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Express Scripts Medicare (PDP) 2016 Formulary (List of Covered Drugs)

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

Formulary File Submission ID: 16338, V15

This formulary was updated on 10/19/2016. For more recent information or other questions, please contact **Express Scripts Medicare®** (PDP) Customer Service at **1.800.758.4574**; New York State residents: **1.800.758.4570**, or for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit <http://www.Express-Scripts.com>.

This information is available for free in other languages. Please call our Customer Service numbers at **1.800.758.4574** (New York State residents: **1.800.758.4570**). TTY users should call **1.800.716.3231**. Customer Service is available 24 hours a day, 7 days a week.

Esta información está disponible sin cargo en otros idiomas. Llame a los números de Servicio al cliente al **1.800.758.4574** (residentes del estado de New York: **1.800.758.4570**). Los usuarios de TTY deben llamar al **1.800.716.3231**. El Servicio al cliente está disponible las 24 horas del día, los 7 días de la semana.

This document is available in braille. Please contact Customer Service if you need plan information in another format.

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 Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York (for members located in New York State only). When it refers to “plan” or “our plan,” it means Express Scripts Medicare.

This document includes a list of the drugs (formulary) for our plan, which is current as of October 19, 2016. 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, 2017, and from time to time during the year.

What is the Express Scripts Medicare Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we cannot ensure your safety.

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 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of October 19, 2016. To get updated information about the drugs covered by Express Scripts Medicare, 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 69. 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?

Express Scripts Medicare 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:** Express Scripts Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Express Scripts Medicare before you fill your prescriptions. If you don't get approval, Express Scripts Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Express Scripts Medicare limits the amount of the drug that Express Scripts Medicare will cover. For example, Express Scripts Medicare 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, Express Scripts Medicare 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, Express Scripts Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Express Scripts Medicare 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 Express Scripts Medicare 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 Express Scripts Medicare Formulary?” on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Express Scripts Medicare does not cover your drug, you have two options:

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

You can ask Express Scripts Medicare 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, Express Scripts Medicare 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, Express Scripts Medicare 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with a 91- to 98-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) 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 Express Scripts Medicare prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Express Scripts Medicare, 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>.

Express Scripts Medicare's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Express Scripts Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 69.

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

The information in the Requirements/Limits column tells you if Express Scripts Medicare 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 drug may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Service at **1.800.758.4574** (New York State residents: **1.800.758.4570**), 24 hours a day, 7 days a week. TTY users should 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 ones 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.** Express Scripts Medicare 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 enclosed “*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 and may include other low-cost drugs. Use Tier 1 drugs for the lowest copayments.
Tier 2: Generic Drugs	This tier includes generic drugs and may include other low-cost drugs. Use Tier 2 drugs to keep your copayments low.
Tier 3: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some generic drugs. Drugs in this tier will generally have lower copayments than non-preferred brand drugs.
Tier 4: Non-Preferred Brand Drugs	This tier includes non-preferred brand-name drugs as well as some generic drugs. Many non-preferred brand drugs have lower-cost alternatives in Tiers 1, 2, and 3. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you.
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 31-day supply.

Key

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
CANCIDAS	5	B/D PA; MO
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	
CRESEMBA ORAL	5	MO
ERAXIS(WATER DILUENT)	4	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>flucytosine</i>	3	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole</i>	3	MO; QL (124 per 31 days)
<i>ketoconazole oral</i>	2	MO
MYCAMINE INTRAVENOUS RECON SOLN 100 MG	5	MO

Drug Name	Drug Tier	Requirements /Limits
MYCAMINE INTRAVENOUS RECON SOLN 50 MG	3	MO
NOXAFIL ORAL	5	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
ORAVIG	3	MO
SPORANOX ORAL SOLUTION	5	MO
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	2	MO
<i>voriconazole oral suspension for reconstitution</i>	5	MO
<i>voriconazole oral tablet</i>	3	MO
ANTIVIRALS		
<i>abacavir</i>	3	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl oral capsule</i>	3	MO
<i>amantadine hcl 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
<i>amantadine hcl oral tablet</i>	3	MO
APTIVUS ORAL CAPSULE	5	MO
APTIVUS ORAL SOLUTION	5	
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	3	MO
<i>cidofovir</i>	4	B/D PA; MO
COMPLERA	5	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
DESCOVY	5	
<i>didanosine</i>	3	MO
EDURANT	4	MO
EMTRIVA	3	MO
<i>entecavir</i>	3	MO
EPCLUSA	5	PA; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EPIVIR ORAL SOLUTION	3	MO
EPZICOM	5	MO
EVOTAZ	4	MO
<i>famciclovir</i>	2	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	MO
GENVOYA	3	MO

Drug Name	Drug Tier	Requirements /Limits
HARVONI	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE	5	MO
ISENTRESS ORAL POWDER IN PACKET	3	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
KALETRA ORAL SOLUTION	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine oral solution</i>	3	MO
<i>lamivudine oral tablet 100 mg</i>	2	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	3	MO
<i>lamivudine-zidovudine</i>	3	MO
LEXIVA ORAL SUSPENSION	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
LEXIVA ORAL TABLET	5	MO
<i>moderiba</i>	2	MO
<i>moderiba dose pack oral tablets, dose pack 200 mg (7)- 400 mg (7), 600 mg (7)- 400 mg (7)</i>	2	MO
<i>moderiba dose pack oral tablets, dose pack 400 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	MO
<i>nevirapine oral suspension</i>	2	MO
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	3	MO
NORVIR	3	MO
ODEFSEY	5	
PREZCOBIX	4	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
REBETOL ORAL SOLUTION	3	MO
RELENZA DISKHALER	3	MO
RESCRIPTOR	3	MO
RETROVIR INTRAVENOUS	3	MO

Drug Name	Drug Tier	Requirements /Limits
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	2	MO
SELZENTRY	3	MO
SOVALDI	5	PA; MO; QL (28 per 28 days)
<i>stavudine</i>	2	MO
STRIBILD	5	MO
SUSTIVA ORAL CAPSULE 200 MG	5	MO
SUSTIVA ORAL CAPSULE 50 MG	3	MO
SUSTIVA ORAL TABLET	5	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	MO; LA
TAMIFLU	3	MO
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG	5	
TIVICAY ORAL TABLET 50 MG	5	MO
TRIUMEQ	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
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	5	
TRUVADA ORAL TABLET 200-300 MG	5	MO
TYZEKA	5	MO
<i>valacyclovir</i>	2	MO; QL (31 per 31 days)
VALCYTE ORAL RECON SOLN	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VIDEX 2 GRAM PEDIATRIC	3	MO
VIEKIRA PAK	5	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	5	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO
VIRAZOLE	4	MO
VIREAD	5	MO
VITEKTA	4	MO
ZIAGEN ORAL SOLUTION	3	MO
<i>zidovudine</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime</i>	4	MO
<i>cefixime</i>	2	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	2	
<i>cefoxitin intravenous recon soln 1 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	2	
<i>cefpodoxime</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ceftriaxone intravenous</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	2	MO
<i>cefuroxime sodium intravenous</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>cephalexin oral tablet</i>	1	MO
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
TAZICEF INJECTION RECON SOLN 1 GRAM	3	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	3	MO
TEFLARO	4	MO

ERYTHROMYCINS / OTHER MACROLIDES

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin intravenous recon soln 500 mg</i>	2	MO
<i>azithromycin intravenous recon soln 500 mg (2 mg/ml)</i>	2	
<i>azithromycin oral</i>	2	MO
<i>clarithromycin</i>	2	MO
<i>e.e.s. 400 oral tablet</i>	3	MO
E.E.S. GRANULES	3	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	3	MO
<i>erythromycin oral tablet 250 mg</i>	4	MO
<i>erythromycin oral tablet 500 mg</i>	3	MO

MISCELLANEOUS ANTIINFECTIVES

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
ALBENZA	5	MO
ALINIA	3	MO
<i>amikacin injection solution 500 mg/2 ml</i>	2	MO
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	3	MO
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	MO
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	5	
<i>aztreonam injection recon soln 1 gram</i>	2	MO
BILTRICIDE	3	MO
CAPASTAT	4	
CAYSTON	5	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate oral</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin pediatric</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	4	MO
CUBICIN	5	MO
DAPSONE	3	MO
DARAPRIM	3	MO
EMVERM	5	
<i>ethambutol</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	MO
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	2	
<i>hydroxychloroquine oral</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO
INVANZ INJECTION	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>isoniazid oral solution</i>	2	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral</i>	2	MO
<i>linezolid intravenous</i>	3	
<i>linezolid oral</i>	5	MO
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 500 mg</i>	4	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA; MO; QL (6 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	2	MO
PASER	3	MO
PENTAM	4	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	2	MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	5	MO
<i>rifampin</i>	2	MO
SIRTURO	5	MO; LA
STREPTOMYCIN INTRAMUSCULAR	3	MO
STROMEKTOL	3	MO
SYNERCID	5	
<i>tinidazole</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection solution</i>	2	MO
TRECATOR	3	MO
TYGACIL	3	MO
XIFAXAN	5	MO
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	5	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	5	MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	2	MO
<i>ampicillin</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	5	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	3	
<i>nafcillin injection recon soln 1 gram</i>	3	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	
<i>penicillin g potassium injection recon soln 5 million unit</i>	3	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g sodium</i>	2	MO
<i>penicillin v potassium</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	3	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
QUINOLONES		
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	3	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous</i>	3	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ofloxacin oral tablet 400 mg</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral</i>	3	MO
<i>sulfamethoxazole-trimethoprim</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	3	MO
<i>doxy-100</i>	3	MO
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet</i>	2	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	4	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg, 50 mg</i>	4	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	4	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral</i>	2	MO
<i>morgidox oral capsule 50 mg</i>	2	

Drug Name	Drug Tier	Requirements /Limits
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		
MACRODANTIN ORAL CAPSULE 25 MG	3	MO
<i>methenamine hippurate</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>nitrofurantoin oral</i>	3	MO
<i>trimethoprim</i>	2	MO
VANCOMYCIN		
<i>vancomycin intravenous recon soln 1,000 mg</i>	2	MO
<i>vancomycin intravenous recon soln 10 gram</i>	3	MO
<i>vancomycin intravenous recon soln 500 mg</i>	4	MO
<i>vancomycin oral</i>	3	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>amifostine crystalline</i>	5	MO
FUSILEV	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
KEPIVANCE	5	
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	2	MO
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium intravenous solution</i>	3	
<i>mesna</i>	2	MO
MESNEX ORAL	5	MO
XGEVA	5	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	5	MO
<i>adrucil intravenous solution 500 mg/10 ml</i>	2	MO
AFINITOR DISPERZ	5	PA; MO
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (62 per 31 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA; MO
ALECENSA	4	PA; MO; QL (248 per 31 days)
ALIMTA INTRAVENOUS RECON SOLN 500 MG	5	MO
<i>anastrozole</i>	2	MO
ARRANON	3	
AVASTIN	3	MO
<i>azacitidine</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>azathioprine</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	3	B/D PA
BELEODAQ	5	MO
<i>bexarotene</i>	5	MO
<i>bicalutamide</i>	2	MO
BICNU	4	MO
<i>bleomycin injection recon soln 30 unit</i>	2	MO
BOSULIF ORAL TABLET 100 MG	3	PA; MO
BOSULIF ORAL TABLET 500 MG	3	PA; MO; QL (31 per 31 days)
BUSULFEX	4	
CABOMETYX	4	PA; LA
CAPRELSA ORAL TABLET 100 MG	5	PA; MO; LA
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (31 per 31 days)
<i>carboplatin intravenous solution</i>	2	MO
CELLCEPT INTRAVENOUS	3	B/D PA; MO
<i>cisplatin</i>	2	MO
<i>cladribine</i>	4	MO
CLOLAR	4	MO
COMETRIQ	5	PA; MO
COSMEGEN	4	MO
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
CYCLOPHOSPHA MIDE ORAL CAPSULE 25 MG	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
CYCLOPHOSPHAMIDE ORAL CAPSULE 50 MG	5	B/D PA; MO
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	3	B/D PA; MO
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	2	MO
<i>dacarbazine intravenous recon soln 200 mg</i>	2	MO
DARZALEX	3	MO; LA
<i>daunorubicin intravenous solution</i>	2	
<i>decitabine</i>	5	MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	4	
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	MO
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	2	MO
<i>doxorubicin, peg-liposomal</i>	5	MO
DROXIA	3	MO

Drug Name	Drug Tier	Requirements /Limits
ELLEENCE INTRAVENOUS SOLUTION 200 MG/100 ML	4	MO
EMCYT	3	MO
EMPLICITI	4	B/D PA; MO
<i>epirubicin intravenous solution 50 mg/25 ml</i>	2	MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	5	MO
ERIVEDGE	5	PA; MO; QL (31 per 31 days)
ERWINAZE	5	MO
ETOPOPHOS	4	MO
<i>etoposide intravenous</i>	2	MO
<i>exemestane</i>	3	MO
FARESTON	5	MO
FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	MO
FIRMAGON KIT W DILUENT SYRINGE	3	MO
<i>fludarabine intravenous recon soln</i>	3	MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>flutamide</i>	2	MO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	MO
<i>gemcitabine intravenous recon soln 1 gram</i>	3	MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	3	B/D PA; MO
<i>gengraf oral capsule 50 mg</i>	3	B/D PA
<i>gengraf oral solution</i>	4	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG	5	PA; MO; QL (62 per 31 days)
GILOTRIF ORAL TABLET 30 MG	5	PA; MO; QL (42 per 31 days)
GILOTRIF ORAL TABLET 40 MG	5	PA; MO; QL (31 per 31 days)
GLEEVEC ORAL TABLET 100 MG	5	PA; MO
GLEEVEC ORAL TABLET 400 MG	5	PA; MO; QL (62 per 31 days)
GLEOSTINE	3	MO
HALAVEN	3	MO
HERCEPTIN	5	MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (93 per 31 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (31 per 31 days)
<i>idarubicin</i>	2	
<i>ifosfamide intravenous recon soln 1 gram</i>	2	MO
<i>imatinib oral tablet 100 mg</i>	5	PA; MO
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (62 per 31 days)
IMBRUVICA	5	PA; MO; QL (124 per 31 days)
INLYTA ORAL TABLET 1 MG	5	PA; MO
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (124 per 31 days)
IRESSA	4	PA; MO; QL (31 per 31 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	4	MO
ISTODAX	5	MO
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	5	MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
JAKAFI ORAL TABLET 25 MG	5	PA; MO; QL (62 per 31 days)
JEVTANA	4	MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	5	MO
KEYTRUDA	5	MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 8 MG/DAY (4 MG X 2), 8 MG/DAY (4 MG X 2) (60 PACK)	5	PA
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	2	MO
LONSURF	5	PA; MO
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA; MO
LYNPARZA	5	PA; MO
LYSODREN	3	MO
MATULANE	5	MO
MEGACE ES	4	MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	2	MO
<i>megestrol oral tablet</i>	1	MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (124 per 31 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (31 per 31 days)
<i>melphalan hcl</i>	3	
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	3	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium oral</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg</i>	4	MO
<i>mitoxantrone</i>	2	MO
MUSTARGEN	4	MO
<i>mycophenolate mofetil</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 360 mg</i>	5	B/D PA; MO
NEORAL ORAL SOLUTION	3	B/D PA; MO
NEXAVAR	5	PA; MO; LA; QL (124 per 30 days)
NILANDRON	5	MO
<i>nilutamide</i>	3	
NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; MO; QL (3 per 28 days)
NIPENT	4	MO
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 200 mcg/ml, 50 mcg/ml</i>	3	MO
ODOMZO	5	PA; MO; LA; QL (31 per 31 days)
ONCASPAR	3	MO

Drug Name	Drug Tier	Requirements /Limits
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	5	MO
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	4	MO
<i>paclitaxel</i>	2	MO
PERJETA	5	MO
POMALYST	5	MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PURIXAN	5	MO
RAPAMUNE ORAL SOLUTION	5	B/D PA; MO
REVLIMID	5	PA; MO; LA
RHEUMATREX	4	B/D PA; MO
RITUXAN	5	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	MO
SIGNIFOR	5	MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 1 mg, 2 mg</i>	3	B/D PA; MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	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
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	5	PA; MO
SPRYCEL ORAL TABLET 140 MG	5	PA; MO; QL (31 per 31 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (62 per 31 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PA; MO
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	5	PA; MO; QL (62 per 31 days)
SUTENT ORAL CAPSULE 50 MG	5	PA; MO; QL (31 per 31 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	5	MO
SYNRIBO	4	MO
TABLOID	3	MO
<i>tacrolimus oral</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG	5	PA; QL (186 per 31 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; QL (124 per 31 days)
TAGRISSE ORAL TABLET 40 MG	5	PA; MO; LA; QL (62 per 31 days)
TAGRISSE ORAL TABLET 80 MG	5	PA; MO; LA; QL (31 per 31 days)
<i>tamoxifen</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA; MO
TARCEVA ORAL TABLET 150 MG	5	PA; MO; QL (31 per 31 days)
TARGRETIN	5	MO
TASIGNA ORAL CAPSULE 150 MG	5	PA; MO
TASIGNA ORAL CAPSULE 200 MG	5	PA; MO; QL (112 per 28 days)
TECENTRIQ	5	LA
THALOMID	5	PA; MO
<i>thiotepa</i>	5	MO
<i>toposar</i>	2	MO
<i>topotecan intravenous recon soln</i>	4	
TORISEL	5	MO
TREANDA INTRAVENOUS RECON SOLN 100 MG	4	MO
TRELSTAR	5	MO
TRELSTAR DEPOT	5	
TRELSTAR LA	5	
<i>tretinoin (chemotherapy)</i>	3	MO
TRISENOX	4	MO
TYKERB	5	PA; MO; LA; QL (186 per 31 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
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	5	B/D PA; MO
VELCADE	5	MO
VENCLEXTA	4	PA; LA
VENCLEXTA STARTING PACK	4	PA; LA; QL (42 per 28 days)
<i>vinblastine intravenous solution</i>	2	MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	
<i>vincristine intravenous solution 1 mg/ml</i>	2	MO
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	2	MO
VOTRIENT	5	PA; MO; QL (124 per 31 days)
XALKORI ORAL CAPSULE 200 MG	5	PA; MO
XALKORI ORAL CAPSULE 250 MG	5	PA; MO; QL (62 per 31 days)
XTANDI	5	PA; MO; QL (124 per 31 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	3	MO
YONDELIS	5	MO

Drug Name	Drug Tier	Requirements /Limits
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	4	MO
ZANOSAR	4	MO
ZELBORAF	5	PA; MO; QL (248 per 31 days)
ZOLINZA	5	MO
ZORTRESS ORAL TABLET 0.25 MG	3	B/D PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (93 per 31 days)
ZYKADIA	5	PA; MO; QL (155 per 31 days)
ZYTIGA	5	PA; MO; QL (124 per 31 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL ORAL SUSPENSION	5	MO
BANZEL ORAL TABLET 200 MG	3	MO
BANZEL ORAL TABLET 400 MG	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
BRIVIACT	4	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	3	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	3	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clonazepam</i>	2	PA; MO
<i>diazepam rectal</i>	2	PA; MO
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, sprinkle</i>	3	MO
<i>divalproex oral tablet extended release 24 hr</i>	3	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	MO
<i>epitol</i>	1	MO
<i>ethosuximide</i>	3	MO
<i>felbamate</i>	4	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
FYCOMPA ORAL SUSPENSION	4	
FYCOMPA ORAL TABLET	4	MO
<i>gabapentin oral capsule</i>	2	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	3	MO
LAMICTAL ODT	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR STARTER (BLUE)	4	MO
LAMICTAL XR STARTER (GREEN)	4	MO
LAMICTAL XR STARTER (ORANGE)	4	MO
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	3	MO
LEVETIRACETAM IN NA CL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	4	
LEVETIRACETAM IN NA CL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	4	MO
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LYRICA	3	MO
ONFI ORAL SUSPENSION	3	PA; MO
ONFI ORAL TABLET 10 MG	3	PA; MO
ONFI ORAL TABLET 20 MG	5	PA; MO
<i>oxcarbazepine</i>	2	MO
PEGANONE	4	MO
<i>phenobarbital</i>	2	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
POTIGA	3	MO
<i>primidone</i>	2	MO
<i>roweepra</i>	3	
SABRIL	5	MO; LA
SPRITAM	4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	3	MO
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	3	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
VIMPAT INTRAVENOUS	3	
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET 100 MG, 200 MG, 50 MG	3	MO
VIMPAT ORAL TABLET 150 MG	5	MO
<i>zonisamide</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
ANTIPARKINSONISM AGENTS		
APOKYN	5	MO; LA
AZILECT	3	MO
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	1	MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	5	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	2	MO
<i>entacapone</i>	2	MO
MIRAPEX ER	4	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	3	MO
<i>pramipexole oral tablet extended release 24 hr 3.75 mg</i>	3	
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr 12 mg, 4 mg, 6 mg, 8 mg</i>	4	MO
<i>ropinirole oral tablet extended release 24 hr 2 mg</i>	3	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	MO
<i>trihexyphenidyl</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
ZELAPAR	4	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)
<i>migergot</i>	4	MO
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
RELPAK	3	MO; QL (18 per 28 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	3	MO; QL (16 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	3	MO; QL (16 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (16 per 28 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

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

Drug Name	Drug Tier	Requirements /Limits
AMPYRA	5	PA; MO; LA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>donepezil</i>	2	MO
EXELON TRANSDERMAL	4	MO
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO
<i>glatopa</i>	5	PA; MO; QL (30 per 30 days)
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	3	PA; MO
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 28-10 MG	3	PA; MO
NUEDEXTA	3	MO
<i>rivastigmine</i>	3	MO
<i>rivastigmine tartrate</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
TECFIDERA	5	PA; MO
<i>tetrabenazine</i>	5	PA; MO
TYSABRI	5	PA; MO; LA
XENAZINE	5	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen</i>	1	MO
<i>cyclobenzaprine oral tablet</i>	2	MO
<i>dantrolene</i>	2	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	5	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	3	B/D PA; MO
MESTINON ORAL SYRUP	3	MO
MESTINON TIMESPAN	3	MO
<i>pyridostigmine bromide oral tablet</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>tizanidine oral capsule</i>	4	MO
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		

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

Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	2	QL (4650 per 31 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (372 per 31 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (186 per 31 days)
BUPRENEX	4	MO; QL (276 per 31 days)
<i>buprenorphine hcl injection syringe</i>	2	QL (276 per 31 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	MO; QL (310 per 31 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	MO; QL (78 per 31 days)
BUTRANS	4	MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</i>	2	MO; QL (186 per 31 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO; QL (4134 per 31 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	QL (2067 per 31 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (372 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	3	PA; MO; QL (40 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	3	PA; MO; QL (30 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; MO; QL (124 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	3	PA; MO; QL (120 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	3	PA; MO; QL (80 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	3	PA; MO; QL (60 per 31 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	2	MO; QL (10 per 31 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5735 per 31 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	MO; QL (372 per 31 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (52 per 31 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	3	MO; QL (124 per 31 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	2	QL (1240 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone oral liquid</i>	2	MO; QL (1550 per 31 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (186 per 31 days)
<i>levorphanol tartrate</i>	4	MO; QL (124 per 31 days)
<i>methadone injection</i>	2	QL (160 per 31 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	MO; QL (620 per 31 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	MO; QL (1240 per 31 days)
<i>methadone oral tablet 10 mg</i>	2	MO; QL (124 per 31 days)
<i>methadone oral tablet 5 mg</i>	2	MO; QL (248 per 31 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (310 per 31 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1034 per 31 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (517 per 31 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	3	MO; QL (52 per 31 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg</i>	2	MO; QL (62 per 31 days)
<i>morphine oral capsule, er multiphase 24 hr 90 mg</i>	3	MO; QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	2	MO; QL (93 per 31 days)
<i>morphine oral capsule, extend. release pellets 100 mg</i>	5	MO; QL (62 per 31 days)
<i>morphine oral capsule, extend. release pellets 80 mg</i>	5	MO; QL (78 per 31 days)
<i>morphine oral solution</i>	2	MO; QL (930 per 31 days)
<i>morphine oral tablet</i>	2	MO; QL (186 per 31 days)
<i>morphine oral tablet extended release 100 mg</i>	2	MO; QL (62 per 31 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	MO; QL (124 per 31 days)
<i>morphine oral tablet extended release 200 mg</i>	2	MO; QL (31 per 31 days)
<i>morphine oral tablet extended release 60 mg</i>	2	MO; QL (103 per 31 days)
<i>oxycodone oral capsule</i>	2	MO; QL (372 per 31 days)
<i>oxycodone oral concentrate</i>	2	MO; QL (186 per 31 days)
<i>oxycodone oral solution</i>	2	MO; QL (1240 per 31 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	2	MO; QL (186 per 31 days)
<i>oxycodone oral tablet 30 mg</i>	2	MO; QL (139 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (372 per 31 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (372 per 31 days)
<i>oxycodone-aspirin</i>	2	MO; QL (372 per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	MO; QL (93 per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	3	MO; QL (70 per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	3	MO; QL (52 per 31 days)
<i>reprexain oral tablet 10-200 mg, 5-200 mg</i>	2	MO; QL (52 per 31 days)
<i>vicodin</i>	2	MO; QL (372 per 31 days)
<i>vicodin es</i>	2	MO; QL (372 per 31 days)
<i>vicodin hp</i>	4	MO; QL (372 per 31 days)
<i>zamicet</i>	2	QL (5735 per 31 days)
NON-NARCOTIC ANALGESICS		
<i>butorphanol tartrate nasal</i>	2	MO; QL (5 per 28 days)
<i>celecoxib</i>	3	MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical drops</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	2	
<i>diflunisal</i>	2	MO
<i>etodolac</i>	2	MO
<i>fenoprofen oral tablet</i>	3	MO
FLECTOR	4	PA; MO; QL (60 per 30 days)
<i>flurbiprofen</i>	2	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule</i>	2	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	4	MO
<i>meclofenamate oral</i>	2	MO
<i>mefenamic acid</i>	4	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (31 per 31 days)
<i>nabumetone</i>	2	MO
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe 1 mg/ml</i>	2	MO
<i>naltrexone oral</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	MO
<i>narcan</i>	3	MO
<i>oxaprozin</i>	3	MO
<i>piroxicam</i>	3	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (62 per 31 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (372 per 31 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (93 per 31 days)
<i>sulindac oral</i>	2	MO
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet 600 mg</i>	2	MO
<i>tramadol oral tablet</i>	2	MO; QL (248 per 31 days)
VOLTAREN GEL TOPICAL GEL 1 %	3	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO
<i>alprazolam intensol</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>alprazolam oral tablet</i>	2	MO
<i>amitriptyline</i>	2	PA; MO
<i>amoxapine</i>	2	MO
<i>aripiprazole oral tablet 10 mg</i>	3	MO; QL (93 per 31 days)
<i>aripiprazole oral tablet 15 mg</i>	3	MO; QL (62 per 31 days)
<i>aripiprazole oral tablet 2 mg</i>	3	MO; QL (465 per 31 days)
<i>aripiprazole oral tablet 20 mg</i>	5	MO; QL (62 per 31 days)
<i>aripiprazole oral tablet 30 mg</i>	5	MO; QL (31 per 31 days)
<i>aripiprazole oral tablet 5 mg</i>	3	MO; QL (186 per 31 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	3	MO; QL (93 per 31 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	3	MO; QL (62 per 31 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 100 mg</i>	2	MO; QL (124 per 31 days)
<i>bupropion hcl oral tablet extended release 150 mg</i>	2	MO; QL (93 per 31 days)
<i>bupropion hcl oral tablet extended release 200 mg</i>	2	MO; QL (62 per 31 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (93 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (62 per 31 days)
<i>buspirone</i>	2	MO
<i>chlorpromazine</i>	3	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet 10 mg</i>	1	MO; QL (124 per 31 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QL (62 per 31 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (31 per 31 days)
<i>clomipramine</i>	4	PA; MO
<i>clorazepate dipotassium</i>	2	PA; MO
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	4	MO; QL (186 per 31 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	4	MO; QL (124 per 31 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 60 MG	4	MO; QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>desipramine oral</i>	2	MO
<i>dexedrine</i>	2	MO
<i>dextroamphetamine oral capsule, extended release</i>	4	MO
<i>dextroamphetamine oral tablet</i>	2	MO
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	2	MO
<i>diazepam intensol</i>	2	PA; MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO
<i>diazepam oral tablet</i>	2	PA; MO
<i>doxepin oral</i>	2	PA; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	2	MO; QL (186 per 31 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	MO; QL (124 per 31 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	MO; QL (93 per 31 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	2	MO; QL (62 per 31 days)
EMSAM	4	MO
<i>ergoloid</i>	2	MO
<i>escitalopram oxalate oral solution</i>	4	MO
<i>escitalopram oxalate oral tablet 10 mg</i>	3	MO; QL (62 per 31 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	3	MO; QL (31 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>escitalopram oxalate oral tablet 5 mg</i>	3	MO; QL (124 per 31 days)
FANAPT ORAL TABLET 1 MG	4	MO; QL (744 per 31 days)
FANAPT ORAL TABLET 10 MG	4	QL (93 per 31 days)
FANAPT ORAL TABLET 12 MG	4	MO; QL (62 per 31 days)
FANAPT ORAL TABLET 2 MG	4	MO; QL (372 per 31 days)
FANAPT ORAL TABLET 4 MG	4	MO; QL (186 per 31 days)
FANAPT ORAL TABLET 6 MG	4	MO; QL (124 per 31 days)
FANAPT ORAL TABLET 8 MG	4	MO; QL (93 per 31 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	4	MO; QL (31 per 31 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	4	MO; QL (186 per 31 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	4	MO; QL (93 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	4	MO; QL (47 per 31 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (248 per 31 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (62 per 31 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (248 per 31 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule,extended release 24hr 100 mg</i>	4	MO; QL (93 per 31 days)
<i>fluvoxamine oral capsule,extended release 24hr 150 mg</i>	4	MO; QL (62 per 31 days)
<i>fluvoxamine oral tablet 100 mg</i>	3	MO; QL (93 per 31 days)
<i>fluvoxamine oral tablet 25 mg</i>	3	MO; QL (372 per 31 days)
<i>fluvoxamine oral tablet 50 mg</i>	3	MO; QL (186 per 31 days)
FORFIVO XL	4	MO; QL (31 per 31 days)
GEODON INTRAMUSCULAR	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>guanfacine oral tablet extended release 24 hr</i>	3	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate</i>	2	MO
HETLIOZ	5	PA; MO
<i>imipramine hcl</i>	2	PA; MO
<i>imipramine pamoate</i>	3	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	4	MO; QL (248 per 31 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	4	MO; QL (124 per 31 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	MO; QL (62 per 31 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	4	MO; QL (42 per 31 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	5	MO

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	3	MO
INVEGA TRINZA	4	MO
LATUDA ORAL TABLET 120 MG	4	MO; QL (31 per 31 days)
LATUDA ORAL TABLET 20 MG	4	MO; QL (248 per 31 days)
LATUDA ORAL TABLET 40 MG	4	MO; QL (124 per 31 days)
LATUDA ORAL TABLET 60 MG, 80 MG	4	MO; QL (62 per 31 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam intensol</i>	2	PA; MO
<i>lorazepam oral tablet</i>	2	PA; MO
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
MARPLAN	3	MO
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 30 mg, 50 mg, 60 mg</i>	3	MO
<i>methylphenidate oral capsule, er biphasic 50-50 20 mg, 40 mg</i>	3	MO
<i>methylphenidate oral solution</i>	2	MO
<i>methylphenidate oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine</i>	2	MO
<i>modafinil</i>	3	PA; MO
<i>molindone</i>	3	
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	1	MO
NUPLAZID	4	
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral tablet 10 mg</i>	2	MO; QL (62 per 31 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	2	MO; QL (31 per 31 days)
<i>olanzapine oral tablet 2.5 mg</i>	2	MO; QL (248 per 31 days)
<i>olanzapine oral tablet 5 mg</i>	2	MO; QL (124 per 31 days)
<i>olanzapine oral tablet 7.5 mg</i>	2	MO; QL (83 per 31 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	2	MO; QL (62 per 31 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	2	MO; QL (31 per 31 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	2	MO; QL (124 per 31 days)
<i>olanzapine-fluoxetine</i>	4	MO
ORAP	3	MO
<i>oxazepam</i>	2	PA; MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	3	MO; QL (248 per 31 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	3	MO; QL (124 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	MO; QL (62 per 31 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	3	MO; QL (42 per 31 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (186 per 31 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (93 per 31 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (62 per 31 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (47 per 31 days)
PAXIL ORAL SUSPENSION	3	MO
<i>perphenazine</i>	2	MO
<i>phenelzine</i>	2	MO
<i>pimozide</i>	3	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (124 per 31 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (496 per 31 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (248 per 31 days)
<i>procentra</i>	2	MO
<i>protriptyline</i>	3	MO
<i>quetiapine oral tablet 100 mg</i>	2	MO; QL (248 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet 200 mg</i>	2	MO; QL (124 per 31 days)
<i>quetiapine oral tablet 25 mg</i>	2	MO; QL (932 per 31 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; QL (83 per 31 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; QL (62 per 31 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; QL (496 per 31 days)
REXULTI ORAL TABLET 0.25 MG	4	MO; QL (496 per 31 days)
REXULTI ORAL TABLET 0.5 MG	4	MO; QL (248 per 31 days)
REXULTI ORAL TABLET 1 MG	4	MO; QL (124 per 31 days)
REXULTI ORAL TABLET 2 MG	4	MO; QL (62 per 31 days)
REXULTI ORAL TABLET 3 MG	4	MO; QL (42 per 31 days)
REXULTI ORAL TABLET 4 MG	4	MO; QL (31 per 31 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	2	MO; QL (496 per 31 days)
<i>risperidone oral tablet 0.25 mg</i>	2	MO; QL (1984 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet 0.5 mg</i>	2	MO; QL (992 per 31 days)
<i>risperidone oral tablet 1 mg</i>	2	MO; QL (496 per 31 days)
<i>risperidone oral tablet 2 mg</i>	2	MO; QL (248 per 31 days)
<i>risperidone oral tablet 3 mg</i>	2	MO; QL (166 per 31 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; QL (124 per 31 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	4	MO; QL (1984 per 31 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	4	MO; QL (992 per 31 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	4	MO; QL (496 per 31 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	4	MO; QL (248 per 31 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	MO; QL (166 per 31 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (124 per 31 days)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 60 MG	3	MO
ROZEREM	3	MO; QL (31 per 31 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	4	MO; QL (62 per 31 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
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	4	MO; QL (248 per 31 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	4	MO; QL (124 per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; QL (166 per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	4	MO; QL (124 per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; QL (83 per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	4	MO; QL (62 per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QL (496 per 31 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg</i>	2	MO; QL (62 per 31 days)
<i>sertraline oral tablet 25 mg</i>	2	MO; QL (248 per 31 days)
<i>sertraline oral tablet 50 mg</i>	2	MO; QL (124 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
STRATTERA	3	MO
SURMONTIL	4	PA; MO
<i>temazepam</i>	2	PA; MO
<i>thioridazine</i>	2	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	2	PA; MO
TRINTELLIX ORAL TABLET 10 MG	4	QL (62 per 31 days)
TRINTELLIX ORAL TABLET 20 MG	4	QL (31 per 31 days)
TRINTELLIX ORAL TABLET 5 MG	4	QL (124 per 31 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; QL (62 per 31 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; QL (186 per 31 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (93 per 31 days)
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	2	MO; QL (93 per 31 days)
<i>venlafaxine oral tablet 25 mg</i>	2	MO; QL (279 per 31 days)
<i>venlafaxine oral tablet 37.5 mg</i>	2	MO; QL (186 per 31 days)
<i>venlafaxine oral tablet 50 mg</i>	2	MO; QL (155 per 31 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
VIIIBRYD ORAL TABLET 10 MG	3	MO; QL (124 per 31 days)
VIIIBRYD ORAL TABLET 20 MG	3	MO; QL (62 per 31 days)
VIIIBRYD ORAL TABLET 40 MG	3	MO; QL (31 per 31 days)
VIIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	4	QL (124 per 31 days)
VRAYLAR ORAL CAPSULE 3 MG	4	QL (62 per 31 days)
VRAYLAR ORAL CAPSULE 4.5 MG	4	QL (42 per 31 days)
VRAYLAR ORAL CAPSULE 6 MG	4	QL (31 per 31 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	
XYREM	5	MO; LA
<i>zaleplon oral capsule 10 mg</i>	2	ST; MO; QL (62 per 31 days)
<i>zaleplon oral capsule 5 mg</i>	2	ST; MO; QL (31 per 31 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	4	MO; QL (248 per 31 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	MO; QL (124 per 31 days)
<i>ziprasidone hcl oral capsule 60 mg</i>	4	MO; QL (83 per 31 days)
<i>ziprasidone hcl oral capsule 80 mg</i>	4	MO; QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>zolpidem oral tablet</i>	2	ST; MO; QL (31 per 31 days)
<i>zolpidem sublingual</i>	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	5	
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone oral tablet 200 mg, 400 mg</i>	2	MO
<i>dofetilide</i>	3	
<i>flecainide</i>	2	MO
<i>mexiletine</i>	2	MO
<i>pacerone oral tablet 100 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	
<i>propafenone oral capsule,extended release 12 hr</i>	4	MO
<i>propafenone oral tablet 150 mg, 225 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>propafenone oral tablet 300 mg</i>	3	MO
<i>quinidine gluconate oral</i>	4	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af oral tablet 120 mg</i>	1	MO
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	1	MO
SOTYLIZE	3	MO
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>afeditab cr</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	2	MO
<i>amlodipine-benazepril</i>	3	MO
<i>amlodipine-valsartan</i>	3	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AZOR	4	MO
<i>benazepril</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>benazepril-hydrochlorothiazide</i>	2	MO
BENICAR	3	MO
BENICAR HCT	3	MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	2	MO
<i>bumetanide oral</i>	1	MO
BYSTOLIC	4	MO
BYVALSON	4	
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>cartia xt oral capsule, extended release 24hr 300 mg</i>	3	MO
<i>carvedilol</i>	2	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>clonidine hcl oral tablet</i>	1	MO
COREG CR	3	MO
DEMSER	4	MO
DIBENZYLINE	4	MO
<i>diltiazem hcl intravenous</i>	3	
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>dilt-xr</i>	2	MO
DIOVAN	4	MO
DIOVAN HCT	4	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (31 per 31 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (62 per 31 days)
EDECIN	4	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>epplerenone</i>	2	MO
<i>eprosartan</i>	2	MO
<i>felodipine</i>	3	MO
<i>fosinopril</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>guanfacine oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	3	MO
<i>irbesartan-hydrochlorothiazide</i>	3	MO
<i>isradipine</i>	2	MO
<i>labetalol intravenous solution</i>	2	MO
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	2	MO
<i>losartan-hydrochlorothiazide</i>	2	MO
<i>matzim la</i>	2	MO
<i>methyclothiazide</i>	2	MO
<i>methyl dopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate intravenous syringe</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	2	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
<i>nicardipine oral</i>	2	MO
<i>nifedical xl</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	3	MO
<i>nisoldipine</i>	4	MO
<i>perindopril erbumine</i>	2	MO
<i>phenoxybenzamine</i>	3	MO
<i>pindolol</i>	1	MO
<i>prazosin oral</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	2	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
REMODULIN	5	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	2	MO
TEKTURNA	3	MO
TEKTURNA HCT	4	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (31 per 31 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (62 per 31 days)
<i>timolol maleate oral</i>	1	MO
<i>toremide oral</i>	2	MO
<i>trandolapril</i>	2	MO
<i>trandolapril-verapamil</i>	2	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRIBENZOR	4	MO
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	2	MO
<i>valsartan-hydrochlorothiazide</i>	3	MO
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
CARDIAC GLYCOSIDES		
<i>digitek</i>	2	MO
<i>digoxin injection solution</i>	1	MO
<i>digoxin oral solution 50 mcg/ml</i>	1	MO
<i>digoxin oral tablet</i>	1	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3	MO
COAGULATION THERAPY		
AGGRENOX	4	MO
<i>aspirin-dipyridamole</i>	3	MO
BRILINTA	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel</i>	2	MO
<i>dipyridamole oral</i>	2	MO
EFFIENT	3	MO
ELIQUIS	3	MO
<i>enoxaparin subcutaneous solution</i>	5	MO
<i>enoxaparin subcutaneous syringe</i>	3	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
PLAVIX	4	MO
PRADAXA	3	MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; MO; LA
SAVAYSA	4	MO
<i>warfarin</i>	1	MO
XARELTO	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
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	MO; QL (31 per 31 days)
<i>atorvastatin</i>	2	MO; QL (31 per 31 days)
<i>cholestyramine light</i>	2	MO
<i>colestipol oral granules</i>	2	MO
<i>colestipol oral tablet</i>	2	MO
CRESTOR	3	MO; QL (31 per 31 days)
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (31 per 31 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (62 per 31 days)
<i>gemfibrozil oral</i>	2	MO
JUXTAPID	5	MO; LA
LIPOFEN	4	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (31 per 31 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (62 per 31 days)
<i>niacin oral tablet extended release 24 hr</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; QL (4 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 75 MG/ML	5	PA; MO; QL (4 per 28 days)
<i>pravastatin</i>	2	MO; QL (31 per 31 days)
<i>prevalite oral powder</i>	2	MO
REPATHA PUSHTRONEX	5	PA
REPATHA SURECLICK	5	PA; MO; QL (3 per 30 days)
REPATHA SYRINGE	5	PA; MO; QL (3 per 30 days)
<i>simvastatin</i>	2	MO; QL (31 per 31 days)
VASCEPA	3	MO
VYTORIN 10-10	4	MO; QL (31 per 31 days)
VYTORIN 10-20	4	MO; QL (31 per 31 days)
VYTORIN 10-40	4	MO; QL (31 per 31 days)
VYTORIN 10-80	4	MO; QL (31 per 31 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
WELCHOL	3	MO
ZETIA	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	3	PA; MO
ENTRESTO	3	PA; MO; QL (62 per 31 days)
RANEXA	3	MO
VECAMYL	5	
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg</i>	3	MO
<i>isosorbide dinitrate oral tablet 30 mg</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	1	MO
<i>isosorbide mononitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid</i>	2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	MO
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
NITROSTAT	3	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	5	MO
<i>calcipotriene scalp</i>	3	MO
<i>calcipotriene topical cream</i>	3	MO
<i>calcipotriene topical ointment</i>	4	MO
<i>calcipotriene- betamethasone</i>	5	MO
<i>calcitriol topical</i>	2	MO
<i>selenium sulfide topical lotion</i>	1	MO
BURN THERAPY		
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
MISCELLANEOUS DERMATOLOGICALS		
8-MOP	3	MO
<i>ammonium lactate</i>	2	MO
CARAC	4	MO
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PA; MO
<i>doxepin topical</i>	3	
<i>fluorouracil topical cream 5 %</i>	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>fluorouracil topical solution</i>	3	MO
<i>imiquimod</i>	3	MO
<i>methoxsalen rapid</i>	5	MO
PANRETIN	4	MO
<i>podofilox</i>	2	MO
<i>pradoxin</i>	4	MO
REGRANEX	5	MO
<i>tacrolimus topical</i>	3	PA; MO
UVADEX	4	
VALCHLOR	5	MO
VEREGEN	4	MO
THERAPY FOR ACNE		
<i>adapalene topical cream</i>	2	PA; MO
<i>adapalene topical gel</i>	2	PA; MO
<i>avita topical cream</i>	2	PA; MO
AZELEX	3	MO
<i>claravis</i>	4	MO
<i>clindamycin phosphate topical</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	4	MO
<i>clindamycin-tretinoin</i>	3	PA
<i>ery pads</i>	1	MO
<i>erygel</i>	2	
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin-benzoyl peroxide</i>	3	MO
FINACEA	3	MO
<i>metronidazole topical cream</i>	2	MO
<i>metronidazole topical gel</i>	2	MO
<i>metronidazole topical lotion</i>	2	MO
<i>neuac</i>	2	MO
TAZORAC TOPICAL CREAM	3	PA; MO
TAZORAC TOPICAL GEL 0.05 %	5	PA; MO
TAZORAC TOPICAL GEL 0.1 %	3	PA; MO
<i>tretinoin microspheres topical gel with pump</i>	3	PA; MO
<i>tretinoin topical cream 0.025 %</i>	2	PA; MO
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	3	PA; MO
<i>tretinoin topical gel</i>	3	PA; MO
TOPICAL ANESTHETICS		
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	2	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	2	MO
<i>lidocaine hcl mucous membrane</i>	2	MO
<i>lidocaine hcl urethral</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine topical adhesive patch,medicated</i>	2	PA; MO
<i>lidocaine topical ointment</i>	3	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO
LIDODERM	4	PA; MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	MO
<i>mupirocin</i>	2	MO
<i>mupirocin calcium</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	3	MO
<i>ciclopirox topical gel</i>	4	MO
<i>ciclopirox topical shampoo</i>	3	MO
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	3	MO
<i>clotrimazole topical</i>	2	MO
<i>clotrimazole-betamethasone</i>	3	MO
<i>econazole topical</i>	2	MO
<i>ketoconazole topical</i>	2	MO
<i>naftifine topical cream 2 %</i>	3	MO
NAFTIN TOPICAL CREAM 2 %	3	MO

Drug Name	Drug Tier	Requirements /Limits
NAFTIN TOPICAL GEL	3	MO
<i>nyamyc</i>	2	MO
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	4	MO
<i>nystop</i>	3	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	4	MO
DENAVIR	3	MO
ZOVIRAX TOPICAL CREAM	4	MO
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	2	MO
<i>amcinonide</i>	2	MO
<i>apexicon e</i>	2	MO
<i>betamethasone dipropionate</i>	3	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical foam</i>	4	MO
<i>betamethasone valerate topical lotion</i>	3	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone, augmented topical lotion</i>	3	MO
<i>betamethasone, augmented topical ointment</i>	3	MO
<i>clobetasol scalp</i>	2	MO
<i>clobetasol topical foam</i>	4	MO
<i>clobetasol topical gel</i>	2	MO
<i>clobetasol topical lotion</i>	4	MO
<i>clobetasol topical ointment</i>	2	MO
<i>clobetasol topical shampoo</i>	4	MO
<i>clobetasol topical spray, non-aerosol</i>	2	MO
<i>clobetasol-emollient topical cream</i>	2	MO
<i>clodan</i>	2	MO
CORDRAN TAPE LARGE ROLL	3	MO
<i>desonide topical cream</i>	4	MO
<i>desonide topical lotion</i>	4	MO
<i>desonide topical ointment</i>	3	MO
<i>desoximetasone topical cream 0.05 %</i>	4	MO
<i>desoximetasone topical cream 0.25 %</i>	3	MO
<i>desoximetasone topical gel</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>desoximetasone topical ointment</i>	4	MO
<i>diflorasone</i>	4	MO
<i>fluocinolone topical cream</i>	3	MO
<i>fluocinolone topical oil</i>	3	MO
<i>fluocinolone topical ointment</i>	3	MO
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	2	MO
<i>fluocinonide topical cream 0.1 %</i>	5	MO
<i>fluocinonide topical gel</i>	2	MO
<i>fluocinonide topical ointment</i>	2	MO
<i>fluocinonide topical solution</i>	2	MO
<i>fluocinonide-e</i>	2	
<i>flurandrenolide topical cream</i>	3	
<i>fluticasone topical cream</i>	2	MO
<i>fluticasone topical lotion</i>	3	MO
<i>fluticasone topical ointment</i>	2	MO
<i>halobetasol propionate</i>	3	MO
<i>hydrocortisone butyrate topical ointment</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone butyr-emollient</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate topical cream</i>	2	MO
<i>hydrocortisone valerate topical ointment</i>	4	MO
LOCOID TOPICAL LOTION	3	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate</i>	2	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
TOPICAL ENZYMES		
SANTYL	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX	3	MO
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin topical cream</i>	2	MO
SKLICE	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	MO
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	2	MO; QL (31 per 31 days)
<i>anagrelide</i>	2	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	MO; LA
BUPHENYL	5	MO
CARBAGLU	5	MO; LA
<i>cevimeline</i>	4	MO
CHEMET	3	MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	MO
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	2	MO
<i>etidronate disodium</i>	4	MO
EXJADE	5	MO; LA
FERRIPROX ORAL TABLET	5	MO
INCRELEX	5	MO; LA
<i>kionex</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
<i>midodrine</i>	2	MO
NORTHERA	5	MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA

Drug Name	Drug Tier	Requirements /Limits
ORFADIN ORAL SUSPENSION	5	LA
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C	5	LA
RAVICTI	5	MO
REVELA	5	MO
<i>riluzole</i>	3	MO
<i>risedronate oral tablet 30 mg</i>	3	MO; QL (31 per 31 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	MO
<i>sodium polystyrene (sorb free)</i>	2	MO
<i>sps (with sorbitol) oral</i>	2	MO
SYPRINE	5	MO
VELTASSA	3	MO
<i>zoledronic acid-mannitol-water intravenous solution</i>	3	PA; MO
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter)</i>	2	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO

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
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NICOTROL NS	4	MO
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EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	2	MO; QL (60 per 31 days)
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BACTROBAN NASAL	3	MO
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<i>chlorhexidine gluconate mucous membrane</i>	1	MO
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<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 31 days)
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<i>olopatadine nasal</i>	3	MO; QL (30.5 per 31 days)
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<i>periogard</i>	1	MO
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<i>triamcinolone acetonide dental</i>	1	MO
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TYZINE NASAL DROPS 0.05 %	3	MO
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MISCELLANEOUS OTIC PREPARATIONS

<i>acetasol hc</i>	4	MO
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<i>acetic acid otic</i>	2	MO
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<i>fluocinolone acetonide oil</i>	3	MO
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<i>hydrocortisone-acetic acid</i>	2	MO
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<i>ofloxacin otic</i>	2	MO
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OTIC STEROID / ANTIBIOTIC

CIPRO HC	4	MO
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CIPRODEX	3	MO
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COLY-MYCIN S	3	MO
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<i>neomycin-polymyxin-hc otic</i>	2	MO
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Drug Name	Drug Tier	Requirements /Limits
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ENDOCRINE/DIABETES

ADRENAL HORMONES

<i>a-hydrocort</i>	2	MO
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<i>cortisone</i>	2	MO
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DEPO-MEDROL	3	MO
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<i>dexamethasone intensol</i>	2	MO
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<i>dexamethasone oral elixir</i>	1	MO
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<i>dexamethasone oral tablet</i>	1	MO
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<i>dexamethasone sodium phosphate injection solution</i>	1	MO
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<i>fludrocortisone</i>	2	MO
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<i>hydrocortisone oral</i>	1	MO
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<i>methylprednisolone acetate</i>	2	MO
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<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
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<i>methylprednisolone oral tablets,dose pack</i>	2	MO
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<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
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<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
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<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	2	B/D PA; MO
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You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>prednisone intensol</i>	3	B/D PA; MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	3	MO
SOLU-MEDROL (PF) INJECTION	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (93 per 31 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (372 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (186 per 31 days)
ACTOS	4	MO; QL (31 per 31 days)
<i>alcohol pads</i>	2	MO
BYDUREON	3	MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO; QL (4.8 per 31 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; QL (2.4 per 31 days)
CYCLOSET	4	MO; QL (186 per 31 days)
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (248 per 31 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (124 per 31 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (62 per 31 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (124 per 31 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (248 per 31 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	2	MO; QL (62 per 31 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	2	MO; QL (248 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 5 mg</i>	2	MO; QL (124 per 31 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; QL (248 per 31 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; QL (124 per 31 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
<i>glyburide micronized oral tablet 1.5 mg</i>	1	MO; QL (248 per 31 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	MO; QL (124 per 31 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	MO; QL (62 per 31 days)
<i>glyburide oral tablet 1.25 mg</i>	2	MO; QL (496 per 31 days)
<i>glyburide oral tablet 2.5 mg</i>	2	MO; QL (248 per 31 days)
<i>glyburide oral tablet 5 mg</i>	2	MO; QL (124 per 31 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	2	MO; QL (248 per 31 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; QL (124 per 31 days)
HUMALOG	3	MO
HUMALOG KWIKPEN	3	MO

Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 50-50	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMULIN 70/30	3	MO
HUMULIN 70/30 KWIKPEN	3	MO
HUMULIN N	3	MO
HUMULIN N KWIKPEN	3	MO
HUMULIN R	3	MO
HUMULIN R U-500 (CONCENTRATED)	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	MO
INVOKANA ORAL TABLET 100 MG	3	MO; QL (93 per 31 days)
INVOKANA ORAL TABLET 300 MG	3	MO; QL (31 per 31 days)
JANUMET	3	MO; QL (62 per 31 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (31 per 31 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
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (62 per 31 days)
JANUVIA	3	MO; QL (31 per 31 days)
JARDIANCE	3	MO; QL (31 per 31 days)
JENTADUETO	3	MO; QL (62 per 31 days)
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (78 per 31 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (155 per 31 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (93 per 31 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	2	MO; QL (124 per 31 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	2	MO; QL (78 per 31 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	3	MO; QL (78 per 31 days)
<i>miglitol</i>	3	
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (93 per 31 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (186 per 31 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOFINE 30	3	MO

Drug Name	Drug Tier	Requirements /Limits
NOVOFINE 32	3	MO
NOVOFINE AUTOCOVER	3	MO
NOVOLOG	4	MO
NOVOLOG FLEXPEN	4	MO
NOVOLOG MIX 70-30	4	MO
NOVOLOG MIX 70-30 FLEXPEN	4	MO
NOVOLOG PENFILL	4	MO
<i>pioglitazone</i>	2	MO; QL (31 per 31 days)
<i>pioglitazone-glimepiride</i>	4	MO; QL (31 per 31 days)
<i>pioglitazone-metformin</i>	4	MO; QL (93 per 31 days)
PROGLYCEM	5	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (992 per 31 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (496 per 31 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (248 per 31 days)
<i>repaglinide-metformin</i>	3	MO
RIOMET	3	MO; QL (791 per 31 days)
SYMLINPEN 120	5	PA; MO; QL (18.9 per 31 days)
SYMLINPEN 60	3	PA; MO; QL (10.5 per 31 days)
TANZEUM	4	MO; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>tolazamide oral tablet 250 mg</i>	2	MO; QL (124 per 31 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QL (62 per 31 days)
<i>tolbutamide</i>	2	MO; QL (186 per 31 days)
TOUJEO SOLOSTAR	3	MO
TRADJENTA	3	MO; QL (31 per 31 days)
TRULICITY	4	MO; QL (2 per 28 days)
VGO 20	3	MO
VGO 30	3	MO
VGO 40	3	MO
VICTOZA 2-PAK	3	MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QL (9 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	MO
ANDRODERM	4	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET	3	PA; MO
ANDROID	4	MO
AXIRON	4	PA; MO
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral</i>	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	MO
<i>chorionic gonadotropin, human</i>	5	PA; MO
<i>danazol oral</i>	2	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal solution</i>	2	MO
<i>desmopressin nasal spray, non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol oral capsule 0.5 mcg</i>	2	MO
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	5	MO
ELAPRASE	5	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	MO
<i>fortical</i>	3	MO
KANUMA	5	MO
KORLYM	5	MO
KUVAN	5	MO
LUMIZYME	5	MO
<i>methyltestosterone oral capsule</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
MIACALCIN INJECTION	4	MO
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	MO; LA
NATPARA	5	PA; MO; LA
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO
<i>paricalcitol oral</i>	2	MO
SAMSCA	5	PA; MO
SENSIPAR ORAL TABLET 30 MG	3	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	MO
SOMAVERT	5	MO
STIMATE	3	MO
STRENSIQ	5	MO; LA
SYNAREL	4	MO
<i>testosterone cypionate</i>	2	MO
<i>testosterone enanthate</i>	2	MO
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	3	PA; MO
ZEMPLAR INTRAVENOUS	3	MO
<i>zoledronic acid intravenous solution</i>	5	MO
THYROID HORMONES		
<i>levothyroxine oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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>	1	MO
<i>liothyronine oral</i>	2	MO
<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>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral</i>	2	MO
<i>loperamide oral capsule</i>	2	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron</i>	5	MO
ALOXI	5	MO
AMITIZA	3	MO
APRISO	3	MO
ASACOL HD	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>balsalazide</i>	2	MO
<i>budesonide oral</i>	5	MO
CANASA	4	MO
CHENODAL	5	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (124 per 31 days)
<i>compro</i>	2	MO
<i>constulose</i>	1	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	5	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	
<i>dronabinol oral capsule 10 mg</i>	5	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	3	B/D PA; MO
EMEND INTRAVENOUS	3	MO
EMEND ORAL CAPSULE	3	B/D PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
<i>enulose</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
GATTEX ONE-VIAL	5	MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-h and bisacodyl</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	1	MO
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	3	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	3	MO
<i>granisetron hcl oral</i>	3	B/D PA; MO
<i>hydrocortisone rectal</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
LINZESS	3	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine with cleansing wipe</i>	3	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating 10 mg</i>	3	

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

Drug Name	Drug Tier	Requirements /Limits
<i>metoclopramide hcl oral tablet, disintegrating 5 mg</i>	3	MO
MOVIPREP	4	MO
OICALIVA	5	PA; LA
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>peg-electrolyte soln</i>	2	
PENTASA	3	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine</i>	3	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	3	
<i>procto-pak</i>	1	MO
<i>proctosol hc rectal</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO

Drug Name	Drug Tier	Requirements /Limits
RELISTOR SUBCUTANEOUS SYRINGE	3	MO
REMICADE	5	PA; MO
SUCRAID	5	MO
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
TRANSDERM-SCOP	3	MO
<i>trilyte with flavor packets</i>	2	MO
UCERIS ORAL	5	MO
<i>ursodiol oral capsule</i>	2	MO
<i>ursodiol oral tablet</i>	3	MO
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT	3	MO
VIOKACE ORAL TABLET 20,880-78,300- 78,300 UNIT	5	MO
ZENPEP	3	MO
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	MO; QL (112 per 31 days)
<i>carafate oral suspension</i>	4	MO
DEXILANT ORAL CAPSULE, BIPHAS E DELAYED RELEAS 30 MG	4	MO; QL (31 per 31 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
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	4	MO
<i>esomeprazole sodium</i>	2	
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (31 per 31 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
<i>misoprostol</i>	2	MO
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	4	MO
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	3	MO; QL (31 per 31 days)
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	3	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (31 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
<i>nizatidine</i>	2	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	2	MO; QL (31 per 31 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	2	MO; QL (31 per 31 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	MO
<i>omeprazole-sodium bicarbonate oral packet</i>	2	
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	2	MO; QL (31 per 31 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	2	MO
PYLERA	4	MO
<i>rabeprazole</i>	2	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO

<i>sucralfate oral tablet</i>	2	MO
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IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	MO
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ARCALYST	5	PA; MO
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ILARIS (PF)	5	PA; MO
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INTRON A INJECTION RECON SOLN	5	MO
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INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	MO
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LEUKINE INJECTION RECON SOLN	5	MO
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MOZOBIL	5	MO
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NEULASTA SUBCUTANEOUS SYRINGE	5	PA; MO
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NEUPOGEN	5	PA; MO
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NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; MO
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Drug Name	Drug Tier	Requirements /Limits
OMNITROPE SUBCUTANEOUS CARTRIDGE 5 MG/1.5 ML (3.3 MG/ML)	4	PA; MO

PEGASYS	5	MO; QL (4 per 28 days)
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PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	MO; QL (4 per 28 days)
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PEGINTRON REDIPEN	5	MO; QL (4 per 28 days)
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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
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PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
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PROLEUKIN	4	MO
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REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
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REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
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REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 28 days)
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You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
REBIF TITRATION PACK	5	PA; MO; QL (12 per 28 days)
SYLATRON	5	MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO (PF)	3	MO
BOOSTRIX TDAP	3	MO
BOTOX INJECTION RECON SOLN 100 UNIT	5	PA; MO
BOTOX INJECTION RECON SOLN 200 UNIT	3	PA; MO
CERVARIX VACCINE (PF)	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; MO
GAMASTAN S/D	3	MO

Drug Name	Drug Tier	Requirements /Limits
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GARDASIL (PF)	3	MO
GARDASIL 9 (PF)	3	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	3	
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO
IPOLE INJECTION SUSPENSION	3	MO
IXIARO (PF)	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENHIBRIX (PF)	3	
MENOMUNE - A/C/Y/W-135 (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDVAX HIB (PF)	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS, DIPHTHERIA TOX PED (PF)	3	MO
TETANUS-DIPHTHERIA TOXOIDS-TD	3	MO
TRUMENBA	3	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO

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

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
COLCHICINE ORAL	4	MO
<i>colchicine-probenecid</i>	2	MO
COLCRYS	3	MO
<i>probenecid</i>	2	MO
ULORIC	3	MO

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG	4	MO; QL (1 per 30 days)
<i>alendronate oral solution</i>	2	MO; QL (1350 per 31 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	2	MO; QL (31 per 31 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	2	MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
ATELVIA	4	MO; QL (4 per 28 days)
EVISTA	3	MO
FORTEO	4	PA; MO; QL (2.4 per 28 days)
<i>ibandronate oral</i>	3	MO; QL (1 per 31 days)
PROLIA	4	PA; MO
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (31 per 31 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	3	MO; QL (4 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	5	PA; MO
BENLYSTA	5	MO
DEPEN TITRATABS	3	MO
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ENBREL SURECLICK	5	PA; MO; QL (4 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (2.4 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (4.8 per 180 days)
HUMIRA PEN	5	PA; MO; QL (3.2 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	5	PA; MO; QL (4.8 per 180 days)
HUMIRA PEN PSORIASIS-UVEITIS	5	PA; MO; QL (3.2 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (3.2 per 28 days)
<i>leflunomide</i>	2	MO; QL (31 per 31 days)
ORENCIA	5	PA; MO
ORENCIA (WITH MALTOSE)	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
ORENCIA CLICKJECT	5	PA
OTEZLA	5	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	5	PA; MO
RIDAURA	4	MO
SAVELLA ORAL TABLET	3	MO; QL (62 per 31 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	2	MO
CLIMARA PRO	4	MO; QL (4 per 28 days)
COMBIPATCH	4	MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DELESTROGEN INTRAMUSCULA R OIL 10 MG/ML	4	MO
DEPO-PROVERA INTRAMUSCULA R SOLUTION	3	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>errin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal patch semiweekly</i>	1	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	MO; QL (4 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol- norethindrone acet</i>	2	MO
ESTRING	4	MO
<i>estropipate</i>	2	MO
<i>fyavolv</i>	3	
<i>hydroxyprogesterone caproate</i>	5	
<i>jinteli</i>	2	MO
<i>jolivette</i>	2	MO
<i>lyza</i>	2	MO
MAKENA INTRAMUSCULA R OIL 250 MG/ML (1 ML)	5	
<i>medroxyprogesteron e intramuscular suspension</i>	1	MO
<i>medroxyprogesteron e oral</i>	1	MO
MENEST	4	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	MO
<i>norlyroc</i>	2	
PREFEST	4	MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
VAGIFEM	3	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
NUVARING	4	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>amethia</i>	2	MO
<i>amethyst</i>	2	MO
<i>apri</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aranelle (28)</i>	2	MO
<i>ashlyna</i>	2	MO
<i>aubra</i>	2	MO
<i>aviane</i>	2	MO
<i>balziva (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>blisovi fe 1/20 (28)</i>	2	MO
<i>briellyn</i>	2	MO
<i>caziant (28)</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>delyla (28)</i>	2	
<i>desog-e.estradiol/e.estradiol</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>falmina (28)</i>	2	MO
<i>gianvi (28)</i>	2	MO
<i>gildagia</i>	2	MO
<i>gildess 1.5/30 (21)</i>	2	MO
<i>gildess 24 fe</i>	2	MO
<i>introvale</i>	2	MO
<i>juleber</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	2	MO
<i>kaitlib fe</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kimidess (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	
<i>layolis fe</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lutra (28)</i>	2	MO
<i>marlissa</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mononessa (28)</i>	2	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>necon 1/35 (28)</i>	2	MO
<i>necon 10/11 (28)</i>	2	MO
<i>necon 7/7/7 (28)</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>ocella</i>	2	MO
<i>ogestrel (28)</i>	2	MO
<i>orsythia</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>pimtreea (28)</i>	2	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	MO
<i>portia</i>	2	MO
<i>previfem</i>	2	MO
<i>quasense</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>trinessa (28)</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>vyfemla (28)</i>	2	MO
<i>wymzya fe</i>	2	MO
<i>zenchent (28)</i>	2	MO
<i>zenchent fe</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zovia 1/50e (28)</i>	2	MO
OXYTOCICS		
<i>methylegonovine oral</i>	5	MO

OPHTHALMOLOGY

Drug Name	Drug Tier	Requirements /Limits
ANTIBIOTICS		
AZASITE	3	MO
<i>bacitracin ophthalmic</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic</i>	2	MO
BESIVANCE	3	MO
<i>ciprofloxacin hcl ophthalmic</i>	1	MO
<i>erythromycin ophthalmic</i>	1	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic ointment</i>	1	MO
<i>gentamicin ophthalmic</i>	1	MO
<i>levofloxacin ophthalmic</i>	3	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>ofloxacin ophthalmic</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin</i>	1	MO
TOBREX OPHTHALMIC OINTMENT	3	MO
VIGAMOX	4	MO
ANTIVIRALS		
<i>trifluridine</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
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic</i>	2	MO
BETOPTIC S	3	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO
<i>metipranolol</i>	2	
<i>timolol maleate ophthalmic</i>	1	MO
TIMOPTIC OCUDOSE (PF)	3	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	4	MO
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic drops</i>	2	MO
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine ophthalmic</i>	2	MO
<i>cromolyn ophthalmic</i>	2	MO
CYSTARAN	5	MO
<i>epinastine</i>	2	MO
LACRISERT	3	MO
<i>olopatadine ophthalmic</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
PATADAY	3	MO
PAZEO	3	MO
RESTASIS	3	MO; QL (90 per 31 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	2	MO
<i>diclofenac sodium ophthalmic</i>	1	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic</i>	2	MO
NEVANAC	3	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide oral tablet 25 mg</i>	3	MO
<i>methazolamide oral tablet 50 mg</i>	4	MO
OTHER GLAUCOMA DRUGS		
AZOPT	4	MO
<i>bimatoprost</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPHTHALMIC DROPS 0.01 %	3	MO
SIMBRINZA	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
TRAVATAN Z	3	MO
<i>travoprost (benzalkonium)</i>	2	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin- bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin- polymyxin-hc ophthalmic</i>	2	MO
<i>tobramycin- dexamethasone</i>	2	MO
ZYLET	4	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic</i>	1	MO
DUREZOL	4	MO
<i>fluorometholone</i>	2	MO
FML FORTE	4	MO
FML S.O.P.	4	MO
LOTEMAX	4	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic</i>	2	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>sulfacetamide- prednisolone</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
SULFONAMIDES		
BLEPH-10	3	MO
<i>sulfacetamide sodium ophthalmic</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	
<i>carbinoxamine maleate</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>clemastine oral tablet 2.68 mg</i>	2	MO
<i>cyproheptadine</i>	2	MO
<i>desloratadine</i>	2	MO; QL (31 per 31 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
<i>epinephrine injection auto- injector</i>	2	MO; QL (4 per 31 days)
EPIPEN 2-PAK	3	MO; QL (4 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
EPIPEN JR 2-PAK	3	MO; QL (4 per 31 days)
<i>hydroxyzine hcl intramuscular</i>	2	MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	PA; MO
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	3	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (31 per 31 days)
<i>phenadoz rectal suppository 12.5 mg</i>	2	MO
<i>promethazine injection solution</i>	2	MO
<i>promethazine oral</i>	2	PA; MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	MO
<i>promethazine rectal suppository 50 mg</i>	2	
<i>promethegan rectal suppository 25 mg</i>	3	MO
<i>promethegan rectal suppository 50 mg</i>	4	MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (24 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i>	2	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	1	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	4	MO; QL (18.3 per 31 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	4	MO; QL (12.2 per 31 days)
ANORO ELLIPTA	4	MO; QL (60 per 31 days)
ARCAPTA NEOHALER	4	MO; QL (60 per 31 days)
ARNUITY 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
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	3	MO; QL (30 per 31 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	3	QL (28 per 31 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	3	MO; QL (240 per 31 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	3	MO; QL (60 per 31 days)
ATROVENT HFA	3	MO; QL (38.7 per 31 days)
BREO ELLIPTA	3	MO; QL (60 per 31 days)
<i>budesonide inhalation</i>	3	B/D PA; MO
<i>budesonide nasal</i>	2	MO; QL (25.8 per 31 days)
CINRYZE	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
COMBIVENT RESPIMAT	3	MO; QL (8 per 31 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP	3	PA; MO
DULERA	3	MO; QL (26 per 31 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	MO
ESBRIET	5	PA; QL (279 per 31 days)
FIRAZYR	5	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (24 per 31 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (36 per 31 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (21.2 per 31 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 31 days)
<i>fluticasone nasal</i>	2	MO; QL (32 per 31 days)
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO
LETAIRIS	5	PA; MO; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml</i>	2	B/D PA; MO
<i>metaproterenol</i>	2	MO
<i>mometasone nasal</i>	3	QL (51 per 31 days)
<i>montelukast</i>	2	MO
NASONEX	3	MO; QL (51 per 31 days)
NUCALA	5	PA; MO; LA; QL (1 per 28 days)
OFEV	5	PA; MO; QL (62 per 31 days)
ORKAMBI ORAL TABLET 200-125 MG	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
PROAIR HFA	3	MO; QL (17 per 31 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	4	MO; QL (2 per 31 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	MO; QL (1 per 31 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	5	B/D PA; MO
PULMOZYME	5	B/D PA; MO
QVAR	4	MO; QL (26.1 per 31 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil oral</i>	2	PA; MO; QL (93 per 31 days)
SPIRIVA RESPIMAT	4	MO
SPIRIVA WITH HANDIHALER	4	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 31 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
SYMBICORT	3	MO; QL (20.4 per 31 days)
<i>terbutaline oral</i>	2	MO
<i>terbutaline subcutaneous</i>	5	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	
TRACLEER	5	PA; MO; LA
TUDORZA PRESSAIR	3	MO; QL (1 per 31 days)
TYVASO	5	B/D PA; MO
VENTAVIS	4	B/D PA; MO
XOLAIR	5	PA; MO; LA; QL (6 per 28 days)
<i>zafirlukast</i>	2	MO
ZYFLO	4	MO
ZYFLO CR	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	3	
<i>flavoxate</i>	2	MO
<i>oxybutynin chloride oral</i>	1	MO
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tropium oral capsule, extended release 24hr</i>	4	MO

<i>tropium oral tablet</i>	2	MO
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BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	3	MO
AVODART	3	MO
<i>dutasteride</i>	3	MO
<i>dutasteride-tamsulosin</i>	3	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
JALYN	3	MO
<i>tamsulosin</i>	2	MO

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	2	MO
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MISCELLANEOUS UROLOGICALS

CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; MO; QL (31 per 31 days)
CYSTAGON	3	MO; LA
ELMIRON	3	MO
<i>potassium citrate</i>	2	MO

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate oral capsule</i>	2	MO
<i>dextrose-kcl-nacl</i>	2	MO
<i>eliphos</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con sprinkle</i>	3	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	4	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R IN 5 % DEXTROSE	3	
<i>potassium chlorid- d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid- d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral tablet extended release 8 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	2	MO
<i>potassium chloride- 0.45 % nacl</i>	2	
<i>potassium chloride- d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride- d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride- d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride- d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>ringers intravenous</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 3 %</i>	2	MO
<i>sodium chloride 5 %</i>	2	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
<i>amino acids 15 %</i>	3	B/D PA
AMINOSYN 7 % WITH ELECTROLYTES	3	B/D PA
AMINOSYN 8.5 %- ELECTROLYTES	3	B/D PA
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA
AMINOSYN II 7 %	3	B/D PA
AMINOSYN II 8.5 %	3	B/D PA
AMINOSYN II 8.5 %- ELECTROLYTES	3	B/D PA
AMINOSYN M 3.5 %	3	B/D PA
AMINOSYN-HBC 7%	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN-PF 10 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE- FREE)	3	B/D PA
AMINOSYN-RF 5.2 %	3	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA
CLINIMIX 5%/D25W SULFITE-FREE	3	B/D PA
CLINIMIX 2.75%/D5W SULFIT FREE	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA
CLINIMIX 4.25%- D20W SULF-FREE	3	B/D PA
CLINIMIX 4.25%- D25W SULF-FREE	3	B/D PA
CLINIMIX 5%- D20W(SULFITE- FREE)	3	B/D PA
FREAMINE HBC 6.9 %	3	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	3	B/D PA; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
IONOSOL-B IN D5W	3	
IONOSOL-MB IN D5W	3	

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

Drug Name	Drug Tier	Requirements /Limits
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
NEPHRAMINE 5.4 %	3	B/D PA
NORMOSOL-R PH 7.4	3	
NUTRILIPID	3	B/D PA
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-56 IN 5 % DEXTROSE	3	
<i>premasol 10 %</i>	2	B/D PA; MO
PREMASOL 6 %	3	B/D PA
<i>travasol 10 %</i>	3	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
TROPHAMINE 6%	3	B/D PA
VITAMINS / HEMATINICS		
<i>prenatal vitamin oral tablet</i>	1	MO
<i>sodium fluoride oral tablet</i>	2	MO

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

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amlodipine-valsartan-hcthiazyd	32	
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amoxicillin	7	
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ampicillin	7	
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azacitidine.....	10	bisoprolol fumarate.....	32	32
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.....	32	42	cefixime.....	4
BENICAR.....	32	buspirone.....	25	cefotaxime.....	4
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BETOPTIC S.....	60	calcipotriene.....	37	cephalexin.....	5
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cevimeline	CLINIMIX 5%/D25W		cortisone	43
CHANTIX.....	SULFITE-FREE.....	67	COSMEGEN	10
CHANTIX CONTINUING	CLINIMIX 2.75%/D5W		COTELLIC.....	10
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CHANTIX STARTING	CLINIMIX 4.25%/D10W		CRESEMBA.....	1
MONTH BOX.....	SULF FREE	67	CRESTOR	36
CHEMET	CLINIMIX 4.25%/D5W		CRINONE	56
CHENODAL.....	SULFIT FREE.....	41	CRIVAN.....	2
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.....	SULF-FREE	67	cryselle (28).....	57
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chlorothiazide.....	CLINIMIX 5%-		cyclafem 7/7/7 (28).....	57
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chlorthalidone.....	clobetasol-emollient	40	11	
CHOLBAM.....	clodan	40	CYCLOSET	44
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.....	clonazepam.....	17	CYMBALTA.....	25
CIALIS.....	clonidine	32	cyproheptadine	61
ciclopirox.....	clonidine hcl	33	CYRAMZA	11
cidofovir	clopidogrel.....	35	CYSTADANE.....	49
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citalopram.....	colestipol	36	d5 % and 0.9 % sodium	
cladribine.....	colistin (colistimethate na)	6	chloride	42
claravis	COLY-MYCIN S	43	d5 %-0.45 % sodium chloride	
clarithromycin	COMBIGAN	60	42
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clindamycin phosphate	constulose	49	PEDIATRIC) (PF).....	53
57	COPAXONE	20	DARAPRIM	6
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DELESTROGEN.....	56	diflunisal.....	23	ELMIRON.....	65
delyla (28).....	57	digitek.....	35	EMCYT.....	11
DELZICOL.....	49	digoxin.....	35	EMEND.....	49
demeclocycline.....	9	dihydroergotamine.....	19	emoquette.....	57
DEMSER.....	33	DILANTIN 30 MG.....	17	EMPLICITI.....	11
DENAVIR.....	39	diltiazem hcl.....	33	EMSAM.....	25
DEPEN TITRATABS.....	55	dilt-xr.....	33	EMTRIVA.....	2
DEPO-MEDROL.....	43	DIOVAN.....	33	EMVERM.....	6
DEPO-PROVERA.....	56	DIOVAN HCT.....	33	enalapril maleate.....	33
DEPO-SUBQ PROVERA.....	104	diphenhydramine hcl.....	61	enalapril-hydrochlorothiazide.....	33
DESCOVY.....	2	dipyridamole.....	35	ENBREL.....	55
desipramine.....	25	disulfiram.....	42	ENBREL SURECLICK.....	55
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desmopressin.....	47	DOCEFREZ.....	11	ENGERIX-B (PF).....	53
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dextroamphetamine.....	25	doxorubicin, peg-liposomal.....	11	epinastine.....	60
dextroamphetamine-.....		doxy-100.....	9	epinephrine.....	61
amphetamine.....	25	doxycycline hyclate.....	9	EPIPEN 2-PAK.....	61
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dextrose 5 % in water (d5w).....	42	drosiprenone-ethinyl estradiol.....	57	epitol.....	17
dextrose 5 %-lactated ringers.....	42	DROXIA.....	11	EPIVIR.....	2
dextrose 5%-0.2 % sod.....		DULERA.....	63	EPIVIR HBV.....	2
chloride.....	42	duloxetine.....	25	eplerenone.....	33
dextrose 5%-0.3 %.....		duramorph (pf).....	21	eprosartan.....	33
sod.chloride.....	42	DUREZOL.....	61	EPZICOM.....	2
dextrose with sodium chloride.....	42	dutasteride.....	65	ERAXIS(WATER DILUENT).....	1
dextrose-kcl-nacl.....	65	dutasteride-tamsulosin.....	65	ERBITUX.....	11
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erythrocin (as stearate)	5	FERRIPROX	42	FUSILEV	9
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erythromycin ethylsuccinate ..	5	FINACEA	38	fyavolv	56
erythromycin with ethanol ...	38	finasteride	65	FYCOMPA	17
erythromycin-benzoyl peroxide	38	FIRAZYR	63	G	
ESBRIET	63	FIRMAGON KIT W		gabapentin	17
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esomeprazole sodium	51	flavoxate	65	galantamine	20
ESTRACE	56	flecainide	31	GAMASTAN S/D	53
estradiol	56	FLECTOR	23	GAMUNEX-C	53
estradiol valerate	56	FLOVENT DISKUS	63	ganciclovir sodium	2
estradiol-norethindrone acet.	56	FLOVENT HFA	63	GARDASIL (PF)	53
ESTRING	56	fluconazole	1	GARDASIL 9 (PF)	53
estropipate	56	fluconazole in dextrose(iso-o)	1	gatifloxacin	59
ethambutol	6	fluconazole in nacl (iso-osm) .	1	GATTEX ONE-VIAL	49
ethosuximide	17	flucytosine	1	GAUZE PAD	44
etidronate disodium	42	fludarabine	11	gavilyte-c	49
etodolac	23	fludrocortisone	43	gavilyte-g	49
ETOPOPHOS	11	flunisolide	64	gavilyte-h and bisacodyl	49
etoposide	11	fluocinolone	40	gavilyte-n	49
EURAX	41	fluocinolone acetonide oil ...	43	gemcitabine	12
EVISTA	55	fluocinonide	40	gemfibrozil	36
EVOTAZ	2	fluocinonide-e	40	generlac	49
EXELON	20	fluorometholone	61	gengraf	12
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F		fluphenazine decanoate	26	gentamicin in nacl (iso-osm) ..	6
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falmina (28)	57	flurandrenolide	40	GENVOYA	2
famciclovir	2	flurbiprofen	23	GEODON	26
famotidine	51	flurbiprofen sodium	60	gianvi (28)	57
famotidine (pf)	51	flutamide	12	gildagia	57
famotidine (pf)-nacl (iso-os)	51	fluticasone	40, 64	gildess 1.5/30 (21)	57
FANAPT	26	fluvastatin	36	gildess 24 fe	57
FARESTON	11	fluvoxamine	26	GILOTRIF	12
FARYDAK	11	FML FORTE	61	glatopa	20
FASLODEX	11	FML S.O.P.	61	GLEEVEC	12
FAZACLO	26	FOLOTYN	12	GLEOSTINE	12
felbamate	17	fondaparinux	35	glimepiride	44
felodipine	33	FORFIVO XL	26	glipizide	44, 45
fenofibrate	36	FORTEO	55	glipizide-metformin	45
fenofibrate micronized	36	fortical	47	GLUCAGEN HYPOKIT	45
fenofibrate nanocrystallized .	36	fosinopril	33	GLUCAGON EMERGENCY	
fenofibric acid	36	fosinopril-hydrochlorothiazide	33	KIT (HUMAN)	45
fenofibric acid (choline)	36	fosphenytoin	17	glyburide	45
fenoprofen	23	FRAGMIN	35	glyburide micronized	45
fentanyl	21	FREAMINE HBC 6.9 %	67	glyburide-metformin	45
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GRASTEK.....	53	hydrocortisone butyr-emollient	IPOL.....	53
griseofulvin microsize.....	1	41	ipratropium bromide.....	43, 64
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H		hydromorphone.....	21, 22	irbesartan-hydrochlorothiazide
HALAVEN.....	12	hydromorphone (pf).....	21	33
halobetasol propionate.....	40	hydroxychloroquine.....	6	IRESSA.....	12
haloperidol.....	27	hydroxyprogesterone caproate	irinotecan.....	12
haloperidol decanoate.....	27	56	ISENTRESS.....	2
haloperidol lactate.....	27	hydroxyurea.....	12	ISOLYTE-P IN 5 %	
HARVONI.....	2	hydroxyzine hcl.....	62	DEXTROSE.....	68
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HEPATAMINE 8%.....	67	ibuprofen.....	23	isosorbide mononitrate.....	37
HERCEPTIN.....	12	ICLUSIG.....	12	isradipine.....	33
HETLIOZ.....	27	idarubicin.....	12	ISTODAX.....	12
HEXALEN.....	12	ifosfamide.....	12	itraconazole.....	1
HIBERIX (PF).....	53	ILARIS (PF).....	52	ivermectin.....	7
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HUMALOG KWIKPEN.....	45	imatinib.....	12	IXIARO (PF).....	53
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HUMIRA PEDIATRIC		INCRELEX.....	42	JARDIANCE.....	46
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ketoprofen.....	23	LENVIMA.....	13	losartan	33
ketorolac	60	lessina	58	losartan-hydrochlorothiazide	33
KEYTRUDA.....	13	LETAIRIS	64	LOTEMAX.....	61
kimidess (28).....	58	letrozole	13	lovastatin.....	36
kionex	42	leucovorin calcium	10	low-ogestrel (28)	58
klor-con 10	65	LEUKERAN	13	loxapine succinate	27
klor-con 8	65	LEUKINE.....	52	LUMIGAN	60
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LANTUS SOLOSTAR	46	lisinopril-hydrochlorothiazide		meloxicam	23
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cryst.....	9	ocella	58	paroxetine hcl	28
nitroglycerin	37	octreotide acetate.....	14	PASER.....	7
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NOVOFINE AUTOCOVER	46	OTEZLA	56	phenoxybenzamine	34
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NOVOLOG FLEXPEN.....	46	oxaliplatin.....	14	phenytoin sodium	18
NOVOLOG MIX 70-30.....	46	oxandrolone.....	48	phenytoin sodium extended..	18
NOVOLOG MIX 70-30		oxaprozin	24	PHOSPHOLINE IODIDE....	60
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NOVOLOG PENFILL	46	oxcarbazepine.....	18	pimozide	28
NOXAFIL	1	oxybutynin chloride.....	65	pimtrea (28)	59
NUCALA	64	oxycodone	22, 23	pindolol.....	34
NUDEXTA	20	oxycodone-acetaminophen...23		pioglitazone	46
NULOJIX.....	14	oxycodone-aspirin	23	pioglitazone-glimepiride.....	46
NUPLAZID.....	28	oxymorphone.....	23	pioglitazone-metformin	46
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NUVARING.....	57	pacerone.....	31	pirmella.....	59
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PLASMA-LYTE-56 IN 5 %		PREZISTA	3	quinapril	34
DEXTROSE	68	PRIFTIN	7	quinapril-hydrochlorothiazide	
PLAVIX	35	PRIMAQUINE	7	.....	34
podofilox	38	primidone	18	quinidine gluconate	32
polyethylene glycol 3350	50	PRISTIQ	28	quinidine sulfate	32
polymyxin b sulf-trimethoprim		PRIVIGEN	54	quinine sulfate	7
.....	59	PROAIR HFA	64	QVAR	64
POMALYST	14	PROAIR RESPICLICK	64	R	
portia	59	probenecid	54	RABAVERT (PF)	54
potassium chlorid-d5-		procainamide	31	rabeprazole	51
0.45%nacl	66	procentra	28	RAGWITEK	54
potassium chloride	66	prochlorperazine	50	raloxifene	55
potassium chloride in 0.9%nacl		prochlorperazine edisylate	50	ramipril	34
.....	66	prochlorperazine maleate	50	RANEXA	37
potassium chloride in 5 % dex		PROCRIT	52	ranitidine hcl	51, 52
.....	66	procto-med hc	50	RAPAMUNE	14
potassium chloride in lr-d5	66	procto-pak	50	RAVICTI	42
potassium chloride-0.45 % nacl		proctosol hc	50	REBETOL	3
.....	66	proctozone-hc	50	REBIF (WITH ALBUMIN)	52
potassium chloride-d5-		progesterone micronized	57	REBIF REBIDOSE	52
0.2%nacl	66	PROGLYCEM	46	REBIF TITRATION PACK	53
potassium chloride-d5-		PROGRAF	14	reclipsen (28)	59
0.3%nacl	66	PROLASTIN-C	42	RECOMBIVAX HB (PF)	54
potassium chloride-d5-		PROLENSA	60	RECTIV	50
0.9%nacl	66, 67	PROLEUKIN	52	REGRANEX	38
potassium citrate	65	PROLIA	55	RELENZA DISKHALER	3
POTIGA	18	PROMACTA	35	RELISTOR	50
PRADAXA	35	promethazine	62	RELPAK	19
PRALUENT PEN	36	promethegan	62	REMICADE	50
PRALUENT SYRINGE	36	propafenone	31, 32	REMODULIN	34
pramipexole	19	propranolol	34	REVELA	42
pravastatin	36	propranolol-hydrochlorothiazid		repaglinide	46
prazosin	34	.....	34	repaglinide-metformin	46
prednicarbate	41	propylthiouracil	44	REPATHA PUSHTRONEX	36
prednisolone acetate	61	PROQUAD (PF)	54	REPATHA SURECLICK	36
prednisolone sodium phosphate		protriptyline	28	REPATHA SYRINGE	36
.....	43, 61	prudoxin	38	reprexain	23
prednisone	44	PULMICORT	64	RESCRIPTOR	3
prednisone intensol	44	PULMICORT FLEXHALER		RESTASIS	60
PREFEST	57	.....	64	RETROVIR	3
PREMARIN	57	PULMOZYME	64	REVLIMID	14
premasol 10 %	68	PURIXAN	14	REXULTI	29
PREMASOL 6 %	68	PYLERA	51	REYATAZ	3
PREMPHASE	57	pyrazinamide	7	RHEUMATREX	14
PREMPRO	57	pyridostigmine bromide	20	ribavirin	3
prenatal vitamin oral tablet	68	Q		RIDAURA	56
prevalite	36	QUADRACEL (PF)	54	rifabutin	7
previfem	59	quasense	59	rifampin	7

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riluzole.....	42	sodium chloride 5 %.....	67	sulfasalazine	50
rimantadine.....	3	sodium fluoride.....	68	sulindac.....	24
ringers.....	67	sodium phenylbutyrate	42	sumatriptan	19
RIOMET.....	46	sodium polystyrene (sorb free)	42	sumatriptan succinate	19
risedronate.....	42, 55	.....	42	SUPRAX.....	5
RISPERDAL CONSTA	29	SOLTAMOX.....	14	SUPREP BOWEL PREP KIT	50
risperidone.....	29	SOLU-CORTEF (PF).....	44	.....	50
RITALIN LA.....	29	SOLU-MEDROL	44	SURMONTIL.....	30
RITUXAN.....	14	SOLU-MEDROL (PF).....	44	SUSTIVA	3
rivastigmine.....	20	SOMATULINE DEPOT	14	SUTENT.....	15
rivastigmine tartrate.....	20	SOMAVERT	48	SYLATRON.....	53
rizatriptan	19	sorine	32	SYLVANT	15
ropinirole.....	19	sotalol	32	SYMBICORT.....	65
ROTARIX.....	54	sotalol af.....	32	SYMLINPEN 120.....	46
ROTATEQ VACCINE	54	SOTYLIZE.....	32	SYMLINPEN 60	46
roweepra.....	18	SOVALDI	3	SYNAGIS.....	3
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S		SPIRIVA WITH		SYNERCID	7
SABRIL.....	18	HANDHALER.....	64	SYNRIBO.....	15
SAMSCA	48	spironolactone	34	SYPRINE	42
SANDOSTATIN LAR		spironolacton-hydrochlorothiaz		T	
DEPOT	14	34	TABLOID.....	15
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CHERRY).....	29, 30	SPRITAM.....	18	TAGRISSE.....	15
SAVAYSA	35	SPRYCEL	15	TAMIFLU	3
SAVELLA.....	56	sps (with sorbitol).....	42	tamoxifen.....	15
selegiline hcl.....	19	sronyx	59	tamsulosin.....	65
selenium sulfide.....	37	ssd.....	37	TANZEUM.....	46
SELZENTRY	3	stavudine.....	3	TARCEVA	15
SENSIPAR.....	48	STIMATE.....	48	TARGRETIN	15
SEREVENT DISKUS	64	STIOLTO RESPIMAT.....	64	tarina fe 1/20 (28).....	59
SEROQUEL XR	30	STIVARGA.....	15	TASIGNA.....	15
sertraline	30	STRATTERA.....	30	TAZICEF.....	5
setlakin	59	STRENSIQ.....	48	TAZORAC	38
sharobel	57	STREPTOMYCIN	7	taztia xt.....	34
SIGNIFOR	14	STRIBILD.....	3	TECENTRIQ.....	15
sildenafil.....	64	STRIVERDI RESPIMAT	64	TECFIDERA	20
silver sulfadiazine.....	37	STROMECTOL	7	TEFLARO	5
SIMBRINZA.....	60	SUBOXONE	24	TEGRETOL XR.....	18
SIMULECT	14	SUCRAID	50	TEKTURNA.....	34
simvastatin.....	36	sucralfate	52	TEKTURNA HCT.....	34
sirolimus.....	14	sulfacetamide sodium.....	61	telmisartan	34
SIRTURO.....	7	sulfacetamide sodium (acne).....	39	telmisartan-amlodipine	34
SKLICE.....	41	sulfacetamide-prednisolone.....	61	telmisartan-hydrochlorothiazid	34
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sodium chloride 0.45 %.....	67	sulfamethoxazole-trimethoprim		temazepam.....	30
sodium chloride 0.9 %.....	42	9	TENIVAC (PF).....	54
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testosterone.....	48	TREANDA.....	15	unithroid	48
testosterone cypionate	48	TRECATOR.....	7	UPTRAVI.....	34
testosterone enanthate	48	TRELSTAR.....	15	ursodiol.....	50
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tetrabenazine.....	20	tretinoin microspheres	38	VALCHLOR	38
THALOMID.....	15	triamcinolone acetonide .41, 43		VALCYTE	4
theophylline.....	65	triamterene-hydrochlorothiazid		valganciclovir	4
thioridazine.....	30	34	valproate sodium	18
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thiothixene.....	30	TRIBENZOR.....	34	valproic acid (as sodium salt)	
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tobramycin in 0.225 % nacl ...	7	trimipramine.....	30	VASCEPA.....	36
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VIOKACE.....	50	XYREM.....	31	ZOSTAVAX (PF)	54
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VITEKTA.....	4	Z		ZYDELIG.....	16
VOLTAREN GEL.....	24	zafirlukast	65	ZYFLO	65
voriconazole	1	zaleplon	31	ZYFLO CR.....	65
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