



| Plus Plan |

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

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

Formulary ID Number: 20132, Version 1

This formulary was updated on 8/30/2019. 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**.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Omaha Health Insurance Company (Omaha Life and Health Insurance Company in California). When it says “plan” or “our plan,” it means Mutual of Omaha Rx.

This document includes a list of the drugs (formulary) for our plan, which is current as of August 30, 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, 2021, and from time to time during the year.

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

What is the Mutual of Omaha Rx Formulary?

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

Can the formulary (drug list) change?

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

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

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

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

The enclosed formulary is current as of August 30, 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 83. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the Mutual of Omaha Rx Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Mutual of Omaha Rx's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Mutual of Omaha Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 83.

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 the *Pharmacy Directory* or call Customer Service at **1.855.864.6797**, 24 hours a day, 7 days a week. TTY users, call **1.800.716.3231**.

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

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

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

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

Your costs

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

- **Your coverage stage.** Mutual of Omaha Rx has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different copayment or coinsurance amount. The "Drug Tiers" chart 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 generic drugs. Drugs in this tier will generally have lower copayments than non-preferred drugs.
Tier 4: Non-Preferred Drugs	This tier includes non-preferred brand-name drugs as well as generic drugs. There may be lower-cost alternatives for you. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you. Drugs in this tier are limited to up to a 30-day supply from either your local retail network pharmacy or from our network home delivery service.
Tier 5: Specialty Tier Drugs	This tier includes very high-cost brand-name and generic drugs. To learn more about medications in this tier, you may contact a pharmacist at the numbers listed on the front and back covers of this document. Drugs in this tier are limited to up to a 30-day supply from either your local retail network pharmacy or from our network home delivery service.

Key

The abbreviations listed below may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug. You can find information on what the symbols and abbreviations on these tables mean by going to page v.

B/D PA: Part B or Part D Prior Authorization
LA: Limited Availability
MO: Mail-Order Drug
PA: Prior Authorization
QL: Quantity Limit
ST: Step Therapy

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES			<i>ketoconazole oral</i>	2	MO
ANTIFUNGAL AGENTS			MYCAMINE	5	MO
ABELCET	5	B/D PA; MO	NOXAFIL ORAL SUSPENSION	5	MO; QL (840 per 30 days)
AMBISOME	5	B/D PA; MO	NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	5	MO; QL (93 per 28 days)
<i>amphotericin b</i>	4	B/D PA; MO	<i>nystatin oral suspension</i>	2	MO
<i>casprofungin</i>	5	B/D PA	<i>nystatin oral tablet</i>	2	MO
<i>clotrimazole mucous membrane</i>	2	MO	<i>terbinafine hcl oral</i>	2	MO
CRESEMBA INTRAVENOUS	5		<i>voriconazole intravenous</i>	4	PA; MO
CRESEMBA ORAL	5	MO	<i>voriconazole oral</i>	5	MO
<i>fluconazole</i>	2	MO	ANTIVIRALS		
<i>fluconazole in dextrose(iso-o)</i>	4	PA	<i>abacavir oral solution</i>	2	MO; QL (900 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO	<i>abacavir oral tablet</i>	4	MO; QL (60 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA	<i>abacavir-lamivudine</i>	3	MO; QL (30 per 30 days)
<i>flucytosine</i>	5	MO	<i>abacavir-lamivudine-zidovudine</i>	5	MO; QL (60 per 30 days)
<i>griseofulvin microsize</i>	4	MO	<i>acyclovir oral capsule</i>	2	MO
<i>griseofulvin ultramicrosize</i>	4	MO	<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>itraconazole oral capsule</i>	2	MO; QL (120 per 30 days)	<i>acyclovir oral tablet</i>	2	MO
<i>itraconazole oral solution</i>	2	MO	<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
			<i>adefovir</i>	5	MO
			<i>amantadine hcl oral capsule</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	Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral solution</i>	2	MO	<i>didanosine oral capsule, delayed release(drlec) 125 mg</i>	2	QL (90 per 30 days)
<i>amantadine hcl oral tablet</i>	4	MO	<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	4	MO; QL (30 per 30 days)
APTIVUS ORAL CAPSULE	5	MO; QL (120 per 30 days)	DOVATO	5	MO
APTIVUS ORAL SOLUTION	5	QL (300 per 30 days)	EDURANT	5	MO; QL (60 per 30 days)
<i>atazanavir oral capsule 150 mg</i>	2	MO; QL (30 per 30 days)	<i>efavirenz oral capsule 200 mg</i>	5	MO; QL (120 per 30 days)
<i>atazanavir oral capsule 200 mg</i>	2	MO; QL (60 per 30 days)	<i>efavirenz oral capsule 50 mg</i>	2	MO; QL (180 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	5	MO; QL (30 per 30 days)	<i>efavirenz oral tablet</i>	5	MO; QL (30 per 30 days)
ATRIPLA	5	MO; QL (30 per 30 days)	EMTRIVA ORAL CAPSULE	3	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION	5	MO; QL (600 per 30 days)	EMTRIVA ORAL SOLUTION	3	MO; QL (720 per 30 days)
BIKTARVY	5	MO	<i>entecavir</i>	3	MO; QL (30 per 30 days)
<i>cidofovir</i>	5	B/D PA; MO	EPCLUSA	5	PA; MO; QL (28 per 28 days)
CIMDUO	5	MO	EPIVIR HBV ORAL SOLUTION	3	MO
COMPLERA	5	MO; QL (30 per 30 days)	EVOTAZ	5	MO; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	MO; QL (90 per 30 days)	<i>famciclovir oral tablet 125 mg, 250 mg</i>	4	MO; QL (60 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	3	MO; QL (180 per 30 days)			
DELSTRIGO	5	MO			
DESCOVY	5	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	Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir oral tablet 500 mg</i>	4	MO; QL (21 per 30 days)	ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO; QL (180 per 30 days)
<i>fosamprenavir</i>	5	MO; QL (120 per 30 days)	JULUCA	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QL (60 per 30 days)	KALETRA ORAL TABLET 100-25 MG	3	MO; QL (300 per 30 days)
<i>ganciclovir sodium</i>	2	B/D PA; MO	KALETRA ORAL TABLET 200-50 MG	5	MO; QL (180 per 30 days)
GENVOYA	5	MO; QL (30 per 30 days)	<i>lamivudine oral solution</i>	2	MO; QL (900 per 30 days)
HARVONI	5	PA; MO; QL (28 per 28 days)	<i>lamivudine oral tablet 100 mg</i>	4	MO; QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)	<i>lamivudine oral tablet 150 mg</i>	2	MO; QL (60 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)	<i>lamivudine oral tablet 300 mg</i>	2	MO; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	3	MO; QL (180 per 30 days)	<i>lamivudine-zidovudine</i>	2	MO; QL (60 per 30 days)
INVIRASE ORAL TABLET	5	MO; QL (120 per 30 days)	LEXIVA ORAL SUSPENSION	3	MO; QL (1680 per 30 days)
ISENTRESS HD	5	MO	<i>lopinavir-ritonavir</i>	2	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO; QL (60 per 30 days)	<i>nevirapine oral suspension</i>	2	QL (1200 per 30 days)
ISENTRESS ORAL TABLET	5	MO; QL (120 per 30 days)	<i>nevirapine oral tablet</i>	2	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; QL (180 per 30 days)	<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	MO; QL (90 per 30 days)
			<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QL (30 per 30 days)

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	Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL POWDER IN PACKET	3	MO	RELENZA DISKHALER	3	MO; QL (60 per 180 days)
NORVIR ORAL SOLUTION	3	MO; QL (450 per 30 days)	RESCRIPTOR ORAL TABLET	3	MO; QL (180 per 30 days)
ODEFSEY	5	MO; QL (30 per 30 days)	RETROVIR INTRAVENOUS	3	MO
<i>oseltamivir oral capsule 30 mg</i>	2	MO; QL (168 per 365 days)	REYATAZ ORAL POWDER IN PACKET	5	MO; QL (240 per 30 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	MO; QL (84 per 365 days)	<i>ribasphere oral capsule</i>	2	MO
<i>oseltamivir oral suspension for reconstitution</i>	2	MO; QL (1080 per 365 days)	<i>ribasphere oral tablet 600 mg</i>	5	MO
PIFELTRO	5	MO	<i>ribasphere ribapak oral tablets, dose pack 600 mg (7)-400 mg (7), 600 mg (7)-600 mg (7)</i>	5	
PREVYMIS INTRAVENOUS	5		<i>ribasphere ribapak oral tablets, dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
PREVYMIS ORAL	5	MO; QL (30 per 30 days)	<i>ribavirin oral capsule</i>	2	MO
PREZCOBIX	5	MO; QL (30 per 30 days)	<i>ribavirin oral tablet 200 mg</i>	2	MO
PREZISTA ORAL SUSPENSION	5	MO; QL (360 per 30 days)	<i>rimantadine</i>	4	MO
PREZISTA ORAL TABLET 150 MG	3	MO; QL (240 per 30 days)	<i>ritonavir</i>	2	MO; QL (360 per 30 days)
PREZISTA ORAL TABLET 600 MG	5	MO; QL (60 per 30 days)	SELZENTRY ORAL SOLUTION	3	MO
PREZISTA ORAL TABLET 75 MG	3	MO; QL (480 per 30 days)	SELZENTRY ORAL TABLET 150 MG	5	MO; QL (60 per 30 days)
PREZISTA ORAL TABLET 800 MG	5	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	Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL TABLET 25 MG	3	MO; QL (120 per 30 days)	<i>valacyclovir oral tablet 500 mg</i>	4	MO; QL (60 per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	MO; QL (120 per 30 days)	<i>valganciclovir</i>	5	MO
SELZENTRY ORAL TABLET 75 MG	3	MO; QL (60 per 30 days)	VEMLIDY	5	MO
<i>stavudine oral capsule</i>	4	MO; QL (60 per 30 days)	VIDEX 2 GRAM PEDIATRIC	3	MO; QL (1200 per 30 days)
STRIBILD	5	MO; QL (30 per 30 days)	VIDEX 4 GRAM PEDIATRIC	3	MO; QL (1200 per 30 days)
SYMFI	5	MO	VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	4	MO; QL (90 per 30 days)
SYMFI LO	5	MO; QL (30 per 30 days)	VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 200 MG	4	MO; QL (30 per 30 days)
SYMTUZA	5	MO	VIRACEPT ORAL TABLET 250 MG	5	MO; QL (270 per 30 days)
SYNAGIS	5	MO; LA	VIRACEPT ORAL TABLET 625 MG	5	MO; QL (120 per 30 days)
<i>tenofovir disoproxil fumarate</i>	3	MO; QL (30 per 30 days)	VIREAD ORAL POWDER	5	MO; QL (225 per 30 days)
TIVICAY ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QL (60 per 30 days)	XOFLUZA	3	MO
TRIUMEQ	5	MO; QL (30 per 30 days)	<i>zidovudine oral capsule</i>	2	MO; QL (180 per 30 days)
TROGARZO	5	MO; LA	<i>zidovudine oral syrup</i>	2	MO; QL (1800 per 30 days)
TRUVADA	5	MO; QL (30 per 30 days)			
<i>valacyclovir oral tablet 1 gram</i>	4	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	Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)	<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	4	
CEPHALOSPORINS			<i>cefazolin intravenous</i>	4	
<i>cefaclor oral capsule</i>	2	MO	<i>cefdinir</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO	CEFEPIME IN DEXTROSE 5 %	4	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2		<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO	<i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO	<i>cefepime injection</i>	4	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	4	MO	<i>cefixime oral suspension for reconstitution</i>	4	MO
<i>cefadroxil oral tablet</i>	4	MO	<i>cefotaxime injection recon soln 1 gram</i>	4	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO	<i>cefotetan</i>	2	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	4		CEFOTETAN IN DEXTROSE, ISO-OSM	2	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO	<i>cefoxitin in dextrose, iso-osm</i>	4	
			<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO
			<i>cefoxitin intravenous recon soln 10 gram</i>	4	
			<i>cefpodoxime</i>	2	MO
			<i>cefprozil</i>	2	MO
			CEFTAZIDIME IN D5W	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	Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	MO	ERYTHROMYCINS / OTHER MACROLIDES		
<i>ceftazidime injection recon soln 6 gram</i>	4		<i>azithromycin intravenous</i>	4	MO
<i>ceftriaxone in dextrose, iso-os</i>	4	MO	<i>azithromycin oral packet</i>	2	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO	<i>azithromycin oral suspension for reconstitution</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4		<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	2	MO
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4		<i>azithromycin oral tablet 500 mg (3 pack)</i>	2	
<i>ceftriaxone intravenous</i>	4	MO	<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO	<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	4	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	MO	<i>clarithromycin oral tablet</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	MO	<i>clarithromycin oral tablet extended release 24 hr</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4		<i>e.e.s. 400 oral tablet</i>	2	MO
<i>cephalexin</i>	2	MO	<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	MO
SUPRAX ORAL CAPSULE	4	MO	ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4		<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
SUPRAX ORAL TABLET, CHEWABLE	4	MO			
TEFLARO	5	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	Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO	<i>aztreonam injection recon soln 2 gram</i>	2	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	4	MO	<i>bacitracin intramuscular</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO	BENZNIDAZOLE	3	
<i>erythromycin oral capsule, delayed release (drlec)</i>	4	MO	BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
<i>erythromycin oral tablet</i>	4	MO	BILTRICIDE	3	MO
			CAPASTAT	4	
			CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
MISCELLANEOUS ANTIINFECTIVES			<i>chloramphenicol sodium succinate</i>	2	
<i>albendazole</i>	5	MO; QL (120 per 30 days)	<i>chloroquine phosphate oral tablet 250 mg</i>	2	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO; QL (360 per 30 days)	<i>chloroquine phosphate oral tablet 500 mg</i>	4	MO
ALINIA ORAL TABLET	5	MO; QL (14 per 30 days)	<i>clindamycin hcl</i>	2	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	MO	CLINDAMYCIN IN 0.9 % SOD CHLOR	4	
ARIKAYCE	5	PA; MO; LA	<i>clindamycin in 5 % dextrose</i>	4	MO
<i>atovaquone</i>	5	MO	<i>clindamycin palmitate hcl</i>	2	MO
<i>atovaquone-proguanil</i>	2	MO	<i>clindamycin pediatric</i>	2	MO
<i>aztreonam injection recon soln 1 gram</i>	4	MO	<i>clindamycin phosphate injection</i>	4	MO
			<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</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	Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	MO	<i>gentamicin sulfate (ped) (pf)</i>	2	MO
COARTEM	3	MO; QL (24 per 30 days)	<i>hydroxychloroquine</i>	2	MO
<i>colistin (colistimethate na)</i>	4	MO	<i>imipenem-cilastatin</i>	4	MO
<i>dapsone oral</i>	2	MO	IMPAVIDO	5	PA; MO; QL (84 per 30 days)
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO	<i>isoniazid injection</i>	2	
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO	<i>isoniazid oral solution</i>	4	MO
DARAPRIM	5	PA; MO	<i>isoniazid oral tablet</i>	2	MO
EMVERM	5	MO	<i>ivermectin</i>	2	MO
<i>ertapenem</i>	2	MO	<i>lincomycin</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	MO	<i>linezolid in dextrose 5%</i>	5	
<i>ethambutol oral tablet 400 mg</i>	4	MO	<i>linezolid oral suspension for reconstitution</i>	5	MO; QL (1800 per 30 days)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml</i>	4	MO	<i>linezolid oral tablet</i>	3	MO; QL (60 per 30 days)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 60 mg/50 ml, 80 mg/50 ml</i>	2	MO	<i>linezolid-0.9% sodium chloride</i>	5	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2		<i>mefloquine</i>	2	MO
<i>gentamicin injection solution 40 mg/ml</i>	2	MO	<i>meropenem</i>	4	MO
			MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	MO
			MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	4	
			<i>metro i.v.</i>	2	MO
			<i>metronidazole in nacl (iso-os)</i>	2	MO

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	Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole oral tablet</i>	2	MO	<i>tobramycin sulfate injection solution 40 mg/ml</i>	4	MO
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)	TRECTOR	3	MO
<i>neomycin</i>	2	MO	VANCOMYCIN IN 0.9 % SODIUM CHL	3	
<i>paromomycin</i>	4	MO	INTRAVENOUS PIGGYBACK		
PASER	3	MO	VANCOMYCIN INJECTION	4	
PENTAM	4	MO	<i>vancomycin intravenous recon soln 1,000 mg</i>	2	MO
<i>pentamidine</i>	2		<i>vancomycin intravenous recon soln 10 gram, 5 gram, 500 mg, 750 mg</i>	4	MO
<i>polymyxin b sulfate</i>	2	MO	<i>vancomycin oral capsule 125 mg</i>	2	MO; QL (120 per 30 days)
<i>praziquantel</i>	2	MO	<i>vancomycin oral capsule 250 mg</i>	5	MO; QL (240 per 30 days)
PRIFTIN	3	MO	XIFAXAN ORAL TABLET 200 MG	5	PA; MO; QL (9 per 30 days)
<i>primaquine</i>	3	MO	XIFAXAN ORAL TABLET 550 MG	5	PA; MO; QL (90 per 30 days)
<i>pyrazinamide</i>	4	MO	PENICILLINS		
<i>quinine sulfate</i>	2	PA; MO; QL (42 per 30 days)	<i>amoxicillin oral capsule</i>	2	MO
<i>rifabutin</i>	4	MO	<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>rifampin intravenous</i>	2	MO	<i>amoxicillin oral tablet</i>	2	MO
<i>rifampin oral</i>	4	MO	<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
SIRTURO	5	PA; MO; LA			
STREPTOMYCIN	3	MO			
SYNERCID	5				
<i>tigecycline</i>	5				
<i>tinidazole</i>	2	MO			
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)			
<i>tobramycin sulfate injection recon soln</i>	4				
<i>tobramycin sulfate injection solution 10 mg/ml</i>	2	MO			

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	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO	AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO	BICILLIN C-R	3	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO	BICILLIN L-A	3	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO	<i>dicloxacillin</i>	2	MO
<i>ampicillin oral capsule 250 mg</i>	2		<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	MO	<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>ampicillin sodium injection</i>	4	MO	<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ampicillin sodium intravenous</i>	4		<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO	<i>nafcillin intravenous</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4		<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4		<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	2	MO
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	4	MO	<i>oxacillin injection recon soln 1 gram</i>	2	
			<i>oxacillin injection recon soln 10 gram</i>	5	
			<i>oxacillin injection recon soln 2 gram</i>	2	MO
			<i>penicillin g potassium</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	Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO	<i>levofloxacin oral solution</i>	4	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2		<i>levofloxacin oral tablet</i>	2	MO
<i>penicillin g sodium</i>	4	MO	<i>moxifloxacin oral</i>	2	MO
<i>penicillin v potassium</i>	2	MO	MOXIFLOXACIN-SOD.ACE,SUL-WATER	2	
<i>pfizerpen-g</i>	4		<i>moxifloxacin-sod.chloride(iso)</i>	2	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	MO	<i>ofloxacin oral tablet 300 mg</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	MO	<i>ofloxacin oral tablet 400 mg</i>	2	MO
			SULFA'S / RELATED AGENTS		
			<i>sulfadiazine</i>	4	MO
			<i>sulfamethoxazole-trimethoprim</i>	2	MO
			<i>sulfatrim</i>	2	MO
QUINOLONES			TETRACYCLINES		
<i>ciprofloxacin</i>	4		<i>doxy-100</i>	4	MO
<i>ciprofloxacin (mixture)</i>	2	MO	<i>doxycycline hyclate intravenous</i>	4	
<i>ciprofloxacin hcl oral</i>	2	MO	<i>doxycycline hyclate oral capsule</i>	2	MO
<i>ciprofloxacin in 5% dextrose</i>	4	MO	<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	2	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4		<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	4	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	MO	<i>doxycycline monohydrate oral capsule 150 mg</i>	2	MO
<i>levofloxacin intravenous</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	Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO	<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	B/D PA; MO
<i>doxycycline monohydrate oral tablet</i>	4	MO	ELITEK	5	MO
<i>minocycline oral capsule</i>	2	MO	KEPIVANCE	5	MO
<i>mondoxyne nl</i>	4	MO	KHAPZORY	5	B/D PA
<i>morgidox</i>	2	MO	<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>okebo oral capsule 75 mg</i>	4	MO	<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>tetracycline</i>	4	MO	<i>leucovorin calcium oral</i>	2	MO
URINARY TRACT AGENTS			<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B/D PA
<i>methenamine hippurate</i>	4	MO	<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>methenamine mandelate</i>	2	MO	<i>mesna</i>	2	B/D PA; MO
<i>nitrofurantoin</i>	2	MO	MESNEX ORAL	5	MO
<i>nitrofurantoin macrocrystal</i>	2	MO	VISTOGARD	5	MO
<i>nitrofurantoin monohydlm-cryst</i>	2	MO	XGEVA	5	B/D PA; MO; QL (1.7 per 28 days)
PRIMSOL	4	MO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>trimethoprim</i>	2	MO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			<i>abiraterone</i>	5	PA; MO; QL (120 per 30 days)
ADJUNCTIVE AGENTS			ABRAXANE	5	B/D PA; MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	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	Drug Name	Drug Tier	Requirements/Limits
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PA	ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	2	B/D PA	ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
<i>adriamycin intravenous solution</i>	2	B/D PA	ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA	<i>anastrozole</i>	2	MO
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	2	B/D PA; MO	ARRANON	5	B/D PA
AFINITOR	5	PA; MO; QL (30 per 30 days)	ARSENIC TRIOXIDE	4	B/D PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; MO; QL (150 per 30 days)	ARZERRA	5	B/D PA; MO
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	5	PA; MO; QL (90 per 30 days)	AVASTIN	5	B/D PA; MO
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	5	PA; MO; QL (60 per 30 days)	<i>azacitidine</i>	5	B/D PA; MO
ALECENSA	5	PA; MO; QL (240 per 30 days)	<i>azathioprine</i>	2	B/D PA; MO
ALIMTA	5	B/D PA; MO	<i>azathioprine sodium</i>	2	B/D PA
ALIQOPA	5	B/D PA; MO; LA	BALVERSA	5	PA; MO; LA
			BAVENCIO	5	B/D PA; MO; LA
			BELEODAQ	5	B/D PA; MO
			BENDEKA	5	B/D PA; MO
			BESPONSA	5	B/D PA; MO; LA
			<i>bexarotene</i>	5	PA; MO
			<i>bicalutamide</i>	2	MO
			BICNU	5	B/D PA; MO
			<i>bleomycin</i>	2	B/D PA; MO

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	Drug Name	Drug Tier	Requirements/Limits
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO	<i>clofarabine</i>	5	B/D PA
BORTEZOMIB	5	B/D PA; MO	COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)	COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)	COPIKTRA	5	PA; MO; LA; QL (60 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)	COSMEGEN	5	B/D PA; MO
<i>busulfan</i>	5	B/D PA	COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA; MO; LA; QL (30 per 30 days)	<i>cyclophosphamide intravenous</i>	2	B/D PA; MO
CABOMETYX ORAL TABLET 40 MG	5	PA; MO; LA; QL (60 per 30 days)	<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)	<i>cyclosporine intravenous</i>	2	B/D PA
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)	<i>cyclosporine modified</i>	2	B/D PA; MO
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)	<i>cyclosporine oral capsule</i>	2	B/D PA; MO
<i>carboplatin intravenous solution</i>	2	B/D PA; MO	CYRAMZA	5	B/D PA; MO
<i>carmustine</i>	5	B/D PA; MO	<i>cytarabine</i>	2	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO	<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA	EMCYT	5	MO
			EMPLICITI	5	B/D PA; MO
<i>dacarbazine</i>	2	B/D PA; MO	<i>epirubicin intravenous solution</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA	ERBITUX	5	B/D PA; MO
DARZALEX	5	B/D PA; MO; LA	ERIVEDGE	5	PA; MO; QL (30 per 30 days)
<i>daunorubicin intravenous solution</i>	2	B/D PA	ERLEADA	5	PA; MO
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)	<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)	<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO	ERWINAZE	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	B/D PA	ETOPOPHOS	4	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; MO	<i>etoposide intravenous</i>	2	B/D PA; MO
			<i>exemestane</i>	2	MO
			FARYDAK	5	PA; MO; QL (6 per 21 days)
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PA	FASLODEX	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; MO
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO			
DROXIA	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	Drug Name	Drug Tier	Requirements/Limits
<i>floxuridine</i>	2	B/D PA	GLEOSTINE	3	MO
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO	ORAL CAPSULE 10 MG, 100 MG, 40 MG		
<i>fludarabine intravenous solution</i>	2	B/D PA	HALAVEN	5	B/D PA; MO
<i>fluorouracil intravenous</i>	2	B/D PA; MO	HERCEPTIN HYLECTA	5	B/D PA; MO
<i>flutamide</i>	4	MO	HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PA; MO
FOLOTYN	5	B/D PA; MO	<i>hydroxyurea</i>	2	MO
GAZYVA	5	B/D PA; MO	IBRANCE	5	PA; MO; QL (21 per 28 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO	ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (60 per 30 days)
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA	ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO	<i>idarubicin</i>	2	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA	IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	B/D PA	<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D PA; MO	<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>gengraf oral solution</i>	4	B/D PA; MO	<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
GILOTRIF	5	PA; MO; QL (30 per 30 days)	<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)

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	Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA	5	PA; MO; QL (30 per 30 days)	KISQALI FEMARA CO-PACK ORAL	5	PA; MO; QL (49 per 28 days)
IMFINZI	5	B/D PA; MO; LA	TABLET 200 MG/DAY(200 MG X 1)-2.5 MG		
INFUGEM	5	B/D PA			
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)	KISQALI FEMARA CO-PACK ORAL	5	PA; MO; QL (70 per 28 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)	TABLET 400 MG/DAY(200 MG X 2)-2.5 MG		
IRESSA	5	PA; MO; QL (30 per 30 days)	KISQALI FEMARA CO-PACK ORAL	5	PA; MO; QL (91 per 28 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO	TABLET 600 MG/DAY(200 MG X 3)-2.5 MG		
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO	KISQALI ORAL	5	PA; MO; QL (21 per 28 days)
<i>irinotecan intravenous solution 500 mg/25 ml</i>	5	B/D PA	TABLET 200 MG/DAY (200 MG X 1)		
ISTODAX	5	B/D PA; MO	KISQALI ORAL	5	PA; MO; QL (42 per 28 days)
IXEMPRA	5	B/D PA; MO	TABLET 400 MG/DAY (200 MG X 2)		
JAKAFI	4	PA; MO; QL (60 per 30 days)	KISQALI ORAL	5	PA; MO; QL (63 per 28 days)
JEVTANA	5	B/D PA; MO	TABLET 600 MG/DAY (200 MG X 3)		
KADCYLA	5	PA; MO	KYPROLIS	5	B/D PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO	LENVIMA ORAL	5	PA; MO; QL (30 per 30 days)
			CAPSULE 10 MG/DAY (10 MG X 1), 4 MG		

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	Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 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)	LUPRON DEPOT-PED	5	PA; MO
			LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
			LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
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)	LYSODREN	3	MO
			MARQIBO	3	B/D PA; MO
<i>letrozole</i>	2	MO	MATULANE	5	MO
LEUKERAN	3	MO	<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	4	PA; MO
<i>leuprolide subcutaneous kit</i>	5	MO	<i>megestrol oral tablet</i>	4	PA; MO
LIBTAYO	5	PA; MO; LA	MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA; MO; QL (100 per 28 days)	MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; MO; QL (80 per 28 days)	MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)	<i>melfhalan</i>	2	B/D PA; MO
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)	<i>melfhalan hcl</i>	5	B/D PA
LUMOXITI	5	PA; MO; LA	<i>mercaptopurine</i>	2	MO
LUPRON DEPOT	5	PA; MO	<i>methotrexate sodium</i>	2	B/D PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO	<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
LUPRON DEPOT (4 MONTH)	5	PA; MO	<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO	<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO	<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO	<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	PA; MO
<i>mycophenolate mofetil hcl</i>	2	B/D PA	<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO	ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO	ONCASPAR	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO	ONIVYDE	5	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO	OPDIVO	5	PA; MO
MYLOTARG	5	B/D PA; MO; LA	<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO
NERLYNX	5	PA; MO; LA	<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)	<i>oxaliplatin intravenous solution</i>	2	B/D PA; MO
<i>nilutamide</i>	5	MO	<i>paclitaxel</i>	2	B/D PA; MO
NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; QL (6 per 28 days)	PERJETA	5	B/D PA; MO
NINLARO ORAL CAPSULE 3 MG	5	PA; MO; QL (4 per 28 days)	PIQRAY	5	PA; MO
NINLARO ORAL CAPSULE 4 MG	5	PA; MO; QL (3 per 28 days)	POMALYST	5	PA; MO; LA; QL (21 per 28 days)
NULOJIX	5	B/D PA; MO	PORTRAZZA	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	Drug Name	Drug Tier	Requirements/Limits
POTELIGEO	5	PA; MO	<i>sirolimus oral tablet</i>	2	B/D PA; MO
PROGRAF	3	B/D PA; MO	0.5 mg, 1 mg		
INTRAVENOUS			<i>sirolimus oral tablet</i>	5	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO	2 mg		
PURIXAN	5		SOLTAMOX	3	MO
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)	SOMATULINE DEPOT	5	PA; MO
RITUXAN	5	PA; MO	SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
RITUXAN HYCELA	5	PA; MO	SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
ROMIDEPSIN	5	B/D PA	STIVARGA	5	PA; MO; QL (84 per 28 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)	SUTENT	5	PA; MO; QL (30 per 30 days)
RYDAPT	5	PA; MO; QL (240 per 30 days)	SYLVANT	5	B/D PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO	SYNRIBO	5	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	5	MO	TABLOID	4	MO
SIGNIFOR	5	PA; MO	<i>tacrolimus oral</i>	2	B/D PA; MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA	TAFINLAR	5	PA; MO; QL (120 per 30 days)
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO	TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
<i>sirolimus oral solution</i>	5	B/D PA; MO	TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
			TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
			<i>tamoxifen</i>	2	MO

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	Drug Name	Drug Tier	Requirements/Limits
TARGRETIN TOPICAL	5	PA; MO	<i>tretinoin</i> (chemotherapy)	5	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)	TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PA; MO
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO	TYKERB	5	PA; MO; LA; QL (180 per 30 days)
TECENTRIQ	5	B/D PA; MO; LA	UNITUXIN	5	B/D PA; MO
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)	<i>valrubicin</i>	5	B/D PA
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (60 per 30 days)	VALSTAR	5	B/D PA; MO
<i>thiotepa</i>	5	B/D PA; MO	VANTAS	4	B/D PA; MO
TIBSOVO	5	PA; MO	VECTIBIX	5	B/D PA; MO
<i>toposar</i>	2	B/D PA; MO	VELCADE	5	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA	VENCLEXTA ORAL TABLET 10 MG	3	PA; MO; LA; QL (60 per 30 days)
<i>topotecan intravenous solution</i>	5	B/D PA; MO	VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA; QL (120 per 30 days)
<i>toremifene</i>	5	MO	VENCLEXTA ORAL TABLET 50 MG	3	PA; MO; LA; QL (30 per 30 days)
TORISEL	5	B/D PA; MO	VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 30 days)
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO	VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO	<i>vinblastine intravenous solution</i>	2	B/D PA; MO
			<i>vincristine</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine</i>	2	B/D PA; MO	ZALTRAP	5	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)	ZANOSAR	4	B/D PA; MO
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)	ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)	ZELBORAF	5	PA; MO; QL (240 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)	ZOLADDEX	4	B/D PA; MO
VOTRIENT	5	PA; MO; QL (120 per 30 days)	ZOLINZA	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA; MO	ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG	5	B/D PA; MO; QL (60 per 30 days)
XALKORI	5	PA; MO; QL (60 per 30 days)	ZORTRESS ORAL TABLET 0.5 MG	5	B/D PA; MO; QL (120 per 30 days)
XATMEP	4	B/D PA; MO	ZORTRESS ORAL TABLET 1 MG	5	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (90 per 30 days)	ZYDELIG	5	PA; MO; QL (60 per 30 days)
XOSPATA	5	PA; MO; LA	ZYKADIA ORAL CAPSULE	5	PA; MO; QL (150 per 30 days)
XTANDI	5	PA; MO; QL (120 per 30 days)	ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
YERVOY	5	B/D PA; MO	ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)
YONDELIS	5	B/D PA; MO			
YONSA	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	Drug Name	Drug Tier	Requirements/Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH			CELONTIN ORAL CAPSULE 300 MG	3	MO
ANTICONVULSANTS			<i>clobazam oral suspension</i>	2	PA; MO; QL (480 per 30 days)
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)	<i>clobazam oral tablet 10 mg</i>	2	PA; MO; QL (60 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)	<i>clobazam oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)
APTIOM ORAL TABLET 600 MG	5	MO; QL (60 per 30 days)	<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 800 MG	4	MO; QL (60 per 30 days)	<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
BANZEL	5	PA; MO	<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
BRIVIACT INTRAVENOUS	4		<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)	DIASTAT	4	MO
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)	DIASTAT ACUDIAL	4	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO	<i>diazepam rectal</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO	DILANTIN 30 MG	3	MO
<i>carbamazepine oral tablet</i>	4	MO	<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO	<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO	<i>divalproex oral tablet, delayed release (drlec)</i>	2	MO
			EPIDIOLEX	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	Drug Name	Drug Tier	Requirements/Limits
<i>epitol</i>	2	MO	<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>ethosuximide</i>	4	MO	<i>lamotrigine oral tablets, dose pack</i>	2	MO
<i>felbamate oral suspension</i>	5	MO	<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	
<i>felbamate oral tablet</i>	4	MO	<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>fosphephenytoin</i>	2	MO	<i>levetiracetam intravenous</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	PA; MO; QL (720 per 30 days)	<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	3	PA; MO; QL (30 per 30 days)	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	3	PA; MO; QL (60 per 30 days)	<i>levetiracetam oral tablet</i>	2	MO
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)	<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)	LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	4	MO; QL (90 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QL (2160 per 30 days)	LYRICA ORAL CAPSULE 225 MG, 300 MG	4	MO; QL (60 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)	LYRICA ORAL SOLUTION	4	MO; QL (900 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)	<i>oxcarbazepine</i>	2	MO
<i>lamotrigine oral tablet</i>	2	MO	PEGANONE	3	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO			
<i>lamotrigine oral tablet, chewable dispersible</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	Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral elixir</i>	2	PA; MO; QL (1500 per 30 days)	<i>topiramate oral tablet</i>	2	PA; MO
<i>phenobarbital oral tablet</i>	2	PA; MO; QL (120 per 30 days)	<i>valproate sodium</i>	2	MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO	<i>valproic acid</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2		<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO	<i>vigabatrin</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>phenytoin oral tablet, chewable</i>	2	MO	<i>vigadrone</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>phenytoin sodium extended</i>	2	MO	VIMPAT INTRAVENOUS	3	
<i>phenytoin sodium intravenous solution</i>	2	MO	VIMPAT ORAL SOLUTION	3	MO; QL (1200 per 30 days)
<i>primidone</i>	2	MO	VIMPAT ORAL TABLET	3	MO; QL (60 per 30 days)
<i>roweepra</i>	2	MO	<i>zonisamide</i>	2	PA; MO
<i>roweepra xr</i>	2	MO	ANTIPARKINSONISM AGENTS		
SPRITAM	4	MO	APOKYN	5	PA; MO; LA; QL (60 per 30 days)
<i>subvenite</i>	2	MO	<i>benztropine injection</i>	2	MO
<i>subvenite starter (blue) kit</i>	2	MO	<i>benztropine oral</i>	2	PA; MO
<i>subvenite starter (green) kit</i>	2	MO	<i>bromocriptine</i>	4	MO
<i>subvenite starter (orange) kit</i>	2	MO	<i>carbidopa</i>	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)	<i>carbidopa-levodopa oral tablet</i>	2	MO
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)	<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>tiagabine</i>	4	MO			
<i>topiramate oral capsule, sprinkle</i>	2	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	Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO	<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (8 per 28 days)
<i>entacapone</i>	2	MO	<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (8 per 28 days)
NEUPRO	4	MO	<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (8 per 28 days)
<i>pramipexole</i>	2	MO	<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	MO; QL (8 per 28 days)
<i>rasagiline</i>	2	MO	<i>sumatriptan- naproxen</i>	2	MO; QL (18 per 28 days)
<i>ropinirole</i>	2	MO	<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)
<i>selegiline hcl</i>	2	MO	MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>tolcapone</i>	5	MO			
MIGRAINE / CLUSTER HEADACHE THERAPY			<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)
<i>dihydroergotamine injection</i>	2	MO	<i>donepezil oral tablet 10 mg</i>	2	MO; QL (69 per 30 days)
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)	<i>donepezil oral tablet 23 mg</i>	4	MO
<i>eletriptan</i>	2	MO; QL (18 per 28 days)	<i>donepezil oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>ergotamine-caffeine</i>	2	MO	<i>donepezil oral tablet, disintegrating 10 mg</i>	2	MO; QL (69 per 30 days)
<i>naratriptan</i>	2	MO; QL (18 per 28 days)	MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>rizatriptan</i>	4	MO; QL (36 per 28 days)			
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation</i>	4	MO; QL (18 per 28 days)			
<i>sumatriptan nasal spray, non-aerosol 5 mg/lactuation</i>	4	MO; QL (36 per 28 days)			
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)			

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	Drug Name	Drug Tier	Requirements/Limits
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	MO; QL (30 per 30 days)	OCREVUS	5	PA; MO; LA
FIRDAPSE	5	PA; MO; LA	RADICAVA	5	PA; MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	MO; QL (30 per 30 days)	<i>rivastigmine</i>	2	MO
<i>galantamine oral solution</i>	4	MO; QL (200 per 30 days)	<i>rivastigmine tartrate</i>	4	MO; QL (60 per 30 days)
<i>galantamine oral tablet</i>	4	MO; QL (60 per 30 days)	TECFIDERA	5	PA; MO; LA
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO	<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)	<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)	TYSABRI	5	PA; MO; LA
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)	<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
LEMTRADA	5	PA; MO	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	PA; MO	<i>dantrolene</i>	4	MO
<i>memantine oral solution</i>	4	PA; MO; QL (300 per 30 days)	LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
<i>memantine oral tablet</i>	2	PA; MO; QL (60 per 30 days)	LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
NAMZARIC	3	PA; MO	MESTINON ORAL SYRUP	5	MO
NUEDEXTA	5	PA; MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	2	MO	<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	2	PA; MO; QL (4 per 28 days)
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2		<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	MO; QL (4000 per 30 days)
<i>pyridostigmine bromide oral syrup</i>	5	MO	<i>duramorph (pf) injection solution 1 mg/ml</i>	4	QL (2000 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO	<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>pyridostigmine bromide oral tablet extended release</i>	2	MO	<i>fentanyl</i>	4	PA; MO; QL (10 per 30 days)
<i>regonol</i>	2		<i>fentanyl citrate (pf) injection solution</i>	2	MO
<i>revonto</i>	2		FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 100 MCG/2 ML (50 MCG/ML)	4	
<i>tizanidine</i>	2	MO	<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)
NARCOTIC ANALGESICS			<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml (15 ml)</i>	4	QL (5550 per 30 days)
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	MO; QL (300 per 30 days)	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5550 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)	<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	4	MO; QL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)			
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)			
<i>buprenorphine hcl injection solution</i>	2	MO			
<i>buprenorphine hcl injection syringe</i>	2				
<i>buprenorphine hcl sublingual</i>	2	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	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>hydromorphone oral tablet extended release 24 hr 16 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	MO; QL (50 per 30 days)	<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	MO; QL (50 per 30 days)	<i>ibuprofen-oxycodone</i>	2	MO; QL (28 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>levorphanol tartrate oral tablet 2 mg</i>	2	MO; QL (120 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	4		<i>lorcet (hydrocodone)</i>	4	MO; QL (360 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	4		<i>lorcet hd</i>	4	MO; QL (360 per 30 days)
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	4	MO	<i>lorcet plus oral tablet 7.5-325 mg</i>	4	MO; QL (360 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO	<i>methadone injection solution</i>	2	
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QL (150 per 30 days)	<i>methadone intensol</i>	2	PA; MO; QL (90 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)	<i>methadone oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>hydromorphone oral tablet</i>	4	MO; QL (180 per 30 days)	<i>methadone oral solution 10 mg/5 ml</i>	4	PA; MO; QL (600 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	2	PA; MO; QL (60 per 30 days)	<i>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)

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	Drug Name	Drug Tier	Requirements/Limits
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)	<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2		<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 80 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO			
<i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml</i>	2	B/D PA; MO	<i>morphine oral capsule, extend. release pellets 60 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml</i>	2	B/D PA	<i>morphine oral solution</i>	4	MO; QL (900 per 30 days)
<i>morphine concentrate oral solution</i>	4	MO; QL (900 per 30 days)	<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	2		<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	4	MO; QL (1000 per 30 days)	<i>oxycodone oral capsule</i>	4	MO; QL (360 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	MO; QL (500 per 30 days)	<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	2	QL (400 per 30 days)	<i>oxycodone oral solution</i>	4	MO; QL (1200 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO	<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	MO; QL (180 per 30 days)
<i>morphine intravenous syringe 10 mg/ml</i>	2		<i>oxycodone oral tablet 5 mg</i>	4	MO; QL (360 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	4	QL (1000 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>morphine intravenous syringe 4 mg/ml</i>	4	QL (500 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	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-aspirin</i>	4	MO; QL (360 per 30 days)	<i>diclofenac sodium oral</i>	2	MO
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (360 per 30 days)	<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)	<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
NON-NARCOTIC ANALGESICS			<i>diclofenac-misoprostol</i>	2	MO
			<i>diflunisal</i>	4	MO
			<i>fenoprofen oral tablet</i>	2	MO
			<i>flurbiprofen</i>	2	MO
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)	<i>ibu</i>	2	MO
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)	<i>ibuprofen oral suspension</i>	2	MO
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)	<i>ketoprofen oral capsule 25 mg</i>	2	MO
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)	<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>butorphanol tartrate injection</i>	2	MO	<i>meclofenamate</i>	2	MO
<i>butorphanol tartrate nasal</i>	2	MO; QL (10 per 28 days)	<i>mefenamic acid</i>	2	MO
<i>celecoxib</i>	4	MO; QL (60 per 30 days)	<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2		<i>nabumetone</i>	2	MO
<i>diclofenac potassium</i>	2	MO	<i>nalbuphine</i>	2	MO
			<i>naloxone</i>	2	MO
			<i>naltrexone</i>	2	MO
			<i>naproxen oral suspension</i>	2	MO
			<i>naproxen oral tablet</i>	1	MO
			<i>naproxen oral tablet, delayed release (drlec)</i>	2	MO

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	Drug Name	Drug Tier	Requirements/Limits
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 28 days)
<i>oxaprozin</i>	2	MO			
<i>piroxicam</i>	2	MO			
<i>salsalate</i>	1	MO	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
<i>sulindac</i>	2	MO			
<i>tolmetin</i>	2	MO			
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)			
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)
VIVITROL	5	MO			
PSYCHOTHERAPEUTIC DRUGS					
ABILIFY MAINTENA	5	MO; QL (1 per 28 days)	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)
ADASUVE	3	LA			
<i>amitriptyline</i>	2	PA; MO			
<i>amoxapine</i>	4	MO			
<i>aripiprazole oral solution</i>	5	MO	<i>armodafinil</i>	4	PA; MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)	<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)	<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	MO; QL (30 per 30 days)
ARISTADA INITIO	5	MO	<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)

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	Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)	<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr 10 mg, 15 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)	<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	2	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO	<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	2	MO
<i>buspirone</i>	2	MO	<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	2	MO
<i>chlorpromazine injection</i>	2	MO	<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	2	MO
<i>chlorpromazine oral</i>	4	MO	<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	2	MO
<i>citalopram oral solution</i>	2	MO	<i>diazepam injection solution</i>	2	PA
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)	<i>diazepam injection syringe</i>	2	PA; MO
<i>clomipramine</i>	4	PA; MO	<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO	<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; MO; QL (180 per 30 days)	<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; MO; QL (180 per 30 days)	<i>doxepin oral</i>	4	PA; MO
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PA; MO; QL (90 per 30 days)	<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PA; MO; QL (360 per 30 days)	<i>duloxetine oral capsule, delayed release (drlec) 40 mg</i>	2	MO; QL (90 per 30 days)
<i>clozapine oral tablet</i>	2	MO	<i>EMSAM</i>	5	MO; QL (30 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	4		<i>ergoloid</i>	4	MO
<i>desipramine</i>	4	MO	<i>escitalopram oxalate oral solution</i>	4	MO; QL (600 per 30 days)
<i>desvenlafaxine succinate</i>	4	MO; QL (30 per 30 days)	<i>escitalopram oxalate oral solution</i>	4	MO; QL (600 per 30 days)
<i>dextroamphetamine oral solution</i>	2	MO	<i>escitalopram oxalate oral solution</i>	4	MO; QL (600 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral tablet</i>	2	MO; QL (30 per 30 days)	<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)	<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO; QL (60 per 30 days)	<i>fluphenazine decanoate</i>	4	MO
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO; QL (60 per 30 days)	<i>fluphenazine hcl injection</i>	4	MO
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)	<i>fluphenazine hcl oral concentrate</i>	2	MO
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4		<i>fluphenazine hcl oral elixir</i>	4	MO
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	MO; QL (28 per 28 days)	<i>fluphenazine hcl oral tablet</i>	2	MO
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)	<i>fluvoxamine oral capsule,extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>flumazenil</i>	2	MO	<i>fluvoxamine oral tablet 100 mg</i>	4	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)	<i>fluvoxamine oral tablet 25 mg</i>	4	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO	<i>fluvoxamine oral tablet 50 mg</i>	4	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	GEODON INTRAMUSCULAR	4	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(drlec)</i>	2	MO; QL (4 per 28 days)	<i>guanidine</i>	2	MO
<i>fluoxetine oral solution</i>	2	MO	<i>haloperidol</i>	2	MO
			<i>haloperidol decanoate</i>	4	MO
			<i>haloperidol lactate injection</i>	2	MO
			<i>haloperidol lactate oral</i>	2	MO
			HETLIOZ	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	Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl</i>	4	PA; MO	INVEGA	5	MO; QL
<i>imipramine pamoate</i>	4	PA; MO	TRINZA		(2.63 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)	INTRAMUSCULAR SYRINGE 819 MG/2.625 ML		
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QL (120 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QL (30 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QL (0.25 per 28 days)	LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)	LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	MO; QL (0.88 per 28 days)	<i>lithium carbonate</i>	2	MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	MO; QL (1.32 per 28 days)	<i>lithium citrate oral solution 8 meq/5 ml</i>	3	MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.76 per 28 days)	<i>lorazepam injection solution</i>	2	PA; MO
			<i>lorazepam injection syringe</i>	2	PA
			<i>lorazepam intensol</i>	2	PA; MO; QL (150 per 30 days)
			<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
			<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
			<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
			<i>loxapine succinate</i>	2	MO

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	Drug Name	Drug Tier	Requirements/Limits
<i>maprotiline</i>	2	MO	<i>olanzapine intramuscular</i>	4	MO; QL (30 per 30 days)
MARPLAN	3	MO; QL (180 per 30 days)	<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>metadate er</i>	2	MO	<i>olanzapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	4	MO	<i>olanzapine-fluoxetine</i>	2	MO
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	MO; QL (900 per 30 days)	<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	2	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	4	MO; QL (1800 per 30 days)	<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QL (60 per 30 days)
<i>methylphenidate hcl oral tablet</i>	4	MO; QL (90 per 30 days)	<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	2	MO	<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	2	MO	<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>mirtazapine</i>	2	MO; QL (30 per 30 days)	<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)	<i>paroxetine mesylate (menop.sy m)</i>	2	MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)	PAXIL ORAL SUSPENSION	4	MO; QL (900 per 30 days)
<i>molindone</i>	2		<i>perphenazine</i>	4	MO
<i>nefazodone</i>	4	MO	PERSERIS	5	MO; QL (1 per 28 days)
<i>nortriptyline</i>	2	MO	<i>phenelzine</i>	2	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)	<i>pimozide</i>	4	MO
NUPLAZID ORAL TABLET 10 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	Drug Name	Drug Tier	Requirements/Limits
<i>procentra</i>	2	MO	<i>risperidone oral tablet, disintegrating</i>	4	MO; QL (60 per 30 days)
<i>protriptyline</i>	4	MO	0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)	<i>risperidone oral tablet, disintegrating</i>	4	MO; QL (120 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)	ROZEREM	3	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	MO; QL (30 per 30 days)	SAPHRIS	5	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	MO; QL (60 per 30 days)	<i>sertraline oral concentrate</i>	4	MO
REXULTI	5	MO; QL (30 per 30 days)	<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)	<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)	<i>thioridazine</i>	4	MO
<i>risperidone oral solution</i>	4	MO	<i>thiothixene</i>	4	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)	<i>tranlycypromine</i>	4	MO
<i>risperidone oral tablet 4 mg</i>	2	MO; QL (120 per 30 days)	<i>trazodone</i>	2	MO
			<i>trifluoperazine</i>	2	MO
			<i>trimipramine</i>	4	PA; MO
			TRINTELLIX	3	MO; QL (30 per 30 days)
			<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
			<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
			<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
			VERSACLOZ	5	

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	Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	PA; MO; QL (1 per 28 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)			
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)	CARDIOVASCULAR, HYPERTENSION / LIPIDS		
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)			
XYREM	5	PA; MO; LA; QL (540 per 30 days)	ANTIARRHYTHMIC AGENTS		
<i>zaleplon oral capsule 10 mg</i>	2	MO; QL (60 per 30 days)			
<i>zaleplon oral capsule 5 mg</i>	2	MO; QL (30 per 30 days)	<i>adenosine</i>	2	
<i>ziprasidone hcl</i>	4	MO; QL (60 per 30 days)	<i>amiodarone intravenous solution</i>	2	B/D PA; MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA; MO; QL (2 per 28 days)	<i>amiodarone intravenous syringe</i>	2	B/D PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	PA; MO; QL (2 per 28 days)	<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
			<i>amiodarone oral tablet 400 mg</i>	4	MO
			<i>dofetilide</i>	2	MO
			<i>flecainide</i>	2	MO
			<i>ibutilide fumarate</i>	2	MO
			<i>lidocaine (pf) in d7.5w</i>	2	MO
			<i>lidocaine (pf) intravenous solution</i>	2	MO
			<i>lidocaine (pf) intravenous syringe</i>	2	
			<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	2	
			<i>mexiletine</i>	2	MO

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	Drug Name	Drug Tier	Requirements/Limits
<i>pacerone oral tablet 100 mg</i>	4	MO	<i>amlodipine</i>	1	MO
<i>pacerone oral tablet 200 mg, 400 mg</i>	2	MO	<i>amlodipine-benazepril</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO	<i>amlodipine-valsartan</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2		<i>atenolol</i>	1	MO
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO	<i>benazepril</i>	1	MO
<i>propafenone oral tablet 150 mg, 225 mg</i>	2	MO	<i>bisoprolol fumarate</i>	2	MO
<i>propafenone oral tablet 300 mg</i>	4	MO	<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>quinidine sulfate oral tablet</i>	2	MO	<i>bumetanide injection</i>	4	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO	<i>bumetanide oral</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2		<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	2	MO; QL (60 per 30 days)
<i>sotalol af</i>	2	MO	<i>candesartan oral tablet 32 mg</i>	2	MO; QL (30 per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO	<i>cartia xt</i>	2	MO
<i>sotalol oral tablet 240 mg</i>	4	MO	<i>carvedilol</i>	1	MO
SOTYLIZE	3	MO	<i>carvedilol phosphate</i>	2	MO
ANTIHYPERTENSIVE THERAPY			<i>chlorothiazide</i>	2	MO
			<i>chlorothiazide sodium</i>	2	MO
<i>acebutolol</i>	2	MO	<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>aliskiren</i>	2	MO	<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>amiloride</i>	2	MO	<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	MO	<i>clonidine hcl oral tablet</i>	2	MO
			DEMSEER	5	PA; MO
			<i>diltiazem hcl intravenous</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	Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 180 mg, 240 mg</i>	2	MO	<i>fosinopril-hydrochlorothiazide</i>	2	MO
			<i>furosemide injection</i>	4	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	MO	<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	2	MO	<i>furosemide oral tablet</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr</i>	2	MO	<i>hydralazine</i>	2	MO
			<i>hydrochlorothiazide</i>	1	MO
			<i>indapamide</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO	<i>irbesartan</i>	1	MO
			<i>irbesartan-hydrochlorothiazide</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO	<i>isradipine</i>	2	MO
<i>dilt-xr</i>	2	MO	<i>labetalol intravenous solution</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)	<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)	<i>labetalol oral</i>	2	MO
			<i>lisinopril</i>	1	MO
<i>enalapril maleate</i>	2	MO	<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>enalaprilat intravenous solution</i>	2		<i>losartan</i>	1	MO; QL (30 per 30 days)
<i>enalapril-hydrochlorothiazide</i>	2	MO	<i>losartan-hydrochlorothiazide</i>	1	MO; QL (30 per 30 days)
<i>eplerenone</i>	4	MO	<i>mannitol 20 %</i>	2	
<i>epoprostenol (glycine)</i>	2	B/D PA; MO	<i>mannitol 25 % intravenous solution</i>	2	MO
<i>eprosartan</i>	2	MO	<i>matzim la</i>	2	MO
<i>esmolol intravenous solution</i>	2		<i>methyclothiazide</i>	4	MO
<i>ethacrynate sodium</i>	5		<i>methyldopa</i>	2	MO
<i>ethacrynic acid</i>	5	MO	<i>metolazone</i>	2	MO
<i>felodipine</i>	2	MO			
<i>fosinopril</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	Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate</i>	2	MO	<i>propranolol oral tablet</i>	2	MO
<i>metoprolol tartrate hydrochlorothiazid</i>	2	MO	<i>propranolol-hydrochlorothiazid</i>	4	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO	<i>quinapril</i>	2	MO
<i>metoprolol tartrate intravenous syringe</i>	2		<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>metoprolol tartrate oral</i>	1	MO	<i>ramipril</i>	1	MO
<i>minoxidil oral</i>	2	MO	<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>nadolol</i>	2	MO	<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	2	MO	<i>spironolactone-hydrochlorothiazid</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO	<i>taztia xt</i>	2	MO
<i>nicardipine oral</i>	2	MO	TEKTURNA	3	MO
<i>nifedipine oral tablet extended release</i>	2	MO	TEKTURNA HCT	3	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO	<i>telmisartan</i>	2	MO
<i>nimodipine</i>	4	MO	<i>telmisartan-amlodipine</i>	2	MO
<i>nisoldipine</i>	2	MO	<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>osmitrol 15 %</i>	2		<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>osmitrol 20 %</i>	2		<i>terazosin oral capsule 10 mg</i>	2	MO; QL (60 per 30 days)
<i>phenoxybenzamine</i>	5	PA; MO	<i>timolol maleate oral</i>	4	MO
<i>phentolamine injection recon soln</i>	2		<i>torseamide oral</i>	2	MO
<i>pindolol</i>	4	MO	<i>trandolapril-verapamil</i>	2	MO
<i>prazosin</i>	2	MO	<i>treprostinil sodium</i>	5	B/D PA; MO; LA
<i>propranolol intravenous</i>	2		<i>triamterene-hydrochlorothiazid</i>	2	MO
<i>propranolol oral capsule, extended release 24 hr</i>	4	MO	UPTRAVI	5	PA; MO; LA
<i>propranolol oral solution</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	Drug Name	Drug Tier	Requirements/Limits
<i>valsartan</i>	2	MO; QL (30 per 30 days)	<i>clopidogrel oral tablet 300 mg</i>	4	MO
<i>valsartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)	<i>clopidogrel oral tablet 75 mg</i>	2	MO; QL (30 per 30 days)
<i>veletri</i>	2	B/D PA; MO	<i>dipyridamole intravenous</i>	2	PA
<i>verapamil intravenous solution</i>	2	MO	<i>dipyridamole oral</i>	4	MO
<i>verapamil intravenous syringe</i>	2		DOPTELET (10 TAB PACK)	5	PA; MO; LA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO	DOPTELET (15 TAB PACK)	5	PA; MO; LA
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO	ELIQUIS	3	MO
<i>verapamil oral tablet</i>	1	MO	<i>enoxaparin subcutaneous solution</i>	2	MO
<i>verapamil oral tablet extended release</i>	2	MO	<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
COAGULATION THERAPY			<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
AMICAR ORAL SOLUTION	3	MO	<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>aminocaproic acid intravenous</i>	2	MO	<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>aminocaproic acid oral tablet</i>	2	MO	<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
BRILINTA	3	MO; QL (60 per 30 days)	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO
CABLIVI INJECTION KIT	5	PA; MO; LA			
CEPROTIN (BLUE BAR)	3	MO			
CEPROTIN (GREEN BAR)	3	MO			
<i>cilostazol</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	Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2		MULPLETA	5	PA; MO
			NPLATE	5	MO
			<i>pentoxifylline</i>	2	MO
			PRADAXA	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO	<i>prasugrel</i>	4	MO
			PROMACTA ORAL POWDER IN PACKET	5	PA; MO; LA; QL (180 per 30 days)
<i>heparin (porcine) in nacl (pf)</i>	2		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>heparin (porcine) injection cartridge</i>	4	MO	<i>protamine</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml</i>	3	MO	<i>warfarin</i>	1	MO
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	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)
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO	XARELTO ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
			XARELTO ORAL TABLETS,DOSE PACK	3	MO; QL (51 per 30 days)
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3		LIPID/CHOLESTEROL LOWERING AGENTS		
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO	<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
			<i>cholestyramine (with sugar)</i>	2	MO
<i>heparin, porcine (pf) injection</i>	4	MO	<i>cholestyramine light</i>	2	MO
<i>jantoven</i>	1	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	Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam</i>	2	MO	<i>lovastatin</i>	1	MO
<i>colestipol</i>	2	MO	<i>niacin oral tablet extended release 24 hr</i>	2	MO
<i>ezetimibe</i>	2	MO; QL (30 per 30 days)	PRALUENT PEN	3	PA; MO; QL (2 per 28 days)
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)	<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	2	MO	<i>prevalite</i>	2	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>	2	MO; QL (30 per 30 days)	REPATHA	3	PA; MO; QL (3 per 28 days)
<i>fenofibrate micronized oral capsule 67 mg</i>	2	MO; QL (60 per 30 days)	REPATHA PUSHTRONEX	3	PA; MO; QL (3.5 per 28 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	2	MO; QL (30 per 30 days)	REPATHA SURECLICK	3	PA; MO; QL (3 per 28 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	2	MO; QL (60 per 30 days)	<i>rosuvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	2	MO	<i>simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	2	MO; QL (30 per 30 days)	VASCEPA	3	MO
<i>fenofibrate oral tablet 54 mg</i>	2	MO; QL (60 per 30 days)	MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>fenofibric acid (choline)</i>	2	MO	<i>cardioplegic soln</i>	2	
<i>gemfibrozil</i>	2	MO; QL (60 per 30 days)	CORLANOR ORAL TABLET	3	PA; MO; QL (60 per 30 days)
JUXTAPID	5	PA; MO; LA	<i>digitek oral tablet 125 mcg</i>	2	MO; QL (30 per 30 days)
			<i>digitek oral tablet 250 mcg</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	Drug Name	Drug Tier	Requirements/Limits
<i>digox oral tablet 125 mcg</i>	2	MO; QL (30 per 30 days)	<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>digox oral tablet 250 mcg</i>	2	MO	<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
<i>digoxin oral solution 50 mcg/ml</i>	3	MO	ENTRESTO	3	MO; QL (60 per 30 days)
<i>digoxin oral tablet 125 mcg</i>	2	MO; QL (30 per 30 days)	LANOXIN ORAL TABLET 62.5 MCG	3	MO
<i>digoxin oral tablet 250 mcg</i>	2	MO	<i>milrinone</i>	2	B/D PA; MO
<i>dobutamine</i>	2	B/D PA	<i>milrinone in 5 % dextrose</i>	2	B/D PA; MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	2	B/D PA; MO	<i>norepinephrine bitartrate</i>	2	
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA	RANEXA	4	MO; QL (60 per 30 days)
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA	<i>ranolazine</i>	2	MO; QL (60 per 30 days)
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO	<i>sodium nitroprusside</i>	2	
			VECAMYL	5	
			VYNDAQEL	5	PA; MO
			NITRATES		
			<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg</i>	4	MO
			<i>isosorbide dinitrate oral tablet 30 mg</i>	2	MO
			<i>isosorbide dinitrate oral tablet extended release</i>	4	
			<i>isosorbide mononitrate</i>	2	MO

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glydo</i>	2	MO; QL (60 per 30 days)	<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO
<i>imiquimod topical cream in packet</i>	2	MO	<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO	<i>methoxsalen</i>	5	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2		PANRETIN	5	MO
<i>lidocaine hcl injection solution</i>	2	MO	<i>pimecrolimus</i>	2	MO; QL (100 per 30 days)
<i>lidocaine hcl laryngotracheal</i>	2	MO	<i>podofilox</i>	4	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)	<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)	<i>polocaine-mpf</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO	<i>prudoxin</i>	2	MO; QL (45 per 30 days)
<i>lidocaine topical adhesive patch, medicated</i>	2	PA; MO; QL (90 per 30 days)	REGRANEX	5	MO
<i>lidocaine viscous</i>	2	MO	SANTYL	3	MO
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	2		<i>silver sulfadiazine</i>	2	MO
			<i>ssd</i>	3	MO
			<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
			UVADEX	4	B/D PA
			VALCHLOR	5	PA; MO
			THERAPY FOR ACNE		
			<i>amnestem</i>	2	MO
			<i>claravis</i>	4	MO
			<i>clindamycin phosphate topical gel</i>	4	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	Drug Name	Drug Tier	Requirements/Limits
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	4	MO; QL (120 per 30 days)	<i>gentamicin topical</i>	2	MO
			<i>mafenide acetate</i>	2	MO
			<i>mupirocin</i>	2	MO
<i>clindamycin phosphate topical lotion</i>	4	MO; QL (120 per 30 days)	<i>mupirocin calcium</i>	2	MO
			<i>sulfacetamide sodium (acne)</i>	4	MO
<i>clindamycin phosphate topical solution</i>	4	MO; QL (120 per 30 days)	SULFAMYLON TOPICAL CREAM	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO	TOPICAL ANTIFUNGALS		
<i>isotretinoin</i>	4		<i>ciclodan topical solution</i>	4	MO
<i>metronidazole topical cream</i>	4	MO	<i>ciclopirox topical cream</i>	4	MO; QL (90 per 28 days)
<i>metronidazole topical gel 0.75 %</i>	4	MO	<i>ciclopirox topical gel</i>	4	MO; QL (45 per 28 days)
<i>metronidazole topical gel 1 %</i>	2	MO	<i>ciclopirox topical shampoo</i>	4	MO; QL (120 per 28 days)
<i>metronidazole topical gel with pump</i>	2	MO	<i>ciclopirox topical solution</i>	2	MO
<i>metronidazole topical lotion</i>	4	MO	<i>ciclopirox topical suspension</i>	4	MO; QL (60 per 28 days)
<i>myorisan</i>	2	MO	<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>rosadan topical cream</i>	4	MO	<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>rosadan topical gel</i>	4	MO	<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>tazarotene</i>	2	PA; MO	<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO	TOPICAL ANTIBACTERIALS		
TAZORAC TOPICAL GEL	3	PA; MO			
<i>tretinoin topical</i>	2	PA; MO			
<i>zenatane</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	Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole topical foam</i>	2	MO; QL (100 per 28 days)	<i>betamethasone valerate topical cream</i>	2	MO
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)	<i>betamethasone valerate topical foam</i>	2	MO
<i>nyamyc</i>	4	MO	<i>betamethasone valerate topical lotion</i>	4	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)	<i>betamethasone valerate topical ointment</i>	2	MO
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)	<i>betamethasone, augmented topical cream</i>	2	MO
<i>nystatin topical powder</i>	2	MO	<i>betamethasone, augmented topical gel</i>	4	MO
<i>nystatin-triamcinolone</i>	4	MO; QL (60 per 28 days)	<i>betamethasone, augmented topical lotion</i>	4	MO
<i>nystop</i>	4	MO	<i>betamethasone, augmented topical ointment</i>	4	MO
<i>oxiconazole</i>	2	MO	<i>betamethasone, augmented topical ointment</i>	4	MO
TOPICAL ANTIVIRALS			<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 28 days)
<i>acyclovir topical cream</i>	4	PA; MO; QL (5 per 30 days)	<i>desonide</i>	4	MO
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)	<i>fluocinolone</i>	4	MO
DENAVIR	3	MO	<i>fluocinolone and shower cap</i>	4	MO
TOPICAL CORTICOSTEROIDS			<i>fluocinonide topical cream 0.05 %</i>	2	MO; QL (120 per 30 days)
<i>ala-cort topical cream</i>	2	MO	<i>halobetasol propionate topical cream</i>	4	MO
<i>alclometasone topical cream</i>	4	MO	<i>halobetasol propionate topical ointment</i>	4	MO
<i>alclometasone topical ointment</i>	2	MO			
<i>betamethasone dipropionate</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	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate topical lotion</i>	2	MO	DIAGNOSTICS / MISCELLANEOUS AGENTS		
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO			
<i>hydrocortisone topical lotion 2.5 %</i>	4	MO		ANTIDOTES	
<i>hydrocortisone topical ointment 2.5 %</i>	2	MO	<i>acetylcysteine intravenous</i>	2	MO
<i>nolix topical cream</i>	2	QL (120 per 30 days)	IRRIGATING SOLUTIONS		
<i>prednicarbate topical ointment</i>	4	MO	<i>lactated ringers irrigation</i>	2	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO; QL (126 per 28 days)	<i>neomycin-polymyxin b gu</i>	4	MO
<i>triamcinolone acetonide topical cream</i>	2	MO	<i>ringer's irrigation</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO	MISCELLANEOUS AGENTS		
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO	<i>acamprosate</i>	4	MO
<i>trianex</i>	2	MO	<i>acetic acid irrigation</i>	2	MO
<i>triderm topical cream</i>	2	MO	<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES			<i>anagrelide</i>	2	MO
			ARALAST NP	5	MO; LA
			<i>caffeine citrate intravenous</i>	2	
<i>lindane topical shampoo</i>	4	MO	<i>caffeine citrate oral</i>	2	MO
<i>malathion</i>	4	MO	CARBAGLU	5	PA; MO; LA
<i>permethrin topical cream</i>	2	MO	<i>cevimeline</i>	2	MO
			CHEMET	3	PA; MO
			CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
			<i>d10 %-0.45 % sodium chloride</i>	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	Drug Name	Drug Tier	Requirements/Limits
<i>d2.5 %-0.45 % sodium chloride</i>	4		FERRIPROX ORAL TABLET 500 MG	5	PA; MO
<i>d5 % and 0.9 % sodium chloride</i>	4	MO	INCRELEX	5	PA; MO; LA
<i>d5 %-0.45 % sodium chloride</i>	4	MO	JADENU	5	PA; MO
<i>deferasirox</i>	5	PA; MO	JADENU SPRINKLE	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO	<i>kionex (with sorbitol)</i>	4	MO
<i>dextrose 10 % and 0.2 % nacl</i>	4		<i>levocarnitine (with sugar)</i>	4	MO
<i>dextrose 10 % in water (d10w)</i>	3	MO	<i>levocarnitine oral tablet</i>	4	MO
<i>dextrose 20 % in water (d20w)</i>	2		LOKELMA	5	MO
<i>dextrose 25 % in water (d25w)</i>	2		<i>midodrine oral tablet 10 mg, 5 mg</i>	4	MO
<i>dextrose 30 % in water (d30w)</i>	2		<i>midodrine oral tablet 2.5 mg</i>	2	MO
<i>dextrose 40 % in water (d40w)</i>	2		NORTHERA ORAL CAPSULE 100 MG, 200 MG	5	PA; MO; QL (90 per 30 days)
<i>dextrose 5 % in water (d5w)</i>	3	MO	NORTHERA ORAL CAPSULE 300 MG	5	PA; MO; QL (180 per 30 days)
<i>dextrose 5 %-lactated ringers</i>	2	MO	ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA
<i>dextrose 5 %-0.2 % sod chloride</i>	4		ORFADIN ORAL CAPSULE 20 MG	5	MO; LA
<i>dextrose 5 %-0.3 % sod chloride</i>	4		ORFADIN ORAL SUSPENSION	5	MO; LA
<i>dextrose 50 % in water (d50w)</i>	2	MO	<i>pilocarpine hcl oral</i>	4	MO
<i>dextrose 70 % in water (d70w)</i>	2	MO	PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
<i>dextrose with sodium chloride</i>	4		PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA
<i>disulfiram</i>	4	MO	RAVICTI	5	MO
FERRIPROX ORAL SOLUTION	5	PA; MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REVCOVI	5	PA; MO; LA	<i>water for irrigation, sterile</i>	2	MO
<i>riluzole</i>	3	MO	XIAFLEX	5	PA; MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)	XURIDEN	5	MO
<i>sevelamer carbonate oral powder in packet</i>	5	MO	<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
<i>sevelamer carbonate oral tablet</i>	2	MO; QL (540 per 30 days)	SMOKING DETERRENENTS		
<i>sodium benzoate-sod phenylacet</i>	5		<i>bupropion hcl (smoking deter)</i>	2	MO; QL (60 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	4	MO	CHANTIX	3	MO
<i>sodium chloride irrigation</i>	3	MO	CHANTIX CONTINUING MONTH BOX	3	MO
<i>sodium phenylbutyrate</i>	5	MO	CHANTIX STARTING MONTH BOX	3	MO
<i>sodium polystyrene sulfonate oral</i>	4	MO	NICOTROL	4	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	4		NICOTROL NS	4	MO
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	4		EAR, NOSE / THROAT MEDICATIONS		
SOLIRIS	5	PA; MO	MISCELLANEOUS AGENTS		
<i>sps (with sorbitol) oral</i>	2	MO	<i>azelastine nasal aerosol,spray</i>	4	MO; QL (60 per 30 days)
<i>sps (with sorbitol) rectal</i>	2		<i>azelastine nasal spray,non-aerosol</i>	2	MO; QL (60 per 30 days)
THIOLA	5	MO	<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>trientine</i>	5	PA; MO; QL (240 per 30 days)	<i>denta 5000 plus</i>	2	MO
VELTASSA	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	Drug Name	Drug Tier	Requirements/Limits
<i>dentagel</i>	2	MO	<i>betamethasone</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)	<i>acet,sod phos</i>		
<i>olopatadine nasal</i>	2	MO; QL (30.5 per 30 days)	<i>cortisone</i>	2	MO
<i>oralone</i>	4	MO	<i>decadron oral elixir</i>	2	MO
<i>paroex oral rinse</i>	2	MO	<i>decadron oral tablet</i>	2	
<i>periogard</i>	2	MO	<i>deltasone oral tablet 20 mg</i>	2	B/D PA; MO
<i>sf</i>	2	MO	<i>dexamethasone</i>	2	MO
<i>sf 5000 plus</i>	2	MO	<i>dexamethasone intensol</i>	2	MO
<i>triamcinolone acetonide dental</i>	4	MO	<i>dexamethasone sodium phos (pf)</i>	2	MO
MISCELLANEOUS			<i>dexamethasone sodium phosphate injection</i>	2	MO
US OTIC PREPARATIONS			<i>fludrocortisone</i>	2	MO
<i>acetic acid otic (ear)</i>	2	MO	<i>hydrocortisone oral</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	2	MO	<i>methylprednisolone acetate</i>	2	MO
<i>fluocinolone acetonide oil</i>	4	MO	<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>hydrocortisone-acetic acid</i>	4	MO	<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO	<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
OTIC STEROID / ANTIBIOTIC			<i>methylprednisolone sodium succ intravenous</i>	2	MO
CIPRODEX	3	MO	<i>millipred oral tablet</i>	4	B/D PA; MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO	<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
ENDOCRINE/ DIABETES					
ADRENAL HORMONES					

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	Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO	BYDUREON SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (4 per 28 days)
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	B/D PA; MO	BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
<i>prednisone intensol</i>	4	B/D PA; MO	BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
<i>prednisone oral solution</i>	2	MO	CYCLOSET	4	MO; QL (180 per 30 days)
<i>prednisone oral tablet</i>	2	B/D PA; MO	FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
<i>prednisone oral tablets, dose pack</i>	2	MO	FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
<i>triamcinolone acetonide injection</i>	2	MO	GAUZE PADS 2 X 2	3	MO
<i>veripred 20</i>	2		<i>glimpiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
ANTITHYROID AGENTS			<i>glimpiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO	<i>glimpiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>propylthiouracil</i>	2	MO	<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
DIABETES THERAPY			<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)	BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)			
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)			
<i>alcohol pads</i>	3	MO			

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	Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet extended release 24hr 10 mg</i>	2	MO; QL (60 per 30 days)	HUMULIN N NPH U-100 INSULIN	3	MO
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	2	MO; QL (240 per 30 days)	HUMULIN R REGULAR U-100 INSULIN	3	MO
<i>glipizide oral tablet extended release 24hr 5 mg</i>	2	MO; QL (120 per 30 days)	HUMULIN R U-500 (CONC) INSULIN	3	MO
<i>glipizide-metformin</i>	2	MO	HUMULIN R U-500 (CONC) KWIKPEN	3	MO
GLUCAGEN	3	MO	INSULIN PEN NEEDLE	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO	INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO	INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	MO; QL (60 per 30 days)
HUMALOG KWIKPEN INSULIN	3	MO	INVOKAMET ORAL TABLET 50-500 MG	3	MO; QL (120 per 30 days)
HUMALOG MIX 50-50 INSULIN U-100	3	MO	INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	MO; QL (60 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	3	MO	INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	3	MO; QL (120 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	3	MO	INVOKANA	3	MO; QL (30 per 30 days)
HUMALOG MIX 75-25(U-100)INSULIN	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			

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	Drug Name	Drug Tier	Requirements/Limits
JANUMET	3	MO; QL (60 per 30 days)	<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
JANUMET XR ORAL TABLET, ER	3	MO; QL (30 per 30 days)	<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG			<i>miglitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
JANUMET XR ORAL TABLET, ER	3	MO; QL (60 per 30 days)	<i>miglitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
MULTIPHASE 24 HR 50-1,000 MG			<i>miglitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)	<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER	3	MO; QL (60 per 30 days)	<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
MULTIPHASE 24 HR 2.5-1,000 MG			NEEDLES, INSULIN DISP., SAFETY	3	MO
KOMBIGLYZE XR ORAL TABLET, ER	3	MO; QL (30 per 30 days)	ONGLYZA	3	MO; QL (30 per 30 days)
MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG			<i>pioglitazone</i>	2	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO	<i>pioglitazone-glimepiride</i>	2	MO; QL (30 per 30 days)
LANTUS U-100 INSULIN	3	MO	<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)	PROGLYCEM	3	MO
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)	<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	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	Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)			
<i>repaglinide-metformin</i>	2	MO; QL (150 per 30 days)	MISCELLANEOUS HORMONES		
RIOMET	3	MO; QL (765 per 30 days)	ALDURAZYME	5	MO
			<i>cabergoline</i>	4	MO
			<i>calcitonin (salmon)</i>	4	MO
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)	<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)	<i>calcitriol oral</i>	2	MO
			CERDELGA	5	MO
<i>tolazamide oral tablet 250 mg</i>	2	MO; QL (120 per 30 days)	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
<i>tolazamide oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)	<i>cinacalcet oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QL (180 per 30 days)	<i>cinacalcet oral tablet 60 mg</i>	5	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO	<i>cinacalcet oral tablet 90 mg</i>	5	MO; QL (120 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	3	MO	<i>clomiphene citrate</i>	2	PA; MO
TRULICITY	3	PA; MO; QL (2 per 28 days)	CRYSVITA	5	PA; MO; LA
			<i>danazol</i>	4	MO
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)	<i>desmopressin injection</i>	2	MO
			<i>desmopressin nasal spray with pump</i>	2	MO
			<i>desmopressin nasal spray, non-aerosol</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	Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin oral</i>	2	MO	PALYNZIQ	5	PA; MO;
<i>doxercalciferol intravenous</i>	2		SUBCUTANEOUS SYRINGE 20 MG/ML		LA; QL (60 per 30 days)
<i>doxercalciferol oral</i>	2	MO	<i>pamidronate</i>	2	MO
ELAPRASE	5	MO	<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	
FABRAZYME	5	MO	<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
KANUMA	5	MO	<i>paricalcitol oral</i>	4	MO
KORLYM	5	PA; MO; QL (120 per 30 days)	SAMSCA ORAL TABLET 15 MG	5	PA; MO; QL (30 per 30 days)
KUVAN	5	PA; MO	SAMSCA ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
LUMIZYME	5	MO	SOMAVERT	5	PA; MO; QL (30 per 30 days)
MEPSEVII	5	MO	STIMATE	3	MO
<i>methyltestosterone oral capsule</i>	5	MO	STRENSIQ	5	PA; MO; LA
MIACALCIN INJECTION	4	MO	SYNAREL	5	MO
<i>miglustat</i>	5	MO; LA	<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
MYALEPT	5	PA; MO; LA	<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
NAGLAZYME	5	MO; LA	<i>testosterone enanthate</i>	4	PA; MO
NATPARA	5	PA; MO; LA; QL (2 per 28 days)	<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO; QL (60 per 30 days)			
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO; QL (120 per 30 days)			
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)			
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)			

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	Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; MO; QL (150 per 30 days)	<i>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>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)	<i>liothyronine</i>	2	MO
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; MO; QL (37.5 per 30 days)	<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MO
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; MO; QL (150 per 30 days)	<i>unithroid oral tablet 137 mcg</i>	2	MO
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)	GASTROENTEROLOGY ANTIDIARRHEALS / ANTISPASMODICS		
VIMIZIM	5	MO; LA			
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO	<i>atropine injection solution 0.4 mg/ml</i>	2	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA	<i>atropine injection syringe 0.05 mg/ml</i>	2	
ZOLEDRONIC AC-MANNITOL-0.9NACL	2	B/D PA; MO	<i>atropine injection syringe 0.1 mg/ml</i>	2	MO
THYROID HORMONES			<i>dicyclomine intramuscular</i>	2	MO
			<i>dicyclomine oral capsule</i>	2	MO
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	2	MO	<i>dicyclomine oral solution</i>	2	MO
<i>levothyroxine oral</i>	2	MO	<i>dicyclomine oral tablet</i>	2	MO
			<i>diphenoxylate-atropine</i>	2	MO
			<i>glycopyrrolate injection</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	Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate oral tablet 1 mg</i>	2	MO	<i>dimenhydrinate injection solution</i>	2	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	4		DIPENTUM	5	MO
<i>glycopyrrolate oral tablet 2 mg</i>	4	MO	<i>dronabinol</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>loperamide oral capsule</i>	2	MO	<i>droperidol injection solution</i>	2	MO
<i>opium tincture</i>	2	MO	EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO
<i>paregoric</i>	2	MO	ENTYVIO	5	PA; MO
MISCELLANEOUS GASTROINTESTINAL AGENTS			<i>emulose</i>	2	MO
<i>alosetron</i>	5	MO	GATTEX 30-VIAL	5	PA; MO
<i>aprepitant</i>	2	B/D PA; MO	GATTEX ONE-VIAL	5	PA; MO
<i>balsalazide</i>	4	MO	<i>gavilyte-c</i>	2	MO
<i>budesonide oral capsule, delayed, extended release</i>	3	MO	<i>gavilyte-g</i>	2	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO	<i>gavilyte-n</i>	2	MO
CHENODAL	5	PA; LA	<i>generlac</i>	2	MO
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO	<i>granisetron hcl intravenous</i>	2	MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)	<i>granisetron hcl oral</i>	2	B/D PA; MO; QL (60 per 30 days)
CINVANTI	3	MO	<i>hydrocortisone rectal</i>	2	MO
<i>colocort</i>	2	MO	<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>compro</i>	4	MO	<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	MO
<i>constulose</i>	2	MO	<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
CORTIFOAM	3	MO			
CREON	3	MO			
<i>cromolyn oral</i>	4	MO			
CYSTADANE	5				

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	Drug Name	Drug Tier	Requirements/Limits
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO	<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>mesalamine oral</i>	2	MO	<i>peg-electrolyte</i>	2	
<i>mesalamine rectal enema</i>	4	MO	PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
<i>mesalamine with cleansing wipe</i>	4	MO	PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>metoclopramide hcl injection solution</i>	2	MO	<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2		<i>prochlorperazine</i>	4	MO
<i>metoclopramide hcl oral</i>	2	MO	<i>prochlorperazine edisylate</i>	2	MO
MOVANTIK	3	MO	<i>prochlorperazine maleate oral</i>	2	MO
OICALIVA	5	PA; MO; LA; QL (30 per 30 days)	<i>procto-med hc</i>	2	MO
<i>ondansetron</i>	2	B/D PA; MO	<i>procto-pak</i>	2	MO
<i>ondansetron hcl (pf)</i>	2	MO	<i>proctosol hc topical</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO	<i>proctozone-hc</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO; QL (450 per 30 days)	RECTIV	3	MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA	RELISTOR SUBCUTANEOUS SOLUTION	5	PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO	RELISTOR SUBCUTANEOUS SYRINGE	5	PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO	REMICADE	5	PA; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO	<i>scopolamine base</i>	2	MO; QL (10 per 30 days)
			SUCRAID	5	MO
			<i>sulfasalazine</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	Drug Name	Drug Tier	Requirements/Limits
<i>trilyte with flavor packets</i>	2	MO	<i>nizatidine</i>	2	MO
TRULANCE	3	MO	<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
<i>ursodiol</i>	2	MO	<i>omeprazole oral capsule, delayed release (drlec) 40 mg</i>	2	MO; QL (60 per 30 days)
VARUBI INTRAVENOUS	3		<i>pantoprazole intravenous</i>	2	MO
VARUBI ORAL	3	B/D PA; MO	<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>	2	MO; QL (30 per 30 days)
VIBERZI	5	MO	<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>	2	MO; QL (60 per 30 days)
VIOKACE	3	MO	<i>ranitidine hcl injection</i>	2	MO
ULCER THERAPY			<i>ranitidine hcl oral capsule</i>	2	MO
<i>cimetidine</i>	2	MO	<i>ranitidine hcl oral syrup</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO	<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>esomeprazole magnesium oral capsule, delayed release (drlec) 20 mg</i>	2	MO; QL (30 per 30 days)	<i>sucralfate oral tablet</i>	2	MO
<i>esomeprazole magnesium oral capsule, delayed release (drlec) 40 mg</i>	2	MO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2				
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO			
<i>famotidine (pf)</i>	2	MO			
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO	BIOTECHNOLOGY DRUGS		
<i>famotidine intravenous solution</i>	2	MO			
<i>famotidine oral suspension</i>	4	MO	ACTIMMUNE	5	B/D PA; MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO	ARCALYST	5	PA; MO
<i>misoprostol</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	Drug Name	Drug Tier	Requirements/Limits
AVONEX (WITH ALBUMIN)	5	PA; MO; QL (4 per 28 days)	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)	PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
FULPHILA	5	PA; MO	PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
GRANIX	5	PA; MO	PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO -
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA	PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
INTRON A INJECTION	5	B/D PA; MO	PROLEUKIN	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	MO	REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
MOZOBIL	5	B/D PA; MO	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
NEULASTA	5	PA; MO			
NEUPOGEN	5	PA; MO			
OMNITROPE	5	PA; MO			
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	PA; MO; QL (2 per 28 days)			
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; MO; QL (4 per 28 days)			
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)			
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	PA; MO; QL (4 per 28 days)			

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	Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)	ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
			<i>fomepizole</i>	2	
			GAMASTAN	3	MO
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)	GAMASTAN S/D	3	MO
			GARDASIL 9 (PF)	3	MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO	HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
			HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO	HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
SYLATRON	5	PA; MO			
ZARXIO	5	PA; MO	HIBERIX (PF)	3	MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS			HIZENTRA	5	B/D PA; MO
			HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
ACTHIB (PF)	3	MO	HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO			
BCG VACCINE, LIVE (PF)	3	MO	HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
BEXSERO	3	MO	HYPERHEP B S- D NEONATAL	3	
BOOSTRIX TDAP	3	MO			
BOTOX	3	PA; MO			
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO			
ENGERIX-B (PF)	3	B/D PA; MO			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HYQVIA	5	B/D PA; MO	RECOMBIVAX HB (PF)	3	B/D PA
IMOVAX RABIES VACCINE (PF)	3	MO	INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML		
INFANRIX (DTAP) (PF)	3	MO	ROTARIX	3	
IPOL	3	MO	ROTATEQ VACCINE	3	MO
IXIARO (PF)	3	MO	SHINGRIX (PF)	3	MO; QL (2 per 999 days)
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3		STAMARIL (PF)	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO	TDVAX	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO	TENIVAC (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO	TETANUS,DIPH THERIA TOX PED(PF)	3	MO
M-M-R II (PF)	3	MO	TICE BCG	3	B/D PA; MO
PEDIARIX (PF)	3	MO	TRUMENBA	3	MO
PEDVAX HIB (PF)	3	MO	TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PENTACEL (PF)	3	MO	TYPHIM VI INTRAMUSCULAR SOLUTION	3	
PRIVIGEN	5	PA; MO	TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
PROQUAD (PF)	3	MO	VAQTA (PF)	3	MO
QUADRACEL (PF)	3	MO	VARIVAX (PF)	3	MO
RABAVERT (PF)	3	MO	VARIZIG INTRAMUSCULAR SOLUTION	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO	YF-VAX (PF)	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO	ZOSTAVAX (PF)	3	MO

**MUSCULOSK
ELETAL /
RHEUMATO
LOGY**

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	Drug Name	Drug Tier	Requirements/Limits
GOUT THERAPY			<i>risedronate oral tablet, delayed release (drlec)</i>	2	MO; QL (4 per 28 days)
<i>allopurinol</i>	1	MO	TYMLOS	5	PA; MO; QL (1.56 per 30 days)
<i>allopurinol sodium</i>	2				
<i>aloprim</i>	2				
COLCRYS	4	ST; MO; QL (120 per 30 days)	OTHER RHEUMATOLOGICALS		
KRYSTEXXA	5	MO	ACTEMRA	5	PA; MO
MITIGARE	3	MO	ACTEMRA	5	PA; MO; QL (4 per 28 days)
<i>probenecid</i>	2	MO	ACTPEN		
<i>probenecid-colchicine</i>	2	MO	BENLYSTA	5	PA; MO
ULORIC	3	ST; MO	DEPEN	5	MO
OSTEOPOROSIS THERAPY			TITRATABS		
<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)	ENBREL	5	PA; MO; QL (8 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)	ENBREL MINI	5	PA; MO; QL (8 per 28 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)	ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO	HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)	HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (6 per 180 days)
PROLIA	3	PA; MO; QL (1 per 30 days)	HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
<i>raloxifene</i>	2	MO; QL (30 per 30 days)			
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)			
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 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 PEN PSOR-UVEITS-ADOL HS	5	PA; MO; QL (4 per 180 days)	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)	<i>leflunomide</i>	2	MO; QL (30 per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)	ORENCIA	5	PA; MO
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)	ORENCIA (WITH MALTOSE)	5	PA; MO
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)	ORENCIA CLICKJECT	5	PA; MO
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)	OTEZLA	5	PA; MO
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)	OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)	OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	5	PA
			<i>penicillamine</i>	5	MO
			RIDAURA	5	MO
			XELJANZ	5	PA; MO; QL (60 per 30 days)
			XELJANZ XR	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	Drug Name	Drug Tier	Requirements/Limits
OBSTETRICS / GYNECOLOGY			<i>nora-be</i>	2	MO
			<i>norethindrone (contraceptive)</i>	2	MO
			<i>norethindrone acetate</i>	4	MO
ESTROGENS / PROGESTINS			<i>norethindrone acetate estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
			<i>norlyda</i>	4	MO
<i>camila</i>	2	MO	<i>norlyroc</i>	2	
<i>deblitane</i>	2	MO	<i>progesterone</i>	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	MO	<i>progesterone micronized</i>	2	MO
<i>dotti</i>	2	PA; QL (8 per 28 days)	<i>sharobel</i>	2	MO
<i>errin</i>	2	MO	<i>tulana</i>	4	MO
<i>estradiol oral</i>	4	PA; MO	<i>yuvafem</i>	2	MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)	MISCELLANEOUS OB/GYN		
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)	<i>clindamycin phosphate vaginal</i>	4	MO
<i>estradiol vaginal</i>	2	MO	<i>metronidazole vaginal</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO	<i>miconazole-3 vaginal suppository</i>	2	MO
<i>heather</i>	4	MO	MIRENA	3	MO; LA
<i>hydroxyprogesterone caproate</i>	5	MO	NEXPLANON	3	MO
<i>incassia</i>	2	MO	<i>terconazole vaginal cream</i>	2	MO
<i>jencycla</i>	4	MO	<i>terconazole vaginal suppository</i>	4	MO
<i>jolivette</i>	2	MO	<i>tranexamic acid oral</i>	2	MO
<i>lyza</i>	2	MO	<i>vandazole</i>	3	MO
<i>medroxyprogesterone</i>	2	MO	<i>xulane</i>	2	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; MO	ORAL CONTRACEPTIVES / RELATED AGENTS		

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	Drug Name	Drug Tier	Requirements/Limits
<i>altavera (28)</i>	2	MO	<i>femynor</i>	4	MO
<i>alyacen 1/35 (28)</i>	4	MO	<i>gianvi (28)</i>	2	MO
<i>amethyst (28)</i>	4	MO	<i>introvale</i>	2	MO
<i>apri</i>	2	MO	<i>isibloom</i>	4	MO
<i>aranelle (28)</i>	2	MO	<i>jasmiel (28)</i>	2	
<i>aubra</i>	4	MO	<i>jolessa</i>	4	MO
<i>aubra eq</i>	4	MO	<i>juleber</i>	4	MO
<i>aviane</i>	2	MO	<i>kariva (28)</i>	2	MO
<i>azurette (28)</i>	4	MO	<i>kelnor 1/35 (28)</i>	2	MO
<i>bekyree (28)</i>	4	MO	<i>kelnor 1-50</i>	4	MO
<i>caziant (28)</i>	4	MO	<i>kurvelo (28)</i>	2	MO
<i>chateal (28)</i>	4	MO	<i>l norgestle.estradiol- e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	MO
<i>cryselle (28)</i>	2	MO			
<i>cyclafem 1/35 (28)</i>	2	MO			
<i>cyclafem 7/7/7 (28)</i>	2	MO			
<i>cyred</i>	4	MO			
<i>cyred eq</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>delyla (28)</i>	4				
<i>desog- e.estradiolle.estradi ol</i>	2	MO			
<i>desogestrel-ethinyl estradiol</i>	2	MO			
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO	<i>larin 1.5/30 (21)</i>	2	MO
			<i>larin 1/20 (21)</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	4	MO	<i>larin fe 1.5/30 (28)</i>	2	MO
			<i>larin fe 1/20 (28)</i>	2	MO
			<i>larissia</i>	4	MO
<i>elinet</i>	4	MO	<i>lessina</i>	2	MO
<i>emoquette</i>	4	MO	<i>levonest (28)</i>	2	MO
<i>enpresse</i>	2	MO	<i>levonorgestrel oral tablet 1.5 mg</i>	4	
<i>enskyce</i>	2	MO			
<i>estarylla</i>	2	MO	<i>levonorgestrel- ethinyl estradiol oral tablet 0.1-20 mg- mcg, 90-20 mcg (28)</i>	4	MO
<i>ethynodiol diac-eth estradiol</i>	4				
<i>falmina (28)</i>	2	MO			
<i>fayosim</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	Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	2	MO	<i>reclipsen (28)</i>	2	MO
			<i>setlakin</i>	4	MO
			<i>sprintec (28)</i>	4	MO
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	4	MO	<i>sronyx</i>	2	MO
			<i>syeda</i>	4	MO
			<i>tarina 24 fe</i>	2	
<i>levonorg-eth estrad triphasic</i>	4	MO	<i>tarina fe 1/20 (28)</i>	2	MO
			<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>levora-28</i>	2	MO			
<i>lillow (28)</i>	4	MO	<i>tri-estarylla</i>	4	MO
<i>loryna (28)</i>	2	MO	<i>tri-legest fe</i>	2	MO
<i>low-ogestrel (28)</i>	4	MO	<i>tri-lo-estarylla</i>	2	MO
<i>lutra (28)</i>	2	MO	<i>tri-lo-sprintec</i>	4	MO
<i>marlissa (28)</i>	2	MO	<i>tri-mili</i>	4	MO
<i>microgestin 1.5/30 (21)</i>	4	MO	<i>tri-previfem (28)</i>	4	MO
			<i>tri-sprintec (28)</i>	4	MO
<i>microgestin 1/20 (21)</i>	4	MO	<i>trivora (28)</i>	2	MO
			<i>tri-vylibra</i>	4	MO
<i>microgestin fe 1.5/30 (28)</i>	4	MO	<i>tri-vylibra lo</i>	4	MO
<i>microgestin fe 1/20 (28)</i>	4	MO	<i>velivet triphasic regimen (28)</i>	2	MO
<i>nikki (28)</i>	2	MO	<i>vienva</i>	4	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	4	MO	<i>viorele (28)</i>	4	MO
			<i>vylibra</i>	4	MO
<i>norgestimate-ethinyl estradiol</i>	4	MO	<i>zarah</i>	4	MO
			<i>zovia 1/35e (28)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO	OXYTOCICS		
<i>nortrel 1/35 (21)</i>	2	MO	<i>methergine</i>	2	PA
<i>nortrel 1/35 (28)</i>	2	MO	<i>methylergonovine injection</i>	2	PA
<i>nortrel 7/7/7 (28)</i>	2	MO	<i>methylergonovine oral</i>	2	PA; MO
<i>orsythia</i>	2	MO			
<i>pimtrea (28)</i>	2	MO	<i>oxytocin injection solution</i>	2	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	MO	OPHTHALMOLOGY		
<i>portia 28</i>	2	MO	ANTIBIOTICS		
<i>previfem</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	Drug Name	Drug Tier	Requirements/Limits
<i>ak-poly-bac</i>	2	MO	<i>carteolol</i>	2	MO
<i>bacitracin ophthalmic (eye)</i>	4	MO	<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO	<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO	<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO	<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
<i>gatifloxacin</i>	2	MO	MISCELLANEOUS OPTHALMOLOGICS		
<i>gentak ophthalmic (eye) ointment</i>	2	MO			
<i>gentamicin ophthalmic (eye) drops</i>	2	MO			
<i>levofloxacin ophthalmic (eye)</i>	2	MO			
<i>moxifloxacin ophthalmic (eye)</i>	2	MO	<i>atropine ophthalmic (eye) drops</i>	3	MO
NATACYN	3	MO	<i>azelastine ophthalmic (eye)</i>	4	MO
<i>neomycin-bacitracin-polymyxin</i>	4	MO	<i>balanced salt</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	MO	BLEPHAMIDE	4	MO
<i>neo-polycin</i>	4	MO	BLEPHAMIDE S.O.P.	4	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO	<i>bss</i>	2	MO
<i>polycin</i>	2	MO	<i>cromolyn ophthalmic (eye)</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO	CYSTARAN	5	PA; MO
<i>tobramycin</i>	2	MO	<i>epinastine</i>	4	MO
ANTIVIRALS			EYLEA	5	PA; MO
	<i>trifluridine</i>	2	MO	JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	5	MO; LA
ZIRGAN	4	MO	LUCENTIS	5	PA; MO
BETA-BLOCKERS			<i>olopatadine ophthalmic (eye)</i>	2	MO
			OXERVATE	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHOSPHOLINE IODIDE	4	MO	<i>dorzolamide-timolol</i>	2	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO	<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO	<i>latanoprost</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	4	MO	<i>miostat</i>	2	
<i>sulfacetamide-prednisolone</i>	2	MO	STEROID-ANTIBIOTIC COMBINATIONS		
XIIDRA	3	MO; QL (60 per 30 days)	<i>neomycin-bacitracin-poly-hc</i>	4	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>bromfenac</i>	2	MO	<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO	<i>neo-polycin hc</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO	<i>tobramycin-dexamethasone</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO	STERIODS		
ORAL DRUGS FOR GLAUCOMA			<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>acetazolamide</i>	2	MO	<i>fluorometholone</i>	4	MO
<i>acetazolamide sodium</i>	2	MO	OZURDEX	5	MO
<i>methazolamide</i>	4	MO	<i>prednisolone acetate</i>	2	MO
OTHER GLAUCOMA DRUGS			<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	MO
<i>bimatoprost ophthalmic (eye)</i>	2	MO	SYMPATHOMIMETICS		
<i>dorzolamide</i>	2	MO	ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
			<i>apraclonidine</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	Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO	<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO	<i>levocetirizine oral solution</i>	4	MO
			<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
RESPIRATORY AND ALLERGY			PULMONARY AGENTS		
ANTI-HISTAMINE / ANTI-ALLERGIC AGENTS			PULMONARY AGENTS		
<i>adrenalin injection</i>	2	MO	<i>acetylcysteine</i>	2	B/D PA; MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO	ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO	ADVAIR DISKUS	3	MO; QL (60 per 30 days)
<i>diphenhydramine hcl injection syringe</i>	2	MO	<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	MO; QL (2 per 30 days)	<i>albuterol sulfate oral syrup</i>	2	MO
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	2	MO; QL (2 per 30 days)	<i>albuterol sulfate oral tablet</i>	4	MO
EPIPEN	3	MO; QL (2 per 30 days)	<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	MO
EPIPEN 2-PAK	3	MO; QL (2 per 30 days)	<i>alyq</i>	5	PA; MO; QL (60 per 30 days)
EPIPEN JR	3	MO; QL (2 per 30 days)	<i>ambrisentan</i>	5	PA; MO; LA
EPIPEN JR 2-PAK	3	MO; QL (2 per 30 days)	<i>aminophylline intravenous</i>	2	
			ASMANEX HFA	3	MO; QL (13 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	Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)	<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
			CINRYZE	5	PA; MO; QL (20 per 30 days)
			COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)	<i>cromolyn inhalation</i>	2	B/D PA; MO
			DALIRESP	4	PA; MO; QL (30 per 30 days)
			DULERA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3		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
ATROVENT HFA	3	MO; QL (25.8 per 30 days)	FIRAZYR	5	PA; MO; QL (270 per 30 days)
			<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B/D PA; MO; QL (120 per 30 days)	<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
			HAEGARDA	5	PA; MO; LA
			INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>ipratropium-albuterol</i>	2	B/D PA; MO			
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)			
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
<i>levalbuterol hcl</i>	2	B/D PA; MO			
<i>metaproterenol</i>	2	MO			
<i>montelukast</i>	2	MO; QL (30 per 30 days)	SEREVENT DISKUS	3	MO; QL (60 per 30 days)
OFEV	5	PA; MO; QL (60 per 30 days)	<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
OPSUMIT	5	PA; MO; LA			
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)	<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)			
PERFOROMIST	3	B/D PA; MO; QL (120 per 30 days)	<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
PROAIR HFA	3	MO; QL (17 per 30 days)	SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)	SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
PULMOZYME	5	B/D PA; MO; QL (150 per 30 days)	STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
			STRIVERDI RESPIMAT	3	MO; QL (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	Drug Name	Drug Tier	Requirements/Limits
SYMBICORT	3	MO; QL (10.2 per 30 days)	XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	5	PA; MO; QL (56 per 28 days)	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (4 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)	XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>terbutaline oral</i>	4	MO	<i>zafirlukast</i>	2	MO; QL (60 per 30 days)
<i>terbutaline subcutaneous</i>	2	MO	UROLOGICALS		
THEO-24	3	MO				ANTICHOLINERGICS / ANTISPASMODICS
<i>theophylline in dextrose 5% intravenous parenteral solution 400 mg/500 ml</i>	2		<i>flavoxate</i>	2	MO
<i>theophylline oral elixir</i>	2		MYRBETRIQ	3	MO
<i>theophylline oral solution</i>	2	MO	<i>oxybutynin chloride oral syrup</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO	<i>oxybutynin chloride oral tablet</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO	<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
TYVASO	5	B/D PA; MO	<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	MO; QL (60 per 30 days)
TYVASO INSTITUTIONAL START KIT	5	B/D PA	<i>tolterodine oral capsule, extended release 24hr</i>	2	MO
TYVASO REFILL KIT	5	B/D PA; MO	<i>tolterodine oral tablet</i>	4	MO
TYVASO STARTER KIT	5	B/D PA; MO	<i>trospium</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	Drug Name	Drug Tier	Requirements/Limits
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY			BLOOD DERIVATIVES		
<i>alfuzosin</i>	2	MO	<i>albumin, human 25 %</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)	<i>albumin, human 5 %</i>	2	
<i>tamsulosin</i>	2	MO; QL (60 per 30 days)	<i>alburx (human) 25 %</i>	2	MO
MISCELLANEOUS UROLOGICALS			<i>alburx (human) 5 %</i>	2	
			<i>albutein 25 %</i>	2	
			<i>albutein 5 %</i>	2	
			<i>plasbumin 25 %</i>	2	MO
			<i>plasbumin 5 %</i>	2	
<i>alprostadi</i>	2	MO	ELECTROLYTES		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	4	MO	<i>calcium acetate oral capsule</i>	2	MO
<i>bethanechol chloride oral tablet 5 mg</i>	2	MO	<i>calcium acetate oral tablet 667 mg</i>	2	MO
CYSTAGON	3	MO; LA	<i>calcium chloride</i>	2	
ELMIRON	3	MO	<i>calcium gluconate intravenous</i>	2	MO
<i>glycine urologic</i>	2		<i>effe-k oral tablet, effervescent 25 meq</i>	2	MO
<i>glycine urologic solution</i>	2		<i>klor-con</i>	2	MO
K-PHOS NO 2	3	MO	<i>klor-con 10</i>	3	MO
K-PHOS ORIGINAL	3	MO	<i>klor-con 8</i>	3	MO
<i>potassium citrate</i>	4	MO	<i>klor-con m10</i>	2	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO	<i>klor-con m15</i>	2	MO
VITAMINS, HEMATINICS / ELECTROLYTES			<i>klor-con m20</i>	2	MO
			<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	2	MO
			<i>klor-conlef</i>	2	MO
			<i>k-tab oral tablet extended release 8 meq</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	Drug Name	Drug Tier	Requirements/Limits
<i>lactated ringers intravenous</i>	2	MO	<i>potassium chlorid-d5-0.45%nacl intravenous</i>	4	MO
<i>magnesium chloride injection</i>	2	MO	<i>parenteral solution 20 meqll</i>		
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3		<i>potassium chloride in 0.9%nacl intravenous</i>	4	
			<i>parenteral solution 20 meqll, 40 meqll</i>		
<i>magnesium sulfate in water intravenous</i>	2		<i>potassium chloride in 5 % dex intravenous</i>	4	
<i>parenteral solution</i>			<i>parenteral solution 20 meqll, 40 meqll</i>		
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2		<i>potassium chloride in 5 % dex intravenous</i>	2	
			<i>parenteral solution 30 meqll</i>		
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO	<i>potassium chloride in lr-d5 intravenous</i>	4	MO
			<i>parenteral solution 20 meqll</i>		
<i>magnesium sulfate injection solution</i>	4	MO	<i>potassium chloride in lr-d5 intravenous</i>	2	
			<i>parenteral solution 40 meqll</i>		
NORMOSOL-R	3	MO	<i>potassium chloride in water intravenous</i>	4	MO
NORMOSOL-R IN 5 % DEXTROSE	3		<i>piggyback 10 meq/100 ml</i>		
<i>potassium acetate intravenous solution 2 meq/ml</i>	2		<i>potassium chloride in water intravenous</i>	2	MO
			<i>piggyback 10 meq/50 ml</i>		
<i>potassium chlorid-d5-0.45%nacl intravenous</i>	4		<i>potassium chloride in water intravenous</i>	4	
<i>parenteral solution 10 meqll, 30 meqll, 40 meqll</i>			<i>piggyback 20 meq/100 ml, 40 meq/100 ml</i>		

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	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-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	4	
<i>potassium chloride intravenous</i>	4	MO	<i>potassium phosphate m-l-d-basic</i>	2	
<i>potassium chloride oral capsule, extended release</i>	2	MO	<i>ringer's intravenous</i>	2	
<i>potassium chloride oral liquid</i>	4	MO	<i>sodium acetate</i>	2	
<i>potassium chloride oral packet</i>	2	MO	<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	2	MO	<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	2	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO	<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4		<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	MO	<i>sodium chloride 0.45 % intravenous piggyback</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2		<i>sodium chloride 3 %</i>	4	MO
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	4		<i>sodium chloride 5 %</i>	4	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	4	MO	<i>sodium chloride intravenous</i>	4	MO
			<i>sodium lactate intravenous</i>	2	
			<i>sodium phosphate</i>	2	MO
			MISCELLANEOUS NUTRITION PRODUCTS		
			<i>AMINOSYN II 10 %</i>	3	B/D PA
			<i>AMINOSYN II 15 %</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	Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 10 %	3	B/D PA	<i>premasol 10 %</i>	2	B/D PA; MO
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA	PREMASOL 6 %	3	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA	<i>travasol 10 %</i>	4	B/D PA; MO
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA	TROPHAMINE 10 %	3	B/D PA; MO
CLINIMIX 5%-D20W(SULFITE-FREE)	3	B/D PA	TROPHAMINE 6%	3	B/D PA
<i>cysteine (l-cysteine) intravenous solution</i>	2	B/D PA	VITAMINS / HEMATINICS		
<i>electrolyte-48 in d5w</i>	2		<i>fluoride (sodium) oral tablet</i>	2	MO
<i>freamine iii 10 %</i>	2	B/D PA	<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
HEPATAMINE 8%	3	B/D PA	<i>prenatal vitamin oral tablet</i>	2	MO
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA			
IONOSOL-MB IN D5W	3				
ISOLYTE S PH 7.4	3				
ISOLYTE-P IN 5 % DEXTROSE	3				
ISOLYTE-S	3				
NEPHRAMINE 5.4 %	3	B/D PA			
NORMOSOL-R PH 7.4	3				
PLASMA-LYTE 148	3				
PLASMA-LYTE A	3				
<i>plasmanate</i>	2				
<i>plenamine</i>	4	B/D PA			

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	<i>alclometasone</i>	50	<i>ampicillin-sulbactam</i>	11
<i>abacavir-lamivudine</i>	1	<i>alcohol pads</i>	55	<i>anagrelide</i>	51
<i>abacavir-lamivudine-</i>		ALDURAZYME	58	<i>anastrozole</i>	14
<i>zidovudine</i>	1	ALECENSA	14	APOKYN	26
ABELCET	1	<i>alendronate</i>	51, 67	<i>apraclonidine</i>	73
ABILIFY MAINTENA	33	<i>alfuzosin</i>	78	<i>aprepitant</i>	61
<i>abiraterone</i>	13	ALIMTA	14	<i>apri</i>	70
ABRAXANE	13	ALINIA	8	APTIOM	24
<i>acamprosate</i>	51	ALIQOPA	14	APTIVUS	2
<i>acarbose</i>	55	<i>aliskiren</i>	40	ARALAST NP	51
<i>acebutolol</i>	40	<i>allopurinol</i>	66	<i>aranelle (28)</i>	70
<i>acetaminophen-caff-</i>		<i>allopurinol sodium</i>	67	ARCALYST	63
<i>dihydrocod</i>	29	<i>aloprim</i>	67	ARIKAYCE	8
<i>acetaminophen-codeine</i>	29	<i>alosetron</i>	61	<i>aripiprazole</i>	33
<i>acetazolamide</i>	73	ALPHAGAN P	73	ARISTADA	33
<i>acetazolamide sodium</i>	73	<i>alprostadil</i>	78	ARISTADA INITIO	33
<i>acetic acid</i>	51, 54	<i>altavera (28)</i>	69	<i>armodafinil</i>	33
<i>acetylcysteine</i>	51, 74	ALUNBRIG	14	ARRANON	14
<i>acitretin</i>	47	<i>alyacen 1/35 (28)</i>	70	ARSENIC TRIOXIDE	14
ACTEMRA	67	<i>alyq</i>	74	ARZERRA	14
ACTEMRA ACTPEN	67	<i>amantadine hcl</i>	1, 2	ASMANEX HFA	74
ACTHIB (PF)	65	AMBISOME	1	ASMANEX	
ACTIMMUNE	63	<i>ambrisentan</i>	74	TWISTHALER	75
<i>acyclovir</i>	1, 50	<i>amethyst (28)</i>	70	<i>atazanavir</i>	2
<i>acyclovir sodium</i>	1	AMICAR	43	<i>atenolol</i>	40
ADACEL(TDAP		<i>amikacin</i>	8	<i>atomoxetine</i>	33
ADOLESN/ADULT)(PF)	65	<i>amiloride</i>	40	<i>atorvastatin</i>	44
ADASUVE	33	<i>amiloride-hydrochlorothiazide</i>	40	<i>atovaquone</i>	8
<i>adefovir</i>	1	<i>aminocaproic acid</i>	43	<i>atovaquone-proguanil</i>	8
ADEMPAS	74	<i>aminophylline</i>	74	ATRIPLA	2
<i>adenosine</i>	39	AMINOSYN II 10 %	80	<i>atropine</i>	60, 72
<i>adrenalin</i>	74	AMINOSYN II 15 %	80	ATROVENT HFA	75
<i>adriamycin</i>	14	AMINOSYN-PF 10 %	81	<i>aubra</i>	70
ADRIAMYCIN	14	AMINOSYN-PF 7 %		<i>aubra eq</i>	70
<i>adrucil</i>	14	(SULFITE-FREE)	81	AUGMENTIN	11
ADVAIR DISKUS	74	<i>amiodarone</i>	39	AVASTIN	14
AFINITOR	14	<i>amitriptyline</i>	33	<i>aviane</i>	70
AFINITOR DISPERZ	14	<i>amlodipine</i>	40	AVONEX	64
<i>ak-poly-bac</i>	71	<i>amlodipine-benazepril</i>	40	AVONEX (WITH	
<i>ala-cort</i>	50	<i>amlodipine-valsartan</i>	40	ALBUMIN)	64
<i>albendazole</i>	8	<i>ammonium lactate</i>	47	<i>azacitidine</i>	14
<i>albumin, human 25 %</i>	78	<i>amnesteem</i>	48	<i>azathioprine</i>	14
<i>albumin, human 5 %</i>	78	<i>amoxapine</i>	33	<i>azathioprine sodium</i>	14
<i>alburx (human) 25 %</i>	78	<i>amoxicillin</i>	10	<i>azelastine</i>	53, 72
<i>alburx (human) 5 %</i>	78	<i>amoxicillin-pot clavulanate</i>	11	<i>azithromycin</i>	7
<i>albutein 25 %</i>	78	<i>amphotericin b</i>	1	<i>aztreonam</i>	8
<i>albutein 5 %</i>	78	<i>ampicillin</i>	11	<i>azurette (28)</i>	70
<i>albuterol sulfate</i>	74	<i>ampicillin sodium</i>	11	<i>baciiim</i>	8

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

<i>bacitracin</i>	8, 72	<i>bromocriptine</i>	26	<i>cefadroxil</i>	6
<i>bacitracin-polymyxin b</i>	72	<i>bss</i>	72	<i>cefazolin</i>	6
<i>baclofen</i>	28	<i>budesonide</i>	61, 75	<i>cefazolin in dextrose (iso-os)</i> ...	6
<i>balanced salt</i>	72	<i>bumetanide</i>	40	CEFAZOLIN IN	
<i>balsalazide</i>	61	<i>buprenorphine</i>	29	DEXTROSE (ISO-OS)	6
BALVERSA	14	<i>buprenorphine hcl</i>	29	<i>cefdinir</i>	6
BANZEL	24	<i>buprenorphine-naloxone</i>	32	<i>cefepime</i>	6
BARACLUDGE	2	<i>bupropion hcl</i>	33, 34	CEFEPIME IN	
BAVENCIO	14	<i>bupropion hcl (smoking</i>		DEXTROSE 5 %	6
BCG VACCINE, LIVE (PF)	65	<i>deter)</i>	53	<i>cefepime in dextrose,iso-osm</i>	6
<i>bekyree (28)</i>	70	<i>buspirone</i>	34	<i>cefixime</i>	6
BELEODAQ	14	<i>busulfan</i>	15	<i>cefotaxime</i>	6
<i>benazepril</i>	40	<i>butorphanol tartrate</i>	32	<i>cefotetan</i>	6
BENDEKA	14	BYDUREON	55	CEFOTETAN IN	
BENLYSTA	67	BYDUREON BCISE	55	DEXTROSE, ISO-OSM	6
BENZNIDAZOLE	8	BYETTA	55	<i>cefoxitin</i>	6
<i>benztropine</i>	26	<i>cabergoline</i>	58	<i>cefoxitin in dextrose, iso-osm</i>	6
BESPONSA	14	CABLIVI	43	<i>cefpodoxime</i>	6
<i>betamethasone acet,sod phos.</i> ..	54	CABOMETYX	15	<i>cefprozil</i>	6
<i>betamethasone dipropionate</i>	50	<i>caffeine citrate</i>	51	<i>ceftazidime</i>	7
<i>betamethasone valerate</i>	50	<i>calcipotriene</i>	47	CEFTAZIDIME IN D5W	6
<i>betamethasone, augmented</i>	50	<i>calcipotriene-betamethasone</i> ...	47	<i>ceftriaxone</i>	7
<i>bethanechol chloride</i>	78	<i>calcitonin (salmon)</i>	58	CEFTRIAZONE	7
BETHKIS	8	<i>calcitrene</i>	47	<i>ceftriaxone in dextrose,iso-os</i> ... 7	
<i>bexarotene</i>	14	<i>calcitriol</i>	47, 58	<i>cefuroxime axetil</i>	7
BEXSERO	65	<i>calcium acetate</i>	78	<i>cefuroxime sodium</i>	7
<i>bicalutamide</i>	14	<i>calcium chloride</i>	78	<i>celecoxib</i>	32
BICILLIN C-R	11	<i>calcium gluconate</i>	78	CELONTIN	24
BICILLIN L-A	11	CALQUENCE	15	<i>cephalexin</i>	7
BICNU	14	<i>camila</i>	69	CEPROTIN (BLUE BAR) ...43	
BIKTARVY	2	<i>candesartan</i>	40	CEPROTIN (GREEN BAR) 43	
BILTRICIDE	8	CAPASTAT	8	CERDELGA	58
<i>bimatoprost</i>	73	CAPRELSA	15	CEREZYME	58
<i>bisoprolol fumarate</i>	40	CARBAGLU	51	<i>cetirizine</i>	74
<i>bisoprolol-</i>		<i>carbamazepine</i>	24	<i>cevimeline</i>	51
<i>hydrochlorothiazide</i>	40	<i>carbidopa</i>	26	CHANTIX	53
<i>bleomycin</i>	14	<i>carbidopa-levodopa</i>	26, 27	CHANTIX CONTINUING	
BLEPHAMIDE	72	<i>carbocaine (pf)</i>	47	MONTH BOX	53
BLEPHAMIDE S.O.P.	72	<i>carboplatin</i>	15	CHANTIX STARTING	
BLINCYTO	15	<i>cardioplegic soln</i>	45	MONTH BOX	53
BOOSTRIX TDAP	65	<i>carmustine</i>	15	<i>chateal (28)</i>	70
BORTEZOMIB	15	<i>carteolol</i>	72	CHEMET	51
BOSULIF	15	<i>cartia xt</i>	40	CHENODAL	61
BOTOX	65	<i>carvedilol</i>	40	<i>chloramphenicol sod succinate</i> .. 8	
BRAFTOVI	15	<i>carvedilol phosphate</i>	40	<i>chlorhexidine gluconate</i>	53
BRILINTA	43	<i>caspofungin</i>	1	<i>chloroprocaine (pf)</i>	47
<i>brimonidine</i>	74	CAYSTON	8	<i>chloroquine phosphate</i>	8
BRIVIACT	24	<i>caziant (28)</i>	70	<i>chlorothiazide</i>	40
<i>bromfenac</i>	73	<i>cefaclor</i>	6	<i>chlorothiazide sodium</i>	40

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

<i>chlorpromazine</i>	34	<i>clonidine</i>	40	<i>d5 % and 0.9 % sodium</i>
<i>chlorthalidone</i>	40	<i>clonidine (pf)</i>	32, 40	<i>chloride</i>
CHOLBAM	61	<i>clonidine hcl</i>	34, 40	<i>d5 %-0.45 % sodium chloride</i> ..
<i>cholestyramine (with sugar)</i> ..	44	<i>clopidogrel</i>	43	<i>dacarbazine</i>
<i>cholestyramine light</i>	44	<i>clorazepate dipotassium</i>	34	<i>dactinomycin</i>
<i>ciclodan</i>	49	<i>clotrimazole</i>	1, 49	<i>dalfampridine</i>
<i>ciclopirox</i>	49	<i>clozapine</i>	34	DALIRESP
<i>cidofovir</i>	2	COARTEM	9	<i>danazol</i>
<i>cilostazol</i>	43	COLCRYS	67	<i>dantrolene</i>
CIMDUO	2	<i>colesevelam</i>	45	<i>dapsone</i>
<i>cimetidine</i>	63	<i>colestipol</i>	45	DAPTACEL (DTAP
<i>cimetidine hcl</i>	63	<i>colistin (colistimethate na)</i>	9	PEDIATRIC) (PF)
<i>cinacalcet</i>	58	<i>colocort</i>	61	DAPTOMYCIN
CINRYZE	75	COMBIVENT RESPIMAT ..	75	<i>daptomycin</i>
CINVANTI	61	COMETRIQ	15	DARAPRIM
CIPRODEX	54	COMPLERA	2	DARZALEX
<i>ciprofloxacin</i>	12	<i>compro</i>	61	<i>daunorubicin</i>
<i>ciprofloxacin (mixture)</i>	12	<i>constulose</i>	61	DAURISMO
<i>ciprofloxacin hcl</i>	12, 54, 72	COPIKTRA	15	<i>deblitane</i>
<i>ciprofloxacin in 5 % dextrose</i> ..	12	CORLANOR	45	<i>decadron</i>
<i>cisplatin</i>	15	CORTIFOAM	61	<i>decitabine</i>
<i>citalopram</i>	34	<i>cortisone</i>	54	<i>deferasirox</i>
<i>cladribine</i>	15	COSMEGEN	15	<i>deferoxamine</i>
<i>claravis</i>	48	COTELIC	15	DELSTRIGO
<i>clarithromycin</i>	7	CREON	61	<i>deltasone</i>
<i>clindamycin hcl</i>	8	CRESEMBA	1	<i>delyla (28)</i>
CLINDAMYCIN IN 0.9 %		CRIXIVAN	2	DEMSEER
SOD CHLOR	8	<i>cromolyn</i>	61, 72, 75	DENAVIR
<i>clindamycin in 5 % dextrose</i>	8	<i>cryelle (28)</i>	70	<i>denta 5000 plus</i>
<i>clindamycin palmitate hcl</i>	8	CRYSVITA	58	<i>dentagel</i>
<i>clindamycin pediatric</i>	8	<i>cyclafem 1/35 (28)</i>	70	DEPEN TITRATABS
<i>clindamycin phosphate</i>		<i>cyclafem 7/7/7 (28)</i>	70	DEPO-PROVERA
.....	8, 9, 48, 49, 69	<i>cyclobenzaprine</i>	28	DESCOVY
CLINDAMYCIN		<i>cyclophosphamide</i>	15	<i>desipramine</i>
PHOSPHATE	49	CYCLOSET	55	<i>desmopressin</i>
CLINIMIX 5%/D15W		<i>cyclosporine</i>	15	<i>desog-e.estradiolle.estradiol</i>
SULFITE FREE	81	<i>cyclosporine modified</i>	15	<i>desogestrel-ethinyl estradiol</i>
CLINIMIX 4.25%/D10W		CYRAMZA	15	<i>desonide</i>
SULF FREE	81	<i>cyred</i>	70	<i>desvenlafaxine succinate</i>
CLINIMIX 4.25%/D5W		<i>cyred eq</i>	70	<i>dexamethasone</i>
SULFIT FREE	51	CYSTADANE	61	<i>dexamethasone intensol</i>
CLINIMIX 5%-		CYSTAGON	78	<i>dexamethasone sodium phos</i>
D20W(SULFITE-FREE)	81	CYSTARAN	72	<i>(pf)</i>
<i>clobazam</i>	24	<i>cysteine (l-cysteine)</i>	81	<i>dexamethasone sodium</i>
<i>clobetasol-emollient</i>	50	<i>cytarabine</i>	15	<i>phosphate</i>
<i>clofarabine</i>	15	<i>cytarabine (pf)</i>	15, 16	54, 73
<i>clomiphene citrate</i>	58	<i>d10 %-0.45 % sodium chloride</i> 51		<i>dextrazoxane hcl</i>
<i>clomipramine</i>	34	<i>d2.5 %-0.45 % sodium</i>		<i>dextroamphetamine</i>
<i>clonazepam</i>	24	<i>chloride</i>	52	<i>dextroamphetamine-</i>
				<i>amphetamine</i>

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

<i>dextrose 10 % and 0.2 % nacl.</i>	52	DOCETAXEL.....	16	<i>enalapril maleate</i>	41
<i>dextrose 10 % in water</i>		<i>dofetilide</i>	39	<i>enalaprilat</i>	41
<i>(d10w)</i>	52	<i>donepezil</i>	27, 28	<i>enalapril-hydrochlorothiazide</i>	41
<i>dextrose 20 % in water</i>		<i>dopamine</i>	46	ENBREL.....	67
<i>(d20w)</i>	52	<i>dopamine in 5 % dextrose</i>	46	ENBREL MINI.....	67
<i>dextrose 25 % in water</i>		DOPTELET (10 TAB		ENBREL SURECLICK.....	67
<i>(d25w)</i>	52	PACK).....	43	<i>endocet</i>	29
<i>dextrose 30 % in water</i>		DOPTELET (15 TAB		ENGERIX-B (PF).....	65
<i>(d30w)</i>	52	PACK).....	43	ENGERIX-B PEDIATRIC	
<i>dextrose 40 % in water</i>		<i>dorzolamide</i>	73	(PF).....	65
<i>(d40w)</i>	52	<i>dorzolamide-timolol</i>	73	<i>enoxaparin</i>	43
<i>dextrose 5 % in water (d5w)</i>	52	<i>dorzolamide-timolol (pf)</i>	73	<i>enpresse</i>	70
<i>dextrose 5 %-lactated ringers</i>	52	<i>dotti</i>	69	<i>enskyce</i>	70
<i>dextrose 5%-0.2 % sod</i>		DOVATO.....	2	<i>entacapone</i>	27
<i>chloride</i>	52	<i>doxazosin</i>	41	<i>entecavir</i>	2
<i>dextrose 5%-0.3 %</i>		<i>doxepin</i>	34, 47	ENTRESTO.....	46
<i>sod.chloride</i>	52	<i>doxercalciferol</i>	59	ENTYVIO.....	61
<i>dextrose 50 % in water</i>		<i>doxorubicin</i>	16	<i>enulose</i>	61
<i>(d50w)</i>	52	<i>doxorubicin, peg-liposomal</i>	16	EPCLUSA.....	2
<i>dextrose 70 % in water</i>		<i>doxy-100</i>	12	EPIDIOLEX.....	24
<i>(d70w)</i>	52	<i>doxycycline hyclate</i>	12	<i>epinastine</i>	72
<i>dextrose with sodium chloride</i>	52	<i>doxycycline monohydrate</i>	12, 13	EPINEPHRINE.....	74
DIASTAT.....	24	<i>dronabinol</i>	61	<i>epinephrine</i>	74
DIASTAT ACUDIAL.....	24	<i>droperidol</i>	61	EPIPEN.....	74
<i>diazepam</i>	24, 34	<i>drosiprone-ethinyl estradiol</i>	70	EPIPEN 2-PAK.....	74
<i>diclofenac potassium</i>	32	DROXIA.....	16	EPIPEN JR.....	74
<i>diclofenac sodium</i>	32, 47, 73	DULERA.....	75	EPIPEN JR 2-PAK.....	74
<i>diclofenac-misoprostol</i>	32	<i>duloxetine</i>	34	<i>epirubicin</i>	16
<i>dicloxacillin</i>	11	DUPIXENT.....	47	<i>epitol</i>	25
<i>dicyclomine</i>	60	<i>duramorph (pf)</i>	29	EPIVIR HBV.....	2
<i>didanosine</i>	2	<i>e.e.s. 400</i>	7	<i>eplerenone</i>	41
<i>diflunisal</i>	32	<i>econazole</i>	49	<i>epoprostenol (glycine)</i>	41
<i>digitek</i>	45	EDURANT.....	2	<i>eprosartan</i>	41
<i>digox</i>	46	<i>efavirenz</i>	2	ERBITUX.....	16
<i>digoxin</i>	46	<i>effer-k</i>	78	<i>ergoloid</i>	34
<i>dihydroergotamine</i>	27	ELAPRASE.....	59	<i>ergotamine-caffeine</i>	27
DILANTIN 30 MG.....	24	<i>electrolyte-48 in d5w</i>	81	ERIVEDGE.....	16
<i>diltiazem hcl</i>	40, 41	<i>eletriptan</i>	27	ERLEADA.....	16
<i>dilt-xr</i>	41	<i>elinest</i>	70	<i>erlotinib</i>	16
<i>dimenhydrinate</i>	61	ELIQUIS.....	43	<i>errin</i>	69
DIPENTUM.....	61	ELITEK.....	13	<i>ertapenem</i>	9
<i>diphenhydramine hcl</i>	74	ELMIRON.....	78	ERWINAZE.....	16
<i>diphenoxylate-atropine</i>	60	EMCYT.....	16	<i>ery-tab</i>	7
<i>dipyridamole</i>	43	EMEND.....	61	ERY-TAB.....	7
<i>disulfiram</i>	52	<i>emoquette</i>	70	ERYTHROCIN.....	8
<i>divalproex</i>	24	EMPLICITI.....	16	<i>erythrocin (as stearate)</i>	7
<i>dobutamine</i>	46	EMSAM.....	34	<i>erythromycin</i>	8, 72
<i>dobutamine in d5w</i>	46	EMTRIVA.....	2	<i>erythromycin ethylsuccinate</i>	8
<i>docetaxel</i>	16	EMVERM.....	9	<i>erythromycin with ethanol</i>	49

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

ESBRIET.....	75	FETZIMA.....	35	GARDASIL 9 (PF).....	65
<i>escitalopram oxalate</i>	34, 35	<i>finasteride</i>	78	<i>gatifloxacin</i>	72
<i>esmolol</i>	41	FIRAZYR.....	75	GATTEX 30-VIAL.....	61
<i>esomeprazole magnesium</i>	63	FIRDAPSE.....	28	GATTEX ONE-VIAL.....	61
<i>esomeprazole sodium</i>	63	FIRMAGON KIT W		GAUZE PAD.....	55
<i>estarylla</i>	70	DILUENT SYRINGE.....	16	<i>gavilyte-c</i>	61
<i>estradiol</i>	69	<i>flavoxate</i>	77	<i>gavilyte-g</i>	61
<i>estradiol valerate</i>	69	<i>flecainide</i>	39	<i>gavilyte-n</i>	61
<i>eszopiclone</i>	35	<i>floxuridine</i>	17	GAZYVA.....	17
<i>ethacrynate sodium</i>	41	<i>fluconazole</i>	1	<i>gemcitabine</i>	17
<i>ethacrynic acid</i>	41	<i>fluconazole in dextrose (iso-o)</i> ..	1	GEMCITABINE.....	17
<i>ethambutol</i>	9	<i>fluconazole in nacl (iso-osm)</i>	1	<i>gemfibrozil</i>	45
<i>ethosuximide</i>	25	<i>flucytosine</i>	1	<i>generlac</i>	61
<i>ethynodiol diac-eth estradiol</i> ...	70	<i>fludarabine</i>	17	<i>gengraf</i>	17
ETOPOPHOS.....	16	<i>fludrocortisone</i>	54	<i>gentak</i>	72
<i>etoposide</i>	16	<i>flumazenil</i>	35	<i>gentamicin</i>	9, 49, 72
EVOTAZ.....	2	<i>flunisolide</i>	75	<i>gentamicin in nacl (iso-osm)</i>	9
<i>exemestane</i>	16	<i>fluocinolone</i>	50	<i>gentamicin sulfate (ped) (pf)</i> ...9	
EYLEA.....	72	<i>fluocinolone acetonide oil</i>	54	GENVOYA.....	3
<i>ezetimibe</i>	45	<i>fluocinolone and shower cap</i>	50	GEODON.....	35
<i>ezetimibe-simvastatin</i>	45	<i>fluocinonide</i>	50	<i>gianvi (28)</i>	70
FABRAZYME.....	59	<i>fluoride (sodium)</i>	81	GILENYA.....	28
<i>falmina (28)</i>	70	<i>fluorometholone</i>	73	GILOTRIF.....	17
<i>famciclovir</i>	2, 3	<i>fluorouracil</i>	17, 47	<i>glatiramer</i>	28
<i>famotidine</i>	63	<i>fluoxetine</i>	35	<i>glatopa</i>	28
<i>famotidine (pf)</i>	63	<i>fluphenazine decanoate</i>	35	GLEOSTINE.....	17
<i>famotidine (pf)-nacl (iso-os)</i> ..	63	<i>fluphenazine hcl</i>	35	<i>glimepiride</i>	55
FANAPT.....	35	<i>flurbiprofen</i>	32	<i>glipizide</i>	55, 56
FARXIGA.....	55	<i>flurbiprofen sodium</i>	73	<i>glipizide-metformin</i>	56
FARYDAK.....	16	<i>flutamide</i>	17	GLUCAGEN HYPOKIT.....	56
FASENRA.....	75	<i>fluticasone propionate</i>	75	GLUCAGON	
FASLODEX.....	16	<i>fluvoxamine</i>	35	EMERGENCY KIT	
<i>fayosim</i>	70	FOLOTYN.....	17	(HUMAN).....	56
FAZACLO.....	35	<i>fomepizole</i>	65	<i>glycine urologic</i>	78
<i>felbamate</i>	25	<i>fondaparinux</i>	43	<i>glycine urologic solution</i>	78
<i>felodipine</i>	41	<i>fosamprenavir</i>	3	<i>glycopyrrolate</i>	60, 61
<i>femynor</i>	70	<i>fosinopril</i>	41	<i>glydo</i>	48
<i>fenofibrate</i>	45	<i>fosinopril-hydrochlorothiazide</i>	41	<i>granisetron hcl</i>	61
<i>fenofibrate micronized</i>	45	<i>fosphenytoin</i>	25	GRANIX.....	64
<i>fenofibrate nanocrystallized</i>	45	<i>freamine iii 10 %</i>	81	<i>griseofulvin microsize</i>	1
<i>fenofibric acid</i>	45	FULPHILA.....	64	<i>griseofulvin ultramicrosize</i>	1
<i>fenofibric acid (choline)</i>	45	<i>furosemide</i>	41	<i>guanidine</i>	35
<i>fenoprofen</i>	32	FUZEON.....	3	HAEGARDA.....	75
<i>fentanyl</i>	29	FYCOMPA.....	25	HALAVEN.....	17
<i>fentanyl citrate</i>	29	<i>gabapentin</i>	25	<i>halobetasol propionate</i>	50
<i>fentanyl citrate (pf)</i>	29	<i>galantamine</i>	28	<i>haloperidol</i>	35
FENTANYL CITRATE		GAMASTAN.....	65	<i>haloperidol decanoate</i>	35
(PF).....	29	GAMASTAN S/D.....	65	<i>haloperidol lactate</i>	35
FERRIPROX.....	52	<i>ganciclovir sodium</i>	3	HARVONI.....	3

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

HAVRIX (PF).....	65	HUMULIN 70/30 U-100	<i>imiquimod</i>	48
<i>heather</i>	69	KWIKPEN.....	56	IMOVAX RABIES
<i>heparin (porcine)</i>	44	HUMULIN N NPH	VACCINE (PF).....	66
<i>heparin (porcine) in 5 % dex</i> ..	44	INSULIN KWIKPEN.....	56	IMPAVIDO.....
<i>heparin (porcine) in nacl (pf)</i>	44	HUMULIN N NPH U-100	<i>incassia</i>	69
HEPARIN(PORCINE) IN		INSULIN.....	56	INCRELEX.....
0.45% NACL.....	44	HUMULIN R REGULAR	INCRUSE ELLIPTA.....	75
<i>heparin(porcine) in 0.45%</i>		U-100 INSULN.....	56	<i>indapamide</i>
<i>nacl</i>	44	HUMULIN R U-500	INFANRIX (DTAP) (PF)....	66
<i>heparin, porcine (pf)</i>	44	(CONC) INSULIN.....	56	INFUGEM.....
HEPATAMINE 8%.....	81	HUMULIN R U-500	INLYTA.....	18
HERCEPTIN.....	17	(CONC) KWIKPEN.....	56	INSULIN PEN NEEDLE....
HERCEPTIN HYLECTA....	17	<i>hydralazine</i>	41	INSULIN SYRINGE
HETLIOZ.....	35	<i>hydrochlorothiazide</i>	41	(DISP) U-100.....
HIBERIX (PF).....	65	<i>hydrocodone-acetaminophen</i>		56
HIZENTRA.....	65	.....	29, 30	INTELENCE.....
HUMALOG JUNIOR		<i>hydrocodone-ibuprofen</i>	30	<i>intralipid</i>
KWIKPEN U-100.....	56	<i>hydrocortisone</i>	51, 54, 61	INTRON A.....
HUMALOG KWIKPEN		<i>hydrocortisone butyrate</i>	51	<i>introvale</i>
INSULIN.....	56	<i>hydrocortisone-acetic acid</i>	54	INVEGA SUSTENNA.....
HUMALOG MIX 50-50		<i>hydrocortisone-pramoxine</i>	61	INVEGA TRINZA.....
INSULN U-100.....	56	<i>hydromorphone</i>	30	INVIRASE.....
HUMALOG MIX 50-50		<i>hydromorphone (pf)</i>	30	INVOKAMET.....
KWIKPEN.....	56	<i>hydroxychloroquine</i>	9	INVOKAMET XR.....
HUMALOG MIX 75-25		<i>hydroxyprogesterone</i>		56
KWIKPEN.....	56	<i>caproate</i>	69	INVOKANA.....
HUMALOG MIX 75-25(U-		<i>hydroxyurea</i>	17	IONOSOL-MB IN D5W.....
100)INSULN.....	56	<i>hydroxyzine hcl</i>	74	IPOL.....
HUMALOG U-100		HYPERHEP B S/D.....	65	<i>ipratropium bromide</i>
INSULIN.....	56	HYPERHEP B S-D		54, 76
HUMIRA.....	68	NEONATAL.....	65	<i>ipratropium-albuterol</i>
HUMIRA PEDIATRIC		HYQVIA.....	66	<i>irbesartan</i>
CROHNS START.....	67	<i>ibandronate</i>	67	<i>irbesartan-</i>
HUMIRA PEN.....	67	IBRANCE.....	17	<i>hydrochlorothiazide</i>
HUMIRA PEN CROHNS-		<i>ibu</i>	32	IRESSA.....
UC-HS START.....	68	<i>ibuprofen</i>	32	<i>irinotecan</i>
HUMIRA PEN PSOR-		<i>ibuprofen-oxycodone</i>	30	ISENTRESS.....
UVEITS-ADOL HS.....	68	<i>ibutilide fumarate</i>	39	ISENTRESS HD.....
HUMIRA(CF).....	68	ICLUSIG.....	17	<i>isibloom</i>
HUMIRA(CF) PEDI		<i>idarubicin</i>	17	ISOLYTE S PH 7.4.....
CROHNS STARTER.....	68	IDHIFA.....	17	81
HUMIRA(CF) PEN.....	68	<i>ifosfamide</i>	17	ISOLYTE-P IN 5 %
HUMIRA(CF) PEN		ILARIS (PF).....	64	DEXTROSE.....
CROHNS-UC-HS.....	68	<i>imatinib</i>	17	81
HUMIRA(CF) PEN PSOR-		IMBRUVICA.....	18	ISOLYTE-S.....
UV-ADOL HS.....	68	IMFINZI.....	18	<i>isoniazid</i>
HUMULIN 70/30 U-100		<i>imipenem-cilastatin</i>	9	9
INSULIN.....	56	<i>imipramine hcl</i>	36	<i>isosorbide dinitrate</i>
		<i>imipramine pamoate</i>	36	46
				<i>isosorbide mononitrate</i>
				46
				<i>isotretinoin</i>
				49
				<i>isradipine</i>
				41
				ISTODAX.....
				18
				<i>itraconazole</i>
				1
				<i>ivermectin</i>
				9
				IXEMPRA.....
				18

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

IXIARO (PF).....	66	<i>k-tab</i>	78	<i>levoxyl</i>	60
JADENU.....	52	<i>kurvelo (28)</i>	70	LEXIVA.....	3
JADENU SPRINKLE.....	52	KUVAN.....	59	LIBTAYO.....	19
JAKAFI.....	18	KYPROLIS.....	18	<i>lidocaine</i>	48
<i>jantoven</i>	44	<i>l norgestle.estradiol-e.estrad</i> ... 70		<i>lidocaine (pf) in d7.5w</i>	39
JANUMET.....	57	<i>labetalol</i>	41	<i>lidocaine (pf)</i>	39, 48
JANUMET XR.....	57	<i>lactated ringers</i>	51, 79	<i>lidocaine hcl</i>	48
JANUVIA.....	57	<i>lactulose</i>	61	<i>lidocaine in 5 % dextrose (pf)</i> .. 39	
<i>jasmiel (28)</i>	70	<i>lamivudine</i>	3	<i>lidocaine viscous</i>	48
<i>jencycla</i>	69	<i>lamivudine-zidovudine</i>	3	<i>lidocaine-epinephrine</i>	48
JETREA (PF).....	72	<i>lamotrigine</i>	25	<i>lidocaine-prilocaine</i>	48
JEVTANA.....	18	LANOXIN.....	46	<i>lillow (28)</i>	71
<i>jolessa</i>	70	LANTUS SOLOSTAR U-		<i>lincomycin</i>	9
<i>jolivette</i>	69	100 INSULIN.....	57	<i>lindane</i>	51
<i>juleber</i>	70	LANTUS U-100 INSULIN..	57	<i>linezolid</i>	9
JULUCA.....	3	<i>larin 1.5/30 (21)</i>	70	<i>linezolid in dextrose 5%</i>	9
JUXTAPID.....	45	<i>larin 1/20 (21)</i>	70	<i>linezolid-0.9% sodium</i>	
KADCYLA.....	18	<i>larin fe 1.5/30 (28)</i>	70	<i>chloride</i>	9
KALETRA.....	3	<i>larin fe 1/20 (28)</i>	70	LIORESAL.....	28
KALYDECO.....	76	<i>larissia</i>	70	<i>liothyronine</i>	60
KANUMA.....	59	<i>latanoprost</i>	73	<i>lisinopril</i>	41
<i>kariva (28)</i>	70	LATUDA.....	36	<i>lisinopril-hydrochlorothiazide</i> .. 41	
<i>kelnor 1/35 (28)</i>	70	<i>leflunomide</i>	68	<i>lithium carbonate</i>	36
<i>kelnor 1-50</i>	70	LEMTRADA.....	28	<i>lithium citrate</i>	36
KEPIVANCE.....	13	LENVIMA.....	18, 19	LOKELMA.....	52
<i>ketoconazole</i>	1, 49, 50	<i>lessina</i>	70	LONSURF.....	19
<i>ketoprofen</i>	32	<i>letrozole</i>	19	<i>loperamide</i>	61
<i>ketorolac</i>	73	<i>leucovorin calcium</i>	13	<i>lopinavir-ritonavir</i>	3
KEYTRUDA.....	18	LEUKERAN.....	19	<i>lorazepam</i>	36
KHAPZORY.....	13	LEUKINE.....	64	<i>lorazepam intensol</i>	36
KHEDEZLA.....	36	<i>leuprolide</i>	19	LORBRENA.....	19
KINRIX (PF).....	66	<i>levalbuteol hcl</i>	76	<i>lorcet (hydrocodone)</i>	30
<i>kionex (with sorbitol)</i>	52	<i>levetiracetam</i>	25	<i>lorcet hd</i>	30
KISQALI.....	18	<i>levetiracetam in nacl (iso-os)</i> .. 25		<i>lorcet plus</i>	30
KISQALI FEMARA CO-		<i>levobunolol</i>	72	<i>loryna (28)</i>	71
PACK.....	18	<i>levocarnitine</i>	52	<i>losartan</i>	41
<i>klor-con</i>	78	<i>levocarnitine (with sugar)</i> 52		<i>losartan-hydrochlorothiazide</i> .. 41	
<i>klor-con 10</i>	78	<i>levocetirizine</i>	74	<i>lovastatin</i>	45
<i>klor-con 8</i>	78	<i>levofloxacin</i>	12, 72	<i>low-ogestrel (28)</i>	71
<i>klor-con m10</i>	78	<i>levofloxacin in d5w</i>	12	<i>loxapine succinate</i>	36
<i>klor-con m15</i>	78	<i>levoleucovorin calcium</i>	13	LUCENTIS.....	72
<i>klor-con m20</i>	78	<i>levonest (28)</i>	70	LUMIZYME.....	59
<i>klor-con sprinkle</i>	78	<i>levonorgestrel</i>	70	LUMOXITI.....	19
<i>klor-conlef</i>	78	<i>levonorgestrel-ethinyl estrad</i>		LUPRON DEPOT.....	19
KOMBIGLYZE XR.....	57	.....	70, 71	LUPRON DEPOT (3	
KORLYM.....	59	<i>levonorg-eth estrad triphasic</i> ... 71		MONTH).....	19
K-PHOS NO 2.....	78	<i>levora-28</i>	71	LUPRON DEPOT (4	
K-PHOS ORIGINAL.....	78	<i>levorphanol tartrate</i>	30	MONTH).....	19
KRYSTEXXA.....	67	<i>levothyroxine</i>	60		

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

LUPRON DEPOT (6 MONTH).....	19	<i>mesna</i>	13	<i>minoxidil</i>	42
LUPRON DEPOT-PED.....	19	MESNEX.....	13	<i>miostat</i>	73
LUPRON DEPOT-PED (3 MONTH).....	19	MESTINON.....	28	MIRENA.....	69
<i>luter</i> (28).....	71	<i>metadate er</i>	37	<i>mirtazapine</i>	37
LYNPARZA.....	19	<i>metaproterenol</i>	76	<i>misoprostol</i>	63
LYRICA.....	25	<i>metformin</i>	57	MITIGARE.....	67
LYSODREN.....	19	<i>methadone</i>	30	<i>mitomycin</i>	20
<i>lyza</i>	69	<i>methadone intensol</i>	30	<i>mitoxantrone</i>	20
<i>mafenide acetate</i>	49	<i>methadose</i>	31	M-M-R II (PF).....	66
<i>magnesium chloride</i>	79	<i>methazolamide</i>	73	<i>modafinil</i>	37
<i>magnesium sulfate</i>	79	<i>methenamine hippurate</i>	13	<i>molindone</i>	37
MAGNESIUM SULFATE IN D5W.....	79	<i>methenamine mandelate</i>	13	<i>mondoxyne nl</i>	13
<i>magnesium sulfate in water</i>	79	<i>methergine</i>	71	<i>montelukast</i>	76
<i>malathion</i>	51	<i>methimazole</i>	55	<i>morgidox</i>	13
<i>mannitol 20 %</i>	41	<i>methotrexate sodium</i>	19	<i>morphine</i>	31
<i>mannitol 25 %</i>	41	<i>methotrexate sodium (pf)</i>	19	<i>morphine (pf)</i>	31
<i>maprotiline</i>	37	<i>methoxsalen</i>	48	<i>morphine concentrate</i>	31
<i>marlissa (28)</i>	71	<i>methyclothiazide</i>	41	MOVANTIK.....	62
MARPLAN.....	37	<i>methyldopa</i>	41	<i>moxifloxacin</i>	12, 72
MARQIBO.....	19	<i>methylergonovine</i>	71	MOXIFLOXACIN-SOD.ACE,SUL-WATER.....	12
MATULANE.....	19	<i>methylphenidate hcl</i>	37	<i>moxifloxacin-sod.chloride (iso)</i>	12
<i>matzim la</i>	41	<i>methylprednisolone</i>	54	MOZOBIL.....	64
<i>meclizine</i>	62	<i>methylprednisolone acetate</i>	54	MULPLETA.....	44
<i>meclofenamate</i>	32	<i>methylprednisolone sodium succ</i>	54	<i>mupirocin</i>	49
<i>medroxyprogesterone</i>	69	<i>methytestosterone</i>	59	<i>mupirocin calcium</i>	49
<i>mefenamic acid</i>	32	<i>metoclopramide hcl</i>	62	MYALEPT.....	59
<i>mefloquine</i>	9	<i>metolazone</i>	41	MYCAMINE.....	1
<i>megestrol</i>	19	<i>metoprolol succinate</i>	42	<i>mycophenolate mofetil</i>	20
MEKINIST.....	19	<i>metoprolol ta-hydrochlorothiaz</i>	42	<i>mycophenolate mofetil hcl</i>	20
MEKTOVI.....	19	<i>metoprolol tartrate</i>	42	<i>mycophenolate sodium</i>	20
<i>meloxicam</i>	32	<i>metro i.v.</i>	9	MYLOTARG.....	20
<i>melphalan</i>	19	<i>metronidazole</i>	10, 49, 69	<i>myorisan</i>	49
<i>melphalan hcl</i>	19	<i>metronidazole in nacl (iso-os)</i> ..	9	MYRBETRIQ.....	77
<i>memantine</i>	28	<i>mexiletine</i>	39	<i>nabumetone</i>	32
MENACTRA (PF).....	66	MIACALCIN.....	59	<i>nadolol</i>	42
MENEST.....	69	<i>miconazole-3</i>	69	<i>nadolol-bendroflumethiazide</i> ...	42
MENVEO A-C-Y-W-135-DIP (PF).....	66	<i>microgestin 1.5/30 (21)</i>	71	<i>nafcillin</i>	11
MEPSEVII.....	59	<i>microgestin 1/20 (21)</i>	71	<i>nafcillin in dextrose iso-osm</i>	11
<i>mercaptapurine</i>	19	<i>microgestin fe 1.5/30 (28)</i>	71	NAGLAZYME.....	59
<i>meropenem</i>	9	<i>microgestin fe 1/20 (28)</i>	71	<i>nalbuphine</i>	32
MEROPENEM-0.9% SODIUM CHLORIDE.....	9	<i>midodrine</i>	52	<i>naloxone</i>	32
<i>mesalamine</i>	62	<i>miglitol</i>	57	<i>naltrexone</i>	32
<i>mesalamine with cleansing wipe</i>	62	<i>miglustat</i>	59	NAMZARIC.....	28
		<i>millipred</i>	54	<i>naproxen</i>	32
		<i>milrinone</i>	46	<i>naratriptan</i>	27
		<i>milrinone in 5 % dextrose</i>	46	NARCAN.....	33
		<i>minocycline</i>	13	NATACYN.....	72

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

<i>nateglinide</i>	57	<i>norethindrone acetate</i>	69	ORENCIA.....	68
NATPARA.....	59	<i>norethindrone ac-eth estradiol</i> -		ORENCIA (WITH	
NEBUPENT.....	10	.....	69, 71	MALTOSE).....	68
NEEDLES, INSULIN		<i>norgestimate-ethinyl estradiol</i>	71	ORENCIA CLICKJECT.....	68
DISP.,SAFETY.....	57	<i>norlyda</i>	69	ORFADIN.....	52
<i>nefazodone</i>	37	<i>norlyroc</i>	69	ORKAMBI.....	76
<i>neomycin</i>	10	NORMOSOL-R.....	79	<i>orsythia</i>	71
<i>neomycin-bacitracin-poly-hc</i> ...	73	NORMOSOL-R IN 5 %		<i>oseltamivir</i>	4
<i>neomycin-bacitracin-</i>		DEXTROSE.....	79	<i>osmitrol 15 %</i>	42
<i>polymyxin</i>	72	NORMOSOL-R PH 7.4.....	81	<i>osmitrol 20 %</i>	42
<i>neomycin-polymyxin b gu</i>	51	NORTHERA.....	52	OTEZLA.....	68
<i>neomycin-polymyxin b-</i>		<i>nortrel 0.5/35 (28)</i>	71	OTEZLA STARTER.....	68
<i>dexameth</i>	73	<i>nortrel 1/35 (21)</i>	71	<i>oxacillin</i>	11
<i>neomycin-polymyxin-</i>		<i>nortrel 1/35 (28)</i>	71	<i>oxacillin in dextrose (iso-osm)</i>	11
<i>gramicidin</i>	72	<i>nortrel 7/7/7 (28)</i>	71	<i>oxaliplatin</i>	20
<i>neomycin-polymyxin-hc</i>	54, 73	<i>nortriptyline</i>	37	<i>oxandrolone</i>	59
<i>neo-polycin</i>	72	NORVIR.....	4	<i>oxaprozin</i>	33
<i>neo-polycin hc</i>	73	NOXAFIL.....	1	<i>oxcarbazepine</i>	25
<i>neostigmine methylsulfate</i>	29	NPLATE.....	44	OXERVATE.....	72
NEPHRAMINE 5.4 %.....	81	NUEDEXTA.....	28	<i>oxiconazole</i>	50
NERLYNX.....	20	NULOJIX.....	20	<i>oxybutynin chloride</i>	77
NEULASTA.....	64	NUPLAZID.....	37	<i>oxycodone</i>	31
NEUPOGEN.....	64	<i>nyamyc</i>	50	<i>oxycodone-acetaminophen</i>	31
NEUPRO.....	27	<i>nystatin</i>	1, 50	<i>oxycodone-aspirin</i>	32
<i>nevirapine</i>	3	<i>nystatin-triamcinolone</i>	50	<i>oxymorphone</i>	32
NEXAVAR.....	20	<i>nystop</i>	50	<i>oxytocin</i>	71
NEXPLANON.....	69	OCALIVA.....	62	OZURDEX.....	73
<i>niacin</i>	45	OCREVUS.....	28	<i>pacerone</i>	40
<i>nicardipine</i>	42	<i>octreotide acetate</i>	20	<i>paclitaxel</i>	20
NICOTROL.....	53	ODEFSEY.....	4	<i>paliperidone</i>	37
NICOTROL NS.....	53	ODOMZO.....	20	<i>palonosetron</i>	62
<i>nifedipine</i>	42	OFEV.....	76	PALYNZIQ.....	59
<i>nikki (28)</i>	71	<i>ofloxacin</i>	12, 54, 72	<i>pamidronate</i>	59
<i>nilutamide</i>	20	<i>okebo</i>	13	PANRETIN.....	48
<i>nimodipine</i>	42	<i>olanzapine</i>	37	<i>pantoprazole</i>	63
NINLARO.....	20	<i>olanzapine-fluoxetine</i>	37	<i>paregoric</i>	61
<i>nisoldipine</i>	42	<i>olopatadine</i>	54, 72	<i>paricalcitol</i>	59
<i>nitro-bid</i>	47	<i>omeprazole</i>	63	<i>paroex oral rinse</i>	54
<i>nitrofurantoin</i>	13	OMNITROPE.....	64	<i>paromomycin</i>	10
<i>nitrofurantoin macrocrystal</i>	13	ONCASPAR.....	20	<i>paroxetine hcl</i>	37
<i>nitrofurantoin monohydlm-</i>		<i>ondansetron</i>	62	<i>paroxetine</i>	
<i>cryst</i>	13	<i>ondansetron hcl</i>	62	<i>mesylate (menop.sym)</i>	37
<i>nitroglycerin</i>	47	<i>ondansetron hcl (pf)</i>	62	PASER.....	10
<i>nitroglycerin in 5 % dextrose</i> ..	47	ONGLYZA.....	57	PAXIL.....	37
<i>nizatidine</i>	63	ONIVYDE.....	20	PEDIARIX (PF).....	66
<i>nolix</i>	51	OPDIVO.....	20	PEDVAX HIB (PF).....	66
<i>nora-be</i>	69	<i>opium tincture</i>	61	<i>peg 3350-electrolytes</i>	62
<i>norepinephrine bitartrate</i>	46	OPSUMIT.....	76	PEGANONE.....	25
<i>norethindrone (contraceptive)</i>	69	<i>oralone</i>	54	PEGASYS.....	64

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

PEGASYS PROCLICK.....	64	PLEGRIDY.....	64	<i>premasol 10 %</i>	81
<i>peg-electrolyte</i>	62	<i>plenamine</i>	81	PREMASOL 6 %.....	81
PEGINTRON.....	64	<i>podofilox</i>	48	<i>prenatal vitamin oral tablet</i>	81
<i>penicillamine</i>	68	<i>polocaine</i>	48	<i>prevalite</i>	45
<i>penicillin g potassium</i>	11	<i>polocaine-mpf</i>	48	<i>previfem</i>	71
<i>penicillin g procaine</i>	12	<i>polycin</i>	72	PREVYMIS.....	4
<i>penicillin g sodium</i>	12	<i>polyethylene glycol 3350</i>	62	PREZCOBIX.....	4
<i>penicillin v potassium</i>	12	<i>polymyxin b sulfate</i>	10	PREZISTA.....	4
PENTACEL (PF).....	66	<i>polymyxin b sulf-</i>		PRIFTIN.....	10
PENTAM.....	10	<i>trimethoprim</i>	72	<i>primaquine</i>	10
<i>pentamidine</i>	10	POMALYST.....	20	<i>primidone</i>	26
PENTASA.....	62	<i>portia 28</i>	71	PRIMSOL.....	13
<i>pentoxifylline</i>	44	PORTRAZZA.....	20	PRIVIGEN.....	66
PERFOROMIST.....	76	<i>potassium acetate</i>	79	PROAIR HFA.....	76
<i>periogard</i>	54	<i>potassium chlorid-d5-</i>		PROAIR RESPICLICK.....	76
PERJETA.....	20	<i>0.45%nacl</i>	79	<i>probenecid</i>	67
<i>permethrin</i>	51	<i>potassium chloride</i>	80	<i>probenecid-colchicine</i>	67
<i>perphenazine</i>	37	<i>potassium chloride in</i>		<i>procainamide</i>	40
PERSERIS.....	37	<i>0.9%nacl</i>	79	<i>procentra</i>	38
<i>pfizerpen-g</i>	12	<i>potassium chloride in 5 % dex</i>	79	<i>prochlorperazine</i>	62
<i>phenelzine</i>	37	<i>potassium chloride in lr-d5</i>	79	<i>prochlorperazine edisylate</i>	62
<i>phenobarbital</i>	26	<i>potassium chloride in water</i>		<i>prochlorperazine maleate oral</i>	62
<i>phenobarbital sodium</i>	26	.....	79, 80	PROCRIT.....	64
<i>phenoxybenzamine</i>	42	<i>potassium chloride-0.45 %</i>		<i>procto-med hc</i>	62
<i>phentolamine</i>	42	<i>nacl</i>	80	<i>procto-pak</i>	62
<i>phenytoin</i>	26	<i>potassium chloride-d5-</i>		<i>proctosol hc</i>	62
<i>phenytoin sodium</i>	26	<i>0.2%nacl</i>	80	<i>proctozone-hc</i>	62
<i>phenytoin sodium extended</i>	26	<i>potassium chloride-d5-</i>		<i>progesterone</i>	69
PHOSPHOLINE IODIDE.....	73	<i>0.3%nacl</i>	80	<i>progesterone micronized</i>	69
PIFELTRO.....	4	<i>potassium chloride-d5-</i>		PROGLYCEM.....	57
<i>pilocarpine hcl</i>	52, 73	<i>0.9%nacl</i>	80	PROGRAF.....	21
<i>pimecrolimus</i>	48	<i>potassium citrate</i>	78	PROLASTIN-C.....	52
<i>pimozide</i>	37	<i>potassium phosphate m-l-d-</i>		PROLEUKIN.....	64
<i>pimtrea (28)</i>	71	<i>basic</i>	80	PROLIA.....	67
<i>pindolol</i>	42	POTELIGEO.....	21	PROMACTA.....	44
<i>pioglitazone</i>	57	PRADAXA.....	44	<i>propafenone</i>	40
<i>pioglitazone-glimepiride</i>	57	PRALUENT PEN.....	45	<i>propranolol</i>	42
<i>pioglitazone-metformin</i>	57	<i>pramipexole</i>	27	<i>propranolol-</i>	
PIPERACILLIN-		<i>prasugrel</i>	44	<i>hydrochlorothiazid</i>	42
TAZOBACTAM.....	12	<i>pravastatin</i>	45	<i>propylthiouracil</i>	55
<i>piperacillin-tazobactam</i>	12	<i>praziquantel</i>	10	PROQUAD (PF).....	66
PIQRAY.....	20	<i>prazosin</i>	42	<i>protamine</i>	44
<i>pirmella</i>	71	<i>prednicarbate</i>	51	<i>protriptyline</i>	38
<i>piroxicam</i>	33	<i>prednisolone</i>	54	<i>prudoxin</i>	48
<i>plasbumin 25 %</i>	78	<i>prednisolone acetate</i>	73	PULMOZYME.....	76
<i>plasbumin 5 %</i>	78	<i>prednisolone sodium</i>		PURIXAN.....	21
PLASMA-LYTE 148.....	81	<i>phosphate</i>	55, 73	<i>pyrazinamide</i>	10
PLASMA-LYTE A.....	81	<i>prednisone</i>	55	<i>pyridostigmine bromide</i>	29
<i>plasmanate</i>	81	<i>prednisone intensol</i>	55	QUADRACEL (PF).....	66

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

<i>quetiapine</i>	38	<i>ringer's</i>	51, 80	SKYRIZI.....	47
<i>quinapril</i>	42	RIOMET.....	58	<i>sodium acetate</i>	80
<i>quinapril-hydrochlorothiazide</i>	42	<i>risedronate</i>	53, 67	<i>sodium benzoate-sod</i>	
<i>quinidine sulfate</i>	40	RISPERDAL CONSTA.....	38	<i>phenylacet</i>	53
<i>quinine sulfate</i>	10	<i>risperidone</i>	38	<i>sodium bicarbonate</i>	80
QVAR REDHALER.....	76	<i>ritonavir</i>	4	<i>sodium chloride</i>	53, 80
RABAVERT (PF).....	66	RITUXAN.....	21	<i>sodium chloride 0.45 %</i>	80
RADICAVA.....	28	RITUXAN HYCELA.....	21	<i>sodium chloride 0.9 %</i>	53
<i>raloxifene</i>	67	<i>rivastigmine</i>	28	<i>sodium chloride 3 %</i>	80
<i>ramipril</i>	42	<i>rivastigmine tartrate</i>	28	<i>sodium chloride 5 %</i>	80
RANEXA.....	46	<i>rizatriptan</i>	27	<i>sodium lactate intravenous</i>	80
<i>ranitidine hcl</i>	63	ROMIDEPSIN.....	21	<i>sodium nitroprusside</i>	46
<i>ranolazine</i>	46	<i>ropinirole</i>	27	<i>sodium phenylbutyrate</i>	53
<i>rasagiline</i>	27	<i>rosadan</i>	49	<i>sodium phosphate</i>	80
RAVICTI.....	52	<i>rosuvastatin</i>	45	<i>sodium polystyrene sulfonate</i> ..	53
REBIF (WITH ALBUMIN).....	64	ROTARIX.....	66	SODIUM POLYSTYRENE	
REBIF REBIDOSE.....	64, 65	ROTATEQ VACCINE.....	66	SULFONATE.....	53
REBIF TITRATION PACK.....	65	<i>roweepra</i>	26	SOLIRIS.....	53
<i>reclipsen (28)</i>	71	<i>roweepra xr</i>	26	SOLTAMOX.....	21
RECOMBIVAX HB (PF).....	66	ROZEREM.....	38	SOMATULINE DEPOT.....	21
RECTIV.....	62	RUBRACA.....	21	SOMAVERT.....	59
<i>regonol</i>	29	RYDAPT.....	21	<i>sorine</i>	40
REGRANEX.....	48	<i>salsalate</i>	33	<i>sotalol</i>	40
RELENZA DISKHALER.....	4	SAMSCA.....	59	<i>sotalol af</i>	40
RELISTOR.....	62	SANDIMMUNE.....	21	SOTYLIZE.....	40
REMICADE.....	62	SANDOSTATIN LAR		SPIRIVA RESPIMAT.....	76
RENACIDIN.....	78	DEPOT.....	21	SPIRIVA WITH	
<i>repaglinide</i>	57, 58	SANTYL.....	48	HANDIHALER.....	76
<i>repaglinide-metformin</i>	58	SAPHRIS.....	38	<i>spironolactone</i>	42
REPATHA.....	45	<i>scopolamine base</i>	62	<i>spironolacton-</i>	
REPATHA		<i>selegiline hcl</i>	27	<i>hydrochlorothiaz</i>	42
PUSHTRONEX.....	45	<i>selenium sulfide</i>	47	<i>sprintec (28)</i>	71
REPATHA SURECLICK.....	45	SELZENTRY.....	4, 5	SPRITAM.....	26
RESCRIPTOR.....	4	SEREVENT DISKUS.....	76	SPRYCEL.....	21
RETACRIT.....	65	<i>sertraline</i>	38	<i>sps (with sorbitol)</i>	53
RETROVIR.....	4	<i>setlakin</i>	71	<i>sronyx</i>	71
REVCovi.....	53	<i>sevelamer carbonate</i>	53	<i>ssd</i>	48
REVLIMID.....	21	<i>sf</i>	54	STAMARIL (PF).....	66
<i>revonto</i>	29	<i>sf 5000 plus</i>	54	<i>stavudine</i>	5
REXULTI.....	38	<i>sharobel</i>	69	STELARA.....	47
REYATAZ.....	4	SHINGRIX (PF).....	66	STIMATE.....	59
<i>ribasphere</i>	4	SIGNIFOR.....	21	STIOLTO RESPIMAT.....	76
<i>ribasphere ribapak</i>	4	<i>sildenafil (pulmonary arterial</i>		STIVARGA.....	21
<i>ribavirin</i>	4	<i>hypertension)</i>	76	STRENSIQ.....	59
RIDAURA.....	68	<i>silver sulfadiazine</i>	48	STREPTOMYCIN.....	10
<i>rifabutin</i>	10	SIMULECT.....	21	STRIBILD.....	5
<i>rifampin</i>	10	<i>simvastatin</i>	45	STRIVERDI RESPIMAT....	76
<i>riluzole</i>	53	<i>sirolimus</i>	21	<i>subvenite</i>	26
<i>rimantadine</i>	4	SIRTURO.....	10	<i>subvenite starter (blue) kit</i>	26

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

<i>subvenite starter (green) kit</i> ...	26	TASIGNA.....	22	<i>tolazamide</i>	58
<i>subvenite starter (orange) kit</i> ..	26	<i>tazarotene</i>	49	<i>tolbutamide</i>	58
SUCRAID.....	62	TAZORAC.....	49	<i>tolcapone</i>	27
<i>sucralfate</i>	63	<i>taztia xt</i>	42	<i>tolmetin</i>	33
<i>sulfacetamide sodium</i>	73	TDVAX.....	66	<i>tolterodine</i>	77
<i>sulfacetamide sodium (acne)</i> ..	49	TECENTRIQ.....	22	<i>topiramate</i>	26
<i>sulfacetamide-prednisolone</i>	73	TECFIDERA.....	28	<i>toposar</i>	22
<i>sulfadiazine</i>	12	TEFLARO.....	7	<i>topotecan</i>	22
<i>sulfamethoxazole-</i>		TEKTRUNA.....	42	<i>toremifene</i>	22
<i>trimethoprim</i>	12	TEKTRUNA HCT.....	42	TORISEL.....	22
SULFAMYLON.....	49	<i>telmisartan</i>	42	<i>torseamide</i>	42
<i>sulfasalazine</i>	62	<i>telmisartan-amlodipine</i>	42	TOUJEO MAX U-300	
<i>sulfatrim</i>	12	<i>telmisartan-</i>		SOLOSTAR.....	58
<i>sulindac</i>	33	<i>hydrochlorothiazid</i>	42	TOUJEO SOLOSTAR U-	
<i>sumatriptan</i>	27	TEMODAR.....	22	300 INSULIN.....	58
<i>sumatriptan succinate</i>	27	<i>temsirolimus</i>	22	<i>tramadol</i>	33
<i>sumatriptan-naproxen</i>	27	TENIVAC (PF).....	66	<i>tramadol-acetaminophen</i>	33
SUPRAX.....	7	<i>tenofovir disoproxil fumarate</i>	5	<i>trandolapril-verapamil</i>	42
SUTENT.....	21	<i>terazosin</i>	42	<i>tranexamic acid</i>	69
<i>syeda</i>	71	<i>terbinafine hcl</i>	1	<i>tranylcypramine</i>	38
SYLATRON.....	65	<i>terbutaline</i>	77	<i>travasol 10 %</i>	81
SYLVANT.....	21	<i>terconazole</i>	69	<i>trazodone</i>	38
SYMBICORT.....	77	<i>testosterone</i>	59, 60	TREANDA.....	22
SYMDEKO.....	77	<i>testosterone cypionate</i>	59	TRECTOR.....	10
SYMFI.....	5	<i>testosterone enanthate</i>	59	TRELSTAR.....	22
SYMFI LO.....	5	TETANUS,DIPHThERIA		<i>treprostinil sodium</i>	42
SYMJEPI.....	74	TOX PED(PF).....	66	<i>tretinoin (chemotherapy)</i>	22
SYMLINPEN 120.....	58	<i>tetrabenazine</i>	28	<i>tretinoin topical</i>	49
SYMLINPEN 60.....	58	<i>tetracycline</i>	13	<i>triamcinolone acetonide</i>	
SYMPAZAN.....	26	THALOMID.....	22	.....	51, 54, 55
SYMTUZA.....	5	THEO-24.....	77	<i>triamterene-</i>	
SYNAGIS.....	5	<i>theophylline</i>	77	<i>hydrochlorothiazid</i>	42
SYNAREL.....	59	<i>theophylline in dextrose 5 %</i> ...	77	<i>trianex</i>	51
SYNERCID.....	10	THIOLA.....	53	<i>triderm</i>	51
SYNRIBO.....	21	<i>thioridazine</i>	38	<i>trientine</i>	53
TABLOID.....	21	<i>thiotepa</i>	22	<i>tri-estarylla</i>	71
<i>tacrolimus</i>	21, 48	<i>thiothixene</i>	38	<i>trifluoperazine</i>	38
<i>taдалafil (pulmonary arterial</i>		<i>tiagabine</i>	26	<i>trifluridine</i>	72
<i>hypertension) oral tablet 20</i>		TIBSOVO.....	22	<i>tri-legest fe</i>	71
<i>mg</i>	77	TICE BCG.....	66	<i>tri-lo-estarylla</i>	71
TAFINLAR.....	21	<i>tigecycline</i>	10	<i>tri-lo-sprintec</i>	71
TAGRISSE.....	21	<i>timolol maleate</i>	42, 72	<i>trilyte with flavor packets</i>	63
TALZENNA.....	21	<i>tinidazole</i>	10	<i>trimethoprim</i>	13
<i>tamoxifen</i>	21	TIVICAY.....	5	<i>tri-mili</i>	71
<i>tamsulosin</i>	78	<i>tizanidine</i>	29	<i>trimipramine</i>	38
TARGRETIN.....	22	<i>tobramycin</i>	72	TRINTELLIX.....	38
<i>tarina 24 fe</i>	71	<i>tobramycin in 0.225 % nacl</i>	10	<i>tri-previfem (28)</i>	71
<i>tarina fe 1/20 (28)</i>	71	<i>tobramycin sulfate</i>	10	TRISENOX.....	22
<i>tarina fe 1-20 eq (28)</i>	71	<i>tobramycin-dexamethasone</i>	73	<i>tri-sprintec (28)</i>	71

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

TRIUMEQ.....	5	VARUBI.....	63	XARELTO.....	44
<i>trivora (28)</i>	71	VASCEPA.....	45	XATMEP.....	23
<i>tri-vylibra</i>	71	VECAMYL.....	46	XELJANZ.....	68
<i>tri-vylibra lo</i>	71	VECTIBIX.....	22	XELJANZ XR.....	68
TROGARZO.....	5	VELCADE.....	22	XERMELo.....	23
TROPHAMINE 10 %.....	81	<i>veletri</i>	43	XGEVA.....	13
TROPHAMINE 6%.....	81	<i>velivet triphasic regimen (28)</i>	71	XIAFLEX.....	53
<i>trosipium</i>	77	VELTASSA.....	53	XIFAXAN.....	10
TRULANCE.....	63	VEMLIDY.....	5	XIGDUO XR.....	58
TRULICITY.....	58	VENCLEXTA.....	22	XIIDRA.....	73
TRUMENBA.....	66	VENCLEXTA STARTING		XOFLUZA.....	5
TRUVADA.....	5	PACK.....	22	XOLAIR.....	77
<i>tulana</i>	69	<i>venlafaxine</i>	38	XOSPATA.....	23
TWINRIX (PF).....	66	<i>verapamil</i>	43	XTANDI.....	23
TYKERB.....	22	<i>veripred 20</i>	55	<i>xulane</i>	69
TYMLOS.....	67	VERSACLOZ.....	38	XURIDEN.....	53
TYPHIM VI.....	66	VERZENIO.....	22	XYREM.....	39
TYSABRI.....	28	VIBERZI.....	63	YERVOY.....	23
TYVASO.....	77	VIDEX 2 GRAM		YF-VAX (PF).....	66
TYVASO		PEDIATRIC.....	5	YONDELIS.....	23
INSTITUTIONAL START		VIDEX 4 GRAM		YONSA.....	23
KIT.....	77	PEDIATRIC.....	5	<i>yuvafem</i>	69
TYVASO REFILL KIT.....	77	VIDEX EC.....	5	<i>zafirlukast</i>	77
TYVASO STARTER KIT.....	77	<i>vienna</i>	71	<i>zaleplon</i>	39
ULORIC.....	67	<i>vigabatrin</i>	26	ZALTRAP.....	23
<i>unithroid</i>	60	<i>vigadrone</i>	26	ZANOSAR.....	23
UNITUXIN.....	22	VIIBRYD.....	39	<i>zarah</i>	71
UPTRAVI.....	42	VIMIZIM.....	60	ZARXIO.....	65
<i>ursodiol</i>	63	VIMPAT.....	26	ZEJULA.....	23
UVADEX.....	48	<i>vinblastine</i>	22	ZELBORAF.....	23
<i>valacyclovir</i>	5	<i>vincristine</i>	22	<i>zenatane</i>	49
VALCHLOR.....	48	<i>vinorelbine</i>	23	<i>zidovudine</i>	5, 6
<i>valganciclovir</i>	5	VIOKACE.....	63	<i>ziprasidone hcl</i>	39
<i>valproate sodium</i>	26	<i>viorele (28)</i>	71	ZIRGAN.....	72
<i>valproic acid</i>	26	VIRACEPT.....	5	ZOLADEX.....	23
<i>valproic acid (as sodium salt)</i>	26	VIREAD.....	5	<i>zoledronic acid</i>	60
<i>valrubicin</i>	22	VISTOGARD.....	13	<i>zoledronic acid-mannitol-</i>	
<i>valsartan</i>	43	VITRAKVI.....	23	<i>water</i>	53, 60
<i>valsartan-hydrochlorothiazide</i>	43	VIVITROL.....	33	ZOLEDRONIC AC-	
VALSTAR.....	22	VIZIMPRO.....	23	MANNITOL-0.9NACL.....	60
VANCOMYCIN.....	10	<i>voriconazole</i>	1	ZOLINZA.....	23
<i>vancomycin</i>	10	VOTRIENT.....	23	<i>zolmitriptan</i>	27
VANCOMYCIN IN 0.9 %		VRAYLAR.....	39	<i>zonisamide</i>	26
SODIUM CHL.....	10	<i>vylibra</i>	71	ZORTRESS.....	23
<i>vandazole</i>	69	VYENDAQEL.....	46	ZOSTAVAX (PF).....	66
VANTAS.....	22	VYXEOS.....	23	<i>zovia 1/35e (28)</i>	71
VAQTA (PF).....	66	<i>warfarin</i>	44	ZYDELIG.....	23
VARIVAX (PF).....	66	<i>water for irrigation, sterile</i>	53	ZYKADIA.....	23
VARIZIG.....	66	XALKORI.....	23	ZYPREXA RELPREVV.....	39

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

This formulary was updated on 8/30/2019. 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.

F00OMP0A