

2019 Prescription Drug Formulary

MedMutual Advantage HMO and PPO Plans
List of Covered Drugs



PLEASE READ:

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

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

HPMS Approved Formulary File Submission ID , Version Number

Note to Existing Members

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means Medical Mutual. When it refers to “plan” or “our plan,” it means MedMutual Advantage.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2020, 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 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

- **Drugs removed from the market**

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

■ **Other changes**

We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

How Do I Use the Formulary?

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

■ **Medical Condition**

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

■ **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the index that begins on page . The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are Generic Drugs?

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

Are There Any Restrictions on My Coverage?

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

- **Prior Authorization**

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

- **Quantity Limits**

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

- **Step Therapy**

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

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

You can ask MedMutual Advantage to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How Do I Request an Exception to the MedMutual Advantage's Formulary?" on page for information about how to request an exception.

What if My Drug Is Not on the Formulary?

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

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

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

How Do I Request an Exception to the MedMutual Advantage Formulary?

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

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

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

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

What Do I Do before I Can Talk to My Doctor about Changing My Drugs or Requesting an Exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

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

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

For More Information

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

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

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

MedMutual Advantage's Formulary

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

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

Your Cost

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

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

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

If You Qualify for Extra Help

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

Drug Tiers

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

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

List of Abbreviations

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	
CRESEMBA ORAL	5	MO
<i>fluconazole</i>	2	MO
<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
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	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 solution</i>	4	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS ORAL CAPSULE	5	MO
APTIVUS ORAL SOLUTION	5	
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO
<i>atazanavir oral capsule 300 mg</i>	5	MO
ATRIPLA	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
BARACLUDE ORAL SOLUTION	5	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</i>	2	
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	2	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	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 ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO

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

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

Drug Name	Drug Tier	Requirements /Limits
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribasphere oral capsule</i>	2	MO
<i>ribasphere oral tablet 600 mg</i>	5	MO
<i>ribasphere ribapak oral tablets,dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	
<i>ribasphere ribapak oral tablets,dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
SELZENTRY	3	MO
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
<i>tenofovir disoproxil fumarate</i>	5	MO
TIVICAY ORAL TABLET 10 MG	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO; LA
TRUVADA	5	MO
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
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 ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
XOFLUZA	3	MO
<i>zidovudine</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	2	
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>cefepime injection</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefotaxime injection recon soln 1 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	
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<i>tazicef injection recon soln 1 gram</i>	2	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	2	MO
<i>tazicef intravenous</i>	2	
TEFLARO	5	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	2	MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</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>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</i>	2	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
ALBENZA	5	MO

Drug Name	Drug Tier	Requirements /Limits
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	MO
ARIKAYCE	5	PA; MO; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam</i>	2	MO
<i>bacitracin intramuscular</i>	2	MO
BENZNIDAZOLE	3	
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
CAPASTAT	4	
CAYSTON	5	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sodium succinate</i>	2	
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	2	MO

You can find information 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 intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	2	MO
<i>dapsone oral</i>	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	PA
EMVERM	5	MO
<i>ertapenem</i>	2	MO
<i>ethambutol</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	
<i>gentamicin injection</i>	2	MO
<i>gentamicin sulfate (ped) (pf)</i>	2	MO
<i>hydroxychloroquine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>imipenem-cilastatin</i>	2	MO
IMPAVIDO	5	MO
INVANZ INJECTION	4	MO
<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
PASER	3	MO
PENTAM	4	MO
<i>pentamidine</i>	2	
<i>polymyxin b sulfate</i>	2	MO
<i>praziquantel</i>	2	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	2	MO
<i>quinine sulfate</i>	2	MO

You can find information 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>rifabutin</i>	2	MO
<i>rifampin</i>	2	MO
SIRTURO	5	MO; LA
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
TRECTOR	3	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
VANCOMYCIN INJECTION	3	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	3	
<i>vancomycin oral capsule 125 mg</i>	2	MO
<i>vancomycin oral capsule 250 mg</i>	5	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	2	MO
<i>ampicillin sodium intravenous</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO

You can find information 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>ampicillin-sulbactam injection recon soln 15 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	MO
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</i>	2	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	

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

You can find information 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>piperacillin-tazobactam</i>	2	MO
QUINOLONES		
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	2	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous</i>	2	MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>moxifloxacin-sod.chloride(iso)</i>	2	
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim</i>	2	MO
<i>sulfatrim</i>	2	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet</i>	2	MO
<i>doxycycline monohydrate oral capsule</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	2	MO
<i>morgidox</i>	2	MO
<i>okebo oral capsule 75 mg</i>	2	MO
<i>tetracycline</i>	2	MO
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin</i>	2	MO
<i>nitrofurantoin macrocrystal</i>	2	MO

You can find information 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>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	B/D PA
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE	5	MO
KHAPZORY	5	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B/D PA
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	MO
XGEVA	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	5	PA; MO; QL (120 per 30 days)
ABRAXANE	5	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PA; MO
<i>adriamycin intravenous solution</i>	2	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	2	B/D PA; MO
AFINITOR	5	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	5	PA; MO
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIMTA	5	B/D PA; MO
ALIQOPA	5	B/D PA; MO; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
ARRANON	5	B/D PA
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA
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
BALVERSA	5	PA; MO; LA
BAVENCIO	5	B/D PA; MO; LA
BELEODAQ	5	B/D PA; MO
BENDEKA	5	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BICNU	5	B/D PA; MO
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO
BORTEZOMIB	5	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BRAFTOVI ORAL CAPSULE 50 MG	5	PA; MO; LA; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
<i>busulfan</i>	5	B/D PA
CABOMETYX	5	PA; MO; LA
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COMETRIQ	5	PA; MO
COPIKTRA	5	PA; MO; LA
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

You can find information 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>cyclosporine modified</i>	2	B/D PA; MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA
DARZALEX	5	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO	5	PA; MO
<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

Drug Name	Drug Tier	Requirements /Limits
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
ENVARUSUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	2	B/D PA; MO
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINAZE	5	B/D PA; MO
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)

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

Drug Name	Drug Tier	Requirements /Limits
FASLODEX	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous</i>	2	B/D PA; MO
<i>flutamide</i>	2	MO
FOLOTYN	5	B/D PA; MO
<i>fulvestrant</i>	5	B/D PA; MO
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

Drug Name	Drug Tier	Requirements /Limits
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	B/D PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PA; MO
<i>gengraf oral solution</i>	2	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE	3	MO
HALAVEN	5	B/D PA; MO
HERCEPTIN HYLECTA	5	B/D PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO

You can find information 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>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
INFUGEM	5	B/D PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	5	B/D PA
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEVTANA	5	B/D PA; MO
KADCYLA	5	PA; MO
KANJINTI	5	B/D PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
KYPROLIS	5	B/D PA; MO
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	MO
LIBTAYO	5	PA; MO; LA
LONSURF	5	PA; MO
LORBRENA	5	PA; MO
LUMOXITI	5	PA; MO; LA
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 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 (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	3	B/D PA; MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	2	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	2	B/D PA; MO
<i>melphalan hcl</i>	5	B/D PA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MVASI	5	B/D PA; MO
<i>mycophenolate mofetil hcl</i>	2	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium</i>	2	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	5	MO
NINLARO 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)
NUBEQA	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
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONCASPAR	5	B/D PA; MO
ONIVYDE	5	B/D PA; MO
OPDIVO	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA
<i>oxaliplatin intravenous solution</i>	2	B/D PA; MO
<i>paclitaxel</i>	2	B/D PA; MO
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	5	
RAPAMUNE ORAL SOLUTION	5	B/D PA; MO
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
RITUXAN HYCELA	5	PA; MO
ROMIDEPSIN	5	B/D PA
ROZLYTREK	5	PA; MO; LA
RUBRACA	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
SIKLOS	5	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	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
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	5	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; MO; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYLVANT	5	B/D PA; MO
SYNRIBO	5	B/D PA; MO
TABLOID	3	MO
<i>tacrolimus oral</i>	2	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA	5	PA; MO
<i>tamoxifen</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
TARGRETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
THALOMID	5	PA; MO
<i>thiotepa</i>	5	B/D PA; MO
TIBSOVO	5	PA; MO
<i>toposar</i>	2	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA
<i>topotecan intravenous solution</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
TORISEL	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
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin</i> (chemotherapy)	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PA; MO
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO
<i>valrubicin</i>	5	B/D PA; 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	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i> <i>intravenous solution</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI	5	PA; MO; LA
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA; MO
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	5	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XOSPATA	5	PA; MO; LA
XPOVIO	5	PA; MO; LA
XTANDI	5	PA; MO; QL (120 per 30 days)
YERVOY	5	B/D PA; MO
YONDELIS	5	B/D PA; MO
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	5	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZOLADEX	4	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
ZOLINZA	5	MO
ZORTRESS	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 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	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
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clobazam oral suspension</i>	2	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	2	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	PA; MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	PA; MO; QL (300 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
EPIDIOLEX	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>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	PA; MO; QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	PA; MO; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	PA; MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	PA; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	PA; MO; QL (120 per 30 days)
GRALISE 30-DAY STARTER PACK	3	PA; QL (78 per 180 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	PA; MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	PA; MO; QL (900 per 30 days)
ONFI ORAL SUSPENSION	5	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine</i>	2	MO
PEGANONE	3	MO
<i>phenobarbital</i>	2	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	PA; MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
<i>roweepra</i>	2	MO
<i>roweepra xr</i>	2	MO
SABRIL ORAL TABLET	5	MO; LA
SPRITAM	4	MO
<i>subvenite</i>	2	MO
<i>subvenite starter (blue) kit</i>	2	MO
<i>subvenite starter (green) kit</i>	2	MO
<i>subvenite starter (orange) kit</i>	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO

You can find information 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>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	
<i>vigabatrin</i>	5	MO; LA
<i>vigadrone</i>	5	MO; LA
VIMPAT INTRAVENOUS	3	
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
<i>zonisamide</i>	2	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	MO; LA
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	2	MO
NEUPRO	3	MO
<i>pramipexole</i>	2	MO
<i>rasagiline</i>	2	MO
<i>ropinirole</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		

Drug Name	Drug Tier	Requirements /Limits
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	3	PA; MO; QL (1 per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)
<i>eletriptan</i>	2	MO; QL (18 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA; MO; QL (3 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
<i>migergot</i>	2	MO
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
<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)

You can find information 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>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	2	MO; QL (18 per 28 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

AMPYRA	5	PA; MO; LA
AUBAGIO	5	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	5	PA; MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
FIRDAPSE	5	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
<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
NAMZARIC	3	PA; MO
NUEDEXTA	3	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA; MO
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
TECFIDERA	5	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
<i>dantrolene</i>	2	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
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
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2	
<i>pyridostigmine bromide oral syrup</i>	5	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>regonol</i>	2	
<i>revonto</i>	2	
<i>tizanidine</i>	2	MO
NARCOTIC ANALGESICS		

Drug Name	Drug Tier	Requirements /Limits
<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>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	2	PA; MO; QL (4 per 28 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	QL (2000 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)

You can find information 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>fentanyl citrate (pf) injection solution</i>	2	MO; QL (400 per 30 days)
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 100 MCG/2 ML (50 MCG/ML)	3	QL (400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr</i>	2	PA; MO; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	5	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	MO; QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	2	QL (1200 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	2	QL (2400 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	2	MO; QL (1200 per 30 days)
<i>hydromorphone injection solution 4 mg/ml</i>	2	MO; QL (600 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	2	QL (1200 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	2	MO; QL (600 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	2	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>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>ibuprofen-oxycodone</i>	2	MO; QL (28 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	2	MO; QL (360 per 30 days)
<i>lorcet hd</i>	2	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>methadone injection solution</i>	2	QL (150 per 30 days)
<i>methadone intensol</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; QL (2000 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	2	B/D PA; MO; QL (400 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	2	B/D PA; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	2	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	2	QL (400 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>morphine intravenous syringe 10 mg/ml</i>	2	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>morphine 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.relea se pellets</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<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)

Drug Name	Drug Tier	Requirements /Limits
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>vicodin es</i>	2	MO; QL (390 per 30 days)
<i>vicodin hp</i>	2	MO; QL (390 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<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)

You can find information 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>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol tartrate nasal</i>	2	MO; QL (10 per 28 days)
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
<i>ec-naproxen</i>	2	
<i>etodolac</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
FLECTOR	4	PA; MO; QL (60 per 30 days)
<i>flurbiprofen</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule 25 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
<i>naloxone</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	MO
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	3	MO
<i>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
<i>salsalate</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	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-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO
ADASUVE	3	LA
<i>amitriptyline</i>	2	PA; MO
<i>amoxapine</i>	2	PA; MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)

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

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

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

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

You can find information 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>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
FORFIVO XL	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	4	MO
<i>guanidine</i>	2	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>imipramine pamoate</i>	4	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe</i>	2	PA
<i>lorazepam intensol</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)

You can find information 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>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
MARPLAN	3	MO
<i>metadate er</i>	2	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	MO
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	2	MO
<i>methylphenidate hcl oral tablet,chewable</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil</i>	2	PA; MO
<i>molindone</i>	2	MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	PA; MO
NUPLAZID ORAL CAPSULE	5	PA; MO
NUPLAZID ORAL TABLET 10 MG	5	PA; MO
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine-fluoxetine</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	2	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	2	MO; QL (30 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine</i>	2	MO
PERSERIS	5	MO
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
<i>procentra</i>	2	MO
<i>protriptyline</i>	2	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)

You can find information 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 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
<i>ramelteon</i>	2	MO; QL (30 per 30 days)
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS	3	MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<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	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	2	MO; QL (30 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 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
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
XYREM	5	PA; MO; LA
<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)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	MO
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>zolpidem oral tablet</i>	2	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 oral</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO

You can find information 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>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	MO
<i>sotalol oral</i>	2	MO
SOTYLIZE	3	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	2	MO
BYSTOLIC	3	MO
<i>candesartan</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	2	MO
<i>chlorothiazide</i>	2	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
DEMSEER	5	PA; MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	1	MO

You can find information 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 tablet extended release 24 hr</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	2	MO
<i>epoprostenol (glycine)</i>	2	B/D PA; MO
<i>eprosartan</i>	2	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	MO
<i>ethacrynic acid</i>	5	MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO

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

You can find information 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>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	2	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</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>	1	MO
<i>olmesartan-amlodipin-hcthiiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	PA; MO
<i>phentolamine injection recon soln</i>	2	
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<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
REMODULIN	5	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	2	MO
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>timolol maleate oral</i>	2	MO
<i>torseamide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO

You can find information 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>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene</i>	2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>velettri</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
AMICAR	3	MO
<i>aminocaproic acid</i>	2	MO
<i>aspirin-dipyridamole</i>	2	MO
BRILINTA	3	MO

Drug Name	Drug Tier	Requirements /Limits
CABLIVI INJECTION KIT	5	PA; MO; LA
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO
<i>dipyridamole intravenous</i>	2	PA
<i>dipyridamole oral</i>	2	MO
DOPTelet (10 TAB PACK)	5	PA; MO; LA
DOPTelet (15 TAB PACK)	5	PA; MO; LA
DOPTelet (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
<i>enoxaparin</i>	2	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	

You can find information 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>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) in nacl (pf)</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution</i>	2	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	

Drug Name	Drug Tier	Requirements /Limits
<i>jantoven</i>	1	MO
MULPLETA	5	PA; MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
PRADAXA	4	MO
<i>prasugrel</i>	2	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO	3	MO
ZONTIVITY	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>colesevelam</i>	2	MO
<i>colestipol</i>	2	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MO
<i>fenofibrate oral tablet</i>	2	MO
<i>fenofibric acid</i>	2	MO

You can find information 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>fenofibric acid (choline)</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
JUXTAPID	5	PA; MO; LA
LIVALO	3	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	2	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT 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)

Drug Name	Drug Tier	Requirements /Limits
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)
VASCEPA	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	2	
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA; MO
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
<i>dobutamine</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

You can find information 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>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 187.5 MCG (0.1875 MG), 62.5 MCG (0.0625 MG)	3	MO
<i>milrinone</i>	2	B/D PA; MO
<i>milrinone in 5 % dextrose</i>	2	B/D PA; MO
<i>norepinephrine bitartrate</i>	2	
RANEXA	3	MO
<i>ranolazine</i>	2	MO
<i>sodium nitroprusside</i>	2	
VECAMYL	5	
VYNDAQEL	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	2	
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	2	B/D PA; MO
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg</i>	2	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</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>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	2	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	4	MO
COSENTYX	5	PA; MO
COSENTYX (2 SYRINGES)	5	PA; MO
COSENTYX PEN	5	PA; MO
COSENTYX PEN (2 PENS)	5	PA; MO
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA SUBCUTANEOUS	5	PA; MO
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO
CARAC	5	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chloroprocaine (pf)</i>	2	
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	5	MO; QL (45 per 30 days)

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	MO
PICATO	5	MO
<i>pimecrolimus</i>	2	PA; MO; QL (100 per 30 days)
<i>podofilox</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>prudoxin</i>	2	MO; QL (45 per 30 days)
REGRANEX	5	MO
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
TOLAK	4	MO
UVADEX	4	B/D PA
VALCHLOR	5	MO
ZYCLARA	5	ST; 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
THERAPY FOR ACNE		
<i>amnestem</i>	2	MO
<i>azelaic acid</i>	2	MO
<i>claravis</i>	4	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>dapsone topical</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin with ethanol topical swab</i>	2	MO
<i>isotretinoin</i>	2	MO
<i>metronidazole topical</i>	2	MO
<i>myorisan</i>	2	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
<i>tazarotene</i>	2	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
TAZORAC TOPICAL GEL	3	PA; MO
<i>tretinoin topical</i>	2	PA; MO
<i>zenatane</i>	4	MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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 TOPICAL CREAM	3	MO
SULFAMYLON TOPICAL PACKET	5	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	2	MO; QL (60 per 28 days)
<i>econazole</i>	2	MO; QL (85 per 28 days)
KERYDIN	4	MO
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ketoconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>naftifine</i>	2	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO
<i>oxiconazole</i>	2	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	2	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
XERESE	4	MO
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>betamethasone dipropionate</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>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
CAPEX	3	MO
<i>clobetasol scalp</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	2	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	2	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	2	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 28 days)
<i>desonide</i>	4	MO
<i>fluocinolone</i>	2	MO
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinonide</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>halobetasol propionate topical cream</i>	2	MO
<i>halobetasol propionate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical lotion</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>nolix topical cream</i>	2	
<i>prednicarbate</i>	2	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	2	MO

TOPICAL SCABICIDES / PEDICULICIDES

You can find information 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>crotan</i>	2	
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin topical cream</i>	2	MO
SKLICE	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	2	MO
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	2	MO
<i>neomycin-polymyxin b gu</i>	2	MO
<i>ringer's irrigation</i>	2	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide</i>	2	MO
ARALAST NP	5	MO; LA
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
CARBAGLU	5	MO; LA
<i>cevimeline</i>	2	MO
CHEMET	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA

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

You can find information 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>etidronate disodium</i>	2	MO
EXJADE	5	PA; MO; LA
FERRIPROX	5	PA; MO
INCRELEX	5	MO; LA
<i>kionex (with sorbitol)</i>	2	MO
<i>lanthanum</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
LOKELMA	3	MO
<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; LA
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
REVCovi	5	PA; MO; LA
<i>riluzole</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sevelamer hcl</i>	2	MO
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	MO
<i>sodium polystyrene sulfonate oral</i>	2	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	2	
SOLIRIS	5	PA; MO
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
THIOLA	5	MO
THIOLA EC	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 intravenous piggyback 5 mg/100 ml</i>	2	PA; MO

SMOKING DETERRENTS

You can find information 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>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		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
BACTROBAN NASAL	3	MO
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental gel</i>	2	
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	2	MO; QL (30.5 per 30 days)
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	2	MO
<i>periogard</i>	2	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
<i>sf</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>triamcinolone acetonide dental</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	2	MO
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
OTOVEL	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>betamethasone acet,sod phos</i>	2	MO
<i>cortisone</i>	2	MO
<i>decadron oral tablet</i>	2	
<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

You can find information 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>dexamethasone oral tablets,dose pack</i>	2	MO
<i>dexamethasone sodium phos (pf)</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>millipred 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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
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
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

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

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	MO; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	MO; QL (120 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)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	3	MO; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)

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

You can find information 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 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (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

Drug Name	Drug Tier	Requirements /Limits
NOVOLOG U-100 INSULIN ASPART	4	ST; MO
OMNIPOD DASH INSULIN POD	3	MO
OMNIPOD INSULIN MANAGEMENT	3	MO
OMNIPOD INSULIN REFILL	3	MO
ONGLYZA	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
<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)

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

Drug Name	Drug Tier	Requirements /Limits
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLQUA 100/33	3	MO
STEGLATRO	3	MO; QL (30 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
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)
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)
TECHLITE INSULIN SYR HALF UNIT	3	
TECHLITE INSULIN SYRINGE	3	
<i>tolazamide oral tablet 250 mg</i>	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tolazamide oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	4	ST; MO; QL (30 per 30 days)
TRULICITY	3	PA; MO; QL (2 per 28 days)
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	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
ANDRODERM	3	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
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; MO; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO; QL (150 per 30 days)
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral</i>	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	MO
<i>cinacalcet oral tablet 30 mg</i>	2	MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	MO
<i>clomiphene citrate</i>	2	PA; MO
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
DDAVP NASAL SOLUTION	3	MO
<i>desmopressin injection</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray, non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	2	MO
ELAPRASE	5	MO
FABRAZYME	5	MO
KANUMA	5	MO
KORLYM	5	PA; MO
KUVAN	5	PA; MO
LUMIZYME	5	MO
MEPSEVII	3	MO
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION	4	MO
<i>miglustat</i>	5	MO; LA
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	MO; LA
NATPARA	5	PA; MO; LA
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate</i>	2	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>paricalcitol oral</i>	4	MO
SAMSCA	5	PA; MO
SENSIPAR ORAL TABLET 30 MG	3	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	MO
SOMAVERT	5	MO
STIMATE	3	MO
STRENSIQ	5	MO; LA
SYNAREL	5	MO
<i>testosterone cypionate</i>	2	PA; MO
<i>testosterone enanthate</i>	2	PA; MO
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)
VIMIZIM	5	MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid- mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA
THYROID HORMONES		
<i>levothyroxine intravenous recon soln</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection</i> <i>solution 0.4 mg/ml</i>	2	MO
<i>atropine injection</i> <i>syringe 0.05 mg/ml</i>	2	
<i>atropine injection</i> <i>syringe 0.1 mg/ml</i>	2	MO
<i>dicyclomine</i> <i>intramuscular</i>	2	MO
<i>dicyclomine oral</i> <i>capsule</i>	2	MO
<i>dicyclomine oral</i> <i>solution</i>	2	MO
<i>dicyclomine oral</i> <i>tablet</i>	2	MO
<i>diphenoxylate-</i> <i>atropine</i>	2	MO
<i>glycopyrrolate (pf)</i> <i>in water intravenous</i> <i>syringe 0.4 mg/2 ml</i> <i>(0.2 mg/ml)</i>	2	
<i>glycopyrrolate</i> <i>injection</i>	2	MO
<i>glycopyrrolate oral</i> <i>tablet 1 mg, 2 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate oral</i> <i>tablet 1.5 mg</i>	2	
<i>loperamide oral</i> <i>capsule</i>	2	MO
<i>opium tincture</i>	2	MO
<i>paregoric</i>	2	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron</i>	5	MO
AMITIZA	3	MO
<i>aprepitant</i>	2	B/D PA; MO
APRISO	4	MO
ASACOL HD	3	MO
<i>balsalazide</i>	2	MO
<i>budesonide oral</i>	5	MO
CHENODAL	5	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
CIMZIA	5	PA; MO
CIMZIA POWDER FOR RECONST	5	PA; MO
CIMZIA STARTER KIT	5	PA; MO
CINVANTI	3	MO
<i>colocort</i>	2	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	2	MO
CYSTADANE	5	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
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM	5	MO
<i>doxylamine-pyridoxine (vit b6)</i>	2	MO
<i>dronabinol oral capsule 10 mg</i>	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 ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO
ENTYVIO	5	PA; MO
<i>enulose</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron (pf)</i>	2	MO
<i>granisetron hcl intravenous</i>	2	MO
<i>granisetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal</i>	2	MO

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

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA; MO
SANCUSO	5	MO
<i>scopolamine base</i>	2	MO
SUCRAID	5	MO
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
SYMPROIC	3	MO
TRANSDERM-SCOP	4	MO
<i>trilyte with flavor packets</i>	2	MO
<i>ursodiol</i>	2	MO
VARUBI INTRAVENOUS	3	
VARUBI ORAL	3	B/D PA; MO
VIBERZI	5	MO
VIOKACE	3	MO

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

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

ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	MO; QL (112 per 30 days)
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	4	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	4	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
PYLERA	3	MO
<i>ranitidine hcl injection</i>	2	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 150 MCG/0.75 ML	5	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; MO
ARCALYST	5	PA; MO
AVONEX (WITH ALBUMIN)	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO
EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PA; QL (15 per 28 days)
FULPHILA	5	PA; MO
GRANIX	5	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA
INTRON A INJECTION RECON SOLN	5	B/D PA; MO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	3	B/D PA; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	MO
MOZOBIL	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
NEULASTA	5	PA; MO
NEUPOGEN	5	PA; MO
NORDITROPIN FLEXPPO	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL	3	
HYQVIA	5	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
IPOLE	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF)	3	MO
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
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	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
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	3	MO
<i>febuxostat</i>	2	MO
KRYSTEXXA	5	MO
MITIGARE	3	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
ULORIC	3	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FORTEO	5	PA; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<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
ACTEMRA ACTPEN	5	PA; MO; QL (4 per 28 days)
BENLYSTA	5	PA; 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)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)

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

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

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

Drug Name	Drug Tier	Requirements /Limits
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DEPO-PROVERA INTRAMUSCULA R SUSPENSION 400 MG/ML	3	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE	3	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol- norethindrone acet</i>	2	PA; MO
ESTRING	3	MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>lyza</i>	2	MO
<i>medroxyprogesteron e</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
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 micronized</i>	2	MO
<i>sharobel</i>	2	MO
<i>tulana</i>	2	MO
<i>yuvaferm</i>	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
<i>mifepristone</i>	2	LA
MIRENA	3	MO; LA
NEXPLANON	3	MO
<i>terconazole</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethyst (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
<i>camrese</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>chateal (28)</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>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>delyla (28)</i>	2	
<i>desog-e.estradiol/e.estradiol</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>desogestrel-ethinyl estradiol</i>	2	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>elinest</i>	2	MO
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>fayosim</i>	2	MO
<i>femynor</i>	2	MO
<i>gianvi (28)</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estrad</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO

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

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

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

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

You can find information 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>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>levofloxacin ophthalmic (eye)</i>	2	MO
<i>moxifloxacin ophthalmic (eye)</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin</i>	2	MO
ANTIVIRALS		
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>balanced salt</i>	2	
BEPREVE	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	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; LA
LASTACFT	4	MO
LUCENTIS	5	MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
OXERVATE	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
PAZEO	3	MO
PHOSPHOLINE IODIDE	3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	2	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	2	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	MO
COMBIGAN	3	MO

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

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

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

Drug Name	Drug Tier	Requirements /Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	MO; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	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)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
SYMJEPI	4	MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)

You can find information 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>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	MO
<i>alyq</i>	5	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA
<i>aminophylline intravenous solution 500 mg/20 ml</i>	2	
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	3	MO; QL (30 per 30 days)
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>bosentan</i>	5	PA; MO; LA
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>budesonide inhalation</i>	2	B/D PA; MO
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
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

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

Drug Name	Drug Tier	Requirements /Limits
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)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>fluticasone nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
HAEGARDA	5	PA; MO; LA
<i>icatibant</i>	5	PA; MO
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PA; MO
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	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 oral syrup</i>	2	MO
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast</i>	2	MO
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>terbutaline</i>	2	MO
THEO-24	3	MO
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER ORAL TABLET	5	PA; MO; LA
TUDORZA PRESSAIR	3	MO; QL (1 per 30 days)
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 SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (5 per 28 days)
<i>zafirlukast</i>	2	MO
ZYFLO	5	MO

UROLOGICALS

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

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

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

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	2	
<i>albuminar 25 %</i>	2	MO
<i>alburx (human) 25 %</i>	2	MO
<i>alburx (human) 5 %</i>	2	
<i>albutein 25 %</i>	2	
<i>albutein 5 %</i>	2	
<i>buminate 5 %</i>	2	
<i>plasbumin 25 %</i>	2	MO
<i>plasbumin 5 %</i>	2	

ELECTROLYTES

<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	MO
<i>effe-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	2	MO
<i>klor-con/ef</i>	2	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	MO
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium chloride injection</i>	2	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO

You can find information 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>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R	3	MO
NORMOSOL-R IN 5 % DEXTROSE	3	
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	

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

You can find information 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-d5-0.3%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
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium phosphate m-/d-basic</i>	2	
<i>ringer's intravenous</i>	2	
<i>sodium acetate</i>	2	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3 %</i>	2	MO
<i>sodium chloride 5 %</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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
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 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

You can find information 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 5%/D25W SULFITE-FREE	3	B/D PA
CLINIMIX 4.25%/D10W 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>intralipid intravenous emulsion 20 %</i>	2	B/D PA
IONOSOL-MB IN D5W	3	
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	

Drug Name	Drug Tier	Requirements /Limits
NEPHRAMINE 5.4 %	3	B/D PA
NORMOSOL-R PH 7.4	3	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<i>plasmanate</i>	2	
<i>plenamine</i>	2	B/D PA
<i>premasol 10 %</i>	2	B/D PA; MO
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 tablet</i>	4	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	4	MO

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

Index

A		
abacavir	2	
abacavir-lamivudine	2	
abacavir-lamivudine- zidovudine	2	
ABELCET	2	
ABILIFY MAINTENA.....	31	
abiraterone	12	
ABRAXANE.....	12	
acamprosate	48	
acarbose	51	
acebutolol	37	
acetaminophen-caff- dihydrocod.....	26	
acetaminophen-codeine	26	
acetazolamide	73	
acetazolamide sodium	73	
acetic acid.....	48, 50	
acetylcysteine	48, 74	
acitretin.....	43	
ACTEMRA	66	
ACTEMRA ACTPEN.....	66	
ACTHIB (PF).....	64	
ACTIMMUNE	62	
acyclovir	2, 46	
acyclovir sodium	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	64	
ADASUVE.....	31	
adefovir.....	2	
ADEMPAS.....	74	
adenosine	36	
adrenalin	74	
adriamycin.....	12	
adrucil.....	12	
ADVAIR DISKUS.....	74	
ADVAIR HFA	74	
AFINITOR	12	
AFINITOR DISPERZ	12	
AIMOVIG AUTOINJECTOR	24	
ak-poly-bac.....	71	
ala-cort.....	46	
albendazole.....	7	
ALBENZA	7	
albumin, human 25 %.....	79	
albuminar 25 %	79	
alburx (human) 25 %.....	79	
alburx (human) 5 %.....	79	
albutein 25 %.....	79	
albutein 5 %.....	79	
albuterol sulfate	75	
alclometasone	46	
ALCOHOL PADS.....	51	
ALDURAZYME	55	
ALECENSA	12	
alendronate	48, 66	
alfuzosin	78	
ALIMTA	12	
ALINIA	7	
ALIQOPA	12	
aliskiren	37	
allopurinol	66	
allopurinol sodium.....	66	
aloprim.....	66	
alosetron	58	
ALPHAGAN P.....	74	
alprostadil	78	
ALREX.....	73	
altavera (28).....	69	
ALUNBRIG	12	
alyacen 1/35 (28).....	69	
alyacen 7/7/7 (28).....	69	
alyq	75	
amantadine hcl.....	2	
AMBISOME	2	
ambrisentan	75	
amethyst (28).....	69	
AMICAR	40	
amikacin	7	
amiloride.....	37	
amiloride-hydrochlorothiazide	37	
aminocaproic acid.....	40	
aminophylline.....	75	
AMINOSYN 10 %.....	81	
AMINOSYN 7 % WITH ELECTROLYTES.....	81	
AMINOSYN 8.5 %	81	
AMINOSYN 8.5 %- ELECTROLYTES.....	81	
AMINOSYN II 10 %	81	
AMINOSYN II 15 %.....	81	
AMINOSYN II 8.5 %.....	81	
AMINOSYN II 8.5 %- ELECTROLYTES.....	81	
AMINOSYN M 3.5 %.....	81	
AMINOSYN-HBC 7%.....	81	
AMINOSYN-PF 10 %	81	
AMINOSYN-PF 7 % (SULFITE-FREE)	81	
AMINOSYN-RF 5.2 %.....	81	
amiodarone	36	
AMITIZA	58	
amitriptyline	31	
amlodipine	37	
amlodipine-atorvastatin	41	
amlodipine-benazepril	37	
amlodipine-olmesartan	37	
amlodipine-valsartan	37	
amlodipine-valsartan-hcthiiazid	37	
ammonium lactate	44	
amnesteem	45	
amoxapine.....	31	
amoxicil-clarithromy-lansopraz	61	
amoxicillin.....	9	
amoxicillin-pot clavulanate	9	
amphotericin b	2	
ampicillin.....	9	
ampicillin sodium	9	
ampicillin-sulbactam	9, 10	
AMPYRA	25	
anagrelide	48	
anastrozole.....	12	
ANDRODERM	55	
ANDROGEL	56	
ANORO ELLIPTA.....	75	
APIDRA SOLOSTAR U-100 INSULIN	51	
APIDRA U-100 INSULIN ...	51	
APOKYN	24	
apraclonidine	74	
aprepitant	58	
apri.....	69	
APRISO	58	
APTIOM.....	21	

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

APTIVUS.....	2	azurette (28).....	69	BLEPHAMIDE.....	72
ARALAST NP.....	48	B		BLEPHAMIDE S.O.P.....	72
aranelle (28).....	69	bacitracin.....	7, 71	BLINCYTO.....	13
ARANESP (IN		bacitracin-polymyxin b.....	71	BOOSTRIX TDAP.....	64
POLYSORBATE).....	62	baclofen.....	26	BORTEZOMIB.....	13
ARCALYST.....	62	BACTROBAN NASAL.....	50	bosentan.....	75
ARCAPTA NEOHALER.....	75	balanced salt.....	72	BOSULIF.....	13
ARIKAYCE.....	7	balsalazide.....	58	BOTOX.....	64
aripiprazole.....	31	BALVERSA.....	13	BRAFTOVI.....	13
ARISTADA.....	31	BANZEL.....	21	BREO ELLIPTA.....	75
ARISTADA INITIO.....	31	BAQSIMI.....	51	BRILINTA.....	40
armodafinil.....	31	BARACLUDE.....	3	brimonidine.....	74
ARNUITY ELLIPTA.....	75	BAVENCIO.....	13	BRIVIACT.....	21
ARRANON.....	13	BCG VACCINE, LIVE (PF).....	64	bromfenac.....	73
arsenic trioxide.....	13	bekyree (28).....	69	bromocriptine.....	24
ARSENIC TRIOXIDE.....	13	BELEODAQ.....	13	BROMSITE.....	73
ARZERRA.....	13	benazepril.....	37	bss.....	72
ASACOL HD.....	58	benazepril-hydrochlorothiazide		budesonide.....	58, 75
ASMANEX HFA.....	75	.....	37	bumetanide.....	37
ASMANEX TWISTHALER.....	75	BENDEKA.....	13	buminate 5 %.....	79
aspirin-dipyridamole.....	40	BENLYSTA.....	66	buprenorphine.....	26
atazanavir.....	2	BENZNIDAZOLE.....	7	buprenorphine hcl.....	26
atenolol.....	37	benztropine.....	24	buprenorphine-naloxone.....	29
atenolol-chlorthalidone.....	37	BEPREVE.....	72	bupropion hcl.....	31
atomoxetine.....	31	BESIVANCE.....	71	bupropion hcl (smoking deter)	
atorvastatin.....	41	BESPONSA.....	13	.....	50
atovaquone.....	7	betamethasone acet,sod phos.....	50	buspirone.....	31
atovaquone-proguanil.....	7	betamethasone dipropionate.....	46	busulfan.....	13
ATRIPLA.....	2	betamethasone valerate.....	47	butorphanol tartrate.....	29, 30
atropine.....	58, 72	betamethasone, augmented.....	47	BYDUREON.....	51
ATROVENT HFA.....	75	BETASERON.....	62	BYDUREON BCISE.....	51
AUBAGIO.....	25	betaxolol.....	37, 72	BYETTA.....	51, 52
aubra.....	69	bethanechol chloride.....	78	BYSTOLIC.....	37
aubra eq.....	69	BETHKIS.....	7	C	
AUGMENTIN.....	10	BEVESPI AEROSPHERE.....	75	cabergoline.....	56
AVASTIN.....	13	bexarotene.....	13	CABLIVI.....	40
aviane.....	69	BEXSERO.....	64	CABOMETYX.....	13
AVONEX.....	62	bicalutamide.....	13	caffeine citrate.....	48
AVONEX (WITH ALBUMIN)		BICILLIN C-R.....	10	calcipotriene.....	44
.....	62	BICILLIN L-A.....	10	calcipotriene-betamethasone.....	44
azacitidine.....	13	BICNU.....	13	calcitonin (salmon).....	56
AZASITE.....	71	BIDIL.....	37	calcitriol.....	44, 56
azathioprine.....	13	BIKTARVY.....	3	calcium acetate.....	79
azathioprine sodium.....	13	bimatoprost.....	73	calcium chloride.....	79
azelaic acid.....	45	bisoprolol fumarate.....	37	calcium gluconate.....	79
azelastine.....	50, 72	bisoprolol-hydrochlorothiazide		CALQUENCE.....	13
azithromycin.....	6, 7	.....	37	camila.....	68
aztreonam.....	7	bleomycin.....	13	camrese.....	69

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

candesartan.....	37	CELONTIN.....	21	citalopram.....	31
candesartan-hydrochlorothiazid		cephalexin.....	6	cladribine.....	13
.....	37	CEPROTIN (BLUE BAR)...	40	claravis.....	45
CAPASTAT.....	7	CEPROTIN (GREEN BAR)	40	clarithromycin.....	7
CAPEX.....	47	CERDELGA.....	56	CLEOCIN.....	69
CAPRELSA.....	13	CEREZYME.....	56	clindamycin hcl.....	7
captopril.....	37	cetirizine.....	74	clindamycin in 5 % dextrose ..	7
captopril-hydrochlorothiazide		cevimeline.....	48	clindamycin palmitate hcl.....	7
.....	37	CHANTIX.....	50	clindamycin pediatric.....	7
CARAC.....	44	CHANTIX CONTINUING		clindamycin phosphate 7, 8, 45,	
CARBAGLU.....	48	MONTH BOX.....	50	69	
carbamazepine.....	21	CHANTIX STARTING		CLINIMIX 5%/D15W	
carbidopa.....	24	MONTH BOX.....	50	SULFITE FREE.....	81
carbidopa-levodopa.....	24	chateal (28).....	69	CLINIMIX 5%/D25W	
carbidopa-levodopa-		CHEMET.....	48	SULFITE-FREE.....	82
entacapone.....	24	CHENODAL.....	58	CLINIMIX 4.25%/D10W	
carbocaine (pf).....	44	chloramphenicol sod succinate		SULF FREE.....	82
carboplatin.....	13	.....	7	CLINIMIX 4.25%/D5W	
cardioplegic soln.....	42	chlorhexidine gluconate.....	50	SULFIT FREE.....	48
carmustine.....	13	chloroprocaine (pf).....	44	CLINIMIX 4.25%-D25W	
carteolol.....	72	chloroquine phosphate.....	7	SULF-FREE.....	82
cartia xt.....	37	chlorothiazide.....	37	CLINIMIX 5%-	
carvedilol.....	37	chlorothiazide sodium.....	37	D20W(SULFITE-FREE)..	82
carvedilol phosphate.....	37	chlormpromazine.....	31	clobazam.....	21
caspofungin.....	2	chlorthalidone.....	37	clobetasol.....	47
CAYSTON.....	7	CHOLBAM.....	58	clobetasol-emollient.....	47
caziant (28).....	69	cholestyramine (with sugar) .	41	clofarabine.....	13
cefaclor.....	5	cholestyramine light.....	41	clomiphene citrate.....	56
cefadroxil.....	5	ciclodan.....	46	clomipramine.....	31
cefazolin.....	5	ciclopirox.....	46	clonazepam.....	21
cefazolin in dextrose (iso-os) .	5	cidofovir.....	3	clonidine.....	37
cefdinir.....	5	cilostazol.....	40	clonidine (pf).....	30, 37
cefepime.....	6	CIMDUO.....	3	clonidine hcl.....	31, 37
cefepime in dextrose,iso-osm 5,		cimetidine.....	61	clopidogrel.....	40
6		cimetidine hcl.....	61	clorazepate dipotassium.....	31
cefixime.....	6	CIMZIA.....	58	clotrimazole.....	2, 46
cefotaxime.....	6	CIMZIA POWDER FOR		clotrimazole-betamethasone .	46
cefotetan.....	6	RECONST.....	58	clozapine.....	31, 32
cefoxitin.....	6	CIMZIA STARTER KIT.....	58	COARTEM.....	8
cefoxitin in dextrose, iso-osm 6		cinacalcet.....	56	COLCRYS.....	66
cefpodoxime.....	6	CINRYZE.....	75	colesevelam.....	41
cefprozil.....	6	CINVANTI.....	58	colestipol.....	41
ceftazidime.....	6	CIPRODEX.....	50	colistin (colistimethate na).....	8
ceftriaxone.....	6	ciprofloxacin.....	11	colocort.....	58
ceftriaxone in dextrose,iso-os. 6		ciprofloxacin hcl.....	11, 50, 71	COMBIGAN.....	73
cefuroxime axetil.....	6	ciprofloxacin in 5 % dextrose		COMBIVENT RESPIMAT..	75
cefuroxime sodium.....	6	.....	11	COMETRIQ.....	13
celecoxib.....	30	cisplatin.....	13	COMPLERA.....	3

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

compro.....	58	d5 %-0.45 % sodium chloride		dexamethasone sodium phos	
CONDYLOX	44	.....	48	(pf)	51
constulose	58	dacarbazine	14	dexamethasone sodium	
COPAXONE	25	dactinomycin	14	phosphate	51, 73
COPIKTRA	13	dalfampridine.....	25	DEXILANT	61
CORLANOR.....	42	DALIRESP	75	dexrazoxane hcl	12
CORTIFOAM	58	danazol.....	56	dextroamphetamine	32
cortisone	50	dantrolene	26	dextroamphetamine-	
COSENTYX.....	44	dapsone.....	8, 45	amphetamine.....	32
COSENTYX (2 SYRINGES)		DAPTACEL (DTAP		dextrose 10 % and 0.2 % nacl	
.....	44	PEDIATRIC) (PF).....	64	.....	48
COSENTYX PEN	44	daptomycin	8	dextrose 10 % in water (d10w)	
COSENTYX PEN (2 PENS)	44	DAPTOMYCIN	8	.....	48
COSMEGEN	13	DARAPRIM	8	dextrose 20 % in water (d20w)	
COTELLIC.....	13	DARZALEX	14	.....	48
CREON	58	dasetta 1/35 (28)	69	dextrose 25 % in water (d25w)	
CRESEMBA	2	dasetta 7/7/7 (28)	69	.....	48
CRINONE	68	daunorubicin	14	dextrose 30 % in water (d30w)	
CRIXIVAN	3	DAURISMO.....	14	.....	48
cromolyn.....	58, 72, 75	daysee	69	dextrose 40 % in water (d40w)	
crotan	48	DDAVP	56	.....	48
cryselle (28).....	69	deblitane	68	dextrose 5 % in water (d5w).48	
CRYSVITA	56	decadron	50	dextrose 5 %-lactated ringers	48
CUPRIMINE	66	decitabine.....	14	dextrose 5%-0.2 % sod	
cyclafem 1/35 (28)	69	deferasirox	48	chloride	48
cyclafem 7/7/7 (28)	69	deferoxamine	48	dextrose 5%-0.3 %	
cyclobenzaprine.....	26	DELSTRIGO.....	3	sod.chloride	48
cyclophosphamide	13	delyla (28).....	69	dextrose 50 % in water (d50w)	
CYCLOSET	52	DELZICOL	59	.....	48
cyclosporine	13, 14	demeclocycline	11	dextrose 70 % in water (d70w)	
cyclosporine modified	14	DEMSER.....	37	.....	48
CYRAMZA.....	14	DENAVIR	46	dextrose with sodium chloride	
cyred	69	denta 5000 plus.....	50	.....	48
cyred eq	69	dentagel	50	DIASTAT	21
CYSTADANE.....	58	DEPEN TITRATABS	66	DIASTAT ACUDIAL	21
CYTAGON	78	DEPO-PROVERA.....	68	diazepam.....	21, 32
CYSTARAN	72	DEPO-SUBQ PROVERA	104	diazepam intensol	32
cysteine (l-cysteine).....	82	.....	68	diclofenac potassium	30
cytarabine	14	DESCOVY	3	diclofenac sodium.....	30, 44, 73
cytarabine (pf)	14	desipramine	32	diclofenac-misoprostol	30
D		desmopressin	56	dicloxacillin	10
d10 %-0.45 % sodium chloride		desog-e.estradiol/e.estradiol	69	dicyclomine	58
.....	48	desogestrel-ethinyl estradiol	70	didanosine.....	3
d2.5 %-0.45 % sodium		desonide.....	47	diflunisal	30
chloride.....	48	desvenlafaxine succinate	32	digitek	42
d5 % and 0.9 % sodium		dexamethasone	50, 51	digox	42
chloride.....	48	dexamethasone intensol.....	50	digoxin	42
				dihydroergotamine.....	24

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

DILANTIN 30 MG	21	duloxetine	32	ENTRESTO.....	43
diltiazem hcl	37, 38	DUPIXENT	44	ENTYVIO	59
dilt-xr	38	duramorph (pf)	26	enulose	59
dimenhydrinate.....	59	dutasteride	78	ENVARSUS XR	14
DIPENTUM	59	dutasteride-tamsulosin.....	78	EPCLUSA	3
diphenhydramine hcl	74	DYMISTA.....	75	EPIDIOLEX	21
diphenoxylate-atropine.....	58	E		epinastine	72
dipyridamole	40	e.e.s. 400	7	epinephrine	74
disulfiram	48	ec-naproxen	30	EPINEPHRINE	74
divalproex.....	21	econazole	46	EPIPEN.....	74
dobutamine	42	EDARBI	38	EPIPEN 2-PAK	74
dobutamine in d5w	42	EDARBYCLOR.....	38	EPIPEN JR	74
docetaxel.....	14	EDURANT	3	EPIPEN JR 2-PAK	74
DOCETAXEL	14	efavirenz	3	epirubicin	14
dofetilide.....	36	effer-k	79	epitol	22
donepezil	25	ELAPRASE.....	56	EPIVIR HBV	3
dopamine	43	electrolyte-48 in d5w.....	82	eplerenone.....	38
dopamine in 5 % dextrose ...	43	eletriptan	24	EPOGEN	63
DOPTELET (10 TAB PACK)		elinest.....	70	epoprostenol (glycine)	38
.....	40	ELIQUIS	40	eprosartan	38
DOPTELET (15 TAB PACK)		ELITEK	12	ERBITUX.....	14
.....	40	ELIXOPHYLLIN.....	75	ergoloid.....	32
DOPTELET (30 TAB PACK)		ELMIRON.....	78	ergotamine-caffeine	24
.....	40	EMCYT	14	ERIVEDGE	14
dorzolamide.....	73	EMEND.....	59	ERLEADA	14
dorzolamide-timolol.....	73	EMGALITY PEN.....	24	erlotinib.....	14
dorzolamide-timolol (pf)	73	EMGALITY SYRINGE.....	24	errin.....	68
dotti	68	emoquette	70	ertapenem	8
DOVATO	3	EMPLICITI	14	ERWINAZE	14
doxazosin.....	38	EMSAM	32	ery-tab.....	7
doxepin	32, 44	EMTRIVA.....	3	ERY-TAB.....	7
doxercalciferol.....	56	EMVERM	8	ERYTHROCIN	7
doxorubicin.....	14	enalapril maleate.....	38	erythrocin (as stearate)	7
doxorubicin, peg-liposomal..	14	enalaprilat	38	erythromycin.....	7, 71
doxy-100	11	enalapril-hydrochlorothiazide		erythromycin ethylsuccinate...	7
doxycycline hyclate.....	11	.....	38	erythromycin with ethanol....	45
doxycycline monohydrate ...	11	ENBREL	66	ESBRIET	76
doxylamine-pyridoxine (vit b6)		ENBREL MINI	66	escitalopram oxalate	32
.....	59	ENBREL SURECLICK	67	esmolol	38
dronabinol.....	59	endocet.....	26	esomeprazole magnesium.....	61
droperidol	59	ENERGIX-B (PF)	64	esomeprazole sodium	61
drospirenone-e.estradiol-lm.fa		ENERGIX-B PEDIATRIC		estarylla.....	70
.....	70	(PF).....	64	estradiol	68
drospirenone-ethinyl estradiol		enoxaparin	40	estradiol valerate.....	68
.....	70	enpresse	70	estradiol-norethindrone acet.	68
DROXIA	14	enskyce	70	ESTRING	68
DUAVEE	68	entacapone	24	eszopiclone	32
DULERA.....	75	entecavir	3	ethacrynate sodium	38

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

ethacrynic acid.....	38	FIRAZYR.....	76	FULPHILA.....	63
ethambutol.....	8	FIRDAPSE.....	25	fulvestrant.....	15
ethosuximide.....	22	FIRMAGON KIT W		furosemide.....	38
ethynodiol diac-eth estradiol	70	DILUENT SYRINGE.....	15	FUZEON.....	3
etidronate disodium.....	49	flavoxate.....	78	FYCOMPA.....	22
etodolac.....	30	flecainide.....	36	G	
ETOPOPHOS.....	14	FLECTOR.....	30	gabapentin.....	22
etoposide.....	14	FLOVENT DISKUS.....	76	galantamine.....	25
EVOTAZ.....	3	FLOVENT HFA.....	76	GAMASTAN.....	64
exemestane.....	14	floxuridine.....	15	GAMASTAN S/D.....	64
EXJADE.....	49	fluconazole.....	2	ganciclovir sodium.....	3
EXTAVIA.....	63	fluconazole in nacl (iso-osm) .	2	GARDASIL 9 (PF).....	64
EYLEA.....	72	flucytosine.....	2	gatifloxacin.....	72
ezetimibe.....	41	fludarabine.....	15	GATTEX 30-VIAL.....	59
ezetimibe-simvastatin.....	41	fludrocortisone.....	51	GATTEX ONE-VIAL.....	59
F		flumazenil.....	32	GAUZE PAD.....	52
FABRAZYME.....	56	flunisolide.....	76	gavilyte-c.....	59
falmina (28).....	70	fluocinolone.....	47	gavilyte-g.....	59
famciclovir.....	3	fluocinolone acetone oil	50	gavilyte-n.....	59
famotidine.....	61	fluocinolone and shower cap	47	GAZYVA.....	15
famotidine (pf).....	61	fluocinonide.....	47	gemcitabine.....	15
famotidine (pf)-nacl (iso-os)	61	fluocinonide-e.....	47	GEMCITABINE.....	15
FANAPT.....	32	fluocinonide-emollient.....	47	gemfibrozil.....	42
FARESTON.....	14	fluoride (sodium).....	50, 82	generlac.....	59
FARXIGA.....	52	fluorometholone.....	73	gengraf.....	15
FARYDAK.....	14	fluorouracil.....	15, 44	gentak.....	72
FASENRA.....	76	FLUOROURACIL.....	44	gentamicin.....	8, 45, 72
FASLODEX.....	15	fluoxetine.....	32, 33	gentamicin in nacl (iso-osm) ..	8
fayosim.....	70	fluphenazine decanoate.....	33	gentamicin sulfate (ped) (pf) ..	8
FAZACLO.....	32	fluphenazine hcl.....	33	GENVOYA.....	3
febuxostat.....	66	flurbiprofen.....	30	GEODON.....	33
felbamate.....	22	flurbiprofen sodium.....	73	gianvi (28).....	70
felodipine.....	38	flutamide.....	15	GILENYA.....	25
femynor.....	70	fluticasone propionate.....	76	GILOTRIF.....	15
fenofibrate.....	41	fluvastatin.....	42	glatiramer.....	25
fenofibrate micronized.....	41	fluvoxamine.....	33	glatopa.....	25
fenofibrate nanocrystallized .	41	FOLOTYN.....	15	GLEOSTINE.....	15
fenofibric acid.....	41	fomepizole.....	64	glimepiride.....	52
fenofibric acid (choline).....	42	fondaparinux.....	40	glipizide.....	52
fenoprofen.....	30	FORFIVO XL.....	33	glipizide-metformin.....	52
fantanyl.....	27	FORTEO.....	66	GLUCAGEN HYPOKIT.....	52
fantanyl citrate.....	27	FOSAMAX PLUS D.....	66	GLUCAGON EMERGENCY	
fantanyl citrate (pf).....	27	fosamprenavir.....	3	KIT (HUMAN).....	52
FENTANYL CITRATE (PF)		fosinopril.....	38	glycine urologic.....	78
.....	27	fosinopril-hydrochlorothiazide		glycine urologic solution.....	78
FERRIPROX.....	49	.....	38	glycopyrrolate.....	58
FETZIMA.....	32	fosphenytoin.....	22	glycopyrrolate (pf) in water ..	58
finasteride.....	78	freamine iii 10 %.....	82	glydo.....	44

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

GLYXAMBI	52	HUMALOG U-100 INSULIN	52	HYPERHEP B S-D NEONATAL	65
GRALISE	22	HUMIRA.....	67	HYQVIA	65
GRALISE 30-DAY STARTER PACK	22	HUMIRA PEDIATRIC CROHNS START	67	I	
granisetron (pf).....	59	HUMIRA PEN	67	ibandronate	66
granisetron hcl	59	HUMIRA PEN CROHNS-UC-HS START	67	IBRANCE.....	15
GRANIX	63	HUMIRA PEN PSOR- UVEITS-ADOL HS	67	ibu	30
griseofulvin microsize	2	HUMIRA(CF)	67	ibuprofen.....	30
griseofulvin ultramicrosize.....	2	HUMIRA(CF) PEDI CROHNS STARTER.....	67	ibuprofen-oxycodone.....	28
guanidine	33	HUMIRA(CF) PEN.....	67	ibutilide fumarate.....	36
H		HUMIRA(CF) PEN CROHNS-UC-HS	67	icatibant	76
HAEGARDA	76	HUMULIN 70/30 U-100 INSULIN	52	ICLUSIG	15
HALAVEN.....	15	HUMULIN 70/30 U-100 KWIKPEN.....	52	idarubicin	15
halobetasol propionate.....	47	HUMULIN N NPH INSULIN KWIKPEN.....	52	IDHIFA.....	15
haloperidol.....	33	HUMULIN N NPH U-100 INSULIN	52	ifosfamide	15, 16
haloperidol decanoate.....	33	HUMULIN R REGULAR U-100 INSULN	52	ILARIS (PF)	63
haloperidol lactate	33	HUMULIN R U-500 (CONC) INSULIN	52	ILEVRO	73
HARVONI	3	HUMULIN R U-500 (CONC) KWIKPEN.....	53	imatinib.....	16
HAVRIX (PF)	64	hydralazine	38	IMBRUVICA	16
heather	68	hydrochlorothiazide.....	38	IMFINZI	16
heparin (porcine)	41	hydrocodone-acetaminophen.....	27	imipenem-cilastatin	8
heparin (porcine) in 5 % dex	40, 41	hydrocodone-ibuprofen	27	imipramine hcl.....	33
heparin (porcine) in nacl (pf).....	41	hydrocortisone	47, 51, 59	imipramine pamoate	33
heparin(porcine) in 0.45% nacl	41	hydrocortisone butyrate.....	47	imiquimod.....	44
HEPARIN(PORCINE) IN 0.45% NACL.....	41	hydrocortisone-acetic acid....	50	IMOVAX RABIES VACCINE (PF).....	65
heparin, porcine (pf).....	41	hydrocortisone-pramoxine....	59	IMPAVIDO	8
HEPARIN, PORCINE (PF) ..	41	hydromorphone	27, 28	incassia	68
HEPATAMINE 8%	82	hydromorphone (pf)	27	INCRELEX	49
HERCEPTIN.....	15	hydroxychloroquine.....	8	indapamide	38
HERCEPTIN HYLECTA	15	hydroxyprogesterone caproate	68	INFANRIX (DTAP) (PF).....	65
HETLIOZ	33	hydroxyurea.....	15	INFUGEM.....	16
HIBERIX (PF)	64	hydroxyzine hcl	74	INLYTA	16
HIZENTRA.....	64	HYPERHEP B S/D	65	INREBIC	16
HUMALOG JUNIOR KWIKPEN U-100	52			INSULIN PEN NEEDLE	53
HUMALOG KWIKPEN INSULIN	52			INSULIN SYRINGE (DISP) U-100	53
HUMALOG MIX 50-50 INSULN U-100	52			INTELENCE	3
HUMALOG MIX 50-50 KWIKPEN	52			intralipid	82
HUMALOG MIX 75-25 KWIKPEN	52			INTRON A	63
HUMALOG MIX 75-25(U-100)INSULN.....	52			introvale.....	70

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

IONOSOL-MB IN D5W	82	KALYDECO	76	LANTUS SOLOSTAR U-100	
IOPIDINE.....	74	KANJINTI.....	16	INSULIN	53
IPOL	65	KANUMA	56	LANTUS U-100 INSULIN ..	53
ipratropium bromide.....	50, 76	kariva (28)	70	larin 1.5/30 (21)	70
ipratropium-albuterol	76	KAZANO	53	larin 1/20 (21)	70
irbesartan	38	kelnor 1/35 (28)	70	larin 24 fe.....	70
irbesartan-hydrochlorothiazide		kelnor 1-50	70	larin fe 1.5/30 (28)	70
.....	38	KEPIVANCE	12	larin fe 1/20 (28)	70
IRESSA	16	KERYDIN	46	larissia.....	70
irinotecan	16	ketoconazole	2, 46	LASTACRAFT	72
ISENTRESS	3	ketoprofen.....	30	latanoprost	73
ISENTRESS HD	3	ketorolac	73	LATUDA.....	33
isibloom.....	70	KEYTRUDA	16	leflunomide.....	67
ISOLYTE S PH 7.4.....	82	KHAPZORY	12	LEMTRADA.....	25
ISOLYTE-P IN 5 %		KINRIX (PF).....	65	LENVIMA.....	16
DEXTROSE	82	kionex (with sorbitol)	49	lessina	70
ISOLYTE-S.....	82	KISQALI	16	LETAIRIS	76
isoniazid	8	KISQALI FEMARA CO-		letrozole	16
isosorbide dinitrate	43	PACK	16	leucovorin calcium	12
isosorbide mononitrate	43	klor-con	79	LEUKERAN.....	16
isotretinoin.....	45	klor-con 10	79	LEUKINE.....	63
isradipine	38	klor-con 8	79	leuprolide.....	16
ISTODAX	16	klor-con m10	79	levalbuterol hcl	76
itraconazole	2	klor-con m15	79	levetiracetam.....	22
ivermectin.....	8	klor-con m20	79	levetiracetam in nacl (iso-os)22	
IXEMPRA.....	16	klor-con sprinkle.....	79	levobunolol.....	72
IXIARO (PF).....	65	klor-con/ef.....	79	levocarnitine	49
J		KOMBIGLYZE XR.....	53	levocarnitine (with sugar)....	49
JAKAFI	16	KORLYM.....	56	levocetirizine	74
jantoven	41	K-PHOS NO 2.....	78	levofloxacin	11, 72
JANUMET	53	K-PHOS ORIGINAL	78	levofloxacin in d5w	11
JANUMET XR.....	53	KRYSTEXXA.....	66	levoleucovorin calcium	12
JANUVIA	53	k-tab.....	79	levonest (28)	70
JARDIANCE.....	53	K-TAB.....	79	levonorgestrel-ethinyl estrad	70
jasmiel (28).....	70	kurvelo (28)	70	levonorg-eth estrad triphasic	70
jencycla.....	68	KUVAN.....	56	levora-28.....	70
JENTADUETO	53	KYPROLIS	16	levorphanol tartrate.....	28
JENTADUETO XR.....	53	L		levothyroxine.....	57, 58
JETREA (PF)	72	l norgest/e.estradiol-e.estrad.	70	levoxyl	58
JEVTANA	16	labetalol	38	LEXIVA	4
jolessa.....	70	lactated ringers	48, 79	LIBTAYO.....	16
juleber.....	70	lactulose.....	59	lidocaine	44
JULUCA	3	lamivudine	3	lidocaine (pf) in d7.5w	36
JUXTAPID.....	42	lamivudine-zidovudine	3	lidocaine (pf)	36, 44
K		lamotrigine.....	22	lidocaine hcl.....	44
KADCYLA	16	LANOXIN.....	43	lidocaine in 5 % dextrose (pf)	
KALETRA	3	lansoprazole.....	61	.....	36
kalliga.....	70	lanthanum	49	lidocaine viscous	44

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

lidocaine-epinephrine	45	LUPRON DEPOT (6	mesna	12
lidocaine-prilocaine	45	MONTH)	MESNEX	12
lillow (28)	70	LUPRON DEPOT-PED	MESTINON	26
lincomycin	8	LUPRON DEPOT-PED (3	metadate er	34
lindane	48	MONTH)	metaproterenol	76
linezolid	8	lutra (28)	metformin	53, 54
linezolid in dextrose 5%	8	LYNPARZA	methadone	28
linezolid-0.9% sodium chloride		LYRICA	methadone intensol	28
.....	8	LYSODREN	methadose	28
LINZESS	59	lyza	methazolamide	73
LIORESAL	26	M	methenamine hippurate	11
liothyronine	58	mafenide acetate	methenamine mandelate	11
lisinopril	38	magnesium chloride	methergine	71
lisinopril-hydrochlorothiazide		magnesium sulfate	methimazole	51
.....	38	79, 80	methotrexate sodium	17
lithium carbonate	33	MAGNESIUM SULFATE IN	methotrexate sodium (pf)	17
lithium citrate	33	D5W	methoxsalen	45
LIVALO	42	magnesium sulfate in water ..	methylclothiazide	38
LOKELMA	49	79	methyldopa	38
LONSURF	16	malathion	methylergonovine	71
loperamide	58	48	methylphenidate hcl	34
lopinavir-ritonavir	4	mannitol 20 %	methylprednisolone	51
lorazepam	33, 34	38	methylprednisolone acetate ..	51
lorazepam intensol	33	mannitol 25 %	methylprednisolone sodium	
LORBRENA	16	38	succ	51
lorcet (hydrocodone)	28	maprotiline	methyltestosterone	56
lorcet hd	28	34	metoclopramide hcl	59
lorcet plus	28	marlissa (28)	metolazone	38
loryna (28)	70	70	metoprolol succinate	38
losartan	38	MARPLAN	metoprolol ta-hydrochlorothiaz	
losartan-hydrochlorothiazide	38	34	.....	38
LOTEMAX	73	MARQIBO	metoprolol tartrate	38
LOTEMAX SM	74	17	metro i.v.	8
loteprednol etabonate	74	MATULANE	metronidazole	8, 45, 69
lovastatin	42	38	metronidazole in nacl (iso-os)	8
low-ogestrel (28)	70	meclizine	mexiletine	36
loxapine succinate	34	59	MIACALCIN	56
lo-zumandimine (28)	70	meclofenamate	miconazole-3	69
LUCENTIS	72	30	microgestin 1.5/30 (21)	70
LUMIGAN	73	medroxyprogesterone	microgestin 1/20 (21)	70
LUMIZYME	56	68	microgestin fe 1.5/30 (28)	70
LUMOXITI	16	mefenamic acid	microgestin fe 1/20 (28)	70
LUPRON DEPOT	16	30	midodrine	49
LUPRON DEPOT (3		mefloquine	mifepristone	69
MONTH)	16	8	migergot	24
LUPRON DEPOT (4		megestrol	miglitol	54
MONTH)	16	17	miglustat	56
		MEKINIST	mili	70
		17		
		MEKTOVI		
		17		
		meloxicam		
		30		
		melphalan		
		17		
		melphalan hcl		
		17		
		memantine		
		25		
		MENACTRA (PF)		
		65		
		MENEST		
		69		
		MENVEO A-C-Y-W-135-DIP		
		(PF)		
		65		
		MEPSEVII		
		56		
		mercaptapurine		
		17		
		meropenem		
		8		
		mesalamine		
		59		
		mesalamine with cleansing		
		wipe		
		59		

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

millipred	51	nafcillin in dextrose iso-osm	10	nilutamide	17
millipred dp	51	naftifine	46	nimodipine	39
milrinone	43	NAFTIN	46	NINLARO	17
milrinone in 5 % dextrose	43	NAGLAZYME	56	nisoldipine	39
minocycline	11	nalbuphine	30	nitro-bid	43
minoxidil	39	naloxone	30	nitrofurantoin	11
miostat	73	naltrexone	30	nitrofurantoin macrocrystal ..	11
MIRENA	69	NAMZARIC	25	nitrofurantoin monohyd/m-	
mirtazapine	34	naproxen	30	cryst	12
misoprostol	61	naproxen sodium	30	nitroglycerin	43
MITIGARE	66	naratriptan	24	nitroglycerin in 5 % dextrose	43
mitomycin	17	NARCAN	30	nizatidine	61
mitoxantrone	17	NATACYN	72	nolix	47
M-M-R II (PF)	65	nateglinide	54	nora-be	69
modafinil	34	NATPARA	56	NORDITROPIN FLEXPPO	63
moexipril	39	NEBUPENT	8	norepinephrine bitartrate	43
molindone	34	NEEDLES, INSULIN		norethindrone (contraceptive)	
mometasone	47, 76	DISP.,SAFETY	54	.....	69
mondoxylene nl	11	nefazodone	34	norethindrone acetate	69
mono-lynyah	70	neomycin	8	norethindrone ac-eth estradiol	
montelukast	76	neomycin-bacitracin-poly-hc	73	.....	69, 70
morgidox	11	neomycin-bacitracin-		norethindrone-e.estradiol-iron	
morphine	28, 29	polymyxin	72	.....	71
morphine (pf)	28	neomycin-polymyxin b gu	48	norgestimate-ethinyl estradiol	
morphine concentrate	28	neomycin-polymyxin b-		.....	71
MOVANTIK	59	dexameth	73	norlyda	69
MOVIPREP	59	neomycin-polymyxin-		norlyroc	69
moxifloxacin	11, 72	gramicidin	72	NORMOSOL-R	80
moxifloxacin-sod.chloride(iso)		neomycin-polymyxin-hc 50, 73		NORMOSOL-R IN 5 %	
.....	11	neo-polycin	72	DEXTROSE	80
MOZOBIL	63	neo-polycin hc	73	NORMOSOL-R PH 7.4	82
MULPLETA	41	neostigmine methylsulfate	26	NORTHERA	49
mupirocin	46	NEPHRAMINE 5.4 %	82	nortrel 0.5/35 (28)	71
mupirocin calcium	46	NERLYNX	17	nortrel 1/35 (21)	71
MVASI	17	NESINA	54	nortrel 1/35 (28)	71
MYALEPT	56	NEULASTA	63	nortrel 7/7/7 (28)	71
MYCAMINE	2	NEUPOGEN	63	nortriptyline	34
mycophenolate mofetil	17	NEUPRO	24	NORVIR	4
mycophenolate mofetil hcl ...	17	nevirapine	4	NOVOFINE 32	54
mycophenolate sodium	17	NEXAVAR	17	NOVOLOG FLEXPEN U-100	
MYLOTARG	17	NEXIUM PACKET	61	INSULIN	54
myorisan	45	NEXPLANON	69	NOVOLOG MIX 70-30 U-100	
MYRBETRIQ	78	niacin	42	INSULN	54
N		nicardipine	39	NOVOLOG MIX 70-	
nabumetone	30	NICOTROL	50	30FLEXPEN U-100	54
nadolol	39	NICOTROL NS	50	NOVOLOG PENFILL U-100	
nadolol-bendroflumethiazide	39	nifedipine	39	INSULIN	54
nafcillin	10	nikki (28)	70		

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

NOVOLOG U-100 INSULIN	oralone.....50	PASER.....8
ASPART.....54	ORENCIA.....67	PAXIL.....34
NOXAFIL.....2	ORENCIA (WITH	PAZEO.....73
NPLATE.....41	MALTOSE).....67	PEDIARIX (PF).....65
NUBEQA.....17	ORENCIA CLICKJECT.....67	PEDVAX HIB (PF).....65
NUEDEXTA.....25	ORFADIN.....49	peg 3350-electrolytes.....60
NULOJIX.....18	ORKAMBI.....76	PEGANONE.....23
NUPLAZID.....34	orsythia.....71	PEGASYS.....63
nyamyc.....46	oseltamivir.....4	PEGASYS PROCLICK.....63
nystatin.....2, 46	osmitrol 15 %.....39	peg-electrolyte.....60
nystatin-triamcinolone.....46	osmitrol 20 %.....39	PEGINTRON.....63
nystop.....46	OTEZLA.....67	penicillamine.....68
O	OTEZLA STARTER.....67, 68	PENICILLIN G POT IN
OALIVA.....59	OTOVEL.....50	DEXTROSE.....10
OCREVUS.....25	oxacillin.....10	penicillin g potassium.....10
octreotide acetate.....18	oxacillin in dextrose(iso-osm)	penicillin g procaine.....10
ODEFSEY.....4	10	penicillin g sodium.....10
ODOMZO.....18	oxaliplatin.....18	penicillin v potassium.....10
OFEV.....76	oxandrolone.....56	PENTACEL (PF).....65
ofloxacin.....11, 50, 72	oxaprozin.....30	PENTAM.....8
ogestrel (28).....71	oxcarbazepine.....23	pentamidine.....8
okebo.....11	OXERVATE.....72	PENTASA.....60
olanzapine.....34	oxiconazole.....46	pentoxifylline.....41
olanzapine-fluoxetine.....34	oxybutynin chloride.....78	PERFOROMIST.....76
olmesartan.....39	oxycodone.....29	perindopril erbumine.....39
olmesartan-amlodipin-	oxycodone-acetaminophen...29	periogard.....50
hcthiamid.....39	oxycodone-aspirin.....29	PERJETA.....18
olmesartan-	OXYCONTIN.....29	permethrin.....48
hydrochlorothiazide.....39	oxymorphone.....29	perphenazine.....34
olopatadine.....50, 72	oxytocin.....71	PERSERIS.....34
omeprazole.....61, 62	OZEMPIC.....54	pfizerpen-g.....10
OMNIPOD DASH INSULIN	OZURDEX.....74	phenelzine.....34
POD.....54	P	phenobarbital.....23
OMNIPOD INSULIN	pacerone.....36	phenobarbital sodium.....23
MANAGEMENT.....54	paclitaxel.....18	phenoxybenzamine.....39
OMNIPOD INSULIN REFILL	paliperidone.....34	phentolamine.....39
.....54	palonosetron.....60	phenytoin.....23
OMNITROPE.....63	PALYNZIQ.....56, 57	phenytoin sodium.....23
ONCASPAR.....18	pamidronate.....57	phenytoin sodium extended..23
ondansetron.....59	PANRETIN.....45	philith.....71
ondansetron hcl.....59, 60	pantoprazole.....62	PHOSPHOLINE IODIDE....73
ondansetron hcl (pf).....59	paregoric.....58	PICATO.....45
ONFI.....23	paricalcitol.....57	PIFELTRO.....4
ONGLYZA.....54	paroex oral rinse.....50	pilocarpine hcl.....49, 73
ONIVYDE.....18	paromomycin.....8	pimecrolimus.....45
OPDIVO.....18	paroxetine hcl.....34	pimozide.....34
opium tincture.....58	paroxetine	pimtree (28).....71
OPSUMIT.....76	mesylate(menop.sym).....34	pindolol.....39

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

pioglitazone	54	POTELIGEO	18	PROLASTIN-C	49
pioglitazone-glimepiride	54	PRADAXA.....	41	PROLENSA	73
pioglitazone-metformin	54	PRALUENT PEN.....	42	PROLEUKIN	64
piperacillin-tazobactam	11	pramipexole	24	PROLIA.....	66
PIQRAY	18	prasugrel	41	PROMACTA.....	41
pirmella.....	71	pravastatin	42	promethazine	74
piroxicam.....	30	praziquantel	8	propafenone	36
plasbumin 25 %.....	79	prazosin	39	propranolol	39
plasbumin 5 %.....	79	prednicarbate	47	propranolol-hydrochlorothiazid	
PLASMA-LYTE 148	82	prednisolone	51	.....	39
PLASMA-LYTE A	82	prednisolone acetate	74	propylthiouracil	51
plasmanate.....	82	prednisolone sodium phosphate		PROQUAD (PF).....	65
PLEGRIDY	63	.....	51, 74	protamine	41
plenamine	82	prednisone	51	protriptyline	34
podofilox	45	prednisone intensol.....	51	prudoxin.....	45
POLIVY	18	pregabalin	23	PULMICORT FLEXHALER	
polocaine	45	PREMARIN	69	.....	77
polocaine-mpf	45	premasol 10 %.....	82	PULMOZYME.....	77
polycin.....	72	PREMASOL 6 %	82	PURIXAN	18
polyethylene glycol 3350	60	prenatal vitamin oral tablet...	82	PYLERA.....	62
polymyxin b sulfate.....	8	prevalite	42	pyrazinamide	8
polymyxin b sulf-trimethoprim		PREVIDENT 5000 BOOSTER		pyridostigmine bromide.....	26
.....	72	PLUS	50	Q	
POMALYST	18	previfem.....	71	QNASL.....	77
portia 28.....	71	PREVYMIS.....	4	QUADRACEL (PF)	65
PORTRAZZA	18	PREZCOBIX.....	4	quetiapine	34, 35
posaconazole	2	PREZISTA	4	quinapril.....	39
potassium acetate.....	80	PRIFTIN.....	8	quinapril-hydrochlorothiazide	
potassium chlorid-d5-		PRIMAQUINE.....	8	.....	39
0.45%nacl.....	80	primidone.....	23	quinidine gluconate	36
potassium chloride.....	80	PRIVIGEN	65	quinidine sulfate	36
potassium chloride in 0.9%nacl		probenecid	66	quinine sulfate	8
.....	80	probenecid-colchicine	66	QVAR REDHALER	77
potassium chloride in 5 % dex		procainamide	36	R	
.....	80	procentra.....	34	RABAVERT (PF)	65
potassium chloride in lr-d5...	80	prochlorperazine.....	60	RADICAVA	25
potassium chloride in water..	80	prochlorperazine edisylate....	60	RAGWITEK.....	65
potassium chloride-0.45 % nacl		prochlorperazine maleate oral		raloxifene.....	66
.....	80	.....	60	ramelteon	35
potassium chloride-d5-		PROCRIT	64	ramipril	39
0.2%nacl.....	80	procto-med hc.....	60	RANEXA	43
potassium chloride-d5-		procto-pak.....	60	ranitidine hcl.....	62
0.3%nacl.....	81	proctosol hc	60	ranolazine	43
potassium chloride-d5-		proctozone-hc	60	RAPAFLO.....	78
0.9%nacl.....	81	progesterone	69	RAPAMUNE.....	18
potassium citrate.....	78	progesterone micronized	69	rasagiline.....	24
potassium phosphate m-/d-		PROGLYCEM	54	RASUVO (PF).....	68
basic.....	81	PROGRAF	18	RAVICTI.....	49

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

REBETOL.....	4	rivastigmine tartrate.....	25	SIMPONI ARIA.....	68
REBIF (WITH ALBUMIN).....	64	rizatriptan.....	24	SIMULECT.....	18, 19
REBIF REBIDOSE.....	64	ROMIDEPSIN.....	18	simvastatin.....	42
REBIF TITRATION PACK.....	64	ropinirole.....	24	sirolimus.....	19
reclipsen (28).....	71	rosadan.....	45	SIRTURO.....	9
RECOMBIVAX HB (PF).....	65	rosuvastatin.....	42	SKLICE.....	48
RECTIV.....	60	ROTARIX.....	65	SKYRIZI.....	44
regonol.....	26	ROTATEQ VACCINE.....	65	sodium acetate.....	81
REGRANEX.....	45	roweepra.....	23	sodium benzoate-sod	
RELENZA DISKHALER.....	4	roweepra xr.....	23	phenylacet.....	49
RELISTOR.....	60	ROZEREM.....	35	sodium bicarbonate.....	81
REMICADE.....	60	ROZLYTREK.....	18	sodium chloride.....	49, 81
REMODULIN.....	39	RUBRACA.....	18	sodium chloride 0.45 %.....	81
RENACIDIN.....	79	RYDAPT.....	18	sodium chloride 0.9 %.....	49
repaglinide.....	54	S		sodium chloride 3 %.....	81
repaglinide-metformin.....	54	SABRIL.....	23	sodium chloride 5 %.....	81
REPATHA.....	42	salsalate.....	30	sodium fluoride 5000 plus.....	50
REPATHA PUSHTRONEX.....	42	SAMSCA.....	57	sodium lactate intravenous.....	81
REPATHA SURECLICK.....	42	SANCUSO.....	60	sodium nitroprusside.....	43
RESCRIPTOR.....	4	SANDIMMUNE.....	18	sodium phenylbutyrate.....	49
RESTASIS.....	73	SANDOSTATIN LAR		sodium phosphate.....	81
RESTASIS MULTIDOSE.....	73	DEPOT.....	18	sodium polystyrene sulfonate	
RETACRIT.....	64	SANTYL.....	45	.....	49
RETROVIR.....	4	SAPHRIS.....	35	solifenacin.....	78
REVCovi.....	49	SAVELLA.....	68	SOLIQUEA 100/33.....	55
REVLIMID.....	18	scopolamine base.....	60	SOLIRIS.....	49
revonto.....	26	SEGLUROMET.....	55	SOLTAMOX.....	19
REXULTI.....	35	selegiline hcl.....	24	SOMATULINE DEPOT.....	19
REYATAZ.....	4	selenium sulfide.....	44	SOMAVERT.....	57
RHOPRESSA.....	73	SELZENTRY.....	4	sorine.....	36, 37
ribasphere.....	4	SENSIPAR.....	57	sotalol.....	37
ribasphere ribapak.....	4	SEREVENT DISKUS.....	77	sotalol af.....	37
ribavirin.....	4	sertraline.....	35	SOTYLIZE.....	37
RIDAURA.....	68	setlakin.....	71	SPIRIVA RESPIMAT.....	77
rifabutin.....	9	sevelamer carbonate.....	49	SPIRIVA WITH	
rifampin.....	9	sevelamer hcl.....	49	HANDIHALER.....	77
riluzole.....	49	sf 50		spironolactone.....	39
rimantadine.....	4	sf 5000 plus.....	50	spironolacton-hydrochlorothiaz	
ringer's.....	48, 81	sharobel.....	69	.....	39
RINVOQ ER.....	68	SHINGRIX (PF).....	65	SPORANOX.....	2
RIOMET.....	54	SIGNIFOR.....	18	sprintec (28).....	71
risedronate.....	49, 66	SIKLOS.....	18	SPRITAM.....	23
RISPERDAL CONSTA.....	35	sildenafil (pulmonary arterial		SPRYCEL.....	19
risperidone.....	35	hypertension).....	77	sps (with sorbitol).....	49
ritonavir.....	4	silodosin.....	78	sronyx.....	71
RITUXAN.....	18	silver sulfadiazine.....	45	ssd.....	45
RITUXAN HYCELA.....	18	SIMBRINZA.....	73	STAMARIL (PF).....	65
rivastigmine.....	25	SIMPONI.....	68	stavudine.....	4

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

STEGLATRO.....	55	SYNERCID	9	testosterone	57
STELARA.....	44	SYNJARDY	55	testosterone cypionate	57
STIMATE	57	SYNJARDY XR.....	55	testosterone enanthate.....	57
STIOLTO RESPIMAT	77	SYNRIBO	19	TETANUS,DIPHThERIA	
STIVARGA.....	19	T		TOX PED(PF)	65
STRENSIQ.....	57	TABLOID	19	tetrabenazine.....	25
STREPTOMYCIN	9	tacrolimus	19, 45	tetracycline	11
STRIBILD	4	tadalafil	79	THALOMID.....	19
STRIVERDI RESPIMAT	77	tadalafil (pulmonary arterial		THEO-24	77
SUBOXONE	31	hypertension) oral tablet 20		theophylline	78
subvenite.....	23	mg.....	77	theophylline in dextrose 5 %	77
subvenite starter (blue) kit....	23	TAFINLAR	19	THIOLA	49
subvenite starter (green) kit..	23	TAGRISSO	19	THIOLA EC	49
subvenite starter (orange) kit	23	TALZENNA.....	19	thioridazine	35
SUCRAID	60	tamoxifen.....	19	thiotepa	19
sucralfate	62	tamsulosin.....	78	thiothixene	35
sulfacetamide sodium.....	73	TARCEVA	19	tiagabine	23
sulfacetamide sodium (acne)	46	TARGRETIN	19	TIBSOVO.....	19
sulfacetamide-prednisolone..	73	tarina 24 fe.....	71	TICE BCG	65
sulfadiazine.....	11	tarina fe 1/20 (28).....	71	tigecycline.....	9
sulfamethoxazole-trimethoprim		tarina fe 1-20 eq (28).....	71	tilia fe.....	71
.....	11	TASIGNA	19	timolol maleate	39, 72
SULFAMYLON	46	tazarotene.....	45	tinidazole	9
sulfasalazine	60	tazicef	6	TIVICAY.....	4, 5
sulfatrim	11	TAZORAC	45	tizanidine	26
sulindac.....	31	taztia xt	39	TOBI PODHALER	9
sumatriptan	24	TDVAX	65	tobramycin	72
sumatriptan succinate	25	TECENTRIQ.....	19	tobramycin in 0.225 % nacl....	9
sumatriptan-naproxen.....	25	TECFIDERA	25	tobramycin sulfate	9
SUPRAX	6	TECHLITE INSULIN SYR		tobramycin-dexamethasone ..	73
SUPREP BOWEL PREP KIT		HALF UNIT	55	TOLAK.....	45
.....	60	TECHLITE INSULIN		tolazamide.....	55
SUTENT	19	SYRINGE.....	55	tolbutamide	55
syeda.....	71	TEFLARO	6	tolcapone.....	24
SYLATRON.....	64	TEKTURNA	39	tolmetin.....	31
SYLVANT	19	TEKTURNA HCT	39	tolterodine.....	78
SYMBICORT	77	telmisartan	39	topiramate	23
SYMDEKO	77	telmisartan-amlodipine	39	toposar	19
SYMFI.....	4	telmisartan-hydrochlorothiazid		topotecan.....	19
SYMFI LO	4	.....	39	toremifene.....	19
SYMJEPI.....	74	TEMODAR	19	TORISEL.....	19
SYMLINPEN 120	55	temsirolimus	19	torsemide	39
SYMLINPEN 60	55	TENIVAC (PF)	65	TOUJEO MAX U-300	
SYMPAZAN.....	23	tenofovir disoproxil fumarate.	4	SOLOSTAR	55
SYMPROIC	60	terazosin.....	39	TOUJEO SOLOSTAR U-300	
SYMITUZA	4	terbinafine hcl.....	2	INSULIN	55
SYNAGIS	4	terbutaline	77	TOVIAZ	78
SYNAREL	57	terconazole.....	69	TRACLEER	78

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

TRADJENTA.....	55	TRUMENBA.....	65	velettri.....	40
tramadol.....	31	TRUVADA	5	velivet triphasic regimen (28)	
tramadol-acetaminophen	31	TUDORZA PRESSAIR	78	.....	71
trandolapril	39	tulana	69	VELTASSA.....	49
trandolapril-verapamil	39	TWINRIX (PF).....	65	VEMLIDY.....	5
tranexamic acid	69	TYKERB.....	20	VENCLEXTA	20
TRANSDERM-SCOP	60	TYMLOS.....	66	VENCLEXTA STARTING	
tranylcypromine	35	TYPHIM VI	65	PACK	20
travasol 10 %.....	82	TYSABRI.....	25	venlafaxine	35
TRAVATAN Z	73	TYVASO.....	78	VENTOLIN HFA	78
trazodone	35	TYVASO INSTITUTIONAL		verapamil	40
TREANDA.....	20	START KIT.....	78	VERSACLOZ.....	35
TRECTOR.....	9	TYVASO REFILL KIT.....	78	VERZENIO	20
TRELSTAR.....	20	TYVASO STARTER KIT ..	78	VESICARE.....	78
treprostinil sodium.....	40	U		V-GO 20	55
tretinoin (chemotherapy)	20	ULORIC	66	V-GO 30	55
tretinoin topical	45	unithroid	58	V-GO 40	55
tri femynor.....	71	UNITUXIN	20	VIBATIV.....	9
triamcinolone acetonide 47, 50,		UPTRAVI.....	40	VIBERZI	60
51		ursodiol	60	VIBRAMYCIN	11
triamterene.....	40	UVADEX	45	vicodin es.....	29
triamterene-hydrochlorothiazid		V		vicodin hp	29
.....	40	valacyclovir	5	VICTOZA 2-PAK	55
trianex.....	47	VALCHLOR	45	VICTOZA 3-PAK	55
triderm	47	valganciclovir	5	VIDEX 2 GRAM PEDIATRIC	
trientine.....	49	valproate sodium	23	.....	5
tri-estarylla	71	valproic acid	23	VIDEX 4 GRAM PEDIATRIC	
trifluoperazine	35	valproic acid (as sodium salt)		.....	5
trifluridine.....	72	.....	24	VIDEX EC.....	5
tri-legest fe.....	71	valrubicin.....	20	vienva	71
tri-lynyah.....	71	valsartan.....	40	vigabatrin.....	24
tri-lo-estarylla	71	valsartan-hydrochlorothiazide		vigadrone	24
tri-lo-marzia.....	71	.....	40	VIIBRYD	35
tri-lo-sprintec	71	VALSTAR.....	20	VIMIZIM.....	57
trilyte with flavor packets.....	60	vancomycin	9	VIMPAT.....	24
trimethoprim.....	12	VANCOMYCIN	9	vinblastine.....	20
trimipramine	35	VANCOMYCIN IN 0.9 %		vincristine	20
TRINTELLIX.....	35	SODIUM CHL	9	vinorelbine.....	20
tri-previfem (28).....	71	vandazole.....	69	VIOKACE	60
TRISENOX	20	VANTAS.....	20	viorele (28)	71
tri-sprintec (28).....	71	VAQTA (PF).....	66	VIRACEPT.....	5
TRIUMEQ.....	5	VARIVAX (PF)	66	VIRAMUNE.....	5
trivora (28).....	71	VARIZIG.....	66	VIREAD	5
TROGARZO	5	VARUBI.....	60	VISTOGARD	12
TROPHAMINE 10 %	82	VASCEPA.....	42	VITRAKVI.....	20
TROPHAMINE 6%	82	VECAMEYL	43	VIVITROL	31
trospium.....	78	VECTIBIX	20	VIZIMPRO.....	20
TRULICITY	55	VELCADE	20	voriconazole	2

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

VOTRIENT.....	20	XTANDI.....	20	ziprasidone hcl.....	36
VRAYLAR.....	36	xulane.....	69	ZIRGAN.....	72
VYNDAQEL.....	43	XURIDEN.....	49	ZOLADEx.....	20
VYXEOS.....	20	XYREM.....	36	zoledronic acid.....	57
W		Y		zoledronic acid-mannitol-water	
warfarin.....	41	YERVOY.....	20	.....	49, 57
water for irrigation, sterile....	49	YF-VAX (PF).....	66	ZOLINZA.....	21
wera (28).....	71	YONDELIS.....	20	zolmitriptan.....	25
X		YONSA.....	20	zolpidem.....	36
XALKORI.....	20	yuvafer.....	69	zonisamide.....	24
XARELTO.....	41	Z		ZONTIVITY.....	41
XATMEP.....	20	zafirlukast.....	78	ZORTRESS.....	21
XELJANZ.....	68	zaleplon.....	36	ZOSTAVAX (PF).....	66
XELJANZ XR.....	68	ZALTRAP.....	20	zovia 1/35e (28).....	71
XERESE.....	46	ZANOSAR.....	20	ZOVIRAX.....	46
XERMELO.....	20	zarah.....	71	ZUBSOLV.....	31
XGEVA.....	12	ZARXIO.....	64	zumandimine (28).....	71
XIAFLEX.....	49	ZEJULA.....	20	ZYCLARA.....	45
XIFAXAN.....	9	ZELBORAF.....	20	ZYDELIG.....	21
XIGDUO XR.....	55	zenatane.....	45	ZYFLO.....	78
XOFLUZA.....	5	ZENPEP.....	61	ZYKADIA.....	21
XOLAIR.....	78	ZENZEDI.....	36	ZYLET.....	73
XOSPATA.....	20	zidovudine.....	5	ZYPREXA RELPREVV.....	36
XPOVIO.....	20	ZIOPTAN (PF).....	73	ZYTIGA.....	21

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

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

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.

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)。