

Mutual of Omaha Rx (PDP) 2020 Formulary (List of Covered Drugs)

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

Formulary ID Number: 20193, Version 13

This formulary was updated on 11/23/2020. For more recent information or other questions, please contact **Mutual of Omaha RxSM** (PDP) Customer Service at **1.855.864.6797** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit **MutualofOmahaRx.com**.

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 Omaha Health Insurance Company (Omaha Life and Health Insurance Company in California). When it says “plan” or “our plan,” it means Mutual of Omaha Rx.

This document includes a list of the drugs (formulary) for our plan, which is current as of November 23, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.855.864.6797** (TTY: **1.800.716.3231**).

What is the Mutual of Omaha Rx Formulary?

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

Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Mutual of Omaha Rx may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Mutual of Omaha Rx Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Mutual of Omaha Rx Formulary?”

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

The enclosed formulary is current as of November 23, 2020. To get updated information about the drugs covered by Mutual of Omaha Rx, 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 1. 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 1. 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 79. 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?

Mutual of Omaha Rx 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:** Mutual of Omaha Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Mutual of Omaha Rx before you fill your prescriptions. If you don't get approval, Mutual of Omaha Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Mutual of Omaha Rx limits the amount of the drug that Mutual of Omaha Rx will cover. For example, Mutual of Omaha Rx provides two inhalers (17 grams) for a 1-month supply per prescription for PROAIR[®] HFA. This may be in addition to a standard 1-month or 3-month supply.

- **Step Therapy:** In some cases, Mutual of Omaha Rx 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, Mutual of Omaha Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mutual of Omaha Rx 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 1. 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 Mutual of Omaha Rx 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 Mutual of Omaha Rx Formulary?” below 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 Customer Service and ask if your drug is covered.

If you learn that Mutual of Omaha Rx does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Mutual of Omaha Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Mutual of Omaha Rx.
- You can ask Mutual of Omaha Rx 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 Mutual of Omaha Rx Formulary?

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

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

Generally, Mutual of Omaha Rx 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, tiering or utilization restriction exception. **When you request a formulary, tiering 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 believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

Other times when we will cover a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- 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

If you are entering a long-term care facility, we will cover a 31-day transition supply.

The plan will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048. Or, visit <http://www.medicare.gov>.

Mutual of Omaha Rx's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Mutual of Omaha Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUMET®) and generic drugs are listed in lowercase italics (e.g., *omeprazole*).

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

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

HRM: High-Risk Medication. These medications will require prior authorization for patients 65 years of age or older. Medical experts have determined that these drugs may cause more side effects in those patients. If you are 65 or over and taking one or more of these drugs, ask your doctor if there are safer alternatives available.

GC: Gap Coverage. We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult the *Pharmacy Directory* or call Customer Service at **1.855.864.6797**, 24 hours a day, 7 days a week. TTY users, call **1.800.716.3231**.

MO: Mail-Order Drug. This prescription drug is available through our home delivery pharmacy service, as well as through our retail network pharmacies. Consider using mail order for your long-term medications (the kind you take regularly, 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 doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. 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 a certain drug 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.

Your costs

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

- **Your coverage stage.** Mutual of Omaha Rx 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 below explains what types of drugs are included in each tier and shows how costs may change with each tier.

The *Evidence of Coverage* 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. Please refer to the “*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider)*” to find out what your costs are or you may contact Customer Service for more information.

Drug Tiers

Tier	Description
Tier 1: Preferred Generic Drugs	This tier includes commonly prescribed generic drugs. Use Tier 1 drugs for the lowest copayments.
Tier 2: Generic Drugs	This tier includes generic drugs. Use Tier 2 drugs to keep your copayments low.
Tier 3: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as generic drugs. Drugs in this tier will generally have lower copayments than non-preferred drugs.
Tier 4: Non-Preferred Drugs	This tier includes non-preferred brand-name drugs as well as generic drugs. There may be lower-cost alternatives for you. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you. Drugs in this tier are limited to up to a 30-day supply from either your local retail network pharmacy or from our network home delivery service.
Tier 5: Specialty Tier Drugs	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. Drugs in this tier are limited to up to a 30-day supply from either your local retail network pharmacy or from our network home delivery service.

Key

The abbreviations listed below 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. You can find information on what the symbols and abbreviations on these tables mean by going to page v.

B/D PA: Part B or Part D Prior Authorization	MO: Mail-Order Drug
HRM: High-Risk Medication	PA: Prior Authorization
GC: Gap Coverage	QL: Quantity Limit
LA: Limited Availability	ST: Step Therapy

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>	3	MO
CRESEMBA INTRAVENOUS	5	PA
CRESEMBA ORAL	5	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA
<i>fluconazole oral suspension for reconstitution</i>	3	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral solution</i>	3	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	
MYCAMINE	5	MO
NOXAFIL ORAL SUSPENSION	5	MO; QL (840 per 30 days)
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	5	MO; QL (93 per 28 days)
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (drlec)</i>	5	MO; QL (93 per 28 days)
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	4	PA; MO
<i>voriconazole oral</i>	5	MO
ANTIVIRALS		
<i>abacavir oral solution</i>	3	MO; QL (900 per 30 days)
<i>abacavir oral tablet</i>	4	MO; QL (60 per 30 days)
<i>abacavir-lamivudine</i>	4	MO; QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	5	MO; QL (60 per 30 days)
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>amantadine hcl oral capsule</i>	4	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	4	MO
APTIVUS	4	MO; QL (120 per 30 days)
APTIVUS (WITH VITAMIN E)	4	QL (300 per 30 days)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	5	MO; QL (30 per 30 days)
<i>atazanavir oral capsule 200 mg</i>	5	MO; QL (60 per 30 days)
ATRIPLA	5	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION	5	MO; QL (600 per 30 days)
BIKTARVY	5	MO
<i>cidofovir</i>	4	B/D PA; MO
CIMDUO	4	MO
COMPLERA	4	MO; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	MO; QL (90 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	MO; QL (180 per 30 days)
DELSTRIGO	4	MO

Drug Name	Drug Tier	Requirements/Limits
DESCOVY	5	MO; QL (30 per 30 days)
<i>didanosine oral capsule, delayed release (drlec) 250 mg, 400 mg</i>	4	MO; QL (30 per 30 days)
DOVATO	5	MO
EDURANT	4	MO; QL (60 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	5	MO; QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	3	MO; QL (180 per 30 days)
<i>efavirenz oral tablet</i>	5	MO; QL (30 per 30 days)
<i>emtricitabine</i>	3	MO; QL (30 per 30 days)
EMTRIVA ORAL CAPSULE	3	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	MO; QL (720 per 30 days)
<i>entecavir</i>	4	MO; QL (30 per 30 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
EVOTAZ	4	MO; QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	4	MO; QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	4	MO; QL (21 per 30 days)
<i>fosamprenavir</i>	5	MO; QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QL (60 per 30 days)
<i>ganciclovir sodium</i>	4	B/D PA; MO
GENVOYA	5	MO; QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO
HARVONI ORAL TABLET 45-200 MG	5	MO
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INTELENCE ORAL TABLET 25 MG	4	MO; QL (180 per 30 days)
INVIRASE ORAL TABLET	5	MO; QL (120 per 30 days)
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET	5	MO; QL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO; QL (180 per 30 days)
JULUCA	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO; QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	MO; QL (180 per 30 days)
<i>lamivudine oral solution</i>	3	MO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	4	MO; QL (30 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	MO; QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine</i>	3	MO; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION	4	MO; QL (1680 per 30 days)
<i>lopinavir-ritonavir</i>	5	MO
<i>nevirapine oral suspension</i>	3	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	3	MO; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	MO; QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET	4	MO
NORVIR ORAL SOLUTION	3	MO; QL (450 per 30 days)
ODEFSEY	5	MO; QL (30 per 30 days)
<i>oseltamivir oral capsule 30 mg</i>	3	MO; QL (168 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	3	MO; QL (84 per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	3	MO; QL (1080 per 365 days)
PIFELTRO	4	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX	4	MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	3	MO; QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	5	MO; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	MO; QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	5	MO; QL (30 per 30 days)
RELENZA DISKHALER	4	MO; QL (60 per 180 days)
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO; QL (240 per 30 days)
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO; QL (360 per 30 days)
RUKOBIA	4	MO
SELZENTRY ORAL SOLUTION	4	MO
SELZENTRY ORAL TABLET 150 MG, 75 MG	5	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL TABLET 25 MG	4	MO; QL (120 per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	MO; QL (120 per 30 days)
<i>stavudine oral capsule</i>	4	MO; QL (60 per 30 days)
STRIBILD	5	MO; QL (30 per 30 days)
SYMFI	4	MO
SYMFI LO	4	MO; QL (30 per 30 days)
SYMTUZA	4	MO
SYNAGIS	5	MO; LA
TEMIXYS	4	MO
<i>tenofovir disoproxil fumarate</i>	3	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QL (60 per 30 days)
TIVICAY PD	5	MO; QL (180 per 30 days)
TRIUMEQ	5	MO; QL (30 per 30 days)
TROGARZO	5	MO; LA
TRUVADA	5	MO; QL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir oral tablet 500 mg</i>	4	MO; QL (60 per 30 days)
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET 250 MG	4	MO; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	4	MO; QL (120 per 30 days)
VIREAD ORAL POWDER	5	MO; QL (225 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO; QL (30 per 30 days)
ZEPATIER	5	PA; MO; QL (28 per 28 days)
<i>zidovudine oral capsule</i>	3	MO; QL (180 per 30 days)
<i>zidovudine oral syrup</i>	3	MO; QL (1800 per 30 days)
<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	3	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	4	MO
<i>cefadroxil oral tablet</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	4	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	4	
<i>cefazolin intravenous</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
CEFEPIME IN DEXTROSE 5 %	4	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>cefepime injection</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin intravenous recon soln 10 gram</i>	4	
CEFTAZIDIME IN D5W	4	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	MO
<i>ceftazidime injection recon soln 6 gram</i>	4	
<i>ceftriaxone in dextrose, iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	3	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
<i>tazicef injection recon soln 1 gram</i>	4	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	4	MO
<i>tazicef intravenous</i>	4	
TEFLARO	4	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	4	MO
<i>azithromycin oral tablet</i>	2	MO
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	4	MO
<i>clarithromycin oral tablet</i>	4	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO; QL (120 per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	5	MO; QL (360 per 30 days)
ALINIA ORAL TABLET	5	MO; QL (14 per 30 days)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	MO
ARIKAYCE	5	PA; MO; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	3	MO
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam injection recon soln 1 gram</i>	4	MO
<i>aztreonam injection recon soln 2 gram</i>	3	MO
BENZNIDAZOLE	4	MO
CAPASTAT	4	
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate oral tablet 250 mg</i>	2	MO
<i>chloroquine phosphate oral tablet 500 mg</i>	4	MO
<i>clindamycin hcl</i>	2	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR	4	
<i>clindamycin in 5 % dextrose</i>	4	MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	4	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	MO
COARTEM	4	MO; QL (24 per 30 days)
<i>colistin (colistimethate na)</i>	4	MO
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	PA; MO
EMVERM	5	MO
<i>ethambutol oral tablet 100 mg</i>	2	MO
<i>ethambutol oral tablet 400 mg</i>	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml</i>	4	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 60 mg/50 ml, 80 mg/50 ml</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	MO
<i>gentamicin sulfate (ped) (pf)</i>	2	MO
<i>hydroxychloroquine</i>	3	MO
<i>imipenem-cilastatin</i>	4	MO
IMPAVIDO	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral</i>	3	MO
<i>linezolid in dextrose 5%</i>	4	
<i>linezolid oral suspension for reconstitution</i>	5	MO; QL (1800 per 30 days)
<i>linezolid oral tablet</i>	4	MO; QL (60 per 30 days)
<i>linezolid-0.9% sodium chloride</i>	4	
<i>mefloquine</i>	2	MO
<i>meropenem</i>	4	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	4	
<i>metro i.v.</i>	2	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral tablet</i>	2	MO
NEBUPENT	4	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	4	MO
PASER	4	MO
PENTAM	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine inhalation</i>	3	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	3	MO
<i>praziquantel</i>	3	MO
PRIFTIN	4	MO
<i>primaquine</i>	3	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	3	PA; MO; QL (42 per 30 days)
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	2	MO
<i>rifampin oral</i>	4	MO
SIRTURO ORAL TABLET 100 MG	5	PA; MO; LA
SIRTURO ORAL TABLET 20 MG	5	PA; LA
STREPTOMYCIN	4	MO
SYNERCID	5	
<i>tigecycline</i>	5	
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	
<i>tobramycin sulfate injection solution 10 mg/ml</i>	2	MO
<i>tobramycin sulfate injection solution 40 mg/ml</i>	4	MO
TRECTOR	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	4	MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4	
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg</i>	2	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	4	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM, 250 MG	4	
<i>vancomycin intravenous recon soln 10 gram, 5 gram, 500 mg, 750 mg</i>	4	MO
<i>vancomycin oral capsule 125 mg</i>	3	MO; QL (120 per 30 days)
<i>vancomycin oral capsule 250 mg</i>	5	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	
XIFAXAN ORAL TABLET 200 MG	4	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; 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 oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml, 400-57 mg/5 ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	4	MO
<i>ampicillin sodium intravenous</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	4	MO
BICILLIN L-A	4	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin injection recon soln 2 gram</i>	4	MO
<i>nafcillin intravenous recon soln 2 gram</i>	4	MO
<i>penicillin g potassium</i>	4	MO
<i>penicillin g procaine</i>	2	MO
<i>penicillin g sodium</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	4	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin</i>	4	
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5% dextrose</i>	4	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral</i>	2	MO
<i>sulfatrim</i>	2	MO
TETRACYCLINES		
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	3	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	MO
<i>doxycycline hyclate oral tablet 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	4	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet</i>	4	MO
<i>minocycline oral capsule</i>	2	MO
<i>mondoxylene nl oral capsule 100 mg, 75 mg</i>	4	MO
<i>morgidox oral capsule 100 mg</i>	2	MO
<i>morgidox oral capsule 50 mg</i>	3	MO
<i>tetracycline</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate</i>	3	MO
<i>nitrofurantoin</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	2	MO
<i>nitrofurantoin monohydrate-cryst</i>	4	MO
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
KEPIVANCE	5	MO
KHAPZORY	4	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>	3	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	3	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium intravenous solution</i>	4	B/D PA
<i>mesna</i>	4	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	MO
XGEVA	5	B/D PA; MO; QL (1.7 per 28 days)
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	4	PA; MO; QL (120 per 30 days)
ABRAXANE	5	B/D PA; MO
<i>adriamycin intravenous reconstituted 10 mg</i>	3	B/D PA; MO
<i>adriamycin intravenous solution</i>	3	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PA
AFINITOR	5	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	5	PA; MO; QL (90 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	5	PA; MO; QL (60 per 30 days)
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIMTA	5	B/D PA; MO
ALIQOPA	4	B/D PA; MO; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARRANON	3	B/D PA
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	4	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	4	B/D PA; MO
ARZERRA	5	B/D PA; MO
AVASTIN	3	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
AYVAKIT	4	PA; MO; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	3	B/D PA
BALVERSA	5	PA; MO; LA
BAVENCIO	5	B/D PA; MO; LA
BELEODAQ	5	B/D PA; MO
BENDEKA	4	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	3	MO
<i>bleomycin</i>	4	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO
BORTEZOMIB	4	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 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)

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA	4	PA; MO; LA
<i>busulfan</i>	5	B/D PA
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA; MO; LA; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA; MO; LA; QL (60 per 30 days)
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	4	B/D PA; MO
<i>carmustine</i>	3	B/D PA; MO
<i>cisplatin intravenous solution</i>	3	B/D PA; MO
<i>cladribine</i>	4	B/D PA; MO
<i>clofarabine</i>	3	B/D PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
COPIKTRA	5	PA; MO; LA; QL (60 per 30 days)
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	3	B/D PA; MO
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	4	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	4	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	4	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	3	B/D PA
DARZALEX	3	B/D PA; MO; LA

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

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

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	4	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>everolimus (antineoplastic)</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg</i>	5	B/D PA; MO; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	5	B/D PA; MO; QL (120 per 30 days)
<i>exemestane</i>	3	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE	4	B/D PA; MO
<i>floxuridine</i>	4	B/D PA
<i>fludarabine intravenous recon soln</i>	3	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>fludarabine intravenous solution</i>	3	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	4	B/D PA; MO
<i>flutamide</i>	4	MO
FOLOTYN	5	B/D PA; MO
<i>fulvestrant</i>	5	B/D PA; MO
GAVRETO	4	PA; MO; LA; QL (120 per 30 days)
GAZYVA	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	3	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	3	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	3	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	3	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D PA; MO
<i>gengraf oral solution</i>	4	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	MO
HALAVEN	3	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; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	4	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	4	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	4	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	4	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<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	4	B/D PA; MO; LA
INFUGEM	4	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)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	4	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, 40 mg/2 ml</i>	4	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	4	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEVTANA	4	B/D PA; MO
KADCYLA	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KYPROLIS	5	B/D PA; MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	2	MO
LEUKERAN	4	MO
<i>leuprolide subcutaneous kit</i>	4	MO
LIBTAYO	5	PA; MO; LA
LONSURF ORAL TABLET 15-6.14 MG	5	PA; MO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; MO; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMOXITI	4	PA; MO; LA
LUPRON DEPOT	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	5	MO
MARQIBO	5	B/D PA; MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	4	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>	3	B/D PA; MO
<i>melphalan hcl</i>	3	B/D PA
<i>mercaptopurine</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium</i>	3	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	3	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	3	B/D PA; MO
<i>mitomycin intravenous</i>	4	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
<i>mycophenolate mofetil (hcl)</i>	3	B/D PA
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYLOTARG	4	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	5	MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NIPENT	4	B/D PA; MO
NUBEQA	4	PA; MO; LA

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

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	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	5	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	3	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OGIVRI	5	B/D PA; MO
ONCASPAR	5	B/D PA; MO
ONIVYDE	5	B/D PA; MO
ONTRUZANT	5	B/D PA; MO
OPDIVO	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	4	B/D PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	4	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	4	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel</i>	4	B/D PA; MO
PADCEV	4	PA; MO
PEMAZYRE	4	PA; MO; LA; QL (14 per 21 days)
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA; QL (21 per 28 days)
PORTRAZZA	4	B/D PA; MO
POTELIGEO	5	PA; MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	5	
QINLOCK	4	PA; MO; LA
RETEVMO	4	PA; MO; LA
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
RITUXAN HYCELA	4	PA; MO
ROMIDEPSIN INTRAVENOUS SOLUTION	4	B/D PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RYDAPT	5	PA; MO; QL (240 per 30 days)
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SARCLISA	4	PA; MO; LA
SIGNIFOR	5	PA; MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 1 mg</i>	3	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
SUTENT	5	PA; MO; QL (30 per 30 days)
SYLVANT	5	B/D PA; MO
SYNRIBO	4	B/D PA; MO
TABLOID	4	MO
TABRECTA	4	PA; MO
<i>tacrolimus oral</i>	3	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARGRETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO
TAZVERIK	4	PA; MO; LA
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (60 per 30 days)
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO	5	PA; MO
<i>toposar</i>	4	B/D PA; MO
<i>topotecan intravenous recon soln</i>	4	B/D PA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	B/D PA; MO
<i>toremifene</i>	5	MO
TRAZIMERA	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	4	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	4	B/D PA; MO
TUKYSA ORAL TABLET 150 MG	4	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TUKYSA ORAL TABLET 50 MG	4	PA; MO; LA
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO
<i>valrubicin</i>	3	B/D PA; MO
VALSTAR	4	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	4	PA; MO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; MO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincasar pfs</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine</i>	3	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	4	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	4	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA; MO
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XOSPATA	5	PA; MO; LA
XPOVIO	4	PA; MO; LA
XTANDI	4	PA; MO; QL (120 per 30 days)
YERVOY	3	B/D PA; MO
YONDELIS	5	B/D PA; MO
ZALTRAP	4	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
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)
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	B/D PA; MO
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG	5	B/D PA; MO; QL (60 per 30 days)
ZORTRESS ORAL TABLET 0.5 MG	5	B/D PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (150 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BANZEL	5	PA; MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral tablet</i>	4	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	3	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>clobazam oral suspension</i>	3	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>clobazam oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	MO; QL (300 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	4	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet, delayed release (drlec)</i>	2	MO
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO
<i>ethosuximide</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	4	PA; MO; LA
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	4	PA; MO; QL (720 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	PA; MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	PA; MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	4	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablets, dose pack</i>	3	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	3	MO
<i>levetiracetam intravenous</i>	3	MO
<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	3	
<i>levetiracetam oral tablet</i>	2	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	4	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	4	MO; QL (900 per 30 days)
NAYZILAM	4	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine</i>	3	MO
PEGANONE	4	MO
<i>phenobarbital oral elixir</i>	3	PA; MO; HRM; QL (1500 per 30 days)
<i>phenobarbital oral tablet</i>	3	PA; MO; HRM; QL (120 per 30 days)
<i>phenobarbital sodium injection solution 130 mg/ml</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital sodium injection solution 65 mg/ml</i>	3	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
<i>roweepira</i>	2	MO
SPRITAM	4	MO
<i>subvenite</i>	3	MO
<i>subvenite starter (blue) kit</i>	3	MO
<i>subvenite starter (green) kit</i>	3	MO
<i>subvenite starter (orange) kit</i>	3	MO
SYMPAZAN	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	2	MO
VALTOCO	4	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>vigadrone</i>	5	PA; MO; LA; QL (180 per 30 days)
VIMPAT INTRAVENOUS	4	MO
VIMPAT ORAL SOLUTION	4	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET	4	MO; QL (60 per 30 days)
XCOPRI	4	PA; MO
XCOPRI MAINTENANCE PACK	4	PA; MO
XCOPRI TITRATION PACK	4	PA; MO
<i>zonisamide</i>	3	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA; QL (60 per 30 days)
<i>benztropine injection</i>	4	MO
<i>benztropine oral</i>	3	PA; MO; HRM
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	5	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	3	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	3	MO
<i>ropinirole oral tablet</i>	2	MO
RYTARY	4	ST; MO
<i>selegiline hcl</i>	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine nasal</i>	4	MO; QL (8 per 28 days)
<i>ergotamine-caffeine</i>	3	MO
<i>rizatriptan</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/lactuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 240 mg</i>	5	PA; MO
<i>donepezil oral tablet 10 mg</i>	2	MO; QL (69 per 30 days)
<i>donepezil oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	MO; QL (69 per 30 days)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	MO; QL (30 per 30 days)
FIRDAPSE	5	PA; MO; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	MO; QL (30 per 30 days)
<i>galantamine oral solution</i>	4	MO; QL (200 per 30 days)
<i>galantamine oral tablet</i>	4	MO; QL (60 per 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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>	3	PA; MO
<i>memantine oral solution</i>	4	PA; MO; QL (300 per 30 days)
<i>memantine oral tablet</i>	3	PA; MO; QL (60 per 30 days)
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA; MO; QL (98 per 28 days)
NAMZARIC	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA; MO
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	4	MO; QL (60 per 30 days)
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 page vi.

Drug Name	Drug Tier	Requirements/Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	3	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO; HRM
<i>dantrolene oral</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	5	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	3	B/D PA; MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	3	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	3	
<i>pyridostigmine bromide oral syrup</i>	5	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>regonol</i>	3	
<i>revonto</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<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>	4	MO
<i>buprenorphine hcl injection syringe</i>	4	
<i>buprenorphine hcl sublingual</i>	3	PA; MO
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	3	PA; MO; QL (4 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	4	PA; MO; QL (8 per 28 days)
<i>codeine sulfate oral tablet</i>	4	MO; QL (180 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	MO; QL (4000 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>duramorph (pf) injection solution 1 mg/ml</i>	4	QL (2000 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	3	MO; QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	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, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	4	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	MO; QL (50 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML	4	QL (2400 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	MO; QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	4	QL (1200 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 4 MG/ML	4	QL (600 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	4	QL (2400 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO; QL (1200 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	4	MO; QL (2400 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QL (1200 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	4	MO; QL (180 per 30 days)
<i>methadone injection solution</i>	4	QL (150 per 30 days)
<i>methadone intensol</i>	4	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	4	PA; MO; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	4	PA; MO; QL (600 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral solution 5 mg/5 ml</i>	4	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>	4	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	4	MO; QL (900 per 30 days)
MORPHINE INJECTION SOLUTION 2 MG/ML	4	MO; QL (1000 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	4	QL (500 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	4	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	MO; QL (500 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	4	MO; QL (200 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML	4	MO; QL (500 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine intravenous syringe 2 mg/ml</i>	4	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	4	QL (500 per 30 days)
<i>morphine oral solution</i>	4	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	4	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	4	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	4	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>	3	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	4	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	3	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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>butorphanol nasal</i>	2	MO; QL (10 per 28 days)
<i>celecoxib</i>	3	MO; QL (60 per 30 days)
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium topical drops</i>	4	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diflunisal</i>	4	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</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>	2	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>naloxone injection solution</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
<i>oxaprozin</i>	4	MO
<i>salsalate</i>	3	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	4	MO; QL (90 per 30 days)
<i>sulindac</i>	2	MO
TRAMADOL ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	MO; QL (1 per 28 days)
ADASUVE	4	LA
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	4	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet 2 mg</i>	4	MO; QL (150 per 30 days)
<i>amitriptyline</i>	2	PA; MO; HRM
<i>amoxapine</i>	4	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	3	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO; QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)
<i>bupirone</i>	2	MO
CAPLYTA	4	MO; QL (30 per 30 days)
<i>chlorpromazine</i>	4	MO
<i>citalopram oral solution</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	PA; MO; HRM
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	4	PA; MO; HRM; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PA; MO; HRM; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	MO
<i>clozapine oral tablet, disintegrating</i>	4	
<i>desipramine</i>	4	MO
<i>desvenlafaxine succinate</i>	4	MO; QL (30 per 30 days)
<i>dextroamphetamine oral capsule, extended release</i>	4	MO
<i>dextroamphetamine oral solution</i>	4	MO
<i>dextroamphetamine oral tablet</i>	2	MO
<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr 10 mg, 15 mg</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	3	MO; QL (60 per 30 days)
<i>diazepam injection solution</i>	2	PA; HRM
<i>diazepam injection syringe</i>	2	PA; MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam intensol</i>	2	PA; MO; HRM; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; MO; HRM; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; HRM; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; HRM; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	PA; MO; HRM
<i>doxepin oral concentrate</i>	4	PA; MO; HRM
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	3	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMSAM	4	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral solution</i>	4	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet</i>	2	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	ST; MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	ST; MO; QL (30 per 30 days)
<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 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>	4	MO
<i>fluphenazine hcl injection</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral concentrate</i>	2	MO
<i>fluphenazine hcl oral elixir</i>	4	MO
<i>fluphenazine hcl oral tablet</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	4	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	4	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	4	MO; QL (60 per 30 days)
GEODON INTRAMUSCULAR	4	MO; QL (60 per 30 days)
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate</i>	4	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; HRM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	4	MO; QL (0.88 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	4	MO; QL (1.32 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.76 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	4	MO; QL (2.63 per 28 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lithium citrate oral solution 8 meq/5 ml</i>	3	MO
<i>lorazepam injection solution</i>	4	PA; MO; HRM
<i>lorazepam injection syringe 2 mg/ml</i>	4	PA; MO; HRM
<i>lorazepam injection syringe 4 mg/ml</i>	4	PA; HRM
<i>lorazepam intensol</i>	3	PA; MO; HRM; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	3	PA; MO; HRM; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; HRM; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; HRM; QL (150 per 30 days)
<i>loxapine succinate</i>	3	MO
<i>maprotiline</i>	2	MO
MARPLAN	4	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	MO; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	4	MO; QL (1800 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet</i>	4	MO; QL (90 per 30 days)
<i>mirtazapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>mirtazapine oral tablet, disintegrating</i>	3	MO; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone</i>	3	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline</i>	2	MO
NUPLAZID ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QL (30 per 30 days)
<i>olanzapine oral tablet</i>	3	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QL (900 per 30 days)
<i>perphenazine</i>	4	MO
PERSERIS	4	MO; QL (1 per 28 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	MO; QL (60 per 30 days)
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
REXULTI	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA	4	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral solution</i>	4	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
ROZEREM	4	MO; QL (30 per 30 days)
SAPHRIS	4	MO; QL (60 per 30 days)
SECUADO	4	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	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>	4	MO
<i>tranlycypromine</i>	4	MO
<i>trazodone</i>	2	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine</i>	4	PA; MO; HRM

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

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	4	PA; MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	PA; MO; QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	3	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	MO
<i>dofetilide</i>	3	MO
<i>flecainide</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	MO
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>mexiletine</i>	2	MO
MULTAQ	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	MO
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet 150 mg, 225 mg</i>	2	MO
<i>propafenone oral tablet 300 mg</i>	4	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	MO
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sotalol oral tablet 240 mg</i>	4	MO
SOTYLIZE	4	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>amiloride</i>	3	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril-hydrochlorothiazide</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
BYSTOLIC	4	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	2	MO; QL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	2	MO; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>cartia xt oral capsule, extended release 24hr 300 mg</i>	3	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide oral tablet 500 mg</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	2	MO
DEMSER	4	PA; MO
<i>diltiazem hcl intravenous recon soln</i>	4	
<i>diltiazem hcl intravenous solution</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 240 mg</i>	2	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 180 mg</i>	3	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 360 mg, 420 mg</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr 180 mg, 360 mg</i>	3	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	3	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate</i>	2	MO
<i>enalaprilat intravenous solution</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide</i>	2	MO
<i>eplerenone</i>	4	MO
<i>epoprostenol (glycine)</i>	3	B/D PA; MO
<i>felodipine</i>	3	MO
<i>fosinopril</i>	2	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	4	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 injection</i>	4	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>irbesartan</i>	1	MO; QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
<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; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>losartan-hydrochlorothiazide</i>	1	MO; QL (30 per 30 days)
<i>mannitol 20 %</i>	3	
<i>mannitol 25 % intravenous solution</i>	3	MO
<i>methyldopa</i>	4	MO
<i>metolazone</i>	3	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol ta-hydrochlorothiaz</i>	3	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>minoxidil oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	3	MO
<i>nifedipine oral tablet extended release 24hr</i>	3	MO
<i>nimodipine</i>	4	MO
<i>olmesartan</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	2	MO
<i>osmitrol 15 %</i>	3	
<i>osmitrol 20 %</i>	3	
<i>phentolamine injection recon soln</i>	3	
<i>pindolol</i>	4	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule,extended release 24 hr</i>	4	MO
<i>propranolol oral solution</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral tablet</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	4	MO
<i>quinapril</i>	2	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO
SODIUM EDECRIN	3	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>telmisartan</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	2	MO; QL (60 per 30 days)
<i>timolol maleate oral</i>	4	MO
<i>toremide oral</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene</i>	3	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	2	MO
UPTRAVI	4	PA; MO; LA
<i>valsartan</i>	2	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
<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>	3	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
AMICAR ORAL SOLUTION	3	MO
<i>aminocaproic acid</i>	3	MO
BRILINTA	4	MO; QL (60 per 30 days)
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>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole oral</i>	4	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
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	4	MO
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<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>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	4	
<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>	4	MO
<i>heparin (porcine) in nacl (pf)</i>	3	
<i>heparin (porcine) injection cartridge</i>	4	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	4	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	4	MO
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
PRADAXA	4	MO
<i>prasugrel</i>	4	MO
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; MO; LA; QL (180 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; MO; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; MO; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; MO; LA; QL (60 per 30 days)
<i>warfarin</i>	1	MO
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</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 page vi.

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine (with sugar)</i>	3	MO
<i>cholestyramine light</i>	3	MO
<i>colesevelam oral powder in packet</i>	3	MO
<i>colesevelam oral tablet</i>	4	MO
<i>ezetimibe</i>	3	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 67 mg</i>	3	MO; QL (60 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	3	MO; QL (60 per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	3	MO; QL (60 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	4	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	4	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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>	3	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	3	MO
REPATHA	3	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	2	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
VASCEPA	3	MO
WELCHOL ORAL TABLET	4	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	4	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	2	MO
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digox oral tablet 250 mcg (0.25 mg)</i>	2	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	2	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	3	B/D PA; MO
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	3	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	3	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	3	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	3	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	3	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	3	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	4	MO
LANOXIN PEDIATRIC	3	
<i>milrinone</i>	3	B/D PA; MO
<i>milrinone in 5 % dextrose</i>	3	B/D PA; MO
RANEXA	4	MO; QL (60 per 30 days)
<i>ranolazine</i>	3	MO; QL (60 per 30 days)
VYNDAMAX	4	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
ISORDIL	4	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	4	MO
<i>isosorbide dinitrate oral tablet 30 mg</i>	3	MO
<i>isosorbide mononitrate</i>	2	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	3	B/D PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	3	B/D PA; MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHOIC		
<i>acitretin</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<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
DUPIXENT PEN	5	PA; MO
DUPIXENT SYRINGE	5	PA; MO
<i>fluorouracil topical cream 5 %</i>	4	MO
<i>fluorouracil topical solution</i>	4	MO
<i>glydo</i>	3	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet</i>	3	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	4	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine (pf) injection solution 20 mg/ml (2%), 40 mg/ml (4%)</i>	2	MO
<i>lidocaine hcl injection solution 10 mg/ml (1%)</i>	2	MO
<i>lidocaine hcl injection solution 20 mg/ml (2%)</i>	4	MO
<i>lidocaine hcl injection solution 5 mg/ml (0.5%)</i>	1	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	3	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5%</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (50 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	4	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	MO
<i>podofilox</i>	4	MO
REGRANEX	5	MO
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ssd</i>	3	MO
<i>tacrolimus topical</i>	3	PA; MO; QL (100 per 30 days)
UVADEX	4	B/D PA
VALCHLOR	5	PA; MO
ZTLIDO	3	PA; MO; QL (90 per 30 days)

THERAPY FOR ACNE

<i>claravis</i>	4	MO
<i>clindamycin phosphate topical gel</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	4	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5%</i>	4	MO
<i>ery pads</i>	4	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	4	MO
<i>isotretinoin</i>	4	MO
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75%</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical gel 1 %</i>	2	MO
<i>metronidazole topical gel with pump</i>	2	MO
<i>metronidazole topical lotion</i>	4	MO
<i>rosadan topical cream</i>	4	MO
<i>rosadan topical gel</i>	4	MO
<i>tazarotene</i>	3	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical topical gel 0.01 %</i>	3	PA; MO
<i>tretinoin topical topical gel 0.025 %, 0.05 %</i>	4	PA; MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	3	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	4	MO
SULFAMYLON TOPICAL CREAM	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	4	MO; QL (90 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical gel</i>	4	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	4	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	4	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>	4	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>nyamyc</i>	4	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>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone</i>	4	MO; QL (60 per 28 days)
<i>nystop</i>	4	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream</i>	4	MO
<i>alclometasone topical ointment</i>	2	MO
<i>bese</i>	3	MO
<i>betamethasone dipropionate</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	4	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>desonide</i>	4	MO
<i>desoximetasone</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate topical cream</i>	3	MO
<i>fluticasone propionate topical ointment</i>	3	MO
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	4	MO
<i>hydrocortisone topical ointment 2.5 %</i>	2	MO
<i>hydrocortisone valerate topical cream</i>	2	MO
<i>hydrocortisone valerate topical ointment</i>	4	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate topical ointment</i>	4	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	3	MO
<i>triamcinolone acetonide topical ointment</i>	2	MO
<i>triderm topical cream</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	4	MO
<i>permethrin topical cream</i>	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>anagrelide</i>	3	MO
<i>caffeine citrate oral</i>	3	MO
CARBAGLU	5	PA; MO; LA
CHEMET	4	PA; MO
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	3	MO
<i>dextrose 5 % in water (d5w)</i>	3	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod. chloride</i>	4	
<i>disulfiram</i>	4	MO
FERRIPROX (2 TIMES A DAY)	5	PA
FERRIPROX ORAL TABLET	5	PA; MO
INCRELEX	5	PA; MO; LA
<i>kionex (with sorbitol)</i>	4	MO
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
<i>midodrine oral tablet 10 mg, 5 mg</i>	4	MO
<i>midodrine oral tablet 2.5 mg</i>	3	MO
<i>nitisinone</i>	5	MO
NORTHERA ORAL CAPSULE 100 MG, 200 MG	5	PA; MO; QL (90 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PA; MO; QL (180 per 30 days)
ORFADIN	5	MO; LA
<i>pilocarpine hcl oral</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA
RAVICTI	5	MO
REVCIVI	5	PA; MO; LA
<i>riluzole</i>	3	MO
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	3	MO; QL (540 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	3	MO
<i>sodium polystyrene (sorb free)</i>	4	MO
<i>sodium polystyrene sulfonate oral powder</i>	4	MO
SOLIRIS	5	PA; MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine</i>	5	PA; MO; QL (240 per 30 days)
VELTASSA	3	MO
XIAFLEX	5	PA; MO
XURIDEN	5	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	3	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	3	MO; QL (60 per 30 days)
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 0.1% (137 mcg) spry</i>	4	MO; QL (60 per 30 days)
<i>azelastine 0.15% nasal spray</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	3	MO
<i>dentagel</i>	3	MO
<i>fluoride (sodium) dental gel</i>	3	
<i>fluoride (sodium) dental paste</i>	3	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>oralone</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>paroex oral rinse</i>	2	MO
<i>periogard</i>	2	MO
<i>sf</i>	3	MO
<i>sf 5000 plus</i>	3	MO
<i>sodium fluoride 5000 plus</i>	3	
<i>triamcinolone acetonide dental</i>	4	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	3	MO
<i>ciprofloxacin hcl otic (ear)</i>	3	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ofloxacin otic (ear)</i>	3	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	MO
<i>ciprofloxacin-dexamethasone</i>	3	MO
CORTISPORIN-TC	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	2	MO
<i>decadron oral tablet</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
DEPO-MEDROL	3	MO
dexamethasone	2	MO
dexamethasone intensol	2	MO
dexamethasone sodium phos (pf) injection solution	2	MO
dexamethasone sodium phosphate injection solution	4	MO
dexamethasone sodium phosphate injection syringe	2	MO
fludrocortisone	2	MO
hidex	3	
hydrocortisone oral	3	MO
methylprednisolone acetate	2	MO
methylprednisolone oral tablet	2	B/D PA; MO
methylprednisolone oral tablets,dose pack	2	MO
methylprednisolone sodium succ injection recon soln 125 mg	4	MO
methylprednisolone sodium succ injection recon soln 40 mg	2	MO
methylprednisolone sodium succ intravenous recon soln 1,000 mg	4	MO
methylprednisolone sodium succ intravenous recon soln 500 mg	4	
prednisolone oral solution 15 mg/5 ml	2	MO

Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	2	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	2	
prednisone intensol	4	B/D PA; MO
prednisone oral solution	2	MO
prednisone oral tablet	2	B/D PA; MO
prednisone oral tablets,dose pack	2	MO
SOLU-CORTEF ACT-O-VIAL (PF)	3	MO
triamcinolone acetonide injection	2	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	2	MO
propylthiouracil	3	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	2	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	2	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	2	MO; QL (180 per 30 days)
alcohol pads	2	MO
BAQSIMI	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
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)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	4	MO
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>	2	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	2	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet extended release 24hr 5 mg</i>	2	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	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

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

Drug Name	Drug Tier	Requirements/Limits
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 INSULIN	3	MO
HUMULIN R U-500 (CONC) INSULIN	4	MO
HUMULIN R U-500 (CONC) KWIKPEN	4	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
INVOKAMET	3	MO; QL (60 per 30 days)
INVOKAMET XR	3	MO; QL (60 per 30 days)
INVOKANA	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LEVEMIR FLEXTOUCH U-100 INSULIN	4	ST; MO
LEVEMIR U-100 INSULIN	4	ST; MO
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral solution</i>	3	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
NOVOLOG U-100 INSULIN ASPART	4	ST; MO
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)

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	2	MO; QL (30 per 30 days)
PROGLYCEM	5	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)
SOLQUA 100/33	3	MO
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY	3	MO; QL (60 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)
TOUJEO MAX U-300 SOLOSTAR	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	4	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	4	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	PA; MO; QL (2 per 28 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; MO
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	MO
ANADROL-50	4	PA; MO
<i>cabergoline</i>	4	MO
<i>calcitonin (salmon)</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule 0.25 mcg</i>	2	MO
<i>calcitriol oral capsule 0.5 mcg</i>	3	MO
<i>calcitriol oral solution</i>	3	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	3	PA; MO
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	4	MO; QL (120 per 30 days)
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	3	MO
<i>desmopressin nasal spray with pump</i>	3	MO
<i>desmopressin nasal spray, non-aerosol</i>	3	MO
<i>desmopressin oral</i>	3	MO
ELAPRASE	5	MO
FABRAZYME	5	MO
KANUMA	5	MO
KORLYM	5	PA; MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
KUVAN	5	PA; MO
LUMIZYME	4	MO
MEPSEVII	5	MO
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION	4	MO
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	MO; LA
NATPARA	5	PA; MO; LA; QL (2 per 28 days)
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO; QL (120 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
PARICALCITOL HEMODIALYSIS PORT INJECTION	4	
<i>paricalcitol intravenous solution 2 mcg/ml</i>	4	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol oral</i>	4	MO
SAMSCA ORAL TABLET 15 MG	5	PA; MO; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	4	MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	4	MO; QL (120 per 30 days)
SOMAVERT	5	PA; MO; QL (30 per 30 days)
STIMATE	5	MO
STRENSIQ	4	PA; MO; LA
SYNAREL	4	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	4	PA; MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram)</i>	3	PA; MO; QL (300 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; MO; QL (60 per 30 days)
VIMIZIM	5	MO; LA
<i>zoledronic acid intravenous solution</i>	3	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	3	B/D PA; MO
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	3	MO
<i>levo-t</i>	3	
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MO
<i>liothyronine oral</i>	2	MO
<i>unithroid</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	4	MO
<i>atropine injection syringe 0.05 mg/ml</i>	4	
<i>atropine injection syringe 0.1 mg/ml</i>	2	MO
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>glycopyrrolate injection</i>	4	MO
<i>glycopyrrolate oral tablet 1 mg</i>	2	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	4	
<i>glycopyrrolate oral tablet 2 mg</i>	4	MO
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	MO
AMITIZA	3	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant</i>	3	B/D PA; MO
APRISO	3	MO
<i>balsalazide</i>	4	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO
CHENODAL	5	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	3	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	4	MO
<i>dronabinol</i>	4	B/D PA; MO; QL (60 per 30 days)
EMEND (FOSAPREPITANT)	3	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
ENTYVIO	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	3	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>hydrocortisone rectal</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution</i>	2	MO
LINZESS	3	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral capsule, extended release 24hr</i>	3	MO
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	4	MO
<i>mesalamine rectal enema</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	2	MO
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection solution</i>	3	MO
<i>ondansetron hcl intravenous</i>	3	MO
<i>ondansetron hcl oral solution</i>	3	B/D PA; MO; QL (450 per 30 days)
<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>	4	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg-electrolyte</i>	2	
PENTASA	4	MO
PLENVU	4	MO
<i>polyethylene glycol 3350 oral powder</i>	3	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	4	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; MO
RELISTOR SUBCUTANEOUS SYRINGE	5	PA; MO
REMICADE	5	PA; MO
<i>scopolamine base</i>	3	MO; QL (10 per 30 days)
SUCRAID	5	MO
<i>sulfasalazine</i>	2	MO
<i>trilyte with flavor packets</i>	2	MO
TRULANCE	4	MO
<i>ursodiol oral capsule</i>	3	MO
<i>ursodiol oral tablet</i>	4	MO
VIOKACE	4	MO
ULCER THERAPY		
DEXILANT	4	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	4	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i>	4	MO
<i>esomeprazole sodium</i>	4	
<i>famotidine (pf)</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous solution</i>	2	MO
<i>famotidine oral suspension</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i>	3	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i>	3	MO
<i>misoprostol</i>	3	MO
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(drlec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>	2	MO; QL (60 per 30 days)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	4	MO
<i>ranitidine hcl oral syrup</i>	3	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate oral tablet</i>	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA; MO
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA
INTRON A INJECTION	5	B/D PA; MO
MOZOBIL	5	B/D PA; MO
NEULASTA	4	PA; MO
NEULASTA ONPRO	4	PA; MO
NEUPOGEN	5	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	PA; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	PA; MO; QL (4 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	4	B/D PA; MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO

Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	4	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF)	4	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
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	
IMOVAX RABIES VACCINE (PF)	4	MO
INFANRIX (DTAP) (PF)	3	MO
IPOL	3	MO
IXIARO (PF)	4	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) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
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)	4	MO; QL (2 per 999 days)
STAMARIL (PF)	3	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPH THERIA TOX PED(PF)	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	5	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	4	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
<i>colchicine oral tablet</i>	3	MO; QL (120 per 30 days)
COLCRYS	3	MO; QL (120 per 30 days)
<i>febuxostat</i>	3	MO
KRYSTEXXA	5	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO
ULORIC	4	MO

Drug Name	Drug Tier	Requirements/Limits
OSTEOPOROSIS THERAPY		
<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)
<i>ibandronate oral</i>	3	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 30 days)
<i>raloxifene</i>	3	MO; QL (30 per 30 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)

OTHER RHEUMATOLOGICALS

BENLYSTA	5	PA; MO
DEPEN TITRATABS	5	MO
ENBREL	5	PA; MO; QL (8 per 28 days)
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	3	MO; QL (30 per 30 days)
ORENCIA	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO
<i>penicillamine</i>	5	MO
RINVOQ	5	PA; MO; QL (30 per 30 days)
XELJANZ	5	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; MO; QL (30 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>dotti</i>	3	PA; MO; HRM; QL (8 per 28 days)
<i>estradiol oral</i>	4	PA; MO; HRM
<i>estradiol transdermal patch weekly</i>	2	PA; MO; HRM; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	2	MO
<i>estradiol vaginal tablet</i>	3	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>heather</i>	3	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>incassia</i>	3	MO
<i>jencycla</i>	3	MO
<i>medroxyprogesterone intramuscular</i>	3	MO
<i>medroxyprogesterone oral</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	4	MO
<i>norethindrone acetate estradiol oral tablet 0.5-2.5 mg-mcg</i>	4	PA; MO; HRM

Drug Name	Drug Tier	Requirements/Limits
<i>norlyda</i>	3	MO
PREMARIN ORAL	3	MO
<i>tulana</i>	3	MO
<i>yuvafem</i>	3	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	4	MO
<i>metronidazole vaginal</i>	2	MO
MIRENA	3	MO; LA
NEXPLANON	3	MO
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole vaginal suppository</i>	4	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	3	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	4	MO
<i>alyacen 1/35 (28)</i>	4	MO
<i>amethia lo</i>	4	MO
<i>aubra</i>	4	MO
<i>aubra eq</i>	4	MO
<i>aurovela 1.5/30 (21)</i>	4	MO
<i>aurovela 1/20 (21)</i>	4	MO
<i>aurovela 24 fe</i>	4	MO
<i>aurovela fe 1.5/30 (28)</i>	4	MO
<i>aurovela fe 1-20 (28)</i>	4	MO
<i>bekyree (28)</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi 24 fe</i>	4	MO
<i>blisovi fe 1.5/30 (28)</i>	4	MO
<i>blisovi fe 1/20 (28)</i>	4	MO
<i>camrese lo</i>	4	MO
<i>caziant (28)</i>	4	MO
<i>chateal eq (28)</i>	4	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol</i>	4	MO
<i>emoquette</i>	4	MO
<i>estarylla</i>	4	MO
<i>ethynodiol diac-eth estradiol</i>	4	
<i>fayosim</i>	4	MO
<i>femynor</i>	4	MO
<i>hailey</i>	4	MO
<i>hailey 24 fe</i>	4	MO
<i>hailey fe 1.5/30 (28)</i>	4	MO
<i>hailey fe 1/20 (28)</i>	4	MO
<i>isibloom</i>	4	MO
<i>jasmiel (28)</i>	4	MO
<i>juleber</i>	4	MO
<i>junel 1.5/30 (21)</i>	4	MO
<i>junel 1/20 (21)</i>	4	MO
<i>junel fe 1.5/30 (28)</i>	4	MO
<i>junel fe 1/20 (28)</i>	4	MO
<i>junel fe 24</i>	4	MO
<i>kaitlib fe</i>	4	MO
<i>kalliga</i>	4	
<i>kelnor 1/35 (28)</i>	4	MO
<i>kelnor 1-50</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lnorgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	MO
<i>larissia</i>	4	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)</i>	4	MO
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	4	MO
<i>levonorg-eth estradiol triphasic</i>	4	MO
<i>lillow (28)</i>	4	MO
<i>low-ogestrel (28)</i>	4	MO
<i>lo-zumandimine (28)</i>	4	MO
<i>melodetta 24 fe</i>	4	MO
<i>mibelas 24 fe</i>	4	MO
<i>microgestin 1.5/30 (21)</i>	4	MO
<i>microgestin 1/20 (21)</i>	4	MO
<i>microgestin fe 1.5/30 (28)</i>	4	MO
<i>microgestin fe 1/20 (28)</i>	4	MO
<i>mili</i>	4	MO
<i>noreth-ethinyl estradiol-iron</i>	4	MO
<i>norethindrone acetate estradiol oral tablet 1-20 mg-mcg</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-estradiol-iron oral tablet, chewable</i>	4	MO
<i>norgestimate-ethinyl estradiol</i>	4	MO
<i>ocella</i>	4	MO
<i>previfem</i>	4	MO
<i>rivelsa</i>	4	MO
<i>setlakin</i>	4	MO
<i>simliya (28)</i>	4	MO
<i>simpesse</i>	4	MO
<i>sprintec (28)</i>	4	MO
<i>syeda</i>	4	MO
<i>tarina 24 fe</i>	4	MO
<i>tri-lo-mili</i>	4	MO
<i>tri-lo-sprintec</i>	4	MO
<i>tri-mili</i>	4	MO
<i>tri-sprintec (28)</i>	4	MO
<i>tri-vylibra</i>	4	MO
<i>tri-vylibra lo</i>	4	MO
<i>tydemy</i>	4	MO
<i>vienva</i>	4	MO
<i>vylibra</i>	4	MO
<i>zarah</i>	4	MO
<i>zumandimine (28)</i>	4	MO

OXYTOCICS

<i>methylergonovine oral</i>	5	PA; MO
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OPHTHALMOLOGY

ANTIBIOTICS

<i>ak-poly-bac</i>	2	MO
<i>bacitracin ophthalmic (eye)</i>	4	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hel ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye)</i>	3	MO
NATACYN	4	MO
<i>neomycin-bacitracin-polymyxin</i>	4	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>neo-polycin</i>	4	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO

ANTIVIRALS

<i>trifluridine</i>	3	MO
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ZIRGAN	4	MO
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BETA-BLOCKERS

<i>betaxolol ophthalmic (eye)</i>	4	MO
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<i>carteolol</i>	2	MO
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<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
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<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
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You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
MISCELLANEOUS OPTHALMOLOGICS		
<i>azelastine ophthalmic (eye)</i>	4	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	PA; MO
<i>epinastine</i>	4	MO
EYLEA	5	PA; MO
LUCENTIS	5	PA; MO
OXERVATE	5	PA; MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	MO
<i>acetazolamide sodium</i>	3	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
AZOPT	4	MO
COMBIGAN	3	MO
COSOPT (PF)	4	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
RHOPRESSA	4	ST; MO
ROCKLATAN	4	ST; MO
<i>travoprost</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	4	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
<i>neo-polycin hc</i>	4	MO
<i>tobramycin-dexamethasone</i>	3	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	4	MO
INVELTYS	4	MO
<i>loteprednol etabonate</i>	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	3	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>dexchlorpheniramine maleate oral solution</i>	3	
<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	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	3	
EPIPEN	3	MO; QL (2 per 30 days)
EPIPEN 2-PAK	3	MO; QL (2 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EPIPEN JR	3	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO; HRM
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine oral tablet 25 mg</i>	2	PA; MO; HRM
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>alyq</i>	5	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
CINRYZE	5	PA; MO; QL (20 per 30 days)
COMBIVENT RESPIMAT	4	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP	4	PA; MO; QL (30 per 30 days)
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)

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

Drug Name	Drug Tier	Requirements/Limits
FASENRA	5	PA; MO
FIRAZYR	5	PA; MO; QL (270 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025%)</i>	3	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant</i>	5	PA; MO; QL (270 per 30 days)
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>mometasone nasal</i>	4	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	3	MO; QL (30 per 30 days)
<i>montelukast oral tablet</i>	2	MO; QL (30 per 30 days)
<i>montelukast oral tablet, chewable</i>	2	MO; QL (30 per 30 days)
OFEV	5	PA; MO; QL (60 per 30 days)
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; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PROAIR HFA	3	MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)
PULMOZYME	5	B/D PA; MO; QL (150 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<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>	3	PA; MO; QL (90 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulm. hypertension)</i>	5	PA; MO; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	5	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	MO; QL (60 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	3	MO
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	4	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
MYRBETRIQ	4	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	3	MO; QL (30 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	3	MO; QL (60 per 30 days)
<i>solifenacin</i>	4	MO
<i>tolterodine oral capsule, extended release 24hr</i>	3	MO
<i>tolterodine oral tablet</i>	4	MO
TOVIAZ	4	MO; QL (30 per 30 days)
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>tamsulosin</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	4	MO
<i>bethanechol chloride oral tablet 5 mg</i>	3	MO
CYSTAGON	4	MO; LA
ELMIRON	4	MO
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate</i>	4	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	3	
<i>albuminar 25 %</i>	3	MO
<i>alburx (human) 25 %</i>	3	MO
<i>alburx (human) 5 %</i>	3	
<i>albutein 25 %</i>	3	
<i>albutein 5 %</i>	3	
<i>plasbumin 25 %</i>	3	MO
<i>plasbumin 5 %</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
ELECTROLYTES		
<i>calcium acetate (phosphate bind)</i>	3	MO
<i>calcium gluconate intravenous</i>	3	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	3	MO
<i>klor-con</i>	2	MO
<i>klor-con 10</i>	3	MO
<i>klor-con 8</i>	3	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con/ef</i>	3	MO
<i>lactated ringers intravenous</i>	4	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	4	
<i>magnesium sulfate in water intravenous parenteral solution</i>	4	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4%), 4 gram/50 ml (8%)</i>	4	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4%)</i>	4	MO
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	

Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-R	3	MO
PHOSLYRA	4	MO
<i>potassium acetate intravenous solution 2 meq/ml</i>	3	
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5% dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous</i>	4	MO
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	3	
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	3	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	3	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	3	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	3	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 3 %</i>	4	MO
<i>sodium chloride 5 %</i>	4	MO
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	4	MO
<i>sodium chloride intravenous parenteral solution 4 meq/ml</i>	2	MO
<i>sodium phosphate</i>	3	MO
MISCELLANEOUS NUTRITION PRODUCTS		
<i>AMINOSYN II 10 %</i>	3	B/D PA
<i>AMINOSYN II 15 %</i>	3	B/D PA
<i>AMINOSYN-PF 7 % (SULFITE-FREE)</i>	3	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>electrolyte-48 in d5w</i>	3	
FREAMINE HBC 6.9 %	3	B/D PA
<i>freamine iii 10 %</i>	3	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
NEPHRAMINE 5.4 %	3	B/D PA
NORMOSOL-R PH 7.4	3	
<i>plenamine</i>	4	B/D PA
<i>premasol 10 %</i>	2	B/D PA; MO
<i>travasol 10 %</i>	4	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	1	MO

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

Index

<i>abacavir</i>	1	ALECENSA.....	13	APTIOM.....	23, 24
<i>abacavir-lamivudine</i>	1	<i>alendronate</i>	65	APTIVUS.....	2
<i>abacavir-lamivudine-</i> <i>zidovudine</i>	1	<i>alfuzosin</i>	75	APTIVUS (WITH VITAMIN E).....	2
ABELCET.....	1	ALIMTA.....	13	ARCALYST.....	62
ABILIFY MAINTENA.....	32	ALINIA.....	7	ARIKAYCE.....	7
<i>abiraterone</i>	13	ALIQOPA.....	13	<i>aripiprazole</i>	33
ABRAXANE.....	13	<i>allopurinol</i>	65	ARNUITY ELLIPTA.....	72
<i>acamprosate</i>	50	<i>alosectron</i>	59	ARRANON.....	13
<i>acarbose</i>	53	ALPHAGAN P.....	71	ARSENIC TRIOXIDE.....	13
<i>acebutolol</i>	39	<i>alprazolam</i>	32, 33	<i>arsenic trioxide</i>	13
<i>acetaminophen-codeine</i>	29	ALUNBRIG.....	13	ARZERRA.....	13
<i>acetazolamide</i>	70	<i>alyacen 1/35 (28)</i>	67	<i>atazanavir</i>	2
<i>acetazolamide sodium</i>	70	<i>alyq</i>	72	<i>atenolol</i>	39
<i>acetic acid</i>	52	<i>amantadine hcl</i>	2	<i>atenolol-chlorthalidone</i>	39
<i>acetylcysteine</i>	50, 72	AMBISOME.....	1	<i>atomoxetine</i>	33
<i>acitretin</i>	46	<i>ambrisentan</i>	72	<i>atorvastatin</i>	43
ACTHIB (PF).....	63	<i>amethia lo</i>	67	<i>atovaquone</i>	7
ACTIMMUNE.....	62	AMICAR.....	42	<i>atovaquone-proguanil</i>	7
<i>acyclovir</i>	1, 2, 49	<i>amikacin</i>	7	ATRIPLA.....	2
<i>acyclovir sodium</i>	2	<i>amiloride</i>	39	<i>atropine</i>	59
ADACEL(TDAP ADOLESN/ADULT)(PF)....	63	<i>amiloride-hydrochlorothiazide</i>	39	ATROVENT HFA.....	72
ADASUVE.....	32	<i>aminocaproic acid</i>	42	<i>aubra</i>	67
ADEMPAS.....	72	AMINOSYN II 10 %.....	77	<i>aubra eq</i>	67
<i>adenosine</i>	38	AMINOSYN II 15 %.....	77	<i>aurovela 1.5/30 (21)</i>	67
<i>adrenalin</i>	71	AMINOSYN-PF 7 % (SULFITE-FREE).....	77	<i>aurovela 1/20 (21)</i>	67
<i>adriamycin</i>	13	<i>amiodarone</i>	38	<i>aurovela 24 fe</i>	67
<i>adrucil</i>	13	AMITIZA.....	59	<i>aurovela fe 1.5/30 (28)</i>	67
ADVAIR DISKUS.....	72	<i>amitriptyline</i>	33	<i>aurovela fe 1-20 (28)</i>	67
ADVAIR HFA.....	72	<i>amlodipine</i>	39	AVASTIN.....	13
AFINITOR.....	13	<i>amlodipine-benazepril</i>	39	AYVAKIT.....	14
AFINITOR DISPERZ.....	13	<i>amlodipine-valsartan</i>	39	<i>azacitidine</i>	14
<i>afirmelle</i>	67	<i>ammonium lactate</i>	46	<i>azathioprine</i>	14
AIMOVIG.....	67	<i>amoxapine</i>	33	<i>azathioprine sodium</i>	14
AUTOINJECTOR.....	27	<i>amoxicillin</i>	10	<i>azelastine</i>	52, 70
<i>ak-poly-bac</i>	69	<i>amoxicillin-pot clavulanate</i>	10, 11	<i>azithromycin</i>	7
<i>albendazole</i>	7	<i>amphotericin b</i>	1	AZOPT.....	70
<i>albumin, human 25 %</i>	75	<i>ampicillin</i>	11	<i>aztreonam</i>	8
<i>albuminar 25 %</i>	75	<i>ampicillin sodium</i>	11	<i>bacitracin</i>	69
<i>alburx (human) 25 %</i>	75	<i>ampicillin-sulbactam</i>	11	<i>bacitracin-polymyxin b</i>	69
<i>alburx (human) 5 %</i>	75	ANADROL-50.....	57	<i>baclofen</i>	29
<i>albutein 25 %</i>	75	<i>anagrelide</i>	50	<i>balsalazide</i>	60
<i>albutein 5 %</i>	75	<i>anastrozole</i>	13	BALVERSA.....	14
<i>albuterol sulfate</i>	72	ANORO ELLIPTA.....	72	BANZEL.....	24
<i>alclometasone</i>	49	APOKYN.....	27	BAQSIMI.....	53
<i>alcohol pads</i>	53	<i>apraclonidine</i>	71	BARACLUDGE.....	2
ALDURAZYME.....	57	<i>aprepitant</i>	60	BAVENCIO.....	14
		APRISO.....	60	BCG VACCINE, LIVE (PF).	63

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

<i>bekyree (28)</i>	67	<i>bupropion hcl (smoking</i>	CEFEPIME IN
BELEODAQ	14	<i>deter)</i>	DEXTROSE 5 %
<i>benazepril</i>	39	<i>buspirone</i>	<i>cefepime in dextrose,iso-osm</i>
<i>benazepril-</i>		<i>busulfan</i>	<i>cefixime</i>
<i>hydrochlorothiazide</i>	39	<i>butorphanol</i>	<i>cefoxitin</i>
BENDEKA	14	BUTRANS	<i>cefoxitin in dextrose, iso-osm</i>
BENLYSTA	65	BYDUREON	<i>ceftazidime</i>
BENZNIDAZOLE	8	BYDUREON BCISE	CEFTAZIDIME IN D5W
<i>benztropine</i>	27	BYETTA	<i>ceftriaxone</i>
<i>beser</i>	49	BYSTOLIC	CEFTRIAZONE
BESPONSA	14	<i>cabergoline</i>	<i>ceftriaxone in dextrose,iso-os</i> ... 6
<i>betamethasone dipropionate</i> ... 49		CABLIVI	<i>cefuroxime axetil</i>
<i>betamethasone valerate</i>	49	CABOMETYX	<i>cefuroxime sodium</i>
<i>betamethasone, augmented</i> 49		<i>caffeine citrate</i>	<i>celecoxib</i>
BETASERON	62	<i>calcipotriene</i>	CELONTIN
<i>betaxolol</i>	69	<i>calcitonin (salmon)</i>	<i>cephalexin</i>
<i>bethanechol chloride</i>	75	<i>calcitriol</i>	CEPROTIN (BLUE BAR) ...42
<i>bexarotene</i>	14	<i>calcium acetate(phosphat</i>	CEPROTIN (GREEN BAR) 42
BEXSERO	63	<i>bind)</i>	CERDELGA
<i>bicalutamide</i>	14	<i>calcium gluconate</i>	CEREZYME
BICILLIN L-A	11	CALQUENCE	<i>cetirizine</i>
BIDIL	39	<i>camrese lo</i>	CHANTIX
BIKTARVY	2	<i>candesartan</i>	CHANTIX CONTINUING
<i>bisoprolol fumarate</i>	39	<i>candesartan-</i>	MONTH BOX
<i>bisoprolol-</i>		<i>hydrochlorothiazid</i>	CHANTIX STARTING
<i>hydrochlorothiazide</i>	39	CAPASTAT	MONTH BOX
<i>bleomycin</i>	14	CAPLYTA	<i>chateal eq (28)</i>
BLINCYTO	14	CAPRELSA	CHEMET
<i>blisovi 24 fe</i>	68	CARBAGLU	CHENODAL
<i>blisovi fe 1.5/30 (28)</i>	68	<i>carbamazepine</i>	<i>chloramphenicol sod succinate</i> .. 8
<i>blisovi fe 1/20 (28)</i>	68	<i>carbidopa</i>	<i>chlorhexidine gluconate</i>
BOOSTRIX TDAP	63	<i>carbidopa-levodopa</i>	<i>chloroquine phosphate</i>
BORTEZOMIB	14	<i>carbidopa-levodopa-</i>	<i>chlorothiazide</i>
BOSULIF	14	<i>entacapone</i>	<i>chlorpromazine</i>
BOTOX	63	<i>carboplatin</i>	<i>chlorthalidone</i>
BRAFTOVI	14	<i>carmustine</i>	CHOLBAM
BREO ELLIPTA	72	<i>carteolol</i>	<i>cholestyramine (with sugar)</i> ... 44
BRILINTA	42	<i>cartia xt</i>	<i>cholestyramine light</i>
<i>brimonidine</i>	71	<i>carvedilol</i>	CHORIONIC
BRIVIACT	24	<i>casprofungin</i>	GONADOTROPIN,
<i>bromocriptine</i>	27	CAYSTON	HUMAN
BRUKINSA	14	<i>caziant (28)</i>	<i>ciclopirox</i>
<i>budesonide</i>	60, 72	<i>cefaclor</i>	<i>cidofovir</i>
<i>bumetanide</i>	39	<i>cefadroxil</i>	<i>cilostazol</i>
<i>buprenorphine</i>	29	<i>cefazolin</i>	CIMDUO
<i>buprenorphine hcl</i>	29	<i>cefazolin in dextrose (iso-os)</i> ... 6	<i>cinacalcet</i>
<i>buprenorphine-naloxone</i>	32	<i>cefdinir</i>	CINRYZE
<i>bupropion hcl</i>	33	<i>cefepime</i>	CIPRODEX
			<i>ciprofloxacin</i>

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

<i>ciprofloxacin hcl</i>	11, 52, 69	CRESEMBA.....	1	<i>desmopressin</i>	57
<i>ciprofloxacin in 5 % dextrose</i> ..	11	CRIXIVAN.....	2	<i>desonide</i>	49
<i>ciprofloxacin-dexamethasone</i> ..	52	<i>cromolyn</i>	60, 70, 72	<i>desoximetasone</i>	49
<i>cisplatin</i>	14	CRYSVITA.....	57	<i>desvenlafaxine succinate</i>	33
<i>citalopram</i>	33	<i>cyclobenzaprine</i>	29	<i>dexamethasone</i>	53
<i>cladribine</i>	14	<i>cyclophosphamide</i>	15	<i>dexamethasone intensol</i>	53
<i>claravis</i>	47	CYCLOPHOSPHAMIDE....	15	<i>dexamethasone sodium phos</i>	
<i>clarithromycin</i>	7	<i>cyclosporine</i>	15	<i>(pf)</i>	53
<i>clindamycin hcl</i>	8	<i>cyclosporine modified</i>	15	<i>dexamethasone sodium</i>	
CLINDAMYCIN IN 0.9 %		CYRAMZA.....	15	<i>phosphate</i>	53, 71
SOD CHLOR.....	8	CYSTADANE.....	60	<i>dexchlorpheniramine maleate</i> ..	71
<i>clindamycin in 5 % dextrose</i>	8	CYSTAGON.....	75	DEXILANT.....	61
<i>clindamycin pediatric</i>	8	CYSTARAN.....	70	<i>dextroamphetamine</i>	33
<i>clindamycin phosphate</i> ..	8, 47, 67	<i>cytarabine</i>	15	<i>dextroamphetamine-</i>	
<i>clindamycin-benzoyl peroxide</i> ..	47	<i>cytarabine (pf)</i>	15	<i>amphetamine</i>	33
<i>clobazam</i>	24	<i>d10 %-0.45 % sodium chloride</i>	50	<i>dextrose 10 % and 0.2 % nacl</i> ..	51
<i>clobetasol</i>	49	<i>d2.5 %-0.45 % sodium</i>		<i>dextrose 10 % in water</i>	
<i>clobetasol-emollient</i>	49	<i>chloride</i>	50	<i>(d10w)</i>	51
<i>clofarabine</i>	14	<i>d5 % and 0.9 % sodium</i>		<i>dextrose 5 % in water (d5w)</i> ...	51
<i>clomipramine</i>	33	<i>chloride</i>	50	<i>dextrose 5 %-lactated ringers</i> ..	51
<i>clonazepam</i>	24	<i>d5 %-0.45 % sodium chloride</i> ..	50	<i>dextrose 5%-0.2 % sod</i>	
<i>clonidine</i>	39	<i>dacarbazine</i>	15	<i>chloride</i>	51
<i>clonidine hcl</i>	39	<i>dactinomycin</i>	15	<i>dextrose 5%-0.3 %</i>	
<i>clopidogrel</i>	42	<i>dalfampridine</i>	28	<i>sod.chloride</i>	51
<i>clorazepate dipotassium</i>	33	DALIRESP.....	72	DIASTAT.....	24
<i>clotrimazole</i>	1, 48	<i>danazol</i>	57	DIASTAT ACUDIAL.....	24
<i>clotrimazole-betamethasone</i>	48	<i>dantrolene</i>	29	<i>diazepam</i>	24, 33, 34
<i>clozapine</i>	33	<i>dapsone</i>	8	<i>diazepam intensol</i>	34
COARTEM.....	8	DAPTACEL (DTAP		<i>diazoxide</i>	54
<i>codeine sulfate</i>	29	PEDIATRIC) (PF).....	63	<i>diclofenac potassium</i>	32
<i>colchicine</i>	65	DAPTOMYCIN.....	8	<i>diclofenac sodium</i>	32, 70
COLCRYS.....	65	<i>daptomycin</i>	8	<i>dicloxacillin</i>	11
<i>colesevelam</i>	44	DARAPRIM.....	8	<i>dicyclomine</i>	59
<i>colistin (colistimethate na)</i>	8	DARZALEX.....	15	<i>didanosine</i>	2
COMBIGAN.....	70	<i>daunorubicin</i>	15	<i>diflunisal</i>	32
COMBIVENT RESPIMAT..	72	DAURISMO.....	15	<i>digitek</i>	45
COMETRIQ.....	14	<i>decadron</i>	52	<i>digox</i>	45
COMPLERA.....	2	<i>decitabine</i>	15	<i>digoxin</i>	45
<i>compro</i>	60	<i>deferasirox</i>	50	<i>dihydroergotamine</i>	27
<i>constulose</i>	60	DELSTRIGO.....	2	DILANTIN 30 MG.....	24
COPAXONE.....	27, 28	DELZICOL.....	60	<i>diltiazem hcl</i>	39, 40
COPIKTRA.....	15	DEMSEER.....	39	<i>dilt-xr</i>	40
CORLANOR.....	44	DENAVIR.....	49	<i>dimethyl fumarate</i>	28
CORTIFOAM.....	60	<i>denta 5000 plus</i>	52	<i>diphenhydramine hcl</i>	71
<i>cortisone</i>	52	<i>dentagel</i>	52	<i>dipyridamole</i>	42
CORTISPORIN-TC.....	52	DEPEN TITRATABS.....	65	<i>disulfiram</i>	51
COSOPT (PF).....	70	DEPO-MEDROL.....	53	<i>divalproex</i>	24
COTELLIC.....	15	DESCOVY.....	2	<i>dobutamine</i>	45
CREON.....	60	<i>desipramine</i>	33	<i>dobutamine in d5w</i>	45

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

<i>docetaxel</i>	15	EMPLICITI.....	15	ESBRIET.....	72
<i>dofetilide</i>	38	EMSAM.....	34	<i>escitalopram oxalate</i>	34
<i>donepezil</i>	28	<i>emtricitabine</i>	2	<i>esomeprazole magnesium</i>	61
<i>dopamine</i>	45	EMTRIVA.....	2	<i>esomeprazole sodium</i>	61
<i>dopamine in 5 % dextrose</i>	45	EMVERM.....	8	<i>estarylla</i>	68
DOPTELET (10 TAB		<i>enalapril maleate</i>	40	<i>estradiol</i>	67
PACK).....	42	<i>enalaprilat</i>	40	<i>estradiol valerate</i>	67
DOPTELET (15 TAB		<i>enalapril-hydrochlorothiazide</i>	40	<i>ethambutol</i>	8
PACK).....	42	ENBREL.....	65	<i>ethosuximide</i>	24
DOPTELET (30 TAB		ENBREL MINI.....	65	<i>ethynodiol diac-eth estradiol</i> ...	68
PACK).....	42	ENBREL SURECLICK.....	65	<i>etodolac</i>	32
<i>dorzolamide</i>	70	<i>endocet</i>	30	ETOPOPHOS.....	16
<i>dorzolamide-timolol</i>	70	ENGERIX-B (PF).....	63	<i>etoposide</i>	16
<i>dorzolamide-timolol (pf)</i>	70	ENGERIX-B PEDIATRIC		<i>euthyrox</i>	59
<i>dotti</i>	67	(PF).....	63	<i>everolimus (antineoplastic)</i>	16
DOVATO.....	2	<i>enoxaparin</i>	42	<i>everolimus</i>	
<i>doxazosin</i>	40	<i>entacapone</i>	27	<i>(immunosuppressive)</i>	16
<i>doxepin</i>	34	<i>entecavir</i>	2	EVOTAZ.....	3
<i>doxorubicin</i>	15	ENTRESTO.....	45	<i>exemestane</i>	16
<i>doxorubicin, peg-liposomal</i>	15	ENTYVIO.....	60	EYLEA.....	70
<i>doxy-100</i>	12	<i>enulose</i>	60	<i>ezetimibe</i>	44
<i>doxycycline hyclate</i>	12	EPCLUSA.....	2	<i>ezetimibe-simvastatin</i>	44
<i>doxycycline monohydrate</i>	12	EPIDIOLEX.....	24	FABRAZYME.....	57
DRIZALMA SPRINKLE....	34	<i>epinastine</i>	70	<i>famciclovir</i>	3
<i>dronabinol</i>	60	EPINEPHRINE.....	71	<i>famotidine</i>	62
<i>drospirenone-e.estradiol-lm.fa</i>	68	<i>epinephrine</i>	71	<i>famotidine (pf)</i>	61
<i>drospirenone-ethinyl estradiol</i>	68	EPIPEN.....	71	<i>famotidine (pf)-nacl (iso-os)</i>	62
DROXIA.....	15	EPIPEN 2-PAK.....	71	FANAPT.....	34
<i>duloxetine</i>	34	EPIPEN JR.....	72	FARYDAK.....	16
DUPIXENT PEN.....	46	EPIPEN JR 2-PAK.....	72	FASENRA.....	73
DUPIXENT SYRINGE.....	46	<i>epirubicin</i>	15	FASLODEX.....	16
<i>duramorph (pf)</i>	29, 30	<i>epitol</i>	24	<i>fayosim</i>	68
<i>dutasteride</i>	75	EPIVIR HBV.....	2	<i>febuxostat</i>	65
<i>econazole</i>	48	<i>eplerenone</i>	40	<i>felbamate</i>	24
EDURANT.....	2	<i>epoprostenol (glycine)</i>	40	<i>felodipine</i>	40
<i>efavirenz</i>	2	ERBITUX.....	15	<i>femynor</i>	68
<i>effe-k</i>	76	<i>ergotamine-caffeine</i>	27	<i>fenofibrate</i>	44
ELAPRASE.....	57	ERIVEDGE.....	16	<i>fenofibrate micronized</i>	44
<i>electrolyte-48 in d5w</i>	78	ERLEADA.....	16	<i>fenofibrate nanocrystallized</i>	44
ELIQUIS.....	42	<i>erlotinib</i>	16	<i>fentanyl</i>	30
ELIQUIS DVT-PE TREAT		ERWINAZE.....	16	<i>fentanyl citrate</i>	30
30D START.....	42	<i>ery pads</i>	47	<i>fentanyl citrate (pf)</i>	30
ELLENCÉ.....	15	ERYTHROCIN.....	7	FERRIPROX.....	51
ELMIRON.....	75	<i>erythrocin (as stearate)</i>	7	FERRIPROX (2 TIMES A	
EMCYT.....	15	<i>erythromycin</i>	7, 69	DAY).....	51
EMEND.....	60	<i>erythromycin ethylsuccinate</i>	7	FETZIMA.....	34
EMEND		<i>erythromycin with ethanol</i>	47	<i>finasteride</i>	75
(FOSAPREPITANT).....	60	<i>erythromycin-benzoyl</i>		FINTEPLA.....	24
<i>emoquette</i>	68	<i>peroxide</i>	47	FIRAZYR.....	73

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

FIRDAPSE.....	28	<i>gatifloxacin</i>	69	HARVONI.....	3
FIRMAGON KIT W		GATTEX 30-VIAL.....	60	HAVRIX (PF).....	63
DILUENT SYRINGE.....	16	GATTEX ONE-VIAL.....	60	<i>heather</i>	67
<i>flac otic oil</i>	52	GAUZE PAD.....	54	<i>heparin (porcine)</i>	43
<i>flecainide</i>	38	<i>gavilyte-c</i>	60	<i>heparin (porcine) in 5 % dex.</i> ..	43
FLOVENT DISKUS.....	73	<i>gavilyte-g</i>	60	<i>heparin (porcine) in nacl (pf)</i> ..	43
FLOVENT HFA.....	73	<i>gavilyte-n</i>	60	HEPARIN(PORCINE) IN	
<i>floxuridine</i>	16	GAVRETO.....	16	0.45% NACL.....	43
<i>fluconazole</i>	1	GAZYVA.....	16	<i>heparin(porcine) in 0.45%</i>	
<i>fluconazole in nacl (iso-osm)</i>	1	<i>gemcitabine</i>	16	<i>nacl</i>	43
<i>flucytosine</i>	1	GEMCITABINE.....	16	<i>heparin, porcine (pf)</i>	43
<i>fludarabine</i>	16	<i>gemfibrozil</i>	44	HEPARIN, PORCINE (PF)..	43
<i>fludrocortisone</i>	53	<i>generlac</i>	60	HEPATAMINE 8%.....	78
<i>flunisolide</i>	73	<i>gengraf</i>	17	HERCEPTIN.....	17
<i>fluocinolone</i>	49	<i>gentak</i>	69	HERCEPTIN HYLECTA....	17
<i>fluocinolone acetonide oil</i>	52	<i>gentamicin</i>	8, 48, 69	HETLIOZ.....	35
<i>fluocinolone and shower cap</i>	49	<i>gentamicin in nacl (iso-osm)</i>	8	HIBERIX (PF).....	63
<i>fluocinonide</i>	49	GENTAMICIN IN NACL		<i>hidex</i>	53
<i>fluocinonide-e</i>	49	(ISO-OSM).....	8	HIZENTRA.....	63
<i>fluocinonide-emollient</i>	49	<i>gentamicin sulfate (ped) (pf)</i> ..	8	HUMALOG JUNIOR	
<i>fluoride (sodium)</i>	52, 78	GENVOYA.....	3	KWIKPEN U-100.....	54
<i>fluorometholone</i>	71	GEODON.....	35	HUMALOG KWIKPEN	
<i>fluorouracil</i>	16, 46	GILOTRIF.....	17	INSULIN.....	54
<i>fluoxetine</i>	34	<i>glatiramer</i>	28	HUMALOG MIX 50-50	
<i>fluphenazine decanoate</i>	34	<i>glatopa</i>	28	INSULN U-100.....	54
<i>fluphenazine hcl</i>	34, 35	GLEOSTINE.....	17	HUMALOG MIX 50-50	
<i>flutamide</i>	16	<i>glimepiride</i>	54	KWIKPEN.....	54
<i>fluticasone propionate</i>	50, 73	<i>glipizide</i>	54	HUMALOG MIX 75-25	
<i>fluvastatin</i>	44	<i>glipizide-metformin</i>	54	KWIKPEN.....	54
<i>fluvoxamine</i>	35	GLUCAGEN HYPOKIT....	54	HUMALOG MIX 75-25(U-	
FOLOTYN.....	16	GLUCAGON (HCL)		100)INSULN.....	54
<i>fondaparinux</i>	42	EMERGENCY KIT.....	54	HUMALOG U-100	
<i>fosamprenavir</i>	3	GLUCAGON		INSULIN.....	54
<i>fosaprepitant</i>	60	EMERGENCY KIT		HUMIRA.....	66
<i>fosinopril</i>	40	(HUMAN).....	54	HUMIRA PEN.....	65
<i>fosinopril-hydrochlorothiazide</i> ..	40	<i>glycopyrrolate</i>	59	HUMIRA PEN CROHNS-	
<i>fosphenytoin</i>	24	<i>glydo</i>	46	UC-HS START.....	66
FREAMINE HBC 6.9 %.....	78	GRASTEK.....	63	HUMIRA PEN PSOR-	
<i>freamine iii 10 %</i>	78	<i>griseofulvin microsize</i>	1	UVEITS-ADOL HS.....	66
<i>fulvestrant</i>	16	<i>griseofulvin ultramicrosize</i>	1	HUMIRA(CF).....	66
<i>furosemide</i>	40	<i>hailey</i>	68	HUMIRA(CF) PEDI	
FUZEON.....	3	<i>hailey 24 fe</i>	68	CROHNS STARTER.....	66
FYCOMPA.....	24, 25	<i>hailey fe 1.5/30 (28)</i>	68	HUMIRA(CF) PEN.....	66
<i>gabapentin</i>	25	<i>hailey fe 1/20 (28)</i>	68	HUMIRA(CF) PEN	
<i>galantamine</i>	28	HALAVEN.....	17	CROHNS-UC-HS.....	66
GAMASTAN.....	63	<i>halobetasol propionate</i>	50	HUMIRA(CF) PEN PSOR-	
GAMASTAN S/D.....	63	<i>haloperidol</i>	35	UV-ADOL HS.....	66
<i>ganciclovir sodium</i>	3	<i>haloperidol decanoate</i>	35	HUMULIN 70/30 U-100	
GARDASIL 9 (PF).....	63	<i>haloperidol lactate</i>	35	INSULIN.....	54

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

HUMULIN 70/30 U-100	<i>incassia</i>	67	JARDIANCE.....	55
KWIKPEN.....	55	INCRELEX.....	51	<i>jasmiel (28)</i>
HUMULIN N NPH	INCRUSE ELLIPTA.....	73	<i>jencycla</i>	67
INSULIN KWIKPEN.....	55	<i>indapamide</i>	40	JENTADUETO.....
HUMULIN N NPH U-100	INFANRIX (DTAP) (PF)....	64	JENTADUETO XR.....	55
INSULIN.....	55	INFUGEM.....	17	JEVTANA.....
HUMULIN R REGULAR	INLYTA.....	17	<i>juleber</i>	68
U-100 INSULN.....	55	INQOVI.....	17	JULUCA.....
HUMULIN R U-500	INREBIC.....	17	<i>junel 1.5/30 (21)</i>	68
(CONC) INSULIN.....	55	INSULIN PEN NEEDLE....	55	<i>junel 1/20 (21)</i>
HUMULIN R U-500	INSULIN SYRINGE	(DISP) U-100.....	55	<i>junel fe 1.5/30 (28)</i>
(CONC) KWIKPEN.....	55	INTELENCE.....	3	<i>junel fe 1/20 (28)</i>
<i>hydralazine</i>	40	<i>intralipid</i>	78	<i>junel fe 24</i>
<i>hydrochlorothiazide</i>	40	INTRALIPID.....	78	KADCYLA.....
<i>hydrocodone-acetaminophen</i> ...	30	INTRON A.....	62	<i>kaitlib fe</i>
<i>hydrocodone-ibuprofen</i>	30	INVEGA SUSTENNA.....	35	KALETRA.....
<i>hydrocortisone</i>	50, 53, 60	INVEGA TRINZA.....	35	<i>kalliga</i>
<i>hydrocortisone valerate</i>	50	INVELTYS.....	71	KALYDECO.....
<i>hydrocortisone-acetic acid</i>	52	INVIRASE.....	3	KANUMA.....
<i>hydromorphone</i>	30	INVOKAMET.....	55	<i>kelnor 1/35 (28)</i>
HYDROMORPHONE (PF).30	<i>hydromorphone (pf)</i>	30	INVOKAMET XR.....	55
<i>hydromorphone (pf)</i>	30	INVOKANA.....	55	<i>kelnor 1-50</i>
<i>hydroxychloroquine</i>	8	IPOLE.....	64	KEPIVANCE.....
<i>hydroxyprogesterone</i>	<i>caproate</i>	67	<i>ipratropium bromide</i>	52, 73
<i>caproate</i>	67	<i>ipratropium-albuterol</i>	73	<i>ketoconazole</i>
<i>hydroxyurea</i>	17	<i>irbesartan</i>	40	1, 48
<i>hydroxyzine hcl</i>	72	<i>irbesartan-</i>	<i>hydrochlorothiazide</i>	40
HYPERHEP B S/D.....	63, 64	IRESSA.....	17	<i>ketorolac</i>
HYPERHEP B S-D	NEONATAL.....	64	<i>irinotecan</i>	17
NEONATAL.....	64	ISENTRESS.....	3	KEYTRUDA.....
<i>ibandronate</i>	65	ISENTRESS HD.....	3	KHAPZORY.....
IBRANCE.....	17	<i>isibloom</i>	68	KINRIX (PF).....
<i>ibu</i>	32	<i>isoniazid</i>	9	<i>kionex (with sorbitol)</i>
<i>ibuprofen</i>	32	ISORDIL.....	46	51
<i>icatibant</i>	73	<i>isosorbide dinitrate</i>	46	KISQALI.....
ICLUSIG.....	17	<i>isosorbide mononitrate</i>	46	KISQALI FEMARA CO-
<i>idarubicin</i>	17	<i>isotretinoin</i>	47	PACK.....
IDHIFA.....	17	ISTODAX.....	18	<i>klor-con</i>
<i>ifosfamide</i>	17	<i>itraconazole</i>	1	<i>klor-con 10</i>
ILARIS (PF).....	62	<i>ivermectin</i>	9	<i>klor-con 10</i>
<i>imatinib</i>	17	IXEMPRA.....	18	<i>klor-con 8</i>
IMBRUVICA.....	17	IXIARO (PF).....	64	<i>klor-con m10</i>
IMFINZI.....	17	JAKAFI.....	18	<i>klor-con m15</i>
<i>imipenem-cilastatin</i>	8	<i>jantoven</i>	43	<i>klor-con m20</i>
<i>imipramine hcl</i>	35	JANUMET.....	55	<i>klor-conlef</i>
<i>imiquimod</i>	46	JANUMET XR.....	55	76
IMOVAX RABIES	JANUVIA.....	55	KORLYM.....	57
VACCINE (PF).....	64	JARDIANCE.....	55	K-PHOS NO 2.....
IMPAVIDO.....	8	<i>jasmiel (28)</i>	68	K-PHOS ORIGINAL.....
		<i>jencycla</i>	67	65
		JENTADUETO.....	55	KRYSTEXXA.....
		JENTADUETO XR.....	55	KUVAN.....
		JEVTANA.....	18	KYPROLIS.....
		<i>juleber</i>	68	<i>l norgestle.estradiol-e.estrad</i> ...
		JULUCA.....	3	68
		<i>junel 1.5/30 (21)</i>	68	<i>labetalol</i>
		<i>junel 1/20 (21)</i>	68	40
		<i>junel fe 1.5/30 (28)</i>	68	<i>lactated ringers</i>
		<i>junel fe 1/20 (28)</i>	68	76
		<i>junel fe 24</i>	68	<i>lactulose</i>
		KADCYLA.....	18	60
		<i>kaitlib fe</i>	68	<i>lamivudine</i>
		KALETRA.....	3	3
		<i>kalliga</i>	68	
		KALYDECO.....	73	
		KANUMA.....	57	
		<i>kelnor 1/35 (28)</i>	68	
		<i>kelnor 1-50</i>	68	
		KEPIVANCE.....	12	
		<i>ketoconazole</i>	1, 48	
		<i>ketorolac</i>	70	
		KEYTRUDA.....	18	
		KHAPZORY.....	12	
		KINRIX (PF).....	64	
		<i>kionex (with sorbitol)</i>	51	
		KISQALI.....	18	
		KISQALI FEMARA CO-		
		PACK.....	18	
		<i>klor-con</i>	76	
		<i>klor-con 10</i>	76	
		<i>klor-con 8</i>	76	
		<i>klor-con m10</i>	76	
		<i>klor-con m15</i>	76	
		<i>klor-con m20</i>	76	
		<i>klor-conlef</i>	76	
		KORLYM.....	57	
		K-PHOS NO 2.....	75	
		K-PHOS ORIGINAL.....	75	
		KRYSTEXXA.....	65	
		KUVAN.....	58	
		KYPROLIS.....	18	
		<i>l norgestle.estradiol-e.estrad</i> ...	68	
		<i>labetalol</i>	40	
		<i>lactated ringers</i>	76	
		<i>lactulose</i>	60	
		<i>lamivudine</i>	3	

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

<i>lamivudine-zidovudine</i>	4	LIORESAL	29	<i>mannitol 25 %</i>	41
<i>lamotrigine</i>	25	<i>liothyronine</i>	59	<i>maprotiline</i>	36
LANOXIN	45	<i>lisinopril</i>	40	MARPLAN	36
LANOXIN PEDIATRIC	45	<i>lisinopril-hydrochlorothiazide</i> ..	40	MARQIBO	19
<i>lansoprazole</i>	62	<i>lithium carbonate</i>	35	MATULANE	19
LANTUS SOLOSTAR U-100 INSULIN	55	<i>lithium citrate</i>	36	<i>meclizine</i>	60
LANTUS U-100 INSULIN ..	55	LONSURF	18	<i>medroxyprogesterone</i>	67
<i>larissia</i>	68	<i>loperamide</i>	59	<i>mefloquine</i>	9
<i>latanoprost</i>	70	<i>lopinavir-ritonavir</i>	4	<i>megestrol</i>	19
LATUDA	35	<i>lorazepam</i>	36	MEKINIST	19
<i>leflunomide</i>	66	<i>lorazepam intensol</i>	36	MEKTOVI	19
LEMTRADA	28	LORBRENA	18	<i>melodetta 24 fe</i>	68
LENVIMA	18	<i>losartan</i>	40	<i>meloxicam</i>	32
<i>letrozole</i>	18	<i>losartan-hydrochlorothiazide</i> ..	41	<i>melphalan</i>	19
<i>leucovorin calcium</i>	12	<i>loteprednol etabonate</i>	71	<i>melphalan hcl</i>	19
LEUKERAN	18	<i>lovastatin</i>	44	<i>memantine</i>	28
<i>leuprolide</i>	18	<i>low-ogestrel (28)</i>	68	MEMANTINE	28
LEVEMIR FLEXTOUCH U-100 INSULN	55	<i>loxapine succinate</i>	36	MENACTRA (PF)	64
LEVEMIR U-100 INSULIN ..	55	<i>lo-zumandimine (28)</i>	68	MENVEO A-C-Y-W-135-DIP (PF)	64
<i>levetiracetam</i>	25	LUCENTIS	70	MEPSEVII	58
<i>levetiracetam in nacl (iso-os)</i> ..	25	LUMIGAN	70	<i>mercaptapurine</i>	19
<i>levobunolol</i>	69	LUMIZYME	58	<i>meropenem</i>	9
<i>levocarnitine</i>	51	LUMOXITI	18	MEROPENEM-0.9% SODIUM CHLORIDE	9
<i>levocarnitine (with sugar)</i>	51	LUPRON DEPOT	18	<i>mesalamine</i>	60
<i>levocetirizine</i>	72	LUPRON DEPOT (3 MONTH)	19	<i>mesalamine with cleansing wipe</i>	60
<i>levofloxacin</i>	11	LUPRON DEPOT (4 MONTH)	19	<i>mesna</i>	13
<i>levofloxacin in d5w</i>	11	LUPRON DEPOT (6 MONTH)	19	MESNEX	13
<i>levoleucovorin calcium</i>	12, 13	LUPRON DEPOT-PED	19	<i>metformin</i>	56
<i>levonorgestrel-ethinyl estrad</i> ..	68	LUPRON DEPOT-PED (3 MONTH)	19	<i>methadone</i>	30, 31
<i>levonorg-eth estrad triphasic</i> ..	68	LUPRON DEPOT-PED (6 MONTH)	19	<i>methadone intensol</i>	30
<i>levo-t</i>	59	LYNPARZA	19	<i>methadose</i>	31
<i>levothyroxine</i>	59	LYRICA	25	<i>methazolamide</i>	70
<i>levoxyl</i>	59	LYSODREN	19	<i>methenamine hippurate</i>	12
LEXIVA	4	LYUMJEV KWIKPEN U-100 INSULIN	55	<i>methenamine mandelate</i>	12
LIBTAYO	18	LYUMJEV KWIKPEN U-200 INSULIN	55	<i>methimazole</i>	53
<i>lidocaine</i>	47	LYUMJEV U-100 INSULIN	55	<i>methotrexate sodium</i>	19
<i>lidocaine (pf)</i>	38, 46, 47	Mafenide acetate	48	<i>methotrexate sodium (pf)</i>	19
<i>lidocaine hcl</i>	47	magnesium sulfate	76	<i>methoxsalen</i>	47
<i>lidocaine viscous</i>	47	MAGNESIUM SULFATE IN D5W	76	<i>methyl dopa</i>	41
<i>lidocaine-prilocaine</i>	47	<i>magnesium sulfate in water</i>	76	<i>methylergonovine</i>	69
<i>lillow (28)</i>	68	malathion	50	<i>methylphenidate hcl</i>	36
<i>lindane</i>	50	mannitol 20 %	41	<i>methylprednisolone</i>	53
<i>linezolid</i>	9			<i>methylprednisolone acetate</i>	53
<i>linezolid in dextrose 5%</i>	9			<i>methylprednisolone sodium succ</i>	53
<i>linezolid-0.9% sodium chloride</i>	9			<i>methyltestosterone</i>	58
LINZESS	60				

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

<i>metoclopramide hcl</i>	60, 61	MYRBETRIQ.....	75	<i>nitrofurantoin monohydlm-</i>	
<i>metolazone</i>	41	<i>nafcillin</i>	11	<i>cryst</i>	12
<i>metoprolol succinate</i>	41	<i>nafcillin in dextrose iso-osm</i>	11	<i>nitroglycerin</i>	46
<i>metoprolol ta-</i>		NAGLAZYME.....	58	<i>nitroglycerin in 5 % dextrose</i> ..	46
<i>hydrochlorothiaz</i>	41	<i>naloxone</i>	32	NORDITROPIN	
<i>metoprolol tartrate</i>	41	<i>naltrexone</i>	32	FLEXPRO	62
<i>metro i.v.</i>	9	NAMZARIC.....	28	<i>noreth-ethinyl estradiol-iron</i> ...	68
<i>metronidazole</i>	9, 47, 48, 67	<i>naproxen</i>	32	<i>norethindrone (contraceptive)</i>	67
<i>metronidazole in nacl (iso-os)</i> ..	9	NARCAN.....	32	<i>norethindrone acetate</i>	67
<i>mexiletine</i>	38	NATACYN.....	69	<i>norethindrone ac-eth estradiol</i>	
MIACALCIN	58	NATPARA.....	58	67, 68
<i>mibelas 24 fe</i>	68	NAYZILAM.....	25	<i>norethindrone-e.estradiol-iron</i> .	69
<i>micafungin</i>	1	NEBUPENT.....	9	<i>norgestimate-ethinyl estradiol</i> .	69
<i>microgestin 1.5/30 (21)</i>	68	NEEDLES, INSULIN		<i>norlyda</i>	67
<i>microgestin 1/20 (21)</i>	68	DISP.,SAFETY	56	NORMOSOL-R	76
<i>microgestin fe 1.5/30 (28)</i>	68	<i>nefazodone</i>	36	NORMOSOL-R PH 7.4	78
<i>microgestin fe 1/20 (28)</i>	68	<i>neomycin</i>	9	NORTHERA	51
<i>midodrine</i>	51	<i>neomycin-bacitracin-poly-hc</i> ...	71	<i>nortriptyline</i>	36
<i>mili</i>	68	<i>neomycin-bacitracin-</i>		NORVIR	4
<i>milrinone</i>	45	<i>polymyxin</i>	69	NOVOLOG FLEXPEN U-	
<i>milrinone in 5 % dextrose</i>	45	<i>neomycin-polymyxin b-</i>		100 INSULIN	56
<i>minocycline</i>	12	<i>dexameth</i>	71	NOVOLOG MIX 70-30 U-	
<i>minoxidil</i>	41	<i>neomycin-polymyxin-</i>		100 INSULN	56
MIRENA	67	<i>gramicidin</i>	69	NOVOLOG MIX 70-	
<i>mirtazapine</i>	36	<i>neomycin-polymyxin-hc</i>	52, 71	30FLEXPEN U-100	56
<i>misoprostol</i>	62	<i>neo-polycin</i>	69	NOVOLOG PENFILL U-	
<i>mitomycin</i>	19	<i>neo-polycin hc</i>	71	100 INSULIN	56
<i>mitoxantrone</i>	19	<i>neostigmine methylsulfate</i>	29	NOVOLOG U-100	
M-M-R II (PF)	64	NEPHRAMINE 5.4 %	78	INSULIN ASPART	56
<i>modafinil</i>	36	NERLYNX	19	NOXAFIL	1
<i>molindone</i>	36	NEULASTA	62	NPLATE	43
<i>mometasone</i>	50, 73	NEULASTA ONPRO	62	NUBEQA	19
<i>mondoxyne nl</i>	12	NEUPOGEN	62	NUEDEXTA	28
<i>montelukast</i>	73	NEUPRO	27	NULOJIX	20
<i>morgidox</i>	12	<i>nevirapine</i>	4	NUPLAZID	36
MORPHINE	31	NEXAVAR	19	<i>nyamyc</i>	48
<i>morphine</i>	31	NEXPLANON	67	<i>nystatin</i>	1, 48
<i>morphine (pf)</i>	31	<i>niacin</i>	44	<i>nystatin-triamcinolone</i>	49
<i>morphine concentrate</i>	31	NICOTROL	52	<i>nystop</i>	49
<i>moxifloxacin</i>	69	NICOTROL NS	52	OCALIVA	61
MOZOBIL	62	<i>nifedipine</i>	41	<i>ocella</i>	69
MULTAQ	38	<i>nilutamide</i>	19	OCREVUS	28
<i>mupirocin</i>	48	<i>nimodipine</i>	41	<i>octreotide acetate</i>	20
MYALEPT	58	NINLARO	19	ODEFSEY	4
MYCAMINE	1	NIPENT	19	ODOMZO	20
<i>mycophenolate mofetil</i>	19	<i>nitisinone</i>	51	OFEV	73
<i>mycophenolate mofetil (hcl)</i> ...	19	<i>nitro-bid</i>	46	<i>ofloxacin</i>	52
<i>mycophenolate sodium</i>	19	<i>nitrofurantoin</i>	12	OGIVRI	20
MYLOTARG	19	<i>nitrofurantoin macrocrystal</i> ...	12	<i>olanzapine</i>	36

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

<i>olmesartan</i>	41	<i>peg 3350-electrolytes</i>	61	<i>polyethylene glycol 3350</i>	61
<i>olmesartan-</i>		PEGANONE.....	25	<i>polymyxin b sulf-</i>	
<i>hydrochlorothiazide</i>	41	PEGASYS.....	63	<i>trimethoprim</i>	69
<i>omeprazole</i>	62	PEGASYS PROCLICK.....	63	POMALYST.....	20
ONCASPAR.....	20	<i>peg-electrolyte</i>	61	PORTRAZZA.....	20
<i>ondansetron</i>	61	PEGINTRON.....	63	<i>posaconazole</i>	1
<i>ondansetron hcl</i>	61	PEMAZYRE.....	20	<i>potassium acetate</i>	76
<i>ondansetron hcl (pf)</i>	61	<i>penicillamine</i>	66	<i>potassium chlorid-d5-</i>	
ONIVYDE.....	20	<i>penicillin g potassium</i>	11	<i>0.45%nacl</i>	76
ONTRUZANT.....	20	<i>penicillin g procaine</i>	11	<i>potassium chloride</i>	77
OPDIVO.....	20	<i>penicillin g sodium</i>	11	<i>potassium chloride in</i>	
<i>opium tincture</i>	59	<i>penicillin v potassium</i>	11	<i>0.9%nacl</i>	76
<i>oralone</i>	52	PENTACEL (PF).....	64	<i>potassium chloride in 5 % dex</i>	76
ORENCIA.....	66	PENTAM.....	9	<i>potassium chloride in lr-d5</i>	76
ORENCIA CLICKJECT.....	66	<i>pentamidine</i>	9	<i>potassium chloride in water</i>	
ORFADIN.....	51	PENTASA.....	61	76, 77
ORKAMBI.....	73	<i>pentoxifylline</i>	43	<i>potassium chloride-0.45 %</i>	
<i>oseltamivir</i>	4	PERFOROMIST.....	73	<i>nacl</i>	77
<i>osmitrol 15 %</i>	41	<i>periogard</i>	52	<i>potassium chloride-d5-</i>	
<i>osmitrol 20 %</i>	41	PERJETA.....	20	<i>0.2%nacl</i>	77
<i>oxaliplatin</i>	20	<i>permethrin</i>	50	<i>potassium chloride-d5-</i>	
<i>oxandrolone</i>	58	<i>perphenazine</i>	37	<i>0.3%nacl</i>	77
<i>oxaprozin</i>	32	PERSERIS.....	37	<i>potassium chloride-d5-</i>	
<i>oxcarbazepine</i>	25	<i>pfizerpen-g</i>	11	<i>0.9%nacl</i>	77
OXERVATE.....	70	<i>phenelzine</i>	37	<i>potassium citrate</i>	75
<i>oxybutynin chloride</i>	75	<i>phenobarbital</i>	25	<i>potassium phosphate m-l-</i>	
<i>oxycodone</i>	31	<i>phenobarbital sodium</i>	25, 26	<i>basic</i>	77
<i>oxycodone-acetaminophen</i>	31	<i>phentolamine</i>	41	POTELIGEO.....	20
<i>oxycodone-aspirin</i>	31	<i>phenytoin</i>	26	PRADAXA.....	43
<i>oxymorphone</i>	31	<i>phenytoin sodium</i>	26	<i>pramipexole</i>	27
OZEMPIC.....	56	<i>phenytoin sodium extended</i>	26	<i>prasugrel</i>	43
OZURDEX.....	71	PHOSLYRA.....	76	<i>pravastatin</i>	44
<i>pacerone</i>	39	PHOSPHOLINE IODIDE.....	70	<i>praziquantel</i>	9
<i>paclitaxel</i>	20	PIFELTRO.....	4	<i>prazosin</i>	41
PADCEV.....	20	<i>pilocarpine hcl</i>	51, 70	<i>prednicarbate</i>	50
<i>paliperidone</i>	36, 37	<i>pimozide</i>	37	<i>prednisolone</i>	53
<i>palonosetron</i>	61	<i>pindolol</i>	41	<i>prednisolone acetate</i>	71
PALYNZIQ.....	58	<i>pioglitazone</i>	56	<i>prednisolone sodium</i>	
PANRETIN.....	47	PIPERACILLIN-		<i>phosphate</i>	53, 71
<i>pantoprazole</i>	62	TAZOBACTAM.....	11	<i>prednisone</i>	53
PARICALCITOL.....	58	<i>piperacillin-tazobactam</i>	11	<i>prednisone intensol</i>	53
<i>paricalcitol</i>	58	PIQRAY.....	20	<i>pregabalin</i>	26
<i>paroex oral rinse</i>	52	<i>plasbumin 25 %</i>	75	PREMARIN.....	67
<i>paromomycin</i>	9	<i>plasbumin 5 %</i>	75	<i>premasol 10 %</i>	78
<i>paroxetine hcl</i>	37	<i>plenamine</i>	78	<i>prenatal vitamin oral tablet</i>	78
PASER.....	9	PLENVU.....	61	<i>prevalite</i>	44
PAXIL.....	37	<i>podofilox</i>	47	<i>previfem</i>	69
PEDIARIX (PF).....	64	POLIVY.....	20	PREVYMIS.....	4
PEDVAX HIB (PF).....	64	<i>polycin</i>	69	PREZCOBIX.....	4

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

PREZISTA.....	4	<i>ramipril</i>	41	<i>rosuvastatin</i>	44
PRIFTIN.....	9	RANEXA.....	45	ROTARIX.....	64
PRILOSEC.....	62	<i>ranitidine hcl</i>	62	ROTATEQ VACCINE.....	64
<i>primaquine</i>	9	<i>ranolazine</i>	45	<i>roweepra</i>	26
<i>primidone</i>	26	<i>rasagiline</i>	27	ROZEREM.....	37
PRIVIGEN.....	64	RAVICTI.....	51	ROZLYTREK.....	20
PROAIR HFA.....	74	RECOMBIVAX HB (PF).....	64	RUBRACA.....	21
PROAIR RESPICLICK.....	74	RECTIV.....	61	RUKOBIA.....	4
<i>probenecid</i>	65	<i>regonol</i>	29	RYDAPT.....	21
<i>probenecid-colchicine</i>	65	REGRANEX.....	47	RYTARY.....	27
<i>prochlorperazine</i>	61	RELENZA DISKHALER.....	4	<i>salsalate</i>	32
<i>prochlorperazine edisylate</i>	61	RELISTOR.....	61	SAMSCA.....	58
<i>prochlorperazine maleate oral</i>	61	REMICADE.....	61	SANDIMMUNE.....	21
PROCRIT.....	63	RENACIDIN.....	75	SANTYL.....	47
<i>procto-med hc</i>	61	<i>repaglinide</i>	56	SAPHRIS.....	37
<i>procto-pak</i>	61	REPATHA.....	44	SARCLISA.....	21
<i>proctosol hc</i>	61	REPATHA.....		<i>scopolamine base</i>	61
<i>proctozone-hc</i>	61	PUSHTRONEX.....	44	SECUADO.....	37
PROGLYCEM.....	56	REPATHA SURECLICK.....	44	<i>selegiline hcl</i>	27
PROGRAF.....	20	RESTASIS.....	70	<i>selenium sulfide</i>	46
PROLASTIN-C.....	51	RESTASIS MULTIDOSE.....	70	SELZENTRY.....	4, 5
PROLEUKIN.....	63	RETEVMO.....	20	SENSIPAR.....	58
PROLIA.....	65	RETROVIR.....	4	SEREVENT DISKUS.....	74
PROMACTA.....	43	REVCОВI.....	51	<i>sertraline</i>	37
<i>promethazine</i>	72	REVLIMID.....	20	<i>setlakin</i>	69
<i>propafenone</i>	39	<i>revonto</i>	29	<i>sevelamer carbonate</i>	51
<i>propranolol</i>	41	REXULTI.....	37	<i>sf</i>	52
<i>propranolol-</i> <i>hydrochlorothiazid</i>	41	REYATAZ.....	4	<i>sf 5000 plus</i>	52
<i>propylthiouracil</i>	53	RHOPRESSA.....	70	SHINGRIX (PF).....	64
PROQUAD (PF).....	64	<i>ribavirin</i>	4	SIGNIFOR.....	21
<i>protriptyline</i>	37	<i>rifabutin</i>	9	<i>sildenafil (pulmonary arterial</i> <i>hypertension)</i>	74
PULMOZYME.....	74	<i>rifampin</i>	9	<i>silver sulfadiazine</i>	47
PURIXAN.....	20	<i>riluzole</i>	51	<i>simliya (28)</i>	69
<i>pyrazinamide</i>	9	<i>rimantadine</i>	4	<i>simpesse</i>	69
<i>pyridostigmine bromide</i>	29	<i>ringer's</i>	77	SIMULECT.....	21
<i>pyrimethamine</i>	9	RINVOQ.....	66	<i>simvastatin</i>	44
QINLOCK.....	20	RISPERDAL CONSTA.....	37	<i>sirolimus</i>	21
QUADRACEL (PF).....	64	<i>risperidone</i>	37	SIRTURO.....	9
<i>quetiapine</i>	37	<i>ritonavir</i>	4	SKYRIZI.....	46
<i>quinapril</i>	41	RITUXAN.....	20	<i>sodium acetate</i>	77
<i>quinapril-hydrochlorothiazide</i>	41	RITUXAN HYCELA.....	20	<i>sodium bicarbonate</i>	77
<i>quinidine sulfate</i>	39	<i>rivastigmine</i>	28	<i>sodium chloride</i>	51, 77
<i>quinine sulfate</i>	9	<i>rivastigmine tartrate</i>	28	<i>sodium chloride 0.45 %</i>	77
RABAVERT (PF).....	64	<i>rivelsa</i>	69	<i>sodium chloride 0.9 %</i>	51
RADICAVA.....	28	<i>rizatriptan</i>	27	<i>sodium chloride 3 %</i>	77
RAGWITEK.....	64	ROCKLATAN.....	70	<i>sodium chloride 5 %</i>	77
<i>raloxifene</i>	65	ROMIDEPSIN.....	20	SODIUM EDECRIN.....	41
<i>ramelteon</i>	37	<i>ropinirole</i>	27	<i>sodium fluoride 5000 plus</i>	52
		<i>rosadan</i>	48		

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

<i>sodium phosphate</i>	77	<i>sumatriptan succinate</i>	27	TERIPARATIDE.....	65
<i>sodium polystyrene (sorb free)</i>	51	SUPRAX.....	7	<i>testosterone</i>	58, 59
<i>sodium polystyrene sulfonate</i> ..	51	SUTENT.....	21	<i>testosterone cypionate</i>	58
<i>solifenacin</i>	75	<i>syeda</i>	69	<i>testosterone enanthate</i>	58
SOLQUA 100/33.....	56	SYLATRON.....	63	TETANUS,DIPHTHERIA	
SOLIRIS.....	51	SYLVANT.....	21	TOX PED(PF).....	64
SOLTAMOX.....	21	SYMDEKO.....	74	<i>tetrabenazine</i>	28
SOLU-CORTEF ACT-O- VIAL (PF).....	53	SYMFI.....	5	<i>tetracycline</i>	12
SOMATULINE DEPOT.....	21	SYMFI LO.....	5	THALOMID.....	22
SOMAVERT.....	58	SYMLINPEN 120.....	56	<i>theophylline</i>	74
<i>sorine</i>	39	SYMLINPEN 60.....	56	<i>thioridazine</i>	37
<i>sotalol</i>	39	SYMPAZAN.....	26	<i>thiotepa</i>	22
<i>sotalol af</i>	39	SYMTUZA.....	5	<i>thiothixene</i>	37
SOTYLIZE.....	39	SYNAGIS.....	5	<i>tiagabine</i>	26
<i>spironolactone</i>	41	SYNAREL.....	58	TIBSOVO.....	22
<i>spironolacton- hydrochlorothiaz</i>	41	SYNERCID.....	9	TICE BCG.....	64
<i>sprintec (28)</i>	69	SYNJARDY.....	56	<i>tigecycline</i>	9
SPRITAM.....	26	SYNJARDY XR.....	56	<i>timolol maleate</i>	41, 69, 70
SPRYCEL.....	21	SYNRIBO.....	21	TIVICAY.....	5
<i>sps (with sorbitol)</i>	51	TABLOID.....	21	TIVICAY PD.....	5
<i>ssd</i>	47	TABRECTA.....	21	<i>tizanidine</i>	29
STAMARIL (PF).....	64	<i>tacrolimus</i>	21, 47	<i>tobramycin</i>	69
<i>stavudine</i>	5	<i>tadalafil (pulm. hypertension)</i>	74	<i>tobramycin in 0.225 % nacl</i>	9
STELARA.....	46	TAFINLAR.....	21	<i>tobramycin sulfate</i>	9
STIMATE.....	58	TAGRISSE.....	21	<i>tobramycin-dexamethasone</i>	71
STIVARGA.....	21	TALZENNA.....	21	<i>tolterodine</i>	75
STRENSIQ.....	58	<i>tamoxifen</i>	21	<i>tolvaptan</i>	59
STREPTOMYCIN.....	9	<i>tamsulosin</i>	75	<i>topiramate</i>	26
STRIBILD.....	5	TARGRETIN.....	21	<i>toposar</i>	22
SUBOXONE.....	32	<i>tarina 24 fe</i>	69	<i>topotecan</i>	22
<i>subvenite</i>	26	TASIGNA.....	21	<i>toremifene</i>	22
<i>subvenite starter (blue) kit</i>	26	<i>tazarotene</i>	48	<i>toremide</i>	41
<i>subvenite starter (green) kit</i> ...	26	<i>tazicef</i>	7	TOUJEO MAX U-300	
<i>subvenite starter (orange) kit</i> ..	26	TAZORAC.....	48	SOLOSTAR.....	56
SUCRAID.....	61	TAZVERIK.....	21	TOUJEO SOLOSTAR U- 300 INSULIN.....	57
<i>sucralfate</i>	62	TDVAX.....	64	TOVIAZ.....	75
<i>sulfacetamide sodium</i>	70	TECENTRIQ.....	21	TRACLEER.....	74
<i>sulfacetamide sodium (acne)</i> ..	48	TECFIDERA.....	28	TRADJENTA.....	57
<i>sulfadiazine</i>	11	TEFLARO.....	7	TRAMADOL.....	32
<i>sulfamethoxazole- trimethoprim</i>	12	<i>telmisartan</i>	41	<i>tramadol</i>	32
SULFAMYLON.....	48	TEMIXYS.....	5	<i>tranexamic acid</i>	67
<i>sulfasalazine</i>	61	TEMODAR.....	21	<i>tranylcypromine</i>	37
<i>sulfatrim</i>	12	<i>temsirolimus</i>	21	<i>travasol 10 %</i>	78
<i>sulindac</i>	32	TENIVAC (PF).....	64	<i>travoprost</i>	70
<i>sumatriptan</i>	27	<i>tenofovir disoproxil fumarate</i>	5	TRAZIMERA.....	22
		<i>terazosin</i>	41	<i>trazodone</i>	37
		<i>terbinafine hcl</i>	1	TREANDA.....	22
		<i>terbutaline</i>	74	TRECTOR.....	9
		<i>terconazole</i>	67		

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

TRELEGY ELLIPTA.....	74	UNITUXIN.....	22	<i>vincristine</i>	22
TRELSTAR.....	22	UPTRAVI.....	41	<i>vinorelbine</i>	23
<i>treprostinil sodium</i>	41	<i>ursodiol</i>	61	VIOKACE.....	61
<i>tretinoin (antineoplastic)</i>	22	UVADEX.....	47	VIRACEPT.....	5
<i>tretinoin topical</i>	48	<i>valacyclovir</i>	5	VIREAD.....	5
<i>triamcinolone acetonide</i>	50, 52, 53	VALCHLOR.....	47	VISTOGARD.....	13
<i>triamterene</i>	41	<i>valganciclovir</i>	5	VITRAKVI.....	23
<i>triamterene-</i> <i>hydrochlorothiazid</i>	41	<i>valproate sodium</i>	26	VIVITROL.....	32
<i>triderm</i>	50	<i>valproic acid</i>	26	VIZIMPRO.....	23
<i>trientine</i>	51	<i>valproic acid (as sodium salt)</i>	26	<i>voriconazole</i>	1
<i>trifluoperazine</i>	37	<i>valrubicin</i>	22	VOTRIENT.....	23
<i>trifluridine</i>	69	<i>valsartan</i>	41	VRAYLAR.....	38
TRIJARDY XR.....	57	<i>valsartan-hydrochlorothiazide</i>	42	<i>vylibra</i>	69
<i>tri-lo-mili</i>	69	VALSTAR.....	22	VYNDAMAX.....	45
<i>tri-lo-sprintec</i>	69	VALTOCO.....	26	VYXEOS.....	23
<i>trilyte with flavor packets</i>	61	VANCOMYCIN.....	10	<i>warfarin</i>	43
<i>trimethoprim</i>	12	<i>vancomycin</i>	10	WELCHOL.....	44
<i>tri-mili</i>	69	VANCOMYCIN IN 0.9 % SODIUM CHL.....	10	XALKORI.....	23
<i>trimipramine</i>	37	VANCOMYCIN IN DEXTROSE 5 %.....	10	XARELTO.....	43
TRINTELLIX.....	38	<i>vandazole</i>	67	XARELTO DVT-PE TREAT 30D START.....	43
TRISENOX.....	22	VANTAS.....	22	XATMEP.....	23
<i>tri-sprintec (28)</i>	69	VAQTA (PF).....	65	XCOPRI.....	26
TRIUMEQ.....	5	VARIVAX (PF).....	65	XCOPRI MAINTENANCE PACK.....	26
<i>tri-vylibra</i>	69	VARIZIG.....	65	XCOPRI TITRATION PACK.....	26
<i>tri-vylibra lo</i>	69	VASCEPA.....	44	XELJANZ.....	66
TROGARZO.....	5	VECTIBIX.....	22	XELJANZ XR.....	66
TROPHAMINE 10 %.....	78	VELCADE.....	22	XERMELO.....	23
TRULANCE.....	61	VELTASSA.....	51	XGEVA.....	13
TRULICITY.....	57	VEMLIDY.....	5	XIAFLEX.....	51
TRUMENBA.....	64	VENCLEXTA.....	22	XIFAXAN.....	10
TRUVADA.....	5	VENCLEXTA STARTING PACK.....	22	XOLAIR.....	74
TUKYSA.....	22	<i>venlafaxine</i>	38	XOSPATA.....	23
<i>tulana</i>	67	<i>verapamil</i>	42	XPOVIO.....	23
TWINRIX (PF).....	65	VERSACLOZ.....	38	XTANDI.....	23
<i>tydemy</i>	69	VERZENIO.....	22	XURIDEN.....	51
TYKERB.....	22	VIBATIV.....	10	XYREM.....	38
TYMLOS.....	65	VICTOZA 2-PAK.....	57	YERVOY.....	23
TYPHIM VI.....	65	VICTOZA 3-PAK.....	57	YF-VAX (PF).....	65
TYSABRI.....	28	<i>vienna</i>	69	YONDELIS.....	23
TYVASO.....	74	<i>vigabatrin</i>	26	<i>yuvafem</i>	67
TYVASO INSTITUTIONAL START KIT.....	74	<i>vigadrone</i>	26	<i>zafirlukast</i>	74
TYVASO REFILL KIT.....	74	VIIBRYD.....	38	ZALTRAP.....	23
TYVASO STARTER KIT....	74	VIMIZIM.....	59	ZANOSAR.....	23
ULORIC.....	65	VIMPAT.....	26	<i>zarah</i>	69
<i>unithroid</i>	59	<i>vinblastine</i>	22	ZEJULA.....	23
		<i>vincasar pfs</i>	22	ZELBORAF.....	23

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

ZEPATIER.....	5
<i>zidovudine</i>	5
<i>ziprasidone hcl</i>	38
<i>ziprasidone mesylate</i>	38
ZIRABEV	23
ZIRGAN.....	69
ZOLADEX.....	23
<i>zoledronic acid</i>	59
<i>zoledronic acid-mannitol-</i> <i>water</i>	51, 59
ZOLEDRONIC AC- MANNITOL-0.9NACL.....	59
ZOLINZA.....	23
<i>zolpidem</i>	38
<i>zonisamide</i>	26
ZORTRESS.....	23
ZOSTAVAX (PF).....	65
ZTLIDO.....	47
<i>zumandimine (28)</i>	69
ZYDELIG.....	23
ZYKADIA.....	23
ZYPREXA RELPREVV.....	38

This formulary was updated on 11/23/2020. For more recent information or other questions, please contact Mutual of Omaha Rx Customer Service at **1.855.864.6797** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit **MutualofOmahaRx.com**.

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