



| Saver Plan |

Express Scripts Medicare (PDP) 2020 Formulary (List of Covered Drugs)

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

Formulary ID Number: 20130, Version 13

This formulary was updated on 11/24/2020. 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 **express-scripts.com**.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means 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 November 24, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.758.4574**; para residentes del estado de New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

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?

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

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

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

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

The enclosed formulary is current as of November 24, 2020. 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 79. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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?” below for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

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

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

For more information

For more detailed information about your 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 79.

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

The information in the Requirements/Limits column tells you if 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 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, call **1.800.716.3231**.

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

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

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

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

Your costs

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

- **Your coverage stage.** 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 "*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider)*" to find out what your costs are or you may contact Customer Service for more information.

Drug Tiers

Tier	Description
Tier 1: Preferred Generic Drugs	This tier includes commonly prescribed generic drugs. Use Tier 1 drugs for the lowest copayments.
Tier 2: Generic Drugs	This tier includes generic drugs. Use Tier 2 drugs to keep your copayments low.
Tier 3: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as generic drugs. Drugs in this tier will generally have lower copayments than non-preferred drugs.
Tier 4: Non-Preferred Drugs	This tier includes non-preferred brand-name drugs as well as generic drugs. There may be lower-cost alternatives for you. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you. Drugs in this tier are limited to up to a 30-day supply from either your local retail network pharmacy or from our network home delivery service.
Tier 5: Specialty Tier Drugs	This tier includes very high-cost brand-name and generic drugs. To learn more about medications in this tier, you may contact a pharmacist at the numbers listed on the front and back covers of this document. Drugs in this tier are limited to up to a 30-day supply from either your local retail network pharmacy or from our network home delivery service.

Key

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	3	MO
CRESEMBIA INTRAVENOUS	5	PA
CRESEMBIA ORAL	5	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA
<i>fluconazole oral suspension for reconstitution</i>	3	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	
XIFAXAN ORAL TABLET 200 MG	4	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml, 400-57 mg/5 ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
AYVAKIT	4	PA; MO; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	3	B/D PA
BALVERSA	5	PA; MO; LA
BAVENCIO	5	B/D PA; MO; LA
BELEODAQ	5	B/D PA; MO
BENDEKA	4	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	3	MO
<i>bleomycin</i>	4	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO
BORTEZOMIB	4	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA; MO; LA; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>daunorubicin</i> <i>intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel</i> <i>intravenous solution</i> <i>160 mg/16 ml (10</i> <i>mg/ml), 20 mg/2 ml</i> <i>(10 mg/ml)</i>	3	B/D PA
<i>docetaxel</i> <i>intravenous solution</i> <i>160 mg/8 ml (20</i> <i>mg/ml), 20 mg/ml</i> <i>(1 ml), 80 mg/4 ml</i> <i>(20 mg/ml), 80</i> <i>mg/8 ml (10 mg/ml)</i>	3	B/D PA; MO
<i>doxorubicin</i> <i>intravenous recon</i> <i>soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin</i> <i>intravenous solution</i>	2	B/D PA; MO
<i>doxorubicin, peg-</i> <i>liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
ELLENCE INTRAVENOUS SOLUTION 50 MG/25 ML	4	B/D PA; MO
EMCYT	4	MO
EMPLICITI	4	B/D PA; MO
<i>epirubicin</i> <i>intravenous solution</i>	4	B/D PA; MO
ERBITUX	5	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	4	PA; MO
<i>erlotinib oral tablet</i> <i>100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet</i> <i>25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINAZE	5	B/D PA; MO
ETOPOPHOS	4	B/D PA; MO
<i>etoposide</i> <i>intravenous</i>	2	B/D PA; MO
<i>everolimus</i> <i>(antineoplastic)</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus</i> <i>(immunosuppressive</i> <i>) oral tablet 0.25</i> <i>mg, 0.75 mg</i>	5	B/D PA; MO; QL (60 per 30 days)
<i>everolimus</i> <i>(immunosuppressive</i> <i>) oral tablet 0.5 mg</i>	5	B/D PA; MO; QL (120 per 30 days)
exemestane	3	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE	4	B/D PA; MO
<i>flouxuridine</i>	4	B/D PA
<i>fludarabine</i> <i>intravenous recon</i> <i>soln</i>	3	B/D PA; MO

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf oral capsule</i> 100 mg, 25 mg	4	B/D PA; MO
<i>gengraf oral solution</i>	4	B/D PA; MO
GILOTrif	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	MO
HALAVEN	3	B/D PA; MO
HERCEPTIN HYLECTA	5	B/D PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	4	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	4	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	4	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	4	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib oral tablet</i> 100 mg	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet</i> 400 mg	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
IMFINZI	4	B/D PA; MO; LA
INFUGEM	4	B/D PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	4	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	4	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	4	B/D PA

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

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

Drug Name	Drug Tier	Requirements/Limits
KYPROLIS	5	B/D PA; MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	2	MO
LEUKERAN	4	MO
<i>leuprolide subcutaneous kit</i>	4	MO
LIBTAYO	5	PA; MO; LA
LONSURF ORAL TABLET 15-6.14	5	PA; MO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19	5	PA; MO; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMOXITI	4	PA; MO; LA
LUPRON DEPOT	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	5	MO
MARQIBO	5	B/D PA; MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	4	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	3	B/D PA; MO
<i>melphalan hcl</i>	3	B/D PA
<i>mercaptopurine</i>	2	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	5	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	3	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OGIVRI	5	B/D PA; MO
ONCASPAR	5	B/D PA; MO
ONIVYDE	5	B/D PA; MO
ONTRUZANT	5	B/D PA; MO
OPDIVO	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	4	B/D PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	4	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	4	B/D PA

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TUKYSA ORAL TABLET 50 MG	4	PA; MO; LA
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO
<i>valrubicin</i>	3	B/D PA; MO
VALSTAR	4	B/D PA; MO
VANTAS	4	B/D PA; MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	4	PA; MO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; MO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i> <i>intravenous solution</i>	2	B/D PA; MO
<i>vincasar pfs</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO

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

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

Drug Name	Drug Tier	Requirements/Limits
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	B/D PA; MO
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG	5	B/D PA; MO; QL (60 per 30 days)
ZORTRESS ORAL TABLET 0.5 MG	5	B/D PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (150 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	PA; MO; QL (30 per 30 days)	<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	3	MO
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	PA; MO; QL (60 per 30 days)	<i>levetiracetam intravenous</i>	3	MO
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)	<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	3	
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QL (2160 per 30 days)	<i>levetiracetam oral tablet</i>	2	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	4	QL (2160 per 30 days)	LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	4	MO; QL (90 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)	LYRICA ORAL CAPSULE 225 MG, 300 MG	4	MO; QL (60 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)	LYRICA ORAL SOLUTION	4	MO; QL (900 per 30 days)
<i>lamotrigine oral tablet</i>	2	MO	NAYZILAM	4	PA; MO; QL (10 per 30 days)
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO	<i>oxcarbazepine</i>	3	MO
<i>lamotrigine oral tablets, dose pack</i>	3	MO	PEGANONE	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	3		<i>phenobarbital oral elixir</i>	3	PA; MO; QL (1500 per 30 days)
			<i>phenobarbital oral tablet</i>	3	PA; MO; QL (120 per 30 days)
			<i>phenobarbital sodium injection solution 130 mg/ml</i>	3	MO
			<i>phenobarbital sodium injection solution 65 mg/ml</i>	3	

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)	<i>glatopa</i> <i>subcutaneous</i> <i>syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)	<i>glatopa</i> <i>subcutaneous</i> <i>syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>dimethyl fumarate</i> <i>oral capsule, delayed release (dr/ec) 120 mg, 240 mg</i>	5	PA; MO	LEMTRADA	5	PA; MO
<i>donepezil oral tablet</i> 10 mg	2	MO; QL (69 per 30 days)	<i>memantine oral capsule, sprinkle, er 24hr</i>	3	PA; MO
<i>donepezil oral tablet</i> 5 mg	2	MO; QL (30 per 30 days)	<i>memantine oral solution</i>	4	PA; MO; QL (300 per 30 days)
<i>donepezil oral tablet, disintegrating</i> 10 mg	2	MO; QL (69 per 30 days)	<i>memantine oral tablet</i>	3	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet, disintegrating</i> 5 mg	2	MO; QL (30 per 30 days)	MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO; QL (98 per 28 days)
FIRDAPSE	5	PA; MO; LA	NAMZARIC	3	PA; MO
<i>galantamine oral capsule, ext rel.</i> pellets 24 hr	4	MO; QL (30 per 30 days)	NUEDEXTA	5	PA; MO
<i>galantamine oral solution</i>	4	MO; QL (200 per 30 days)	OCREVUS	5	PA; MO; LA
<i>galantamine oral tablet</i>	4	MO; QL (60 per 30 days)	RADICAVA	5	PA; MO
<i>glatiramer</i> <i>subcutaneous</i> <i>syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)	<i>rivastigmine</i>	4	MO
<i>glatiramer</i> <i>subcutaneous</i> <i>syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)	<i>rivastigmine tartrate</i>	4	MO; QL (60 per 30 days)
			TECFIDERA	5	PA; MO; LA
			<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
			<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
			TYSABRI	5	PA; MO; LA

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

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

Drug Name	Drug Tier	Requirements/Limits
tizanidine oral tablet	2	MO
NARCOTIC ANALGESICS		
acetaminophen- codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	2	QL (4500 per 30 days)
acetaminophen- codeine oral solution 120-12 mg/5 ml	2	MO; QL (4500 per 30 days)
acetaminophen- codeine oral tablet 300-15 mg, 300-30 mg	2	MO; QL (360 per 30 days)
acetaminophen- codeine oral tablet 300-60 mg	2	MO; QL (180 per 30 days)
buprenorphine hcl injection solution	4	MO
buprenorphine hcl injection syringe	4	
buprenorphine hcl sublingual	3	PA; MO
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour	3	PA; MO; QL (4 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	4	PA; MO; QL (8 per 28 days)
codeine sulfate oral tablet	4	MO; QL (180 per 30 days)
duramorph (pf) injection solution 0.5 mg/ml	4	MO; QL (4000 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>duramorph (pf) injection solution 1 mg/ml</i>	4	QL (2000 per 30 days)	<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	MO; QL (240 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	MO; QL (360 per 30 days)	<i>hydromorphone (pf) injection solution 2 mg/ml</i>	4	QL (1200 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	3	MO; QL (400 per 30 days)	HYDROMORPH ONE (PF) INJECTION SOLUTION 4 MG/ML	4	QL (600 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	3	QL (400 per 30 days)	<i>hydromorphone injection solution 1 mg/ml</i>	4	QL (2400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)	<i>hydromorphone injection solution 2 mg/ml</i>	4	MO; QL (1200 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)	<i>hydromorphone injection syringe 1 mg/ml</i>	4	MO; QL (2400 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	4	QL (5550 per 30 days)	<i>hydromorphone injection syringe 2 mg/ml</i>	4	QL (1200 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5550 per 30 days)	<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	MO; QL (360 per 30 days)	<i>hydromorphone oral tablet</i>	4	MO; QL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	MO; QL (50 per 30 days)	<i>methadone injection solution</i>	4	QL (150 per 30 days)
HYDROMORPH ONE (PF) INJECTION SOLUTION 1 MG/ML	4	QL (2400 per 30 days)	<i>methadone intensol</i>	4	PA; MO; QL (90 per 30 days)
			<i>methadone oral concentrate</i>	4	PA; MO; QL (90 per 30 days)
			<i>methadone oral solution 10 mg/5 ml</i>	4	PA; MO; QL (600 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral solution 5 mg/5 ml</i>	4	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	4	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	4	MO; QL (900 per 30 days)
MORPHINE INJECTION SOLUTION 2 MG/ML	4	MO; QL (1000 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	4	QL (500 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	4	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	MO; QL (500 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	4	MO; QL (200 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML	4	MO; QL (500 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine intravenous syringe 2 mg/ml</i>	4	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	4	QL (500 per 30 days)
<i>morphine oral solution</i>	4	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	4	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	4	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	4	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	4	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	3	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg	2	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	2	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	2	MO; QL (90 per 30 days)
butorphanol nasal	2	MO; QL (10 per 28 days)
celecoxib	3	MO; QL (60 per 30 days)
diclofenac potassium	2	MO
diclofenac sodium topical drops	4	MO; QL (300 per 28 days)
diclofenac sodium topical gel 1 %	3	MO; QL (1000 per 28 days)
diflunisal	4	MO
etodolac oral capsule	2	MO
etodolac oral tablet	2	MO
ibu	1	MO
ibuprofen oral suspension	2	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	MO
meloxicam oral tablet	1	MO; QL (30 per 30 days)
naloxone injection solution	2	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet 2 mg</i>	4	MO; QL (150 per 30 days)
<i>amitriptyline</i>	2	PA; MO
<i>amoxapine</i>	4	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	3	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	5	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO; QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)
<i>buspirone</i>	2	MO
CAPLYTA	4	MO; QL (30 per 30 days)
<i>chlorpromazine</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine</i>	4	PA; MO
<i>clorazepate</i>	4	PA; MO;
<i>dipotassium oral tablet 15 mg, 3.75 mg</i>		QL (180 per 30 days)
<i>clorazepate</i>	4	PA; MO;
<i>dipotassium oral tablet 7.5 mg</i>		QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	MO
<i>clozapine oral tablet,disintegrating</i>	4	
<i>desipramine</i>	4	MO
<i>desvenlafaxine succinate</i>	4	MO; QL (30 per 30 days)
<i>dextroamphetamine oral capsule, extended release</i>	4	MO
<i>dextroamphetamine oral solution</i>	4	MO
<i>dextroamphetamine oral tablet</i>	2	MO
<i>dextroamphetamine -amphetamine oral capsule,extended release 24hr 10 mg, 15 mg</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine -amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	3	MO; QL (60 per 30 days)
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA; MO
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	PA; MO; QL (1200 per 30 days)	FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
diazepam oral tablet	2	PA; MO; QL (120 per 30 days)	FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	ST; MO; QL (28 per 28 days)
doxepin oral capsule	4	PA; MO	FETZIMA ORAL CAPSULE,EXTE NDDED RELEASE 24 HR	4	ST; MO; QL (30 per 30 days)
doxepin oral concentrate	4	PA; MO	fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)	fluoxetine oral capsule 20 mg	1	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)	fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
duloxetine oral capsule, delayed release (dr/rec) 20 mg, 30 mg, 60 mg	3	MO; QL (60 per 30 days)	fluoxetine oral solution	2	MO
duloxetine oral capsule, delayed release (dr/rec) 40 mg	3	MO; QL (90 per 30 days)	fluoxetine oral tablet 10 mg	2	MO; QL (30 per 30 days)
EMSAM	4	MO; QL (30 per 30 days)	fluoxetine oral tablet 20 mg, 60 mg	2	MO
escitalopram oxalate oral solution	4	MO; QL (600 per 30 days)	fluphenazine decanoate	4	MO
escitalopram oxalate oral tablet	2	MO; QL (30 per 30 days)	fluphenazine hcl injection	4	MO
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)	fluphenazine hcl oral concentrate	2	MO
			fluphenazine hcl oral elixir	4	MO
			fluphenazine hcl oral tablet	2	MO
			fluvoxamine oral tablet 100 mg	4	MO; QL (90 per 30 days)
			fluvoxamine oral tablet 25 mg	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine oral tablet 50 mg</i>	4	MO; QL (60 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)
GEODON INTRAMUSCULAR	4	MO; QL (60 per 30 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	4	MO; QL (0.88 per 28 days)
<i>haloperidol</i>	2	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	4	MO; QL (1.32 per 28 days)
<i>haloperidol decanoate</i>	4	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.76 per 28 days)
<i>haloperidol lactate injection</i>	2	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	4	MO; QL (2.63 per 28 days)
<i>haloperidol lactate intramuscular</i>	2		LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
<i>haloperidol lactate oral</i>	2	MO	LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
HETLIOZ	5	PA; MO; QL (30 per 30 days)	<i>lithium carbonate</i>	2	MO
<i>imipramine hcl</i>	4	PA; MO	<i>lithium citrate oral solution 8 meq/5 ml</i>	3	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)	<i>lorazepam injection solution</i>	4	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)	<i>lorazepam injection syringe 2 mg/ml</i>	4	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)	<i>lorazepam injection syringe 4 mg/ml</i>	4	PA
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QL (0.25 per 28 days)			

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol</i>	3	PA; MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	3	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	3	MO
<i>maprotiline</i>	2	MO
MARPLAN	4	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	MO; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	4	MO; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet</i>	4	MO; QL (90 per 30 days)
<i>mirtazapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>mirtazapine oral tablet,disintegrating</i>	3	MO; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone</i>	3	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline</i>	2	MO
NUPLAZID ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QL (30 per 30 days)
<i>olanzapine oral tablet</i>	3	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QL (900 per 30 days)
<i>perphenazine</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
PERSERIS	4	MO; QL (1 per 28 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	MO; QL (60 per 30 days)
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
REXULTI	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA	4	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	4	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
ROZEREM	4	MO; QL (30 per 30 days)
SAPHRIS	4	MO; QL (60 per 30 days)
SECUADO	4	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	4	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	2	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine</i>	4	PA; MO
TRINTELLIX	4	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	

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

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
XYREM	5	PA; MO; LA; QL (540 per 30 days)
<i>ziprasidone hcl</i>	4	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	QL (60 per 30 days)
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	4	PA; MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	3	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	MO
<i>dofetilide</i>	3	MO
<i>flecainide</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	MO
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>mexiletine</i>	2	MO
MULTAQ	4	MO
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	MO
<i>propafenone oral capsule,extended release 12 hr</i>	4	MO
<i>propafenone oral tablet 150 mg, 225 mg</i>	2	MO
<i>propafenone oral tablet 300 mg</i>	4	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
sorine oral tablet 240 mg	2	
sotalol af	2	MO
sotalol oral tablet 120 mg, 160 mg, 80 mg	2	MO
sotalol oral tablet 240 mg	4	MO
SOTYLIZE	4	MO
ANTIHYPERTENSIIVE THERAPY		
acebutolol	2	MO
amiloride	3	MO
amiloride- hydrochlorothiazide	2	MO
amlodipine	1	MO
amlodipine- benazepril	2	MO
amlodipine- valsartan	2	MO
atenolol	1	MO
atenolol- chlorthalidone	2	MO
benazepril	1	MO
benazepril- hydrochlorothiazide	2	MO
BIDIL	3	MO
bisoprolol fumarate	2	MO
bisoprolol- hydrochlorothiazide	1	MO
bumetanide injection	4	MO
bumetanide oral	2	MO
BYSTOLIC	4	MO
candesartan oral tablet 16 mg, 4 mg, 8 mg	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
candesartan oral tablet 32 mg	2	MO; QL (30 per 30 days)
candesartan- hydrochlorothiazid	2	MO
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg	2	MO
cartia xt oral capsule,extended release 24hr 300 mg	3	MO
carvedilol	1	MO
chlorothiazide oral tablet 500 mg	2	MO
chlorthalidone oral tablet 25 mg, 50 mg	2	MO
clonidine	4	MO; QL (4 per 28 days)
clonidine hcl oral tablet	2	MO
DEMSER	4	PA; MO
diltiazem hcl intravenous recon soln	4	
diltiazem hcl intravenous solution	4	MO
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 240 mg	2	
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg	3	
diltiazem hcl oral capsule,extended release 12 hr	3	MO
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 240 mg, 300 mg	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>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 360 mg, 420 mg</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr 180 mg, 360 mg</i>	3	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	3	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate</i>	2	MO
<i>enalaprilat intravenous solution</i>	3	
<i>enalapril-hydrochlorothiazide</i>	2	MO
<i>eplerenone</i>	4	MO
<i>epoprostenol (glycine)</i>	3	B/D PA; MO
<i>felodipine</i>	3	MO
<i>fosinopril</i>	2	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection</i>	4	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>irbesartan</i>	1	MO; QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO; QL (30 per 30 days)
<i>losartan-hydrochlorothiazide</i>	1	MO; QL (30 per 30 days)
<i>mannitol 20 %</i>	3	
<i>mannitol 25 % intravenous solution</i>	3	MO
<i>methyldopa</i>	4	MO
<i>metolazone</i>	3	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol tar-hydrochlorothiaz</i>	3	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate oral</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	3	MO
<i>nifedipine oral tablet extended release 24hr</i>	3	MO
<i>nimodipine</i>	4	MO
<i>olmesartan</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	2	MO
<i>osmitrol 15 %</i>	3	
<i>osmitrol 20 %</i>	3	
<i>phentolamine injection recon soln</i>	3	
<i>pindolol</i>	4	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule,extended release 24 hr</i>	4	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	4	MO
<i>quinapril</i>	2	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO
SODIUM EDECRIN	3	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>telmisartan</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	2	MO; QL (60 per 30 days)
<i>timolol maleate oral</i>	4	MO
<i>torsemide oral</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene</i>	3	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	2	MO
UPTRAVI	4	PA; MO; LA
<i>valsartan</i>	2	MO; QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO

You 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 360 mg</i>	3	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
AMICAR ORAL SOLUTION	3	MO
<i>aminocaproic acid</i>	3	MO
BRILINTA	4	MO; QL (60 per 30 days)
CABLIVI INJECTION KIT	5	PA; MO; LA
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	4	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole oral</i>	4	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous solution</i>	4	MO
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	4	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	MO
<i>heparin (porcine) in nacl (pf)</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
heparin (porcine) injection cartridge	4	MO
heparin (porcine) injection solution	3	MO
heparin (porcine) injection syringe 5,000 unit/ml	4	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	
heparin (porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	4	MO
heparin, porcine (pf) injection solution 1,000 unit/ml	4	MO
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	3	MO
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	3	MO
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
jantoven	1	MO
NPLATE	5	MO
pentoxifylline	2	MO
PRADAXA	4	MO
prasugrel	4	MO

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; MO; LA; QL (180 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; MO; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; MO; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; MO; LA; QL (60 per 30 days)
warfarin	1	MO
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
atorvastatin	1	MO; QL (30 per 30 days)
cholestyramine (with sugar)	3	MO
cholestyramine light	3	MO
colesevelam oral powder in packet	3	MO
colesevelam oral tablet	4	MO
ezetimibe	3	MO; QL (30 per 30 days)
ezetimibe-simvastatin	3	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 67 mg</i>	3	MO; QL (60 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	3	MO; QL (60 per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	3	MO; QL (60 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	4	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	4	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	2	MO; QL (60 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	3	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>pravastatin</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>prevalite</i>	3	MO
REPATHA	3	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	2	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
VASCEPA	3	MO
WELCHOL ORAL TABLET	4	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	4	PA; MO; QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	2	MO
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digox oral tablet 250 mcg (0.25 mg)</i>	2	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	3	MO

You 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>digoxin oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	2	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	3	B/D PA; MO
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	3	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	3	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	3	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	3	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	3	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	3	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	4	MO
LANOXIN PEDIATRIC	3	
<i>milrinone</i>	3	B/D PA; MO
<i>milrinone in 5 % dextrose</i>	3	B/D PA; MO
RANEXA	4	MO; QL (60 per 30 days)
<i>ranolazine</i>	3	MO; QL (60 per 30 days)
VYNDAMAX	4	PA; MO
NITRATES		
ISORDIL	4	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	4	MO
<i>isosorbide dinitrate oral tablet 30 mg</i>	3	MO
<i>isosorbide mononitrate</i>	2	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	3	B/D PA

You 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>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	3	B/D PA; MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHIC		
<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA SUBCUTANEOUS	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO
<i>DUPIXENT PEN</i>	5	PA; MO
<i>DUPIXENT SYRINGE</i>	5	PA; MO
<i>fluorouracil topical cream 5 %</i>	4	MO
<i>fluorouracil topical solution</i>	4	MO
<i>glydo</i>	3	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet</i>	3	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	4	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>lidocaine (pf) injection solution 20 mg/ml (2 %), 40 mg/ml (4 %)</i>	2	MO
<i>lidocaine hcl injection solution 10 mg/ml (1 %)</i>	2	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	4	MO
<i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO

You 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 hcl mucous membrane jelly</i>	3	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5%</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (50 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	4	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	MO
<i>podofilox</i>	4	MO
REGRANEX	5	MO
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	3	MO
<i>tacrolimus topical</i>	3	PA; MO; QL (100 per 30 days)
UVADEX	4	B/D PA
VALCHLOR	5	PA; MO
ZTLIDO	3	PA; MO; QL (90 per 30 days)
THERAPY FOR ACNE		
<i>claravis</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical gel</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	4	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5%</i>	4	MO
<i>ery pads</i>	4	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	4	MO
<i>isotretinoin</i>	4	MO
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75%</i>	4	MO
<i>metronidazole topical gel 1%</i>	2	MO
<i>metronidazole topical gel with pump</i>	2	MO
<i>metronidazole topical lotion</i>	4	MO
<i>rosadan topical cream</i>	4	MO
<i>rosadan topical gel</i>	4	MO
<i>tazarotene</i>	3	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
<i>tretinoi</i> n topical cream 0.025 %, 0.05 %, 0.1 %	4	PA; MO
<i>tretinoi</i> n topical topical gel 0.01 %	3	PA; MO
<i>tretinoi</i> n topical topical gel 0.025 %, 0.05 %	4	PA; MO
TOPICAL ANTIBACTERIA LS		
gentamicin topical	3	MO
mafenide acetate	2	MO
mupirocin	2	MO
sulfacetamide sodium (acne)	4	MO
SULFAMYLYON TOPICAL CREAM	4	MO
TOPICAL ANTIFUNGALS		
ciclopirox topical cream	4	MO; QL (90 per 28 days)
ciclopirox topical gel	4	MO; QL (45 per 28 days)
ciclopirox topical shampoo	4	MO; QL (120 per 28 days)
ciclopirox topical solution	2	MO
ciclopirox topical suspension	4	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	4	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
econazole	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
nyamyc	4	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO
<i>nystatin-triamcinolone</i>	4	MO; QL (60 per 28 days)
nystop	4	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	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
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream</i>	4	MO
<i>alclometasone topical ointment</i>	2	MO
<i>beser</i>	3	MO
<i>betamethasone dipropionate</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	4	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>desonide</i>	4	MO
<i>desoximetasone</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	2	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	3	MO
<i>fluticasone propionate topical ointment</i>	3	MO
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone topical cream 1 %, 2.5 %	2	MO
hydrocortisone topical lotion 2.5 %	4	MO
hydrocortisone topical ointment 2.5 %	2	MO
hydrocortisone valerate topical cream	2	MO
hydrocortisone valerate topical ointment	4	MO
mometasone topical	2	MO
prednicarbate topical ointment	4	MO
triamcinolone acetonide topical cream	2	MO
triamcinolone acetonide topical lotion	3	MO
triamcinolone acetonide topical ointment	2	MO
triderm topical cream	2	MO
TOPICAL SCABICIDES / PEDICULICIDE S		
lindane topical shampoo	4	MO
malathion	4	MO
permethrin topical cream	3	MO

Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTIC S / MISCELLAN EOUS AGENTS		
ANTIDOTES		
acetylcysteine intravenous	3	MO
MISCELLANEO US AGENTS		
acamprosate	4	MO
anagrelide	3	MO
caffeine citrate oral	3	MO
CARBAGLU	5	PA; MO; LA
CHEMET	4	PA; MO
d10 %-0.45 % sodium chloride	4	
d2.5 %-0.45 % sodium chloride	4	
d5 % and 0.9 % sodium chloride	4	MO
d5 %-0.45 % sodium chloride	4	MO
deferasirox oral granules in packet	5	MO
deferasirox oral tablet, dispersible	5	PA; MO
dextrose 10 % and 0.2 % nacl	4	
dextrose 10 % in water (d10w)	3	MO
dextrose 5 % in water (d5w)	3	MO
dextrose 5 %- lactated ringers	4	MO
dextrose 5%-0.2 % sod chloride	4	

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

Drug Name	Drug Tier	Requirements/Limits
dextrose 5%-0.3 % sod.chloride	4	
disulfiram	4	MO
FERRIPROX (2 TIMES A DAY)	5	PA
FERRIPROX ORAL TABLET	5	PA; MO
INCRELEX	5	PA; MO; LA
kionex (with sorbitol)	4	MO
levocarnitine (with sugar)	4	MO
levocarnitine oral solution 100 mg/ml	4	MO
levocarnitine oral tablet	4	MO
midodrine oral tablet 10 mg, 5 mg	4	MO
midodrine oral tablet 2.5 mg	3	MO
nitisinone	5	MO
NORTHERA ORAL CAPSULE 100 MG, 200 MG	5	PA; MO; QL (90 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PA; MO; QL (180 per 30 days)
ORFADIN	5	MO; LA
pilocarpine hcl oral	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA
RAVICTI	5	MO
REVCovi	5	PA; MO; LA
riluzole	3	MO

Drug Name	Drug Tier	Requirements/Limits
sevelamer carbonate oral powder in packet	5	MO
sevelamer carbonate oral tablet	3	MO; QL (540 per 30 days)
sodium chloride 0.9 % intravenous	4	MO
sodium chloride irrigation	3	MO
sodium polystyrene (sorb free)	4	MO
sodium polystyrene sulfonate oral powder	4	MO
SOLIRIS	5	PA; MO
sps (with sorbitol) oral	3	MO
sps (with sorbitol) rectal	3	
trientine	5	PA; MO; QL (240 per 30 days)
VELTASSA	3	MO
XIAFLEX	5	PA; MO
XURIDEN	5	MO
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	3	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	3	MO; QL (60 per 30 days)
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	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
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine 0.1% (137 mcg) spray</i>	4	MO; QL (60 per 30 days)
<i>azelastine 0.15% nasal spray</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	3	MO
<i>dentagel</i>	3	MO
<i>fluoride (sodium) dental gel</i>	3	
<i>fluoride (sodium) dental paste</i>	3	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>oralone</i>	4	MO
<i>paroex oral rinse</i>	2	MO
<i>periogard</i>	2	MO
<i>sf</i>	3	MO
<i>sf 5000 plus</i>	3	MO
<i>sodium fluoride 5000 plus</i>	3	
<i>triamcinolone acetonide dental</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS OTIC PREPARATIONS		
S		
<i>acetic acid otic (ear)</i>	3	MO
<i>ciprofloxacin hcl otic (ear)</i>	3	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ofloxacin otic (ear)</i>	3	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	MO
<i>ciprofloxacin-dexamethasone</i>	3	MO
CORTISPORIN-TC	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	2	MO
<i>decadron oral tablet</i>	3	
DEPO-MEDROL	3	MO
<i>dexamethasone</i>	2	MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO

You 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>dexamethasone sodium phosphate injection solution</i>	4	MO
<i>dexamethasone sodium phosphate injection syringe</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hidex</i>	3	
<i>hydrocortisone oral</i>	3	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	4	MO
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	4	MO
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	4	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol</i>	4	B/D PA; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	2	B/D PA; MO
<i>prednisone oral tablets,dose pack</i>	2	MO
<i>SOLU-CORTEF ACT-O-VIAL (PF)</i>	3	MO
<i>triamcinolone acetonide injection</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	3	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads</i>	2	MO
<i>BAQSIMI</i>	3	MO
<i>BYDUREON BCISE</i>	3	PA; MO; QL (4 per 28 days)
<i>BYDUREON SUBCUTANEOUS PEN INJECTOR</i>	3	PA; MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	4	MO
GAUZE PADS 2 X 2	3	MO
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet <i>extended release</i> 24hr 10 mg	2	MO; QL (60 per 30 days)
glipizide oral tablet <i>extended release</i> 24hr 2.5 mg	2	MO; QL (240 per 30 days)
glipizide oral tablet <i>extended release</i> 24hr 5 mg	2	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	2	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin</i> oral tablet 2.5-500 mg, 5-500 mg	2	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	MO
HUMALOG MIX 50-50 INSULN U- 100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U- 100)INSULN	3	MO
HUMALOG U- 100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMULIN N NPH U-100 INSULIN	3	MO	JANUVIA	3	MO; QL (30 per 30 days)
HUMULIN R REGULAR U-100 INSULN	3	MO	JARDIANCE	3	MO; QL (30 per 30 days)
HUMULIN R U-500 (CONC) INSULIN	4	MO	JENTADUETO	3	MO; QL (60 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN	4	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
INSULIN PEN NEEDLE	3	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO	LANTUS	3	MO
INVOKAMET	3	MO; QL (60 per 30 days)	SOLOSTAR U-100 INSULIN		
INVOKAMET XR	3	MO; QL (60 per 30 days)	LANTUS U-100 INSULIN	3	MO
INVOKANA	3	MO; QL (30 per 30 days)	LEVEMIR FLEXTOUCH U-100 INSULN	4	ST; MO
JANUMET	3	MO; QL (60 per 30 days)	LEVEMIR U-100 INSULIN	4	ST; MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)	LYUMJEV KWIKPEN U-100 INSULIN	3	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)	LYUMJEV KWIKPEN U-200 INSULIN	3	MO
			LYUMJEV U-100 INSULIN	3	MO
			<i>metformin oral solution</i>	3	MO; QL (765 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
NOVOLOG U-100 INSULIN ASPART	4	ST; MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	2	MO; QL (30 per 30 days)
PROGLYCEM	5	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
SOLIQUA 100/33	3	MO
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5- 1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TOUJEO MAX U- 300 SOLOSTAR	3	MO

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	3	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>hydrocortisone rectal</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution</i>	2	MO
LINZESS	3	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral capsule,extended release 24hr</i>	3	MO
<i>mesalamine oral tablet,delayed release (dr/rec) 1.2 gram</i>	4	MO
<i>mesalamine rectal enema</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	4	MO
INFANRIX (DTAP) (PF)	3	MO
IPOL	3	MO
IXIARO (PF)	4	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	5	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	4	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
colchicine oral tablet	3	MO; QL (120 per 30 days)
COLCRYS	3	MO; QL (120 per 30 days)
febuxostat	3	MO
KRYSTEXXA	5	MO
probenecid	3	MO
probenecid-colchicine	3	MO
ULORIC	4	MO

Drug Name	Drug Tier	Requirements/Limits
OSTEOPOROSIS THERAPY		
alendronate oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ibandronate oral	3	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 30 days)
raloxifene	3	MO; QL (30 per 30 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
BENLYSTA	5	PA; MO
DEPEN TITRATABS	5	MO
ENBREL	5	PA; MO; QL (8 per 28 days)
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	3	MO; QL (30 per 30 days)
ORENCIA	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO
<i>penicillamine</i>	5	MO
RINVOQ	5	PA; MO; QL (30 per 30 days)
XELJANZ	5	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; MO; QL (30 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	5	PA; MO
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>dotti</i>	3	PA; MO; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	2	MO
<i>estradiol vaginal tablet</i>	3	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>heather</i>	3	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>incassia</i>	3	MO
<i>jencycla</i>	3	MO
<i>medroxyprogesterone intramuscular</i>	3	MO
<i>medroxyprogesterone oral</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	4	MO
<i>norethindrone aceteth estradiol oral tablet 0.5-2.5 mg-mcg</i>	4	PA; MO
<i>norlyda</i>	3	MO
PREMARIN ORAL	3	MO
<i>tulana</i>	3	MO
<i>yuvafem</i>	3	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	4	MO
<i>metronidazole vaginal</i>	2	MO
MIRENA	3	MO; LA

Drug Name	Drug Tier	Requirements/Limits
NEXPLANON	3	MO
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole vaginal suppository</i>	4	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	3	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	4	MO
<i>alyacen 1/35 (28)</i>	4	MO
<i>amethia lo</i>	4	MO
<i>aubra</i>	4	MO
<i>aubra eq</i>	4	MO
<i>aurovela 1.5/30 (21)</i>	4	MO
<i>aurovela 1/20 (21)</i>	4	MO
<i>aurovela 24 fe</i>	4	MO
<i>aurovela fe 1.5/30 (28)</i>	4	MO
<i>aurovela fe 1-20 (28)</i>	4	MO
<i>bekyree (28)</i>	4	MO
<i>blisovi 24 fe</i>	4	MO
<i>blisovi fe 1.5/30 (28)</i>	4	MO
<i>blisovi fe 1/20 (28)</i>	4	MO
<i>camrese lo</i>	4	MO
<i>caziant (28)</i>	4	MO
<i>chateal eq (28)</i>	4	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	4	MO
<i>levonorg-eth estrad triphasic</i>	4	MO
<i>lillow (28)</i>	4	MO
<i>low-ogestrel (28)</i>	4	MO
<i>lo-zumandimine (28)</i>	4	MO
<i>melodetta 24 fe</i>	4	MO
<i>mibelas 24 fe</i>	4	MO
<i>microgestin 1.5/30 (21)</i>	4	MO
<i>microgestin 1/20 (21)</i>	4	MO
<i>microgestin fe 1.5/30 (28)</i>	4	MO
<i>microgestin fe 1/20 (28)</i>	4	MO
<i>mili</i>	4	MO
<i>noreth-ethinyl estradiol-iron</i>	4	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	4	MO
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	4	MO
<i>norgestimate-ethinyl estradiol</i>	4	MO
<i>ocella</i>	4	MO
<i>previfem</i>	4	MO
<i>rivelsa</i>	4	MO
<i>setlakin</i>	4	MO
<i>simliya (28)</i>	4	MO
<i>simpesse</i>	4	MO
<i>sprintec (28)</i>	4	MO
<i>syeda</i>	4	MO

You 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>tarina 24 fe</i>	4	MO
<i>tri-lo-mili</i>	4	MO
<i>tri-lo-sprintec</i>	4	MO
<i>tri-mili</i>	4	MO
<i>tri-sprintec (28)</i>	4	MO
<i>tri-vylibra</i>	4	MO
<i>tri-vylibra lo</i>	4	MO
<i>tydemy</i>	4	MO
<i>vienva</i>	4	MO
<i>vylibra</i>	4	MO
<i>zarah</i>	4	MO
<i>zumandimine (28)</i>	4	MO
OXYTOCICS		
<i>methylergonovine oral</i>	5	PA; MO
OPHTHALM OLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	2	MO
<i>bacitracin ophthalmic (eye)</i>	4	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye)</i>	3	MO
NATACYN	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin-polymyxin</i>	4	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>neo-polycin</i>	4	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	4	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
MISCELLANEOUS OPHTHALMOL OGICS		
<i>azelastine ophthalmic (eye)</i>	4	MO
<i>cromolyn ophthalmic (eye)</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
CYSTARAN	5	PA; MO
<i>epinastine</i>	4	MO
EYLEA	5	PA; MO
LUCENTIS	5	PA; MO
OXERVATE	5	PA; MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	4	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	MO
<i>acetazolamide sodium</i>	3	MO
<i>methazolamide</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
OTHER GLAUCOMA DRUGS		
AZOPT	4	MO
COMBIGAN	3	MO
COSOPT (PF)	4	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
RHOPRESSA	4	ST; MO
ROCKLATAN	4	ST; MO
<i>travoprost</i>	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	4	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
<i>neo-polycin hc</i>	4	MO
<i>tobramycin-dexamethasone</i>	3	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
INVELTYS	4	MO
<i>loteprednol etabonate</i>	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	3	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATOR Y AND ALLERGY		
ANTIALLERGIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>dexchlorpheniramine maleate oral solution</i>	3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	3	
EPIPEN	3	MO; QL (2 per 30 days)
EPIPEN 2-PAK	3	MO; QL (2 per 30 days)
EPIPEN JR	3	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine oral tablet 25 mg</i>	2	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS	3	MO; QL (60 per 30 days)	CINRYZE	5	PA; MO; QL (20 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)	COMBIVENT	4	MO; QL (8 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO	<i>RESPIMAT</i>		
<i>albuterol sulfate oral syrup</i>	2	MO	<i>cromolyn inhalation</i>	2	B/D PA; MO
<i>albuterol sulfate oral tablet</i>	4	MO	DALIRESP	4	PA; MO; QL (30 per 30 days)
<i>alyq</i>	5	PA; MO; QL (60 per 30 days)	ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days)	ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
ANORO ELLIPTA	3	MO; QL (60 per 30 days)	ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)	FASENRA	5	PA; MO
ATROVENT HFA	4	MO; QL (25.8 per 30 days)	FIRAZYR	5	PA; MO; QL (270 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATOR, 50	3	MO; QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO; QL (120 per 30 days)	MCG/ACTUATOR		
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATOR	3	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATOR N	3	MO; QL (12 per 30 days)	<i>montelukast oral granules in packet</i>	3	MO; QL (30 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATOR N	3	MO; QL (24 per 30 days)	<i>montelukast oral tablet</i>	2	MO; QL (30 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATOR N	3	MO; QL (10.6 per 30 days)	<i>montelukast oral tablet, chewable</i>	2	MO; QL (30 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	3	MO; QL (50 per 30 days)	OFEV	5	PA; MO; QL (60 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)	ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
<i>icatibant</i>	5	PA; MO; QL (270 per 30 days)	ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)	PERFOROMIST	3	B/D PA; MO; QL (120 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO	PROAIR HFA	3	MO; QL (17 per 30 days)
<i>ipratropium-albuterol</i>	2	B/D PA; MO	PROAIR RESPICLICK	3	MO; QL (2 per 30 days)
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)	PULMOZYME	5	B/D PA; MO; QL (150 per 30 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)	SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>mometasone nasal</i>	4	MO; QL (34 per 30 days)	<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulm. hypertension)</i>	5	PA; MO; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	5	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER	5	PA; MO
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	MO; QL (60 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	3	MO
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
zafirlukast	4	MO; QL (60 per 30 days)
UROLOGICALS		
ANTICHOLINE RGICS / ANTISPASMODICS		
MYRBETRIQ	4	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	3	MO; QL (30 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	3	MO; QL (60 per 30 days)
solifenacin	4	MO
<i>tolterodine oral capsule,extended release 24hr</i>	3	MO
<i>tolterodine oral tablet</i>	4	MO
TOVIAZ	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>tamsulosin</i>	2	MO; QL (60 per 30 days)
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	4	MO
<i>bethanechol chloride oral tablet 5 mg</i>	3	MO
CYSTAGON	4	MO; LA
ELMIRON	4	MO
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate</i>	4	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	3	
<i>albuminar 25 %</i>	3	MO
<i>alburx (human) 25 %</i>	3	MO
<i>alburx (human) 5 %</i>	3	
<i>albutein 25 %</i>	3	
<i>albutein 5 %</i>	3	
<i>plasbumin 25 %</i>	3	MO
<i>plasbumin 5 %</i>	3	
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	3	MO
<i>calcium gluconate intravenous</i>	3	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	3	MO
<i>klor-con</i>	2	MO
<i>klor-con 10</i>	3	MO
<i>klor-con 8</i>	3	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-conlef</i>	3	MO
<i>lactated ringers intravenous</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	4		<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>magnesium sulfate in water intravenous parenteral solution</i>	4		<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	MO
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	4		<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	4	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	4	MO	<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	4	MO
<i>magnesium sulfate injection solution</i>	4	MO	<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	4	
<i>magnesium sulfate injection syringe</i>	4		<i>potassium chloride intravenous</i>	4	MO
NORMOSOL-R	3	MO	<i>potassium chloride oral capsule, extended release</i>	2	MO
PHOSLYRA	4	MO	<i>potassium chloride oral liquid</i>	4	MO
<i>potassium acetate intravenous solution 2 meq/ml</i>	3		<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	4		<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	4	MO	<i>potassium chloride oral tablet,er particles/crystals</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4		<i>potassium chloride-0.45 % nacl</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>potassium phosphate m-l/d-basic intravenous solution 3 mmoll/ml</i>	3	
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	3	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	3	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	3	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	3	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 3 %</i>	4	MO
<i>sodium chloride 5 %</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	4	MO
<i>sodium chloride intravenous parenteral solution 4 meq/ml</i>	2	MO
<i>sodium phosphate</i>	3	MO
MISCELLANEOUS NUTRITION PRODUCTS		
<i>AMINOSYN II 10 %</i>	3	B/D PA
<i>AMINOSYN II 15 %</i>	3	B/D PA
<i>AMINOSYN-PF 7 % (SULFITE-FREE)</i>	3	B/D PA
<i>electrolyte-48 in d5w</i>	3	
<i>FREAMINE HBC 6.9 %</i>	3	B/D PA
<i>freamine iii 10 %</i>	3	B/D PA
<i>HEPATAMINE 8%</i>	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
<i>INTRALIPID INTRAVENOUS EMULSION 30 %</i>	3	B/D PA
<i>NEPHRAMINE 5.4 %</i>	3	B/D PA
<i>NORMOSOL-R PH 7.4</i>	3	
<i>plenamine</i>	4	B/D PA
<i>premasol 10 %</i>	2	B/D PA; MO
<i>travasol 10 %</i>	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE 10 %	3	B/D PA; MO
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	1	MO

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BRUKINSA	14	cefadroxil	5	CIMDUO	2
budesonide	60, 72	cefazolin	6	cinacalcet	57
bumetanide	39	cefazolin in dextrose (iso-os) ...	6	CINRYZE	72
buprenorphine	29	cefdinir	6	CIPRODEX	52
buprenorphine hcl	29	cefepime	6	ciprofloxacin	11
buprenorphine-naloxone	32				
bupropion hcl	33				

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ciprofloxacin hcl.....	11, 52, 69	CRESEMBA.....	1	desmopressin	57
ciprofloxacin in 5 % dextrose..	11	CRIXIVAN.....	2	desonide	49
ciprofloxacin-dexamethasone ..	52	cromolyn.....	60, 69, 72	desoximetasone	49
cisplatin.....	14	CRYSVITA.....	57	desvenlafaxine succinate.....	33
citalopram.....	33	cyclobenzaprine	29	dexamethasone	52
cladribine	14	cyclophosphamide	15	dexamethasone intensol	52
claravis.....	47	CYCLOPHOSPHAMIDE....	15	dexamethasone sodium phos	
clarithromycin	7	cyclosporine	15	(pf)	52
clindamycin hcl.....	8	cyclosporine modified.....	15	dexamethasone sodium	
CLINDAMYCIN IN 0.9 %		CYRAMZA.....	15	phosphate	53, 70
SOD CHLOR.....	8	CYSTADANE.....	60	dexchlorpheniramine maleate.	71
clindamycin in 5 % dextrose.....	8	CYSTAGON.....	75	DEXILANT	61
clindamycin pediatric	8	CYSTARAN.....	70	dextroamphetamine	33
clindamycin phosphate ..	8, 47, 67	cytarabine	15	dextroamphetamine-	
clindamycin-benzoyl peroxide .	47	cytarabine (pf)	15	amphetamine	33
clobazam	24	d10 %-0.45 % sodium chloride	50	dextrose 10 % and 0.2 % nacl.	50
clobetasol	49	d2.5 %-0.45 % sodium		dextrose 10 % in water	
clobetasol-emollient	49	chloride	50	(d10w)	50
clofarabine	14	d5 % and 0.9 % sodium		dextrose 5 % in water (d5w) ..	50
clomipramine	33	chloride	50	dextrose 5 %-lactated ringers..	50
clonazepam	24	d5 %-0.45 % sodium chloride ..	50	dextrose 5%-0.2 % sod	
clonidine	39	dacarbazine	15	chloride	50
clonidine hcl	39	dactinomycin	15	dextrose 5%-0.3 %	
clopidogrel	42	dalfampridine	28	sod.chloride	51
clorazepate dipotassium	33	DALIRESP.....	72	DIASTAT	24
clotrimazole	1, 48	danazol.....	57	DIASTAT ACUDIAL	24
clotrimazole-betamethasone ..	48	dantrolene	29	diazepam	24, 33, 34
clozapine	33	dapsone	8	diazepam intensol	33
COARTEM	8	DAPTACEL (DTAP		diazoxide	54
codeine sulfate	29	PEDIATRIC) (PF)	63	diclofenac potassium	32
colchicine	65	DAPTOMYCIN	8	diclofenac sodium	32, 70
COLCRYS	65	daptomycin	8	dicloxacillin.....	11
colesevelam	43	DARAPRIM	8	dicyclomine	59
colistin (colistimethate na) ..	8	DARZALEX	15	didanosine	2
COMBIGAN	70	daunorubicin	15	diflunisal	32
COMBIVENT RESPIMAT..	72	DAURISMO	15	digitek	44
COMETRIQ	14	decadron	52	digox	44
COMPLERA	2	decitabine	15	digoxin	44, 45
compro	60	deferasirox	50	dihydroergotamine	27
constulose	60	DELSTRIGO	2	DILANTIN 30 MG	24
COPAXONE	27, 28	DELZICOL	60	diltiazem hcl	39, 40
COPIKTRA	15	DEMSER	39	dilt-xr	40
CORLANOR	44	DENAVIR	48	dimethyl fumarate	28
CORTIFOAM	60	denta 5000 plus	52	diphenhydramine hcl	71
cortisone	52	dentagel	52	dipyridamole	42
CORTISPORIN-TC	52	DEPEN TITRATABS	65	disulfiram	51
COSOPT (PF).....	70	DEPO-MEDROL	52	divalproex	24
COTELLIC	15	DESCOVY	2	dobutamine	45
CREON	60	desipramine	33	dobutamine in d5w	45

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<i>docetaxel</i>	15	<i>EMPLICITI</i>	15	<i>ESBRIET</i>	72
<i>dofetilide</i>	38	<i>EMSAM</i>	34	<i>escitalopram oxalate</i>	34
<i>donepezil</i>	28	<i>emtricitabine</i>	2	<i>esomeprazole magnesium</i>	61
<i>dopamine</i>	45	<i>EMTRIVA</i>	2	<i>esomeprazole sodium</i>	61
<i>dopamine in 5 % dextrose</i>	45	<i>EMVERM</i>	8	<i>estarrylla</i>	68
<i>DOPTELET (10 TAB PACK)</i>	42	<i>enalapril maleate</i>	40	<i>estradiol</i>	67
<i>DOPTELET (15 TAB PACK)</i>	42	<i>enalaprilat</i>	40	<i>estradiol valerate</i>	67
<i>DOPTELET (30 TAB PACK)</i>	42	<i>enalapril-hydrochlorothiazide</i>	40	<i>ethambutol</i>	8
<i>dorzolamide</i>	70	<i>ENBREL</i>	65	<i>ethosuximide</i>	24
<i>dorzolamide-timolol</i>	70	<i>ENBREL MINI</i>	65	<i>ethynodiol diac-eth estradiol</i>	68
<i>dorzolamide-timolol (pf)</i>	70	<i>ENBREL SURECLICK</i>	65	<i>etodolac</i>	32
<i>dotti</i>	66	<i>endocet</i>	30	<i>ETOPOPHOS</i>	16
<i>DOVATO</i>	2	<i>ENGERIX-B (PF)</i>	63	<i>etoposide</i>	16
<i>doxazosin</i>	40	<i>ENGERIX-B PEDIATRIC (PF)</i>	63	<i>euthyrox</i>	59
<i>doxepin</i>	34	<i>enoxaparin</i>	42	<i>everolimus (antineoplastic)</i>	16
<i>doxorubicin</i>	15	<i>entacapone</i>	27	<i>everolimus (immunosuppressive)</i>	16
<i>doxorubicin, peg-liposomal</i>	15	<i>entecavir</i>	2	<i>EVOTAZ</i>	3
<i>doxy-100</i>	12	<i>ENTRESTO</i>	45	<i>exemestane</i>	16
<i>doxycycline hydiate</i>	12	<i>ENTYVIO</i>	60	<i>EYLEA</i>	70
<i>doxycycline monohydrate</i>	12	<i>enulose</i>	60	<i>ezetimibe</i>	43
<i>DRIZALMA SPRINKLE</i>	34	<i>EPCLUSA</i>	2	<i>ezetimibe-simvastatin</i>	43
<i>dronabinol</i>	60	<i>EPIDIOLEX</i>	24	<i>FABRAZYME</i>	57
<i>drospirenone-e.estradiol-lm.fa.</i>	67	<i>epinastine</i>	70	<i>famciclovir</i>	3
<i>drospirenone-ethinyl estradiol</i>	67	<i>EPINEPHRINE</i>	71	<i>famotidine</i>	62
<i>DROXIA</i>	15	<i>epinephrine</i>	71	<i>famotidine (pf)</i>	61
<i>duloxetine</i>	34	<i>EPIPEN</i>	71	<i>famotidine (pf)-nacl (iso-os)</i>	62
<i>DUPIXENT PEN</i>	46	<i>EPIPEN 2-PAK</i>	71	<i>FANAPT</i>	34
<i>DUPIXENT SYRINGE</i>	46	<i>EPIPEN JR</i>	71	<i>FARYDAK</i>	16
<i>duramorph (pf)</i>	29, 30	<i>EPIPEN JR 2-PAK</i>	71	<i>FASENRA</i>	72
<i>dutasteride</i>	75	<i>epirubicin</i>	15	<i>FASLODEX</i>	16
<i>econazole</i>	48	<i>epitol</i>	24	<i>fayosim</i>	68
<i>EDURANT</i>	2	<i>EPIVIR HBV</i>	2	<i>febuxostat</i>	65
<i>efavirenz</i>	2	<i>plererenone</i>	40	<i>felbamate</i>	24
<i>effer-k</i>	75	<i>ERBITUX</i>	15	<i>felodipine</i>	40
<i>ELAPRASE</i>	57	<i>ergotamine-caffeine</i>	27	<i>femynor</i>	68
<i>electrolyte-48 in d5w</i>	77	<i>ERIVEDGE</i>	16	<i>fenofibrate</i>	44
<i>ELIQUIS</i>	42	<i>ERLEADA</i>	16	<i>fenofibrate micronized</i>	44
<i>ELIQUIS DVT-PE TREAT 30D START</i>	42	<i>erlotinib</i>	16	<i>fenofibrate nanocrystallized</i>	44
<i>ELLENCE</i>	15	<i>ERWINAZE</i>	16	<i>fentanyl</i>	30
<i>ELMIRON</i>	75	<i>ery pads</i>	47	<i>fentanyl citrate</i>	30
<i>EMCYT</i>	15	<i>ERYTHROCIN</i>	7	<i>fentanyl citrate (pf)</i>	30
<i>EMEND</i>	60	<i>erythrocin (as stearate)</i>	7	<i>FERRIPROX</i>	51
<i>EMEND (FOSAPREPITANT)</i>	60	<i>erythromycin</i>	7, 69	<i>FERRIPROX (2 TIMES A DAY)</i>	51
<i>emoquette</i>	68	<i>erythromycin ethylsuccinate</i>	7	<i>FETZIMA</i>	34
		<i>erythromycin with ethanol</i>	47	<i>finasteride</i>	75
		<i>erythromycin-benzoyl peroxide</i>	47	<i>FINTEPLA</i>	24
				<i>FIRAZYR</i>	72

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FIRDAPSE	28	gatifloxacin	69	HARVONI	3
FIRMAGON KIT W		GATTEX 30-VIAL	60	HAVRIX (PF)	63
DILUENT SYRINGE	16	GATTEX ONE-VIAL	60	heather	67
<i>flac otic oil</i>	52	GAUZE PAD	54	heparin (porcine)	43
<i>flecainide</i>	38	<i>gavilyte-c</i>	60	heparin (porcine) in 5 % dex..	42
FLOVENT DISKUS	72	<i>gavilyte-g</i>	60	heparin (porcine) in nacl (pf)	42
FLOVENT HFA	73	<i>gavilyte-n</i>	60	HEPARIN(PORCINE) IN	
<i>floxuridine</i>	16	GAVRETO	16	0.45% NACL	43
<i>fluconazole</i>	1	GAZYVA	16	heparin(porcine) in 0.45%	
<i>fluconazole in nacl (iso-osm)</i>	1	gemcitabine	16	nacl	43
<i>flucytosine</i>	1	GEMCITABINE	16	heparin, porcine (pf)	43
<i>fludarabine</i>	16	gemfibrozil	44	HEPARIN, PORCINE (PF)	43
<i>fludrocortisone</i>	53	generlac	60	HEPATAMINE 8%	77
<i>flunisolide</i>	73	gengraf	17	HERCEPTIN	17
<i>fluocinolone</i>	49	gentak	69	HERCEPTIN HYLECTA	17
<i>fluocinolone acetonide oil</i>	52	gentamicin	8, 48, 69	HETLIOZ	35
<i>fluocinolone and shower cap</i>	49	gentamicin in nacl (iso-osm)	8	HIBERIX (PF)	63
<i>fluocinonide</i>	49	GENTAMICIN IN NACL		hidex	53
<i>fluocinonide-e</i>	49	(ISO-OSM)	8	HIZENTRA	63
<i>fluocinonide-emollient</i>	49	gentamicin sulfate (ped) (pf)	8	HUMALOG JUNIOR	
<i>fluoride (sodium)</i>	52, 78	GENVOYA	3	KWIKPEN U-100	54
<i>fluorometholone</i>	70	GEODON	35	HUMALOG KWIKPEN	
<i>fluorouracil</i>	16, 46	GILOTrif	17	INSULIN	54
<i>fluoxetine</i>	34	glatiramer	28	HUMALOG MIX 50-50	
<i>fluphenazine decanoate</i>	34	glatopa	28	INSULN U-100	54
<i>fluphenazine hcl</i>	34	GLEOSTINE	17	HUMALOG MIX 50-50	
<i>flutamide</i>	16	glimepiride	54	KWIKPEN	54
<i>fluticasone propionate</i>	49, 73	glipizide	54	HUMALOG MIX 75-25	
<i>fluvastatin</i>	44	glipizide-metformin	54	KWIKPEN	54
<i>fluvoxamine</i>	34, 35	GLUCAGEN HYPOKIT	54	HUMALOG MIX 75-25(U-100)INSULN	54
FOLOTYN	16	GLUCAGON (HCL)		HUMALOG U-100	
<i>fondaparinux</i>	42	EMERGENCY KIT	54	INSULIN	54
<i>fosamprenavir</i>	3	GLUCAGON		HUMIRA	66
<i>fosaprepitant</i>	60	EMERGENCY KIT		HUMIRA PEN	65
<i>fosinopril</i>	40	(HUMAN)	54	HUMIRA PEN CROHNS-UC-HS START	66
<i>fosinopril-hydrochlorothiazide</i>	40	glycopyrrolate	59	HUMIRA PEN PSOR-UVEITS-ADOL HS	66
<i>fosphenytoin</i>	24	glydo	46	HUMIRA(CF)	66
FREAMINE HBC 6.9 %	77	GRASTEK	63	HUMIRA(CF) PEDI	
<i>freamine iii 10 %</i>	77	griseofulvin microsize	1	CROHNS STARTER	66
<i>fulvestrant</i>	16	griseofulvin ultramicrosize	1	HUMIRA(CF) PEN	66
<i>furosemide</i>	40	hailey	68	HUMIRA(CF) PEN	
FUZEON	3	hailey 24 fe	68	CROHNS-UC-HS	66
FYCOMPAs	24, 25	hailey fe 1.5/30 (28)	68	HUMIRA(CF) PEN PSOR-UV-ADOL HS	66
<i>gabapentin</i>	25	hailey fe 1/20 (28)	68	HUMULIN 70/30 U-100	
<i>galantamine</i>	28	HALAVEN	17	INSULIN	54
GAMASTAN	63	halobetasol propionate	49		
GAMASTAN S/D	63	haloperidol	35		
<i>ganciclovir sodium</i>	3	haloperidol decanoate	35		
GARDASIL 9 (PF)	63	haloperidol lactate	35		

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KWIKPEN.....54		INCRELEX.....51	<i>jasmiel</i> (28).....68
HUMULIN N NPH		INCRUSE ELLIPTA.....73	<i>jencycla</i>67
INSULIN KWIKPEN.....54		<i>indapamide</i>40	JENTADUETO.....55
HUMULIN N NPH U-100		INFANRIX (DTAP) (PF)....64	JENTADUETO XR.....55
INSULIN.....55		INFUGEM.....17	JEVTANA.....18
HUMULIN R REGULAR		INLYTA.....17	<i>juleber</i>68
U-100 INSULN.....55		INQOVI.....17	JULUCA.....3
HUMULIN R U-500		INREBIC.....17	<i>junel</i> 1.5/30 (21).....68
(CONC) INSULIN.....55		INSULIN PEN NEEDLE....55	<i>junel</i> 1/20 (21).....68
HUMULIN R U-500		INSULIN SYRINGE	<i>junel fe</i> 1.5/30 (28).....68
(CONC) KWIKPEN.....55		(DISP) U-100.....55	<i>junel fe</i> 1/20 (28).....68
<i>hydralazine</i>40		INTELENCE.....3	<i>junel fe</i> 24.....68
<i>hydrochlorothiazide</i>40		<i>intralipid</i>77	KADCYLA.....18
<i>hydrocodone-acetaminophen</i> ...30		INTRALIPID.....77	<i>kaitlib fe</i>68
<i>hydrocodone-ibuprofen</i>30		INTRON A.....62	KALETRA.....3
<i>hydrocortisone</i>50, 53, 60		INVEGA SUSTENNA.....35	<i>kalliga</i>68
<i>hydrocortisone valerate</i>50		INVEGA TRINZA.....35	KALYDECO.....73
<i>hydrocortisone-acetic acid</i>52		INVELTYS.....71	KANUMA.....57
<i>hydromorphone</i>30		INVIRASE.....3	<i>kelnor</i> 1/35 (28).....68
HYDROMORPHONE (PF).30		INVOKAMET.....55	<i>kelnor</i> 1-50.....68
<i>hydromorphone (pf)</i>30		INVOKAMET XR.....55	KEPIVANCE.....12
<i>hydroxychloroquine</i>8		INVOKANA.....55	<i>ketococonazole</i>1, 48
<i>hydroxyprogesterone</i>		IPOL.....64	<i>ketorolac</i>70
<i>caproate</i>67		<i>ipratropium bromide</i>52, 73	KEYTRUDA.....18
<i>hydroxyurea</i>17		<i>ipratropium-albuterol</i>73	KHAPZORY.....12
<i>hydroxyzine hcl</i>71		<i>irbesartan</i>40	KINRIX (PF).....64
HYPERHEP B S/D.....63, 64		<i>irbesartan-</i>	<i>kionex (with sorbitol)</i>51
HYPERHEP B S-D		<i>hydrochlorothiazide</i>40	KISQALI.....18
NEONATAL.....64		IRESSA.....17	KISQALI FEMARA CO-
<i>ibandronate</i>65		<i>irinotecan</i>17	PACK.....18
IBRANCE.....17		ISENTRESS.....3	<i>klor-con</i>75
<i>ibu</i>32		ISENTRESS HD.....3	<i>klor-con</i> 10.....75
<i>ibuprofen</i>32		<i>isibloom</i>68	<i>klor-con</i> 8.....75
<i>icatibant</i>73		<i>isoniazid</i>9	<i>klor-con m10</i>75
ICLUSIG.....17		ISORDIL.....45	<i>klor-con m15</i>75
<i>idarubicin</i>17		<i>isosorbide dinitrate</i>45	<i>klor-con m20</i>75
IDHIFA.....17		<i>isosorbide mononitrate</i>45	<i>klor-conle</i>75
<i>ifosfamide</i>17		<i>isotretinoin</i>47	KORLYM.....57
ILARIS (PF).....62		ISTODAX.....18	K-PHOS NO 2.....75
<i>imatinib</i>17		<i>itraconazole</i>1	K-PHOS ORIGINAL.....75
IMBRUVICA.....17		<i>ivermectin</i>9	KRYSTEXXA.....65
IMFINZI.....17		IXEMPRA.....18	KUVAN.....58
<i>imipenem-cilastatin</i>8		IXIARO (PF).....64	KYPROLIS.....18
<i>imipramine hcl</i>35		JAKAFI.....18	<i>l norgest/e.estradiol-e.estrad</i> ...68
<i>imiquimod</i>46		<i>jantoven</i>43	<i>labetalol</i>40
IMOVAX RABIES		JANUMET.....55	<i>lactated ringers</i>75
VACCINE (PF).....64		JANUMET XR.....55	<i>lactulose</i>60
IMPAVIDO.....8		JANUVIA.....55	<i>lamivudine</i>3

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

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

<i>metoclopramide hcl</i>	60, 61	MYRBETRIQ	74	<i>nitrofurantoin monohyd/m-cryst</i>	12
<i>metolazone</i>	40	<i>nafcillin</i>	11	<i>nitroglycerin</i>	46
<i>metoprolol succinate</i>	40	<i>nafcillin in dextrose iso-osm</i>	11	<i>nitroglycerin in 5 % dextrose</i>	45, 46
<i>metoprolol tar-hydrochlorothiaz</i>	40	NAGLAZYME	58		
<i>metoprolol tartrate</i>	40	<i>naloxone</i>	32	NORDITROPIN	
<i>metro i.v.</i>	9	<i>naltrexone</i>	32	FLEXPRO	62
<i>metronidazole</i>	9, 47, 67	NAMZARIC	28	<i>noreth-ethinyl estradiol-iron</i>	68
<i>metronidazole in nacl (iso-os)</i>	9	<i>naproxen</i>	32	<i>norethindrone (contraceptive)</i>	67
<i>mexiletine</i>	38	NARCAN	32	<i>norethindrone acetate</i>	67
MIACALCIN	58	NATACYN	69	<i>norethindrone ac-eth estradiol</i>	67, 68
<i>mibelas 24 fe</i>	68	NATPARA	58	<i>norethindrone-e.estradiol-iron</i>	68
<i>micafungin</i>	1	NAYZILAM	25	<i>norgestimate-ethinyl estradiol</i>	68
<i>microgestin 1.5/30 (21)</i>	68	NEBUPENT	9	<i>norlyda</i>	67
<i>microgestin 1/20 (21)</i>	68	NEEDLES, INSULIN		NORMOSOL-R	76
<i>microgestin fe 1.5/30 (28)</i>	68	DISP.,SAFETY	56	NORMOSOL-R PH 7.4	77
<i>microgestin fe 1/20 (28)</i>	68	<i>nefazodone</i>	36	NORTHERA	51
<i>midodrine</i>	51	<i>neomycin</i>	9	<i>nortriptyline</i>	36
<i>mili</i>	68	<i>neomycin-bacitracin-poly-hc</i>	70	NORVIR	4
<i>milrinone</i>	45	<i>neomycin-bacitracin-polymyxin</i>	69	NOVOLOG FLEXPEN U-	
<i>milrinone in 5 % dextrose</i>	45	<i>b-dexameth</i>	70	100 INSULIN	56
<i>minocycline</i>	12	<i>neomycin-polymyxin-gramicidin</i>	69	NOVOLOG MIX 70-30 U-	
<i>minoxidil</i>	41	<i>neo-polycin</i>	69	100 INSULN	56
MIRENA	67	<i>neo-polycin hc</i>	70	NOVOLOG MIX 70-	
<i>mirtazapine</i>	36	<i>neostigmine methylsulfate</i>	29	30FLEXPEN U-100	56
<i>misoprostol</i>	62	NEPHRAMINE 5.4 %	77	NOVOLOG PENFILL U-	
<i>mitomycin</i>	19	NERLYNX	19	100 INSULIN	56
<i>mitoxantrone</i>	19	NEULASTA	62	NOXAFL	1
M-M-R II (PF)	64	NEULASTA ONPRO	62	NPLATE	43
<i>modafinil</i>	36	NEUPOGEN	62	NUBEQA	19
<i>molindone</i>	36	NEUPRO	27	NUEDEXTA	28
<i>mometasone</i>	50, 73	<i>nevirapine</i>	4	NULOJIX	20
<i>monodoxyne nl</i>	12	NEXAVAR	19	NUPLAZID	36
<i>montelukast</i>	73	NEXPLANON	67	<i>nyamyc</i>	48
<i>morgidox</i>	12	<i>niacin</i>	44	<i>nystatin</i>	1, 48
MORPHINE	31	NICOTROL	52	<i>nystatin-triamcinolone</i>	48
<i>morpheine</i>	31	NICOTROL NS	52	<i>nystop</i>	48
<i>morpheine (pf)</i>	31	<i>nifedipine</i>	41	OCALIVA	61
<i>morpheine concentrate</i>	31	<i>nilutamide</i>	19	<i>ocella</i>	68
<i>moxifloxacin</i>	69	<i>nimodipine</i>	41	OCREVUS	28
MOZOBIL	62	NINLARO	19	<i>octreotide acetate</i>	20
MULTAQ	38	NIPENT	19	ODEFSEY	4
<i>mupirocin</i>	48	<i>nitisinone</i>	51	ODOMZO	20
MYALEPT	58	<i>nitro-bid</i>	45	OFEV	73
MYCAMINE	1	<i>nitrofurantoin</i>	12	<i>ofloxacin</i>	52
<i>mycophenolate mofetil</i>	19	<i>nitrofurantoin macrocrystal</i>	12	OGIVRI	20
<i>mycophenolate mofetil (hcl)</i>	19				
<i>mycophenolate sodium</i>	19				
MYLOTARG	19				

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

<i>olanzapine</i>	36	PEDVAX HIB (PF)	64	<i>polycin</i>	69
<i>olmesartan</i>	41	<i>peg 3350-electrolytes</i>	61	<i>polyethylene glycol 3350</i>	61
<i>olmesartan-</i>		<i>PEGANONE</i>	25	<i>polymyxin b sulf-</i>	
<i>hydrochlorothiazide</i>	41	<i>PEGASYS</i>	63	<i>trimethoprim</i>	69
<i>omeprazole</i>	62	<i>PEGASYS PROCLICK</i>	63	POMALYST	20
ONCASPAR	20	<i>peg-electrolyte</i>	61	PORTRAZZA	20
<i>ondansetron</i>	61	<i>PEGINTRON</i>	63	<i>posaconazole</i>	1
<i>ondansetron hcl</i>	61	<i>PEMAZYRE</i>	20	<i>potassium acetate</i>	76
<i>ondansetron hcl (pf)</i>	61	<i>penicillamine</i>	66	<i>potassium chlorid-d5-</i>	
ONIVYDE	20	<i>penicillin g potassium</i>	11	<i>0.45%nacl</i>	76
ONTRUZANT	20	<i>penicillin g procaine</i>	11	<i>potassium chloride</i>	76
OPDIVO	20	<i>penicillin g sodium</i>	11	<i>potassium chloride in</i>	
<i>opium tincture</i>	59	<i>penicillin v potassium</i>	11	<i>0.9%nacl</i>	76
<i>oralone</i>	52	PENTACEL (PF)	64	<i>potassium chloride in 5 % dex</i>	76
ORENCIA	66	PENTAM	9	<i>potassium chloride in lr-d5</i>	76
ORENCIA CLICKJECT	66	<i>pentamidine</i>	9	<i>potassium chloride in water</i>	76
ORFADIN	51	PENTASA	61	<i>potassium chloride-0.45 %</i>	
ORKAMBI	73	<i>pentoxifylline</i>	43	<i>nacl</i>	76
<i>oseltamivir</i>	4	PERFOROMIST	73	<i>potassium chloride-d5-</i>	
<i>osmitrol 15 %</i>	41	<i>periogard</i>	52	<i>0.2%nacl</i>	77
<i>osmitrol 20 %</i>	41	PERJETA	20	<i>potassium chloride-d5-</i>	
<i>oxaliplatin</i>	20	<i>permethrin</i>	50	<i>0.3%nacl</i>	77
<i>oxandrolone</i>	58	<i>perphenazine</i>	36	<i>potassium chloride-d5-</i>	
<i>oxaprozin</i>	32	PERSERIS	37	<i>0.9%nacl</i>	77
<i>oxcarbazepine</i>	25	<i>pfizerpen-g</i>	11	<i>potassium citrate</i>	75
OXERVATE	70	<i>phenelzine</i>	37	<i>potassium phosphate m-l/d-</i>	
<i>oxybutynin chloride</i>	74	<i>phenobarbital</i>	25	<i>basic</i>	77
<i>oxycodone</i>	31	<i>phenobarbital sodium</i>	25	POTELIGEO	20
<i>oxycodone-acetaminophen</i>	31	<i>phentolamine</i>	41	PRADAXA	43
<i>oxycodone-aspirin</i>	31	<i>phenytoin</i>	26	<i>pramipexole</i>	27
<i>oxymorphone</i>	31	<i>phenytoin sodium</i>	26	<i>prasugrel</i>	43
OZEMPIC	56	<i>phenytoin sodium extended</i>	26	<i>pravastatin</i>	44
OZURDEX	71	PHOSLYRA	76	<i>praziquantel</i>	9
<i>pacerone</i>	38	PHOSPHOLINE IODIDE	70	<i>prazosin</i>	41
<i>paclitaxel</i>	20	PIFELTRO	4	<i>prednicarbate</i>	50
PADCEV	20	<i>pilocarpine hcl</i>	51, 70	<i>prednisolone</i>	53
<i>paliperidone</i>	36	<i>pimozone</i>	37	<i>prednisolone acetate</i>	71
<i>palonosetron</i>	61	<i>pindolol</i>	41	<i>prednisolone sodium</i>	
PALYNZIQ	58	<i>pioglitazone</i>	56	<i>phosphate</i>	53, 71
PANRETIN	47	PIPERACILLIN-		<i>prednisone</i>	53
<i>pantoprazole</i>	62	TAZOBACTAM	11	<i>prednisone intensol</i>	53
PARICALCITOL	58	<i>piperacillin-tazobactam</i>	11	<i>pregabalin</i>	26
<i>paricalcitol</i>	58	PIQRAY	20	PREMARIN	67
<i>paroex oral rinse</i>	52	<i>plasbumin 25 %</i>	75	<i>premasol 10 %</i>	77
<i>paromomycin</i>	9	<i>plasbumin 5 %</i>	75	<i>prenatal vitamin oral tablet</i>	78
<i>paroxetine hcl</i>	36	<i>plenamine</i>	77	<i>prevalite</i>	44
PASER	9	PLENVU	61	<i>previfem</i>	68
PAXIL	36	<i>podoftlox</i>	47	PREVYMIS	4
PEDIARIX (PF)	64	POLIVY	20	PREZCOBIX	4

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PREZISTA	4	ramipril	41	rosuvastatin	44
PRIFTIN	9	RANEXA	45	ROTARIX	64
PRILOSEC	62	ranitidine hcl	62	ROTATEQ VACCINE	64
primaquine	9	ranolazine	45	roweepra	26
primidone	26	rasagiline	27	ROZEREM	37
PRIVIGEN	64	RAVICTI	51	ROZLYTREK	20
PROAIR HFA	73	RECOMBIVAX HB (PF)	64	RUBRACA	21
PROAIR RESPICLICK	73	RECTIV	61	RUKOBIA	4
probencid	65	regionol	29	RYDAPT	21
probencid-colchicine	65	REGRANEX	47	RYTARY	27
prochlorperazine	61	RELENZA DISKHALER	4	salsalate	32
prochlorperazine edisylate	61	RELISTOR	61	SAMSCA	58
prochlorperazine maleate oral	61	REMICADE	61	SANDIMMUNE	21
PROCRT	63	RENACIDIN	75	SANTYL	47
proto-med hc	61	repaglinide	56	SAPHRIS	37
proto-pak	61	REPATHA	44	SARCLISA	21
proctosol hc	61	REPATHA		scopolamine base	61
protozone-hc	61	PUSHTRONEX	44	SECUADO	37
PROGLYCEM	56	REPATHA SURECLICK	44	selegiline hcl	27
PROGRAF	20	RESTASIS	70	selenium sulfide	46
PROLASTIN-C	51	RESTASIS MULTIDOSE	70	SELZENTRY	4, 5
PROLEUKIN	63	RETEVMO	20	SENSIPAR	58
PROLIA	65	RETROVIR	4	SEREVENT DISKUS	73
PROMACTA	43	REVCOWI	51	sertraline	37
promethazine	71	REVLIMID	20	setlakin	68
propafenone	38	revonto	29	sevelamer carbonate	51
propranolol	41	REXULTI	37	sf	52
propranolol-		REYATAZ	4	sf 5000 plus	52
hydrochlorothiazid	41	RHOPRESSA	70	SHINGRIX (PF)	64
propylthiouracil	53	ribavirin	4	SIGNIFOR	21
PROQUAD (PF)	64	rifabutin	9	sildenafil (pulmonary arterial	
protriptyline	37	rifampin	9	hypertension)	73, 74
PULMOZYME	73	riluzole	51	silver sulfadiazine	47
PURIXAN	20	rimantadine	4	simliya (28)	68
pyrazinamide	9	ringer's	77	simpesse	68
pyridostigmine bromide	29	RINVOQ	66	SIMULECT	21
pyrimethamine	9	RISPERDAL CONSTA	37	simvastatin	44
QINLOCK	20	risperidone	37	sirolimus	21
QUADRACEL (PF)	64	ritonavir	4	SIRTURO	9
quetiapine	37	RITUXAN	20	SKYRIZI	46
quinapril	41	RITUXAN HYCELA	20	sodium acetate	77
quinapril-hydrochlorothiazide	41	rivastigmine	28	sodium bicarbonate	77
quinidine sulfate	38	rivastigmine tartrate	28	sodium chloride	51, 77
quinine sulfate	9	rivelsa	68	sodium chloride 0.45 %	77
RABAVERT (PF)	64	rizatriptan	27	sodium chloride 0.9 %	51
RADICAVA	28	ROCKLATAN	70	sodium chloride 3 %	77
RAGWITEK	64	ROMIDEPSIN	20	sodium chloride 5 %	77
raloxifene	65	ropinirole	27	SODIUM EDECIN	41
ramelteon	37	rosadan	47	sodium fluoride 5000 plus	52

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sodium phosphate	77	sumatriptan succinate	27	TERIPARATIDE	65
sodium polystyrene (sorb free)	51	SUPRAX	7	testosterone	58, 59
sodium polystyrene sulfonate	51	SUTENT	21	testosterone cypionate	58
solifenacin	74	syeda	68	testosterone enanthate	58
SOLIQUA 100/33	56	SYLATRON	63	TETANUS,DIPHTHERIA	
SOLIRIS	51	SYLVANT	21	TOX PED(PF)	64
SOLTAMOX	21	SYMDEKO	74	tetrabenazine	28
SOLU-CORTEF ACT-O-VIAL (PF)	53	SYMFI	5	tetracycline	12
SOMATULINE DEPOT	21	SYMFI LO	5	THALOMID	22
SOMAVERT	58	SYMLINPEN 120	56	theophylline	74
sorine	38, 39	SYMLINPEN 60	56	thioridazine	37
sotalol	39	SYMPAZAN	26	thiotepa	22
sotalol af	39	SYMTUZA	5	thiothixene	37
SOTYLIZE	39	SYNAGIS	5	tiagabine	26
spironolactone	41	SYNAREL	58	TIBSOVO	22
spironolacton-hydrochlorothiaz	41	SYNERCID	9	TICE BCG	64
sprintec (28)	68	SYNJARDY	56	tigecycline	9
SPRITAM	26	SYNJARDY XR	56	timolol maleate	41, 69
SPRYCEL	21	SYNRIBO	21	TIVICAY	5
sps (with sorbitol)	51	TABLOID	21	TIVICAY PD	5
ssd	47	TABRECTA	21	tizanidine	29
STAMARIL (PF)	64	tacrolimus	21, 47	tobramycin	69
stavudine	5	tadalafil (pulm. hypertension)	74	tobramycin in 0.225 % nacl	9
STELARA	46	TAFINLAR	21	tobramycin sulfate	9
STIMATE	58	TAGRISSO	21	tobramycin-dexamethasone	70
STIVARGA	21	TALZENNA	21	tolterodine	74
STRENSIQ	58	tamoxifen	21	tolvaptan	59
STREPTOMYCIN	9	tamsulosin	75	topiramate	26
STRIBILD	5	TARGETIN	21	toposar	22
SUBOXONE	32	tarina 24 fe	69	topotecan	22
subvenite	26	TASIGNA	21	toremifene	22
subvenite starter (blue) kit	26	tazarotene	47	torsemide	41
subvenite starter (green) kit	26	tazicef	7	TOUJEO MAX U-300	
subvenite starter (orange) kit	26	TAZORAC	48	SOLOSTAR	56
SUCRAID	61	TAZVERIK	21	TOUJEO SOLOSTAR U-300 INSULIN	57
sucralfate	62	TDVAX	64	TOVIAZ	74
sulfacetamide sodium	70	TECENTRIQ	21	TRACLEER	74
sulfacetamide sodium (acne)	48	TECFIDERA	28	TRADJENTA	57
sulfadiazine	11	TEFLARO	7	TRAMADOL	32
sulfamethoxazole-trimethoprim	12	telmisartan	41	tramadol	32
SULFAMYLYON	48	TEMIXYS	5	tranexamic acid	67
sulfasalazine	61	TEMODAR	21	tranylcypromine	37
sulfatrim	12	temsirolimus	21	travasol 10 %	77
sulindac	32	TENIVAC (PF)	64	travoprost	70
sumatriptan	27	tenofovir disoproxil fumarate	5	TRAZIMERA	22
		terazosin	41	trazodone	37
		terbinafine hcl	1	TREANDA	22
		terbutaline	74	TRECATOR	9
		terconazole	67		

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

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

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