



| Value 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: 19164, Version 17

This formulary was updated on 11/26/2019. 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 November 26, 2019. 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 November 26, 2019. To get updated information about the drugs covered by Mutual of Omaha Rx, please contact us. Our contact information appears on the front and back cover pages. If there are additional changes made to the formulary that affect you and are not

mentioned above, you will be notified in writing of these changes within a reasonable period of time from when the changes are made.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular, Hypertension/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 79. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Mutual of Omaha Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Mutual of Omaha Rx before you fill your prescriptions. If you don’t get approval, Mutual of Omaha Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Mutual of Omaha Rx limits the amount of the drug that Mutual of Omaha Rx will cover. For example, Mutual of Omaha Rx provides two inhalers (17 grams) for a 1-month supply per prescription for PROAIR[®] HFA. This may be in addition to a standard 1-month or 3-month supply.
- **Step Therapy:** In some cases, Mutual of Omaha Rx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Mutual of Omaha Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mutual of Omaha Rx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and

step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Mutual of Omaha Rx to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section “How do I request an exception to the Mutual of Omaha Rx Formulary?” 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 79.

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

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

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

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 v.

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
--

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>casprofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	3	MO
CRESEMBA INTRAVENOUS	5	
CRESEMBA ORAL	5	MO
<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>fluconazole oral suspension for reconstitution</i>	3	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral solution</i>	3	MO
<i>ketoconazole oral</i>	2	MO
MYCAMINE	5	MO
NOXAFIL ORAL SUSPENSION	5	MO; QL (840 per 30 days)
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	5	MO; QL (93 per 28 days)
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	MO; QL (93 per 28 days)
SPORANOX ORAL SOLUTION	5	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>	3	MO; QL (900 per 30 days)
<i>abacavir oral tablet</i>	3	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>amantadine hcl oral capsule</i>	4	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	4	MO
APTIVUS ORAL CAPSULE	4	MO; QL (120 per 30 days)
APTIVUS ORAL SOLUTION	4	QL (300 per 30 days)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	5	MO; QL (30 per 30 days)
<i>atazanavir oral capsule 200 mg</i>	5	MO; QL (60 per 30 days)
ATRIPLA	5	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION	5	MO; QL (600 per 30 days)
BIKTARVY	4	MO
<i>cidofovir</i>	4	B/D PA; MO
CIMDUO	4	MO
COMPLERA	4	MO; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	MO; QL (90 per 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	4	MO; QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	4	MO; QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	4	MO; QL (21 per 30 days)
<i>fosamprenavir</i>	5	MO; QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	4	MO; QL (60 per 30 days)
<i>ganciclovir sodium</i>	4	B/D PA; MO
GENVOYA	5	MO; QL (30 per 30 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 TABLET	5	MO; QL (120 per 30 days)
ISENTRESS HD	4	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET	5	MO; QL (120 per 30 days)

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	4	MO
KALETRA ORAL TABLET 100-25 MG	3	MO; QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	MO; QL (180 per 30 days)
<i>lamivudine oral solution</i>	3	MO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	MO; QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	MO; QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	3	MO; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION	3	MO; QL (1680 per 30 days)
<i>lopinavir-ritonavir</i>	5	MO
<i>nevirapine oral suspension</i>	3	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	3	MO; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QL (30 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>	3	MO; QL (168 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	3	MO; QL (84 per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	3	MO; QL (1080 per 365 days)
PIFELTRO	4	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	4	MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	3	MO; QL (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)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 800 MG	5	MO; QL (30 per 30 days)
RELENZA DISKHALER	3	MO; QL (60 per 180 days)
RESCRIPTOR ORAL TABLET	4	MO; QL (180 per 30 days)
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO; QL (240 per 30 days)
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO; QL (360 per 30 days)
SELZENTRY ORAL SOLUTION	4	MO
SELZENTRY ORAL TABLET 150 MG, 75 MG	5	MO; QL (60 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	MO; QL (120 per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	MO; QL (120 per 30 days)
<i>stavudine oral capsule</i>	4	MO; QL (60 per 30 days)
STRIBILD	4	MO; QL (30 per 30 days)
SYMFI	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
SYMFI LO	4	MO
SYMTUZA	4	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	4	MO; QL (30 per 30 days)
TROGARZO	5	MO; LA
TRUVADA	5	MO; QL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	4	MO; QL (120 per 30 days)
<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	4	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	4	MO; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
ZEPATIER	5	PA; MO; QL (28 per 28 days)
<i>zidovudine oral capsule</i>	3	MO; QL (180 per 30 days)
<i>zidovudine oral syrup</i>	3	MO; QL (1800 per 30 days)
<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	3	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	4	MO
<i>cefadroxil oral tablet</i>	4	MO
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	4	
<i>cefazolin intravenous</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
CEFEPIME IN DEXTROSE 5 %	4	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>cefepime injection</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	4	
<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	
CEFTAZIDIME IN D5W	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	MO
<i>ceftazidime injection recon soln 6 gram</i>	4	
<i>ceftriaxone in dextrose, iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	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 oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
SUPRAX ORAL CAPSULE	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
<i>tazicef injection recon soln 1 gram</i>	4	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	4	MO
<i>tazicef intravenous</i>	4	
TEFLARO	4	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	4	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	2	MO
<i>azithromycin oral tablet 500 mg (3 pack)</i>	2	
<i>clarithromycin 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

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral tablet extended release 24 hr</i>	4	MO
<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>	3	MO
<i>erythromycin oral tablet</i>	4	MO
<i>erythromycin oral tablet, delayed release (drlec)</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO; QL (120 per 30 days)
ALBENZA	5	MO; QL (120 per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO; QL (360 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ALINIA ORAL TABLET	5	MO; QL (14 per 30 days)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	MO
ARIKAYCE	5	PA; MO; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	3	MO
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	MO
<i>aztreonam</i>	3	MO
BENZNIDAZOLE	3	
BILTRICIDE	5	MO
CAPASTAT	4	
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate oral tablet 250 mg</i>	2	MO
<i>chloroquine phosphate oral tablet 500 mg</i>	4	MO
<i>cleocin intravenous solution 300 mg/2 ml</i>	2	
<i>clindamycin hcl</i>	2	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR	4	
<i>clindamycin in 5 % dextrose</i>	4	MO
<i>clindamycin palmitate hcl</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	4	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	MO
COARTEM	3	MO; QL (24 per 30 days)
<i>colistin (colistimethate na)</i>	4	MO
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	PA
EMVERM	5	MO
<i>ethambutol oral tablet 100 mg</i>	2	MO
<i>ethambutol oral tablet 400 mg</i>	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml</i>	4	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>	3	MO
<i>imipenem-cilastatin</i>	4	MO
IMPAVIDO	5	MO
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral</i>	3	MO
<i>linezolid in dextrose 5%</i>	4	
<i>linezolid oral suspension for reconstitution</i>	5	MO; QL (1800 per 30 days)
<i>linezolid oral tablet</i>	5	MO; QL (60 per 30 days)
<i>linezolid-0.9% sodium chloride</i>	4	
<i>mefloquine</i>	2	MO
<i>meropenem</i>	4	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	MO

Drug Name	Drug Tier	Requirements/Limits
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	4	
<i>metro i.v.</i>	2	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	4	MO
PASER	3	MO
PENTAM	4	MO
<i>pentamidine injection</i>	3	
<i>praziquantel</i>	3	MO
PRIFTIN	3	MO
<i>primaquine</i>	3	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	3	PA; MO; QL (42 per 30 days)
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	2	MO
<i>rifampin oral</i>	4	MO
SIRTURO	5	PA; MO; LA
STREPTOMYCIN	3	MO
SYNERCID	5	
<i>tigecycline</i>	5	
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<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
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	4	MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4	
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg, 5 gram</i>	2	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	2	
<i>vancomycin intravenous recon soln 10 gram, 500 mg, 750 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	4	
<i>vancomycin oral capsule 125 mg</i>	3	MO; QL (120 per 30 days)
<i>vancomycin oral capsule 250 mg</i>	5	MO; QL (240 per 30 days)
<i>vancomycin oral recon soln</i>	5	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	
XIFAXAN ORAL TABLET 200 MG	4	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml, 400-57 mg/5 ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	4	MO
<i>ampicillin sodium intravenous</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	5	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin injection recon soln 2 gram</i>	4	MO
<i>nafcillin intravenous recon soln 2 gram</i>	4	MO
<i>penicillin g potassium</i>	4	MO
<i>penicillin g procaine 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	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin-tazobactam intravenous recon soln 4.5 gram, 40.5 gram</i>	4	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 4.5 GRAM/100 ML	3	MO
QUINOLONES		
<i>ciprofloxacin</i>	4	
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	4	MO
<i>levofloxacin in d5w intravenous piggyback 750 mg/150 ml</i>	3	MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate</i>	3	MO
<i>nitrofurantoin</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	2	MO
<i>nitrofurantoin monohydlm-cryst</i>	4	MO
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
KEPIVANCE	5	MO
KHAPZORY	4	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	3	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium intravenous solution</i>	4	B/D PA
<i>mesna</i>	4	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	MO
XGEVA	5	B/D PA; MO; QL (1.7 per 28 days)
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	4	PA; MO; QL (120 per 30 days)
ABRAXANE	5	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	3	B/D PA; MO
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	4	B/D PA
<i>adriamycin intravenous solution</i>	3	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PA
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	4	B/D PA; MO
AFINITOR	5	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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	4	PA; MO; QL (240 per 30 days)
ALIMTA	5	B/D PA; MO
ALIQOPA	4	B/D PA; MO; LA
ALKERAN	3	B/D PA; MO
ALUNBRIG ORAL TABLET 180 MG	4	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG, 90 MG	4	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARRANON	3	B/D PA
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	4	B/D PA

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

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

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI ORAL CAPSULE 50 MG	4	PA; MO; LA; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; MO; LA; QL (180 per 30 days)
<i>busulfan</i>	5	B/D PA
BUSULFEX	4	B/D PA
CABOMETYX ORAL TABLET 20 MG, 60 MG	4	PA; MO; LA; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	4	PA; MO; LA; QL (60 per 30 days)
CALQUENCE	4	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	4	B/D PA; MO
<i>carmustine</i>	3	B/D PA; MO
CELLCEPT INTRAVENOUS	3	B/D PA; MO
<i>cisplatin intravenous solution</i>	3	B/D PA; MO
<i>cladribine</i>	4	B/D PA; MO
<i>clofarabine</i>	3	B/D PA
CLOLAR	4	B/D PA

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine (pf) injection solution 20 mg/ml</i>	4	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	3	B/D PA
DARZALEX	3	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO	4	PA; MO
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	3	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	B/D PA; MO
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	3	B/D PA
<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
ELLENCÉ	4	B/D PA; MO
EMCYT	4	MO

Drug Name	Drug Tier	Requirements/Limits
EMPLICITI	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	4	B/D PA; MO
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINAZE	5	B/D PA; MO
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>exemestane</i>	3	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	4	B/D PA; MO
<i>floxuridine</i>	4	B/D PA
<i>fludarabine intravenous recon soln</i>	3	B/D PA; MO
<i>fludarabine intravenous solution</i>	3	B/D PA

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

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

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE	3	MO
HALAVEN	3	B/D PA; MO
HERCEPTIN HYLECTA	5	B/D PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)
<i>idarubicin</i>	4	B/D PA
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	4	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	4	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	4	B/D PA
<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)

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

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 280 MG	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL TABLET 420 MG	5	PA; MO; QL (40 per 30 days)
IMBRUVICA ORAL TABLET 560 MG	5	PA; MO; QL (30 per 30 days)
IMFINZI	4	B/D PA; MO; LA
INFUGEM	4	B/D PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INREBIC	4	PA; MO; LA; QL (120 per 30 days)
IRESSA	4	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	4	B/D PA; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	4	B/D PA
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO

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

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 4 MG	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
<i>leuprolide subcutaneous kit</i>	4	MO
LIBTAYO	5	PA; MO; LA
LONSURF ORAL TABLET 15-6.14 MG	5	PA; MO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; MO; QL (80 per 28 days)
LORBRENA	5	PA; MO
LUMOXITI	4	PA; MO; LA
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL TABLET	4	PA; MO; QL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	5	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)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	4	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	3	B/D PA; MO
<i>melphalan hcl</i>	3	B/D PA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	3	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	3	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium (pf) injection solution</i>	3	B/D PA; MO
<i>mitomycin intravenous</i>	4	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
<i>mycophenolate mofetil hcl</i>	3	B/D PA
<i>mycophenolate mofetil oral capsule</i>	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 oral tablet, delayed release (drlec) 180 mg</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (drlec) 360 mg</i>	3	B/D PA; MO
MYLOTARG	4	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	5	MO
NINLARO 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)

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

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

Drug Name	Drug Tier	Requirements/Limits
PERJETA	5	B/D PA; MO
PIQRAY	4	PA; MO
POLIVY	4	PA; MO
POMALYST	5	PA; MO; LA; QL (21 per 28 days)
PORTRAZZA	4	B/D PA; MO
POTELIGEO	5	PA; MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	5	
RAPAMUNE ORAL SOLUTION	5	B/D PA; MO
REVLIMID	4	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
RITUXAN HYCELA	4	PA; MO
ROMIDEPSIN	4	B/D PA
ROZLYTREK	4	PA; MO
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

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR	5	PA; MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 1 mg</i>	3	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	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	4	B/D PA; MO
TABLOID	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oral</i>	3	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA	4	PA; MO
<i>tamoxifen</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
TARGRETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	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>	4	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>topotecan intravenous recon soln</i>	4	B/D PA
<i>topotecan intravenous solution</i>	4	B/D PA; MO
<i>toremifene</i>	5	MO
TORISEL	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	4	B/D PA; MO
TRELSTAR INTRAMUSCUL AR SUSPENSION FOR RECONSTITUTI ON	5	B/D PA; MO
<i>tretinoin (chemotherapy)</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	4	B/D PA; MO
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO
<i>valrubicin</i>	3	B/D PA; MO
VALSTAR	4	B/D PA; MO
VANTAS	4	B/D PA; MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	4	PA; MO; LA; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 100 MG	4	PA; MO; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; MO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	4	PA; MO; LA; QL (42 per 28 days)
VERZENIO	4	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	3	B/D PA; MO
VITRAKVI	4	PA; MO; LA
VIZIMPRO	4	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA; MO
XALKORI	4	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XOSPATA	4	PA; MO; LA
XPOVIO	4	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
XTANDI	4	PA; MO; QL (120 per 30 days)
YERVOY	3	B/D PA; MO
YONDELIS	5	B/D PA; MO
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	4	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	4	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)
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; MO
ZYDELIG	4	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (150 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZYTIGA ORAL TABLET 250 MG	4	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BANZEL	5	PA; MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral tablet</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<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>clobazam oral suspension</i>	3	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	3	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	PA; MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	PA; MO; QL (300 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	4	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet, delayed release (drlec)</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO
<i>ethosuximide</i>	4	MO
<i>felbamate</i>	4	MO
<i>fosphephenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	4	PA; MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	PA; MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA; MO; QL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	4	PA; MO; QL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	4	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)

Drug Name	Drug Tier	Requirements/Limits
<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 disintegrating, dose pk</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablets, dose pack</i>	3	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	3	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	3	MO
<i>levetiracetam intravenous</i>	3	MO
<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	3	
<i>levetiracetam oral tablet</i>	2	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	PA; MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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 oral suspension</i>	3	MO
<i>oxcarbazepine oral tablet</i>	2	MO
PEGANONE	4	MO
<i>phenobarbital oral elixir</i>	3	PA; MO; QL (1500 per 30 days)
<i>phenobarbital oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>phenobarbital sodium injection solution 130 mg/ml</i>	3	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	3	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	PA; MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
<i>roweepra</i>	2	MO
SABRIL ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days)
SPRITAM	4	MO
<i>subvenite</i>	3	MO
<i>subvenite starter (blue) kit</i>	3	MO
<i>subvenite starter (green) kit</i>	3	MO
<i>subvenite starter (orange) kit</i>	3	MO
SYMPAZAN	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	3	PA; MO
<i>topiramate oral tablet</i>	3	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin oral powder in packet</i>	3	PA; MO; LA; QL (180 per 30 days)
<i>vigabatrin oral tablet</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>vigadrone</i>	3	PA; MO; LA; QL (180 per 30 days)
VIMPAT INTRAVENOUS	4	MO
VIMPAT ORAL SOLUTION	4	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET	4	MO; QL (60 per 30 days)
<i>zonisamide</i>	3	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA; QL (60 per 30 days)
<i>benztropine injection</i>	4	MO
<i>benztropine oral</i>	3	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	5	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	3	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	3	MO
<i>ropinirole oral tablet</i>	2	MO
<i>selegiline hcl</i>	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine injection</i>	2	MO
<i>ergotamine-caffeine</i>	3	MO
<i>migergot</i>	4	MO
<i>rizatriptan</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	3	MO; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	PA; MO; LA; QL (60 per 30 days)
<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg</i>	2	MO; QL (69 per 30 days)
<i>donepezil oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	MO; QL (69 per 30 days)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	MO; QL (30 per 30 days)
FIRDAPSE	5	PA; MO; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	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)

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
LEMTRADA	5	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	3	PA; MO
<i>memantine oral solution</i>	3	PA; MO; QL (300 per 30 days)
<i>memantine oral tablet</i>	3	PA; MO; QL (60 per 30 days)
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA; MO; QL (98 per 28 days)
NAMENDA TITRATION PAK	3	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	3	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA; MO
<i>rivastigmine</i>	3	MO
<i>rivastigmine tartrate</i>	4	MO; QL (60 per 30 days)
TECFIDERA	5	PA; MO; LA

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

Drug Name	Drug Tier	Requirements/Limits
<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 oral</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	5	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	3	B/D PA; MO
MESTINON ORAL SYRUP	5	MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	3	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	3	
<i>pyridostigmine bromide oral syrup</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>regonol</i>	3	
<i>revonto</i>	3	
<i>tizanidine oral tablet</i>	2	MO

NARCOTIC ANALGESICS

<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
<i>buprenorphine hcl injection solution</i>	4	MO
<i>buprenorphine hcl injection syringe</i>	4	
<i>buprenorphine hcl sublingual</i>	3	PA; MO
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	3	PA; MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	4	PA; MO; QL (8 per 28 days)
<i>codeine sulfate oral tablet</i>	4	MO; QL (180 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	4	QL (2000 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5- 325 mg</i>	4	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	3	MO; QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	3	QL (400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; MO; QL (10 per 30 days)
<i>hydrocodone- acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	4	QL (5550 per 30 days)
<i>hydrocodone- acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5550 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone- acetaminophen oral tablet 10-325 mg, 5- 325 mg, 7.5-325 mg</i>	4	MO; QL (360 per 30 days)
<i>hydrocodone- ibuprofen oral tablet 7.5-200 mg</i>	4	MO; QL (50 per 30 days)
HYDROMORPH ONE (PF) INJECTION SOLUTION 1 MG/ML	4	QL (2400 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	MO; QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	4	QL (1200 per 30 days)
HYDROMORPH ONE (PF) INJECTION SOLUTION 4 MG/ML	4	QL (600 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	4	QL (2400 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO; QL (1200 per 30 days)
<i>hydromorphone injection solution 4 mg/ml</i>	4	MO; QL (600 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	4	MO; QL (2400 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QL (1200 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone oral tablet</i>	4	MO; QL (180 per 30 days)
<i>methadone injection solution</i>	4	QL (150 per 30 days)
<i>methadone intensol</i>	4	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	4	PA; MO; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	4	PA; MO; QL (600 per 30 days)
<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>	3	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO; QL (2000 per 30 days)
<i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml</i>	4	B/D PA; MO; QL (400 per 30 days)
<i>morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml</i>	4	B/D PA; QL (2000 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine concentrate oral solution</i>	4	MO; QL (900 per 30 days)
MORPHINE INJECTION SOLUTION 10 MG/ML	4	QL (200 per 30 days)
MORPHINE INJECTION SOLUTION 2 MG/ML	4	QL (1000 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	4	QL (500 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	4	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	MO; QL (500 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	4	MO; QL (200 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML	4	MO; QL (500 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	4	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	4	QL (500 per 30 days)
<i>morphine oral solution</i>	4	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	4	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	4	MO; QL (1200 per 30 days)
OXYCODONE ORAL SYRINGE	4	QL (180 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 extended release 12 hr</i>	3	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol tartrate nasal</i>	2	MO; QL (10 per 28 days)
<i>celecoxib</i>	3	MO; QL (60 per 30 days)
<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>diflunisal</i>	4	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>naloxone</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
<i>oxaprozin</i>	4	MO
<i>salsalate</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
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 oral tablet 200 mg</i>	4	MO
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	MO; QL (1 per 28 days)
ADASUVE	4	LA
<i>amitriptyline</i>	2	PA; MO
<i>amoxapine</i>	2	MO
<i>aripiprazole oral solution</i>	5	PA; MO
<i>aripiprazole oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	PA; MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet</i>	2	MO; QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)
<i>bupirone</i>	2	MO
<i>chlorpromazine</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>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	
<i>desipramine</i>	4	MO
<i>desvenlafaxine succinate</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine oral capsule, extended release</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine oral solution</i>	4	MO
<i>dextroamphetamine oral tablet</i>	2	MO
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	3	MO; QL (60 per 30 days)
<i>diazepam injection solution</i>	2	PA
<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>	3	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	3	MO; QL (90 per 30 days)
EMSAM	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral solution</i>	4	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet</i>	2	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	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, EXTENDED RELEASE 24HR DOSE PACK	4	ST; MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO
<i>fluphenazine decanoate</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral concentrate</i>	2	MO
<i>fluphenazine hcl oral elixir</i>	4	MO
<i>fluphenazine hcl oral tablet</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	4	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	4	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	4	MO; QL (60 per 30 days)
GEODON INTRAMUSCULAR	4	MO; QL (60 per 30 days)
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate</i>	4	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	4	MO; QL (0.88 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	4	MO; QL (1.32 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.76 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	4	MO; QL (2.63 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	PA; MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	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>	4	PA; MO
<i>lorazepam injection syringe</i>	4	PA
<i>lorazepam intensol</i>	3	PA; MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	3	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>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	MO; QL (900 per 30 days)

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

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

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)
PAXIL ORAL SUSPENSION	4	MO; QL (900 per 30 days)
<i>perphenazine</i>	4	MO
PERSERIS	4	MO; QL (1 per 28 days)
<i>phenelzine</i>	2	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	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)
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
REXULTI	4	PA; MO; QL (30 per 30 days)
RISPERDAL CONSTA	4	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral solution</i>	4	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	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	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	4	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	4	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>ziprasidone hcl</i>	4	PA; MO; QL (60 per 30 days)
<i>zolpidem oral tablet</i>	2	ST; MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	4	PA; MO; QL (2 per 28 days)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	3	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	MO
<i>dofetilide</i>	3	MO
<i>flecainide</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	MO
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>mexiletine</i>	2	MO
MULTAQ	4	MO
<i>pacerone oral tablet 100 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone oral tablet 150 mg, 225 mg</i>	2	MO
<i>propafenone oral tablet 300 mg</i>	4	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
<i>amiloride</i>	3	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	4	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<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>	3	MO; QL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	3	MO; QL (30 per 30 days)
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>cartia xt oral capsule, extended release 24hr 300 mg</i>	3	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	2	MO
DEMSER	4	PA; MO
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 360 mg, 420 mg</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr 180 mg, 360 mg</i>	3	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	3	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate</i>	2	MO
<i>enalaprilat intravenous solution</i>	3	
<i>enalapril-hydrochlorothiazide</i>	2	MO
<i>eplerenone</i>	4	MO
<i>epoprostenol (glycine)</i>	3	B/D PA; MO
<i>felodipine</i>	4	MO
<i>furosemide injection</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection</i>	4	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	2	MO; QL (30 per 30 days)
<i>losartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
<i>mannitol 20 %</i>	3	
<i>mannitol 25 % intravenous solution</i>	3	MO
<i>methyclothiazide</i>	4	MO
<i>methyldopa</i>	4	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 oral</i>	1	MO
<i>minoxidil oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	3	MO
<i>nifedipine oral tablet extended release 24hr</i>	3	MO
<i>nimodipine</i>	4	MO
<i>olmesartan</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	2	MO
<i>osmitrol 15 %</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>osmitrol 20 %</i>	3	
<i>phentolamine injection recon soln</i>	3	
<i>pindolol</i>	4	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	4	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	4	MO
REMODULIN	5	PA; MO; LA
RESECTISOL	3	
SODIUM EDECIN	3	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolactone-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>toremide oral</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	2	MO
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	4	MO; QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	4	MO; QL (30 per 30 days)
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
AMICAR	3	MO
<i>aminocaproic acid</i>	3	MO
BRILINTA	4	MO; QL (60 per 30 days)
CABLIVI INJECTION KIT	5	PA; MO; LA
CEPROTIN (BLUE BAR)	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
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 oral</i>	4	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
<i>enoxaparin subcutaneous solution</i>	4	MO
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	4	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	MO
<i>heparin (porcine) in nacl (pf)</i>	3	
<i>heparin (porcine) injection cartridge</i>	4	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	4	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
PRADAXA	4	MO
<i>prasugrel</i>	3	MO
PROMACTA ORAL POWDER IN PACKET	5	PA; MO; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; MO; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; MO; LA; QL (60 per 30 days)
<i>warfarin</i>	1	MO
XARELTO ORAL TABLET 10 MG	3	MO; QL (35 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 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)

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>	3	MO
<i>cholestyramine light</i>	3	MO
<i>colesevelam oral powder in packet</i>	3	MO
<i>colesevelam oral tablet</i>	4	MO
<i>ezetimibe</i>	3	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 67 mg</i>	3	MO; QL (60 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	3	MO; QL (60 per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	2	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin oral capsule 20 mg</i>	4	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	4	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	2	MO; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	3	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; QL (4 per 28 days)
<i>pravastatin</i>	2	MO; QL (30 per 30 days)
<i>prevalite</i>	3	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	3	MO

Drug Name	Drug Tier	Requirements/Limits
WELCHOL ORAL POWDER IN PACKET	4	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	3	PA; MO; QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	3	MO; QL (30 per 30 days)
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	3	MO
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digox oral tablet 250 mcg (0.25 mg)</i>	2	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MO
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	2	MO
<i>dobutamine</i>	3	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>	3	B/D PA; MO
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	3	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	3	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	3	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	3	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	3	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 187.5 MCG (0.1875 MG), 62.5 MCG (0.0625 MG)	3	MO
LANOXIN PEDIATRIC	3	
<i>milrinone</i>	3	B/D PA; MO
<i>milrinone in 5 % dextrose</i>	3	B/D PA; MO
RANEXA	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine</i>	3	MO; QL (60 per 30 days)

NITRATES		
ISORDIL	4	MO
<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>	3	B/D PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	3	B/D PA; MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO

DERMATOLOGICALS/TOPICAL THERAPY

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPSORIATICS / ANTISEBORRHOEIC		
<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical</i>	4	MO; QL (120 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO
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>	3	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	4	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus topical</i>	3	PA; MO; QL (100 per 30 days)
UVADEX	4	B/D PA
VALCHLOR	5	PA; MO
THERAPY FOR ACNE		
<i>adapalene-benzoyl peroxide</i>	3	PA; 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>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide</i>	4	MO
<i>dapsone topical</i>	3	MO
<i>ery pads</i>	4	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	4	MO
<i>isotretinoin</i>	3	MO
<i>ivermectin topical</i>	3	MO
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75 %</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical gel 1 %</i>	2	MO
<i>metronidazole topical gel with pump</i>	2	MO
<i>metronidazole topical lotion</i>	4	MO
<i>rosadan topical cream</i>	4	MO
<i>rosadan topical gel</i>	4	MO
<i>tazarotene</i>	3	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
TAZORAC TOPICAL GEL	3	PA; MO
<i>tretinoin topical</i>	3	PA; MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	2	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	4	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	4	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	4	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>naftifine topical cream</i>	3	MO; QL (60 per 28 days)
<i>naftifine topical gel</i>	3	MO
<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)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide-e</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	2	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	4	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate topical cream</i>	2	MO
<i>hydrocortisone valerate topical ointment</i>	4	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate</i>	4	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</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
NATROBA	4	MO
<i>permethrin topical cream</i>	3	MO
DIAGNOSTIC S / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>alendronate oral tablet 40 mg</i>	2	MO; QL (30 per 30 days)
<i>anagrelide oral capsule 0.5 mg</i>	2	MO
<i>anagrelide oral capsule 1 mg</i>	3	MO
<i>caffeine citrate oral</i>	3	MO
CARBAGLU	5	PA; MO; LA
CHEMET	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>d10 %-0.45 % sodium chloride</i>	3	
<i>d2.5 %-0.45 % sodium chloride</i>	3	
<i>d5 % and 0.9 % sodium chloride</i>	3	MO
<i>d5 %-0.45 % sodium chloride</i>	3	MO
<i>deferasirox</i>	5	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	3	
<i>dextrose 10 % in water (d10w)</i>	3	MO
<i>dextrose 5 % in water (d5w)</i>	3	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5 %-0.2 % sod chloride</i>	3	
<i>dextrose 5 %-0.3 % sod.chloride</i>	3	
<i>dextrose with sodium chloride</i>	3	
<i>disulfiram</i>	4	MO
EXJADE	5	PA; MO; LA
FERRIPROX ORAL TABLET	5	PA; MO
INCRELEX	5	PA; MO; LA
<i>kionex (with sorbitol)</i>	4	MO
<i>lanthanum</i>	3	MO
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	3	
<i>levocarnitine oral tablet</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>midodrine oral tablet 10 mg, 5 mg</i>	4	MO
<i>midodrine oral tablet 2.5 mg</i>	2	MO
<i>nitisinone</i>	3	MO; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG	5	PA; MO; QL (90 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PA; MO; QL (180 per 30 days)
ORFADIN	5	MO; LA
<i>pilocarpine hcl oral</i>	3	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA
RAVICTI	5	MO
REVCOVI	5	PA; MO; LA
<i>riluzole</i>	3	MO
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	3	MO; QL (540 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium polystyrene sulfonate oral</i>	4	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	4	
SOLIRIS	5	PA; MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine</i>	5	PA; MO; QL (240 per 30 days)
VELTASSA	3	MO
XIAFLEX	5	MO
XURIDEN	5	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	3	PA; MO

SMOKING DETERRENENTS

<i>bupropion hcl (smoking deter)</i>	3	MO; QL (60 per 30 days)
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO
NICOTROL NS	4	MO

EAR, NOSE / THROAT MEDICATIONS

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS AGENTS		
<i>azelastine 0.1% (137 mcg) spray</i>	4	MO; QL (60 per 30 days)
<i>azelastine 0.15% nasal spray</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	3	MO
<i>dentagel</i>	3	MO
<i>fluoride (sodium) dental cream</i>	3	
<i>fluoride (sodium) dental gel</i>	3	
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>oralone</i>	4	MO
<i>paroex oral rinse</i>	2	MO
<i>periogard</i>	2	MO
<i>sf</i>	3	MO
<i>sf 5000 plus</i>	3	MO
<i>sodium fluoride 5000 plus</i>	3	
<i>triamcinolone acetonide dental</i>	4	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	3	MO
<i>ciprofloxacin hcl otic (ear)</i>	3	MO
<i>flac otic oil</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<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
CORTISPORIN-TC	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	2	MO
<i>decadron oral tablet</i>	3	
DEPO-MEDROL	3	MO
<i>dexamethasone</i>	2	MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection solution</i>	4	MO
<i>dexamethasone sodium phosphate injection syringe</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hidex</i>	3	
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	4	MO
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	4	MO
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	4	
<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>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

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 250 MG/2 ML, 500 MG/4 ML	3	MO
<i>triamcinolone acetonide injection</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads</i>	2	MO
BAQSIMI	3	MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	4	PA; MO; QL (2.4 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	4	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)
<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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	MO
HUMALOG MIX 50-50 INSULN U- 100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U- 100)INSULN	3	MO
HUMALOG U- 100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U- 500 (CONC) INSULIN	4	MO
HUMULIN R U- 500 (CONC) KWIKPEN	4	MO
INSULIN PEN NEEDLE	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
JANUMET	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LEVEMIR FLEXTOUCH U-100 INSULIN	4	ST; MO
LEVEMIR U-100 INSULIN	4	ST; MO
<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)
NEEDLES, INSULIN DISP., SAFETY	3	MO

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
NOVOLOG U-100 INSULIN ASPART	4	ST; MO
ONGLYZA	4	ST; MO; QL (30 per 30 days)
<i>pioglitazone</i>	2	MO; QL (30 per 30 days)
PROGLYCEM	5	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
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)

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

Drug Name	Drug Tier	Requirements/Limits
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)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
MISCELLANEOUS HORMONES		
ALDURAZYME	5	MO
ANADROL-50	4	PA; 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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol intravenous solution 2 mcg/ml</i>	4	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	4	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, 60 MG	4	MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	4	MO; QL (120 per 30 days)
SOMAVERT	5	PA; MO; QL (30 per 30 days)
STIMATE	5	MO
STRENSIQ	4	MO; LA
SYNAREL	4	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>testosterone enanthate</i>	4	PA; MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
VIMIZIM	5	MO; LA
<i>zoledronic acid intravenous solution</i>	3	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	3	B/D PA; MO
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	B/D PA; MO
THYROID HORMONES		
<i>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>	3	MO
<i>liothyronine oral</i>	2	MO
<i>unithroid</i>	3	MO
GASTROENTEROLOGY		

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

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

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

Drug Name	Drug Tier	Requirements/Limits
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>hydrocortisone rectal</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution</i>	2	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	3	MO
<i>mesalamine rectal</i>	3	MO
<i>mesalamine with cleansing wipe</i>	3	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	2	MO
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection solution</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl intravenous</i>	3	MO
<i>ondansetron hcl oral solution</i>	3	B/D PA; MO; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	4	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte</i>	2	
PENTASA	4	MO
<i>polyethylene glycol 3350</i>	3	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO
<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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SYRINGE	5	PA; MO
REMICADE	5	PA; MO
<i>scopolamine base</i>	3	MO; QL (10 per 30 days)
SUCRAID	5	MO
<i>sulfasalazine</i>	2	MO
<i>trilyte with flavor packets</i>	2	MO
<i>ursodiol oral capsule</i>	2	MO
<i>ursodiol oral tablet</i>	3	MO
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT	3	MO
VIOKACE ORAL TABLET 20,880-78,300- 78,300 UNIT	5	MO
ULCER THERAPY		
DEXILANT	4	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i>	3	MO
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	4	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>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 oral tablet, delayed release (drlec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>	2	MO; QL (60 per 30 days)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	4	MO
<i>ranitidine hcl oral capsule</i>	2	MO
<i>ranitidine hcl oral syrup</i>	3	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	2	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	PA; MO; QL (4 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	4	B/D PA; MO
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

Drug Name	Drug Tier	Requirements/Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	4	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
GAMASTAN	3	MO
GAMASTAN S/D	3	MO
GARDASIL 9 (PF)	4	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

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

Drug Name	Drug Tier	Requirements/Limits
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	
IMOVAX RABIES VACCINE (PF)	4	MO
INFANRIX (DTAP) (PF)	3	MO
IPOL	3	MO
IXIARO (PF)	4	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y- W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF)	3	MO

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	4	MO
STAMARIL (PF)	3	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPH THERIA TOX PED(PF)	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	

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

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

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
COLCRYS	3	MO; QL (120 per 30 days)
<i>febuxostat</i>	3	MO
KRYSTEXXA	5	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
ULORIC	3	MO

OSTEOPOROSIS THERAPY

<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 oral</i>	3	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>raltovifene</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)

OTHER RHEUMATOLOGICALS

BENLYSTA	5	PA; MO
DEPEN TITRATABS	5	MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO
<i>penicillamine</i>	5	MO
RINVOQ ER	5	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>dotti</i>	3	PA; MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal cream</i>	2	MO
<i>estradiol vaginal tablet</i>	3	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acetate</i>	3	PA; MO
<i>heather</i>	3	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>incassia</i>	3	MO
<i>jencycla</i>	3	MO
<i>medroxyprogesterone intramuscular</i>	3	MO
<i>medroxyprogesterone oral</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	4	MO
<i>norethindrone acetate estradiol oral tablet 0.5-2.5 mg-mcg</i>	4	PA; MO
<i>norlyda</i>	3	MO
PREMARIN ORAL	3	MO
<i>tulana</i>	3	MO
<i>yuvafem</i>	3	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
MIRENA	3	MO; LA
NEXPLANON	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	4	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	4	
<i>alyacen 1/35 (28)</i>	4	MO
<i>amethia lo</i>	4	MO
<i>aubra</i>	4	MO
<i>aubra eq</i>	4	MO
<i>aurovela 1.5/30 (21)</i>	4	MO
<i>aurovela 1/20 (21)</i>	4	MO
<i>aurovela 24 fe</i>	4	MO
<i>aurovela fe 1.5/30 (28)</i>	4	MO
<i>aurovela fe 1-20 (28)</i>	4	MO
<i>bekyree (28)</i>	4	MO
<i>blisovi 24 fe</i>	4	MO
<i>blisovi fe 1.5/30 (28)</i>	4	MO
<i>blisovi fe 1/20 (28)</i>	4	MO
<i>camrese lo</i>	4	MO
<i>caziant (28)</i>	4	MO
<i>chateal eq (28)</i>	4	MO
<i>delyla (28)</i>	4	
<i>drospirenone-estradiol-lm,fa</i>	4	MO
<i>drospirenone-ethinyl estradiol</i>	4	MO
<i>emoquette</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>estarylla</i>	4	MO
<i>ethynodiol diac-eth estradiol</i>	4	
<i>fayosim</i>	4	MO
<i>femynor</i>	4	MO
<i>hailey</i>	4	MO
<i>hailey 24 fe</i>	4	MO
<i>isibloom</i>	4	MO
<i>jasmiel (28)</i>	4	MO
<i>juleber</i>	4	MO
<i>junel 1.5/30 (21)</i>	4	MO
<i>junel 1/20 (21)</i>	4	MO
<i>junel fe 1.5/30 (28)</i>	4	MO
<i>junel fe 1/20 (28)</i>	4	MO
<i>junel fe 24</i>	4	MO
<i>kaitlib fe</i>	4	MO
<i>kalliga</i>	4	
<i>kelnor 1/35 (28)</i>	4	MO
<i>kelnor 1-50</i>	4	MO
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	MO
<i>larissia</i>	4	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)</i>	4	MO
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	4	MO
<i>levonorg-eth estradiol triphasic</i>	4	MO
<i>lillow (28)</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>low-ogestrel (28)</i>	4	MO
<i>lo-zumandimine (28)</i>	4	
<i>melodetta 24 fe</i>	4	MO
<i>mibelas 24 fe</i>	4	MO
<i>microgestin 1.5/30 (21)</i>	4	MO
<i>microgestin 1/20 (21)</i>	4	MO
<i>microgestin fe 1.5/30 (28)</i>	4	MO
<i>microgestin fe 1/20 (28)</i>	4	MO
<i>mili</i>	4	MO
<i>noreth-ethinyl estradiol-iron</i>	4	MO
<i>norethindrone acetate estradiol oral tablet 1.5-30 mg-mcg</i>	4	
<i>norethindrone acetate estradiol oral tablet 1-20 mg-mcg</i>	4	MO
<i>norethindrone-estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	4	MO
<i>norethindrone-estradiol-iron oral tablet,chewable</i>	4	MO
<i>norgestimate-ethinyl estradiol</i>	4	MO
<i>ocella</i>	4	MO
<i>ogestrel (28)</i>	4	MO
<i>previfem</i>	4	MO
<i>rivelsa</i>	4	MO
<i>setlakin</i>	4	MO
<i>simliya (28)</i>	4	
<i>simpesse</i>	4	
<i>sprintec (28)</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>syeda</i>	4	MO
<i>tarina 24 fe</i>	4	
<i>tri-lo-mili</i>	4	
<i>tri-lo-sprintec</i>	4	MO
<i>tri-mili</i>	4	MO
<i>tri-sprintec (28)</i>	4	MO
<i>tri-vylibra</i>	4	MO
<i>tri-vylibra lo</i>	4	MO
<i>tydemy</i>	4	MO
<i>vienva</i>	4	MO
<i>vylibra</i>	4	MO
<i>zarah</i>	4	MO
<i>zumandimine (28)</i>	4	

OXYTOCICS

<i>methylergonovine oral</i>	5	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>moxifloxacin ophthalmic (eye)</i>	3	MO
NATACYN	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin-polymyxin</i>	4	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	4	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin</i>	2	MO

ANTIVIRALS

<i>trifluridine</i>	3	MO
---------------------	---	----

ZIRGAN	4	MO
--------	---	----

BETA-BLOCKERS

<i>betaxolol ophthalmic (eye)</i>	4	MO
-----------------------------------	---	----

BETIMOL	4	MO
---------	---	----

<i>carteolol</i>	2	MO
------------------	---	----

<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
---	---	----

<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
---	---	----

<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
---	---	----

<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
--	---	----

MISCELLANEOUS OPTHALMOLOGICS

<i>azelastine ophthalmic (eye)</i>	4	MO
------------------------------------	---	----

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

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	PA; MO
<i>epinastine</i>	4	MO
EYLEA	5	MO
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	5	MO; LA
LUCENTIS	5	MO
OXERVATE	5	PA; MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (6 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	4	MO
NON- STEROIDAL ANTI- INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide oral capsule, extended release</i>	3	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
AZOPT	4	MO
COMBIGAN	3	MO
COSOPT (PF)	4	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	4	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
RHOPRESSA	4	ST; MO
ROCKLATAN	4	ST; MO
TRAVATAN Z	3	MO
STEROID- ANTIBIOTIC COMBINATION S		
<i>neomycin- bacitracin-poly-hc</i>	4	MO
<i>neomycin- polymyxin b- dexameth</i>	2	MO
<i>neomycin- polymyxin-hc ophthalmic (eye)</i>	4	MO
<i>neo-polycin hc</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone</i>	3	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	4	MO
<i>loteprednol etabonate</i>	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	3	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	MO
SYMPATHOMIMETICS		
ALPHAGAN P 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-ALLERGIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dexchlorpheniramine maleate oral solution</i>	3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	MO; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	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)
<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

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

Drug Name	Drug Tier	Requirements/Limits
ADCIRCA	5	PA; MO; QL (60 per 30 days)
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS	4	MO; QL (60 per 30 days)
ADVAIR HFA	4	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>alyq</i>	5	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
CINRYZE	5	PA; MO; QL (20 per 30 days)
COMBIVENT RESPIMAT	4	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP ORAL TABLET 250 MCG	4	PA; MO
DALIRESP ORAL TABLET 500 MCG	4	PA; MO; QL (30 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO
FIRAZYR	5	PA; MO; QL (270 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025%)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>icatibant</i>	5	PA; MO; QL (270 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PA; MO
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
LETAIRIS	5	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone nasal</i>	4	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	3	MO; QL (30 per 30 days)
<i>montelukast oral tablet</i>	2	MO; QL (30 per 30 days)
<i>montelukast oral tablet, chewable</i>	2	MO; QL (30 per 30 days)
OFEV	4	PA; MO; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO; QL (120 per 30 days)
PROAIR HFA	3	MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)
PULMOZYME	5	B/D PA; MO; QL (150 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; MO
<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)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	5	PA; MO; QL (56 per 28 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	5	PA; MO
<i>tadalafil (pulm. hypertension)</i>	5	PA; MO; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	5	MO
<i>theophylline in dextrose 5% intravenous parenteral solution 400 mg/500 ml</i>	3	
<i>theophylline oral tablet extended release 12 hr</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TUDORZA PRESSAIR	3	MO; QL (1 per 30 days)
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (5 per 28 days)
<i>zafirlukast</i>	4	MO; QL (60 per 30 days)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	4	MO
MYRBETRIQ	4	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	3	MO; QL (30 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	3	MO; QL (60 per 30 days)
<i>solifenacin</i>	4	MO
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	4	MO
TOVIAZ	4	MO; QL (30 per 30 days)
VESICARE	4	MO
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>tamsulosin</i>	2	MO; QL (60 per 30 days)
MISCELLANEOUS UROLOGICALS		
<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
K-PHOS NO 2	3	MO

Drug Name	Drug Tier	Requirements/Limits
K-PHOS ORIGINAL	3	MO
<i>potassium citrate</i>	4	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	3	
<i>albuminar 25 %</i>	3	MO
<i>alburx (human) 25 %</i>	3	MO
<i>alburx (human) 5 %</i>	3	
<i>albutein 25 %</i>	3	
<i>albutein 5 %</i>	3	
<i>buminate 5 %</i>	3	
<i>plasbumin 25 %</i>	3	MO
<i>plasbumin 5 %</i>	3	
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	3	MO
<i>calcium acetate oral tablet 667 mg</i>	3	MO
<i>calcium gluconate intravenous</i>	3	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	3	MO
<i>klor-con</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 oral capsule, extended release 8 meq</i>	3	MO
<i>klor-conlef</i>	3	MO
<i>lactated ringers intravenous</i>	4	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	3	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4%), 4 gram/50 ml (8%)</i>	3	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4%)</i>	3	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>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5% dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	3	MO
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml</i>	2	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in water intravenous piggyback 20 meq/50 ml, 30 meq/100 ml</i>	2	
<i>potassium chloride intravenous</i>	3	MO
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	3	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium phosphate m-l-d-basic</i>	3	
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	3	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	3	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	3	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	3	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3 %</i>	4	MO
<i>sodium chloride 5 %</i>	4	MO
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	4	MO
<i>sodium chloride intravenous parenteral solution 4 meq/ml</i>	2	MO
<i>sodium phosphate</i>	3	MO

MISCELLANEOUS NUTRITION PRODUCTS

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

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN 10 %	3	B/D PA
AMINOSYN 7 % WITH ELECTROLYTES	3	B/D PA
AMINOSYN 8.5 %	3	B/D PA
AMINOSYN 8.5 %- ELECTROLYTES	3	B/D PA
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA
AMINOSYN II 8.5 %	3	B/D PA
AMINOSYN II 8.5 %- ELECTROLYTES	3	B/D PA
AMINOSYN M 3.5 %	3	B/D PA
AMINOSYN-HBC 7%	3	B/D PA
AMINOSYN-PF 10 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
AMINOSYN-RF 5.2 %	3	B/D PA
<i>electrolyte-48 in d5w</i>	3	
FREAMINE HBC 6.9 %	3	B/D PA
<i>freamine iii 10 %</i>	3	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA

Drug Name	Drug Tier	Requirements/Limits
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	
<i>plenamine</i>	3	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>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	1	MO

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

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

Index

<i>abacavir</i>	1	ALDURAZYME.....	56	<i>amoxapine</i>	33
<i>abacavir-lamivudine</i>	1	ALECENSA.....	14	<i>amoxicillin</i>	10
<i>abacavir-lamivudine-</i>		<i>alendronate</i>	50, 64	<i>amoxicillin-pot clavulanate</i>	10, 11
<i>zidovudine</i>	1	<i>alfuzosin</i>	74	<i>amphotericin b</i>	1
ABELCET.....	1	ALIMTA.....	14	<i>ampicillin</i>	11
ABILIFY MAINTENA.....	33	ALINIA.....	7, 8	<i>ampicillin sodium</i>	11
<i>abiraterone</i>	13	ALIQOPA.....	14	<i>ampicillin-sulbactam</i>	11
ABRAXANE.....	13	ALKERAN.....	14	AMPYRA.....	28
<i>acamprosate</i>	50	<i>allopurinol</i>	64	ANADROL-50.....	56
<i>acarbose</i>	53	<i>alose tron</i>	58	<i>anagrelide</i>	50
<i>acebutolol</i>	39	ALOXI.....	58	<i>anastrozole</i>	14
<i>acetaminophen-codeine</i>	29	ALPHAGAN P.....	70	ANDROGEL.....	56
<i>acetazolamide</i>	69	ALUNBRIG.....	14	APOKYN.....	27
<i>acetic acid</i>	52	<i>alyacen 1/35 (28)</i>	66	<i>apraclonidine</i>	70
<i>acetylcysteine</i>	50, 70	<i>alyq</i>	71	<i>aprepitant</i>	59
<i>acitretin</i>	45	<i>amantadine hcl</i>	2	APRISO.....	59
ACTHIB (PF).....	62	AMBISOME.....	1	APTIOM.....	24
ACTIMMUNE.....	61	<i>ambrisentan</i>	71	APTIVUS.....	2
<i>acyclovir</i>	1, 2, 48	<i>amcinonide</i>	48	ARCALYST.....	61
<i>acyclovir sodium</i>	2	<i>amethia lo</i>	66	ARIKAYCE.....	8
ADACEL(TDAP		AMICAR.....	41	<i>aripiprazole</i>	33
ADOLESN/ADULT)(PF)....	62	<i>amikacin</i>	8	ARRANON.....	14
<i>adapalene-benzoyl peroxide</i>	47	<i>amiloride</i>	39	ARSENIC TRIOXIDE.....	14
ADASUVE.....	33	<i>amiloride-hydrochlorothiazide</i>	39	<i>arsenic trioxide</i>	14
ADCIRCA.....	71	<i>aminocaproic acid</i>	41	ARZERRA.....	14
ADEMPAS.....	71	AMINOSYN 10 %.....	76	<i>atazanavir</i>	2
<i>adenosine</i>	38	AMINOSYN 7 % WITH		<i>atenolol</i>	39
<i>adrenalin</i>	70	ELECTROLYTES.....	77	<i>atenolol-chlorthalidone</i>	39
<i>adriamycin</i>	13	AMINOSYN 8.5 %.....	77	<i>atomoxetine</i>	33
ADRIAMYCIN.....	13	AMINOSYN 8.5 %-		<i>atorvastatin</i>	43
<i>adrucil</i>	13	ELECTROLYTES.....	77	<i>atovaquone</i>	8
ADVAIR DISKUS.....	71	AMINOSYN II 10 %.....	77	<i>atovaquone-proguanil</i>	8
ADVAIR HFA.....	71	AMINOSYN II 15 %.....	77	ATRIPLA.....	2
AFINITOR.....	13	AMINOSYN II 8.5 %.....	77	<i>atropine</i>	58
AFINITOR DISPERZ.....	14	AMINOSYN II 8.5 %-		ATROVENT HFA.....	71
<i>afirmelle</i>	66	ELECTROLYTES.....	77	<i>aubra</i>	66
<i>ak-poly-bac</i>	68	AMINOSYN M 3.5 %.....	77	<i>aubra eq</i>	66
<i>albendazole</i>	7	AMINOSYN-HBC 7%.....	77	AUGMENTIN.....	11
ALBENZA.....	7	AMINOSYN-PF 10 %.....	77	<i>aurovela 1.5/30 (21)</i>	66
<i>albumin, human 25 %</i>	74	AMINOSYN-PF 7 %		<i>aurovela 1/20 (21)</i>	66
<i>albuminar 25 %</i>	74	(SULFITE-FREE).....	77	<i>aurovela 24 fe</i>	66
<i>alburx (human) 25 %</i>	74	AMINOSYN-RF 5.2 %.....	77	<i>aurovela fe 1.5/30 (28)</i>	66
<i>alburx (human) 5 %</i>	74	<i>amiodarone</i>	38	<i>aurovela fe 1-20 (28)</i>	66
<i>albutein 25 %</i>	74	AMITIZA.....	58	AVASTIN.....	14
<i>albutein 5 %</i>	74	<i>amitriptyline</i>	33	<i>azacitidine</i>	14
<i>albuterol sulfate</i>	71	<i>amlodipine</i>	39	<i>azathioprine</i>	14
<i>alclometasone</i>	48	<i>amlodipine-benazepril</i>	39	<i>azathioprine sodium</i>	14
<i>alcohol pads</i>	53	<i>ammonium lactate</i>	46	<i>azelastine</i>	51, 52, 68

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

<i>azithromycin</i>	7	BOSULIF.....	14	<i>carvedilol</i>	39
AZOPT.....	69	BOTOX.....	62	<i>caspofungin</i>	1
<i>aztreonam</i>	8	BRAFTOVI.....	15	CAYSTON.....	8
<i>bacitracin</i>	68	BRILINTA.....	41	<i>caziant (28)</i>	66
<i>bacitracin-polymyxin b</i>	68	<i>brimonidine</i>	70	<i>cefaclor</i>	5
<i>baclofen</i>	29	BRIVIACT.....	24	<i>cefadroxil</i>	5
<i>balsalazide</i>	59	<i>bromocriptine</i>	27	<i>cefazolin</i>	6
BALVERSA.....	14	<i>budesonide</i>	59, 71	<i>cefazolin in dextrose (iso-os)</i> ...	5
BANZEL.....	24	<i>bumetanide</i>	39	<i>cefdinir</i>	6
BAQSIMI.....	53	<i>buminate 5 %</i>	74	<i>cefepime</i>	6
BARACLUDE.....	2	<i>buprenorphine</i>	29	CEFEPIME IN	
BAVENCIO.....	14	<i>buprenorphine hcl</i>	29	DEXTROSE 5 %.....	6
BCG VACCINE, LIVE (PF).62		<i>buprenorphine-naloxone</i>	32	<i>cefepime in dextrose,iso-osm</i>	6
<i>bekyree (28)</i>	66	<i>bupropion hcl</i>	33	<i>cefixime</i>	6
BELEODAQ.....	14	<i>bupropion hcl (smoking</i>		<i>cefotaxime</i>	6
<i>benazepril</i>	39	<i>deter)</i>	51	<i>cefoxitin</i>	6
<i>benazepril-</i>		<i>buspirone</i>	33	<i>cefoxitin in dextrose, iso-osm</i>	6
<i>hydrochlorothiazide</i>	39	<i>busulfan</i>	15	<i>ceftazidime</i>	6
BENDEKA.....	14	BUSULFEX.....	15	CEFTAZIDIME IN D5W.....	6
BENLYSTA.....	64	<i>butorphanol tartrate</i>	32	<i>ceftriaxone</i>	6
BENZNIDAZOLE.....	8	BUTRANS.....	30	CEFTRIAZONE.....	6
<i>benztropine</i>	27	BYDUREON.....	53	<i>ceftriaxone in dextrose,iso-os</i> ...	6
<i>beser</i>	48	BYDUREON BCISE.....	53	<i>cefuroxime axetil</i>	6
BESPONSA.....	14	BYETTA.....	53, 54	<i>cefuroxime sodium</i>	6
<i>betamethasone dipropionate</i> ...48		<i>cabergoline</i>	56	<i>celecoxib</i>	32
<i>betamethasone valerate</i>48		CABLIVI.....	41	CELLCEPT	
<i>betamethasone, augmented</i> 48, 49		CABOMETYX.....	15	INTRAVENOUS.....	15
BETASERON.....	61	<i>caffeine citrate</i>	50	CELONTIN.....	24
<i>betaxolol</i>	68	<i>calcipotriene</i>	46	<i>cephalexin</i>	6
<i>bethanechol chloride</i>	74	<i>calcitonin (salmon)</i>	56	CEPROTIN (BLUE BAR)...41	
BETIMOL.....	68	<i>calcitriol</i>	56	CEPROTIN (GREEN BAR) 42	
BEVESPI AEROSPHERE....71		<i>calcium acetate</i>	74	CERDELGA.....	56
<i>bexarotene</i>	14	<i>calcium gluconate</i>	74	CEREZYME.....	56
BEXSERO.....	62	CALQUENCE.....	15	<i>cetirizine</i>	70
<i>bicalutamide</i>	14	<i>camrese lo</i>	66	CHANTIX.....	51
BICNU.....	14	CANASA.....	59	CHANTIX CONTINUING	
BIDIL.....	39	<i>candesartan</i>	39	MONTH BOX.....	51
BIKTARVY.....	2	CAPASTAT.....	8	CHANTIX STARTING	
BILTRICIDE.....	8	CAPRELSA.....	15	MONTH BOX.....	51
<i>bisoprolol fumarate</i>	39	CARBAGLU.....	50	<i>chateal eq (28)</i>	66
<i>bisoprolol-</i>		<i>carbamazepine</i>	24	CHEMET.....	50
<i>hydrochlorothiazide</i>	39	<i>carbidopa</i>	27	CHENODAL.....	59
<i>bleomycin</i>	14	<i>carbidopa-levodopa</i>	27	<i>chloramphenicol sod succinate</i> ..	8
BLINCYTO.....	14	<i>carbidopa-levodopa-</i>		<i>chlorhexidine gluconate</i>	52
<i>blisovi 24 fe</i>	66	<i>entacapone</i>	27	<i>chloroquine phosphate</i>	8
<i>blisovi fe 1.5/30 (28)</i>	66	<i>carboplatin</i>	15	<i>chlorothiazide</i>	39
<i>blisovi fe 1/20 (28)</i>	66	<i>carmustine</i>	15	<i>chlorpromazine</i>	33
BOOSTRIX TDAP.....	62	<i>carteolol</i>	68	<i>chlorthalidone</i>	39
BORTEZOMIB.....	14	<i>cartia xt</i>	39	CHOLBAM.....	59

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

<i>cholestyramine (with sugar)</i> ...	43	COMBIVENT RESPIMAT ..	71	DAURISMO	16
<i>cholestyramine light</i>	43	COMETRIQ	15	DDAVP	56
CHORIONIC		COMPLERA	2	<i>decadron</i>	52
GONADOTROPIN,		<i>compro</i>	59	<i>decitabine</i>	16
HUMAN	56	<i>constulose</i>	59	<i>deferasirox</i>	50
<i>ciclopirox</i>	47, 48	COPIKTRA	15	DELSTRIGO	2
<i>cidofovir</i>	2	CORLANOR	44	<i>delyla (28)</i>	66
<i>cilostazol</i>	42	CORTIFOAM	59	DELZICOL	59
CIMDUO	2	<i>cortisone</i>	52	<i>demeclocycline</i>	12
<i>cinacalcet</i>	56	CORTISPORIN-TC	52	DEMSEER	39
CINRYZE	71	COSOPT (PF)	69	DENAVIR	48
CIPRODEX	52	COTELLIC	15	<i>denta 5000 plus</i>	52
<i>ciprofloxacin</i>	12	CREON	59	<i>dentagel</i>	52
<i>ciprofloxacin hcl</i>	12, 52, 68	CRESEMBA	1	DEPEN TITRATABS	64
<i>ciprofloxacin in 5 % dextrose</i> ..	12	CRIXIVAN	2	DEPO-MEDROL	52
<i>cisplatin</i>	15	<i>cromolyn</i>	59, 69, 71	DESCOVY	2
<i>citalopram</i>	33	CRYSVITA	56	<i>desipramine</i>	33
<i>cladribine</i>	15	<i>cyclobenzaprine</i>	29	<i>desmopressin</i>	56
<i>claravis</i>	47	<i>cyclophosphamide</i>	15	<i>desonide</i>	49
<i>clarithromycin</i>	7	CYCLOSET	54	<i>desoximetasone</i>	49
<i>cleocin</i>	8	<i>cyclosporine</i>	15	<i>desvenlafaxine succinate</i>	33
<i>clindamycin hcl</i>	8	<i>cyclosporine modified</i>	15	<i>dexamethasone</i>	52
CLINDAMYCIN IN 0.9 %		CYRAMZA	15	<i>dexamethasone intensol</i>	52
SOD CHLOR	8	CYSTADANE	59	<i>dexamethasone sodium phos</i>	
<i>clindamycin in 5 % dextrose</i>	8	CYSTAGON	74	(<i>pf</i>)	52
<i>clindamycin palmitate hcl</i>	8	CYSTARAN	69	<i>dexamethasone sodium</i>	
<i>clindamycin pediatric</i>	8	<i>cytarabine</i>	15	<i>phosphate</i>	52, 70
<i>clindamycin phosphate</i> ..	8, 47, 66	<i>cytarabine (pf)</i>	15, 16	<i>dexchlorpheniramine maleate</i> ..	70
<i>clindamycin-benzoyl peroxide</i> ..	47	<i>d10 %-0.45 % sodium chloride</i> ..	50	DEXILANT	60
<i>clobazam</i>	24	<i>d2.5 %-0.45 % sodium</i>		<i>dextroamphetamine</i>	33, 34
<i>clobetasol</i>	49	<i>chloride</i>	50	<i>dextroamphetamine-</i>	
<i>clobetasol-emollient</i>	49	<i>d5 % and 0.9 % sodium</i>		<i>amphetamine</i>	34
<i>clofarabine</i>	15	<i>chloride</i>	50	<i>dextrose 10 % and 0.2 % nacl</i> ..	50
CLOLAR	15	<i>d5 %-0.45 % sodium chloride</i> ..	50	<i>dextrose 10 % in water</i>	
<i>clomipramine</i>	33	<i>dacarbazine</i>	16	(<i>d10w</i>)	50
<i>clonazepam</i>	24	<i>dactinomycin</i>	16	<i>dextrose 5 % in water (d5w)</i> ...	50
<i>clonidine</i>	39	<i>dalfampridine</i>	28	<i>dextrose 5 %-lactated ringers</i> ..	50
<i>clonidine hcl</i>	39	DALIRESP	71	<i>dextrose 5%-0.2 % sod</i>	
<i>clopidogrel</i>	42	<i>danazol</i>	56	<i>chloride</i>	50
<i>clorazepate dipotassium</i>	33	<i>dantrolene</i>	29	<i>dextrose 5%-0.3 %</i>	
<i>clotrimazole</i>	1, 48	<i>dapsone</i>	8, 47	<i>sod. chloride</i>	50
<i>clotrimazole-betamethasone</i> ...	48	DAPTACEL (DTAP		<i>dextrose with sodium chloride</i> ..	50
<i>clozapine</i>	33	PEDIATRIC) (PF)	62	DIASTAT	24
COARTEM	8	DAPTOMYCIN	8	DIASTAT ACUDIAL	24
<i>codeine sulfate</i>	30	<i>daptomycin</i>	8	<i>diazepam</i>	24, 34
COLCRYS	64	DARAPRIM	8	<i>diazepam intensol</i>	34
<i>colesevelam</i>	43	<i>darifenacin</i>	73	<i>diclofenac sodium</i>	32, 69
<i>colistin (colistimethate na)</i>	8	DARZALEX	16	<i>dicloxacillin</i>	11
COMBIGAN	69	<i>daunorubicin</i>	16	<i>dicyclomine</i>	58

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

<i>didanosine</i>	2	EDURANT.....	2	ERIVEDGE.....	16
<i>diflorasone</i>	49	<i>efavirenz</i>	2	ERLEADA.....	16
<i>diflunisal</i>	32	<i>effe-r-k</i>	74	<i>erlotinib</i>	16
<i>digitek</i>	44	ELAPRASE.....	57	ERWINAZE.....	16
<i>digox</i>	44	<i>electrolyte-48 in d5w</i>	77	<i>ery pads</i>	47
<i>digoxin</i>	44	ELIQUIS.....	42	ERYTHROCIN.....	7
<i>dihydroergotamine</i>	27	ELLECE.....	16	<i>erythrocin (as stearate)</i>	7
DILANTIN 30 MG.....	24	ELMIRON.....	74	<i>erythromycin</i>	7, 68
<i>diltiazem hcl</i>	39, 40	EMCYT.....	16	<i>erythromycin ethylsuccinate</i>	7
<i>dilt-xr</i>	40	EMEND.....	59	<i>erythromycin with ethanol</i>	47
<i>diphenhydramine hcl</i>	70	EMEND		<i>erythromycin-benzoyl</i>	
<i>dipyridamole</i>	42	(FOSAPREPITANT).....	59	<i>peroxide</i>	47
<i>disulfiram</i>	50	<i>emoquette</i>	66	ESBRIET.....	71
<i>divalproex</i>	24	EMPLICITI.....	16	<i>escitalopram oxalate</i>	34
<i>dobutamine</i>	44	EMSAM.....	34	<i>esomeprazole magnesium</i>	60
<i>dobutamine in d5w</i>	44	EMTRIVA.....	2	<i>esomeprazole sodium</i>	60, 61
<i>docetaxel</i>	16	EMVERM.....	8	<i>estarylla</i>	67
DOCETAXEL.....	16	<i>enalapril maleate</i>	40	<i>estradiol</i>	65, 66
<i>dofetilide</i>	38	<i>enalaprilat</i>	40	<i>estradiol valerate</i>	66
<i>donepezil</i>	28	<i>enalapril-hydrochlorothiazide</i>	40	<i>estradiol-norethindrone acet...</i>	66
<i>dopamine</i>	45	ENBREL.....	64	<i>ethambutol</i>	8
<i>dopamine in 5 % dextrose</i>	45	ENBREL MINI.....	64	<i>ethosuximide</i>	25
DOPTELET (10 TAB		ENBREL SURECLICK.....	64	<i>ethynodiol diac-eth estradiol...</i>	67
PACK).....	42	<i>endocet</i>	30	<i>etodolac</i>	32
DOPTELET (15 TAB		ENGERIX-B (PF).....	62	ETOPOPHOS.....	16
PACK).....	42	ENGERIX-B PEDIATRIC		<i>etoposide</i>	16
DOPTELET (30 TAB		(PF).....	62	EVOTAZ.....	3
PACK).....	42	<i>enoxaparin</i>	42	<i>exemestane</i>	16
<i>dorzolamide</i>	69	<i>entacapone</i>	27	EXJADE.....	50
<i>dorzolamide-timolol</i>	69	<i>entecavir</i>	2	EYLEA.....	69
<i>dorzolamide-timolol (pf)</i>	69	ENTRESTO.....	45	<i>ezetimibe</i>	43
<i>dotti</i>	65	ENTYVIO.....	59	<i>ezetimibe-simvastatin</i>	43
DOVATO.....	2	<i>enulose</i>	59	FABRAZYME.....	57
<i>doxazosin</i>	40	EPCLUSA.....	2	<i>famciclovir</i>	3
<i>doxepin</i>	34	EPIDIOLEX.....	25	<i>famotidine</i>	61
<i>doxorubicin</i>	16	<i>epinastine</i>	69	<i>famotidine (pf)</i>	61
<i>doxorubicin, peg-liposomal</i>	16	EPINEPHRINE.....	70	<i>famotidine (pf)-nacl (iso-os)</i>	61
<i>doxy-100</i>	12	<i>epinephrine</i>	70	FANAPT.....	34
<i>doxycycline hyclate</i>	12	EPIPEN.....	70	FARESTON.....	16
<i>doxycycline monohydrate</i>	12	EPIPEN 2-PAK.....	70	FARYDAK.....	16
<i>dronabinol</i>	59	EPIPEN JR.....	70	FASENRA.....	71
<i>drospirenone-e.estradiol-lm.fa</i>	66	EPIPEN JR 2-PAK.....	70	FASLODEX.....	16
<i>drospirenone-ethinyl estradiol</i>	66	<i>epirubicin</i>	16	<i>fayosim</i>	67
DROXIA.....	16	<i>epitol</i>	25	FAZACLO.....	34
<i>duloxetine</i>	34	EPIVIR HBV.....	3	<i>febuxostat</i>	64
DUPIXENT.....	46	<i>eplerenone</i>	40	<i>felbamate</i>	25
<i>duramorph (pf)</i>	30	<i>epoprostenol (glycine)</i>	40	<i>felodipine</i>	40
<i>dutasteride</i>	74	ERBITUX.....	16	<i>femynor</i>	67
<i>econazole</i>	48	<i>ergotamine-caffeine</i>	27	<i>fenofibrate</i>	43

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

<i>fenofibrate micronized</i>	43	<i>gabapentin</i>	25	<i>heather</i>	66
<i>fenofibrate nanocrystallized</i>	43	<i>galantamine</i>	28	<i>heparin (porcine)</i>	42
<i>fentanyl</i>	30	GAMASTAN.....	62	<i>heparin (porcine) in 5 % dex</i> ..	42
<i>fentanyl citrate</i>	30	GAMASTAN S/D.....	62	<i>heparin (porcine) in nacl (pf)</i>	42
<i>fentanyl citrate (pf)</i>	30	<i>ganciclovir sodium</i>	3	HEPARIN(PORCINE) IN	
FERRIPROX.....	50	GARDASIL 9 (PF).....	62	0.45% NACL.....	42
FETZIMA.....	34	<i>gatifloxacin</i>	68	<i>heparin(porcine) in 0.45%</i>	
<i>finasteride</i>	74	GATTEX 30-VIAL.....	59	<i>nacl</i>	42
FIRAZYR.....	71	GATTEX ONE-VIAL.....	59	<i>heparin, porcine (pf)</i>	42, 43
FIRDAPSE.....	28	GAUZE PAD.....	54	HEPARIN, PORCINE (PF).	43
FIRMAGON KIT W		<i>gavilyte-c</i>	59	HEPATAMINE 8%.....	77
DILUENT SYRINGE.....	16	<i>gavilyte-g</i>	59	HERCEPTIN.....	17
<i>flac otic oil</i>	52	<i>gavilyte-n</i>	59	HERCEPTIN HYLECTA....	17
<i>flecainide</i>	38	GAZYVA.....	17	HETLIOZ.....	35
FLOVENT DISKUS.....	71	<i>gemcitabine</i>	17	HIBERIX (PF).....	62
FLOVENT HFA.....	72	GEMCITABINE.....	17	<i>hidex</i>	52
<i>floxuridine</i>	16	<i>gemfibrozil</i>	44	HIZENTRA.....	63
<i>fluconazole</i>	1	<i>generlac</i>	59	HUMALOG JUNIOR	
<i>fluconazole in nacl (iso-osm)</i>	1	<i>gengraf</i>	17	KWIKPEN U-100.....	54
<i>flucytosine</i>	1	<i>gentak</i>	68	HUMALOG KWIKPEN	
<i>fludarabine</i>	16	<i>gentamicin</i>	9, 47, 68	INSULIN.....	54
<i>fludrocortisone</i>	52	<i>gentamicin in nacl (iso-osm)</i> .8, 9		HUMALOG MIX 50-50	
<i>flunisolide</i>	72	GENTAMICIN IN NACL		INSULN U-100.....	54
<i>fluocinolone</i>	49	(ISO-OSM).....	8	HUMALOG MIX 50-50	
<i>fluocinolone acetonide oil</i>	52	<i>gentamicin sulfate (ped) (pf)</i> ...9		KWIKPEN.....	54
<i>fluocinolone and shower cap</i>	49	GENVOYA.....	3	HUMALOG MIX 75-25	
<i>fluocinonide</i>	49	GEODON.....	35	KWIKPEN.....	54
<i>fluocinonide-e</i>	49	GILOTRIF.....	17	HUMALOG MIX 75-25(U-	
<i>fluocinonide-emollient</i>	49	<i>glatiramer</i>	28	100)INSULN.....	54
<i>fluoride (sodium)</i>	52, 77	<i>glatopa</i>	28	HUMALOG U-100	
<i>fluorometholone</i>	70	GLEOSTINE.....	17	INSULIN.....	54
<i>fluorouracil</i>	17, 46	<i>glimepiride</i>	54	HUMIRA.....	65
<i>fluoxetine</i>	34	<i>glipizide</i>	54	HUMIRA PEDIATRIC	
<i>fluphenazine decanoate</i>	34	GLUCAGEN HYPOKIT.....	54	CROHNS START.....	64, 65
<i>fluphenazine hcl</i>	35	GLUCAGON		HUMIRA PEN.....	65
<i>flutamide</i>	17	EMERGENCY KIT		HUMIRA PEN CROHNS-	
<i>fluticasone propionate</i>	49, 72	(HUMAN).....	54	UC-HS START.....	65
<i>fluvastatin</i>	44	<i>glycopyrrolate</i>	58	HUMIRA PEN PSOR-	
<i>fluvoxamine</i>	35	<i>glydo</i>	46	UVEITS-ADOL HS.....	65
FOLOTYN.....	17	<i>griseofulvin microsize</i>	1	HUMIRA(CF).....	65
<i>fondaparinux</i>	42	<i>griseofulvin ultramicrosize</i>	1	HUMIRA(CF) PEDI	
<i>fosamprenavir</i>	3	<i>hailey</i>	67	CROHNS STARTER.....	65
<i>fosphenytoin</i>	25	<i>hailey 24 fe</i>	67	HUMIRA(CF) PEN.....	65
FREAMINE HBC 6.9 %.....	77	HALAVEN.....	17	HUMIRA(CF) PEN	
<i>freamine iii 10 %</i>	77	<i>halobetasol propionate</i>	49	CROHNS-UC-HS.....	65
<i>fulvestrant</i>	17	<i>haloperidol</i>	35	HUMIRA(CF) PEN PSOR-	
<i>furosemide</i>	40	<i>haloperidol decanoate</i>	35	UV-ADOL HS.....	65
FUZEON.....	3	<i>haloperidol lactate</i>	35	HUMULIN 70/30 U-100	
FYCOMPA.....	25	HAVRIX (PF).....	62	INSULIN.....	54

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

HUMULIN 70/30 U-100	<i>incassia</i>	66	JULUCA.....	3	
KWIKPEN.....	54	INCRELEX.....	50	<i>junel 1.5/30 (21)</i>	67
HUMULIN N NPH		<i>indapamide</i>	40	<i>junel 1/20 (21)</i>	67
INSULIN KWIKPEN.....	54	INFANRIX (DTAP) (PF)....	63	<i>junel fe 1.5/30 (28)</i>	67
HUMULIN N NPH U-100		INFUGEM.....	18	<i>junel fe 1/20 (28)</i>	67
INSULIN.....	54	INLYTA.....	18	<i>junel fe 24</i>	67
HUMULIN R REGULAR		INREBIC.....	18	KADCYLA.....	18
U-100 INSULN.....	54	INSULIN PEN NEEDLE....	54	<i>kaitlib fe</i>	67
HUMULIN R U-500		INSULIN SYRINGE		KALETRA.....	3
(CONC) INSULIN.....	54	(DISP) U-100.....	55	<i>kalliga</i>	67
HUMULIN R U-500		INTELENCE.....	3	KALYDECO.....	72
(CONC) KWIKPEN.....	54	<i>intralipid</i>	77	KANUMA.....	57
<i>hydralazine</i>	40	INTRALIPID.....	77	<i>kelnor 1/35 (28)</i>	67
<i>hydrochlorothiazide</i>	40	INTRON A.....	61	<i>kelnor 1-50</i>	67
<i>hydrocodone-acetaminophen</i> ...	30	INVEGA SUSTENNA.....	35	KEPIVANCE.....	13
<i>hydrocodone-ibuprofen</i>	30	INVEGA TRINZA.....	35	<i>ketoconazole</i>	1, 48
<i>hydrocortisone</i>	49, 52, 59	INVIRASE.....	3	<i>ketorolac</i>	69
<i>hydrocortisone valerate</i>	49	IONOSOL-MB IN D5W.....	77	KEYTRUDA.....	18
<i>hydrocortisone-acetic acid</i>	52	IPOL.....	63	KHAPZORY.....	13
<i>hydromorphone</i>	30, 31	<i>ipratropium bromide</i>	52, 72	KINRIX (PF).....	63
HYDROMORPHONE (PF).30		IRESSA.....	18	<i>kionex (with sorbitol)</i>	50
<i>hydromorphone (pf)</i>	30	<i>irinotecan</i>	18	KISQALI.....	18
<i>hydroxychloroquine</i>	9	ISENTRESS.....	3	KISQALI FEMARA CO-	
<i>hydroxyprogesterone</i>		ISENTRESS HD.....	3	PACK.....	18
<i>caproate</i>	66	<i>isibloom</i>	67	<i>klor-con</i>	74
<i>hydroxyurea</i>	17	ISOLYTE S PH 7.4.....	77	<i>klor-con 10</i>	75
<i>hydroxyzine hcl</i>	70	ISOLYTE-P IN 5 %		<i>klor-con 8</i>	75
HYPERHEP B S/D.....	63	DEXTROSE.....	77	<i>klor-con m10</i>	75
HYPERHEP B S-D		ISOLYTE-S.....	77	<i>klor-con m15</i>	75
NEONATAL.....	63	<i>isoniazid</i>	9	<i>klor-con m20</i>	75
<i>ibandronate</i>	64	ISORDIL.....	45	<i>klor-con sprinkle</i>	75
IBRANCE.....	17	<i>isosorbide dinitrate</i>	45	<i>klor-conlef</i>	75
<i>ibu</i>	32	<i>isosorbide mononitrate</i>	45	KORLYM.....	57
<i>ibuprofen</i>	32	<i>isotretinoin</i>	47	K-PHOS NO 2.....	74
<i>icatibant</i>	72	ISTODAX.....	18	K-PHOS ORIGINAL.....	74
ICLUSIG.....	17	<i>itraconazole</i>	1	KRYSTEXXA.....	64
<i>idarubicin</i>	17	<i>ivermectin</i>	9, 47	KUVAN.....	57
IDHIFA.....	17	IXEMPRA.....	18	KYPROLIS.....	18
<i>ifosfamide</i>	17	IXIARO (PF).....	63	<i>l norgestle.estradiol-e.estrad</i> ...	67
ILARIS (PF).....	61	JAKAFI.....	18	<i>labetalol</i>	40
<i>imatinib</i>	17	<i>jantoven</i>	43	<i>lactated ringers</i>	75
IMBRUVICA.....	17, 18	JANUMET.....	55	<i>lactulose</i>	59
IMFINZI.....	18	JANUVIA.....	55	<i>lamivudine</i>	3
<i>imipenem-cilastatin</i>	9	JARDIANCE.....	55	<i>lamivudine-zidovudine</i>	3
<i>imipramine hcl</i>	35	<i>jasmiel (28)</i>	67	<i>lamotrigine</i>	25
<i>imiquimod</i>	46	<i>jencycla</i>	66	LANOXIN.....	45
IMOVAX RABIES		JETREA (PF).....	69	LANOXIN PEDIATRIC.....	45
VACCINE (PF).....	63	JEVTANA.....	18	<i>lanthanum</i>	50
IMPAVIDO.....	9	<i>juleber</i>	67		

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

LANTUS SOLOSTAR U-100 INSULIN.....	55	LONSURF.....	19	<i>melphalan</i>	19
LANTUS U-100 INSULIN..	55	<i>loperamide</i>	58	<i>melphalan hcl</i>	19
<i>larissia</i>	67	<i>lopinavir-ritonavir</i>	3	<i>memantine</i>	28
<i>latanoprost</i>	69	<i>lorazepam</i>	36	MEMANTINE.....	28
LATUDA.....	36	<i>lorazepam intensol</i>	36	MENACTRA (PF).....	63
<i>leflunomide</i>	65	LORBRENA.....	19	MENVEO A-C-Y-W-135-DIP (PF).....	63
LEMTRADA.....	28	<i>losartan</i>	40	MEPSEVII.....	57
LENVIMA.....	19	<i>losartan-hydrochlorothiazide</i> ..	40	<i>mercaptapurine</i>	19
LETAIRIS.....	72	<i>loteprednol etabonate</i>	70	<i>meropenem</i>	9
<i>letrozole</i>	19	<i>low-ogestrel (28)</i>	67	MEROPENEM-0.9%	
<i>leucovorin calcium</i>	13	<i>loxapine succinate</i>	36	SODIUM CHLORIDE.....	9
LEUKERAN.....	19	<i>lo-zumandimine (28)</i>	67	<i>mesalamine</i>	59
<i>leuprolide</i>	19	LUCENTIS.....	69	<i>mesalamine with cleansing wipe</i>	59
LEVEMIR FLEXTOUCH U-100 INSULN.....	55	LUMIGAN.....	69	<i>mesna</i>	13
LEVEMIR U-100 INSULIN	55	LUMIZYME.....	57	MESNEX.....	13
<i>levetiracetam</i>	25	LUMOXITI.....	19	MESTINON.....	29
<i>levetiracetam in nacl (iso-os)</i> ..	25	LUPRON DEPOT.....	19	<i>metformin</i>	55
<i>levobunolol</i>	68	LUPRON DEPOT (3 MONTH).....	19	<i>methadone</i>	31
<i>levocarnitine</i>	50	LUPRON DEPOT (4 MONTH).....	19	<i>methadone intensol</i>	31
<i>levocarnitine (with sugar)</i>	50	LUPRON DEPOT (6 MONTH).....	19	<i>methadose</i>	31
<i>levocetirizine</i>	70	LUPRON DEPOT-PED.....	19	<i>methazolamide</i>	69
<i>levofloxacin</i>	12	LUPRON DEPOT-PED (3 MONTH).....	19	<i>methenamine hippurate</i>	13
<i>levofloxacin in d5w</i>	12	LYNPARZA.....	19	<i>methenamine mandelate</i>	13
<i>levoleucovorin calcium</i>	13	LYRICA.....	25, 26	<i>methimazole</i>	53
<i>levonorgestrel-ethinyl estrad</i> ... 67		LYSODREN.....	19	<i>methotrexate sodium</i>	19
<i>levonorg-eth estrad triphasic</i> ... 67		<i>mafenide acetate</i>	47	<i>methotrexate sodium (pf)</i> ..	19, 20
<i>levothyroxine</i>	58	<i>magnesium sulfate</i>	75	<i>methoxsalen</i>	46
<i>levoxyl</i>	58	MAGNESIUM SULFATE IN D5W.....	75	<i>methyclothiazide</i>	40
LEXIVA.....	3	<i>magnesium sulfate in water</i>	75	<i>methyldopa</i>	40
LIBTAYO.....	19	<i>malathion</i>	50	<i>methylergonovine</i>	68
<i>lidocaine</i>	46	<i>mannitol 20 %</i>	40	<i>methylphenidate hcl</i>	36
<i>lidocaine (pf)</i>	38, 46	<i>mannitol 25 %</i>	40	<i>methylprednisolone</i>	52, 53
<i>lidocaine hcl</i>	46	<i>maprotiline</i>	36	<i>methylprednisolone acetate</i>	52
<i>lidocaine viscous</i>	46	MARPLAN.....	36	<i>methylprednisolone sodium succ</i>	53
<i>lidocaine-prilocaine</i>	46	MARQIBO.....	19	<i>methyltestosterone</i>	57
<i>lillow (28)</i>	67	MATULANE.....	19	<i>metoclopramide hcl</i>	59
<i>lindane</i>	50	<i>meclizine</i>	59	<i>metolazone</i>	40
<i>linezolid</i>	9	<i>medroxyprogesterone</i>	66	<i>metoprolol succinate</i>	40
<i>linezolid in dextrose 5%</i>	9	<i>mefloquine</i>	9	<i>metoprolol ta-hydrochlorothiaz</i>	40
<i>linezolid-0.9% sodium chloride</i>	9	<i>megestrol</i>	19	<i>metoprolol tartrate</i>	40
LIORESAL.....	29	MEKINIST.....	19	<i>metro i.v.</i>	9
<i>liothyronine</i>	58	MEKTOVI.....	19	<i>metronidazole</i>	9, 47, 66
<i>lisinopril</i>	40	<i>melodetta 24 fe</i>	67	<i>metronidazole in nacl (iso-os)</i> ..	9
<i>lisinopril-hydrochlorothiazide</i> ..	40	<i>meloxicam</i>	32	<i>mexiletine</i>	38
<i>lithium carbonate</i>	36			MIACALCIN.....	57
<i>lithium citrate</i>	36				

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

<i>mibelas 24 fe</i>	67	NARCAN.....	32	<i>norethindrone ac-eth estradiol</i>	66, 67
<i>microgestin 1.5/30 (21)</i>	67	NATACYN.....	68	<i>norethindrone-e.estradiol-iron</i>	67
<i>microgestin 1/20 (21)</i>	67	NATPARA.....	57	<i>norgestimate-ethinyl estradiol</i>	67
<i>microgestin fe 1.5/30 (28)</i>	67	NATROBA.....	50	<i>norlyda</i>	66
<i>microgestin fe 1/20 (28)</i>	67	NEBUPENT.....	9	NORMOSOL-R.....	75
<i>midodrine</i>	51	NEEDLES, INSULIN		NORMOSOL-R IN 5 %	
<i>migergot</i>	27	DISP.,SAFETY.....	55	DEXTROSE.....	75
<i>mili</i>	67	<i>nefazodone</i>	36	NORMOSOL-R PH 7.4.....	77
<i>milrinone</i>	45	<i>neomycin</i>	9	NORTHERA.....	51
<i>milrinone in 5 % dextrose</i>	45	<i>neomycin-bacitracin-poly-hc</i> ... 69		<i>nortriptyline</i>	36
<i>minocycline</i>	12	<i>neomycin-bacitracin-</i>		NORVIR.....	4
<i>minoxidil</i>	40	<i>polymyxin</i>	68	NOVOLOG FLEXPEN U-	
MIRENA.....	66	<i>neomycin-polymyxin b-</i>		100 INSULIN.....	55
<i>mirtazapine</i>	36	<i>dexameth</i>	69	NOVOLOG MIX 70-30 U-	
<i>misoprostol</i>	61	<i>neomycin-polymyxin-</i>		100 INSULN.....	55
<i>mitomycin</i>	20	<i>gramicidin</i>	68	NOVOLOG MIX 70-	
<i>mitoxantrone</i>	20	<i>neomycin-polymyxin-hc</i> 52, 69		30FLEXPEN U-100.....	55
M-M-R II (PF).....	63	<i>neo-polycin</i>	68	NOVOLOG PENFILL U-	
<i>modafinil</i>	36	<i>neo-polycin hc</i>	69	100 INSULIN.....	55
<i>molindone</i>	36	<i>neostigmine methylsulfate</i>	29	NOVOLOG U-100	
<i>mometasone</i>	49, 72	NEPHRAMINE 5.4 %.....	77	INSULIN ASPART.....	55
<i>mondoxyne nl</i>	12	NERLYNX.....	20	NOXAFIL.....	1
<i>montelukast</i>	72	NEULASTA.....	61	NPLATE.....	43
<i>morgidox</i>	12	NEUPOGEN.....	61	NUBEQA.....	20
MORPHINE.....	31	NEUPRO.....	27	NUEDEXTA.....	28
<i>morphine</i>	31, 32	<i>nevirapine</i>	3, 4	NULOJIX.....	20
<i>morphine (pf)</i>	31	NEXAVAR.....	20	NUPLAZID.....	36
<i>morphine concentrate</i>	31	NEXPLANON.....	66	<i>nyamyc</i>	48
<i>moxifloxacin</i>	68	<i>niacin</i>	44	<i>nystatin</i>	1, 48
MOZOBIL.....	61	NICOTROL.....	51	<i>nystatin-triamcinolone</i>	48
MULTAQ.....	38	NICOTROL NS.....	51	<i>nystop</i>	48
<i>mupirocin</i>	47	<i>nifedipine</i>	40	OICALIVA.....	59
MYALEPT.....	57	<i>nilutamide</i>	20	<i>ocella</i>	67
MYCAMINE.....	1	<i>nimodipine</i>	40	OCREVUS.....	28
<i>mycophenolate mofetil</i>	20	NINLARO.....	20	<i>octreotide acetate</i>	20
<i>mycophenolate mofetil hcl</i>	20	NIPENT.....	20	ODEFSEY.....	4
<i>mycophenolate sodium</i>	20	<i>nitisinone</i>	51	ODOMZO.....	20
MYLOTARG.....	20	<i>nitro-bid</i>	45	OFEV.....	72
MYRBETRIQ.....	73	<i>nitrofurantoin</i>	13	<i>ofloxacin</i>	52
<i>nafcillin</i>	11	<i>nitrofurantoin macrocrystal</i> ... 13		<i>ogestrel (28)</i>	67
<i>nafcillin in dextrose iso-osm</i> 11		<i>nitrofurantoin monohydlm-</i>		<i>okebo</i>	12
<i>naftifine</i>	48	<i>cryst</i>	13	<i>olanzapine</i>	36
NAGLAZYME.....	57	<i>nitroglycerin</i>	45	<i>olmesartan</i>	40
<i>naloxone</i>	32	<i>nitroglycerin in 5 % dextrose</i> .. 45		<i>olmesartan-</i>	
<i>naltrexone</i>	32	NORDITROPIN		<i>hydrochlorothiazide</i>	40
NAMENDA TITRATION		FLEXPRO.....	61	<i>omeprazole</i>	61
PAK.....	28	<i>noreth-ethinyl estradiol-iron</i> ... 67		ONCASPAR.....	20
NAMZARIC.....	28	<i>norethindrone (contraceptive)</i> 66		<i>ondansetron</i>	59
<i>naproxen</i>	32	<i>norethindrone acetate</i>	66		

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

<i>ondansetron hcl</i>	60	PEGINTRON.....	62	<i>potassium chlorid-d5-</i>	
<i>ondansetron hcl (pf)</i>	59	<i>penicillamine</i>	65	<i>0.45%nacl</i>	75
ONFI.....	26	<i>penicillin g potassium</i>	11	<i>potassium chloride</i>	76
ONGLYZA.....	55	<i>penicillin g procaine</i>	11	<i>potassium chloride in</i>	
ONIVYDE.....	20	<i>penicillin g sodium</i>	11	<i>0.9%nacl</i>	75
OPDIVO.....	20	<i>penicillin v potassium</i>	11	<i>potassium chloride in 5 % dex</i>	75
<i>opium tincture</i>	58	PENTACEL (PF).....	63	<i>potassium chloride in lr-d5</i>	75
<i>oralone</i>	52	PENTAM.....	9	<i>potassium chloride in water</i>	
ORENCIA.....	65	<i>pentamidine</i>	9	75, 76
ORENCIA CLICKJECT.....	65	PENTASA.....	60	<i>potassium chloride-0.45 %</i>	
ORFADIN.....	51	<i>pentoxifylline</i>	43	<i>nacl</i>	76
ORKAMBI.....	72	PERFOROMIST.....	72	<i>potassium chloride-d5-</i>	
<i>oseltamivir</i>	4	<i>periogard</i>	52	<i>0.2%nacl</i>	76
<i>osmitrol 15 %</i>	40	PERJETA.....	21	<i>potassium chloride-d5-</i>	
<i>osmitrol 20 %</i>	41	<i>permethrin</i>	50	<i>0.3%nacl</i>	76
<i>oxaliplatin</i>	20	<i>perphenazine</i>	37	<i>potassium chloride-d5-</i>	
<i>oxandrolone</i>	57	PERSERIS.....	37	<i>0.9%nacl</i>	76
<i>oxaprozin</i>	32	<i>pfizerpen-g</i>	11	<i>potassium citrate</i>	74
<i>oxcarbazepine</i>	26	<i>phenelzine</i>	37	<i>potassium phosphate m-l-</i>	
OXERVATE.....	69	<i>phenobarbital</i>	26	<i>basic</i>	76
<i>oxybutynin chloride</i>	73, 74	<i>phenobarbital sodium</i>	26	POTELIGEO.....	21
<i>oxycodone</i>	32	<i>phentolamine</i>	41	PRADAXA.....	43
OXYCODONE.....	32	<i>phenytoin</i>	26	PRALUENT PEN.....	44
<i>oxycodone-acetaminophen</i>	32	<i>phenytoin sodium</i>	26	<i>pramipexole</i>	27
<i>oxycodone-aspirin</i>	32	<i>phenytoin sodium extended</i>	26	<i>prasugrel</i>	43
<i>oxymorphone</i>	32	PHOSPHOLINE IODIDE.....	69	<i>pravastatin</i>	44
OZURDEX.....	70	PIFELTRO.....	4	<i>praziquantel</i>	9
<i>pacerone</i>	38	<i>pilocarpine hcl</i>	51, 69	<i>prazosin</i>	41
<i>paclitaxel</i>	20	<i>pimozide</i>	37	<i>prednicarbate</i>	49
<i>paliperidone</i>	36, 37	<i>pindolol</i>	41	<i>prednisolone</i>	53
<i>palonosetron</i>	60	<i>pioglitazone</i>	55	<i>prednisolone acetate</i>	70
PALYNZIQ.....	57	PIPERACILLIN-		<i>prednisolone sodium</i>	
PANRETIN.....	46	TAZOBACTAM.....	11	<i>phosphate</i>	53, 70
<i>pantoprazole</i>	61	<i>piperacillin-tazobactam</i>	11, 12	<i>prednisone</i>	53
<i>paregoric</i>	58	PIQRAY.....	21	<i>prednisone intensol</i>	53
PARICALCITOL.....	57	<i>plasbumin 25 %</i>	74	<i>pregabalin</i>	26
<i>paricalcitol</i>	57	<i>plasbumin 5 %</i>	74	PREMARIN.....	66
<i>paroex oral rinse</i>	52	<i>plenamine</i>	77	<i>premasol 10 %</i>	77
<i>paromomycin</i>	9	<i>podofilox</i>	46	PREMASOL 6 %.....	77
<i>paroxetine hcl</i>	37	POLIVY.....	21	<i>prenatal vitamin oral tablet</i>	77
PASER.....	9	<i>polycin</i>	68	<i>prevalite</i>	44
PAXIL.....	37	<i>polyethylene glycol 3350</i>	60	<i>previfem</i>	67
PEDIARIX (PF).....	63	<i>polymyxin b sulf-</i>		PREVYMIS.....	4
PEDVAX HIB (PF).....	63	<i>trimethoprim</i>	68	PREZCOBIX.....	4
<i>peg 3350-electrolytes</i>	60	POMALYST.....	21	PREZISTA.....	4
PEGANONE.....	26	PORTRAZZA.....	21	PRIFTIN.....	9
PEGASYS.....	61, 62	<i>posaconazole</i>	1	PRIOLOSEC.....	61
PEGASYS PROCLICK.....	61	<i>potassium acetate</i>	75	<i>primaquine</i>	9
<i>peg-electrolyte</i>	60			<i>primidone</i>	26

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

PRIVIGEN.....	63	RECOMBIVAX HB (PF).....	63	<i>roweepra</i>	26
PROAIR HFA.....	72	RECTIV.....	60	ROZEREM.....	37
PROAIR RESPICLICK.....	72	<i>regonol</i>	29	ROZLYTREK.....	21
<i>probenecid</i>	64	REGRANEX.....	46	RUBRACA.....	21
<i>probenecid-colchicine</i>	64	RELENZA DISKHALER.....	4	RYDAPT.....	21
<i>prochlorperazine</i>	60	RELISTOR.....	60	SABRIL.....	26
<i>prochlorperazine edisylate</i>	60	REMICADE.....	60	<i>salsalate</i>	32
<i>prochlorperazine maleate oral</i>	60	REMODULIN.....	41	SAMSCA.....	57
PROCRIT.....	62	RENACIDIN.....	74	SANDIMMUNE.....	21
<i>procto-med hc</i>	60	<i>repaglinide</i>	55	SANTYL.....	46
<i>procto-pak</i>	60	REPATHA.....	44	SAPHRIS.....	37
<i>proctosol hc</i>	60	REPATHA.....		<i>scopolamine base</i>	60
<i>proctozone-hc</i>	60	PUSHTRONEX.....	44	<i>selegiline hcl</i>	27
PROGLYCEM.....	55	REPATHA SURECLICK.....	44	<i>selenium sulfide</i>	46
PROGRAF.....	21	RESCRIPTOR.....	4	SELZENTRY.....	4
PROLASTIN-C.....	51	RESECTISOL.....	41	SENSIPAR.....	57
PROLEUKIN.....	62	RESTASIS.....	69	SEREVENT DISKUS.....	72
PROLIA.....	64	RESTASIS MULTIDOSE.....	69	<i>sertraline</i>	37
PROMACTA.....	43	RETROVIR.....	4	<i>setlakin</i>	67
<i>propafenone</i>	38, 39	REVCОВI.....	51	<i>sevelamer carbonate</i>	51
<i>propranolol</i>	41	REVLIMID.....	21	<i>sf</i>	52
<i>propranolol-</i>		<i>revonto</i>	29	<i>sf 5000 plus</i>	52
<i>hydrochlorothiazid</i>	41	REXULTI.....	37	SHINGRIX (PF).....	63
<i>propylthiouracil</i>	53	REYATAZ.....	4	SIGNIFOR.....	21
PROQUAD (PF).....	63	RHOPRESSA.....	69	<i>sildenafil (pulmonary arterial</i>	
<i>protriptyline</i>	37	<i>ribavirin</i>	4	<i>hypertension)</i>	73
PULMOZYME.....	72	<i>rifabutin</i>	9	<i>silver sulfadiazine</i>	46
PURIXAN.....	21	<i>rifampin</i>	9	<i>simliya (28)</i>	67
<i>pyrazinamide</i>	9	<i>riluzole</i>	51	<i>simpesse</i>	67
<i>pyridostigmine bromide</i>	29	<i>rimantadine</i>	4	SIMULECT.....	21
QUADRACEL (PF).....	63	<i>ringer's</i>	76	<i>simvastatin</i>	44
<i>quetiapine</i>	37	RINVOQ ER.....	65	<i>sirolimus</i>	21
<i>quinidine gluconate</i>	39	<i>risedronate</i>	64	SIRTURO.....	9
<i>quinidine sulfate</i>	39	RISPERDAL CONSTA.....	37	SKYRIZI.....	46
<i>quinine sulfate</i>	9	<i>risperidone</i>	37	<i>sodium acetate</i>	76
RABAVERT (PF).....	63	<i>ritonavir</i>	4	<i>sodium bicarbonate</i>	76
RADICAVA.....	28	RITUXAN.....	21	<i>sodium chloride</i>	51, 76
RAGWITEK.....	63	RITUXAN HYCELA.....	21	<i>sodium chloride 0.45 %</i>	76
<i>raloxifene</i>	64	<i>rivastigmine</i>	28	<i>sodium chloride 0.9 %</i>	51
<i>ramelteon</i>	37	<i>rivastigmine tartrate</i>	28	<i>sodium chloride 3 %</i>	76
RANEXA.....	45	<i>rivelsa</i>	67	<i>sodium chloride 5 %</i>	76
<i>ranitidine hcl</i>	61	<i>rizatriptan</i>	27	SODIUM EDECRIN.....	41
<i>ranolazine</i>	45	ROCKLATAN.....	69	<i>sodium fluoride 5000 plus</i>	52
RAPAMUNE.....	21	ROMIDEPSIN.....	21	<i>sodium phosphate</i>	76
<i>rasagiline</i>	27	<i>ropinirole</i>	27	<i>sodium polystyrene sulfonate</i> ..	51
RAVICTI.....	51	<i>rosadan</i>	47	SODIUM POLYSTYRENE	
REBIF (WITH ALBUMIN).....	62	<i>rosuvastatin</i>	44	SULFONATE.....	51
REBIF REBIDOSE.....	62	ROTARIX.....	63	<i>solifenacin</i>	74
REBIF TITRATION PACK.....	62	ROTATEQ VACCINE.....	63	SOLIRIS.....	51

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

SOLTAMOX.....	21	SYLVANT.....	21	THALOMID.....	22
SOLU-CORTEF (PF).....	53	SYMBICORT.....	73	<i>theophylline</i>	73
SOMATULINE DEPOT.....	21	SYMDEKO.....	73	<i>theophylline in dextrose 5 %</i> ...	73
SOMAVERT.....	57	SYMFI.....	4	<i>thioridazine</i>	37
<i>sorine</i>	39	SYMFI LO.....	5	<i>thiotepa</i>	22
<i>sotalol</i>	39	SYMLINPEN 120.....	55	<i>thiothixene</i>	37
<i>sotalol af</i>	39	SYMLINPEN 60.....	55	<i>tiagabine</i>	26
SOTYLIZE.....	39	SYMPAZAN.....	26	TIBSOVO.....	22
SPIRIVA RESPIMAT.....	73	SYMTUZA.....	5	TICE BCG.....	63
SPIRIVA WITH		SYNAGIS.....	5	<i>tigecycline</i>	9
HANDIHALER.....	73	SYNAREL.....	57	<i>timolol maleate</i>	41, 68
<i>spironolactone</i>	41	SYNERCID.....	9	TIVICAY.....	5
<i>spironolacton-</i>		SYNJARDY.....	55, 56	<i>tizanidine</i>	29
<i>hydrochlorothiaz</i>	41	SYNJARDY XR.....	56	<i>tobramycin</i>	68
SPORANOX.....	1	SYNRIBO.....	21	<i>tobramycin in 0.225 % nacl</i>	9
<i>sprintec (28)</i>	67	TABLOID.....	21	<i>tobramycin sulfate</i>	10
SPRITAM.....	26	<i>tacrolimus</i>	22, 47	<i>tobramycin-dexamethasone</i>	70
SPRYCEL.....	21	<i>adalafil (pulm. hypertension)</i>	73	<i>tolmetin</i>	33
<i>sps (with sorbitol)</i>	51	TAFINLAR.....	22	<i>tolterodine</i>	74
<i>ssd</i>	46	TAGRISSE.....	22	<i>topiramate</i>	26
STAMARIL (PF).....	63	TALZENNA.....	22	<i>toposar</i>	22
<i>stavudine</i>	4	<i>tamoxifen</i>	22	<i>topotecan</i>	22
STIMATE.....	57	<i>tamsulosin</i>	74	<i>toremifene</i>	22
STIVARGA.....	21	TARCEVA.....	22	TORISEL.....	22
STRENSIQ.....	57	TARGRETIN.....	22	<i>torseamide</i>	41
STREPTOMYCIN.....	9	<i>tarina 24 fe</i>	68	TOUJEO MAX U-300	
STRIBILD.....	4	TASIGNA.....	22	SOLOSTAR.....	56
SUBOXONE.....	33	<i>tazarotene</i>	47	TOUJEO SOLOSTAR U-	
<i>subvenite</i>	26	<i>tazicef</i>	7	300 INSULIN.....	56
<i>subvenite starter (blue) kit</i>	26	TAZORAC.....	47	TOVIAZ.....	74
<i>subvenite starter (green) kit</i> ...	26	TDVAX.....	63	<i>tramadol</i>	33
<i>subvenite starter (orange) kit</i> ..	26	TECENTRIQ.....	22	<i>tranexamic acid</i>	66
SUCRAID.....	60	TECFIDERA.....	28	<i>tranylcypromine</i>	37
<i>sucralfate</i>	61	TEFLARO.....	7	<i>travasol 10 %</i>	77
<i>sulfacetamide sodium</i>	69	TEMODAR.....	22	TRAVATAN Z.....	69
<i>sulfacetamide sodium (acne)</i> ..	47	<i>temsirolimus</i>	22	<i>trazodone</i>	37
<i>sulfadiazine</i>	12	TENIVAC (PF).....	63	TREANDA.....	22
<i>sulfamethoxazole-</i>		<i>tenofovir disoproxil fumarate</i> ...	5	TRECTOR.....	10
<i>trimethoprim</i>	12	<i>terazosin</i>	41	TRELSTAR.....	22
SULFAMYLON.....	47	<i>terbinafine hcl</i>	1	<i>treprostinil sodium</i>	41
<i>sulfasalazine</i>	60	<i>terbutaline</i>	73	<i>tretinoin (chemotherapy)</i>	22
<i>sulfatrim</i>	12	<i>terconazole</i>	66	<i>tretinoin topical</i>	47
<i>sulindac</i>	33	<i>testosterone</i>	57, 58	<i>triamcinolone acetonide</i>	
<i>sumatriptan</i>	27	<i>testosterone cypionate</i>	57	49, 50, 52, 53
<i>sumatriptan succinate</i>	27, 28	<i>testosterone enanthate</i>	57	<i>triamterene</i>	41
SUPRAX.....	6, 7	TETANUS,DIPHThERIA		<i>triamterene-</i>	
SUTENT.....	21	TOX PED(PF).....	63	<i>hydrochlorothiazid</i>	41
<i>syeda</i>	68	<i>tetrabenazine</i>	29	<i>triderm</i>	50
SYLATRON.....	62	<i>tetracycline</i>	12	<i>trientine</i>	51

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

<i>trifluoperazine</i>	37	VANCOMYCIN.....	10	VYXEOS.....	23
<i>trifluridine</i>	68	<i>vancomycin</i>	10	<i>warfarin</i>	43
<i>tri-lo-mili</i>	68	VANCOMYCIN IN 0.9 %		WELCHOL.....	44
<i>tri-lo-sprintec</i>	68	SODIUM CHL.....	10	XALKORI.....	23
<i>trilyte with flavor packets</i>	60	VANCOMYCIN IN		XARELTO.....	43
<i>trimethoprim</i>	13	DEXTROSE 5 %.....	10	XATMEP.....	23
<i>tri-mili</i>	68	<i>vandazole</i>	66	XERMELO.....	23
<i>trimipramine</i>	37	VANTAS.....	22	XGEVA.....	13
TRINTELLIX.....	37	VAQTA (PF).....	64	XIAFLEX.....	51
TRISENOX.....	22	VARIVAX (PF).....	64	XIFAXAN.....	10
<i>tri-sprintec (28)</i>	68	VARIZIG.....	64	XOLAIR.....	73
TRIUMEQ.....	5	VASCEPA.....	44	XOSPATA.....	23
<i>tri-vylibra</i>	68	VECTIBIX.....	22	XPOVIO.....	23
<i>tri-vylibra lo</i>	68	VELCADE.....	22	XTANDI.....	23
TROGARZO.....	5	VELTASSA.....	51	XURIDEN.....	51
TROPHAMINE 10 %.....	77	VEMLIDY.....	5	XYREM.....	38
TROPHAMINE 6%.....	77	VENCLEXTA.....	22, 23	YERVOY.....	23
TRUMENBA.....	63	VENCLEXTA STARTING		YF-VAX (PF).....	64
TRUVADA.....	5	PACK.....	23	YONDELIS.....	23
TUDORZA PRESSAIR.....	73	<i>venlafaxine</i>	38	YONSA.....	23
<i>tulana</i>	66	<i>verapamil</i>	41	<i>yuvafem</i>	66
TWINRIX (PF).....	63	VERSACLOZ.....	38	<i>zafirlukast</i>	73
<i>tydemy</i>	68	VERZENIO.....	23	ZALTRAP.....	23
TYKERB.....	22	VESICARE.....	74	ZANOSAR.....	23
TYMLOS.....	64	VIBATIV.....	10	<i>zarah</i>	68
TYPHIM VI.....	63, 64	VIDEX 2 GRAM		ZEJULA.....	23
TYSABRI.....	29	PEDIATRIC.....	5	ZELBORAF.....	23
TYVASO.....	73	VIDEX EC.....	5	ZEPATIER.....	5
TYVASO		<i>vienna</i>	68	<i>zidovudine</i>	5
INSTITUTIONAL START		<i>vigabatrin</i>	27	<i>ziprasidone hcl</i>	38
KIT.....	73	<i>vigadrone</i>	27	ZIRGAN.....	68
TYVASO REFILL KIT.....	73	VIIBRYD.....	38	ZOLADEX.....	23
TYVASO STARTER KIT.....	73	VIMIZIM.....	58	<i>zoledronic acid</i>	58
ULORIC.....	64	VIMPAT.....	27	<i>zoledronic acid-mannitol-</i>	
<i>unithroid</i>	58	<i>vinblastine</i>	23	<i>water</i>	51, 58
UNITUXIN.....	22	<i>vincristine</i>	23	ZOLEDRONIC AC-	
UPTRAVI.....	41	<i>vinorelbine</i>	23	MANNITOL-0.9NAACL.....	58
<i>ursodiol</i>	60	VIOKACE.....	60	ZOLINZA.....	23
UVADEX.....	47	VIRACEPT.....	5	<i>zolpidem</i>	38
<i>valacyclovir</i>	5	VIRAMUNE.....	5	<i>zonisamide</i>	27
VALCHLOR.....	47	VIREAD.....	5	ZORTRESS.....	23
<i>valganciclovir</i>	5	VISTOGARD.....	13	ZOSTAVAX (PF).....	64
<i>valproate sodium</i>	26	VITRAKVI.....	23	ZOSYN IN DEXTROSE	
<i>valproic acid</i>	26	VIVITROL.....	33	(ISO-OSM).....	12
<i>valproic acid (as sodium salt)</i>	26	VIZIMPRO.....	23	<i>zumandimine (28)</i>	68
<i>valrubicin</i>	22	<i>voriconazole</i>	1	ZYDELIG.....	23
<i>valsartan</i>	41	VOTRIENT.....	23	ZYKADIA.....	23
<i>valsartan-hydrochlorothiazide</i>	41	VRAYLAR.....	38	ZYPREXA RELPREVV.....	38
VALSTAR.....	22	<i>vylibra</i>	68	ZYTIGA.....	24

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

This formulary was updated on 11/26/2019. For more recent information or other questions, please contact Mutual of Omaha Rx Customer Service at **1.855.864.6797** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit **MutualofOmahaRx.com**.

Express Scripts is the pharmacy benefit manager for Mutual of Omaha Rx and will be providing some services on behalf of Mutual of Omaha Rx.

Mutual of Omaha Rx (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in the Mutual of Omaha Rx plan depends on contract renewal.

F00OMV9BW5