



| Plus Plan |

Mutual of Omaha Rx (PDP) 2019 Formulary (List of Covered Drugs)

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

Formulary ID Number: 19165, Version 5

This formulary was updated on 09/07/2018. 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**.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Omaha Health Insurance Company. When it refers to “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 September 07, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

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?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **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 the steps you may take 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 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.

The enclosed formulary is current as of September 07, 2018. 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 73. 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?” on page iii 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 73.

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.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your *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 on the following page 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 some 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 some 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 vi.

B/D PA: Part B or Part D Prior Authorization LA: Limited Availability MO: Mail-Order Drug PA: Prior Authorization QL: Quantity Limit ST: Step Therapy
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Drug Name	Drug Tier	Requirements/ Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	
CRESEMBA ORAL	5	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in dextrose(iso-o)</i>	4	
<i>fluconazole in nacl (iso- osm) intravenous piggyback 200 mg/100 ml</i>	4	MO
<i>fluconazole in nacl (iso- osm) intravenous piggyback 400 mg/200 ml</i>	4	
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole</i>	2	MO; QL (120 per 30 days)
<i>ketoconazole oral</i>	2	MO
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

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin oral tablet</i>	2	MO
SPORANOX ORAL SOLUTION	3	MO
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	4	MO
<i>voriconazole oral</i>	5	MO
ANTIVIRALS		
<i>abacavir oral solution</i>	2	MO; QL (900 per 30 days)
<i>abacavir oral tablet</i>	2	MO; QL (60 per 30 days)
<i>abacavir-lamivudine</i>	5	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>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous recon soln 500 mg</i>	2	B/D PA
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl oral capsule</i>	4	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	4	MO
APTIVUS ORAL CAPSULE	5	MO; QL (120 per 30 days)
APTIVUS ORAL SOLUTION	5	QL (300 per 30 days)
<i>atazanavir oral capsule 150 mg</i>	2	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>atazanavir oral capsule 200 mg</i>	2	MO; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	5	MO; QL (30 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>	5	B/D PA; MO
CIMDUO	5	MO
COMPLERA	5	MO; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	MO; QL (90 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	3	MO; QL (180 per 30 days)
DESCOVY	5	MO; QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/lec) 125 mg</i>	2	QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/lec) 200 mg, 250 mg, 400 mg</i>	2	MO; QL (30 per 30 days)
EDURANT	5	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>	2	MO; QL (180 per 30 days)
<i>efavirenz oral tablet</i>	5	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)

Drug Name	Drug Tier	Requirements/ Limits
<i>entecavir</i>	5	MO; QL (30 per 30 days)
EPCLUSA	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	5	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>	2	B/D PA; MO
GENVOYA	5	MO; QL (30 per 30 days)
HARVONI	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)
INTELENCE ORAL TABLET 25 MG	3	MO; QL (180 per 30 days)
INVIRASE ORAL CAPSULE	5	MO; QL (300 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)

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

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; 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>	2	MO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	2	MO; QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	MO; QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	2	MO; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION	3	MO; QL (1680 per 30 days)
<i>lopinavir-ritonavir</i>	2	MO
<i>moderiba</i>	4	MO
<i>moderiba oral tablets,dose pack 200 mg (28)- 400 mg (28), 400-400 mg (28)-mg (28)</i>	2	MO
<i>moderiba dose pack oral tablets,dose pack 400 mg (7)- 400 mg (7)</i>	2	
<i>moderiba dose pack oral tablets,dose pack 600 mg (7)- 600 mg (7)</i>	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>moderiba dose pack oral tablets,dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>nevirapine oral suspension</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	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 CAPSULE	3	QL (360 per 30 days)
NORVIR ORAL POWDER IN PACKET	3	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>	2	MO; QL (168 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	MO; QL (84 per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	2	MO; QL (1080 per 365 days)
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QL (360 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA ORAL TABLET 150 MG	3	MO; QL (120 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	3	MO; QL (60 per 180 days)
RESCRIPTOR ORAL TABLET	3	MO; QL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	3	MO; QL (360 per 30 days)
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO; QL (240 per 30 days)
<i>ribasphere oral capsule</i>	2	MO
<i>ribasphere oral tablet 200 mg, 400 mg</i>	2	MO
<i>ribasphere oral tablet 600 mg</i>	5	MO
<i>ribasphere ribapak oral tablets, dose pack 200 mg (28)- 400 mg (28)</i>	2	MO
<i>ribasphere ribapak oral tablets, dose pack 200 mg (7)- 400 mg (7)</i>	2	
<i>ribasphere ribapak oral tablets, dose pack 400 mg (7)- 400 mg (7), 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>ribasphere ribapak oral tablets, dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	2	MO; QL (360 per 30 days)
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 75 MG	3	MO; QL (60 per 30 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	3	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	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
<i>tenofovir disoproxil fumarate</i>	5	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)
TRIUMEQ	5	MO; QL (30 per 30 days)
TROGARZO	5	MO; LA

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

Drug Name	Drug Tier	Requirements/ Limits
TRUVADA	5	MO; QL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	4	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	4	MO; QL (60 per 30 days)
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
VIDEX 2 GRAM PEDIATRIC	3	MO; QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC	3	MO; QL (1200 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	4	MO; QL (90 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	MO; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	MO; QL (120 per 30 days)
VIRAMUNE ORAL SUSPENSION	4	MO; QL (1200 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)
ZERIT ORAL RECON SOLN	4	MO; QL (2400 per 30 days)
<i>zidovudine oral capsule</i>	2	MO; QL (180 per 30 days)
<i>zidovudine oral syrup</i>	2	MO; QL (1800 per 30 days)
<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	4	MO
<i>cefadroxil oral tablet</i>	4	MO
<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</i>	2	MO
<i>cefepime</i>	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>cefixime</i>	4	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	4	
<i>cefotetan</i>	2	
<i>cefoxitin in dextrose, iso-osm</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<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	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	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</i>	2	MO
SUPRAX ORAL CAPSULE	4	MO

Drug Name	Drug Tier	Requirements/ Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
TEFLARO	5	MO
ERYTHROMYCIN S / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	MO
<i>azithromycin oral packet</i>	2	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
<i>e.e.s. 400 oral tablet</i>	2	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	2	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral capsule, delayed release (drlec)</i>	2	MO
<i>erythromycin oral tablet</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	5	MO; QL (120 per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	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
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam</i>	2	MO
<i>baciiim</i>	2	
<i>bacitracin intramuscular</i>	2	MO
BENZNIDAZOLE	3	

Drug Name	Drug Tier	Requirements/ Limits
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
BILTRICIDE	5	MO
CAPASTAT	4	
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	2	
<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
<i>clindamycin in 5% dextrose</i>	4	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin phosphate injection</i>	4	MO
<i>clindamycin phosphate intravenous</i>	4	
COARTEM	3	MO; QL (24 per 30 days)
<i>colistin (colistimethate na)</i>	4	MO
<i>dapsone oral</i>	2	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	PA; MO
EMVERM	5	MO
<i>ertapenem</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	MO
<i>ethambutol oral tablet 400 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml</i>	4	MO
<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</i>	2	MO
<i>gentamicin sulfate (ped) (pf)</i>	2	MO
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	4	MO
IMPAVIDO	5	MO; QL (84 per 30 days)
INVANZ INJECTION	4	MO
INVANZ INTRAVENOUS	4	
<i>isoniazid injection</i>	2	
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin</i>	2	MO
<i>lincomycin</i>	2	
<i>linezolid in dextrose 5%</i>	5	
<i>linezolid oral suspension for reconstitution</i>	5	MO; QL (1800 per 30 days)
<i>linezolid oral tablet</i>	5	MO; QL (60 per 30 days)
<i>linezolid-0.9% sodium chloride</i>	5	
<i>mefloquine</i>	2	MO
<i>meropenem</i>	4	MO
<i>metro i.v.</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	4	MO
PASER	3	MO
PENTAM	4	MO
<i>polymyxin b sulfate</i>	2	MO
<i>praziquantel</i>	2	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	2	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	5	PA; MO; LA
STREPTOMYCIN	3	MO
SYNERCID	5	
<i>tigecycline</i>	5	
<i>tinidazole</i>	2	MO
<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	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
<i>vancomycin intravenous recon soln 1,000 mg</i>	2	MO
<i>vancomycin intravenous recon soln 10 gram, 5 gram, 500 mg, 750 mg</i>	4	MO
<i>vancomycin oral capsule 125 mg</i>	2	MO; QL (120 per 30 days)
<i>vancomycin oral capsule 250 mg</i>	5	MO; QL (240 per 30 days)
XIFAXAN ORAL TABLET 200 MG	5	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; MO; QL (60 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</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<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
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</i>	2	MO
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</i>	2	MO
<i>oxacillin injection recon soln 1 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	
<i>oxacillin injection recon soln 2 gram</i>	2	MO
<i>oxacillin intravenous</i>	2	
<i>penicillin g potassium</i>	4	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	
<i>penicillin g sodium</i>	4	MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram</i>	2	MO
<i>piperacillin-tazobactam intravenous recon soln 4.5 gram, 40.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin</i>	4	
<i>ciprofloxacin (mixture)</i>	2	MO
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	4	MO
<i>levofloxacin in d5w intravenous piggyback 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin in nacl (iso-osm)</i>	2	
<i>moxifloxacin oral</i>	2	MO
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim</i>	2	MO
<i>sulfatrim</i>	2	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	4	MO
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	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>minocycline oral tablet</i>	4	MO
<i>mondoxyne nl</i>	4	MO
<i>morgidox</i>	2	MO
<i>okebo oral capsule 75 mg</i>	4	MO
<i>tetracycline</i>	2	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin</i>	2	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohydr/m-cryst</i>	2	MO
PRIMSOL	4	MO
<i>trimethoprim</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
ANTINEOPLAS TIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	B/D PA
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE	5	MO
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral</i>	2	MO
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	5	B/D PA
<i>levoleucovorin intravenous recon soln 50 mg</i>	5	B/D PA
<i>levoleucovorin intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	MO
XGEVA	5	B/D PA; MO; QL (1.7 per 28 days)

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

Drug Name	Drug Tier	Requirements/ Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	5	B/D PA; MO
<i>adriamycin intravenous solution</i>	2	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	2	B/D PA; MO
AFINITOR	5	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; MO; QL (150 per 30 days)
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	5	B/D PA; MO; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARRANON	5	B/D PA
ARZERRA	5	B/D PA; MO
AVASTIN	5	B/D PA; MO
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA
BAVENCIO	5	B/D PA; MO; LA
BELEODAQ	5	B/D PA; MO
BENDEKA	5	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BICNU	5	B/D PA; MO
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO
BORTEZOMIB	5	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA; MO; LA; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
<i>busulfan</i>	5	B/D PA

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

Drug Name	Drug Tier	Requirements/ Limits
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; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>cisplatin</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	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)
COSMEGEN	5	B/D PA; MO
COTELIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified</i>	2	B/D PA; MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA
DARZALEX	5	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; MO
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PA
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
<i>epirubicin intravenous solution</i>	2	B/D PA; MO
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO
ERWINAZE	5	B/D PA; MO
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>exemestane</i>	2	MO
FARESTON	5	MO
FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; MO

Drug Name	Drug Tier	Requirements/ Limits
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous</i>	2	B/D PA; MO
<i>flutamide</i>	4	MO
FOLOTYN	5	B/D PA; MO
GAZYVA	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	B/D PA
<i>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	3	MO
HALAVEN	5	B/D PA; MO
HERCEPTIN	5	B/D PA; MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 280 MG	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL TABLET 420 MG	5	PA; MO; QL (40 per 30 days)
IMBRUVICA ORAL TABLET 560 MG	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
IMFINZI	5	B/D PA; MO; LA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	5	B/D PA
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEVTANA	5	B/D PA; MO
KADCYLA	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)

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

Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	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)
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	5	B/D PA; MO
LARTRUVO	5	B/D PA; MO; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	5	PA; MO; QL (30 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)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)
<i>letrozole</i>	2	MO
LEUKERAN	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>leuprolide subcutaneous kit</i>	5	MO
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)
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT- PED	5	PA; MO
LUPRON DEPOT- PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL CAPSULE	5	PA; MO; QL (480 per 30 days)
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	3	B/D PA; MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	4	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 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)

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Drug Name	Drug Tier	Requirements/ Limits
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	2	B/D PA; MO
<i>melphalan hcl</i>	5	B/D PA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MUSTARGEN	4	B/D PA; MO
<i>mycophenolate mofetil hcl</i>	2	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium</i>	2	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	5	MO

Drug Name	Drug Tier	Requirements/ Limits
NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; MO; QL (3 per 28 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONCASPAR	5	B/D PA; MO
ONIVYDE	5	B/D PA; MO
OPDIVO	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA
<i>oxaliplatin intravenous solution</i>	2	B/D PA; MO
<i>paclitaxel</i>	2	B/D PA; MO
PERJETA	5	B/D PA; MO
POMALYST	5	PA; MO; LA; QL (21 per 28 days)
PORTRAZZA	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements/ Limits
PROGRAF INTRAVENOUS	3	B/D PA; MO
PURIXAN	5	MO
RAPAMUNE ORAL SOLUTION	5	B/D PA; MO
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
RITUXAN HYCELA	5	PA; MO
ROMIDEPSIN	5	B/D PA
RUBRACA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (120 per 30 days)
RUBRACA ORAL TABLET 250 MG	5	PA; MO; LA; QL (150 per 30 days)
RYDAPT	5	PA; MO; QL (240 per 30 days)
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTE NDED REL RECON	5	MO
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 tablet 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/ Limits
SOLTAMOX	3	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	5	PA; MO; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYLVANT	5	B/D PA; MO
SYNRIBO	5	B/D PA; MO
TABLOID	3	MO
<i>tacrolimus oral</i>	2	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISSE	5	PA; MO; LA; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
TARGRETIN TOPICAL	5	PA; MO

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Drug Name	Drug Tier	Requirements/ Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
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</i>	5	B/D PA; MO
TIBSOVO	5	PA; MO
<i>toposar</i>	2	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA
<i>topotecan intravenous solution</i>	5	B/D PA; MO
TORISEL	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO
TRELSTAR	5	B/D PA; MO
<i>tretinoin (chemotherapy)</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PA; MO
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO
VALSTAR	5	B/D PA; MO
VANTAS	4	B/D PA; MO

Drug Name	Drug Tier	Requirements/ Limits
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	3	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	3	PA; MO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 180 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	B/D PA
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA; MO
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	5	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XTANDI	5	PA; MO; QL (120 per 30 days)
YERVOY	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements/ Limits
YONDELIS	5	B/D PA; MO
YONSA	5	PA; QL (120 per 30 days)
ZALTRAP	5	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZOLADEX	4	B/D PA; MO
ZOLINZA	5	MO; 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)
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG	5	MO; QL (60 per 30 days)
APTIOM ORAL TABLET 800 MG	4	MO; QL (60 per 30 days)
BANZEL	5	PA; MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	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>	2	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam oral tablet 2 mg</i>	2	PA; MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	PA; MO; QL (300 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet, delayed release (drlec)</i>	2	MO
<i>epitol</i>	2	MO
<i>ethosuximide</i>	4	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	PA; MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	3	PA; MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	PA; MO; QL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	3	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA ORAL TABLET 6 MG	3	PA; MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	2	PA; MO; QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	PA; MO; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	PA; MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	4	PA; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	PA; MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	PA; MO; QL (900 per 30 days)
ONFI ORAL SUSPENSION	5	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine</i>	2	MO
PEGANONE	3	MO
<i>phenobarbital oral elixir</i>	2	PA; MO; QL (1500 per 30 days)
<i>phenobarbital oral tablet</i>	2	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>primidone</i>	2	MO
<i>roweepra</i>	2	MO
<i>roweepra xr</i>	2	
SABRIL ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days)
SPRITAM	4	MO
<i>subvenite</i>	2	
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<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</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>vigabatrin</i>	5	PA; MO; LA; QL (180 per 30 days)
VIMPAT INTRAVENOUS	3	
VIMPAT ORAL SOLUTION	3	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET	3	MO; QL (60 per 30 days)
<i>zonisamide</i>	2	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA; QL (60 per 30 days)
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
<i>entacapone</i>	2	MO
NEUPRO	4	MO
<i>pramipexole</i>	2	MO
<i>rasagiline</i>	2	MO
<i>ropinirole</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	MO

Drug Name	Drug Tier	Requirements/ Limits
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)
<i>eletriptan</i>	2	MO; QL (18 per 28 days)
<i>ergotamine-caffeine</i>	2	MO
<i>migergot</i>	4	MO
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
<i>rizatriptan</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/lactation</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>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	2	MO; QL (18 per 28 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)

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

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	PA; MO; LA; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg</i>	2	MO; QL (69 per 30 days)
<i>donepezil oral tablet 23 mg</i>	4	MO
<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)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	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)
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
LEMTRADA	5	PA; MO

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	PA; MO
<i>memantine oral solution</i>	2	PA; MO; QL (300 per 30 days)
<i>memantine oral tablet</i>	2	PA; MO; QL (60 per 30 days)
NAMZARIC	3	PA; MO
NUEDEXTA	3	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA; MO
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	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
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
<i>dantrolene</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	MO; QL (4000 per 30 days)
<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</i>	2	PA; MO; QL (10 per 30 days)
<i>fentanyl citrate</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate (pf) injection</i>	2	MO; QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	QL (400 per 30 days)
<i>hydrocodone- acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5550 per 30 days)
<i>hydrocodone- acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	4	MO; QL (390 per 30 days)
<i>hydrocodone- acetaminophen oral tablet 10-325 mg, 2.5- 325 mg, 5-325 mg, 7.5- 325 mg</i>	4	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	MO; QL (50 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	MO; QL (240 per 30 days)

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone injection solution</i>	2	QL (90 per 30 days)
<i>methadone intensol</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	4	PA; MO; QL (600 per 30 days)
<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>	2	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; QL (2000 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	2	B/D PA; MO; QL (400 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	2	B/D PA; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	4	MO; QL (900 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	4	MO; QL (1000 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine injection syringe 4 mg/ml</i>	4	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	2	QL (400 per 30 days)
<i>morphine intravenous cartridge 10 mg/ml, 2 mg/ml</i>	2	QL (200 per 30 days)
<i>morphine intravenous cartridge 4 mg/ml</i>	2	QL (500 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	4	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	4	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 80 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral capsule, extend. release pellets 60 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral solution</i>	4	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	4	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<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>	2	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	4	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<i>vicodin</i>	4	MO; QL (390 per 30 days)
<i>vicodin es</i>	4	MO; QL (390 per 30 days)
<i>vicodin hp</i>	4	MO; QL (390 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	MO; QL (857 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol tartrate nasal</i>	2	MO; QL (10 per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>celecoxib</i>	4	MO; QL (60 per 30 days)
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	4	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>flurbiprofen</i>	2	MO
<i>ibu</i>	2	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO
<i>ketoprofen oral capsule 25 mg</i>	2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	MO
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral suspension</i>	2	
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
<i>naloxone</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (drlec)</i>	2	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO; QL (2 per 28 days)
<i>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
<i>profeno</i>	2	
<i>salsalate</i>	1	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
<i>sulindac</i>	2	MO
<i>tolmetin</i>	2	MO
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO; QL (1 per 28 days)
ADASUVE	3	LA

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Drug Name	Drug Tier	Requirements/ Limits
<i>amitriptyline</i>	2	PA; MO
<i>amoxapine</i>	2	MO
<i>aripiprazole oral solution</i>	5	PA; MO
<i>aripiprazole oral tablet</i>	2	PA; MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	PA; MO; QL (60 per 30 days)
ARISTADA INITIO	5	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	4	PA; MO
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl oral tablet extended release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>buspiron</i>	2	MO
<i>chlorpromazine injection</i>	2	MO
<i>chlorpromazine oral</i>	4	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	4	PA; MO; QL (90 per 30 days)
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	
<i>desipramine</i>	4	MO
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine oral solution</i>	2	MO
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg</i>	2	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	2	MO; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA; MO
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral</i>	4	PA; MO
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	2	MO; QL (90 per 30 days)
EMSAM	5	MO; QL (30 per 30 days)
<i>ergoloid</i>	4	MO
<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)

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

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 capsule, extended release 24hr</i>	4	MO; QL (60 per 30 days)
<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>guanidine</i>	2	MO
<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
<i>imipramine pamoate</i>	4	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	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	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	MO; QL (0.88 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	MO; QL (1.32 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.76 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	MO; QL (2.63 per 28 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	PA; MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
<i>lithium carbonate</i>	2	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe</i>	2	PA
<i>lorazepam intensol</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
MARPLAN	3	MO; QL (180 per 30 days)
<i>metadate er</i>	2	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)
<i>methylphenidate hcl oral tablet</i>	2	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl oral tablet extended release</i>	2	MO
<i>methylphenidate hcl oral tablet, chewable</i>	2	MO
<i>mirtazapine</i>	2	MO; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>nefazodone</i>	4	MO
<i>nortriptyline</i>	2	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PA; MO; QL (60 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QL (30 per 30 days)
<i>olanzapine oral tablet</i>	2	PA; MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	4	PA; MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	2	MO; QL (30 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QL (900 per 30 days)
<i>perphenazine</i>	4	MO
<i>phenelzine</i>	4	MO
<i>pimozide</i>	4	MO
<i>procentra</i>	2	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	PA; MO; QL (60 per 30 days)
REXULTI	5	PA; MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)
<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	PA; MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	PA; 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	PA; MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	PA; MO; QL (120 per 30 days)
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS (BLACK CHERRY)	4	PA; MO; QL (60 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>	2	MO
<i>trimipramine</i>	4	PA; MO
TRINTELLIX	3	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
<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 180 days)
VRAYLAR ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PA; MO; QL (7 per 30 days)
XYREM	5	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	2	ST; MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	ST; MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	4	PA; MO; QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	PA; MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	PA; MO; QL (1 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	MO
<i>dofetilide</i>	2	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	MO
<i>lidocaine (pf) in d7.5w</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	MO
<i>lidocaine (pf) intravenous syringe</i>	2	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	2	
<i>mexiletine</i>	2	MO
<i>pacerone oral tablet 100 mg</i>	4	MO
<i>pacerone oral tablet 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	
<i>propafenone 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 gluconate injection</i>	2	MO
<i>quinidine gluconate oral</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	3	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>afeditab cr</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>atenolol</i>	1	MO
<i>benazepril</i>	1	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
<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>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	2	MO
<i>chlorothiazide</i>	2	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	2	MO
DEMSER	5	PA; MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral</i>	2	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)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate</i>	2	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	2	MO
<i>eplerenone</i>	4	MO
<i>epoprostenol (glycine)</i>	2	B/D PA; MO
<i>eprosartan</i>	2	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	
<i>ethacrynic acid</i>	5	MO
<i>felodipine</i>	4	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</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>isradipine</i>	2	MO
<i>labetalol intravenous solution</i>	2	MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>losartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
<i>mannitol 20 %</i>	2	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>methyclothiazide</i>	4	MO
<i>methyldopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol ta-hydrochlorothiaz</i>	4	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate intravenous syringe</i>	2	
<i>metoprolol tartrate oral</i>	1	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	2	MO
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>phenoxybenzamine</i>	5	PA; MO
<i>phentolamine injection recon soln</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<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
<i>propranolol oral tablet</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	4	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
REMODULIN	5	B/D PA; MO; LA
<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>taztia xt</i>	2	MO
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	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>torse mide oral</i>	2	MO
<i>trandolapril-verapamil</i>	2	MO
<i>triamterene-hydrochlorothiazid</i>	2	MO
UPTRAVI	5	PA; MO; LA

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan</i>	4	MO; QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	4	MO; QL (30 per 30 days)
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
AMICAR	3	MO
<i>aminocaproic acid intravenous</i>	2	MO
BRILINTA	3	MO; QL (60 per 30 days)
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	4	MO
<i>clopidogrel oral tablet 75 mg</i>	2	MO
<i>dipyridamole intravenous</i>	2	PA
<i>dipyridamole oral</i>	4	MO
DOPTELET	5	PA; MO; LA
ELIQUIS	3	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin subcutaneous solution</i>	2	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>	2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) in nacl (pf)</i>	2	
<i>heparin (porcine) injection cartridge</i>	4	MO
<i>heparin (porcine) injection solution</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution</i>	4	MO
<i>heparin, porcine (pf) injection syringe</i>	2	MO
<i>jantoven</i>	1	MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
PRADAXA	4	MO
<i>prasugrel</i>	2	MO
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>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO ORAL TABLET 10 MG	3	MO; QL (35 per 30 days)
XARELTO ORAL TABLET 15 MG	3	MO; QL (60 per 30 days)
XARELTO ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	3	MO; QL (51 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>colesevelam</i>	2	MO
<i>colestipol</i>	2	MO
<i>ezetimibe</i>	2	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	2	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 67 mg</i>	2	MO; QL (60 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	2	MO; QL (60 per 30 days)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	2	MO; QL (60 per 30 days)
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO
<i>gemfibrozil</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
JUXTAPID	5	PA; MO; LA
<i>niacin oral tablet extended release 24 hr</i>	2	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; QL (4 per 28 days)
<i>pravastatin</i>	2	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
REPATHA	5	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	5	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	5	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	2	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
VASCEPA	4	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	2	
CORLANOR	3	PA; MO; QL (60 per 30 days)
<i>digitek oral tablet 125 mcg</i>	2	MO; QL (30 per 30 days)
<i>digitek oral tablet 250 mcg</i>	2	MO
<i>digox oral tablet 125 mcg</i>	2	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>digox oral tablet 250 mcg</i>	2	MO
<i>digoxin oral solution 50 mcg/ml</i>	2	MO
<i>digoxin oral tablet 125 mcg</i>	2	MO; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg</i>	2	MO
<i>dobutamine</i>	2	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	2	B/D PA; MO
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 800 mg/5 ml (160 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3	MO
<i>milrinone</i>	2	B/D PA; MO
<i>milrinone in 5 % dextrose</i>	2	B/D PA; MO
<i>norepinephrine bitartrate</i>	2	
RANEXA	3	MO; QL (60 per 30 days)
<i>sodium nitroprusside</i>	2	B/D PA
VECAMYL	5	
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg</i>	4	MO
<i>isosorbide dinitrate oral tablet 30 mg</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	4	
<i>isosorbide mononitrate</i>	2	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	2	B/D PA; MO
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg</i>	4	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	2	MO; QL (400 per 30 days)
<i>calcitrene</i>	2	MO; QL (120 per 30 days)
<i>calcitriol topical</i>	4	MO
<i>selenium sulfide topical lotion</i>	2	MO
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chloroprocaine (pf)</i>	2	
<i>diclofenac sodium topical gel 3 %</i>	5	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	5	MO; QL (45 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT	5	PA; MO
<i>fluorouracil topical cream 5 %</i>	4	MO
<i>fluorouracil topical solution</i>	4	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet</i>	2	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>lidocaine hcl injection solution</i>	2	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	2	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	MO
<i>podofilox</i>	4	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>prudoxin</i>	2	MO; QL (45 per 30 days)
REGRANEX	5	MO
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
UVADEX	4	B/D PA
VALCHLOR	5	PA; MO
THERAPY FOR ACNE		
<i>amnesteam</i>	2	MO
<i>claravis</i>	4	MO
<i>clindamycin phosphate topical gel</i>	4	MO
<i>clindamycin phosphate topical lotion</i>	4	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>dapsone topical</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75 %</i>	4	MO
<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>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	2	MO
<i>myorisan oral capsule 30 mg</i>	2	
<i>rosadan topical cream</i>	4	MO
<i>rosadan topical gel</i>	4	MO
<i>tazarotene</i>	2	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
TAZORAC TOPICAL GEL	3	PA; MO
<i>tretinoin topical</i>	2	PA; MO
<i>zenatane</i>	4	MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	2	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO
<i>mupirocin calcium</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	4	MO
SULFAMYLON TOPICAL CREAM	3	MO
SULFAMYLON TOPICAL PACKET	5	MO

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

Drug Name	Drug Tier	Requirements/ Limits
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	4	MO
<i>ciclopirox topical cream</i>	4	MO; QL (90 per 28 days)
<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>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>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>	2	MO
<i>nystatin-triamcinolone</i>	4	MO; QL (60 per 28 days)
<i>nystop</i>	4	MO
<i>oxiconazole</i>	2	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
ZOVIRAX TOPICAL CREAM	5	PA; MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	2	MO
<i>alclometasone topical cream</i>	4	MO
<i>alclometasone topical ointment</i>	2	MO
<i>betamethasone dipropionate</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical foam</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
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>desonide</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream</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	QL (120 per 30 days)
<i>halobetasol propionate</i>	4	MO
<i>hydrocortisone butyrate topical lotion</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	4	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone-min oil-wht pet</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>nolix topical cream</i>	2	
<i>prednicarbate</i>	4	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	4	MO
<i>permethrin topical cream</i>	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	2	MO
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	2	MO
<i>neomycin-polymyxin b gu</i>	4	MO
<i>ringer's irrigation</i>	2	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	2	MO; QL (30 per 30 days)
<i>anagrelide</i>	2	MO
ARALAST NP	5	MO; LA
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
CARBAGLU	5	PA; MO; LA
<i>cevimeline</i>	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
CHEMET	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	MO
<i>dextrose 20 % in water (d20w)</i>	2	
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 30 % in water (d30w)</i>	2	
<i>dextrose 40 % in water (d40w)</i>	2	
<i>dextrose 5 % in water (d5w)</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose 70 % in water (d70w)</i>	2	MO
<i>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	4	MO
<i>etidronate disodium oral tablet 400 mg</i>	2	MO
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET	5	PA; MO
INCRELEX	5	PA; MO; LA
JADENU	5	PA; MO
JADENU SPRINKLE	5	PA; MO
<i>kionex (with sorbitol)</i>	4	MO
<i>lanthanum</i>	2	MO
<i>levocarnitine (with sugar)</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>	2	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 ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA
ORFADIN ORAL CAPSULE 20 MG	5	MO; LA
ORFADIN ORAL SUSPENSION	5	MO; LA
<i>pilocarpine hcl oral</i>	2	MO

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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
<i>riluzole</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO; QL (540 per 30 days)
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	MO
<i>sodium polystyrene (sorb free)</i>	4	MO
<i>sodium polystyrene sulfonate oral</i>	4	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	4	
SOLIRIS	5	PA; MO
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
THIOLA	5	MO
<i>trientine</i>	5	PA; MO; QL (240 per 30 days)
VELTASSA	3	MO
<i>water for irrigation, sterile</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
XIAFLEX	5	MO
XURIDEN	5	MO
ZOLEDRONIC ACID-MANNITOL- WATER	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	2	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 nasal aerosol,spray</i>	4	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	2	MO; QL (30.5 per 30 days)
<i>oralone</i>	4	MO
<i>paroex oral rinse</i>	2	MO
<i>periogard</i>	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>triamcinolone acetonide dental</i>	4	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	2	MO
<i>floxin otic (ear) drops</i>	2	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>betamethasone acet,sod phos</i>	2	MO
<i>cortisone</i>	2	MO
<i>decadron</i>	2	
<i>deltasone oral tablet 20 mg</i>	2	B/D PA; MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf)</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>millipred dp</i>	2	MO
<i>millipred oral tablet</i>	4	B/D PA; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	2	B/D PA; MO
<i>prednisone intensol</i>	4	B/D PA; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	2	B/D PA; MO
<i>prednisone oral tablets,dose pack</i>	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide injection</i>	2	MO
<i>veripred 20</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads</i>	3	MO
BYDUREON	3	PA; MO; QL (4 per 28 days)
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
CYCLOSET	4	MO; QL (180 per 30 days)
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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	2	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
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	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	MO
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50- 1,000 MG	3	MO; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	MO; QL (120 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150- 500 MG, 50-1,000 MG	3	MO; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	3	MO; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50- 500 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
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
<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>	2	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	2	MO; QL (75 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>migliitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>migliitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>migliitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/0.75 ML (2 MG/1.5 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
<i>repaglinide-metformin</i>	2	MO; QL (150 per 30 days)
RIOMET	3	MO; QL (765 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	MO; QL (120 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
<i>tolazamide oral tablet 250 mg</i>	2	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QL (30 per 30 days)
TRULICITY	4	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS HORMONES		
ALDURAZYME	5	MO
ANDROGEL TRANSDERMAL GEL IN METERED- DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; MO; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO; QL (150 per 30 days)
<i>cabergoline</i>	4	MO
<i>calcitonin (salmon)</i>	4	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral</i>	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	MO
<i>clomiphene citrate</i>	2	PA; MO
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray, non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
ELAPRASE	5	MO
FABRAZYME	5	MO
KANUMA	5	MO
KORLYM	5	PA; MO; QL (120 per 30 days)
KUVAN	5	PA; MO
LUMIZYME	5	MO
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION	4	MO
<i>miglustat</i>	5	MO; LA
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	MO; LA
NATPARA	5	PA; MO; LA; 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>	2	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)
<i>pamidronate</i>	2	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	4	MO; QL (30 per 30 days)
<i>paricalcitol oral capsule 4 mcg</i>	4	MO; QL (60 per 30 days)
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	3	MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	5	MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	MO; QL (120 per 30 days)
SOMAVERT	5	PA; MO; QL (30 per 30 days)
STIMATE	3	MO
STRENSIQ	5	MO; LA
SYNAREL	5	MO
<i>testosterone cypionate</i>	2	PA; MO
<i>testosterone enanthate</i>	4	PA; MO
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp</i>	2	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
VIMIZIM	5	MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
THYROID HORMONES		
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	2	MO
<i>levothyroxine oral</i>	2	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>	2	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	2	MO
GASTROENTEROLOGY		
ANTIDIARRHEAL S /		
ANTISPASMODIC S		
<i>atropine injection solution 0.4 mg/ml</i>	2	MO
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>glycopyrrolate oral tablet 2 mg</i>	4	MO
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
<i>paregoric</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	MO
<i>aprepitant</i>	2	B/D PA; MO
<i>balsalazide</i>	4	MO
<i>budesonide oral</i>	5	MO
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
<i>colocort</i>	2	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	3	MO
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 36,000-114,000-180,000 UNIT	5	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM	5	MO
<i>dronabinol oral capsule 10 mg</i>	5	B/D PA; MO; QL (60 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>droperidol injection solution</i>	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO
ENTYVIO	5	PA; MO
<i>enulose</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron (pf)</i>	2	MO
<i>granisetron hcl intravenous</i>	2	MO
<i>granisetron hcl oral</i>	2	B/D PA; MO; QL (60 per 30 days)
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	MO
<i>lactulose</i>	2	MO
LINZESS	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	2	MO
<i>mesalamine rectal</i>	2	MO
<i>mesalamine with cleansing wipe</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral</i>	2	MO
MOVANTIK	3	MO
OICALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO; 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>	2	MO
<i>peg 3350-electrolytes oral recon soln 236- 22.74-6.74 -5.86 gram</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 240- 22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>polyethylene glycol 3350</i>	2	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; MO
RELISTOR SUBCUTANEOUS SYRINGE	5	PA; MO
REMICADE	5	PA; MO
<i>scopolamine base</i>	2	MO; QL (10 per 30 days)
SUCRAID	5	MO
<i>sulfasalazine</i>	2	MO
<i>trilyte with flavor packets</i>	2	MO
<i>ursodiol</i>	2	MO
VARUBI INTRAVENOUS	3	
VARUBI ORAL	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/ Limits
VIBERZI	5	MO
VIOKACE	3	MO
ULCER THERAPY		
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i>	2	MO
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous solution</i>	2	MO
<i>famotidine oral suspension</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO
<i>misoprostol</i>	2	MO
<i>nizatidine</i>	2	MO
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(drlec) 40 mg</i>	2	MO; QL (60 per 30 days)
<i>pantoprazole intravenous</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<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)
<i>ranitidine hcl injection</i>	2	MO
<i>ranitidine hcl oral capsule</i>	2	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	2	MO
IMMUNOLOGY , VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA; MO
AVONEX (WITH ALBUMIN)	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
GRANIX	5	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA
INTRON A INJECTION	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements/ Limits
LEUKINE INJECTION RECON SOLN	5	MO
MOZOBIL	5	B/D PA; MO
NEULASTA	5	PA; MO
NEUPOGEN	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	PA; MO; 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)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML - 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML - 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)

Drug Name	Drug Tier	Requirements/ Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	5	B/D PA; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
SYLATRON	5	PA; MO
ZARXIO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
<i>fomepizole</i>	2	
GAMASTAN S/D	3	MO
GARDASIL 9 (PF)	3	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL	3	

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

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

Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TETANUS-DIPHTHERIA TOXOIDS-TD	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
COLCRYS	4	ST; MO; QL (120 per 30 days)
KRYSTEXXA	5	MO
MITIGARE	3	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
ULORIC	3	ST; MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	2	MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO; QL (1 per 30 days)
<i>raloxifene</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (drlec)</i>	2	MO; QL (4 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	5	PA; MO
BENLYSTA	5	PA; MO
CUPRIMINE	5	MO
DEPEN TITRATABS	5	MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (6 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (3 per 180 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 180 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (3 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA	5	PA; MO
ORENCIA (WITH MALTOSE)	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO
OTEZLA	5	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	5	PA
RIDAURA	5	MO
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
<i>heather</i>	4	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>incassia</i>	4	
<i>jencycla</i>	4	MO
<i>jolivette</i>	2	MO
<i>lyza</i>	2	MO
<i>medroxyprogesterone</i>	2	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	4	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
<i>norlyda</i>	4	MO
<i>norlyroc</i>	2	
<i>progesterone</i>	2	MO
<i>progesterone in oil</i>	2	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
<i>yuvafem</i>	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
MIRENA	3	MO; LA
NEXPLANON	3	MO
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	4	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
ORAL CONTRACEPTIVE S / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	4	MO
<i>amethyst</i>	4	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra</i>	4	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	4	MO
<i>bekyree (28)</i>	4	MO
<i>caziant (28)</i>	4	MO
<i>chateal</i>	4	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/17 (28)</i>	2	MO
<i>cyred</i>	4	MO
<i>delyla (28)</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>desog-e.estradiolle.estradiol</i>	2	MO
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	4	MO
<i>elinet</i>	4	MO
<i>emoquette</i>	4	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	4	
<i>falmina (28)</i>	2	MO
<i>femynor</i>	4	MO
<i>gianvi (28)</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	4	MO
<i>jolessa</i>	4	MO
<i>juleber</i>	4	MO
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50</i>	4	MO
<i>kimidess (28)</i>	4	MO
<i>kurvelo</i>	2	MO
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	MO
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/0.15 mg-25 mcg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>l norgestle.estradiol- e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	4	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1- 20 mg-mcg, 90-20 mcg</i>	4	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15- 0.03 mg</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	4	MO
<i>levonorg-eth estradiol triphasic</i>	4	MO
<i>levora-28</i>	2	MO
<i>lillow</i>	4	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	4	MO
<i>lutura (28)</i>	2	MO
<i>marlissa</i>	2	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>myzilra</i>	4	MO
<i>nikki (28)</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone ac-eth estradiol oral tablet 1- 20 mg-mcg</i>	4	MO
<i>norgestimate-ethinyl estradiol</i>	4	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>ogestrel (28)</i>	4	MO
<i>orsythia</i>	2	MO
<i>pimtree (28)</i>	2	MO
<i>pirmella oral tablet 1- 35 mg-mcg</i>	2	MO
<i>portia</i>	2	MO
<i>previfem</i>	4	MO
<i>quasense</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	4	MO
<i>sprintec (28)</i>	4	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	4	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-sprintec</i>	4	MO
<i>trinessa (28)</i>	4	MO
<i>tri-previfem (28)</i>	4	MO
<i>tri-sprintec (28)</i>	4	MO
<i>trivora (28)</i>	2	MO
<i>tri-vylibra</i>	4	
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	4	MO
<i>violele (28)</i>	4	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>vylibra</i>	4	
<i>zarah</i>	4	MO
<i>zovia 1135e (28)</i>	2	MO
OXYTOCICS		
<i>methergine</i>	2	
<i>methylergonovine injection</i>	2	
<i>methylergonovine oral</i>	2	MO
<i>oxytocin injection solution</i>	2	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	2	MO
<i>bacitracin ophthalmic (eye)</i>	4	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>levofloxacin ophthalmic (eye)</i>	2	MO
<i>moxifloxacin ophthalmic (eye)</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	4	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin</i>	2	MO
ANTIVIRALS		
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>metipranolol</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
MISCELLANEOUS OPTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	4	MO
<i>balanced salt</i>	2	
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>bss</i>	2	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	PA; MO
<i>epinastine</i>	4	MO

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Drug Name	Drug Tier	Requirements/ Limits
EYLEA	5	MO
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	5	MO; LA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML	5	MO
LUCENTIS INTRAVITREAL SYRINGE	5	MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	4	MO
<i>sulfacetamide- prednisolone</i>	2	MO
XIIDRA	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI- INFLAMMATORY AGENTS		
<i>bromfenac</i>	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	4	MO
<i>latanoprost</i>	2	MO
<i>miostat</i>	2	
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>	2	MO
<i>tobramycin- dexamethasone</i>	2	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	4	MO
OSURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	MO

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Drug Name	Drug Tier	Requirements/ Limits
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	MO; QL (4 per 30 days)
EPIPEN	3	MO; QL (4 per 30 days)
EPIPEN 2-PAK	3	MO; QL (4 per 30 days)
EPIPEN JR	3	MO; QL (4 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (4 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	MO
<i>aminophylline intravenous solution 500 mg/20 ml</i>	2	
ARCAPTA NEOHALER	3	MO; QL (30 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES)	3	QL (4 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (14 DOSES)	3	QL (2 per 30 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B/D PA; MO
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO
<i>budesonide nasal</i>	2	MO; QL (17.2 per 30 days)
CINRYZE	5	PA; MO; QL (20 per 30 days)
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP ORAL TABLET 250 MCG	4	PA; MO

Drug Name	Drug Tier	Requirements/ Limits
DALIRESP ORAL TABLET 500 MCG	4	PA; MO; QL (30 per 30 days)
DULERA	3	MO; QL (13 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)
FASENRA	5	PA; MO
FIRAZYR	5	PA; MO; QL (270 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone nasal</i>	2	MO; QL (16 per 30 days)
HAEGARDA	5	PA; MO; LA
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)
LETAIRIS	5	PA; MO; LA; QL (30 per 30 days)
<i>levalbuterol hcl</i>	2	B/D PA; MO
<i>metaproterenol</i>	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast</i>	2	MO; QL (30 per 30 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO; QL (120 per 30 days)
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)
QVAR	3	MO; QL (17.4 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	MO
THEO-24	3	MO
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	2	
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER ORAL TABLET	5	PA; MO; LA
<i>triamcinolone acetonide nasal</i>	2	MO; QL (16.5 per 30 days)
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA

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Drug Name	Drug Tier	Requirements/ Limits
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
XOLAIR	5	PA; MO; LA; QL (6 per 28 days)
<i>zafirlukast</i>	2	MO; QL (60 per 30 days)
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>flavoxate</i>	2	MO
MYRBETRIQ	3	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>	2	MO; QL (30 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	MO; QL (60 per 30 days)
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	4	MO
<i>trospium</i>	2	MO
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>tamsulosin</i>	2	MO; QL (60 per 30 days)
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	2	MO
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	4	MO
<i>bethanechol chloride oral tablet 5 mg</i>	2	MO
CYSTAGON	3	MO; LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate</i>	4	MO
RENACIDIN IRRIGATION SOLUTION 6.602-3.268 GRAM/100 ML	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	2	
<i>albumin, human 5 %</i>	2	
<i>albuminar 25 %</i>	2	MO
<i>albuminar 5 %</i>	2	
<i>alburx (human) 25 %</i>	2	MO
<i>alburx (human) 5 %</i>	2	
<i>albutein 25 %</i>	2	
<i>albutein 5 %</i>	2	
<i>buminate 25 %</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>buminate 5 %</i>	2	
<i>plasbumin 25 %</i>	2	MO
<i>plasbumin 5 %</i>	2	
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>k-effervescent</i>	2	MO
<i>klor-con</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con sprinkle</i>	2	MO
<i>klor-conlef</i>	2	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	MO
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium chloride injection</i>	2	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R	3	MO
NORMOSOL-R IN 5 % DEXTROSE	3	
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	
<i>potassium bicarb and chloride</i>	2	MO
<i>potassium bicarb-citric acid</i>	2	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meql, 30 meql, 40 meql</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meql</i>	2	MO
<i>potassium chloride</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meql, 40 meql</i>	2	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	2	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium phosphate m-l-d-basic</i>	2	MO
<i>ringer's intravenous</i>	2	
<i>sodium acetate</i>	2	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	4	
<i>sodium chloride 3 %</i>	4	MO
<i>sodium chloride 5 %</i>	4	
<i>sodium chloride intravenous</i>	4	MO
<i>sodium lactate intravenous</i>	2	
<i>sodium phosphate</i>	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN 10 %	3	B/D PA

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

Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN 7 % WITH ELECTROLYTES	3	B/D PA
AMINOSYN 8.5 %	3	B/D PA
AMINOSYN 8.5 %- ELECTROLYTES	3	B/D PA
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA
AMINOSYN II 8.5 %	3	B/D PA
AMINOSYN II 8.5 %- ELECTROLYTES	3	B/D PA
AMINOSYN M 3.5 %	3	B/D PA
AMINOSYN-HBC 7%	3	B/D PA
AMINOSYN-PF 10 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
AMINOSYN-RF 5.2 %	3	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA
CLINIMIX 5%/D25W SULFITE- FREE	3	B/D PA
CLINIMIX 2.75%/D5W SULFIT FREE	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA
CLINIMIX 4.25%- D20W SULF-FREE	3	B/D PA
CLINIMIX 4.25%- D25W SULF-FREE	3	B/D PA
CLINIMIX 5%- D20W(SULFITE- FREE)	3	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
<i>cysteine (l-cysteine) intravenous solution</i>	2	B/D PA
<i>electrolyte-48 in d5w</i>	2	
<i>freamine iii 10 %</i>	2	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
IONOSOL-MB IN D5W	3	
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
NEPHRAMINE 5.4 %	3	B/D PA
NORMOSOL-R PH 7.4	3	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<i>plasmanate</i>	2	
<i>plenamine</i>	2	B/D PA
<i>premasol 10 %</i>	2	B/D PA; MO
PREMASOL 6 %	3	B/D PA
<i>travasol 10 %</i>	4	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
TROPHAMINE 6%	3	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO

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

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

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<i>balanced salt</i>	63	<i>bumetanide</i>	35	<i>cefepime</i>	5
<i>balsalazide</i>	53	<i>buminate 25 %</i>	68	<i>cefepime in dextrose, iso-osm</i>	5
BANZEL	20	<i>buminate 5 %</i>	69	<i>cefixime</i>	5
BARACLUDGE	2	<i>buprenorphine hcl</i>	25	<i>cefotaxime</i>	6
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<i>bleomycin</i>	12	<i>carbidopa-levodopa</i>	23	<i>chlorhexidine gluconate</i>	46
BLEPHAMIDE	63	<i>carbocaine (pf)</i>	41	<i>chloroprocaine (pf)</i>	41
BLEPHAMIDE S.O.P.	63	<i>carboplatin</i>	13	<i>chloroquine phosphate</i>	7
BLINCYTO	12	<i>cardioplegic soln</i>	39	<i>chlorothiazide</i>	35
BOOSTRIX TDAP	57	<i>carteolol</i>	63	<i>chlorothiazide sodium</i>	35

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

<i>chlorpromazine</i>	29	<i>clonidine</i>	35	<i>d5 %-0.45 % sodium chloride</i>	45
<i>chlorthalidone</i>	35	<i>clonidine (pf)</i>	28, 35	<i>dacarbazine</i>	13
CHOLBAM	53	<i>clonidine hcl</i>	29, 35	<i>dactinomycin</i>	13
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<i>cimetidine</i>	55	<i>colestipol</i>	39	DARAPRIM	7
<i>cimetidine hcl</i>	55	<i>colistin (colistimethate na)</i>	7	DARZALEX	13
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CLINIMIX 5%/D15W		<i>cryselle (28)</i>	61	<i>desipramine</i>	29
SULFITE FREE	71	CUPRIMINE	59	<i>desmopressin</i>	51
CLINIMIX 5%/D25W		<i>cyclafem 1/35 (28)</i>	61	<i>desog-e.estradiolle.estradiol</i>	61
SULFITE-FREE	71	<i>cyclafem 7/7/7 (28)</i>	61	<i>desogestrel-ethinyl estradiol</i>	61
CLINIMIX 2.75%/D5W		<i>cyclobenzaprine</i>	24	<i>desonide</i>	44
SULFIT FREE	71	<i>cyclophosphamide</i>	13	<i>desvenlafaxine succinate</i>	29
CLINIMIX 4.25%/D10W		CYCLOSET	48	<i>dexamethasone</i>	47
SULF FREE	71	<i>cyclosporine</i>	13	<i>dexamethasone intensol</i>	47
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<i>falmina (28)</i>	61	<i>fluorometholone</i>	64	<i>glatopa</i>	24
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<i>felodipine</i>	36	<i>fondaparinux</i>	38	<i>granisetron (pf)</i>	53
<i>femynor</i>	61	<i>fosamprenavir</i>	2	<i>granisetron hcl</i>	53
<i>fenofibrate</i>	39	<i>fosinopril-hydrochlorothiazide</i> ..	36	GRANIX.....	55
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<i>fenofibrate nanocrystallized</i>	39	<i>freamine iii 10 %</i>	71	<i>griseofulvin microsize</i>	1
<i>fenofibric acid</i>	39	<i>furosemide</i>	36	<i>griseofulvin ultramicrosize</i>	1
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<i>fenopropfen</i>	28	FYCOMPA.....	21	HAEGARDA.....	66
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<i>fentanyl citrate (pf)</i>	25	GAMASTAN S/D.....	57	<i>haloperidol</i>	31
FERRIPROX.....	45	<i>ganciclovir sodium</i>	2	<i>haloperidol decanoate</i>	31
FETZIMA.....	30	GARDASIL 9 (PF).....	57	<i>haloperidol lactate</i>	31
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<i>flavoxate</i>	68	<i>gavilyte-c</i>	53	<i>heparin (porcine) in 5 % dex</i>	38
<i>flecainide</i>	34	<i>gavilyte-g</i>	53	<i>heparin (porcine) in nacl (pf)</i> ..	38
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<i>fluconazole in dextrose(iso-o)</i>	1	GEMCITABINE.....	14	<i>heparin, porcine (pf)</i>	38
<i>fluconazole in nacl (iso-osm)</i>	1	<i>gemfibrozil</i>	39	HEPATAMINE 8%.....	71
<i>flucytosine</i>	1	<i>generlac</i>	53	HERCEPTIN.....	14
<i>fludarabine</i>	14	<i>gengraf</i>	14	HETLIOZ.....	31
<i>fludrocortisone</i>	47	<i>gentak</i>	63	HEXALEN.....	14
<i>flumazenil</i>	30	<i>gentamicin</i>	8, 42, 63	HIBERIX (PF).....	57
<i>flunisolide</i>	66	<i>gentamicin in nacl (iso-osm)</i>	8	HIZENTRA.....	57
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100)INSULN.....	48	<i>ibuprofen-oxycodone</i>	26	DEXTROSE.....	71
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<i>hydrochlorothiazide</i>	36	INTELENCE.....	2	<i>jolivette</i>	60
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<i>kimidess (28)</i>	61	<i>leucovorin calcium</i>	11	<i>lorazepam</i>	32
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<i>klor-con</i>	69	<i>levetiracetam</i>	22	<i>loryna (28)</i>	62
<i>klor-con 10</i>	69	<i>levetiracetam in nacl (iso-os)</i>	21, 22	<i>losartan</i>	36
<i>klor-con 8</i>	69	<i>levobunolol</i>	63	<i>losartan-hydrochlorothiazide</i>	36
<i>klor-con m10</i>	69	<i>levocarnitine</i>	45	<i>low-ogestrel (28)</i>	62
<i>klor-con m15</i>	69	<i>levocarnitine (with sugar)</i>	45	<i>loxapine succinate</i>	32
<i>klor-con m20</i>	69	<i>levocetirizine</i>	65	LUCENTIS.....	64
<i>klor-con sprinkle</i>	69	<i>levofloxacin</i>	10, 63	LUMIZYME.....	51
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<i>k-tab</i>	69	<i>levonorg-eth estrad triphasic</i>	62	LUPRON DEPOT-PED (3 MONTH).....	16
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<i>labetalol</i>	36	LEXIVA.....	3	<i>lyza</i>	60
<i>lactated ringers</i>	44, 69	<i>lidocaine</i>	41	<i>mafenide acetate</i>	42
<i>lactulose</i>	53	<i>lidocaine (pf) in d7.5w</i>	34	<i>magnesium chloride</i>	69
<i>lamivudine</i>	3	<i>lidocaine (pf)</i>	34, 41	<i>magnesium sulfate</i>	69
<i>lamivudine-zidovudine</i>	3	<i>lidocaine hcl</i>	41	MAGNESIUM SULFATE IN D5W.....	69
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<i>larin fe 1.5/30 (28)</i>	62	<i>lindane</i>	44	MARPLAN.....	32
<i>larin fe 1/20 (28)</i>	62	<i>linezolid</i>	8	MARQIBO.....	16
<i>larissia</i>	62	<i>linezolid in dextrose 5%</i>	8	MATULANE.....	16
LARTRUVO.....	16	<i>linezolid-0.9% sodium chloride</i>	8	<i>matzim la</i>	36
<i>latanoprost</i>	64	LINZESS.....	53	<i>meclizine</i>	54
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		<i>lisinopril-hydrochlorothiazide</i>	36		

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<i>medroxyprogesterone</i>	60	<i>metoprolol ta-hydrochlorothiaz</i> ..	36	MYALEPT.....	51
<i>mefenamic acid</i>	28	<i>metoprolol tartrate</i>	36	MYCAMINE.....	1
<i>mefloquine</i>	8	<i>metro i.v.</i>	8	<i>mycophenolate mofetil</i>	17
<i>megestrol</i>	16	<i>metronidazole</i>	8, 42, 61	<i>mycophenolate mofetil hcl</i>	17
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<i>melphalan</i>	17	<i>miconazole-3</i>	61	MYRBETRIQ.....	68
<i>melphalan hcl</i>	17	<i>microgestin 1.5/30 (21)</i>	62	<i>myzilra</i>	62
<i>memantine</i>	24	<i>microgestin 1/20 (21)</i>	62	<i>nabumetone</i>	28
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<i>mercaptapurine</i>	17	<i>migergot</i>	23	<i>nafcillin in dextrose iso-osm</i>	9
<i>meropenem</i>	8	<i>miglitol</i>	50	NAGLAZYME.....	51
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<i>mesalamine with cleansing wipe</i>	54	<i>millipred</i>	47	<i>naloxone</i>	28
<i>mesna</i>	11	<i>millipred dp</i>	47	<i>naltrexone</i>	28
MESNEX.....	11	<i>milrinone</i>	40	NAMZARIC.....	24
MESTINON.....	25	<i>milrinone in 5 % dextrose</i>	40	<i>naproxen</i>	28
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<i>metaproterenol</i>	66	<i>minoxidil</i>	36	NARCAN.....	28
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<i>methadone</i>	26	MIRENA.....	61	<i>nateglinide</i>	50
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<i>methazolamide</i>	64	MITIGARE.....	58	NEEDLES, INSULIN DISP.,SAFETY.....	50
<i>methenamine hippurate</i>	11	<i>mitomycin</i>	17	<i>nefazodone</i>	32
<i>methenamine mandelate</i>	11	<i>mitoxantrone</i>	17	<i>neomycin</i>	8
<i>methergine</i>	63	M-M-R II (PF).....	57	<i>neomycin-bacitracin-poly-hc</i>	64
<i>methimazole</i>	48	<i>modafinil</i>	32	<i>neomycin-bacitracin- polymyxin</i>	63
<i>methotrexate sodium</i>	17	<i>moderiba</i>	3	<i>neomycin-polymyxin b gu</i>	44
<i>methotrexate sodium (pf)</i>	17	<i>moderiba dose pack</i>	3	<i>neomycin-polymyxin b- dexameth</i>	64
<i>methoxsalen</i>	42	<i>moexipril-hydrochlorothiazide</i> ..	36	<i>neomycin-polymyxin- gramicidin</i>	63
<i>methyclothiazide</i>	36	<i>mometasone</i>	44, 67	<i>neomycin-polymyxin-hc</i>	47, 64
<i>methyldopa</i>	36	<i>mondoxyne nl</i>	11	<i>neo-polycin</i>	63
<i>methylergonovine</i>	63	<i>montelukast</i>	67	<i>neo-polycin hc</i>	64
<i>methylphenidate hcl</i>	32	<i>morgidox</i>	11	<i>neostigmine methylsulfate</i>	25
<i>methylprednisolone</i>	47	<i>morphine</i>	26, 27	NEPHRAMINE 5.4 %.....	71
<i>methylprednisolone acetate</i>	47	<i>morphine (pf)</i>	26	NERLYNX.....	17
<i>methylprednisolone sodium succ</i>	47	<i>morphine concentrate</i>	26	NEULASTA.....	56
<i>methyltestosterone</i>	51	MOVANTIK.....	54	NEUPOGEN.....	56
<i>metipranolol</i>	63	<i>moxifloxacin</i>	10, 63	NEUPRO.....	23
<i>metoclopramide hcl</i>	54	<i>moxifloxacin in nacl (iso-osm)</i> ..	10		
<i>metolazone</i>	36	MOZOBIL.....	56		
		<i>mupirocin</i>	42		
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NEXPLANON.....	61	<i>nystop</i>	43	<i>oxycodone-aspirin</i>	27
<i>niacin</i>	39	OCALIVA.....	54	<i>oxymorphone</i>	27
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<i>nifedipine</i>	36	ODOMZO.....	17	<i>pacerone</i>	35
<i>nikki (28)</i>	62	OFEV.....	67	<i>paclitaxel</i>	17
<i>nilutamide</i>	17	<i>ofloxacin</i>	10, 47, 63	<i>paliperidone</i>	32, 33
<i>nimodipine</i>	36	<i>ogestrel (28)</i>	62	<i>palonosetron</i>	54
NINLARO.....	17	<i>okebo</i>	11	PALYNZIQ.....	51
<i>nisoldipine</i>	36	<i>olanzapine</i>	32	<i>pamidronate</i>	51
<i>nitro-bid</i>	40	<i>olanzapine-fluoxetine</i>	32	PANRETIN.....	42
<i>nitrofurantoin</i>	11	<i>olopatadine</i>	46, 64	<i>pantoprazole</i>	55
<i>nitrofurantoin macrocrystal</i>	11	<i>omeprazole</i>	55	<i>paregoric</i>	53
<i>nitrofurantoin monohydr/m-</i> <i>cryst</i>	11	OMNITROPE.....	56	<i>paricalcitol</i>	51, 52
<i>nitroglycerin</i>	40, 41	ONCASPARG.....	17	<i>paroex oral rinse</i>	46
<i>nitroglycerin in 5 % dextrose</i>	40	<i>ondansetron</i>	54	<i>paromomycin</i>	8
<i>nizatidine</i>	55	<i>ondansetron hcl</i>	54	<i>paroxetine hcl</i>	33
<i>nolix</i>	44	<i>ondansetron hcl (pf)</i>	54	<i>paroxetine</i> <i>mesylate(menop.sym)</i>	33
<i>nora-be</i>	60	ONFI.....	22	PASER.....	8
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<i>norlyroc</i>	60	ORENCIA (WITH MALTOSE).....	60	PEGASYS PROCLICK.....	56
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NORTHERA.....	45	<i>orsythia</i>	62	<i>penicillin g procaine</i>	10
<i>nortrel 0.5/35 (28)</i>	62	<i>oseltamivir</i>	3	<i>penicillin g sodium</i>	10
<i>nortrel 1/35 (21)</i>	62	<i>osmitrol 15 %</i>	36	<i>penicillin v potassium</i>	10
<i>nortrel 1/35 (28)</i>	62	<i>osmitrol 20 %</i>	36	PENTACEL (PF).....	57
<i>nortrel 7/7/7 (28)</i>	62	OTEZLA.....	60	PENTAM.....	8
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<i>nyamyc</i>	43	<i>oxiconazole</i>	43	<i>pfizerpen-g</i>	10
		<i>oxybutynin chloride</i>	68	<i>phenelzine</i>	33
				<i>phenobarbital</i>	22

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<i>phenobarbital sodium</i>	22	<i>potassium chloride-d5-0.3%nacl</i>	70	<i>profeno</i>	28
<i>phenoxybenzamine</i>	36	<i>potassium chloride-d5-0.9%nacl</i>	70	<i>progesterone</i>	60
<i>phentolamine</i>	36	<i>potassium citrate</i>	68	<i>progesterone in oil</i>	60
<i>phenytoin</i>	22	<i>potassium phosphate m-l-d-basic</i>	70	<i>progesterone micronized</i>	60
<i>phenytoin sodium</i>	22	PRADAXA	38	PROGLYCEM	50
<i>phenytoin sodium extended</i>	22	PRALUENT PEN	39	PROGRAF	18
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<i>pilocarpine hcl</i>	45, 64	<i>prasugrel</i>	38	PROLEUKIN	56
<i>pimozide</i>	33	<i>pravastatin</i>	39	PROLIA	58
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<i>pindolol</i>	37	<i>prazosin</i>	37	<i>propafenone</i>	35
<i>pioglitazone</i>	50	<i>prednicarbate</i>	44	<i>propranolol</i>	37
<i>pioglitazone-glimepiride</i>	50	<i>prednisolone</i>	47	<i>propranolol-hydrochlorothiazid</i>	37
<i>pioglitazone-metformin</i>	50	<i>prednisolone acetate</i>	64	<i>propylthiouracil</i>	48
<i>piperacillin-tazobactam</i>	10	<i>prednisolone sodium phosphate</i>	47, 64	PROQUAD (PF)	57
<i>pirmella</i>	62	<i>prednisone</i>	47	<i>protamine</i>	38
<i>piroxicam</i>	28	<i>prednisone intensol</i>	47	<i>protriptyline</i>	33
<i>plasbumin 25 %</i>	69	<i>premasol 10 %</i>	71	<i>prudoxin</i>	42
<i>plasbumin 5 %</i>	69	PREMASOL 6 %	71	PULMOZYME	67
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PLASMA-LYTE A	71	<i>prevalite</i>	39	<i>pyrazinamide</i>	8
<i>plasmanate</i>	71	PREVIFEM	62	<i>pyridostigmine bromide</i>	25
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<i>plenamine</i>	71	PREZCOBIX	3	<i>quasense</i>	62
<i>podofilox</i>	42	PREZISTA	3, 4	<i>quetiapine</i>	33
<i>polocaine</i>	42	PRIFTIN	8	<i>quinapril-hydrochlorothiazide</i> ..	37
<i>polocaine-mpf</i>	42	PRIMAQUINE	8	<i>quinidine gluconate</i>	35
<i>polycin</i>	63	<i>primidone</i>	22	<i>quinidine sulfate</i>	35
<i>polyethylene glycol 3350</i>	54	PRIMSOL	11	<i>quinine sulfate</i>	8
<i>polymyxin b sulfate</i>	8	PRIVIGEN	57	QVAR	67
<i>polymyxin b sulf-trimethoprim</i> ..	63	PROAIR HFA	67	QVAR REDIHALER	67
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<i>potassium bicarb-citric acid</i>	69	<i>prochlorperazine</i>	54	<i>ranitidine hcl</i>	55
<i>potassium chlorid-d5-0.45%nacl</i>	69	<i>prochlorperazine edisylate</i>	54	RAPAMUNE	18
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<i>potassium chloride in 5 % dex</i> ...	70	<i>procto-med hc</i>	54	REBIF (WITH ALBUMIN) ..	56
<i>potassium chloride in lr-d5</i>	70	<i>procto-pak</i>	54	REBIF REBIDOSE	56
<i>potassium chloride in water</i>	70	<i>proctosol hc</i>	54	REBIF TITRATION PACK ..	56
<i>potassium chloride-0.45 % nacl</i> ..	70	<i>proctozone-hc</i>	54	<i>reclipsen (28)</i>	62
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<i>ribasphere ribapak</i>	4	<i>sf 5000 plus</i>	47	STIMATE.....	52
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<i>rivastigmine</i>	24	<i>sodium chloride</i>	46, 70	<i>sulfacetamide sodium (acne)</i>	42
<i>rivastigmine tartrate</i>	24	<i>sodium chloride 0.45 %</i>	70	<i>sulfacetamide-prednisolone</i>	64
<i>rizatriptan</i>	23	<i>sodium chloride 0.9 %</i>	46	<i>sulfadiazine</i>	10
ROMIDEPSIN.....	18	<i>sodium chloride 3 %</i>	70	<i>sulfamethoxazole-trimethoprim</i>	10
<i>ropinirole</i>	23	<i>sodium chloride 5 %</i>	70	SULFAMYLON.....	42
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ROTATEQ VACCINE.....	58	<i>sodium phosphate</i>	70	<i>sumatriptan</i>	23
<i>roweepra</i>	22	<i>sodium polystyrene (sorb free)</i>	46	<i>sumatriptan succinate</i>	23
<i>roweepra xr</i>	22	<i>sodium polystyrene sulfonate</i>	46	<i>sumatriptan-naproxen</i>	23
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