
fluoxetine oral capsule 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral capsule 20 mg	1	MO
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	2	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 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 100 mg</i>	4	MO; QL (90 per 30 days)
<i>fluvoxamine oral capsule,extended release 24hr 150 mg</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 (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
FORFIVO XL	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	4	MO
<i>guanidine</i>	2	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	PA; MO
<i>imipramine pamoate</i>	4	PA; MO
INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO
LATUDA ORAL TABLET 120 MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	3	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	3	MO; QL (120 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	3	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe</i>	2	PA
<i>lorazepam intensol</i>	2	PA; MO
<i>lorazepam oral</i>	2	PA; MO
<i>loxapine succinate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>maprotiline</i>	2	MO
MARPLAN	3	MO
<i>metadate er</i>	2	MO
<i>methamphetamine</i>	2	PA; MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	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 extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	MO
<i>methylphenidate hcl oral tablet, chewable</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil</i>	2	PA; MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
NUPLAZID	5	MO
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral tablet 10 mg</i>	2	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	2	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine oral tablet 2.5 mg</i>	2	MO; QL (240 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	2	MO; QL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	2	MO; QL (81 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	2	MO; QL (60 per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 5 mg</i>	2	MO; QL (120 per 30 days)
<i>olanzapine-fluoxetine</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	MO; QL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	2	MO; QL (120 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 (41 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (45 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	2	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	2	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	2	MO; QL (30 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine</i>	2	MO
PERSERIS	5	
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
<i>procenta</i>	2	MO
<i>protriptyline</i>	2	MO
<i>quetiapine oral tablet 100 mg</i>	2	MO; QL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; QL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	2	MO; QL (902 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; QL (81 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; QL (480 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (160 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>quetiapine oral tablet extended release 24 hr 200 mg</i>	2	MO; QL (120 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (81 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	2	MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	MO; QL (240 per 30 days)
REXULTI ORAL TABLET 1 MG	5	MO; QL (120 per 30 days)
REXULTI ORAL TABLET 2 MG	5	MO; QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG	5	MO; QL (40 per 30 days)
REXULTI ORAL TABLET 4 MG	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULA R SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULA R SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	2	MO; QL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QL (161 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</i>	2	MO; QL (1920 per 30 days)
<i>risperidone oral tablet,disintegrating 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg</i>	2	MO; QL (480 per 30 days)
<i>risperidone oral tablet,disintegrating 2 mg</i>	2	MO; QL (240 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg</i>	2	MO; QL (161 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 SUBLINGUAL TABLET 10 MG	3	MO; QL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	3	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
SAPHRIS SUBLINGUAL TABLET 5 MG	3	MO; QL (120 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	4	PA; MO
TRINTELLIX ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; QL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	2	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral tablet 25 mg</i>	2	MO; QL (270 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	2	MO; QL (180 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	2	MO; QL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	2	MO
VERSACLOZ	5	
VIIBRYD ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	MO; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	MO; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	5	MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	5	MO; QL (40 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
XYREM	5	PA; MO; LA
<i>zaleplon oral capsule 10 mg</i>	4	ST; MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	ST; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	MO
<i>ziprasidone hcl oral capsule 20 mg</i>	2	MO; QL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	2	MO; QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg</i>	2	MO; QL (80 per 30 days)
<i>ziprasidone hcl oral capsule 80 mg</i>	2	MO; QL (60 per 30 days)
<i>zolpidem oral tablet</i>	2	ST; MO; QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase</i>	4	ST; MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<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	
<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</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 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
sorine oral tablet 240 mg	2	
sotalol af	2	MO
sotalol oral	2	MO
SOTYLIZE	3	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	2	MO
afeditab cr	2	MO
amiloride	2	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	2	MO
amlodipine-olmesartan	2	MO
amlodipine-valsartan	2	MO
amlodipine-valsartan-hcthiazid	2	MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
benazepril	1	MO
benazepril-hydrochlorothiazide	2	MO
betaxolol oral	2	MO
BIDIL	3	MO
bisoprolol fumarate	2	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide injection	2	MO
bumetanide oral	1	MO
BYSTOLIC	3	MO

Drug Name	Drug Tier	Requirements /Limits
BYVALSON	3	MO
candesartan	2	MO
candesartan-hydrochlorothiazid	2	MO
captopril	2	MO
captopril-hydrochlorothiazide	2	MO
cartia xt	2	MO
carvedilol	1	MO
carvedilol phosphate	2	MO
chlorothiazide	1	MO
chlorothiazide sodium	2	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine transdermal patch	4	MO; QL (4 per 28 days)
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	2	
clonidine hcl oral tablet	1	MO
COREG CR	3	MO
DEMSER	5	MO
diltiazem hcl intravenous	2	
diltiazem hcl oral capsule,ext.rel 24h degradable	2	MO
diltiazem hcl oral capsule,extended release 12 hr	2	MO
diltiazem hcl oral capsule,extended release 24 hr	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>EDARBI</i>	3	MO
<i>EDARBYCLOL</i>	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>ethacrynone sodium</i>	5	
<i>ethacrynic acid</i>	5	MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO

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

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>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate intravenous syringe</i>	2	
<i>metoprolol tartrate oral</i>	1	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral</i>	2	MO
<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>	2	MO
<i>olmesartanamlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	2	MO
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>REMODULIN</i>	5	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt</i>	2	MO
<i>TEKTURNA</i>	3	MO
<i>TEKTURNA HCT</i>	3	MO
<i>telmisartan</i>	2	MO
<i>telmisartanamlodipine</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)

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>timolol maleate oral</i>	2	MO
<i>torsemide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO
<i>triamterene-hydrochlorothiazide</i>	1	MO
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral</i>	1	MO
CARDIAC GLYCOSIDES		
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution 50 mcg/ml</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3	MO
COAGULATION THERAPY		
AMICAR	3	MO
<i>aminocaproic acid intravenous</i>	2	MO
<i>aspirin-dipyridamole</i>	2	MO
BRILINTA	3	MO
CEPROTIN (BLUE BAR)	3	MO

Drug Name	Drug Tier	Requirements /Limits
CEPROTIN (GREEN BAR)	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole intravenous</i>	2	PA
<i>dipyridamole oral</i>	2	MO
DOPTELET	5	PA; MO; LA
EFFIENT	3	MO
ELIQUIS	3	MO
<i>enoxaparin</i>	2	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml, 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

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

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

Drug Name	Drug Tier	Requirements /Limits
cholestyramine light	2	MO
colesevelam	2	MO
colestipol	2	MO
ezetimibe	2	MO
ezetimibe-simvastatin	2	MO; QL (30 per 30 days)
fenofibrate micronized	2	MO
fenofibrate nanocrystallized	2	MO
fenofibrate oral tablet	2	MO
fenofibric acid	2	MO
fenofibric acid (choline)	2	MO
fluvastatin oral capsule 20 mg	2	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	2	MO; QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr	2	MO; QL (30 per 30 days)
gemfibrozil	1	MO
JUXTAPID	5	PA; MO; LA
LIVALO	3	MO; QL (30 per 30 days)
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
niacin oral tablet extended release 24 hr	2	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 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
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; QL (4 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
REPATHA	5	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	5	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	5	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
<i>triklo</i>	2	MO
VASCEPA	3	MO
WELCHOL	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	2	
CORLANOR	3	PA; MO
<i>dobutamine</i>	2	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	2	B/D PA; MO
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
<i>milrinone</i>	2	B/D PA; MO
<i>milrinone in 5 % dextrose</i>	2	B/D PA; MO
<i>norepinephrine bitartrate</i>	2	
RANEXA	3	MO
<i>sodium nitroprusside</i>	2	
VECAMYL	5	
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate oral tablet extended release</i>	2	
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	2	B/D PA; MO
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin oral</i>	2	MO
<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</i>	2	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>calcipotriene scalp</i>	2	MO
<i>calcipotriene topical cream</i>	4	MO
<i>calcipotriene topical ointment</i>	2	MO
<i>calcipotriene-betamethasone</i>	2	MO
<i>calcitrene</i>	2	MO
<i>calcitriol topical</i>	4	MO
COSENTYX	5	PA; MO
COSENTYX (2 SYRINGES)	5	PA; MO
COSENTYX PEN	5	PA; MO
COSENTYX PEN (2 PENS)	5	PA; MO
<i>selenium sulfide topical lotion</i>	2	MO
STELARA SUBCUTANEOUS	5	PA; MO
BURN THERAPY		
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO
CARAC	5	MO
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	2	MO
DUPIXENT	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
FLUOROURACIL TOPICAL CREAM 0.5 %	5	ST; MO
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>imiquimod topical cream in packet</i>	2	MO
<i>methoxsalen</i>	5	MO
PANRETIN	5	MO
PICATO	5	MO
<i>podofilox</i>	2	MO
<i>prodoxin</i>	2	MO
REGRANEX	5	MO
<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
TOLAK	4	MO
UVADEX	4	B/D PA
VALCHLOR	5	MO
ZYCLARA	5	ST; MO
THERAPY FOR ACNE		
<i>adapalene topical cream</i>	4	PA; MO
<i>adapalene topical gel</i>	4	PA; MO
<i>adapalene topical gel with pump</i>	4	PA; MO
<i>adapalene topical solution</i>	4	PA
<i>adapalene-benzoyl peroxide</i>	2	PA; MO
<i>amnesteem</i>	2	MO
<i>avita topical cream</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>claravis</i>	4	MO
<i>clindacin etz topical swab</i>	2	MO
<i>clindacin p</i>	2	MO
<i>clindamycin phosphate topical foam</i>	2	MO
<i>clindamycin phosphate topical gel</i>	2	MO
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide</i>	2	MO
<i>clindamycin-tretinoin</i>	2	PA; MO
<i>dapsone topical</i>	2	MO
<i>ery pads</i>	2	MO
<i>erygel</i>	2	MO
<i>erythromycin with ethanol</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
<i>isotretinoin</i>	2	
<i>metronidazole topical</i>	2	MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 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>myorisan oral capsule 30 mg</i>	2	
<i>neuac</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 microspheres</i>	4	PA; MO
<i>tretinoin topical</i>	2	PA; MO
<i>zenatane</i>	4	MO
TOPICAL ANESTHETICS		
<i>bupivacaine</i>	2	MO
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i>	2	MO
<i>bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml)</i>	2	
<i>bupivacaine-epinephrine (pf)</i>	2	
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000</i>	2	
<i>bupivacaine-epinephrine injection solution 0.5 %-1:200,000</i>	2	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>chlorprocaine (pf)</i>	2	
<i>glydo</i>	2	MO; QL (60 per 30 days)
<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</i>	2	PA; MO
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</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-epinephrine injection solution 1%:1:100,000, 2%:1:100,000</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>marcaine (pf) injection solution 0.75 % (7.5 mg/ml)</i>	2	
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>sensorcaine injection solution 0.5 % (5 mg/ml)</i>	2	MO
<i>sensorcaine-mpf injection solution 0.5 % (5 mg/ml)</i>	2	

TOPICAL ANTIBACTERIALS

<i>gentamicin topical</i>	2	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO
<i>mupirocin calcium</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON	3	MO

TOPICAL ANTIFUNGALS

<i>ciclodan</i>	2	MO
<i>ciclopirox</i>	2	MO
<i>clotrimazole topical</i>	2	MO
<i>clotrimazole-betamethasone</i>	2	MO
<i>econazole</i>	2	MO
KERYDIN	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ketoconazole topical</i>	2	MO
<i>naftifine</i>	2	MO
<i>NAFTIN TOPICAL GEL</i>	3	MO
<i>nyamyc</i>	2	MO
<i>nystatin topical</i>	2	MO
<i>nystatin-triamcinolone</i>	2	MO
<i>nystop</i>	2	MO
<i>oxiconazole</i>	2	MO

TOPICAL ANTIVIRALS

<i>acyclovir topical</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
XERESE	4	MO
ZOVIRAX TOPICAL CREAM	5	PA; MO; QL (5 per 30 days)

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream</i>	2	MO
<i>alclometasone</i>	2	MO
<i>amcinonide topical cream</i>	4	MO
<i>amcinonide topical lotion</i>	4	MO
<i>amcinonide topical ointment</i>	4	
<i>apexicon e</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</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
CAPEX	3	MO
<i>clobetasol scalp</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	2	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	2	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	2	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 28 days)
<i>clodan</i>	4	MO; QL (236 per 28 days)
<i>desonide topical cream</i>	4	MO
<i>desonide topical lotion</i>	4	MO
<i>desonide topical ointment</i>	2	MO
<i>desoximetasone topical cream</i>	4	MO
<i>desoximetasone topical gel</i>	4	MO
<i>desoximetasone topical ointment</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>desoximetasone topical spray,non-aerosol</i>	2	MO
<i>diflorasone</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>fluocinonide-emollient</i>	2	QL (120 per 30 days)
<i>flurandrenolide</i>	2	MO
<i>fluticasone topical cream</i>	2	MO
<i>fluticasone topical lotion</i>	4	MO
<i>fluticasone topical ointment</i>	2	MO
<i>halobetasol propionate</i>	2	MO
<i>hydrocortisone butyrate topical cream</i>	4	MO
<i>hydrocortisone butyrate topical lotion</i>	2	MO
<i>hydrocortisone butyrate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone butyr-emollient</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
hydrocortisone <i>topical cream 1 %, 2.5 %</i>	2	MO
hydrocortisone <i>topical lotion 2.5 %</i>	2	MO
hydrocortisone <i>topical ointment 1 %, 2.5 %</i>	2	MO
hydrocortisone <i>valerate</i>	2	MO
hydrocortisone-min <i>oil-wht pet</i>	2	MO
LOCOID TOPICAL LOTION	3	MO
mometasone topical	2	MO
nolix topical cream	2	
nolix topical lotion	2	MO
prednicarbate	2	MO
triamcinolone <i>acetonide topical aerosol</i>	2	MO
triamcinolone <i>acetonide topical cream</i>	2	MO
triamcinolone <i>acetonide topical lotion</i>	2	MO
triamcinolone <i>acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
trianex	2	MO
triderm topical <i>cream</i>	2	MO
TOPICAL ENZYMES		
SANTYL	3	MO

Drug Name	Drug Tier	Requirements /Limits
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	2	
lindane topical <i>shampoo</i>	2	MO
malathion	2	MO
NATROBA	3	MO
permethrin topical <i>cream</i>	2	MO
SKLICE	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine <i>intravenous</i>	2	MO
IRRIGATING SOLUTIONS		
lactated ringers <i>irrigation</i>	2	MO
neomycin-polymyxin <i>b gu</i>	2	MO
ringer's irrigation	2	MO
MISCELLANEOUS AGENTS		
acamprosate	4	MO
acetic acid irrigation	2	MO
ADAGEN	5	MO
alendronate oral <i>tablet 40 mg</i>	1	MO; QL (30 per 30 days)
anagrelide	2	MO
ARALAST NP	5	MO; LA
BUPHENYL ORAL TABLET	5	MO
bupivacaine- <i>dextrose-water(pf)</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>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
CARBAGLU	5	MO; LA
<i>cevimeline</i>	2	MO
CHEMET	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	MO
<i>dextrose 20 % in water (d20w)</i>	2	
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 30 % in water (d30w)</i>	2	
<i>dextrose 40 % in water (d40w)</i>	2	
<i>dextrose 5 % in water (d5w)</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	
<i>dextrose 70 % in water (d70w)</i>	2	MO
<i>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	2	MO
<i>etidronate disodium</i>	2	MO
EXJADE	5	PA; MO; LA
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET	5	PA; MO
INCRELEX	5	MO; LA
JADENU	5	PA; MO
JADENU SPRINKLE	5	PA; MO
<i>kionex (with sorbitol)</i>	2	MO
<i>lanthanum</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
<i>lmd 10 % in 0.9 % sodium chlor</i>	2	
<i>lmd 10 % in 5 % dextrose</i>	2	
LOKELMA	3	

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

Drug Name	Drug Tier	Requirements /Limits
<i>midodrine</i>	2	MO
NORTHERA	5	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA
ORFADIN ORAL CAPSULE 20 MG	5	MO
ORFADIN ORAL SUSPENSION	5	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	MO
RENVELA ORAL TABLET	5	MO
<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>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	MO
<i>sodium polystyrene (sorb free)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sodium polystyrene sulfonate oral</i>	2	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	2	
SOLIRIS	5	B/D PA; MO
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
SYPRINE	5	PA; MO
THIOLA	5	MO
<i>trientine</i>	5	PA; MO
VELTASSA	3	MO
<i>water for irrigation, sterile</i>	2	MO
XIAFLEX	5	MO
XURIDEN	5	MO
<i>zoledronic acid-mannitol-water</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
NICOTROL NS	4	MO
EAR, NOSE / THROAT MEDICATIONS		

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 AGENTS		
<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
<i>BACTROBAN NASAL</i>	3	MO
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</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
<i>PREVIDENT 5000 BOOSTER PLUS</i>	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	2	MO
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		

Drug Name	Drug Tier	Requirements /Limits
<i>CIPRODEX</i>	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
<i>OTOVEL</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>a-hydrocort</i>	2	MO
<i>betamethasone acet,sod phos</i>	2	MO
<i>cortisone</i>	2	MO
<i>decadron</i>	2	
<i>deltasone oral tablet 20 mg</i>	2	B/D PA; MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	2	
<i>dexamethasone sodium phos (pf)</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	1	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>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>millipred dp</i>	2	MO
<i>millipred oral tablet</i>	4	B/D PA; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 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
<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
<i>veripred 20</i>	2	
ANTITHYROID AGENTS		

Drug Name	Drug Tier	Requirements /Limits
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>ALCOHOL PADS</i>	3	MO
<i>APIDRA SOLOSTAR U-100 INSULIN</i>	4	ST; MO
<i>APIDRA U-100 INSULIN</i>	4	ST; MO
<i>BYDUREON</i>	3	PA; MO; QL (4 per 28 days)
<i>BYDUREON BCISE</i>	3	PA; MO; QL (4 per 28 days)
<i>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</i>	3	PA; MO; QL (2.4 per 30 days)
<i>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</i>	3	PA; MO; QL (1.2 per 30 days)
<i>CYCLOSET</i>	4	MO; QL (180 per 30 days)
<i>FARXIGA ORAL TABLET 10 MG</i>	3	MO; QL (30 per 30 days)
<i>FARXIGA ORAL TABLET 5 MG</i>	3	MO; QL (60 per 30 days)
<i>GAUZE PADS 2 X 2</i>	3	MO

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
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	2	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
GLYXAMBI	3	MO; QL (30 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
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
INSULIN SYRINGE (DISP) U-100 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	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)
INVOKAMET ORAL TABLET 50-500 MG	3	MO; QL (120 per 30 days)	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; MO; QL (30 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	MO; QL (60 per 30 days)	KAZANO	4	ST; MO; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	3	MO; QL (120 per 30 days)	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	MO; QL (90 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)
INVOKANA ORAL TABLET 300 MG	3	MO; QL (30 per 30 days)	LANTUS SOLOSTAR U-100 INSULIN	3	MO
JANUMET	3	MO; QL (60 per 30 days)	LANTUS U-100 INSULIN	3	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)	LEVEMIR FLEXTOUCH U-100 INSULIN	3	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)	LEVEMIR U-100 INSULIN	3	MO
JANUVIA	3	MO; QL (30 per 30 days)	<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)	<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
JENTADUETO	4	ST; MO; QL (60 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)

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>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
<i>miglitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOFINE 32	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
NOVOLOG U-100 INSULIN ASPART	4	ST; MO
OMNIPOD INSULIN MANAGEMENT	3	MO
OMNIPOD INSULIN REFILL	3	MO

Drug Name	Drug Tier	Requirements /Limits
ONGLYZA	3	MO; QL (30 per 30 days)
OZEMPIC	3	PA; MO
<i>pioglitazone</i>	2	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
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
<i>repaglinide-metformin</i>	2	MO; QL (150 per 30 days)
RIOMET	3	MO; QL (765 per 30 days)
SEGLUROMET	3	MO
SOLIQUA 100/33	3	MO
STEGLATRO	3	MO
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	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
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TANZEUM	4	PA; MO; QL (4 per 28 days)
<i>tolazamide oral tablet 250 mg</i>	2	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QL (180 per 30 days)
TOUJEOL MAX U-300 SOLOSTAR	3	MO
TOUJEOL SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	4	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	MO
TRESIBA FLEXTOUCH U-200	3	MO
TRULICITY	4	PA; MO; QL (2 per 28 days)
VGO 20	3	MO
VGO 30	3	MO
VGO 40	3	MO
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	MO
ANADROL-50	5	PA; MO
ANDRODERM	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO
AXIRON	4	PA; MO
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule</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	Drug Name	Drug Tier	Requirements /Limits
<i>calcitriol oral solution</i>	2	MO	<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
CERDELGA	5	MO	<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	MO	PALYNZIQ	5	PA; MO; LA
<i>clomiphene citrate</i>	2	PA; MO	<i>pamidronate</i>	2	MO
<i>danazol</i>	4	MO	<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	
<i>desmopressin injection</i>	2	MO	<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>desmopressin nasal spray with pump</i>	2	MO	<i>paricalcitol oral</i>	4	MO
<i>desmopressin nasal spray,non-aerosol</i>	2	MO	SAMSCA	5	PA; MO
<i>desmopressin oral</i>	2	MO	SENSIPAR ORAL TABLET 30 MG	3	MO
<i>doxercalciferol intravenous</i>	2		SENSIPAR ORAL TABLET 60 MG, 90 MG	5	MO
<i>doxercalciferol oral</i>	2	MO	SOMAVERT	5	MO
ELAPRASE	5	MO	STIMATE	3	MO
FABRAZYME	5	MO	STRENSIQ	5	MO; LA
FORTESTA	4	PA; MO	SYNAREL	5	MO
KANUMA	5	MO	TESTIM	4	PA; MO
KORLYM	5	MO	<i>testosterone cypionate</i>	2	MO
KUVAN	5	MO	<i>testosterone enanthate</i>	2	MO
LUMIZYME	5	MO	<i>testosterone transdermal gel</i>	2	PA; MO
<i>methyltestosterone oral capsule</i>	5	MO	<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; MO
MIACALCIN INJECTION	4	MO			
<i>miglustat</i>	5	MO; LA			
MYALEPT	5	PA; MO; LA			
NAGLAZYME	5	MO; LA			
NATPARA	5	PA; MO; LA			

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

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet</i>	2	PA; MO
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO
VIMIZIM	5	MO; LA
ZAVESCA	5	MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
THYROID HORMONES		
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	2	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	2	MO
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
<i>paregoric</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	MO
<i>ALOXI</i>	5	MO
<i>AMITIZA</i>	3	MO
<i>aprepitant</i>	2	B/D PA; MO
<i>APRISO</i>	4	MO
<i>ASACOL HD</i>	3	MO
<i>balsalazide</i>	2	MO
<i>budesonide oral</i>	5	MO
<i>CHENODAL</i>	5	PA; LA
<i>CHOLBAM ORAL CAPSULE 250 MG</i>	5	PA; MO
<i>CHOLBAM ORAL CAPSULE 50 MG</i>	5	PA; MO; QL (120 per 30 days)
<i>CIMZIA</i>	5	PA; MO
<i>CIMZIA POWDER FOR RECONST</i>	5	PA; MO
<i>CIMZIA STARTER KIT</i>	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
<i>colocort</i>	2	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	3	MO
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 36,000-114,000- 180,000 UNIT	5	MO
<i>cromolyn oral</i>	2	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM	5	MO
<i>dronabinol oral capsule 10 mg</i>	5	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 (FOSAPREPITANT)	3	MO

Drug Name	Drug Tier	Requirements /Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO
ENTYVIO	5	PA; MO
<i>enulose</i>	2	MO
GATTEX 30-VIAL	5	MO
GATTEX ONE-VIAL	5	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>gransetron (pf)</i>	2	MO
<i>gransetron hcl intravenous</i>	2	MO
<i>gransetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	MO
INFLECTRA	5	PA; MO
<i>lactulose oral packet</i>	2	
<i>lactulose oral solution</i>	2	MO
LIALDA	3	MO
LINZESS	3	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine with cleansing wipe</i>	2	MO	<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>metoclopramide hcl injection solution</i>	2	MO	<i>peg-electrolyte</i>	2	
<i>metoclopramide hcl injection syringe</i>	2		PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
<i>metoclopramide hcl oral solution</i>	2	MO	PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>metoclopramide hcl oral tablet</i>	1	MO	<i>polyethylene glycol 3350</i>	2	MO
<i>metoclopramide hcl oral tablet,disintegrating</i>	2	MO	<i>prochlorperazine</i>	2	MO
MOVANTIK	3	MO	<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
MOVIPREP	4	MO	<i>prochlorperazine maleate oral</i>	1	MO
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)	<i>procto-med hc</i>	2	MO
<i>ondansetron</i>	2	B/D PA; MO	<i>procto-pak</i>	2	MO
<i>ondansetron hcl (pf)</i>	2	MO	<i>proctosol hc topical</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO	<i>proctozone-hc</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO	RECTIV	3	MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA	RELISTOR SUBCUTANEOUS SOLUTION	5	MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO	RELISTOR SUBCUTANEOUS SYRINGE	5	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO	REMICADE	5	PA; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO	SANCUSO	5	MO
			<i>scopolamine base</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SUCRAID	5	MO	<i>amoxicil-</i>	2	MO; QL (112 per 30 days)
<i>sulfasalazine</i>	2	MO	<i>clarithromy-</i>		
SUPREP BOWEL PREP KIT	3	MO	<i>lansoprazaz</i>		
SYMPROIC	3	MO	<i>cimetidine</i>	2	MO
TRANSDERM-SCOP	4	MO	<i>cimetidine hcl oral</i>	2	MO
<i>trilyte with flavor packets</i>	2	MO	DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG	4	MO; QL (30 per 30 days)
UCERIS ORAL	5	MO	DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	4	MO
<i>ursodiol</i>	2	MO	<i>esomeprazole</i>	2	MO; QL (30 per 30 days)
VARUBI ORAL	3	B/D PA; MO	<i>magnesium oral capsule,delayed release(dr/ec) 20 mg</i>		
VIBERZI	5	MO	<i>esomeprazole</i>	2	MO
VIOKACE	3	MO	<i>magnesium oral capsule,delayed release(dr/ec) 40 mg</i>		
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 5,000-17,000- 24,000 UNIT	3	MO	<i>esomeprazole</i>	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-126,000- 168,000 UNIT	5	MO	<i>sodium intravenous recon soln 20 mg</i>		
ULCER THERAPY			<i>esomeprazole</i>	2	MO
			<i>sodium intravenous recon soln 40 mg</i>		
			<i>famotidine (pf)</i>	2	MO
			<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
			<i>famotidine intravenous solution</i>	2	MO
			<i>famotidine oral suspension</i>	2	MO
			<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
			<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)

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>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	MO
<i>misoprostol</i>	2	MO
<i>NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG</i>	3	MO; QL (30 per 30 days)
<i>NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG</i>	3	MO
<i>nizatidine</i>	2	MO
<i>omeppi oral capsule 20-1.1 mg-gram</i>	2	QL (30 per 30 days)
<i>omeppi oral capsule 40-1.1 mg-gram</i>	2	
<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>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	4	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	4	MO
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	4	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
<i>PYLERA</i>	3	MO
<i>rabeprazole</i>	2	MO
<i>ranitidine hcl injection</i>	2	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

<i>ACTIMMUNE</i>	5	B/D PA; MO
<i>ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML</i>	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	Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 150 MCG/0.75 ML	5	PA	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
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA; MO	EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	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	EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
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	EXTAVIA SUBCUTANEOUS RECON SOLN	5	PA; QL (15 per 28 days)
ARCALYST	5	PA; MO	GRANIX	5	PA; MO
AVONEX (WITH ALBUMIN)	5	PA; MO; QL (4 per 28 days)	ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)	INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	3	B/D PA; MO
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)	INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	B/D PA; MO
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)	INTRON A INJECTION SOLUTION	3	B/D PA; MO
			LEUKINE INJECTION RECON SOLN	5	MO
			MOZOBIL	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	Drug Name	Drug Tier	Requirements /Limits
NEULASTA	5	PA; MO	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
NEUPOGEN	5	PA; MO			
NORDITROPIN FLEXPRO	5	PA; MO			
OMNITROPE	5	PA; MO			
PEGASYS PROCLICK	5	MO; QL (2 per 28 days)	PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)			
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)	ROLEUKIN	5	B/D PA; MO
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	MO; QL (4 per 28 days)	REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 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)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)	REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)	SYLATRON	5	MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS					
			ACTHIB (PF)	3	MO
			ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
			BCG VACCINE, LIVE (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	Drug Name	Drug Tier	Requirements /Limits
BEXSERO	3	MO	HYPERRHEP B S/D INTRAMUSCULAR SYRINGE	3	
BOOSTRIX TDAP	3	MO	HYPERRHEP B S-D NEONATAL	3	
BOTOX	3	PA; MO	HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO	HYPERRHO S/D INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	3	
ENGERIX-B (PF)	3	B/D PA; MO	HYPERTET S/D (PF)	3	MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO	HYQVIA	5	B/D PA; MO
fomepizole	2		IMOGLAM RABIES-HT (PF)	3	MO
GAMASTAN	3		IMOVAX RABIES VACCINE (PF)	3	MO
GAMASTAN S/D	3	MO	INFANRIX (DTAP) (PF)	3	MO
GARDASIL 9 (PF)	3	MO	IPOV	3	MO
GRASTEK	3	MO	IXIARO (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO	KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO	KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3		MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
HIBERIX (PF)	3	MO	MENVEO A-C-Y-W-135-DIP (PF)	3	MO
HIZENTRA	5	B/D PA; MO	M-M-R II (PF)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3		PEDIARIX (PF)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO	PEDVAX HIB (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
PENTACEL (PF)	3	MO
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
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	
ROTAQUE VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOXOID(PF)	3	MO
TETANUS-DIPHTHERIA TOXOIDS-TD	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO

Drug Name	Drug Tier	Requirements /Limits
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
ZOSTAVAX (PF)	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
COLCRYS	4	ST; MO
KRYSTEXXA	5	MO
MITIGARE	3	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
ULORIC	3	ST; MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)

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
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
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	5	PA; MO
BENLYSTA	5	MO
CUPRIMINE	5	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)

Drug Name	Drug Tier	Requirements /Limits
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (6 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (3 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	Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEN PSORIASIS- UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 180 days)	OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO
HUMIRA PEN PSORIASIS- UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (3 per 180 days)	OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	5	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; 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
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)	RIDAURA	5	MO
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)	SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)	SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
ORENCIA	5	PA; MO	SIMPONI	5	PA; MO
ORENCIA (WITH MALTOSE)	5	PA; MO	SIMPONI ARIA	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO	XELJANZ	5	PA; MO
OTEZLA	5	PA; MO	XELJANZ XR	5	PA; MO
OBSTETRICS / GYNECOLOGY					
ESTROGENS / PROGESTINS					
<i>camila</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
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
DUAVEE	3	MO
<i>errin</i>	2	MO
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
ESTRING	3	MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone(pf)(preservative)</i>	5	MO
HYDROXYPROGESTERONE CAP(PPRES)	5	

Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyprogesterone caproate</i>	5	MO
<i>incassia</i>	2	
<i>jencyclla</i>	2	MO
<i>jolivette</i>	2	MO
<i>lyza</i>	2	MO
MAKENA	5	MO
<i>medroxyprogesterone</i>	2	MO
MENEST	3	PA; MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
<i>norlyda</i>	2	MO
<i>norlyroc</i>	2	
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
<i>progesterone</i>	2	MO
<i>progesterone in oil</i>	2	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
<i>tulana</i>	2	
<i>yuvafem</i>	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	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>clindamycin phosphate vaginal</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
MIRENA	3	MO; LA
NEXPLANON	3	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	4	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>amethia</i>	2	MO
<i>amethia lo</i>	2	MO
<i>amethyst</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>ashlyna</i>	2	MO
<i>aubra</i>	2	MO
<i>aubra eq</i>	2	
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>balziva (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>blisovi fe 1/20 (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>briellyn</i>	2	MO
<i>camrese</i>	2	MO
<i>camrese lo</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>chateal</i>	2	MO
<i>chateal eq</i>	2	
<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>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>delyla (28)</i>	2	
<i>desog-e.estradiol/e.estradio l</i>	2	MO
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-e.estradiol-lm.fa</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>elonest</i>	2	MO
ELLA	3	
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarrylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>fayosim</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
femynor	2	MO
gianvi (28)	2	MO
introvale	2	MO
isibloom	2	MO
jolessa	2	MO
juleber	2	MO
junel 1.5/30 (21)	2	MO
junel 1/20 (21)	2	MO
junel fe 1.5/30 (28)	2	MO
junel fe 1/20 (28)	2	MO
junel fe 24	2	MO
kaitlib fe	2	MO
kariva (28)	2	MO
kelnor 1/35 (28)	2	MO
kelnor 1-50	2	MO
kimidess (28)	2	MO
kurvelo	2	MO
l norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	2	MO
l norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	2	
larin 1.5/30 (21)	2	MO
larin 1/20 (21)	2	MO
larin 24 fe	2	MO
larin fe 1.5/30 (28)	2	MO
larin fe 1/20 (28)	2	MO

Drug Name	Drug Tier	Requirements /Limits
larissia	2	MO
layolis fe	2	MO
leena 28	2	MO
lessina	2	MO
levonest (28)	2	MO
levonorgestrel-ethinyl estrad	2	MO
levonorg-eth estrad triphasic	2	MO
levora-28	2	MO
lillow	2	MO
loryna (28)	2	MO
low-ogestrel (28)	2	MO
lutera (28)	2	MO
marlissa	2	MO
melodetta 24 fe	2	MO
mibelas 24 fe	2	MO
microgestin 1.5/30 (21)	2	MO
microgestin 1/20 (21)	2	MO
microgestin fe 1.5/30 (28)	2	MO
microgestin fe 1/20 (28)	2	MO
milil	2	
mono-linyah	2	MO
mononessa (28)	2	MO
myzilra	2	MO
necon 0.5/35 (28)	2	MO
necon 7/7/7 (28)	2	MO
nikki (28)	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>noreth-ethinyl estradiol-iron</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron</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>ocella</i>	2	MO
<i>ogestrel (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</i>	2	MO
<i>previfem</i>	2	MO
<i>quasense</i>	2	MO
<i>rajani</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>rivelsa</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri femynor</i>	2	MO
<i>tri-estarrylla</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarrylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	
<i>trinessa (28)</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>tri-vylibra</i>	2	
<i>tydemy</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vienna</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>vyfemla (28)</i>	2	MO
<i>vylibra</i>	2	
<i>wera (28)</i>	2	MO
<i>wymzya fe</i>	2	MO
<i>zarah</i>	2	MO
<i>zenchent (28)</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
OXYTOCICS		
<i>methergine</i>	2	
<i>methylergonovine injection</i>	2	
<i>methylergonovine oral</i>	2	MO
<i>oxytocin injection solution</i>	2	MO
OPHTHALMOLOGY		

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
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>	1	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	2	MO
<i>moxifloxacin ophthalmic (eye)</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin</i>	1	MO
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO
ANTIVIRALS		
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>metipranolol</i>	2	
<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
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	MO
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	2	MO
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</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 OPHTHALMOLOGICS		
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>balanced salt</i>	2	
BEPREVE	4	MO
<i>bss</i>	2	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	MO
<i>epinastine</i>	2	MO
EYLEA	5	MO
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	5	MO
LASTACRAFT	4	MO
LUCENTIS	5	MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
PAZEO	3	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	2	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ketorolac ophthalmic (eye)</i>	2	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 OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	
RHOPRESSA	3	MO
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
ZIOPTAN (PF)	4	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	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>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
FML S.O.P.	3	MO
LOTEMAX	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>sulfacetamide-prednisolone</i>	2	MO
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	2	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>desloratadine</i>	2	MO; QL (30 per 30 days)
<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
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	MO; QL (4 per 30 days)
EPIPEN	3	MO; QL (4 per 30 days)
EPIPEN 2-PAK	3	MO; QL (4 per 30 days)
EPIPEN JR	3	MO; QL (4 per 30 days)
EPIPEN JR 2-PAK	3	MO; 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	Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO	ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
<i>levocetirizine oral solution</i>	2	MO	ASMANEX HFA	3	MO; QL (13 per 30 days)
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QL (1 per 30 days)
<i>promethazine injection solution</i>	4	MO	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	3	MO; QL (2 per 30 days)
<i>promethazine oral</i>	4	PA; MO	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (14 DOSES)	3	QL (2 per 28 days)
PULMONARY AGENTS					
<i>acetylcysteine</i>	2	B/D PA; MO	ATROVENT HFA	3	MO; QL (25.8 per 30 days)
ADCIRCA	5	PA; MO; QL (60 per 30 days)	BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
ADEMPAS	5	PA; MO; LA	BREO ELLIPTA	3	MO; QL (60 per 30 days)
ADVAIR DISKUS	3	MO; QL (60 per 30 days)	<i>budesonide inhalation</i>	2	B/D PA; MO
ADVAIR HFA	3	MO; QL (12 per 30 days)	CINRYZE	5	PA; MO
AEROSPAN	3	MO; QL (17.8 per 30 days)	COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO	<i>cromolyn inhalation</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>aminophylline intravenous</i>	2				
ANORO ELLIPTA	3	MO; QL (60 per 30 days)			
ARCAPTA NEOHALER	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
DALIRESP	4	PA; MO
DULERA	3	MO; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	MO
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO
FIRAZYR	5	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone nasal</i>	2	MO; QL (16 per 30 days)
HAEGARDA	5	PA; MO; LA
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
LETAIRIS	5	PA; MO; LA
<i>levalbuterol hcl</i>	2	B/D PA; MO
<i>metaproterenol</i>	2	MO
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast</i>	2	MO
NUCALA	5	PA; MO; LA; QL (1 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PROAIR HFA	3	MO; QL (17 per 30 days)	SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)	SPIRIVA WITH HANIDHALER	3	MO; QL (90 per 90 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)	STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)	STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
PULMOZYME	5	B/D PA; MO	SYMBICORT	3	MO; QL (10.2 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)	SYMDEKO	5	PA; MO; QL (56 per 28 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)	<i>tadalafil</i> <i>(antihypertensive)</i>	5	PA; MO; QL (60 per 30 days)
QVAR REDIHALER	3	MO	<i>terbutaline</i>	2	MO
SEREVENT DISKUS	3	MO; QL (60 per 30 days)	<i>theophylline in dextrose 5 % intravenous parenteral solution</i> 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml	3	MO
<i>sildenafil</i> <i>(pulmonary arterial hypertension)</i> <i>intravenous solution</i> 10 mg/12.5 ml	5	PA	<i>theophylline oral elixir</i>	2	
<i>sildenafil</i> <i>(pulmonary arterial hypertension)</i> oral tablet 20 mg	2	PA; MO; QL (90 per 30 days)	<i>theophylline oral solution</i>	2	MO
			<i>theophylline oral tablet extended release 12 hr</i>	2	MO
			<i>theophylline oral tablet extended release 24 hr</i>	2	MO
			TRACLEER ORAL TABLET	5	PA; MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
TRELEGY	3	MO; QL (60 per 30 days)
ELLIPTA		
<i>triamcinolone acetonide nasal</i>	2	MO; QL (16.5 per 30 days)
TUDORZA	3	MO; QL (1 per 30 days)
PRESSAIR		
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
VENTOLIN HFA	3	MO; QL (36 per 30 days)
XOLAIR	5	PA; MO; LA; QL (6 per 28 days)
<i>zafirlukast</i>	2	MO
<i>zileuton</i>	5	MO
ZYFLO	5	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin</i>	2	MO
<i>flavoxate</i>	2	MO
MYRBETRIQ	3	MO
<i>oxybutynin chloride</i>	2	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>trospium</i>	2	MO
VESICARE	3	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		

Drug Name	Drug Tier	Requirements /Limits
<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
RAPAFLO	3	ST; MO
<i>tamsulosin</i>	1	MO
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	2	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	2	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	3	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 6.602-3.268 GRAM/100 ML	3	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		

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
albumin, human 25 %	2	
alburx (human) 25 %	2	MO
alburx (human) 5 %	2	
albutein 25 %	2	
albutein 5 %	2	
buminate 5 %	2	
plasbumin 25 %	2	MO
plasbumin 5 %	2	
ELECTROLYTES		
calcium acetate oral capsule	2	MO
calcium acetate oral tablet 667 mg	2	MO
calcium chloride	2	
calcium gluconate intravenous	2	MO
effer-k oral tablet, effervescent 25 meq	1	MO
eliphos	2	MO
k-effervescent	1	MO
klor-con	1	MO
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con sprinkle	2	MO
klor-con/ef	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	MO

Drug Name	Drug Tier	Requirements /Limits
k-tab oral tablet extended release 8 meq	2	MO
lactated ringers intravenous	2	MO
magnesium chloride injection	2	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
magnesium sulfate in water intravenous parenteral solution	2	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)	2	
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)	2	MO
magnesium sulfate injection solution	2	MO
magnesium sulfate injection syringe	2	
NORMOSOL-R	3	MO
NORMOSOL-R IN 5 % DEXTROSE	3	
potassium acetate intravenous solution 2 meq/ml	2	
potassium bicarb and chloride	1	MO
potassium bicarb-citric acid	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	Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2		<i>potassium chloride intravenous solution</i>	2	MO
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO	<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2		<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2		<i>potassium chloride oral packet</i>	1	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO	<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2		<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	2	MO	<i>potassium chloride-d5-0.45 % nacl</i>	2	
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2		<i>potassium chloride-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 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-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium phosphate m-/d-basic</i>	2	
<i>ringer's intravenous</i>	2	
<i>sodium acetate</i>	2	
<i>sodium bicarbonate intravenous solution</i>	2	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 8.4 % (1 meq/ml)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3 %</i>	2	MO
<i>sodium chloride 5 %</i>	2	
<i>sodium chloride intravenous</i>	2	MO
<i>sodium lactate intravenous</i>	2	
<i>sodium phosphate</i>	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN 10 %	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN 7 % WITH ELECTROLYTES	3	B/D PA
AMINOSYN 8.5 %	3	B/D PA
AMINOSYN 8.5 %-ELECTROLYTES	3	B/D PA
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA
AMINOSYN II 7 %	3	B/D PA
AMINOSYN II 8.5 %	3	B/D PA
AMINOSYN II 8.5 %-ELECTROLYTES	3	B/D PA
AMINOSYN M 3.5 %	3	B/D PA
AMINOSYN-HBC 7%	3	B/D PA
AMINOSYN-PF 10 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
AMINOSYN-RF 5.2 %	3	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA
CLINIMIX 5%/D25W SULFITE-FREE	3	B/D PA
CLINIMIX 2.75%/D5W SULFIT FREE	3	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA
CLINIMIX 4.25%- D20W SULF-FREE	3	B/D PA
CLINIMIX 4.25%- D25W SULF-FREE	3	B/D PA
CLINIMIX 5%- D20W(SULFITE- FREE)	3	B/D PA
<i>cysteine (l-cysteine) intravenous solution</i>	2	B/D PA
<i>electrolyte-48 in d5w</i>	2	
<i>freamine iii 10 %</i>	2	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>hetastarch 6 % in 0.9 % nacl</i>	2	
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA
IONOSOL-B IN D5W	3	
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	

Drug Name	Drug Tier	Requirements /Limits
<i>plenamine</i>	2	B/D PA
<i>premasol 10 %</i>	2	B/D PA; MO
PREMASOL 6 %	3	B/D PA
<i>travasol 10 %</i>	4	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
TROPHAMINE 6%	3	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral drops</i>	2	MO
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	2	MO
<i>fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)</i>	2	MO
<i>ludent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	2	MO
<i>multi-vit with fluoride-iron</i>	2	MO
<i>multivitamin with fluoride</i>	2	MO
<i>multi-vitamin with fluoride oral drops</i>	2	MO
<i>multivitamins with fluoride</i>	2	MO
<i>mvf-fluoride</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>prenatal vitamin oral tablet</i>	2	MO
<i>tri-vitamin with fluoride</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tri-vite with fluoride</i>	2	MO
<i>vitamins a,c,d and fluoride</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.

Index

A

abacavir	2
abacavir-lamivudine	2
abacavir-lamivudine-zidovudine	2
ABELCET	2
ABILIFY MAINTENA	32
ABRAXANE	13
acamprosate	51
acarbose	55
acebutolol	40
acetaminophen-caff-dihydrocod	27
acetaminophen-codeine	27
acetazolamide	77
acetazolamide sodium	77
acetic acid	51, 54
acetylcysteine	51, 79
acitretin	46
ACTEMRA	70
ACTHIB (PF)	67
ACTIMMUNE	65
acyclovir	2, 49
acyclovir sodium	2
ADACEL(TDAP ADOLESN/ADULT)(PF)	67
ADAGEN	51
adapalene	47
adapalene-benzoyl peroxide	47
ADASUVE	32
ADCIRCA	79
adefovir	2
ADEMPAS	79
adenosine	39
adrenalin	78
adriamycin	13
ADRIAMYCIN	13
adrucil	13
ADVAIR DISKUS	79
ADVAIR HFA	79
AEROSPAN	79
afeditab cr	40
AFINITOR	13
AFINITOR DISPERZ	13
a-hydrocort	54

ak-poly-bac	76
ala-cort	49
albendazole	8
ALBENZA	8
albumin, human 25 %	83
alburx (human) 25 %	83
alburx (human) 5 %	83
albutein 25 %	83
albutein 5 %	83
albuterol sulfate	79
alclometasone	49
ALCOHOL PADS	55
ALDURAZYME	59
ALECENSA	13
alendronate	51, 69
alfuzosin	82
ALIMTA	13
ALINIA	8
ALIQOPA	13
ALKERAN	13
allopurinol	69
allopurinol sodium	69
almotriptan malate	25
aloprim	69
alosetron	61
ALOXI	61
ALPHAGAN P	78
alprostadiol	82
ALREX	78
altavera (28)	73
ALUNBRIG	13, 14
alyacen 1/35 (28)	73
alyacen 7/7/7 (28)	73
amantadine hcl	2
AMBISOME	2
amcinonide	49
amethia	73
amethia lo	73
amethyst	73
AMICAR	43
amifostine crystalline	13
amikacin	8
amiloride	40
amiloride-hydrochlorothiazide	40
aminocaproic acid	43
aminophylline	79
AMINOSYN 10 %	85
AMINOSYN 7 % WITH ELECTROLYTES	85
AMINOSYN 8.5 %	85
AMINOSYN 8.5 %-ELECTROLYTES	85
AMINOSYN II 10 %	85
AMINOSYN II 15 %	85
AMINOSYN II 7 %	85
AMINOSYN II 8.5 %	85
AMINOSYN II 8.5 %-ELECTROLYTES	85
AMINOSYN M 3.5 %	85
AMINOSYN-HBC 7%	85
AMINOSYN-PF 10 %	85
AMINOSYN-PF 7 % (SULFITE-FREE)	85
AMINOSYN-RF 5.2 %	85
amiodarone	39
AMITIZA	61
amitriptyline	32
amlodipine	40
amlodipine-atorvastatin	44
amlodipine-benazepril	40
amlodipine-olmesartan	40
amlodipine-valsartan	40
amlodipine-valsartan-hcthiazid	40
ammonium lactate	46
amnesteem	47
amoxapine	32
amoxicil-clarithromy-lansopraz	64
amoxicillin	10
amoxicillin-pot clavulanate ..	10
amphetamine sulfate	32
amphotericin b	2
ampicillin	10
ampicillin sodium	10
ampicillin-sulbactam	10
AMPYRA	25
ANADROL-50	59
anagrelide	51

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

anastrozole.....	14	AVASTIN	14	BETHKIS	8
ANDRODERM	59	aviane.....	73	BEVESPI AEROSPHERE	79
ANDROGEL.....	59	avita	47	bexarotene.....	14
anectine.....	26	AVONEX	66	BEXSERO	68
ANORO ELLIPTA	79	AVONEX (WITH ALBUMIN)	66	bicalutamide	14
apexicon e.....	49	AXIRON	59	BICILLIN C-R	10
APIDRA SOLOSTAR U-100 INSULIN.....	55	azacitidine.....	14	BICILLIN L-A	10
APIDRA U-100 INSULIN....	55	AZASITE	76	BICNU.....	14
APOKYN	25	azathioprine	14	BIDIL	40
aprACLONidine	78	azathioprine sodium	14	BIKTARVY	3
aprepitant.....	61	azelastine	54, 77	BILTRICIDE	8
apri.....	73	azithromycin.....	7	bimatoprost	77
APRISO.....	61	aztreonam	8	bisoprolol fumarate.....	40
APTIOM.....	22	azurette (28).....	73	bisoprolol-hydrochlorothiazide	40
APTIVUS	2	B		bleomycin	14
ARALAST NP	51	baciim	8	BLEPHAMIDE	78
aranelle (28).....	73	bacitracin	8, 76	BLEPHAMIDE S.O.P.	78
ARANESP (IN POLYSORBATE).....	65, 66	bacitracin-polymyxin b.....	76	BLINCYTO	14
ARCALYST	66	baclofen	26	blisovi 24 fe	73
ARCAPTA NEOHALER....	79	BACTROBAN NASAL	54	blisovi fe 1.5/30 (28)	73
aripiprazole.....	32	balanced salt	77	blisovi fe 1/20 (28)	73
ARISTADA.....	32	balsalazide	61	BOOSTRIX TDAP	68
ARISTADA INITIO	32	balziva (28).....	73	BORTEZOMIB	14
armodafinil	32	BANZEL	22	BOSULIF	14
ARNUITY ELLIPTA	79	BARACLUDE.....	3	BOTOX	68
ARRANON	14	BAVENCIO	14	BRAFTOVI	14
ARZERRA	14	BAXDELA.....	11	BREO ELLIPTA	79
ASACOL HD	61	BCG VACCINE, LIVE (PF)	67	briellyn.....	73
ashlyna.....	73	bekyree (28).....	73	BRILINTA	43
ASMANEX HFA	79	BELEODAQ	14	brimonidine.....	78
ASMANEX TWISTHALER	79	benazepril	40	BRIVIACT	22
aspirin-dipyridamole	43	benazepril-hydrochlorothiazide	40	bromfenac	77
atazanavir	2, 3	.....		bromocriptine	25
atenolol	40	BENDEKA	14	BROMSITE	77
atenolol-chlorthalidone.....	40	BENLYSTA	70	bss	77
atomoxetine	32	BENZNIDAZOLE	8	budesonide	61, 79
atorvastatin	44	benztropine	25	bumetanide	40
atovaquone	8	BEPREVE	77	buminate 5 %	83
atovaquone-proguanil.....	8	BESIVANCE.....	76	BUPHENYL.....	51
ATRIPLA	3	BESPONSA.....	14	bupivacaine	48
atropine.....	61, 76	betamethasone acet,sod phos	54	bupivacaine (pf).....	48
ATROVENT HFA	79	betamethasone dipropionate	49	bupivacaine-dextrose-water(pf)	51
AUBAGIO	25	betamethasone valerate.....	49	.....
aubra	73	betamethasone, augmented.....	49	bupivacaine-epinephrine.....	48
aubra eq	73	BETASERON	66	bupivacaine-epinephrine (pf).....	48
AUGMENTIN.....	10	betaxolol	40, 76	buprenorphine hcl	27
		bethanechol chloride.....	82	buprenorphine-naloxone.....	30

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

bupropion hcl.....	32	cardioplegic soln.....	45
bupropion hcl (smoking deter)	53	carmustine	14
buspirone	32	carteolol	76
busulfan	14	cartia xt	40
BUSULFEX	14	carvedilol	40
butorphanol tartrate	30	carvedilol phosphate.....	40
BUTRANS	27	caspofungin	2
BYDUREON.....	55	CAYSTON	8
BYDUREON BCISE	55	caziant (28).....	73
BYETTA	55	cefaclor	6
BYSTOLIC	40	cefadroxil.....	6
BYVALSON	40	cefazolin	6
C		cefazolin in dextrose (iso-os) .	6
cabergoline	59	cefdinir.....	6
CABOMETYX.....	14	cefepime	6
caffeine citrate	52	cefepime in dextrose,iso-osm.	6
calcipotriene	46	cefixime	6
calcipotriene-betamethasone	46	cefotaxime	6
calcitonin (salmon).....	59	cefotetan	6
calcitrene	46	cefoxitin.....	6
calcitriol.....	46, 59, 60	cefoxitin in dextrose, iso-osm	6
calcium acetate	83	cefpodoxime	6
calcium chloride	83	cefprozil.....	6
calcium gluconate.....	83	ceftazidime	6
CALQUENCE.....	14	ceftriaxone	7
camila	71	ceftriaxone in dextrose,iso-os.	7
camrese.....	73	cefuroxime axetil.....	7
camrese lo.....	73	cefuroxime sodium	7
CANCIDAS	2	celecoxib.....	30
candesartan	40	CELLCEPT INTRAVENOUS	14
candesartan-hydrochlorothiazid	40	CELONTIN	22
CAPASTAT	8	cephalexin.....	7
CAPEX.....	50	CEPROTIN (BLUE BAR) ..	43
CAPRELSA	14	CEPROTIN (GREEN BAR)	43
captopril.....	40	CERDELGA	60
captopril-hydrochlorothiazide	40	CEREZYME	60
CARAC	46	cetirizine	78
CARBAGLU.....	52	cevimeline	52
carbamazepine	22	CHANTIX	53
carbidopa	25	CHANTIX CONTINUING MONTH BOX	53
carbidopa-levodopa	25	CHANTIX STARTING MONTH BOX	53
carbidopa-levodopa- entacapone	25	chateal.....	73
carbocaine (pf).....	48	chateal eq.....	73
carboplatin	14	CHEMET	52
		CHENODAL	61
		chloramphenicol sod succinate	8
		chlorhexidine gluconate.....	54
		chlorprocaine (pf)	48
		chloroquine phosphate	8
		chlorothiazide	40
		chlorothiazide sodium	40
		chlorpromazine	32
		chlorthalidone	40
		CHOLBAM	61
		cholestyramine (with sugar) .44	
		cholestyramine light	44
		CIALIS	82
		cycladan.....	49
		ciclopirox	49
		cidofovir	3
		cilostazol	43
		CIMDUO	3
		cimetidine	64
		cimetidine hcl	64
		CIMZIA	61
		CIMZIA POWDER FOR RECONST	61
		CIMZIA STARTER KIT	61
		CINRYZE	79
		CIPRODEX	54
		ciprofloxacin	11
		ciprofloxacin (mixture).....	11
		ciprofloxacin hcl.....	11, 54, 76
		ciprofloxacin in 5 % dextrose	11
		cisplatin	14
		citalopram	32
		cladribine	14
		claravis.....	47
		clarithromycin.....	7
		CLEOCIN	72
		clindacin etz	47
		clindacin p	47
		clindamycin hcl	8
		clindamycin in 5 % dextrose ..8	
		clindamycin palmitate hcl.....8	
		clindamycin pediatric	8
		clindamycin phosphate ....8, 47,	
		73	
		clindamycin-benzoyl peroxide	47
		clindamycin-tretinooin	47

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

CLINIMIX 5%/D15W	
SULFITE FREE	85
CLINIMIX 5%/D25W	
SULFITE-FREE.....	85
CLINIMIX 2.75%/D5W	
SULFIT FREE.....	85
CLINIMIX 4.25%/D10W	
SULF FREE	86
CLINIMIX 4.25%/D5W	
SULFIT FREE.....	52
CLINIMIX 4.25%-D20W	
SULF-FREE.....	86
CLINIMIX 4.25%-D25W	
SULF-FREE	86
CLINIMIX 5% -	
D20W(SULFITE-FREE) .	86
clobetasol.....	50
clobetasol-emollient	50
clodan	50
clofarabine	14
CLOLAR.....	14
clomiphene citrate	60
clomipramine.....	32
clonazepam.....	22
clonidine	40
clonidine (pf)	30, 40
clonidine hcl	33, 40
clopidogrel.....	43
clorazepate dipotassium	33
clotrimazole	2, 49
clotrimazole-betamethasone.	49
clozapine.....	33
COARTEM	8
codeine sulfate.....	27
COLCRYS	69
colesevelam	44
colestipol	44
colistin (colistimethate na)	8
colocort.....	62
COMBIGAN	77
COMBIVENT RESPIMAT .	79
COMETRIQ	14
COMPLERA	3
compro.....	62
CONDYLOX	46
constulose	62
COPAXONE	26
COREG CR	40
coremino	11
CORLANOR	45
CORTIFOAM	62
cortisone	54
COSENTYX.....	46
COSENTYX (2 SYRINGES)	
.....	46
COSENTYX PEN	46
COSENTYX PEN (2 PENS)	46
COSMEGEN	14
COTELLIC.....	14
CREON	62
CRESEMDA	2
CRINONE	72
CRIXIVAN	3
cromolyn.....	62, 77, 79
crotan	51
cryselle (28).....	73
CUPRIMINE	70
cyclafem 1/35 (28).....	73
cyclafem 7/7/7 (28)	73
cyclobenzaprine.....	26
cyclophosphamide	14
CYCLOSET	55
cyclosporine.....	14
cyclosporine modified	14
CYRAMZA	15
cyred	73
CYSTADANE.....	62
CYSTAGON	82
CYSTARAN	77
cysteine (l-cysteine).....	86
cytarabine	15
cytarabine (pf)	15
D	
d10 %-0.45 % sodium chloride	
.....	52
d2.5 %-0.45 % sodium	
chloride.....	52
d5 % and 0.9 % sodium	
chloride.....	52
d5 %-0.45 % sodium chloride	
.....	52
dacarbazine.....	15
dactinomycin	15
dalfampridine.....	26
DALIRESP	80
danazol.....	60
dantrolene	26
dapsone	8, 47
DAPTACEL (DTAP	
PEDIATRIC) (PF)	68
daptomycin	8
DARAPRIM	8
darifenacin	82
DARZALEX.....	15
dasetta 1/35 (28)	73
dasetta 7/7/7 (28)	73
daunorubicin	15
daysee	73
deblitane	72
decadron	54
decitabine.....	15
deferoxamine	52
DELSTRIGO	3
deltasone	54
delyla (28).....	73
DELZICOL.....	62
demeclocycline	11
DEMSER	40
DENAVIR	49
denta 5000 plus	54
dentagel.....	54
DEPEN TITRATABS	70
DEPO-PROVERA.....	72
DEPO-SUBQ PROVERA 104	
.....	72
DESCOVERY	3
desipramine.....	33
desloratadine	78
desmopressin	60
desog-e.estriadiol/e.estriadiol	.73
desogestrel-ethinyl estradiol	.73
desonide	50
desoximetasone	50
desvenlafaxine succinate	33
dexamethasone	54
dexamethasone intensol.....	54
dexamethasone sodium phos	
(pf)	54
dexamethasone sodium	
phosphate	54, 78
DEXILANT	64
dexmethylphenidate.....	33
dexrazoxane hcl	13
dextroamphetamine	33

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

dextroamphetamine-	
amphetamine	33
dextrose 10 % and 0.2 % nacl	
.....	52
dextrose 10 % in water (d10w)	
.....	52
dextrose 20 % in water (d20w)	
.....	52
dextrose 25 % in water (d25w)	
.....	52
dextrose 30 % in water (d30w)	
.....	52
dextrose 40 % in water (d40w)	
.....	52
dextrose 5 % in water (d5w)	52
dextrose 5 %-lactated ringers	52
dextrose 5%-0.2 % sod	
chloride.....	52
dextrose 5%-0.3 %	
sod.chloride	52
dextrose 50 % in water (d50w)	
.....	52
dextrose 70 % in water (d70w)	
.....	52
dextrose with sodium chloride	
.....	52
DIASTAT	22
DIASTAT ACUDIAL	22
diazepam	22, 33
diazepam intensol	33
diclofenac potassium	30
diclofenac sodium	30, 46, 77
diclofenac-misoprostol	30
dicloxacillin	10
dicyclomine	61
didanosine	3
diflorasone	50
diflunisal	30
digitek	43
digox	43
digoxin	43
dihydroergotamine	25
DILANTIN 30 MG	22
diltiazem hcl	40, 41
dilt-xr	41
dimenhydrinate	62
DIPENTUM	62
diphenhydramine hcl	78
diphenoxylate-atropine	61
dipyridamole	43
disulfiram	52
divalproex	22
dobutamine	45
dobutamine in d5w	45
docetaxel	15
DOCETAXEL	15
dofetilide	39
donepezil	26
dopamine	45
dopamine in 5 % dextrose	45
DOPTELET	43
dorzolamide	77
dorzolamide-timolol	77
dorzolamide-timolol (pf)	77
doxazosin	41
doxepin	33, 46
doxercalciferol	60
doxorubicin	15
doxorubicin, peg-liposomal	15
doxy-100	12
doxycycline hyclate	12
doxycycline monohydrate	12
dronabinol	62
droperidol	62
drospirenone-e.estriadiol-lm.fa	
.....	73
drospirenone-ethinyl estradiol	
.....	73
DROXIA	15
DUAVEE	72
DULERA	80
duloxetine	33
DUPIXENT	46
duramorph (pf)	27
dutasteride	82
dutasteride-tamsulosin	82
DYMISTA	80
E	
e.e.s. 400	7
econazole	49
EDARBI	41
EDARBYCLOL	41
EDURANT	3
efavirenz	3
effer-k	83
EFFIENT	43
ELAPRASE	60
electrolyte-48 in d5w	86
eletriptan	25
elinest	73
eliphos	83
ELIQUIS	43
ELITEK	13
ELIXOPHYLLIN	80
ELLA	73
ELMIRON	82
EMCYT	15
EMEND	62
EMEND (FOSAPREPITANT)	
.....	62
emoquette	73
EMPLICITI	15
EMSAM	33
EMTRIVA	3
EMVERM	8
enalapril maleate	41
enalaprilat	41
enalapril-hydrochlorothiazide	
.....	41
ENBREL	70
ENBREL MINI	70
ENBREL SURECLICK	70
endocet	27
ENGERIX-B (PF)	68
ENGERIX-B PEDIATRIC	
(PF)	68
enoxaparin	43
enpresse	73
enskyce	73
entacapone	25
entecavir	3
ENTRESTO	45
ENTYVIO	62
enulose	62
ENVARSUS XR	15
EPCLUSIA	3
epinastine	77
EPINEPHRINE	78
EPIPEN	78
EPIPEN 2-PAK	78
EPIPEN JR	78
EPIPEN JR 2-PAK	78
epirubicin	15
epitol	22

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

EPIVIR HBV.....	3	EXTAVIA	66	fludarabine	16
eplerenone	41	EYLEA.....	77	fludrocortisone.....	54
EPOGEN	66	ezetimibe	44	flumazenil	34
epoprostenol (glycine).....	41	ezetimibe-simvastatin.....	44	flunisolide	80
eprosartan	41	F		fluocinolone	50
ERBITUX.....	15	FABRAZYME	60	fluocinolone acetonide oil	54
ergoloid.....	33	falmina (28).....	73	fluocinolone and shower cap	50
ergotamine-caffeine.....	25	famciclovir.....	3	fluocinonide	50
ERIVEDGE.....	15	famotidine.....	64	fluocinonide-e	50
ERLEADA	15	famotidine (pf).....	64	fluocinonide-emollient	50
errin	72	famotidine (pf)-nacl (iso-os).....	64	fluoride (sodium)	86
ertapenem	8	FANAPT	33, 34	fluoritab	86
ERWINAZE	15	FARESTON	15	fluorometholone	78
ery pads	47	FARXIGA	55	fluorouracil	16, 47
erygel.....	47	FARYDAK.....	15	FLUOROURACIL	47
ery-tab.....	7	FASENRA.....	80	fluoxetine	34
ERY-TAB.....	7	FASLODEX	15	fluphenazine decanoate	34
ERYTHROCIN	7	fayosim	73	fluphenazine hcl.....	34
erythrocin (as stearate)	7	FAZACLO.....	34	flurandrenolide	50
erythromycin	7, 76	felbamate	22	flurbiprofen	31
erythromycin ethylsuccinate ..	7	felodipine.....	41	flurbiprofen sodium	77
erythromycin with ethanol ...	47	femynor	74	flutamide	16
erythromycin-benzoyl peroxide	47	fenofibrate	44	fluticasone.....	50, 80
ESBRIET.....	80	fenofibrate micronized	44	fluvastatin	44
escitalopram oxalate	33	fenofibrate nanocrystallized	44	fluvoxamine	34
esmolol	41	fenofibric acid.....	44	FML S.O.P.....	78
esomeprazole magnesium	64	fenofibric acid (choline)	44	FOLOTYN	16
esomeprazole sodium	64	fenoprofen	30	fomepizole	68
estarrylla	73	fentanyl	27	fondaparinux	43
ESTRACE	72	fentanyl citrate	27	FORFIVO XL.....	34
estradiol	72	fentanyl citrate (pf).....	27	FORTEO	70
estradiol valerate	72	FERRIPROX	52	FORTESTA	60
estradiol-norethindrone acet.	72	FETZIMA.....	34	FOSAMAX PLUS D	70
ESTRING	72	finasteride	82	fosamprenavir	3
eszopiclone	33	FIRAZYR	80	fosinopril	41
ethacrynat e sodium	41	FIRMAGON KIT W		fosinopril-hydrochlorothiazide	41
ethacrynic acid.....	41	DILUENT SYRINGE	15, 16	fosphenytoin	22
ethambutol.....	8	flac otic oil.....	54	freamine iii 10 %	86
ethosuximide	22	flavoxate	82	frovatriptan	25
ethynodiol diac-eth estradiol	73	flecainide	39	furosemide	41
etidronate disodium	52	FLECTOR	30	FUZEON	3
etodolac	30	FLOVENT DISKUS	80	FYCOMPRA	22
ETOPOPHOS.....	15	FLOVENT HFA.....	80	G	
etoposide.....	15	flouxuridine	16	gabapentin	22, 23
EVOTAZ.....	3	fluconazole	2	GABITRIL	23
exemestane	15	fluconazole in dextrose(iso-o)	2	galantamine	26
EXJADE.....	52	fluconazole in nacl (iso-osm)	2	GAMASTAN	68

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

GAMASTAN S/D	68
ganciclovir sodium	3
GARDASIL 9 (PF).....	68
gatifloxacin.....	76
GATTEX 30-VIAL	62
GATTEX ONE-VIAL.....	62
GAUZE PAD	55
gavilyte-c	62
gavilyte-g.....	62
gavilyte-n.....	62
GAZYVA	16
gemcitabine	16
GEMCITABINE	16
gemfibrozil	44
generlac	62
gengraf.....	16
gentak	76
gentamicin	8, 49, 76
gentamicin in nacl (iso-osm)..	8
gentamicin sulfate (ped) (pf)	..8
gentamicin sulfate (pf)	9
GENTAMICIN SULFATE (PF).....	9
GENVOYA	3
GEODON.....	34
gianvi (28)	74
GILENYA	26
GILOTRIF.....	16
glatiramer	26
glatopa	26
GLEOSTINE.....	16
glimepiride	56
glipizide.....	56
glipizide-metformin.....	56
GLUCAGEN HYPOKIT	56
GLUCAGON EMERGENCY KIT (HUMAN)	56
glycine urologic.....	82
glycine urologic solution.....	82
glycopyrrolate.....	61
glydo.....	48
GLYXAMBI	56
GRALISE	23
GRALISE 30-DAY STARTER PACK	23
gransetron (pf).....	62
gransetron hcl	62
GRANIX	66
GRASTEK.....	68
griseofulvin microsize	2
griseofulvin ultramicrosize....	2
guanidine	34
H	
HAEGARDA.....	80
HALAVEN.....	16
halobetasol propionate.....	50
haloperidol.....	34
haloperidol decanoate.....	34
haloperidol lactate	34
HARVONI.....	3
HAVRIX (PF)	68
heather	72
heparin (porcine)	43, 44
heparin (porcine) in 5 % dex	43
heparin (porcine) in nacl (pf)	43
heparin(porcine) in 0.45% nacl	.....44
HEPARIN(PORCINE) IN 0.45% NaCL.....	44
heparin, porcine (pf)	44
HEPATAMINE 8%	86
HERCEPTIN	16
hetastarch 6 % in 0.9 % nacl	86
HETLIOZ	35
HEXALEN	16
HIBERIX (PF).....	68
HIZENTRA	68
HUMALOG JUNIOR KWIKPEN U-100	56
HUMALOG KWIKPEN INSULIN	56
HUMALOG MIX 50-50 INSULN U-100	56
HUMALOG MIX 50-50 KWIKPEN.....	56
HUMALOG MIX 75-25 KWIKPEN.....	56
HUMALOG MIX 75-25(U- 100)INSULN	56
HUMALOG U-100 INSULIN	.....56
HUMIRA.....	71
HUMIRA PEDIATRIC CROHN'S START	70
HUMIRA PEN	70
HUMIRA PEN CROHN'S- UC-HS START	70
HUMIRA PEN PSORIASIS- UVEITIS.....	71
HUMULIN 70/30 U-100 INSULIN	56
HUMULIN 70/30 U-100 KWIKPEN.....	56
HUMULIN N NPH INSULIN KWIKPEN.....	56
HUMULIN N NPH U-100 INSULIN	56
HUMULIN R REGULAR U- 100 INSULN	56
HUMULIN R U-500 (CONC) INSULIN	56
HUMULIN R U-500 (CONC) KWIKPEN.....	56
hydralazine	41
hydrochlorothiazide	41
hydrocodone-acetaminophen	.....27, 28
hydrocodone-ibuprofen	28
hydrocortisone	51, 54, 62
hydrocortisone butyrate	50
hydrocortisone butyr-emollient	.....50
hydrocortisone valerate	51
hydrocortisone-acetic acid....	54
hydrocortisone-min oil-wht pet	.....51
hydrocortisone-pramoxine....	62
hydromorphone.....	28
hydromorphone (pf).....	28
hydroxychloroquine.....	9
hydroxyprogesterone(preg presv)	.....72
HYDROXYPROGESTERON E CAP(PPRES)	72
hydroxyprogesterone caproate	.....72
hydroxyurea	16
hydroxyzine hcl	79
HYPERHEP B S/D.....	68
HYPERHEP B S-D NEONATAL	68
HYPERRHO S/D	68
HYPERTET S/D (PF)	68

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

HYQVIA	68	IOPIDINE.....	78	junel fe 24	74
I		IPOL	68	JUXTAPID	44
ibandronate	70	ipratropium bromide.....	54, 80	K	
IBRANCE	16	ipratropium-albuterol.....	80	KADCYLA.....	17
ibu.....	31	irbesartan	41	kaitlib fe.....	74
ibuprofen	31	irbesartan-hydrochlorothiazide		KALETRA	3
ibuprofen-oxycodone	28	.....	41	KALYDECO	80
ibutilide fumarate	39	IRESSA	17	KANUMA	60
ICLUSIG	16	irinotecan	17	kariva (28)	74
idarubicin.....	16	ISENTRESS	3	KAZANO	57
IDHIFA	16	ISENTRESS HD	3	k-effervescent	83
ifosfamide	16	isibloom	74	kelnor 1/35 (28)	74
ILARIS (PF).....	66	ISOLYTE S PH 7.4.....	86	kelnor 1-50.....	74
ILEVRO	77	ISOLYTE-P IN 5 %		KEPIVANCE	13
imatinib.....	16, 17	DEXTROSE	86	KERYDIN	49
IMBRUVICA	17	ISOLYTE-S.....	86	ketoconazole	2, 49
IMFINZI.....	17	isoniazid.....	9	ketoprofen	31
imipenem-cilastatin	9	isosorbide dinitrate	45, 46	ketorolac	77
imipramine hcl.....	35	isosorbide mononitrate	46	KEYTRUDA	17
imipramine pamoate	35	isotretinoin.....	47	kimidess (28)	74
imiquimod	47	isradipine	41	KINRIX (PF)	68
IMOGLAM RABIES-HT (PF)		ISTODAX	17	kionex (with sorbitol)	52
.....	68	itraconazole	2	KISQALI	17
IMOVAZ RABIES VACCINE		ivermectin.....	9	KISQALI FEMARA CO-	
(PF).....	68	IXEMPRA	17	PACK	17
IMPAVIDO	9	IXIARO (PF)	68	klor-con.....	83
incassia	72	J		klor-con 10	83
INCRELEX	52	JADENU	52	klor-con 8.....	83
indapamide	41	JADENU SPRINKLE	52	klor-con m10	83
INFANRIX (DTAP) (PF)....	68	JAKAFI	17	klor-con m15	83
INFLECTRA	62	jantoven	44	klor-con m20	83
INLYTA	17	JANUMET	57	klor-con sprinkle.....	83
INSULIN PEN NEEDLE....	56	JANUMET XR.....	57	klor-con/ef	83
INSULIN SYRINGE (DISP)		JANUVIA.....	57	KOMBIGLYZE XR	57
U-100.....	56	JARDIANCE.....	57	KORLYM.....	60
INTELENCE	3	jencycla.....	72	K-PHOS NO 2	82
intralipid	86	JENTADUETO	57	K-PHOS ORIGINAL	82
INTRON A	66	JENTADUETO XR.....	57	KRYSTEXXA	69
introvale.....	74	JETREA (PF)	77	k-tab	83
INVANZ	9	JEVTANA	17	K-TAB	83
INVEGA SUSTENNA.....	35	jolessa	74	kurvelo	74
INVEGA TRINZA	35	jolivette.....	72	KUVAN.....	60
INVIRASE	3	juleber	74	KYPROLIS.....	17
INVOKAMET	57	JULUCA.....	3	L	
INVOKAMET XR	57	junel 1.5/30 (21)	74	1 norgest/e.estradiol-e.estrad.	74
INVOKANA	57	junel 1/20 (21)	74	labetalol	41
IONOSOL-B IN D5W	86	junel fe 1.5/30 (28)	74	lactated ringers.....	51, 83
IONOSOL-MB IN D5W	86	junel fe 1/20 (28)	74	lactulose	62

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

lamivudine	3	levora-28.....	74	lovastatin.....	44
lamivudine-zidovudine.....	4	levorphanol tartrate.....	28	low-ogestrel (28)	74
lamotrigine	23	levothyroxine.....	61	loxapine succinate	35
LANOXIN.....	43	levoxyl.....	61	LUCENTIS.....	77
lansoprazole.....	64, 65	LEXIVA	4	ludent fluoride	86
lanthanum	52	LIALDA	62	LUMIGAN	77
LANTUS SOLOSTAR U-100 INSULIN.....	57	lidocaine	48	LUMIZYME.....	60
LANTUS U-100 INSULIN	57	lidocaine (pf) in d7.5w	39	LUPRON DEPOT	17
larin 1.5/30 (21).....	74	lidocaine (pf)	39, 48	LUPRON DEPOT (3 MONTH)	17
larin 1/20 (21).....	74	lidocaine hcl	48	LUPRON DEPOT (4 MONTH)	17
larin 24 fe	74	lidocaine in 5 % dextrose (pf)	39	LUPRON DEPOT (6 MONTH)	17
larin fe 1.5/30 (28).....	74	lidocaine viscous	48	LUPRON DEPOT-PED	18
larin fe 1/20 (28).....	74	lidocaine-epinephrine	48, 49	LUPRON DEPOT-PED (3 MONTH)	18
larissia.....	74	lidocaine-prilocaine	49		
LARTRUVO	17	lillow.....	74		
LASTACRAFT.....	77	lincomycin	9		
latanoprost	77	lindane	51		
LATUDA	35	linezolid	9		
layolis fe	74	linezolid in dextrose 5%	9		
leena 28	74	linezolid-0.9% sodium chloride	9		
leflunomide.....	71	LINZESS	62		
LEMTRADA.....	26	LOIORESAL.....	26		
LENVIMA	17	liothyronine	61		
lessina.....	74	lisinopril.....	41		
LETAIRIS	80	lisinopril-hydrochlorothiazide	41		
letrozole	17	lithium carbonate	35		
leucovorin calcium	13	lithium citrate	35		
LEUKERAN	17	LIVALO	44		
LEUKINE.....	66	lmd 10 % in 0.9 % sodium chlor.....	52		
leuprolide.....	17	lmd 10 % in 5 % dextrose	52		
levalbuterol hcl.....	80	LOCOID	51		
LEVEMIR FLEXTOUCH U- 100 INSULN	57	LOKELMA	52		
LEVEMIR U-100 INSULIN	57	LONSURF.....	17		
levetiracetam	23	loperamide	61		
levetiracetam in nacl (iso-os)	23	lopinavir-ritonavir	4		
levobunolol.....	76	lorazepam	35		
levocarnitine	52	lorazepam intensol.....	35		
levocarnitine (with sugar)....	52	lorcet (hydrocodone)	28		
levocetirizine	79	lorcet hd	28		
levofloxacin.....	11, 76	lorcet plus	28		
levofloxacin in d5w	11	loryna (28)	74		
levoleucovorin.....	13	losartan	41		
LEVOLEUCOVORIN	13	losartan-hydrochlorothiazide	41		
levonest (28).....	74	LOTEMAX	78		
levonorgestrel-ethinyl estrad	74				
levonorg-eth estrad triphasic	74				

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

melodetta 24 fe	74	metro i.v.....	9
meloxicam	31	metronidazole	9, 47, 73
melphalan	18	metronidazole in nacl (iso-osm)	9
melphalan hcl	18	mexiletine	39
memantine	26	MIACALCIN	60
MENACTRA (PF)	68	mibelas 24 fe	74
MENEST	72	miconazole-3	73
MENVEO A-C-Y-W-135-DIP (PF).....	68	microgestin 1.5/30 (21)	74
mercaptopurine.....	18	microgestin 1/20 (21)	74
meropenem	9	microgestin fe 1.5/30 (28)	74
mesalamine	62	microgestin fe 1/20 (28)	74
mesalamine with cleansing wipe	63	midodrine.....	53
mesna.....	13	migergot.....	25
MESNEX	13	miglitol	58
MESTINON	26	miglustat	60
metadate er	35	mil.....	74
metaproterenol.....	80	millipred	55
metformin	57, 58	millipred dp	55
methadone	28	milrinone	45
methadone intensol.....	28	milrinone in 5 % dextrose	45
methadose.....	29	minocycline	12
methamphetamine	35	minoxidil	42
methazolamide	77	miostat	77
methenamine hippurate	12	MIRENA	73
methenamine mandelate	12	mirtazapine	35
methergine	75	misoprostol	65
methimazole	55	MITIGARE	69
methotrexate sodium	18	mitomycin.....	18
methotrexate sodium (pf)	18	mitoxantrone.....	18
methoxsalen.....	47	M-M-R II (PF).....	68
methyclothiazide	41	modafinil	35
methyldopa	41	moderiba	4
methylergonovine.....	75	moderiba dose pack	4
methylphenidate hcl	35	moexipril	42
methylprednisolone	54, 55	moexipril-hydrochlorothiazide	42
methylprednisolone acetate ..	54	mometasone.....	51, 80
methylprednisolone sodium succ.....	55	monodoxyne nl	12
methyltestosterone.....	60	mono-linyah.....	74
metipranolol	76	mononessa (28).....	74
metoclopramide hcl	63	montelukast	80
metolazone	41	morgidox	12
metoprolol succinate	41	morphine.....	29
metoprolol ta-hydrochlorothiaz	42	MORPHINE	29
metoprolol tartrate	42	morphine (pf).....	29
		morphine concentrate	29
		MOVANTIK	63
		MOVIPREP.....	63
		moxifloxacin	11, 76
		moxifloxacin in nacl (iso-osm)	11
		MOZOBIL	66
		multi-vit with fluoride-iron... multivitamin with fluoride....	86
		multi-vitamin with fluoride .. multivitamins with fluoride ..	86
		mupirocin.....	49
		mupirocin calcium	49
		MUSTARGEN	18
		mvc-fluoride	86
		MYALEPT	60
		MYCAMINE	2
		mycophenolate mofetil	18
		mycophenolate mofetil hcl	18
		mycophenolate sodium	18
		MYLOTARG	18
		myorisan	47, 48
		MYRBETRIQ.....	82
		myzilra	74
		N	
		nabumetone.....	31
		nadolol	42
		nadolol-bendroflumethiazide	42
		nafcillin.....	10
		nafcillin in dextrose iso-osm	10
		naftifine.....	49
		NAFTIN	49
		NAGLAZYME	60
		nalbuphine	31
		naloxone	31
		naltrexone	31
		NAMENDA XR	26
		NAMZARIC	26
		naproxen	31
		naproxen sodium	31
		naratriptan	25
		NARCAN	31
		NATACYN.....	76
		nateglinide	58
		NATPARA	60
		NATROBA	51
		NEBUPENT	9
		necon 0.5/35 (28).....	74
		necon 7/7/7 (28).....	74
		NEEDLES, INSULIN DISP.,SAFETY	58

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

nefazodone	35
neomycin	9
neomycin-bacitracin-poly-hc	77
neomycin-bacitracin-	
polymyxin.....	76
neomycin-polymyxin b gu ..	51
neomycin-polymyxin b-	
dexameth	77
neomycin-polymyxin-	
gramicidin.....	76
neomycin-polymyxin-hc	54, 78
neo-polycin	76
neo-polycin hc	78
neostigmine methylsulfate...	26,
27	
NEPHRAMINE 5.4 %	86
NERLYNX.....	18
NESINA	58
neuac.....	48
NEULASTA.....	67
NEUPOGEN	67
NEUPRO.....	25
nevirapine	4
NEXAVAR	18
NEXIUM PACKET	65
NEXPLANON	73
niacin	44
nicardipine	42
NICOTROL.....	53
NICOTROL NS.....	53
nifedipine.....	42
nikki (28).....	74
nilutamide	18
nimodipine.....	42
NINLARO	18
nisoldipine	42
nitro-bid	46
nitrofurantoin.....	12
nitrofurantoin macrocrystal ..	12
nitrofurantoin monohyd/m-	
cryst	12
nitroglycerin	46
nitroglycerin in 5 % dextrose	46
nizatidine	65
nolix.....	51
nora-be.....	72
NORDITROPIN FLEXPRO	67
norepinephrine bitartrate	45
noreth-ethinyl estradiol-iron.	75
norethindrone (contraceptive)	
.....	72
norethindrone acetate	72
norethindrone ac-eth estradiol	
.....	72, 75
norethindrone-e.estradiol-iron	
.....	75
norgestimate-ethinyl estradiol	
.....	75
norlyda.....	72
norlyroc	72
NORMOSOL-R.....	83
NORMOSOL-R IN 5 %	
DEXTROSE	83
NORMOSOL-R PH 7.4	86
NORTHERA	53
nortrel 0.5/35 (28).....	75
nortrel 1/35 (21).....	75
nortrel 1/35 (28).....	75
nortrel 7/7/7 (28)	75
nortriptyline	35
NORVIR.....	4
NOVOFINE 32.....	58
NOVOLOG FLEXPEN U-100	
INSULIN	58
NOVOLOG MIX 70-30 U-100	
INSULN	58
NOVOLOG MIX 70-	
30FLEXPEN U-100	58
NOVOLOG PENFILL U-100	
INSULIN	58
NOVOLOG U-100 INSULIN	
ASPART.....	58
NOXAFILE.....	2
NPLATE.....	44
NUCALA	80
NUDEEXTA	26
NULOJIX	18
NUPLAZID	35
nyamyc	49
nystatin	2, 49
nystatin-triamcinolone.....	49
nystop	49
O	
OCALIVA	63
ocella	75
OCREVUS	26
octreotide acetate	18, 19
ODEFSEY	4
ODOMZO.....	19
OFEV.....	80
ofloxacin	11, 54, 76
ogestrel (28).....	75
okebo	12
olanzapine.....	35, 36
olanzapine-fluoxetine	36
olmesartan.....	42
olmesartan-amlodipin-	
hcثiazid	42
olmesartan-	
hydrochlorothiazide	42
olopatadine	54, 77
omeppi	65
omeprazole	65
omeprazole-sodium	
bicarbonate	65
OMNIPOD INSULIN	
MANAGEMENT	58
OMNIPOD INSULIN REFILL	
.....	58
OMNITROPE.....	67
ONCASPAR.....	19
ondansetron.....	63
ondansetron hcl.....	63
ondansetron hcl (pf).....	63
ONFI.....	24
ONGLYZA	58
ONIVYDE	19
OPDIVO	19
opium tincture.....	61
OPSUMIT	80
oralone	54
ORAVIG	2
ORENCIA	71
ORENCIA (WITH	
MALTOSE)	71
ORENCIA CLICKJECT	71
ORFADIN	53
ORKAMBI	80
orsythia	75
oseltamivir	4
osmitrol 15 %	42
osmitrol 20 %	42
OTEZLA	71
OTEZLA STARTER	71

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

OTOVEL	54	
oxacillin	10, 11	
oxacillin in dextrose(iso-osm)	10	
oxaliplatin	19	
oxandrolone	60	
oxaprozin	31	
oxcarbazepine	24	
oxiconazole	49	
oxybutynin chloride	82	
oxycodone	29, 30	
oxycodone-acetaminophen	30	
oxycodone-aspirin	30	
OXYCONTIN	30	
oxymorphone	30	
oxytocin	75	
OZEMPIK	58	
OZURDEX	78	
P		
pacerone	39	
paclitaxel	19	
paliperidone	36	
palonosetron	63	
PALYNZIQ	60	
pamidronate	60	
PANRETIN	47	
pantoprazole	65	
paregoric	61	
paricalcitol	60	
paroex oral rinse	54	
paromomycin	9	
paroxetine hcl	36	
paroxetine		
mesylate(menop.sym)	36	
PASER	9	
PAXIL	36	
PAZEO	77	
PEDIARIX (PF)	68	
PEDVAX HIB (PF)	68	
peg 3350-electrolytes	63	
PEGANONE	24	
PEGASYS	67	
PEGASYS PROCLICK	67	
peg-electrolyte	63	
PEGINTRON	67	
PENICILLIN G POT IN DEXTROSE	11	
penicillin g potassium	11	
penicillin g procaine	11	
penicillin g sodium	11	
penicillin v potassium	11	
PENTACEL (PF)	69	
PENTAM	9	
PENTASA	63	
pentoxifylline	44	
PERFOROMIST	80	
perindopril erbumine	42	
periogard	54	
PERJETA	19	
permethrin	51	
perphenazine	36	
PERSERIS	36	
pfizerpen-g	11	
phenelzine	36	
phenobarbital	24	
phenobarbital sodium	24	
phenoxybenzamine	42	
phentolamine	42	
phenytoin	24	
phenytoin sodium	24	
phenytoin sodium extended	24	
philith	75	
PHOSPHOLINE IODIDE	76	
PICATO	47	
PIFELTRO	4	
pilocarpine hcl	53, 76	
pimozide	36	
pimtrea (28)	75	
pindolol	42	
pioglitazone	58	
pioglitazone-glimepiride	58	
pioglitazone-metformin	58	
piperacillin-tazobactam	11	
pirmella	75	
piroxicam	31	
plasbumin 25 %	83	
plasbumin 5 %	83	
PLASMA-LYTE 148	86	
PLASMA-LYTE A	86	
plasmanate	86	
PLEGRIDY	67	
plenamine	86	
podofilox	47	
polocaine	49	
polocaine-mpf	49	
polycin	76	
polyethylene glycol 3350	63	
polymyxin b sulfate	9	
polymyxin b sulf-trimethoprim	76	
POMALYST	19	
portia	75	
PORTRAZZA	19	
potassium acetate	83	
potassium bicarb and chloride	83	
potassium bicarb-citric acid	83	
potassium chlorid-d5-0.45%nacl	84	
potassium chloride	84	
potassium chloride in 0.9%nacl	84	
potassium chloride in 5 % dex	84	
potassium chloride in lr-d5	84	
potassium chloride in water	84	
potassium chloride-0.45 % nacl	84	
potassium chloride-d5-0.2%nacl	84	
potassium chloride-d5-0.3%nacl	84	
potassium chloride-d5-0.9%nacl	84, 85	
potassium citrate	82	
potassium phosphate m-d-basic	85	
POTELIGEO	19	
PRADAXA	44	
PRALUENT PEN	44, 45	
pramipexole	25	
prasugrel	44	
pravastatin	45	
praziquantel	9	
prazosin	42	
prednicarbate	51	
prednisolone	55	
prednisolone acetate	78	
prednisolone sodium phosphate	55, 78	
prednisone	55	
prednisone intensol	55	
PREMARIN	72	
premasol 10 %	86	

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

PREMASOL 6 %	86	prudoxin.....	47	RENACIDIN	82
prenatal vitamin oral tablet...87		PULMICORT FLEXHALER	81	RENELA	53
prevalite	45	PULMOZYME.....	81	repaglinide	58
PREVIDENT 5000 BOOSTER		PURIXAN	19	repaglinide-metformin	58
PLUS	54	PYLERA	65	REPATHA	45
previfem	75	pyrazinamide	9	REPATHA PUSHTRONEX	45
PREVYMIS.....	4	pyridostigmine bromide	27	REPATHA SURECLICK	45
PREZCOBIX.....	4	Q		RESCRIPTOR	4
PREZISTA	4	QNDSL.....	81	RESTASIS	77
PRIFTIN.....	9	QUADRACEL (PF)	69	RESTASIS MULTIDOSE....	77
PRIMAQUINE.....	9	quasense.....	75	RETROVIR	4
primidone	24	quetiapine	36, 37	REVLIMID.....	19
PRIVIGEN	69	quinapril.....	42	revonto	27
PROAIR HFA	81	quinapril-hydrochlorothiazide	42	REXULTI	37
PROAIR RESPICLICK	81	quinidine gluconate	39	REYATAZ	4
probenecid	69	quinidine sulfate	39	RHOPRESA	77
probenecid-colchicine	69	quinine sulfate	9	ribasphere	4, 5
procainamide	39	QVAR REDIHALER	81	ribasphere ribapak	5
procentra.....	36	R		ribavirin	5
prochlorperazine.....	63	RABAVERT (PF)	69	RIDAURA	71
prochlorperazine edisylate....63		rabeprazole	65	rifabutin	9
prochlorperazine maleate oral	63	RADICAVA	26	rifampin	9
.....63		RAGWITEK.....	69	riluzole.....	53
PROCRT	67	rajani	75	rimantadine	5
procto-med hc.....	63	raloxifene.....	70	ringer's	51, 85
procto-pak.....	63	ramipril	42	RIOMET	58
proctosol hc	63	RANEXA	45	risedronate	53, 70
protozone-hc	63	ranitidine hcl.....	65	RISPERDAL CONSTA	37
profeno	31	RAPAFLO.....	82	risperidone	37
progesterone	72	RAPAMUNE.....	19	ritonavir	5
progesterone in oil.....72		rasagiline	25	RITUXAN	19
progesterone micronized	72	RASUVO (PF)	71	RITUXAN HYCELA	19
PROGLYCEM	58	RAVICTI.....	53	rivastigmine	26
PROGRAF	19	REBETOL.....	4	rivastigmine tartrate	26
PROLASTIN-C.....	53	REBIF (WITH ALBUMIN).67		rivelsa	75
PROLENSA	77	REBIF REBIDOSE	67	rizatriptan.....	25
PROLEUKIN	67	REBIF TITRATION PACK.67		ROMIDEPSIN.....	19
PROLIA	70	reclipsen (28)	75	ropinirole	25
PROMACTA.....	44	RECOMBIVAX HB (PF) ....69		rosadan.....	48
promethazine	79	RECTIV.....	63	rosuvastatin.....	45
propafenone	39	regionol.....	27	ROTARIX	69
propranolol	42	REGRANEX	47	ROTATEQ VACCINE.....	69
propranolol-hydrochlorothiazid	42	RELENZA DISKHALER	4	roweepra	24
propylthiouracil	55	RELISTOR.....	63	roweepra xr	24
PROQUAD (PF)	69	REMICADE	63	ROZEREM	37
protamine.....	44	REMODULIN	42	RUBRACA.....	19
protriptyline	36			RYDAPT	19

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

S	
SABRIL	24
salsalate	31
SAMSCA	60
SANCUSO	63
SANDIMMUNE	19
SANDOSTATIN LAR	
DEPOT	19
SANTYL	51
SAPHRIS	37, 38
SAVELLA	71
scopolamine base	63
SEGLUROMET	58
selegiline hcl	25
selenium sulfide	46
SELZENTRY	5
SENSIPAR	60
sensorcaine	49
sensorcaine-mpf	49
SEREVENT DISKUS	81
sertraline	38
setlakin	75
sevelamer carbonate	53
sf 54	
sf 5000 plus	54
sharobel	72
SHINGRIX (PF)	69
SIGNIFOR	19
sildenafil (pulmonary arterial hypertension)	81
silver sulfadiazine	46
SIMBRINZA	77
SIMPONI	71
SIMPONI ARIA	71
SIMULECT	19
simvastatin	45
sirolimus	19
SIRTURO	9
SIVEXTRO	9
SKLICE	51
sodium acetate	85
sodium benzoate-sod phenylacet	53
sodium bicarbonate	85
sodium chloride	53, 85
sodium chloride 0.45 %	85
sodium chloride 0.9 %	53
sodium chloride 3 %	85
sodium chloride 5 %	85
sodium lactate intravenous	85
sodium nitroprusside	45
sodium phenylbutyrate	53
sodium phosphate	85
sodium polystyrene (sorb free)	53
sodium polystyrene sulfonate	53
SOLIQUA 100/33	58
SOLIRIS	53
soloxide	12
SOLTAMOX	19
SOMATULINE DEPOT	19
SOMAVERT	60
sorine	39, 40
sotalol	40
sotalol af	40
SOTYLIZE	40
SPIRIVA RESPIMAT	81
SPIRIVA WITH HANDIHALER	81
spironolactone	42
spironolacton-hydrochlorothiaz	42
SPORANOX	2
sprintec (28)	75
SPRITAM	24
SPRYCEL	20
sps (with sorbitol)	53
sronyx	75
ssd	46
STAMARIL (PF)	69
stavudine	5
STEGLATRO	58
STELARA	46
STIMATE	60
STIOLTO RESPIMAT	81
STIVARGA	20
STRENSIQ	60
STREPTOMYCIN	9
STRIBILD	5
STRIVERDI RESPIMAT	81
SUBOXONE	31
subvenite	24
subvenite starter (blue) kit	24
subvenite starter (green) kit	24
subvenite starter (orange) kit	24
SUCRAID	64
sucralfate	65
sulfacetamide sodium	78
sulfacetamide sodium (acne)	49
sulfacetamide-prednisolone	78
sulfadiazine	11
sulfamethoxazole-trimethoprim	11
SULFAMYLYON	49
sulfasalazine	64
sulfatrim	11
sulindac	31
sumatriptan	25
sumatriptan succinate	25
sumatriptan-naproxen	25
SUPRAX	7
SUPREP BOWEL PREP KIT	64
SUSTIVA	5
SUTENT	20
syeda	75
SYLATRON	67
SYLVANT	20
SYMBICORT	81
SYMDEKO	81
SYMFI	5
SYMFI LO	5
SYMLINPEN 120	58
SYMLINPEN 60	58
SYMPROIC	64
SYMTUZA	5
SYNAGIS	5
SYNAREL	60
SYNERCID	9
SYNJARDY	58
SYNJARDY XR	59
SYNRIBO	20
SYPRINE	53
T	
TABLOID	20
tacrolimus	20, 47
tadalafil	82
tadalafil (antihypertensive)	81
TAFINLAR	20
TAGRISSO	20
TAMIFLU	5
tamoxifen	20
tamsulosin	82

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

TANZEUM	59	timolol maleate	43, 76	tretinoin topical.....	48
TARCEVA	20	tinidazole	9	tri femynor	75
TARGRETIN	20	TIVICAY.....	5	triamcinolone acetonide.	51, 54,
tarina fe 1/20 (28).....	75	tizanidine	27	55, 82	
TASIGNA	20	TOBI PODHALER	9	triamterene-hydrochlorothiazid	
tazarotene	48	tobramycin.....	76	.....	43
TAZORAC	48	tobramycin in 0.225 % nacl....	9	trianex	51
taztia xt.....	42	tobramycin sulfate	9	triderm	51
TECENTRIQ.....	20	tobramycin-dexamethasone..	78	trientine	53
TECFIDERA	26	TOBREX	76	tri-estarylla.....	75
TEFLARO	7	TOLAK	47	trifluoperazine.....	38
TEKTURNA	42	tolazamide	59	trifluridine.....	76
TEKTURNA HCT	42	tolbutamide.....	59	triklo	45
telmisartan	42	tolcapone	25	tri-legest fe	75
telmisartan-amlodipine.....	42	tolmetin.....	31	tri-linyah	75
telmisartan-hydrochlorothiazid	.....	tolterodine.....	82	tri-lo-estarylla	75
.....	42	topiramate	24	tri-lo-marzia	75
TEMODAR	20	toposar	20	tri-lo-sprintec	75
temsirolimus	20	topotecan	20	trilyte with flavor packets	64
TENIVAC (PF)	69	TORISEL.....	20	trimethoprim	12
tenofovir disoproxil fumarate.	5	torsemide	43	tri-mili	75
terazosin	42	TOUJE MAX U-300		trimipramine	38
terbinafine hcl.....	2	SOLOSTAR	59	trinessa (28)	75
terbutaline.....	81	TOUJE SOLOSTAR U-300		TRINTELLIX	38
terconazole	73	INSULIN	59	tri-previfem (28)	75
TESTIM	60	TOVIAZ	82	TRISENOX	21
testosterone	60, 61	TRACLEER	81	tri-sprintec (28)	75
testosterone cypionate	60	TRADJENTA	59	TRIUMEQ	5
testosterone enanthate	60	tramadol.....	31	tri-vitamin with fluoride	87
TETANUS,DIPHTHERIA		tramadol-acetaminophen	31	tri-vite with fluoride	87
TOX PED(PF)	69	trandolapril	43	trivora (28)	75
TETANUS-DIPHTHERIA		trandolapril-verapamil	43	tri-vylibra	75
TOXOIDS-TD.....	69	tranexamic acid.....	44, 73	TROGARZO	5
tetrabenazine.....	26	TRANSDERM-SCOP	64	TROPHAMINE 10 %	86
tetracycline	12	tranylcypromine.....	38	TROPHAMINE 6%	86
THALOMID.....	20	travasol 10 %	86	trospium	82
THEO-24	81	TRAVATAN Z	77	TRULICITY	59
theophylline	81	trazodone	38	TRUMENBA	69
theophylline in dextrose 5 %	81	TREANDA	20	TRUVADA	5
THIOLA	53	TRECATOR.....	9	TUDORZA PRESSAIR	82
thioridazine	38	TRELEGY ELLIPTA.....	82	tulana	72
thiotepa.....	20	TRELSTAR.....	20	TWINRIX (PF).....	69
thiothixene	38	TRESIBA FLEXTOUCH U-		tydemy	75
tiagabine	24	100.....	59	TYGACIL.....	9
TIBSOVO.....	20	TRESIBA FLEXTOUCH U-		TYKERB	21
TICE BCG	69	200.....	59	TYMLOS	70
tigecycline	9	tretinoin (chemotherapy)	20	TYPHIM VI.....	69
tilia fe.....	75	tretinoin microspheres	48	TYSABRI	26

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

TYVASO	82
TYVASO INSTITUTIONAL START KIT	82
TYVASO REFILL KIT	82
TYVASO STARTER KIT	82
U	
UCERIS	64
ULORIC	69
unithroid	61
UNITUXIN	21
UPTRAVI	43
ursodiol	64
UVADEX	47
V	
valacyclovir	5
VALCHLOR	47
valganciclovir	5
valproate sodium	24
valproic acid	24
valproic acid (as sodium salt)	24
valsartan	43
valsartan-hydrochlorothiazide	43
VALSTAR	21
vancomycin	12
VANCOMYCIN	12
VANCOMYCIN IN 0.9 % SODIUM CHL	12
vandazole	73
VANTAS	21
VAQTA (PF)	69
VARIVAX (PF)	69
VARIZIG	69
VARUBI	64
VASCEPA	45
VECAMYL	45
VECTIBIX	21
VELCADE	21
veletri	43
velivet triphasic regimen (28)	75
VELTASSA	53
VEMLIDY	5
VENCLEXTA	21
VENCLEXTA STARTING PACK	21
venlafaxine	38
VENTOLIN HFA	82
verapamil	43
veripred 20	55
VERSACLOZ	38
VERZENIO	21
VESICARE	82
VGO 20	59
VGO 30	59
VGO 40	59
VIBATIV	12
VIBERZI	64
VIBRAMYCIN	12
vicodin	30
vicodin es	30
vicodin hp	30
VICTOZA 2-PAK	59
VICTOZA 3-PAK	59
VIDEX 2 GRAM PEDIATRIC	5
VIDEX 4 GRAM PEDIATRIC	5
VIDEX EC	5
vienna	75
vigabatrin	24
VIIBRYD	38
VIMIZIM	61
VIMPAT	25
vinblastine	21
vincasar pfs	21
vincristine	21
vinorelbine	21
VIOKACE	64
viorele (28)	75
VIRACEPT	5
VIRAMUNE	5
VIREAD	5
VISTOGARD	13
vitamins a,c,d and fluoride	87
VIVITROL	31
VOLTAREN	32
voriconazole	2
VOTRIENT	21
VRAYLAR	38
vyfemla (28)	75
vylibra	75
VYXEOS	21
W	
warfarin	44
water for irrigation, sterile	53
WELCHOL	45
wera (28)	75
wymzya fe	75
X	
XALKORI	21
XARELTO	44
XATMEP	21
XELJANZ	71
XELJANZ XR	71
XERESE	49
XERMELO	21
XGEVA	13
XIAFLEX	53
XIFAXAN	10
XIGDUO XR	59
XOLAIR	82
XTANDI	21
xulane	73
XURIDEN	53
xylon 10	30
XYREM	38
Y	
YERVOY	21
YF-VAX (PF)	69
YONDELIS	21
YONSA	21
yuvafem	72
Z	
zafirlukast	82
zaleplon	38
ZALTRAP	21
ZANOSAR	21
zarah	75
ZARXIO	67
ZAVESCA	61
ZEJULA	21
ZELBORA	21
zenatane	48
zenchent (28)	75
ZENPEP	64
zenzedi	39
ZENZEDI	39
ZEPATIER	6
ZERIT	6
ZIAGEN	6
zidovudine	6
zileuton	82

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

ZIOPTAN (PF).....	77	zolpidem	39	ZYDELIG	22
ziprasidone hcl.....	39	zonisamide.....	25	ZYFLO	82
ZIRGAN.....	76	ZONTIVITY	44	ZYKADIA	22
ZOLADEX	21	ZORTRESS	21	ZYLET	78
zoledronic acid	61	ZOSTAVAX (PF)	69	ZYPREXA RELPREVV	39
zoledronic acid-mannitol-water	53	zovia 1/35e (28).....	75	ZYTIGA	22
ZOLINZA.....	21	ZOVIRAX	49	ZYVOX	10
zolmitriptan	25	ZUBSOLV.....	32		
		ZYCLARA	47		

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

Medical Mutual
2060 East Ninth Street
Cleveland, OH 44115-1355
MedMutual.com/Medicare

MedMutual Advantage are HMO and PPO plans are offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in a MedMutual Advantage plan depends on contract renewal. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

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

Medical Mutual of Ohio complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY:711)。