



UPMC for Life **2016 Formulary** **(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID: 00016311, Version Number 16.

This formulary was updated on 11/01/2016. For more recent information or other questions, please contact UPMC for Life Member Services at **1-877-539-3080** or, for TTY users, **1-800-361-2629**, seven days a week from 8 a.m. to 8 p.m.,* or visit www.upmchealthplan.com/medicare.

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UPMC for Life
UPMC Health Plan Medicare Program

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 UPMC Health Plan. When it refers to “plan” or “our plan,” it means UPMC *for Life*.

This document includes a list of drugs (formulary) for our plan, which is current as of 11/01/2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

UPMC *for Life* has a contract with Medicare to provide HMO and PPO plans. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., and UPMC Health Benefits Inc.

This document may be available in an alternative format such as Braille, large print, or audio; please call Member Services, at **1-877-539-3080** or, for TTY users, **1-800-361-2629**, seven days a week from 8 a.m. to 8 p.m.,* or visit www.upmchealthplan.com/medicare.

The formulary may change at any time. You will receive notice when necessary.

What is the UPMC *for Life* formulary?

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

Can the formulary (drug list) change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 11/01/2016. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

If our plan makes non-maintenance drug changes to this formulary that were approved by the Centers for Medicare & Medicaid Services (CMS), we will notify members by mailing errata sheets that list the prescription drug, change made, and the effective date. This will enable members to have the most up-to-date information regarding the covered drugs on the plan's formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 2. 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 Medications." If you know what your drug is used for, look for the category name in the list that begins on page number 2, 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 123. 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?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredients 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides up to 30 tablets a month per prescription for Lansoprazole. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 our plan 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 UPMC for Life formulary?" on page iv 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 Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 UPMC *for Life* formulary?

You can ask us 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, our plan 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, UPMC *for Life* 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 for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary, 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 believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 93-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

In addition, all members who experience a level-of-care change are eligible for a transition supply. A level-of-care change is when a member changes from one treatment setting to another. For example, if a member is discharged from an inpatient facility to home on a non-formulary medication, the member will be eligible for a transition supply of that non-formulary medication. You can receive up to a 30-day supply of the medication (unless you have a prescription written for fewer days) after being discharged, to allow time for you and your physician to switch to a formulary alternative or request an exception. After your first 30-day supply, we will not pay for the drug, unless an exception was approved. Our transition policy applies only to those drugs that are “Part D drugs.” The transition policy cannot be used to cover non-Part D drugs.

For more information

For more detailed information about your UPMC *for Life* prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about UPMC *for Life*, 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>.

UPMC *for Life* Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug on the list, turn to the Index that begins on page 123.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., VENTOLIN HFA) and generic drugs are listed in lower-case italics (e.g., *bupropion*).

The information in the Requirements/Limits column tells you if UPMC *for Life* has any special requirements for coverage of your drug.

Formulary drug tiers

The formulary drug tier table provides the tier description (e.g., generic) and member cost-sharing for prescription drugs on each drug tier. Please refer to the tables on the next page based on the plan you are a member of, UPMC *for Life* HMO or PPO. For additional information on your plan, please refer to the Evidence of Coverage, or contact Member Services, at **1-877-539-3080** or, for TTY users, **1-800-361-2629**, seven days a week from 8 a.m. to 8 p.m.,* or visit www.upmchealthplan.com/medicare.

UPMC *for Life* drug tiers and cost-sharing amounts for 2016:

- **UPMC *for Life* HMO Rx**
- **UPMC *for Life* HMO Rx Enhanced**
- **UPMC *for Life* PPO Rx Enhanced**

Drug Tier Number	Drug Tier Description	Member Cost-Sharing (30-or 90-day supply) Retail	Member Cost-Sharing (30-or 90-day supply) Mail-order
1	Generic drug tier	<ul style="list-style-type: none"> • \$12 copay for a 30-day retail supply • \$36 copay for a 90-day retail supply 	<ul style="list-style-type: none"> • \$24 copay for a 90-day mail-order supply
2	Preferred Brand drug tier	<ul style="list-style-type: none"> • \$47 copay for a 30-day retail supply • \$141 copay for a 90-day retail supply 	<ul style="list-style-type: none"> • \$117.50 copay for a 90-day mail-order supply
3	Non-preferred Brand drug tier	<ul style="list-style-type: none"> • \$100 copay for a 30-day retail supply • \$300 copay for a 90-day retail supply 	<ul style="list-style-type: none"> • \$300 copay for a 90-day mail-order supply
4	Specialty drug tier	<ul style="list-style-type: none"> • 33% coinsurance for a 30-day retail supply (only) 	<ul style="list-style-type: none"> • 33% coinsurance for a 30-day mail-order supply (only)
5	Select Care drug tier	<ul style="list-style-type: none"> • \$0 copay for a 30-day retail supply • \$0 copay for a 90-day retail supply 	<ul style="list-style-type: none"> • \$0 copay for a 90-day mail-order supply

NOTE: Drugs are provided in a Long-term Care Facility up to a 31-day supply.

UPMC *for Life* drug tiers and cost-sharing amounts for 2016:

- **UPMC *for Life* HMO Deductible with Rx**
- **UPMC *for Life* PPO High Deductible with Rx**

Drug Tier Number	Drug Tier Description	Member Cost-Sharing (30-or 90-day supply) Retail	Member Cost-Sharing (30-or 90-day supply) Mail-order
1	Generic drug tier	<ul style="list-style-type: none"> • \$14 copay for a 30-day retail supply • \$42 copay for a 90-day retail supply 	<ul style="list-style-type: none"> • \$28 copay for a 90-day mail-order supply
2	Preferred Brand drug tier	<ul style="list-style-type: none"> • \$47 copay for a 30-day retail supply • \$141 copay for a 90-day retail supply 	<ul style="list-style-type: none"> • \$117.50 copay for a 90-day mail-order supply
3	Non-preferred Brand drug tier	<ul style="list-style-type: none"> • \$100 copay for a 30-day retail supply • \$300 copay for a 90-day retail supply 	<ul style="list-style-type: none"> • \$300 copay for a 90-day mail-order supply
4	Specialty drug tier	<ul style="list-style-type: none"> • 33% coinsurance for a 30-day retail supply (only) 	<ul style="list-style-type: none"> • 33% coinsurance for a 30-day mail-order supply (only)
5	Select Care drug tier	<ul style="list-style-type: none"> • \$0 copay for a 30-day retail supply • \$0 copay for a 90-day retail supply 	<ul style="list-style-type: none"> • \$0 copay for a 90-day mail-order supply

NOTE: Drugs are provided in a Long-term Care Facility up to a 31-day supply.

List of Abbreviations

B/D: This prescription drug may be covered under Medicare Part B or 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, please call Customer Service.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (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 physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. 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 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, 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.

Drug Name	Drug Requirements/Limits Tier
ANTI - INFECTIVES	
ANTIFUNGAL AGENTS	
ABELCET INTRAVENOUS SUSPENSION	4 B/D; MO
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4 B/D; MO
<i>amphotericin b injection recon soln</i>	4 B/D; MO
CANCIDAS INTRAVENOUS RECON SOLN	4 B/D; MO
<i>clotrimazole mucous membrane troche</i>	1 MO
CRESEMBA INTRAVENOUS RECON SOLN	4
CRESEMBA ORAL CAPSULE	4 MO
ERAIXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	3 MO
<i>fluconazole in dextrose(iso-o) intravenous piggyback</i>	1
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1 MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1
<i>fluconazole oral suspension for reconstitution</i>	1 MO
<i>fluconazole oral tablet</i>	1 MO
<i>flucytosine oral capsule</i>	4 MO
<i>griseofulvin microsize oral suspension</i>	1 MO
<i>griseofulvin microsize oral tablet</i>	1 MO
<i>griseofulvin ultramicrosize oral tablet</i>	1 MO
<i>itraconazole oral capsule</i>	4 PA; MO; QL (120 per 30 days)
<i>ketoconazole oral tablet</i>	1 MO
MYCAMINE INTRAVENOUS RECON SOLN	4 MO
NOXAFIL INTRAVENOUS SOLUTION	4 PA
NOXAFIL ORAL SUSPENSION	4 PA; MO
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	4 PA; MO; QL (93 per 30 days)
<i>nystatin oral suspension</i>	1 MO
<i>nystatin oral tablet</i>	1 MO

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

Drug Name	Drug Tier	Requirements/Limits
ONMEL ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>terbinafine hcl oral tablet</i>	1	MO
<i>voriconazole intravenous solution</i>	1	MO
<i>voriconazole oral suspension for reconstitution</i>	4	MO
<i>voriconazole oral tablet</i>	4	MO
ANTIVIRALS		
<i>abacavir oral tablet</i>	1	MO
<i>abacavir-lamivudine-zidovudine oral tablet</i>	4	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D; MO
<i>adefovir oral tablet</i>	4	PA; MO
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
APTIVUS ORAL CAPSULE	4	MO
APTIVUS ORAL SOLUTION	4	
ATRIPLA ORAL TABLET	4	MO
BARACLUDE ORAL SOLUTION	4	PA; MO
<i>cidofovir intravenous solution</i>	4	B/D; MO
COMPLERA ORAL TABLET	4	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
DAKLINZA ORAL TABLET 30 MG, 60 MG	4	PA; MO; QL (28 per 28 days)
DAKLINZA ORAL TABLET 90 MG	4	PA; QL (28 per 28 days)
DESCOVY ORAL TABLET	4	
<i>didanosine oral capsule,delayed release(dr/ec)</i>	1	MO
EDURANT ORAL TABLET	4	MO
EMTRIVA ORAL CAPSULE	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir oral tablet</i>	4	PA; MO
EPCLUSUSA ORAL TABLET	4	PA; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	PA; MO
EPZICOM ORAL TABLET	4	MO
EVOTAZ ORAL TABLET	4	MO
<i>famciclovir oral tablet</i>	1	MO
<i>foscarnet intravenous solution</i>	1	B/D
FUZEON SUBCUTANEOUS RECON SOLN	4	MO
<i>ganciclovir sodium intravenous recon soln</i>	2	MO
GENVOYA ORAL TABLET	4	MO
HARVONI ORAL TABLET	4	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE ORAL CAPSULE	3	MO
INVIRASE ORAL TABLET	4	MO
ISENTRESS ORAL POWDER IN PACKET	2	MO
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE	2	MO
KALETRA ORAL SOLUTION	4	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	4	MO
<i>lamivudine oral solution</i>	1	MO
<i>lamivudine oral tablet 100 mg</i>	1	PA; MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	MO
<i>lamivudine-zidovudine oral tablet</i>	4	MO
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	4	MO
<i>moderiba dose pack oral tablets,dose pack</i>	4	MO
<i>moderiba oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine oral suspension</i>	1	MO
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL CAPSULE	3	MO
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY ORAL TABLET	4	
PREZCOBIX ORAL TABLET	4	MO
PREZISTA ORAL SUSPENSION	3	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
REBETOL ORAL SOLUTION	4	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	2	MO; QL (120 per 365 days)
RESCRIPTOR ORAL TABLET	3	MO
RESCRIPTOR ORAL TABLET, DISPERSIBLE	3	MO
RETROVIR INTRAVENOUS SOLUTION	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	MO
REYATAZ ORAL POWDER IN PACKET	4	MO
<i>ribasphere oral capsule</i>	1	MO
<i>ribasphere oral tablet 200 mg, 400 mg</i>	1	MO
<i>ribasphere oral tablet 600 mg</i>	4	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine oral tablet</i>	1	MO
SELZENTRY ORAL TABLET	4	MO
SOVALDI ORAL TABLET	4	PA; MO; QL (30 per 30 days)
<i>stavudine oral capsule</i>	1	MO
<i>stavudine oral recon soln</i>	1	MO
STRIBILD ORAL TABLET	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
SUSTIVA ORAL CAPSULE	3	MO
SUSTIVA ORAL TABLET	4	MO
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	4	PA; MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	4	PA; MO; LA
TAMIFLU ORAL CAPSULE 30 MG	2	MO; QL (84 per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	2	MO; QL (42 per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	MO; QL (525 per 180 days)
TECHNIVIE ORAL TABLET	4	PA; MO; QL (56 per 28 days)
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG	4	
TIVICAY ORAL TABLET 50 MG	4	MO
TRIUMEQ ORAL TABLET	4	MO
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	
TRUVADA ORAL TABLET 200-300 MG	4	MO
TYBOST ORAL TABLET	2	MO
TYZEKA ORAL TABLET	4	PA; MO
<i>valacyclovir oral tablet</i>	1	MO
VALCYTE ORAL RECON SOLN	4	MO
<i>valganciclovir oral tablet</i>	4	MO
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	3	MO
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN	3	MO
VIRACEPT ORAL TABLET	4	MO
VIRAZOLE INHALATION RECON SOLN	4	MO
VIREAD ORAL POWDER	4	MO
VIREAD ORAL TABLET	4	MO
VITEKTA ORAL TABLET	4	MO
ZIAGEN ORAL SOLUTION	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral capsule</i>	1	MO
<i>zidovudine oral syrup</i>	1	MO
<i>zidovudine oral tablet</i>	1	MO
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	4	
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	1	
<i>cefazolin intravenous recon soln</i>	1	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	1	MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	3	
<i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	3	MO
<i>cefepime injection recon soln</i>	1	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cefotaxime injection recon soln 10 gram</i>	1	MO
<i>cefotetan injection recon soln</i>	1	
<i>cefotetan intravenous recon soln</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	
<i>cefoxitin intravenous recon soln 1 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution</i>	1	MO
<i>cefpodoxime oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil oral suspension for reconstitution</i>	1	MO
<i>cefprozil oral tablet</i>	1	MO
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	3	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>ceftibuten oral capsule</i>	1	MO
<i>ceftibuten oral suspension for reconstitution</i>	1	MO
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
<i>ceftriaxone intravenous recon soln</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln</i>	1	
<i>cephalexin oral capsule</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>cephalexin oral tablet</i>	1	MO
FORTAZ IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
FORTAZ INTRAVENOUS RECON SOLN	3	
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL TABLET,CHEWABLE	3	MO
TEFLARO INTRAVENOUS RECON SOLN 400 MG	3	MO
TEFLARO INTRAVENOUS RECON SOLN 600 MG	4	MO
ZERBAXA INTRAVENOUS RECON SOLN	4	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	MO
<i>azithromycin intravenous recon soln 500 mg (2 mg/ml)</i>	1	
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID ORAL TABLET	4	ST; MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	1	MO
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROGIN INTRAVENOUS RECON SOLN 500 MG	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	MO
<i>erythromycin oral tablet</i>	1	MO
PCE ORAL TABLET, PARTICLES/CRYSTALS	3	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA ORAL TABLET	2	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	3	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	MO
<i>atovaquone oral suspension</i>	4	MO
<i>atovaquone-proguanil oral tablet</i>	1	MO
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam injection recon soln</i>	1	MO
<i>baciim intramuscular recon soln</i>	1	
<i>bacitracin intramuscular recon soln</i>	1	MO
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	B/D; MO; QL (224 per 56 days)
BILTRICIDE ORAL TABLET	2	MO
CAPASTAT INJECTION RECON SOLN	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	1	
<i>chloroquine phosphate oral tablet</i>	1	MO
<i>clindamycin hcl oral capsule</i>	1	MO
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	1	MO
<i>clindamycin palmitate hcl oral recon soln</i>	1	MO
<i>clindamycin pediatric oral recon soln</i>	1	
<i>clindamycin phosphate injection solution</i>	1	MO
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
COARTEM ORAL TABLET	2	MO
<i>colistin (colistimethate na) injection recon soln</i>	4	MO
CUBICIN INTRAVENOUS RECON SOLN	4	MO
CUBICIN RF INTRAVENOUS RECON SOLN	4	
DALVANCE INTRAVENOUS SOLUTION	4	MO
DAPSONE ORAL TABLET	2	MO
DARAPRIM ORAL TABLET	3	MO
DORIBAX INTRAVENOUS RECON SOLN 500 MG	4	
<i>ethambutol oral tablet</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml</i>	1	MO
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
<i>gentamicin injection solution</i>	1	MO
<i>gentamicin sulfate (ped) (pf) injection solution</i>	1	MO
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	MO
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	1	
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	1	
<i>hydroxychloroquine oral tablet</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln</i>	1	MO
INVANZ INJECTION RECON SOLN	3	MO
INVANZ INTRAVENOUS RECON SOLN	3	
<i>isoniazid injection solution</i>	1	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral tablet</i>	1	MO
LINCOCIN INJECTION SOLUTION	3	MO
<i>lincomycin injection solution</i>	3	
<i>linezolid intravenous parenteral solution</i>	4	
<i>linezolid oral suspension for reconstitution</i>	4	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	4	
<i>mefloquine oral tablet</i>	1	MO
<i>meropenem intravenous recon soln</i>	1	MO
<i>metro i.v. intravenous piggyback</i>	1	MO
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	MO
<i>metronidazole oral capsule</i>	1	MO
<i>metronidazole oral tablet</i>	1	MO
NEBUPENT INHALATION RECON SOLN	3	B/D; MO
<i>neomycin oral tablet</i>	1	MO
ORBACTIV INTRAVENOUS RECON SOLN	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin oral capsule</i>	1	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PENTAM INJECTION RECON SOLN	3	MO
<i>polymyxin b sulfate injection recon soln</i>	1	MO
PRIFTIN ORAL TABLET	3	MO
PRIMAQUINE ORAL TABLET	2	MO
<i>pyrazinamide oral tablet</i>	1	MO
<i>quinine sulfate oral capsule</i>	1	PA; MO
<i>rifabutin oral capsule</i>	4	MO
RIFAMATE ORAL CAPSULE	3	MO
<i>rifampin intravenous recon soln</i>	1	MO
<i>rifampin oral capsule</i>	1	MO
RIFATER ORAL TABLET	3	MO
SIRTURO ORAL TABLET	4	PA; MO; LA
SIVEXTRO INTRAVENOUS RECON SOLN	4	QL (24 per 30 days)
SIVEXTRO ORAL TABLET	4	MO; QL (6 per 30 days)
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	MO
SYNERCID INTRAVENOUS RECON SOLN	4	
<i>tinidazole oral tablet</i>	1	MO
TOBI PODHALER INHALATION CAPSULE	4	QL (224 per 56 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	B/D; MO; QL (280 per 56 days)
<i>tobramycin sulfate injection recon soln</i>	1	
<i>tobramycin sulfate injection solution</i>	1	MO
TRECATOR ORAL TABLET	3	MO
TYGACIL INTRAVENOUS RECON SOLN	4	MO
XIFAXAN ORAL TABLET 200 MG	3	MO; QL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Requirements/Limits Tier
PENICILLINS	
<i>amoxicillin oral capsule</i>	1 MO
<i>amoxicillin oral suspension for reconstitution</i>	1 MO
<i>amoxicillin oral tablet</i>	1 MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1 MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1 MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1 MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1 MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1 MO
<i>ampicillin oral capsule</i>	1 MO
<i>ampicillin oral suspension for reconstitution</i>	1 MO
<i>ampicillin sodium injection recon soln</i>	1 MO
<i>ampicillin sodium intravenous recon soln</i>	1
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1 MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1
BICILLIN C-R INTRAMUSCULAR SYRINGE	3 MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	3 MO
<i>dicloxacillin oral capsule</i>	1 MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1 MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1 MO
<i>nafcillin injection recon soln 10 gram</i>	4 MO
<i>nafcillin intravenous recon soln</i>	1 MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4 MO
<i>oxacillin injection recon soln 1 gram, 2 gram</i>	1 MO
<i>oxacillin injection recon soln 10 gram</i>	4 MO
<i>oxacillin intravenous recon soln</i>	1
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	3
<i>penicillin g potassium injection recon soln</i>	1 MO

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

Drug Name	Drug Requirements/Limits Tier
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1 MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	1
<i>penicillin g sodium injection recon soln</i>	4 MO
<i>penicillin v potassium oral recon soln</i>	1 MO
<i>penicillin v potassium oral tablet</i>	1 MO
<i>pfiberpen-g injection recon soln</i>	1
<i>piperacillin-tazobactam intravenous recon soln</i>	1 MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	3 MO
QUINOLONES	
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	3 MO
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg</i>	1 MO; QL (14 per 30 days)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg</i>	1 MO; QL (28 per 30 days)
<i>ciprofloxacin hcl oral tablet</i>	1 MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	1 MO
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml</i>	1 MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	1
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1 MO
<i>levofloxacin intravenous solution</i>	1 MO
<i>levofloxacin oral solution</i>	1 MO
<i>levofloxacin oral tablet</i>	1 MO
<i>moxifloxacin oral tablet</i>	1 MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	3
<i>ofloxacin oral tablet 400 mg</i>	1 MO

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

Drug Name	Drug Tier	Requirements/Limits
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>doxy-100 intravenous recon soln</i>	1	MO
<i>doxycycline hyclate intravenous recon soln</i>	1	
<i>doxycycline hyclate oral capsule 100 mg</i>	3	MO
<i>doxycycline hyclate oral capsule 50 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg</i>	3	MO
<i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	3	MO
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>monodoxine nl oral capsule 100 mg, 50 mg</i>	1	MO
<i>morgidox oral capsule 100 mg</i>	1	MO
<i>tetracycline oral capsule</i>	1	MO
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	1	MO
<i>methenamine mandelate oral tablet</i>	1	MO
MONUROL ORAL PACKET	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO; QL (90 per 365 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	MO; QL (90 per 365 days)
<i>trimethoprim oral tablet</i>	1	MO

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

Drug Name	Drug Requirements/Limits Tier
VANCOMYCIN	
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS PIGGYBACK	1
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1 MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	1
<i>vancomycin intravenous recon soln</i>	1 MO
<i>vancomycin oral capsule</i>	4 MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	
ADJUNCTIVE AGENTS	
<i>amifostine crystalline intravenous recon soln</i>	1 MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	4
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	4 MO
ELITEK INTRAVENOUS RECON SOLN	4 MO
FUSILEV INTRAVENOUS RECON SOLN	4 MO
KEPIVANCE INTRAVENOUS RECON SOLN	4 LA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1 MO
<i>leucovorin calcium injection recon soln 500 mg</i>	1
<i>leucovorin calcium oral tablet</i>	1 MO
<i>levoleucovorin calcium intravenous recon soln</i>	4
LEVOLEUCOVORIN CALCIUM INTRAVENOUS SOLUTION	4
<i>mesna intravenous solution</i>	1 MO
MESNEX ORAL TABLET	3 MO
XGEVA SUBCUTANEOUS SOLUTION	4 PA; MO; QL (1.7 per 28 days)
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	4 MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4 MO
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1

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

Drug Name	Drug Tier	Requirements/Limits
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	1	MO
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	4	PA; MO
AFINITOR ORAL TABLET 10 MG	4	PA; MO; QL (30 per 30 days)
AFINITOR ORAL TABLET 2.5 MG	4	PA; MO; QL (120 per 30 days)
AFINITOR ORAL TABLET 5 MG, 7.5 MG	4	PA; MO; QL (60 per 30 days)
ALECENSA ORAL CAPSULE	4	PA; MO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN	4	MO
ALKERAN ORAL TABLET	2	B/D; MO
<i>anastrozole oral tablet</i>	1	MO
ARRANON INTRAVENOUS SOLUTION	4	
ARZERRA INTRAVENOUS SOLUTION	4	B/D; MO
AVASTIN INTRAVENOUS SOLUTION	4	MO
<i>azacitidine injection recon soln</i>	4	MO
<i>azathioprine oral tablet</i>	1	B/D; MO
<i>azathioprine sodium injection recon soln</i>	1	B/D
BELEODAQ INTRAVENOUS RECON SOLN	4	MO
BENDEKA INTRAVENOUS SOLUTION	4	MO
<i>bexarotene oral capsule</i>	4	PA; MO
<i>bicalutamide oral tablet</i>	1	MO
BICNU INTRAVENOUS RECON SOLN	3	MO
<i>bleo 15k injection recon soln</i>	1	
<i>bleomycin injection recon soln</i>	1	MO
BLINCYTO INTRAVENOUS KIT	4	MO
BOSULIF ORAL TABLET 100 MG	4	PA; MO; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG	4	PA; MO; QL (60 per 30 days)
BUSULFEX INTRAVENOUS SOLUTION	4	

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

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG	4	PA; LA; QL (90 per 30 days)
CABOMETYX ORAL TABLET 40 MG	4	PA; LA; QL (60 per 30 days)
CABOMETYX ORAL TABLET 60 MG	4	PA; LA; QL (30 per 30 days)
CAMPATH INTRAVENOUS SOLUTION	4	
CAPRELSA ORAL TABLET 100 MG	4	PA; MO; LA; QL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	MO
CELLCEPT INTRAVENOUS RECON SOLN	3	B/D; MO
<i>cisplatin intravenous solution</i>	1	MO
<i>cladribine intravenous solution</i>	4	MO
CLOLAR INTRAVENOUS SOLUTION	4	MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; MO; QL (252 per 28 days)
COTELLIC ORAL TABLET	4	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	MO
CYCLOPHOSPHAMIDE ORAL CAPSULE	2	B/D; MO
<i>cyclosporine intravenous solution</i>	1	B/D
<i>cyclosporine modified oral capsule</i>	1	B/D; MO
<i>cyclosporine modified oral solution</i>	1	B/D; MO
<i>cyclosporine oral capsule</i>	1	B/D; MO
CYRAMZA INTRAVENOUS SOLUTION	4	B/D; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	
<i>cytarabine injection solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dacarbazine intravenous recon soln</i>	1	MO
DARZALEX INTRAVENOUS SOLUTION	4	MO; LA
<i>daunorubicin intravenous solution</i>	1	
<i>decitabine intravenous recon soln</i>	4	MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	4	
<i>docetaxel intravenous solution 10 mg/ml, 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	4	
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	MO
<i>doxorubicin intravenous recon soln</i>	1	
<i>doxorubicin intravenous solution</i>	1	MO
<i>doxorubicin, peg-liposomal intravenous suspension</i>	4	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 84 days)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 112 days)
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 168 days)
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 28 days)
EMCYT ORAL CAPSULE	3	PA; MO
EMPLICITI INTRAVENOUS RECON SOLN	4	B/D; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	
<i>epirubicin intravenous solution 50 mg/25 ml</i>	1	MO
ERBITUX INTRAVENOUS SOLUTION	4	MO
ERIVEDGE ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
ERWINAZE INJECTION RECON SOLN	4	MO
ETOPOPHOS INTRAVENOUS RECON SOLN	3	MO
<i>etoposide intravenous solution</i>	1	MO
<i>exemestane oral tablet</i>	1	MO
FARESTON ORAL TABLET	4	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
FARYDAK ORAL CAPSULE 10 MG, 15 MG	4	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 20 MG	4	PA; MO; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE	4	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; MO; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA; MO; QL (12 per 28 days)
<i>flouxuridine injection recon soln</i>	1	
<i>fludarabine intravenous recon soln</i>	1	MO
<i>fludarabine intravenous solution</i>	1	
<i>fluorouracil intravenous solution</i>	1	MO
<i>flutamide oral capsule</i>	1	MO
FOLOTYN INTRAVENOUS SOLUTION	4	MO
GAZYVA INTRAVENOUS SOLUTION	4	MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	4	MO
<i>gemcitabine intravenous recon soln 2 gram</i>	4	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	MO
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	4	
<i>gengra oral capsule 100 mg, 25 mg</i>	1	B/D; MO
<i>gengra oral capsule 50 mg</i>	1	B/D
<i>gengra oral solution</i>	1	B/D; MO
GILOTRIF ORAL TABLET 20 MG, 30 MG	4	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 40 MG	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO; QL (240 per 30 days)
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
GLEOSTINE ORAL CAPSULE	3	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
HALAVEN INTRAVENOUS SOLUTION	4	MO
HERCEPTIN INTRAVENOUS RECON SOLN	4	MO
HEXALEN ORAL CAPSULE	4	MO
<i>hydroxyurea oral capsule</i>	1	MO
IBRANCE ORAL CAPSULE 100 MG, 75 MG	4	PA; MO; QL (42 per 28 days)
IBRANCE ORAL CAPSULE 125 MG	4	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	4	PA; MO; QL (90 per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PA; MO; QL (30 per 30 days)
<i>idarubicin intravenous solution</i>	4	
<i>ifosfamide intravenous recon soln</i>	1	MO
<i>ifosfamide intravenous solution</i>	1	
<i>ifosfamide-mesna intravenous kit 1-1 gram</i>	1	
IMBRUICA ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
INLYTA ORAL TABLET 1 MG	4	PA; MO; QL (600 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
IRESSA ORAL TABLET	4	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	2	MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	
ISTODAX INTRAVENOUS RECON SOLN	4	MO
IXEMPRA INTRAVENOUS RECON SOLN	4	MO
JAKAFI ORAL TABLET 10 MG	4	PA; MO; QL (180 per 30 days)
JAKAFI ORAL TABLET 15 MG, 20 MG	4	PA; MO; QL (120 per 30 days)
JAKAFI ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JAKAFI ORAL TABLET 5 MG	4	PA; MO; QL (300 per 30 days)
JEVTANA INTRAVENOUS SOLUTION	4	MO
KADCYLA INTRAVENOUS RECON SOLN	4	MO
KEYTRUDA INTRAVENOUS RECON SOLN	4	MO
KEYTRUDA INTRAVENOUS SOLUTION	4	MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	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)	4	PA; MO; QL (120 per 30 days)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 8 MG/DAY (4 MG X 2), 8 MG/DAY (4 MG X 2) (60 PACK)	4	PA; QL (180 per 30 days)
<i>letrozole oral tablet</i>	1	MO
LEUKERAN ORAL TABLET	3	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO; QL (6 per 28 days)
<i>lipodox 50 intravenous suspension</i>	1	MO
<i>lipodox intravenous suspension</i>	1	MO
LONSURF ORAL TABLET	4	PA; MO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 84 days)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 168 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 84 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; MO; QL (1 per 28 days)
LYNPARZA ORAL CAPSULE	4	PA; MO; QL (480 per 30 days)
LYSODREN ORAL TABLET	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
MATULANE ORAL CAPSULE	4	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 per 30 days)
<i>melphalan hcl intravenous recon soln</i>	4	
<i>mercaptopurine oral tablet</i>	1	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D
<i>methotrexate sodium (pf) injection solution</i>	1	B/D; MO
<i>methotrexate sodium injection solution</i>	1	B/D; MO
<i>methotrexate sodium oral tablet</i>	1	B/D; MO
<i>mitomycin intravenous recon soln</i>	3	MO
<i>mitoxantrone intravenous concentrate</i>	1	MO
MUSTARGEN INJECTION RECON SOLN	3	MO
<i>mycophenolate mofetil oral capsule</i>	1	B/D; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	B/D; MO
<i>mycophenolate mofetil oral tablet</i>	1	B/D; MO
<i>mycophenolate sodium oral tablet,delayed release (dr/ec)</i>	4	B/D; MO
NEXAVAR ORAL TABLET	4	PA; MO; LA; QL (120 per 30 days)
NILANDRON ORAL TABLET	4	PA; MO
<i>nilutamide oral tablet</i>	4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG	4	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 4 MG	4	PA; MO; QL (3 per 28 days)
NIPENT INTRAVENOUS RECON SOLN	4	MO
NULOJIX INTRAVENOUS RECON SOLN	4	PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 500 mcg/ml</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 200 mcg/ml, 50 mcg/ml</i>	1	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	4	MO
ODOMZO ORAL CAPSULE	4	PA; MO; LA; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION	4	MO
OPDIVO INTRAVENOUS SOLUTION	4	MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	4	MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	4	
<i>oxaliplatin intravenous solution</i>	4	MO
<i>paclitaxel intravenous concentrate</i>	1	MO
PERJETA INTRAVENOUS SOLUTION	4	MO
POMALYST ORAL CAPSULE 1 MG	4	PA; MO; QL (84 per 28 days)
POMALYST ORAL CAPSULE 2 MG, 3 MG	4	PA; MO; QL (42 per 28 days)
POMALYST ORAL CAPSULE 4 MG	4	PA; MO; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION	4	B/D; MO
PROGRAF INTRAVENOUS SOLUTION	3	B/D; MO
PURIXAN ORAL SUSPENSION	4	PA; MO
RAPAMUNE ORAL SOLUTION	4	PA; MO
REVLIMID ORAL CAPSULE 10 MG	4	PA; MO; LA; QL (63 per 28 days)
REVLIMID ORAL CAPSULE 15 MG, 20 MG	4	PA; MO; LA; QL (42 per 28 days)
REVLIMID ORAL CAPSULE 2.5 MG	4	PA; MO; LA; QL (210 per 28 days)
REVLIMID ORAL CAPSULE 25 MG	4	PA; MO; LA; QL (21 per 28 days)
REVLIMID ORAL CAPSULE 5 MG	4	PA; MO; LA; QL (105 per 28 days)
RITUXAN INTRAVENOUS CONCENTRATE	4	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	4	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	PA; MO
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (2 per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; MO; QL (60 per 30 days)
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	PA; MO
<i>sirolimus oral tablet 2 mg</i>	4	PA; MO
SOLTAMOX ORAL SOLUTION	3	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	4	PA; MO; QL (0.6 per 28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG	4	PA; MO; QL (60 per 30 days)
SPRYCEL ORAL TABLET 20 MG	4	PA; MO; QL (270 per 30 days)
SPRYCEL ORAL TABLET 50 MG	4	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 70 MG, 80 MG	4	PA; MO; QL (90 per 30 days)
STIVARGA ORAL TABLET	4	PA; MO; QL (84 per 28 days)
SUPPRELIN LA IMPLANT KIT	4	PA; MO
SUTENT ORAL CAPSULE 12.5 MG	4	PA; MO; QL (210 per 30 days)
SUTENT ORAL CAPSULE 25 MG	4	PA; MO; QL (120 per 30 days)
SUTENT ORAL CAPSULE 37.5 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 the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SUTENT ORAL CAPSULE 50 MG	4	PA; MO; QL (60 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN	4	PA; MO
SYNRIBO SUBCUTANEOUS RECON SOLN	4	MO
TABLOID ORAL TABLET	3	PA; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	1	B/D; MO
<i>tacrolimus oral capsule 5 mg</i>	4	B/D; MO
TAFINLAR ORAL CAPSULE 50 MG	4	PA; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	4	PA; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG	4	PA; MO; LA; QL (60 per 30 days)
TAGRISSO ORAL TABLET 80 MG	4	PA; MO; LA; QL (30 per 30 days)
<i>tamoxifen oral tablet</i>	1	MO
TARCEVA ORAL TABLET 100 MG	4	PA; MO; QL (150 per 30 days)
TARCEVA ORAL TABLET 150 MG	4	PA; MO; QL (90 per 30 days)
TARCEVA ORAL TABLET 25 MG	4	PA; MO
TARGETIN TOPICAL GEL	4	MO
TASIGNA ORAL CAPSULE 150 MG	4	PA; MO; QL (180 per 30 days)
TASIGNA ORAL CAPSULE 200 MG	4	PA; MO; QL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION	4	LA
TEMODAR INTRAVENOUS RECON SOLN	4	MO
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; MO
THALOMID ORAL CAPSULE 150 MG	4	PA; MO; QL (90 per 30 days)
THALOMID ORAL CAPSULE 200 MG	4	PA; MO; QL (60 per 30 days)
<i>thiotepa injection recon soln</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>toposar intravenous solution</i>	1	MO
<i>topotecan intravenous recon soln</i>	4	
<i>topotecan intravenous solution</i>	4	MO
TORISEL INTRAVENOUS RECON SOLN	4	MO
TREANDA INTRAVENOUS RECON SOLN	4	MO
TRELSTAR DEPOT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (1 per 28 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	4	PA; MO; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	4	PA; MO; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	4	PA; MO; QL (1 per 28 days)
TRELSTAR LA INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (1 per 84 days)
<i>tretinoin (chemotherapy) oral capsule</i>	4	MO
TRISENOX INTRAVENOUS SOLUTION	4	MO
TYKERB ORAL TABLET	4	PA; MO; LA; QL (180 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	4	MO
VALSTAR INTRAVESICAL SOLUTION	4	MO
VANTAS IMPLANT KIT	4	PA; MO
VECTIBIX INTRAVENOUS SOLUTION	4	B/D; MO
VELCADE INJECTION RECON SOLN	4	MO
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (1200 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA; LA; QL (240 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	4	PA; LA; QL (42 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>vinblastine intravenous solution</i>	1	MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	1	MO
<i>vincristine intravenous solution</i>	1	MO
<i>vinorelbine intravenous solution</i>	1	MO
VOTRIENT ORAL TABLET	4	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days)
XALKORI ORAL CAPSULE 250 MG	4	PA; MO; QL (60 per 30 days)
XTANDI ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION	4	MO
YONDELIS INTRAVENOUS RECON SOLN	4	MO
ZALTRAP INTRAVENOUS SOLUTION	4	MO
ZANOSAR INTRAVENOUS RECON SOLN	3	MO
ZELBORAF ORAL TABLET	4	PA; MO; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; MO
ZOLINZA ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	3	PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	4	PA; MO
ZYDELIG ORAL TABLET 100 MG	4	PA; MO; QL (90 per 30 days)
ZYDELIG ORAL TABLET 150 MG	4	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE	4	PA; MO; QL (150 per 30 days)
ZYTIGA ORAL TABLET	4	PA; MO; QL (120 per 30 days)

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

Drug Name	Drug Requirements/Limits Tier
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	
ANTICONVULSANTS	
APTIOM ORAL TABLET 200 MG	3 PA; MO
APTIOM ORAL TABLET 400 MG, 600 MG, 800 MG	4 PA; MO
BANZEL ORAL SUSPENSION	3 PA; MO
BANZEL ORAL TABLET 200 MG	3 PA; MO
BANZEL ORAL TABLET 400 MG	4 PA; MO
BRIVIACT INTRAVENOUS SOLUTION	4 PA
BRIVIACT ORAL SOLUTION	4 PA
BRIVIACT ORAL TABLET	4 PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1 MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1 MO
<i>carbamazepine oral tablet</i>	1 MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	1
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	1 MO
<i>carbamazepine oral tablet, chewable</i>	1 MO
CELONTIN ORAL CAPSULE 300 MG	3 MO
<i>clonazepam oral tablet 0.5 mg</i>	1 MO; QL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1 MO; QL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1 MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	1 ST; MO; QL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	1 ST; MO; QL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	1 ST; MO; QL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	1 ST; MO; QL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1 ST; MO; QL (300 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam rectal kit</i>	1	MO
DILANTIN 30 MG ORAL CAPSULE	2	MO
<i>divalproex oral capsule, sprinkle</i>	1	MO
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet,delayed release (dr/ec)</i>	1	MO
<i>epitol oral tablet</i>	1	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	MO
<i>ethosuximide oral capsule</i>	1	MO
<i>ethosuximide oral solution</i>	1	MO
<i>felbamate oral suspension</i>	1	MO
<i>felbamate oral tablet</i>	1	MO
<i>fosphenytoin injection solution</i>	1	MO
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA; MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	3	MO
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; MO; QL (156 per 365 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet,disintegrating</i>	1	ST; MO
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i>	1	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	3	

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

Drug Name	Drug Requirements/Limits Tier
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	3 MO
<i>levetiracetam intravenous solution</i>	1 MO
<i>levetiracetam oral solution 100 mg/ml</i>	1 MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1
<i>levetiracetam oral tablet</i>	1 MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1 MO
LYRICA ORAL CAPSULE 100 MG	3 PA; MO; QL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	3 PA; MO; QL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG, 225 MG	3 PA; MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 25 MG	3 PA; MO; QL (720 per 30 days)
LYRICA ORAL CAPSULE 300 MG	3 PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 50 MG	3 PA; MO; QL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	3 PA; MO; QL (240 per 30 days)
LYRICA ORAL SOLUTION	3 PA; MO; QL (900 per 30 days)
ONFI ORAL SUSPENSION	3 PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	3 PA; MO
<i>oxcarbazepine oral suspension</i>	1 MO
<i>oxcarbazepine oral tablet</i>	1 MO
PEGANONE ORAL TABLET	3 MO
<i>phenobarbital oral elixir</i>	1 PA; MO
<i>phenobarbital oral tablet</i>	1 PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1 MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1
<i>phenytoin oral suspension 100 mg/4 ml</i>	1

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO
<i>phenytoin sodium intravenous syringe</i>	1	
POTIGA ORAL TABLET 200 MG, 50 MG	4	PA; MO
POTIGA ORAL TABLET 300 MG, 400 MG	3	PA; MO
<i>primidone oral tablet</i>	1	MO
<i>roweepra oral tablet</i>	1	
SABRIL ORAL POWDER IN PACKET	4	PA; MO; LA; QL (180 per 30 days)
SABRIL ORAL TABLET	4	PA; MO; LA; QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION	3	PA
<i>tiagabine oral tablet</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	MO
<i>topiramate oral tablet</i>	1	MO
<i>valproate sodium intravenous solution</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	1	MO
VIMPAT INTRAVENOUS SOLUTION	3	PA
VIMPAT ORAL SOLUTION	3	PA; MO
VIMPAT ORAL TABLET	3	PA; MO
<i>zonisamide oral capsule</i>	1	MO
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	4	PA; MO; LA; QL (90 per 30 days)
AZILECT ORAL TABLET	2	MO
<i>benztropine injection solution</i>	1	MO
<i>benztropine oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine oral capsule</i>	1	MO
<i>bromocriptine oral tablet</i>	1	MO
<i>carbidopa oral tablet</i>	4	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	MO
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	PA; MO
<i>entacapone oral tablet</i>	1	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	PA; MO; QL (30 per 30 days)
<i>pramipexole oral tablet</i>	1	MO
<i>ropinirole oral tablet</i>	1	MO
<i>selegiline hcl oral capsule</i>	1	MO
<i>selegiline hcl oral tablet</i>	1	MO
<i>trihexyphenidyl oral elixir</i>	1	MO
<i>trihexyphenidyl oral tablet</i>	1	MO
ZELAPAR ORAL TABLET,DISINTEGRATING	4	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine injection solution</i>	2	MO
<i>dihydroergotamine nasal spray,non-aerosol</i>	4	MO
<i>migergot rectal suppository</i>	4	MO
MIGRAL NASAL SPRAY,NON-AEROSOL	4	MO
<i>naratriptan oral tablet</i>	1	MO; QL (9 per 28 days)
<i>rizatriptan oral tablet 10 mg</i>	1	MO; QL (12 per 28 days)
<i>rizatriptan oral tablet 5 mg</i>	1	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i>	1	MO; QL (12 per 28 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	1	MO; QL (24 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan nasal spray,non-aerosol</i>	1	MO; QL (6 per 28 days)
<i>sumatriptan succinate oral tablet</i>	1	MO; QL (9 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	MO
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml, 6 mg/0.5 ml (auto-injector)</i>	1	MO; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (4 per 28 days)
<i>zolmitriptan oral tablet</i>	1	MO; QL (6 per 28 days)
<i>zolmitriptan oral tablet,disintegrating</i>	1	MO; QL (6 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; MO; LA; QL (60 per 30 days)
AUBAGIO ORAL TABLET	4	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	MO; QL (1 per 28 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	MO
<i>galantamine oral solution</i>	1	MO
<i>galantamine oral tablet</i>	1	MO
GILENYA ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; MO; QL (60 per 30 days)
KEVEYIS ORAL TABLET	4	PA; MO; QL (120 per 30 days)
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	2	PA; MO; QL (49 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
NUEDEXTA ORAL CAPSULE	3	PA; MO; QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule</i>	1	MO
<i>rivastigmine transdermal patch 24 hour</i>	1	MO
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	PA; MO; QL (120 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	4	PA; MO; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (90 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; MO; QL (120 per 30 days)
TYSABRI INTRAVENOUS SOLUTION	4	PA; MO; LA; QL (15 per 28 days)
ZINBRYTA SUBCUTANEOUS SYRINGE	4	PA; LA; QL (1 per 28 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	1	MO
<i>carisoprodol oral tablet 350 mg</i>	1	PA; MO
<i>carisoprodol-asa-codeine oral tablet</i>	3	PA; MO; QL (240 per 30 days)
<i>carisoprodol-aspirin oral tablet</i>	1	PA; MO
<i>chlorzoxazone oral tablet</i>	1	PA; MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO
<i>dantrolene oral capsule</i>	1	MO
GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML)	3	B/D; MO
GABLOFEN INTRATHECAL SOLUTION 40,000 MCG/20ML (2,000 MCG/ML)	4	B/D; MO
GABLOFEN INTRATHECAL SYRINGE	3	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	4	B/D; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D
LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	3	B/D; MO

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

Drug Name	Drug Tier	Requirements/Limits
MESTINON ORAL SYRUP	3	MO
<i>methocarbamol oral tablet</i>	1	PA; MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	1	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	1	
<i>orphenadrine citrate injection solution</i>	1	PA; MO
<i>orphenadrine citrate oral tablet extended release</i>	1	PA; MO
<i>pyridostigmine bromide oral tablet</i>	1	MO
<i>regonal injection solution</i>	1	
<i>tizanidine oral tablet</i>	1	MO
NARCOTIC ANALGESICS		
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG	4	PA; MO; QL (120 per 30 days)
ABSTRAL SUBLINGUAL TABLET 400 MCG	4	PA; MO; QL (116 per 30 days)
ABSTRAL SUBLINGUAL TABLET 600 MCG	4	PA; MO; QL (77 per 30 days)
ABSTRAL SUBLINGUAL TABLET 800 MCG	4	PA; MO; QL (58 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
<i>ascomp with codeine oral capsule</i>	3	MO; QL (180 per 30 days)
<i>buprenorphine hcl injection solution</i>	3	MO; QL (267 per 30 days)
<i>buprenorphine hcl injection syringe</i>	3	QL (267 per 30 days)
<i>buprenorphine hcl sublingual tablet</i>	1	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital compound w/codeine oral capsule</i>	1	MO; QL (1334 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	3	MO; QL (180 per 30 days)
<i>codeine sulfate oral tablet</i>	1	MO; QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule</i>	1	QL (1334 per 30 days)
<i>diskets oral tablet,soluble</i>	1	QL (50 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QL (2000 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>endocet oral tablet 2.5-325 mg</i>	1	MO; QL (1600 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	MO
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	QL (400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	4	PA; MO; QL (39 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	4	PA; MO; QL (29 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	4	PA; MO; QL (116 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	4	PA; MO; QL (77 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	4	PA; MO; QL (58 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>	1	MO; QL (10 per 30 days)
<i>FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG</i>	4	PA; MO; QL (120 per 30 days)
<i>FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG</i>	4	PA; MO; QL (116 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FENTORA BUCCAL TABLET, EFFERVESCENT 600 MCG	4	PA; MO; QL (77 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 800 MCG	4	PA; MO; QL (58 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 5-163 mg/7.5ml(7.5ml)</i>	1	QL (9000 per 30 days)
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml</i>	1	QL (12000 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (3600 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 1 mg/ml</i>	1	QL (300 per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	3	MO; QL (120 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	1	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 4 mg/ml</i>	1	MO; QL (75 per 30 days)
<i>hydromorphone injection solution</i>	1	MO; QL (150 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	1	QL (300 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (150 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	1	MO; QL (75 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	3	MO; QL (180 per 30 days)
<i>ibuprofen-oxycodone oral tablet</i>	3	MO; QL (120 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	4	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY	4	PA; QL (16 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	4	PA; MO; QL (28 per 30 days)
<i>levorphanol tartrate oral tablet</i>	3	MO; QL (240 per 30 days)
<i>loracet (hydrocodone) oral tablet</i>	1	MO; QL (360 per 30 days)
<i>loracet hd oral tablet</i>	1	MO; QL (360 per 30 days)
<i>loracet plus oral tablet 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>lortab 10-325 oral tablet</i>	1	MO; QL (360 per 30 days)
<i>lortab 5-325 oral tablet</i>	1	MO; QL (360 per 30 days)
<i>lortab 7.5-325 oral tablet</i>	1	MO; QL (360 per 30 days)
<i>methadone injection solution</i>	1	QL (160 per 30 days)
<i>methadone intensol oral concentrate</i>	1	MO; QL (200 per 30 days)
<i>methadone oral concentrate</i>	1	MO; QL (200 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	MO; QL (1000 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	MO; QL (2000 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	MO; QL (200 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	MO; QL (90 per 30 days)
<i>methadone oral tablet, soluble</i>	1	QL (50 per 30 days)
<i>methadose oral concentrate</i>	1	MO; QL (200 per 30 days)
<i>methadose oral tablet, soluble</i>	1	MO; QL (50 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO; QL (2000 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	1	MO; QL (400 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	1	QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (300 per 30 days)
<i>morphine intravenous cartridge 2 mg/ml</i>	1	QL (1000 per 30 days)
<i>morphine intravenous cartridge 4 mg/ml</i>	1	QL (500 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>morphine intravenous solution 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml</i>	1	QL (80 per 30 days)
<i>morphine intravenous solution 50 mg/ml</i>	1	MO; QL (40 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	1	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	1	QL (500 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	1	MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	MO; QL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	1	MO; QL (30 per 30 days)
<i>morphine rectal suppository 10 mg</i>	1	MO; QL (600 per 30 days)
<i>morphine rectal suppository 20 mg</i>	1	MO; QL (300 per 30 days)
<i>morphine rectal suppository 30 mg</i>	1	MO; QL (200 per 30 days)
<i>morphine rectal suppository 5 mg</i>	1	MO; QL (1200 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	2	MO; QL (60 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG	2	MO; QL (50 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral concentrate</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (900 per 30 days)
OXYCODONE ORAL SYRINGE	3	QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 30 mg</i>	3	MO; QL (134 per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	3	QL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet</i>	3	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet</i>	3	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	3	MO; QL (60 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	3	MO; QL (50 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 600 MCG/SPRAY	4	PA; MO; QL (77 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,600 MCG (800 MCG/SPRAY X 2), 800 MCG/SPRAY	4	PA; MO; QL (58 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY	4	PA; MO; QL (120 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	4	PA; MO; QL (116 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>vicodin es oral tablet</i>	3	MO; QL (390 per 30 days)
<i>vicodin hp oral tablet</i>	3	MO; QL (390 per 30 days)
<i>vicodin oral tablet</i>	3	MO; QL (390 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>butorphanol tartrate injection solution 1 mg/ml</i>	1	MO; QL (720 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	MO; QL (360 per 30 days)
<i>butorphanol tartrate nasal spray,non-aerosol</i>	3	MO; QL (7.5 per 30 days)
<i>celecoxib oral capsule</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	B/D
<i>diclofenac potassium oral tablet</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	MO
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	3	MO
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg, 75 mg</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	3	QL (1000 per 30 days)
<i>diflunisal oral tablet</i>	3	MO
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>fenoprofen oral tablet</i>	1	MO
<i>flurbiprofen oral tablet</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin sodium intravenous recon soln</i>	1	MO
<i>ketoprofen oral capsule</i>	1	MO
<i>meclofenamate oral capsule</i>	3	MO
<i>meloxicam oral suspension</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone oral tablet</i>	1	MO
<i>nalbuphine injection solution</i>	3	MO
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naltrexone oral tablet</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>piroxicam oral capsule</i>	2	MO
PRIALT INTRATHECAL SOLUTION	3	MO
<i>salsalate oral tablet</i>	1	MO
SUBOXONE SUBLINGUAL FILM	2	PA; MO; QL (60 per 30 days)
<i>sulindac oral tablet</i>	1	MO
<i>tolmetin oral capsule</i>	3	MO
<i>tolmetin oral tablet 200 mg</i>	1	MO
<i>tolmetin oral tablet 600 mg</i>	3	MO
<i>tramadol oral tablet</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	1	MO; QL (40 per 5 days)
VOLTAREN GEL TOPICAL GEL 1 %	3	MO; QL (1000 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG	2	PA; MO; QL (180 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	PA; MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	2	PA; MO; QL (120 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 5.7-1.4 MG	2	PA; MO; QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	MO; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG	4	MO; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG	4	MO; QL (1 per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i>	1	MO; QL (30 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 2 mg</i>	1	MO; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	1	MO; QL (90 per 30 days)
<i>amitriptyline oral tablet</i>	1	PA; MO
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	MO
<i>amoxapine oral tablet</i>	1	MO
<i>aripiprazole oral solution</i>	2	PA; MO; QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	PA; MO; QL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg</i>	2	PA; MO; QL (45 per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	2	PA; MO; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	PA; MO; QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 882 MG/3.2 ML	4	MO; QL (3.2 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	MO; QL (4.8 per 28 days)
<i>armodafinil oral tablet</i>	2	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr</i>	1	MO
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	1	MO
<i>buspirone oral tablet 30 mg</i>	3	MO
<i>chlorpromazine injection solution</i>	1	MO
<i>chlorpromazine oral tablet</i>	1	MO
<i>citalopram oral solution</i>	1	MO; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule</i>	3	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	PA; MO; QL (120 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	MO; QL (720 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	ST
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG	3	ST; QL (180 per 30 days)
CLOZAPINE ORAL TABLET,DISINTEGRATING 200 MG	3	ST; QL (150 per 30 days)
<i>desipramine oral tablet</i>	1	MO
<i>dexamphetamine oral capsule, extended release 10 mg, 15 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>dextroamphetamine oral tablet</i>	1	PA; MO; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg, 30 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	MO
<i>diazepam intensol oral concentrate</i>	1	MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	MO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	MO; QL (600 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>doxepin oral capsule</i>	1	PA; MO
<i>doxepin oral concentrate</i>	1	PA; MO
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (180 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	1	MO; QL (120 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	4	MO
<i>ergoloid oral tablet</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG	3	PA; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG	3	PA; QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	3	PA; MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	3	PA; MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	3	PA; MO; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	3	PA; MO; QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	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 the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLETS,DOSE PACK	3	PA; MO; QL (8 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	PA; MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	3	PA; MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	3	PA; MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	3	PA; MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	3	PA; MO; QL (60 per 30 days)
<i>fluoxetine oral capsule</i>	1	MO
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	MO
<i>fluphenazine decanoate injection solution</i>	1	MO
<i>fluphenazine hcl injection solution</i>	1	MO
<i>fluphenazine hcl oral concentrate</i>	1	MO
<i>fluphenazine hcl oral elixir</i>	1	MO
<i>fluphenazine hcl oral tablet</i>	1	MO
<i>fluvoxamine oral tablet</i>	1	MO
GEODON INTRAMUSCULAR RECON SOLN	3	MO
<i>guanidine oral tablet</i>	1	MO
<i>haloperidol decanoate intramuscular solution</i>	1	MO
<i>haloperidol lactate injection solution</i>	1	MO
<i>haloperidol lactate oral concentrate</i>	1	MO
<i>haloperidol oral tablet</i>	1	MO
HETLIOZ ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
<i>imipramine hcl oral tablet</i>	1	PA; MO
<i>imipramine pamoate oral capsule</i>	1	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML	4	MO; QL (1.5 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (2 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (1.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 819 MG/2.625 ML	4	MO; QL (2.625 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	4	MO; QL (2.63 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (3.5 per 84 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; MO; QL (240 per 30 days)
LATUDA ORAL TABLET 120 MG, 80 MG	3	MO; QL (60 per 30 days)
LATUDA ORAL TABLET 20 MG	3	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	3	MO; QL (120 per 30 days)
LATUDA ORAL TABLET 60 MG	3	MO; QL (90 per 30 days)
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
<i>lorazepam injection solution</i>	1	MO
<i>lorazepam injection syringe</i>	1	
<i>lorazepam intensol oral concentrate</i>	1	MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	1	MO; QL (600 per 30 days)
<i>lorazepam oral tablet 1 mg</i>	1	MO; QL (300 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule</i>	1	MO
<i>maprotiline oral tablet</i>	1	MO
<i>MARPLAN ORAL TABLET</i>	3	MO
<i>metadate er oral tablet extended release</i>	3	PA; MO; QL (90 per 30 days)
<i>methamphetamine oral tablet</i>	1	MO; QL (150 per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70</i>	1	PA; MO; QL (30 per 30 days)
<i>methylphenidate oral capsule,er biphasic 50-50</i>	1	PA; MO; QL (30 per 30 days)
<i>methylphenidate oral solution 10 mg/5 ml</i>	1	PA; MO; QL (900 per 30 days)
<i>methylphenidate oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1800 per 30 days)
<i>methylphenidate oral tablet 10 mg, 5 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>methylphenidate oral tablet 20 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>methylphenidate oral tablet extended release</i>	3	PA; MO; QL (90 per 30 days)
<i>methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>methylphenidate oral tablet extended release 24hr 36 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	1	MO
<i>modafinil oral tablet</i>	2	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet</i>	3	PA
<i>nefazodone oral tablet</i>	1	MO
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL TABLET	4	PA; QL (60 per 30 days)
NUVIGIL ORAL TABLET	2	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i>	1	MO
<i>olanzapine oral tablet 10 mg, 15 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	1	MO; QL (90 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet,disintegrating 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 5 mg</i>	1	MO; QL (120 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg</i>	1	MO; QL (180 per 30 days)
<i>olanzapine-fluoxetine oral capsule 6-25 mg, 6-50 mg</i>	1	MO; QL (90 per 30 days)
<i>oxazepam oral capsule</i>	1	MO; QL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	4	PA; MO; QL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg, 9 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO
PAXIL ORAL SUSPENSION	3	MO
<i>perphenazine oral tablet</i>	1	MO
<i>perphenazine-amitriptyline oral tablet</i>	1	MO
<i>phenelzine oral tablet</i>	1	MO
<i>pimozide oral tablet</i>	1	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	ST; MO; QL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	ST; MO; QL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	ST; MO; QL (240 per 30 days)
<i>protriptyline oral tablet</i>	1	MO
<i>quetiapine oral tablet 100 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	1	PA; MO; QL (960 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	1	PA; MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.25 MG	4	PA; MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.5 MG	4	PA; MO; QL (240 per 30 days)
REXULTI ORAL TABLET 1 MG	4	PA; MO; QL (120 per 30 days)
REXULTI ORAL TABLET 2 MG	4	PA; MO; QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG	4	PA; MO; QL (45 per 30 days)
REXULTI ORAL TABLET 4 MG	4	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML	3	MO; QL (8 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 25 MG/2 ML	3	MO; QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML	4	MO; QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	4	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QL (180 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet,disintegrating 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet,disintegrating 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg</i>	1	MO; QL (180 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
ROZEREM ORAL TABLET	3	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	3	PA; MO; QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	3	PA; MO; QL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	3	PA; MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	PA; MO; QL (180 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	PA; MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (90 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	PA; MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	PA; MO; QL (480 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet</i>	1	MO
SILENOR ORAL TABLET	3	MO; QL (30 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 40 MG, 60 MG, 80 MG	3	MO; QL (30 per 30 days)
STRATTERA ORAL CAPSULE 18 MG	3	MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 25 MG	3	MO; QL (90 per 30 days)
<i>thioridazine oral tablet</i>	1	MO
<i>thiothixene oral capsule</i>	1	MO
<i>tranylcypromine oral tablet</i>	1	MO
<i>trazodone oral tablet</i>	1	MO
<i>trifluoperazine oral tablet</i>	1	MO
<i>trimipramine oral capsule</i>	1	PA; MO
TRINTELLIX ORAL TABLET 10 MG	3	PA; QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	3	PA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 5 MG	3	PA; QL (120 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	1	MO; QL (300 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (150 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO
VERSACLOZ ORAL SUSPENSION	4	PA; QL (540 per 30 days)
VIIBRYD ORAL TABLET 10 MG	3	PA; MO; QL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	3	PA; MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	3	PA; MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	PA; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	4	PA; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG	4	PA; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	4	PA; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	PA; QL (7 per 30 days)
XYREM ORAL SOLUTION	4	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule</i>	1	ST; MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	MO; QL (300 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	MO; QL (150 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl oral capsule 60 mg</i>	1	MO; QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 80 mg</i>	1	MO; QL (90 per 30 days)
<i>zolpidem oral tablet</i>	1	ST; MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 405 MG	4	QL (3 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	4	MO; QL (3 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone intravenous solution</i>	1	B/D; MO
<i>amiodarone intravenous syringe</i>	1	B/D
<i>amiodarone oral tablet</i>	1	MO
<i>disopyramide phosphate oral capsule</i>	1	MO
<i>dofetilide oral capsule</i>	2	
<i>flecainide oral tablet</i>	1	MO
<i>ibutilide fumarate intravenous solution</i>	1	MO
<i>lidocaine (pf) intravenous solution</i>	1	MO
<i>lidocaine (pf) intravenous syringe</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule</i>	1	MO
MULTAQ ORAL TABLET	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO
<i>procainamide injection solution 500 mg/ml</i>	1	
<i>propafenone oral capsule,extended release 12 hr</i>	1	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate injection solution</i>	1	MO
<i>quinidine gluconate oral tablet extended release</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af oral tablet</i>	1	MO
<i>sotalol oral tablet</i>	1	MO
TIKOSYN ORAL CAPSULE	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	1	MO
<i>afeditab cr oral tablet extended release</i>	1	MO
<i>amiloride oral tablet</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-valsartan oral tablet</i>	1	MO
<i>amlodipine-valsartan-hcthiazid oral tablet</i>	1	MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>benazepril oral tablet</i>	5	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	5	MO
<i>betaxolol oral tablet</i>	1	MO
<i>bisoprolol fumarate oral tablet</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
<i>bumetanide injection solution</i>	1	MO
<i>bumetanide oral tablet</i>	1	MO
<i>candesartan oral tablet</i>	3	MO
<i>candesartan-hydrochlorothiazid oral tablet</i>	3	MO
<i>captopril oral tablet</i>	5	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	5	MO
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK	3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt oral capsule,extended release 24hr</i>	1	MO
<i>carvedilol oral tablet</i>	1	MO
<i>chlorothiazide oral tablet</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	B/D
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	1	MO
DEMSER ORAL CAPSULE	4	PA; MO
<i>diltiazem hcl intravenous recon soln</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl oral capsule, extended release</i>	1	MO
<i>diltiazem hcl oral capsule,ext release degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	MO
<i>dilt-xr oral capsule,ext release degradable</i>	1	MO
DIURIL ORAL SUSPENSION	3	MO
<i>doxazosin oral tablet</i>	1	MO
<i>enalapril maleate oral tablet</i>	5	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	5	MO
<i>eplerenone oral tablet</i>	1	MO
<i>epoprostenol (glycine) intravenous recon soln</i>	4	B/D; MO
<i>eprosartan oral tablet</i>	3	MO
<i>esmolol intravenous solution</i>	1	
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
<i>fosinopril oral tablet</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>furosemide injection solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide injection syringe</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection solution</i>	1	MO
<i>hydralazine oral tablet</i>	1	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO
<i>indapamide oral tablet</i>	1	MO
<i>irbesartan oral tablet</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>isradipine oral capsule</i>	1	MO
<i>labetalol intravenous solution</i>	1	MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet</i>	1	MO
<i>lisinopril oral tablet</i>	5	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	5	MO
<i>losartan oral tablet</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>matzim la oral tablet extended release 24 hr</i>	1	MO
<i>methyclothiazide oral tablet</i>	1	MO
<i>metolazone oral tablet</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate intravenous syringe</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>minoxidil oral tablet</i>	1	MO
<i>moexipril oral tablet</i>	1	MO
<i>moexipril-hydrochlorothiazide oral tablet</i>	1	MO
<i>nadolol oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol-bendroflumethiazide oral tablet</i>	1	MO
<i>nicardipine intravenous solution</i>	1	MO
<i>nicardipine oral capsule</i>	1	MO
<i>nifedical xl oral tablet extended release 24hr</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine oral capsule</i>	1	MO
<i>perindopril erbumine oral tablet</i>	1	MO
<i>phenoxybenzamine oral capsule</i>	4	MO
<i>pindolol oral tablet</i>	1	MO
<i>prazosin oral capsule</i>	1	MO
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	MO
<i>quinapril oral tablet</i>	5	MO
<i>quinapril-hydrochlorothiazide oral tablet</i>	5	MO
<i>ramipril oral capsule</i>	1	MO
REMODULIN INJECTION SOLUTION	4	PA; MO; LA
<i>reserpine oral tablet</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	MO
<i>taztia xt oral capsule, extended release</i>	1	MO
TEKTURN A HCT ORAL TABLET	2	ST; MO
TEKTURN A ORAL TABLET	2	ST; MO
<i>telmisartan oral tablet</i>	1	MO
<i>telmisartanamlodipine oral tablet</i>	1	MO
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	MO
<i>terazosin oral capsule</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate oral tablet</i>	1	MO
<i>torsemide oral tablet</i>	1	MO
<i>trandolapril oral tablet</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; MO; LA; QL (400 per 365 days)
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>veletri intravenous recon soln</i>	4	B/D; MO
<i>verapamil intravenous solution</i>	1	MO
<i>verapamil intravenous syringe</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
CARDIAC GLYCOSIDES		
<i>digitek oral tablet</i>	1	MO
<i>digox oral tablet</i>	1	MO
<i>digoxin injection solution</i>	1	MO
<i>digoxin oral solution 50 mcg/ml</i>	1	MO
<i>digoxin oral tablet</i>	1	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous solution</i>	1	MO
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS PARENTERAL SOLUTION	4	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	4	
ARGATROBAN IN NACL (ISO-OS) INTRAVENOUS SOLUTION	4	
ARGATROBAN INTRAVENOUS SOLUTION	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	MO
BRILINTA ORAL TABLET	2	MO; QL (60 per 30 days)
<i>cilostazol oral tablet</i>	1	MO
<i>clopidogrel oral tablet</i>	1	MO
<i>dipyridamole oral tablet</i>	1	MO
EFFIENT ORAL TABLET	2	MO; QL (30 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	2	MO; QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	MO; QL (74 per 30 days)
<i>enoxaparin subcutaneous solution</i>	4	MO; QL (360 per 365 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (120 per 365 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml</i>	4	MO; QL (96 per 365 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	3	MO; QL (36 per 365 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	3	MO; QL (48 per 365 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	3	MO; QL (72 per 365 days)
<i>enoxaparin subcutaneous syringe 80 mg/0.8 ml</i>	3	MO; QL (96 per 365 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	4	MO; QL (48 per 365 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO; QL (30 per 365 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	4	MO; QL (24 per 365 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	4	MO; QL (36 per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO; QL (60 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	4	MO; QL (60 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	4	MO; QL (30 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	4	MO; QL (36 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	4	MO; QL (43.2 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML	3	MO; QL (12 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 5,000 ANTI-XA UNIT/0.2 ML	4	MO; QL (12 per 365 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	4	MO; QL (18 per 365 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml)</i>	1	
<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>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO
<i>heparin, porcine (pf) injection solution</i>	1	MO
<i>heparin, porcine (pf) injection syringe</i>	1	MO
<i>jantoven oral tablet</i>	1	MO
NPLATE SUBCUTANEOUS RECON SOLN	4	PA; MO
<i>pentoxifylline oral tablet extended release</i>	1	MO
PRADAXA ORAL CAPSULE 110 MG	3	MO; QL (180 per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
PRADAXA ORAL CAPSULE 150 MG, 75 MG	3	MO; QL (60 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; MO; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	4	PA; MO; LA; QL (60 per 30 days)
PROMACTA ORAL TABLET 75 MG	4	PA; MO; QL (60 per 30 days)
<i>ticlopidine oral tablet</i>	1	MO
<i>tranexamic acid intravenous solution</i>	1	MO
<i>warfarin oral tablet</i>	1	MO
XARELTO ORAL TABLET 10 MG	2	MO; QL (70 per 365 days)
XARELTO ORAL TABLET 15 MG	2	MO; QL (42 per 30 days)
XARELTO ORAL TABLET 20 MG	2	MO; QL (30 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	2	MO; QL (51 per 30 days)
ZONTIVITY ORAL TABLET	3	PA; MO; QL (30 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin oral tablet</i>	1	MO
<i>cholestyramine (with sugar) oral powder</i>	1	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	1	MO
<i>cholestyramine light oral powder</i>	1	MO
<i>cholestyramine light oral powder in packet</i>	1	MO
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral packet</i>	1	MO
<i>colestipol oral tablet</i>	1	MO
CRESTOR ORAL TABLET	3	PA; MO
<i>fenofibrate micronized oral capsule 130 mg, 200 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 the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule 134 mg, 43 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 67 mg</i>	1	MO; QL (30 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>	1	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibric acid oral tablet</i>	1	MO
<i>fluvastatin oral capsule</i>	3	MO
<i>gemfibrozil oral tablet</i>	1	MO
JUXTAPID ORAL CAPSULE	4	PA; MO; LA; QL (30 per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE	4	PA; MO; LA; QL (4 per 28 days)
<i>lovastatin oral tablet</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
<i>omega-3 acid ethyl esters oral capsule</i>	2	MO
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 28 days)
<i>pravastatin oral tablet</i>	1	MO
<i>prevalite oral powder</i>	1	MO
<i>prevalite oral powder in packet</i>	1	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	4	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 28 days)
<i>rosuvastatin oral tablet</i>	3	PA
<i>simvastatin oral tablet</i>	1	MO
VASCEPA ORAL CAPSULE	2	MO
VYTORIN 10-10 ORAL TABLET	3	ST; MO
VYTORIN 10-20 ORAL TABLET	3	ST; MO
VYTORIN 10-40 ORAL TABLET	3	ST; MO
VYTORIN 10-80 ORAL TABLET	3	ST; MO
WELCHOL ORAL POWDER IN PACKET	2	MO
WELCHOL ORAL TABLET	2	MO
ZETIA ORAL TABLET	2	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	3	PA; MO; QL (60 per 30 days)
ENTRESTO ORAL TABLET	2	PA; MO; QL (60 per 30 days)
ISUPREL INJECTION SOLUTION	3	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	2	MO; QL (60 per 30 days)
VECAMYL ORAL TABLET	4	PA
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	1	MO
<i>isosorbide dinitrate oral tablet extended release</i>	1	MO
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	MO
<i>nitroglycerin intravenous solution</i>	1	B/D
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual aerosol,spray</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin translingual spray, non-aerosol</i>	1	MO
NITROSTAT SUBLINGUAL TABLET	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	4	PA; MO
<i>calcipotriene scalp solution</i>	1	MO
<i>calcipotriene topical cream</i>	1	MO
<i>calcipotriene topical ointment</i>	1	MO
<i>calcitriol topical ointment</i>	1	MO; QL (800 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL (3 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL (3 per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL (3 per 28 days)
TALTZ SYRINGE (2 PACK) SUBCUTANEOUS SYRINGE	4	PA; QL (3 per 28 days)
TALTZ SYRINGE (3 PACK) SUBCUTANEOUS SYRINGE	4	PA; QL (3 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	4	PA; QL (3 per 28 days)
BURN THERAPY		
<i>silver sulfadiazine topical cream</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ssd topical cream</i>	1	MO
<i>thermazene topical cream</i>	1	MO
MISCELLANEOUS DERMATOLOGICALS		
8-MOP ORAL CAPSULE	3	PA; MO
<i>ammonium lactate topical cream</i>	1	MO
<i>ammonium lactate topical lotion</i>	1	MO
CONDYLOX TOPICAL GEL	3	MO
ELIDEL TOPICAL CREAM	3	PA; MO
FLUOROURACIL TOPICAL CREAM 0.5 %	4	MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>imiquimod topical cream in packet</i>	1	MO
<i>methoxsalen rapid oral capsule</i>	4	PA; MO
OXSORALEN TOPICAL LOTION	3	PA; MO
PANRETIN TOPICAL GEL	4	PA; MO
PICATO TOPICAL GEL	4	PA; MO
<i>podoftilox topical solution</i>	1	MO
REGRANEX TOPICAL GEL	4	MO
<i>tacrolimus topical ointment</i>	1	PA; MO
UVADEX INJECTION SOLUTION	3	
VALCHLOR TOPICAL GEL	4	PA; MO
THERAPY FOR ACNE		
<i>adapalene topical cream</i>	3	PA; MO
<i>adapalene topical gel 0.1 %</i>	3	PA; MO
<i>avita topical cream</i>	1	PA; MO
<i>claravis oral capsule</i>	3	MO
<i>clindamycin phosphate topical gel</i>	1	MO
<i>clindamycin phosphate topical lotion</i>	1	MO
<i>clindamycin phosphate topical solution</i>	1	MO
<i>clindamycin phosphate topical swab</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ery pads topical swab</i>	1	MO
<i>erygel topical gel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin with ethanol topical swab</i>	1	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	2	MO
FABIOR TOPICAL FOAM	3	PA; MO
<i>metronidazole topical cream</i>	1	MO
<i>metronidazole topical gel 0.75 %</i>	1	MO
<i>metronidazole topical lotion</i>	1	MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	3	MO
<i>myorisan oral capsule 30 mg</i>	3	
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
TAZORAC TOPICAL CREAM	3	PA; MO
TAZORAC TOPICAL GEL	3	PA; MO
<i>tretinoin topical cream</i>	2	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA; MO
<i>zenatane oral capsule</i>	3	MO
TOPICAL ANESTHETICS		
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
LIDOCAINE (PF) INJECTION SOLUTION 20 MG/ML (2 %)	1	MO
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	MO
<i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl laryngotracheal solution</i>	1	MO
<i>lidocaine hcl mucous membrane gel</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO
<i>lidocaine hcl mucous membrane solution</i>	1	MO
<i>lidocaine hcl urethral gel</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine topical adhesive patch,medicated</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	MO
<i>lidocaine viscous mucous membrane solution</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO
<i>ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 7.5 mg/ml (0.75 %)</i>	1	
<i>ropivacaine (pf) injection solution 5 mg/ml (0.5 %)</i>	1	MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	1	MO
<i>gentamicin topical ointment</i>	1	MO
<i>mupirocin topical ointment</i>	1	MO
<i>sulfacetamide sodium (acne) topical suspension</i>	1	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream</i>	1	MO
<i>ciclopirox topical cream</i>	2	MO
<i>ciclopirox topical gel</i>	3	MO
<i>ciclopirox topical solution</i>	1	MO
<i>ciclopirox topical suspension</i>	1	MO
<i>clotrimazole topical cream</i>	1	MO
<i>clotrimazole topical solution</i>	1	MO
<i>clotrimazole-betamethasone topical cream</i>	1	MO
<i>clotrimazole-betamethasone topical lotion</i>	3	MO
<i>econazole topical cream</i>	2	MO
<i>ketoconazole topical cream</i>	1	MO
<i>ketoconazole topical shampoo</i>	1	MO
<i>nyamyc topical powder</i>	1	MO
<i>nystatin topical cream</i>	1	MO
<i>nystatin topical ointment</i>	1	MO
<i>nystatin topical powder</i>	1	MO
<i>nystatin-triamcinolone topical cream</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone topical ointment</i>	3	MO
<i>nystop topical powder</i>	1	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	MO
DENAVIR TOPICAL CREAM	3	MO
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream</i>	2	MO
<i>alclometasone topical ointment</i>	3	MO
<i>amcinonide topical cream</i>	3	MO
<i>amcinonide topical lotion</i>	1	MO
<i>amcinonide topical ointment</i>	1	MO
<i>betamethasone dipropionate topical cream</i>	3	MO
<i>betamethasone dipropionate topical lotion</i>	1	MO
<i>betamethasone dipropionate topical ointment</i>	3	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	3	MO
<i>betamethasone, augmented topical lotion</i>	3	MO
<i>betamethasone, augmented topical ointment</i>	3	MO
<i>clobetasol scalp solution</i>	1	MO
<i>clobetasol topical cream</i>	3	MO
<i>clobetasol topical gel</i>	3	MO
<i>clobetasol topical ointment</i>	3	MO
<i>clobetasol-emollient topical cream</i>	3	MO
<i>cormax scalp solution</i>	1	
<i>desonide topical cream</i>	1	MO
<i>desonide topical lotion</i>	3	MO
<i>desonide topical ointment</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone topical cream</i>	3	MO
<i>desoximetasone topical gel</i>	3	MO
<i>desoximetasone topical ointment 0.25 %</i>	3	MO
<i>diflorasone topical cream</i>	3	MO
<i>diflorasone topical ointment</i>	3	MO
<i>fluocinolone and shower cap scalp oil</i>	3	MO
<i>fluocinolone topical cream</i>	3	MO
<i>fluocinolone topical oil</i>	3	MO
<i>fluocinolone topical ointment</i>	3	MO
<i>fluocinolone topical solution</i>	3	MO
<i>fluocinonide topical cream 0.05 %</i>	2	MO
<i>fluocinonide topical gel</i>	3	MO
<i>fluocinonide topical ointment</i>	3	MO
<i>fluocinonide topical solution</i>	3	MO
<i>fluocinonide-e topical cream</i>	2	MO
<i>fluticasone topical cream</i>	1	MO
<i>fluticasone topical ointment</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	3	MO
<i>hydrocortisone butyrate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate topical cream</i>	3	MO
<i>hydrocortisone valerate topical ointment</i>	3	MO
<i>hydrocortisone-min oil-wht pet topical ointment</i>	1	MO
<i>mometasone topical cream</i>	1	MO
<i>mometasone topical ointment</i>	1	MO
<i>mometasone topical solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednicarbate topical cream</i>	1	MO
<i>prednicarbate topical ointment</i>	1	MO
<i>triamicinolone acetonide topical cream</i>	1	MO
<i>triamicinolone acetonide topical lotion</i>	1	MO
<i>triamicinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream</i>	1	MO
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	3	MO
<i>malathion topical lotion</i>	1	MO
<i>permethrin topical cream</i>	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous solution</i>	1	MO
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	1	MO
PHYSIOLYTE IRRIGATION SOLUTION	2	
PHYSIOSOL IRRIGATION SOLUTION	2	
<i>ringers irrigation solution</i>	1	MO
<i>tis-u-sol pentalyte irrigation solution</i>	1	MO
MISCELLANEOUS AGENTS		
<i>acamprostate oral tablet, delayed release (dr/ec)</i>	1	MO
<i>acetic acid irrigation solution</i>	1	MO
ADAGEN INTRAMUSCULAR SOLUTION	4	PA; MO; LA
<i>alendronate oral tablet 40 mg</i>	1	MO
<i>anagrelide oral capsule</i>	1	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	4	PA; MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	4	PA; MO; LA

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

Drug Name	Drug Tier	Requirements/Limits
AURYXIA ORAL TABLET	2	MO
BUPHENYL ORAL TABLET	4	PA; MO
CARBAGLU ORAL TABLET, DISPERSIBLE	4	PA; MO; LA
<i>cevimeline oral capsule</i>	1	MO
CHEMET ORAL CAPSULE	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D
CLINIMIX E 2.75%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>deferoxamine injection recon soln</i>	1	MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	1	MO
<i>dextrose 20 % in water (d20w) intravenous parenteral solution</i>	1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	1	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	1	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	MO
<i>dextrose with sodium chloride intravenous parenteral solution</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram oral tablet</i>	1	MO
<i>etidronate disodium oral tablet</i>	1	MO
EXJADE ORAL TABLET, DISPERSIBLE	4	PA; MO; LA
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET	4	PA; MO
FOSRENOL ORAL POWDER IN PACKET	4	MO
FOSRENOL ORAL TABLET, CHEWABLE	4	MO
GLASSIA INTRAVENOUS SOLUTION	4	PA; MO; LA
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; MO; LA
JADENU ORAL TABLET	4	PA; MO
<i>kionex (with sorbitol) oral suspension</i>	1	MO
<i>kionex oral powder</i>	1	MO
<i>levocarnitine (with sugar) oral solution</i>	1	MO
<i>levocarnitine intravenous solution</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LITHOSTAT ORAL TABLET	2	MO
<i>midodrine oral tablet</i>	1	MO
NORTHERA ORAL CAPSULE 100 MG	4	PA; MO; QL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	4	PA; MO; QL (360 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	4	PA; MO; QL (180 per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	4	PA; LA
ORFADIN ORAL CAPSULE 20 MG	4	PA
ORFADIN ORAL SUSPENSION	4	PA; LA
<i>pilocarpine hcl oral tablet</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	4	PA; LA
RAVICTI ORAL LIQUID	4	PA; MO; QL (525 per 30 days)
RENVELA ORAL POWDER IN PACKET	2	MO
RENVELA ORAL TABLET	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>riluzole oral tablet</i>	2	MO; QL (60 per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	MO
<i>sodium chloride irrigation solution</i>	1	MO
<i>sodium phenylbutyrate oral powder</i>	4	PA; MO
<i>sodium polystyrene (sorb free) oral suspension</i>	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sodium polystyrene sulfonate oral suspension</i>	1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	1	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	1	
<i>sps (with sorbitol) oral suspension</i>	1	MO
<i>sps (with sorbitol) rectal enema</i>	1	
SYPRINE ORAL CAPSULE	4	PA; MO
THIOLA ORAL TABLET	3	MO
VELTASSA ORAL POWDER IN PACKET	4	PA; MO; QL (30 per 30 days)
<i>water for irrigation, sterile irrigation solution</i>	1	MO
ZEMAIRA INTRAVENOUS RECON SOLN	4	PA; MO; LA
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 5 MG/100 ML	1	QL (100 per 365 days)
<i>zoledronic acid-mannitol-water intravenous solution</i>	1	MO; QL (100 per 365 days)
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release</i>	1	MO
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	MO; QL (336 per 365 days)
CHANTIX ORAL TABLET	3	MO; QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	MO; QL (106 per 365 days)
NICOTROL INHALATION CARTRIDGE	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS NASAL SPRAY, NON-AEROSOL	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray 137 mcg</i>	1	MO
BACTROBAN NASAL OINTMENT	3	MO
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO
<i>denta 5000 plus dental cream</i>	1	MO
<i>dentagel dental gel</i>	1	MO
<i>ipratropium bromide nasal spray, non-aerosol</i>	1	MO
<i>oralone dental paste</i>	1	MO
<i>paroex oral rinse mucous membrane mouthwash</i>	1	MO
<i>periogard mucous membrane mouthwash</i>	1	MO
<i>sf 5000 plus dental cream</i>	1	MO
<i>sf dental gel</i>	1	MO
<i>triamicinolone acetonide dental paste</i>	1	MO
TYZINE NASAL DROPS 0.05 %	3	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetasol hc otic drops</i>	1	MO
<i>acetic acid otic solution</i>	1	MO
<i>acetic acid-aluminum acetate otic drops</i>	1	MO
<i>floxin otic drops</i>	1	
<i>fluocinolone acetonide oil otic drops</i>	1	MO
<i>hydrocortisone-acetic acid otic drops</i>	1	MO
<i>ofloxacin otic drops</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC DROPS, SUSPENSION	3	MO
CIPRODEX OTIC DROPS, SUSPENSION	3	MO
COLY-MYCIN S OTIC DROPS, SUSPENSION	3	MO
<i>neomycin-polymyxin-hc otic drops, suspension</i>	1	MO
<i>neomycin-polymyxin-hc otic solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P. INJECTION GEL	4	PA; MO; QL (35 per 28 days)
<i>a-hydrocort injection recon soln</i>	1	MO
ARISTOSPIN INTRA-ARTICULAR INJECTION SUSPENSION	3	MO
<i>betamethasone acet,sod phos injection suspension</i>	1	MO
<i>cortisone oral tablet</i>	1	MO
<i>deltasone oral tablet 20 mg</i>	1	MO
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	MO
<i>dexamethasone intensol oral drops</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe</i>	1	MO
<i>fludrocortisone oral tablet</i>	1	MO
<i>hydrocortisone oral tablet</i>	1	MO
<i>methylprednisolone acetate injection suspension</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous recon soln</i>	1	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	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>	1	MO
<i>prednisone intensol oral concentrate</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF (PF) INJECTION RECON SOLN	3	MO
SOLU-CORTEF INJECTION RECON SOLN	3	MO
SOLU-MEDROL (PF) INJECTION RECON SOLN	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN	3	MO
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet</i>	1	MO
AFREZZA INHALATION CARTRIDGE WITH INHALER	3	PA
<i>alcohol pads topical pads, medicated</i>	1	MO
APIDRA SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	MO; QL (45 per 30 days)
APIDRA SUBCUTANEOUS SOLUTION	3	MO; QL (50 per 30 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	3	MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO; QL (2.4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; QL (1.2 per 28 days)
FARXIGA ORAL TABLET	3	ST; MO; QL (30 per 30 days)
GAUZE PADS 2 X 2	2	MO
<i>glimepiride oral tablet 1 mg</i>	5	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	5	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 4 mg</i>	5	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	5	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	5	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	5	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	5	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	5	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN	2	MO
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT	3	MO
GLYSET ORAL TABLET	3	MO
GLYXAMBI ORAL TABLET	2	MO; QL (30 per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	MO; QL (45 per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	MO; QL (24 per 30 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION	2	MO; QL (50 per 30 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION	2	MO; QL (50 per 30 days)
HUMALOG SUBCUTANEOUS CARTRIDGE	2	MO; QL (45 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	MO; QL (50 per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (PREFILLED SYRINGE)	2	MO; QL (45 per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	MO; QL (50 per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION	2	MO; QL (50 per 30 days)
HUMULIN R INJECTION SOLUTION	2	MO; QL (50 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	QL (36 per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	MO; QL (40 per 30 days)
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	MO; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	2	MO; QL (120 per 30 days)
INVOKANA ORAL TABLET	2	MO; QL (30 per 30 days)
JANUMET ORAL TABLET	2	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	MO
JANUVIA ORAL TABLET	2	MO
JARDIANCE ORAL TABLET 10 MG	2	MO; QL (60 per 30 days)
JARDIANCE ORAL TABLET 25 MG	2	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET	2	MO
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	

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Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
LANTUS SUBCUTANEOUS SOLUTION	2	MO; QL (50 per 30 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION	2	MO; QL (50 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	5	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	5	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	5	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg (generic Glucophage XR)</i>	5	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg (generic Glucophage XR)</i>	5	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg (generic Fortamet)</i>	5	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg (generic Fortamet)</i>	5	MO; QL (120 per 30 days)
<i>miglitol oral tablet</i>	3	
<i>nateglinide oral tablet</i>	1	MO
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	2	MO; QL (50 per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION	2	MO; QL (50 per 30 days)
NOVOLIN R INJECTION SOLUTION	2	MO; QL (50 per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION	2	MO; QL (50 per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE	2	MO; QL (45 per 30 days)
NOVOLOG SUBCUTANEOUS SOLUTION	2	MO; QL (50 per 30 days)
<i>pioglitazone oral tablet</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet</i>	1	MO; QL (90 per 30 days)
PROGLYCEM ORAL SUSPENSION	4	MO
<i>repaglinide oral tablet</i>	1	MO
RIOMET ORAL SOLUTION	3	MO; QL (765 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	ST; MO; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	ST; MO; QL (12 per 28 days)
SYNJARDY ORAL TABLET	2	MO; QL (60 per 30 days)
<i>tolazamide oral tablet 250 mg</i>	1	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>tolbutamide oral tablet</i>	1	MO; QL (180 per 30 days)
TOUJEOL SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	MO; QL (9 per 30 days)
TRADJENTA ORAL TABLET	2	MO
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	2	MO; QL (45 per 30 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	2	MO; QL (27 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	MO; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	MO; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	ST; MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG, 5-500 MG	3	ST; MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; MO; LA
ANADROL-50 ORAL TABLET	4	PA; MO
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	2	PA; MO
<i>androxy oral tablet</i>	1	MO
<i>cabergoline oral tablet</i>	1	MO
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	MO
CERDELGA ORAL CAPSULE	4	PA; MO; QL (60 per 30 days)
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; MO; LA
<i>chorionic gonadotropin, human intramuscular recon soln</i>	1	PA; MO
<i>danazol oral capsule</i>	1	MO
<i>desmopressin injection solution</i>	1	MO
<i>desmopressin nasal aerosol,spray</i>	1	MO
<i>desmopressin nasal solution</i>	1	MO
<i>desmopressin nasal spray,non-aerosol</i>	1	MO
<i>desmopressin oral tablet</i>	1	MO
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol oral capsule 1 mcg</i>	4	MO
ELAPRASE INTRAVENOUS SOLUTION	4	PA; MO; LA
ELELYSO INTRAVENOUS RECON SOLN	4	PA; MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	4	PA; MO; LA
FABRAZYME INTRAVENOUS RECON SOLN 5 MG	4	PA; MO
<i>fortical nasal spray,non-aerosol</i>	1	MO
KORLYM ORAL TABLET	4	PA; MO; QL (120 per 30 days)
KUVAN ORAL POWDER IN PACKET	4	PA; MO
KUVAN ORAL TABLET,SOLUBLE	4	PA; MO; LA
LUMIZYME INTRAVENOUS RECON SOLN	4	PA; MO
<i>methyltestosterone oral capsule</i>	3	PA; MO
MIACALCIN INJECTION SOLUTION	3	MO
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (60 per 30 days)
MYOZYME INTRAVENOUS RECON SOLN	4	PA; MO
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; MO; LA
NATPARA SUBCUTANEOUS CARTRIDGE	4	PA; MO; LA; QL (2 per 28 days)
<i>oxandrolone oral tablet</i>	1	PA; MO
<i>pamidronate intravenous recon soln</i>	1	MO
<i>pamidronate intravenous solution</i>	1	MO
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	
<i>paricalcitol oral capsule</i>	1	MO
SAMSCA ORAL TABLET 15 MG	4	PA; MO; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	4	PA; MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	2	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	MO
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; MO; LA
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR	3	PA; MO
SYNAREL NASAL SPRAY, NON-AEROSOL	4	PA; MO
TESTIM TRANSDERMAL GEL	3	PA; MO
TESTOPEL IMPLANT PELLET	3	MO
<i>testosterone cypionate intramuscular oil</i>	1	PA; MO
<i>testosterone enanthate intramuscular oil</i>	1	PA; MO
TESTOSTERONE TRANSDERMAL GEL	3	PA; MO
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ ACTUATION (1 %)	3	PA; MO
TESTOSTERONE TRANSDERMAL GEL IN PACKET	3	PA; MO
VPRIV INTRAVENOUS RECON SOLN	4	PA; MO
ZAVESCA ORAL CAPSULE	4	PA; MO; LA
ZEMPLAR INTRAVENOUS SOLUTION	3	MO
<i>zoledronic acid intravenous recon soln</i>	4	
<i>zoledronic acid intravenous solution</i>	4	MO
ZOMETTA INTRAVENOUS SOLUTION 4 MG/100 ML	4	MO
THYROID HORMONES		
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	1	MO
<i>levothyroxine oral tablet</i>	1	MO
<i>liothyronine intravenous solution</i>	1	MO
<i>liothyronine oral tablet</i>	1	MO
SYNTHROID ORAL TABLET	3	MO
<i>unithroid oral tablet</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
BENTYL INTRAMUSCULAR SOLUTION	3	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	1	MO
<i>diphenoxylate-atropine oral tablet</i>	1	MO
<i>glycopyrrolate injection solution</i>	1	MO
<i>glycopyrrolate oral tablet</i>	1	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine oral tablet</i>	1	MO
<i>paregoric oral liquid</i>	1	MO
<i>propantheline oral tablet</i>	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO ORAL CAPSULE	3	B/D; MO; QL (2 per 30 days)
<i>alosetron oral tablet</i>	4	PA; MO
ALOXI INTRAVENOUS SOLUTION	3	MO
AMITIZA ORAL CAPSULE	2	MO; QL (60 per 30 days)
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO
ANZEMET ORAL TABLET 100 MG	3	B/D; ST; MO; QL (14 per 30 days)
ANZEMET ORAL TABLET 50 MG	3	B/D; ST; MO; QL (7 per 30 days)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	2	MO
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC)	2	MO
<i>balsalazide oral capsule</i>	1	MO
<i>budesonide oral capsule,delayed,extend.release</i>	4	MO
CANASA RECTAL SUPPOSITORY	4	MO
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	4	PA; MO; QL (6 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (6 per 28 days)
<i>compro rectal suppository</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>constulose oral solution</i>	1	MO
CORTIFOAM RECTAL FOAM	3	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	MO
<i>cromolyn oral concentrate</i>	1	MO
CYSTADANE ORAL POWDER	4	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	2	
DIPENTUM ORAL CAPSULE	4	ST; MO
<i>dronabinol oral capsule 10 mg</i>	4	B/D; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	1	B/D; MO
EMEND INTRAVENOUS RECON SOLN	3	MO
EMEND ORAL CAPSULE 125 MG	3	B/D; MO; QL (2 per 30 days)
EMEND ORAL CAPSULE 40 MG	3	B/D; MO; QL (1 per 30 days)
EMEND ORAL CAPSULE 80 MG	3	B/D; MO; QL (4 per 30 days)
EMEND ORAL CAPSULE,DOSE PACK	3	B/D; MO; QL (6 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D; QL (2 per 30 days)
<i>enulose oral solution</i>	1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; MO; QL (30 per 30 days)
GATTEX ONE-VIAL SUBCUTANEOUS KIT	4	PA; MO; QL (30 per 30 days)
<i>gavilyte-c oral recon soln</i>	1	MO
<i>gavilyte-g oral recon soln</i>	1	MO
<i>gavilyte-h and bisacodyl oral kit</i>	1	MO
<i>gavilyte-n oral recon soln</i>	1	MO
<i>generlac oral solution</i>	1	MO
<i>granisetron (pf) intravenous solution</i>	1	MO
<i>granisetron hcl intravenous solution</i>	1	MO
<i>granisetron hcl oral tablet</i>	3	B/D; ST; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone rectal cream</i>	1	
<i>hydrocortisone rectal enema</i>	1	MO
<i>lactulose oral solution</i>	1	MO
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; MO
LINZESS ORAL CAPSULE	2	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine rectal enema</i>	1	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK ORAL TABLET	3	PA; MO; QL (30 per 30 days)
OCALIVA ORAL TABLET	4	PA; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous solution</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D; MO; QL (900 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D; QL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D; MO; QL (90 per 30 days)
<i>ondansetron oral tablet,disintegrating</i>	1	B/D; MO; QL (90 per 30 days)
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>peg-electrolyte soln oral recon soln</i>	1	
<i>peg-prep oral kit</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE	3	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
<i>polyethylene glycol 3350 oral powder in packet</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	1	MO
<i>procto-med hc rectal cream</i>	1	
<i>procto-pak rectal cream</i>	1	MO
<i>proctosol hc rectal cream</i>	1	
<i>proctozone-hc rectal cream</i>	1	MO
RELISTOR ORAL TABLET	4	PA; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	4	PA; MO
RELISTOR SUBCUTANEOUS SYRINGE	3	PA; MO
REMICADE INTRAVENOUS RECON SOLN	4	PA; MO
SANCUSO TRANSDERMAL PATCH WEEKLY	3	ST; MO; QL (4 per 28 days)
SUCRAID ORAL SOLUTION	4	PA; MO
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	MO
SUPREP BOWEL PREP KIT ORAL RECON SOLN	2	MO
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	3	MO
<i>trilyte with flavor packets oral recon soln</i>	1	MO
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	4	PA; MO
UCERIS RECTAL FOAM	3	PA; MO
<i>ursodiol oral capsule</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VIBERZI ORAL TABLET	4	PA; MO; QL (60 per 30 days)
VIOKACE ORAL TABLET	3	ST; MO

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

Drug Name	Drug Requirements/Limits Tier
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000-218,000 UNIT	3 ST; MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 25,000-85,000- 136,000 UNIT	4 ST; MO
ULCER THERAPY	
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	3 MO
<i>carafate oral suspension</i>	1 MO
<i>cimetidine hcl oral solution</i>	1 MO
<i>cimetidine oral tablet</i>	1 MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS	3 ST; MO; QL (30 per 30 days)
<i>famotidine (pf) intravenous solution</i>	1 MO
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	3 MO
<i>famotidine intravenous solution</i>	1 MO
<i>famotidine oral suspension</i>	3 MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1 MO
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	1 MO; QL (30 per 30 days)
<i>misoprostol oral tablet 100 mcg</i>	1 MO
<i>misoprostol oral tablet 200 mcg</i>	2 MO
<i>nizatidine oral capsule 150 mg</i>	1 MO
<i>nizatidine oral capsule 300 mg</i>	3 MO
<i>nizatidine oral solution</i>	1 MO
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1 MO; QL (60 per 30 days)
<i>pantoprazole intravenous recon soln</i>	1 MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	1 MO; QL (60 per 30 days)
PROTONIX INTRAVENOUS RECON SOLN	3 MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl oral capsule</i>	2	MO
<i>ranitidine hcl oral syrup</i>	3	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; MO; LA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	4	PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA; MO; LA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	4	MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	MO; QL (2 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	4	MO; QL (2 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	MO; QL (2 per 28 days)
BETASERON SUBCUTANEOUS KIT	4	ST; MO; QL (14 per 28 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA; MO; QL (60 per 30 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML	4	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	2	PA; MO

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

Drug Name	Drug Requirements/Limits Tier
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4 PA; MO
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4 PA; MO
GRANIX SUBCUTANEOUS SYRINGE	4 PA; MO
HUMATROPE INJECTION CARTRIDGE	4 PA; MO
HUMATROPE INJECTION RECON SOLN	4 PA; MO
ILARIS (PF) SUBCUTANEOUS RECON SOLN	4 PA; MO; LA; QL (2 per 28 days)
INTRON A INJECTION RECON SOLN	4 MO
INTRON A INJECTION SOLUTION	4 MO
LEUKINE INJECTION RECON SOLN	4 PA; MO
MOZOBIL SUBCUTANEOUS SOLUTION	4 PA; MO; QL (9.6 per 4 days)
NEULASTA SUBCUTANEOUS SYRINGE	4 PA; MO
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4 PA; MO
NEUPOGEN INJECTION SOLUTION	4 PA; MO
NEUPOGEN INJECTION SYRINGE	4 PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	4 PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	4 PA; MO
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML)	4 PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	4 PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	4 PA; MO
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT	4 PA; MO; QL (4 per 28 days)
PEGINTRON SUBCUTANEOUS KIT	4 PA; MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4 MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE	4 MO; QL (1 per 28 days)
PROCIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2 PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
PROLEUKIN INTRAVENOUS RECON SOLN	4	MO
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE	4	PA; MO
SAIZEN SUBCUTANEOUS RECON SOLN	4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO; LA
SYLATRON SUBCUTANEOUS KIT	4	MO
ZARXIO INJECTION SYRINGE	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN	4	PA; MO
ZORBTIVE SUBCUTANEOUS RECON SOLN	4	PA; MO; LA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	2	MO
ATGAM INTRAVENOUS SOLUTION	4	B/D
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
BEXZERO (PF) INTRAMUSCULAR SYRINGE	2	MO
BIVIGAM INTRAVENOUS SOLUTION	4	PA; MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	2	MO
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	2	MO
BOTOX INJECTION RECON SOLN 100 UNIT	3	PA; MO; QL (4 per 84 days)
BOTOX INJECTION RECON SOLN 200 UNIT	3	PA; MO; QL (2 per 84 days)
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	4	PA; MO
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	3	PA; MO; QL (9 per 84 days)
DYSPORT INTRAMUSCULAR RECON SOLN 500 UNIT	3	PA; MO; QL (3 per 84 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	2	B/D; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	B/D; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	2	B/D; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	B/D; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	4	PA; MO
<i>fomepizole intravenous solution</i>	1	MO
GAMASTAN S/D INTRAMUSCULAR SOLUTION	2	PA; MO
GAMMAGARD LIQUID INJECTION SOLUTION	4	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	4	PA; MO
GAMMAKED INJECTION SOLUTION	4	PA; MO
GAMMAPLEX INTRAVENOUS SOLUTION	4	PA; MO
GAMUNEX-C INJECTION SOLUTION	4	PA; MO
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	2	PA; MO
GARDASIL (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	2	PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
GRASTEK SUBLINGUAL TABLET	3	PA; MO; QL (30 per 30 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	2	
HIZENTRA SUBCUTANEOUS SOLUTION	4	PA; MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	MO
IPOV INJECTION SUSPENSION	2	MO
IXIARO (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN	2	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN	2	MO
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	2	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	2	MO
MYOBLOC INTRAMUSCULAR SOLUTION	3	PA; MO
OCTAGAM INTRAVENOUS SOLUTION	4	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; MO; QL (30 per 30 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	2	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	2	MO
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	2	
PRIVIGEN INTRAVENOUS SOLUTION	4	PA; MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	MO
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	MO
RAGWITEK SUBLINGUAL TABLET	3	PA; MO; QL (30 per 30 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	B/D; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	B/D; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	B/D
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	2	
ROTAQUE VACCINE ORAL SUSPENSION	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	2	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	2	MO
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION	2	MO
THERACYS INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	MO
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	B/D
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	MO
TRUMENBA INTRAMUSCULAR SYRINGE	2	MO
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	2	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	MO
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	MO
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	3	PA; MO; QL (8 per 84 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	MO
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	PA; MO; QL (1 per 365 days)
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet</i>	1	MO
<i>colchicine-probenecid oral tablet</i>	1	MO
COLCRYS ORAL TABLET	2	MO
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; MO
<i>probenecid oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ULORIC ORAL TABLET	2	ST; MO; QL (30 per 30 days)
ZURAMPIC ORAL TABLET	3	PA; QL (30 per 30 days)
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	3	MO
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	MO
FORTEO SUBCUTANEOUS PEN INJECTOR	4	ST; MO; QL (2.4 per 28 days)
<i>ibandronate intravenous solution</i>	1	MO; QL (3 per 90 days)
<i>ibandronate intravenous syringe</i>	1	MO; QL (3 per 90 days)
<i>ibandronate oral tablet</i>	1	MO; QL (1 per 28 days)
PROLIA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 168 days)
<i>raloxifene oral tablet</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	ST; MO; QL (1 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack)</i>	1	ST; MO; QL (12 per 84 days)
<i>risedronate oral tablet 35 mg, 35 mg (4 pack)</i>	1	ST; MO; QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	ST; MO; QL (4 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA INTRAVENOUS SOLUTION	4	PA; MO; QL (40 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (3.6 per 28 days)
BENLYSTA INTRAVENOUS RECON SOLN	4	PA; MO
DEPEN TITRATABS ORAL TABLET	4	PA; MO
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; MO; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT	4	PA; MO
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (19.2 per 365 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (19.2 per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (19.2 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (1 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (2 per 28 days)
KINERET SUBCUTANEOUS SYRINGE	4	PA; MO; QL (18.76 per 28 days)
<i>leflunomide oral tablet</i>	1	MO
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	4	PA; MO
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (4 per 28 days)
OTEZLA ORAL TABLET	4	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; MO; QL (110 per 365 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 20 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML	3	PA; MO; QL (1.6 per 28 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.4 ML, 17.5 MG/0.4 ML, 22.5 MG/0.4 ML	3	PA; QL (1.6 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	2	PA; MO; QL (0.8 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	2	PA; MO; QL (1 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	2	PA; MO; QL (1.2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	2	PA; MO; QL (1.4 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	2	PA; MO; QL (1.6 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	2	PA; MO; QL (1.8 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	2	PA; MO; QL (2 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 27.5 MG/0.55 ML	2	PA; MO; QL (2.2 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	2	PA; MO; QL (2.4 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	2	PA; MO; QL (0.6 per 28 days)
RIDAURA ORAL CAPSULE	4	MO
SAVELLA ORAL TABLET	3	PA; MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	PA; MO; QL (110 per 365 days)
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; MO
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; MO; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL TABLET	4	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila oral tablet</i>	1	MO
<i>deblitane oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	3	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	3	MO; QL (0.65 per 84 days)
DIVIGEL TRANSDERMAL GEL IN PACKET	3	MO
DUAVEE ORAL TABLET	2	PA; MO
<i>errin oral tablet</i>	1	MO
ESTRACE VAGINAL CREAM	3	MO
<i>estradiol oral tablet</i>	1	MO
<i>estradiol transdermal patch semiweekly</i>	1	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	MO; QL (4 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet oral tablet</i>	3	MO
ESTRING VAGINAL RING	3	MO
<i>estropipate oral tablet</i>	1	MO
FEMRING VAGINAL RING	3	MO
<i>fyavolv oral tablet 1-5 mg-mcg</i>	1	
<i>heather oral tablet</i>	1	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	4	PA
<i>jencycla oral tablet</i>	1	MO
<i>jinteli oral tablet</i>	1	MO
<i>jolivette oral tablet</i>	1	MO
<i>lyza oral tablet</i>	1	MO
MAKENA INTRAMUSCULAR OIL 250 MG/ML	4	PA; MO
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	4	PA
<i>medroxyprogesterone intramuscular suspension</i>	1	MO; QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe</i>	1	MO; QL (1 per 84 days)
<i>medroxyprogesterone oral tablet</i>	1	MO
MENEST ORAL TABLET	3	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	MO; QL (4 per 28 days)
<i>mimvey lo oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mimvey oral tablet</i>	1	MO
<i>nora-be oral tablet</i>	1	MO
<i>norethindrone (contraceptive) oral tablet</i>	1	MO
<i>norethindrone acetate oral tablet</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	1	MO
<i>norlyroc oral tablet</i>	1	
PREMARIN INJECTION RECON SOLN	3	MO
PREMARIN ORAL TABLET	2	MO
PREMARIN VAGINAL CREAM	2	MO
PREMPHASE ORAL TABLET	2	MO
PREMPRO ORAL TABLET	2	MO
<i>progesterone micronized oral capsule</i>	1	MO
<i>sharobel oral tablet</i>	1	MO
VAGIFEM VAGINAL TABLET	3	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal cream</i>	1	MO
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET	4	PA; MO; QL (1 per 28 days)
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET	4	PA; MO; QL (1 per 84 days)
<i>metronidazole vaginal gel</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
NUVARING VAGINAL RING	3	MO; QL (1 per 28 days)
<i>terconazole vaginal cream</i>	1	MO
<i>terconazole vaginal suppository</i>	3	MO
<i>tranexamic acid oral tablet</i>	1	MO; QL (30 per 28 days)
<i>vandazole vaginal gel</i>	1	MO
<i>xulane transdermal patch weekly</i>	3	MO; QL (3 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet</i>	1	MO
<i>alyacen 1/35 (28) oral tablet</i>	1	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	1	MO
<i>amethia lo oral tablets,dose pack,3 month</i>	1	MO
<i>amethia oral tablets,dose pack,3 month</i>	1	MO
<i>amethyst oral tablet</i>	1	MO
<i>apri oral tablet</i>	1	MO
<i>aranelle (28) oral tablet</i>	1	MO
<i>ashlyna oral tablets,dose pack,3 month</i>	1	MO
<i>aubra oral tablet</i>	1	MO
<i>aviane oral tablet</i>	1	MO
<i>azurette (28) oral tablet</i>	1	MO
<i>balziva (28) oral tablet</i>	1	MO
<i>bekyree (28) oral tablet</i>	1	MO
<i>blisovi 24 fe oral tablet</i>	1	MO
<i>blisovi fe 1.5/30 (28) oral tablet</i>	1	MO
<i>blisovi fe 1/20 (28) oral tablet</i>	1	MO
<i>brielllyn oral tablet</i>	1	MO
<i>camrese lo oral tablets,dose pack,3 month</i>	1	MO
<i>camrese oral tablets,dose pack,3 month</i>	1	MO
<i>caziant (28) oral tablet</i>	1	MO
<i>chateal oral tablet</i>	1	MO
<i>cryselle (28) oral tablet</i>	1	MO
<i>cyclafem 1/35 (28) oral tablet</i>	1	MO
<i>cyclafem 7/7/7 (28) oral tablet</i>	1	MO
<i>cyred oral tablet</i>	1	MO
<i>dasetta 1/35 (28) oral tablet</i>	1	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	1	MO
<i>daysee oral tablets,dose pack,3 month</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>delyla (28) oral tablet</i>	1	
<i>desog-e.estradiol/e.estriadiol oral tablet</i>	1	MO
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	MO
<i>elonest oral tablet</i>	1	MO
ELLA ORAL TABLET	2	MO
<i>emoquette oral tablet</i>	1	MO
<i>enpresse oral tablet</i>	1	MO
<i>enskyce oral tablet</i>	1	MO
<i>estarrylla oral tablet</i>	1	MO
<i>falmina (28) oral tablet</i>	1	MO
<i>gianvi (28) oral tablet</i>	1	MO
<i>gildagia oral tablet</i>	1	MO
<i>gildess 1.5/30 (21) oral tablet</i>	1	MO
<i>gildess 24 fe oral tablet</i>	1	MO
<i>introvale oral tablets,dose pack,3 month</i>	1	MO
<i>jolessa oral tablets,dose pack,3 month</i>	1	MO
<i>juleber oral tablet</i>	1	MO
<i>junel 1.5/30 (21) oral tablet</i>	1	MO
<i>junel 1/20 (21) oral tablet</i>	1	MO
<i>junel fe 1.5/30 (28) oral tablet</i>	1	MO
<i>junel fe 1/20 (28) oral tablet</i>	1	MO
<i>junel fe 24 oral tablet</i>	1	MO
<i>kaitlib fe oral tablet,chewable</i>	1	
<i>kariva (28) oral tablet</i>	1	MO
<i>kelnor 1/35 (28) oral tablet</i>	1	MO
<i>kimidess (28) oral tablet</i>	1	MO
<i>kurvelo oral tablet</i>	1	MO
<i>l norgest/e.estriadiol-e.estriadiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>		3
<i>larin 1.5/30 (21) oral tablet</i>	1	MO
<i>larin 1/20 (21) oral tablet</i>	1	MO
<i>larin 24 fe oral tablet</i>	1	MO
<i>larin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>larin fe 1/20 (28) oral tablet</i>	1	MO
<i>larissia oral tablet</i>	1	
<i>layolis fe oral tablet, chewable</i>	1	MO
<i>leena 28 oral tablet</i>	1	MO
<i>lessina oral tablet</i>	1	MO
<i>levonest (28) oral tablet</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	1	MO
<i>levora-28 oral tablet</i>	1	MO
<i>lomedia 24 fe oral tablet</i>	1	MO
<i>loryna (28) oral tablet</i>	1	MO
<i>low-ogestrel (28) oral tablet</i>	1	MO
<i>lulera (28) oral tablet</i>	1	MO
<i>marlissa oral tablet</i>	1	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	1	MO
<i>microgestin 1/20 (21) oral tablet</i>	1	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	1	MO
<i>mono-linyah oral tablet</i>	1	MO
<i>mononessa (28) oral tablet</i>	1	MO
<i>myzilra oral tablet</i>	1	MO
<i>necon 0.5/35 (28) oral tablet</i>	1	
<i>necon 1/35 (28) oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>necon 1/50 (28) oral tablet</i>	1	MO
<i>necon 10/11 (28) oral tablet</i>	1	MO
<i>necon 7/7/7 (28) oral tablet</i>	1	MO
<i>nikki (28) oral tablet</i>	1	MO
<i>noreth-ethinyl estradiol-iron oral tablet, chewable</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	MO
<i>norgestimate-ethinyl estradiol oral tablet</i>	1	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	1	MO
<i>nortrel 1/35 (21) oral tablet</i>	1	MO
<i>nortrel 1/35 (28) oral tablet</i>	1	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	1	MO
<i>ocella oral tablet</i>	1	MO
<i>ogestrel (28) oral tablet</i>	1	MO
<i>orsythia oral tablet</i>	1	MO
<i>philith oral tablet</i>	1	MO
<i>pimtrea (28) oral tablet</i>	1	MO
<i>pirmella oral tablet</i>	1	MO
<i>portia oral tablet</i>	1	MO
<i>previfem oral tablet</i>	1	MO
<i>quasense oral tablets, dose pack, 3 month</i>	1	MO
<i>reclipsen (28) oral tablet</i>	1	MO
<i>setlakin oral tablets, dose pack, 3 month</i>	1	MO
<i>sprintec (28) oral tablet</i>	1	MO
<i>sronyx oral tablet</i>	1	
<i>syeda oral tablet</i>	1	MO
<i>tarina fe 1/20 (28) oral tablet</i>	1	MO
<i>tri-estarrylla oral tablet</i>	1	MO
<i>tri-legest fe oral tablet</i>	1	MO
<i>tri-linyah oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-estarrylla oral tablet</i>	1	MO
<i>tri-lo-marzia oral tablet</i>	1	MO
<i>tri-lo-sprintec oral tablet</i>	1	MO
<i>trinessa (28) oral tablet</i>	1	MO
<i>trinessa lo oral tablet</i>	1	MO
<i>tri-previfem (28) oral tablet</i>	1	MO
<i>tri-sprintec (28) oral tablet</i>	1	MO
<i>trivora (28) oral tablet</i>	1	MO
<i>velivet triphasic regimen (28) oral tablet</i>	1	MO
<i>vestura (28) oral tablet</i>	1	MO
<i>vienna oral tablet</i>	1	MO
<i>viorele (28) oral tablet</i>	1	MO
<i>vyfemla (28) oral tablet</i>	1	MO
<i>wera (28) oral tablet</i>	1	MO
<i>wymzya fe oral tablet, chewable</i>	1	MO
<i>zarah oral tablet</i>	1	MO
<i>zenchent (28) oral tablet</i>	1	MO
<i>zenchent fe oral tablet, chewable</i>	1	MO
<i>zovia 1/35e (28) oral tablet</i>	1	MO
<i>zovia 1/50e (28) oral tablet</i>	1	MO
OXYTOCICS		
<i>methergine oral tablet</i>	1	
<i>methylergonovine injection solution</i>	1	MO
<i>methylergonovine oral tablet</i>	1	MO
<i>oxytocin injection solution</i>	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>AZASITE OPHTHALMIC DROPS</i>	3	MO
<i>bacitracin ophthalmic ointment</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
BESIVANCE OPHTHALMIC DROPS,SUSPENSION	3	MO
CILOXAN OPHTHALMIC OINTMENT	3	MO
<i>ciprofloxacin hcl ophthalmic drops</i>	1	MO
<i>erythromycin ophthalmic ointment</i>	1	MO
<i>gatifloxacin ophthalmic drops</i>	3	MO
<i>gentak ophthalmic ointment</i>	1	MO
<i>gentamicin ophthalmic drops</i>	1	MO
<i>gentamicin ophthalmic ointment</i>	1	MO
<i>levofloxacin ophthalmic drops</i>	1	MO
MOXEZA OPHTHALMIC DROPS, VISCOSUS	3	MO
NATACYN OPHTHALMIC DROPS,SUSPENSION	3	MO
<i>neomycin-bacitracin-polymyxin ophthalmic ointment</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic drops</i>	1	MO
<i>neo-polycin ophthalmic ointment</i>	1	MO
<i>ofloxacin ophthalmic drops</i>	1	MO
<i>polycin ophthalmic ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic drops</i>	1	MO
<i>tobramycin ophthalmic drops</i>	1	MO
TOBREX OPHTHALMIC OINTMENT	3	MO
VIGAMOX OPHTHALMIC DROPS	3	MO
ANTIVIRALS		
<i>trifluridine ophthalmic drops</i>	1	MO
ZIRGAN OPHTHALMIC GEL	3	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic drops</i>	1	MO
BETIMOL OPHTHALMIC DROPS	3	MO
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION	3	MO
<i>carteolol ophthalmic drops</i>	1	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO
<i>metipranolol ophthalmic drops</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic drops</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution</i>	1	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC DROPS	3	MO
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic drops</i>	1	MO
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL OPHTHALMIC DROPS	3	MO
ALOMIDE OPHTHALMIC DROPS	3	MO
<i>azelastine ophthalmic drops</i>	1	MO
BEPREVE OPHTHALMIC DROPS	3	MO
<i>cromolyn ophthalmic drops</i>	1	MO
CYSTARAN OPHTHALMIC DROPS	4	PA; MO
EMADINE OPHTHALMIC DROPS	3	MO
<i>epinastine ophthalmic drops</i>	1	MO
EYLEA INTRAVITREAL SOLUTION	4	MO
LUCENTIS INTRAVITREAL SOLUTION	4	MO
RESTASIS OPHTHALMIC DROPPERETTE	2	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL (PF) OPHTHALMIC DROPPERETTE	3	MO
<i>bromfenac ophthalmic drops</i>	3	MO
<i>diclofenac sodium ophthalmic drops</i>	1	MO
<i>flurbiprofen sodium ophthalmic drops</i>	1	MO
<i>ketorolac ophthalmic drops</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	MO
<i>acetazolamide oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide sodium injection recon soln</i>	1	MO
<i>methazolamide oral tablet</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic drops</i>	1	ST; MO
COMBIGAN OPHTHALMIC DROPS	2	MO
<i>dorzolamide ophthalmic drops</i>	1	MO
<i>dorzolamide-timolol ophthalmic drops</i>	1	MO
<i>latanoprost ophthalmic drops</i>	1	MO
LUMIGAN OPHTHALMIC DROPS 0.01 %	2	MO
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION	2	MO
TRAVATAN Z OPHTHALMIC DROPS	3	ST; MO
<i>travoprost (benzalkonium) ophthalmic drops</i>	1	ST; MO
ZIOPTAN (PF) OPHTHALMIC DROPPERETTE	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic ointment</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic drops,suspension</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic ointment</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic drops,suspension</i>	1	MO
<i>neo-polycin hc ophthalmic ointment</i>	1	
PRED-G OPHTHALMIC DROPS,SUSPENSION	3	MO
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	MO
TOBRADEX OPHTHALMIC OINTMENT	3	MO
<i>tobramycin-dexamethasone ophthalmic drops,suspension</i>	1	MO
ZYLET OPHTHALMIC DROPS,SUSPENSION	3	MO
STEROIDS		
ALREX OPHTHALMIC DROPS,SUSPENSION	3	MO
<i>dexamethasone sodium phosphate ophthalmic drops</i>	1	MO
DUREZOL OPHTHALMIC DROPS	2	MO
<i>fluorometholone ophthalmic drops,suspension</i>	1	MO
FML FORTE OPHTHALMIC DROPS,SUSPENSION	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
FML S.O.P. OPHTHALMIC OINTMENT	3	MO
LOTEMAX OPHTHALMIC DROPS,GEL	3	MO
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	3	MO
LOTEMAX OPHTHALMIC OINTMENT	3	MO
MAXIDEX OPHTHALMIC DROPS,SUSPENSION	3	MO
PRED MILD OPHTHALMIC DROPS,SUSPENSION	3	MO
<i>prednisolone acetate ophthalmic drops,suspension</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic drops</i>	1	MO
VEXOL OPHTHALMIC DROPS,SUSPENSION	3	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION	3	MO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	MO
<i>sulfacetamide-prednisolone ophthalmic drops</i>	1	MO
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	MO
<i>apraclonidine ophthalmic drops</i>	1	MO
<i>brimonidine ophthalmic drops</i>	1	MO
IOPIDINE OPHTHALMIC DROPPERETTE	3	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>arbinoxal oral liquid</i>	1	PA; MO
<i>arbinoxal oral tablet</i>	1	PA; MO
<i>carbinoxamine maleate oral liquid</i>	1	PA; MO
<i>carbinoxamine maleate oral tablet</i>	1	PA; MO
<i>clemastine oral tablet 2.68 mg</i>	1	PA; MO
<i>cyproheptadine oral syrup</i>	1	PA; MO
<i>cyproheptadine oral tablet</i>	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl injection syringe	1	MO
diphenhydramine hcl oral elixir	1	PA
epinephrine injection auto-injector 0.15 mg/0.15 ml	1	MO
epinephrine injection syringe 0.1 mg/ml	1	MO
epipen 2-pak injection auto-injector	1	MO
epipen jr 2-pak injection auto-injector	1	MO
hydroxyzine hcl intramuscular solution	3	MO
hydroxyzine hcl oral solution 10 mg/5 ml	3	PA; MO
hydroxyzine hcl oral tablet	1	PA; MO
hydroxyzine pamoate oral capsule	1	PA; MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO
phenadoz rectal suppository	1	MO
phenergan rectal suppository	1	
promethazine injection solution	1	MO
promethazine oral syrup	1	PA; MO
promethazine oral tablet	1	PA; MO
promethazine rectal suppository 12.5 mg, 25 mg	1	MO
promethazine rectal suppository 50 mg	1	
promethazine vc oral syrup	1	PA; MO
promethazine-phenylephrine oral syrup	1	PA
promethegan rectal suppository	1	MO
PULMONARY AGENTS		
acetylcysteine solution	1	B/D; MO
ADCIRCA ORAL TABLET	4	PA; MO; QL (60 per 30 days)
ADEMPAS ORAL TABLET	4	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	2	MO
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D; MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	3	MO
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg</i>	3	MO
<i>albuterol sulfate oral tablet extended release 12 hr 8 mg</i>	1	MO
<i>aminophylline intravenous solution</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	MO
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	MO
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	2	MO
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	2	
ATROVENT HFA INHALATION HFA AEROSOL INHALER	3	MO
BERINERT INTRAVENOUS KIT	4	PA; MO
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	B/D; MO
<i>budesonide inhalation suspension for nebulization</i>	1	B/D; MO
CINRYZE INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST	2	MO
<i>cromolyn inhalation solution for nebulization</i>	1	B/D; MO
DALIRESP ORAL TABLET	3	PA; MO
DULERA INHALATION HFA AEROSOL INHALER	2	MO
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO
ESBRIET ORAL CAPSULE	4	PA; QL (270 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE	4	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2	MO

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER	2	MO
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	MO
<i>fluticasone nasal spray,suspension</i>	1	MO
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO
<i>ipratropium bromide inhalation solution</i>	1	B/D; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	B/D; MO
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; MO
KALYDECO ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	4	PA; MO; QL (60 per 30 days)
LETAIRIS ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	B/D; MO
<i>metaproterenol oral syrup</i>	1	MO
<i>metaproterenol oral tablet</i>	1	MO
<i>montelukast oral granules in packet</i>	1	MO; QL (30 per 30 days)
<i>montelukast oral tablet</i>	1	MO; QL (30 per 30 days)
<i>montelukast oral tablet,chewable</i>	1	MO; QL (30 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (1 per 28 days)
OFEV ORAL CAPSULE	4	PA; MO; QL (60 per 30 days)
OPSUMIT ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
ORKAMBI ORAL TABLET	4	PA; MO; QL (120 per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	3	B/D; MO

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

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME INHALATION SOLUTION	4	PA; MO; QL (150 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (180 per 30 days)
RUCONEST INTRAVENOUS RECON SOLN	4	PA; MO
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	MO
<i>sildenafil oral tablet</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	2	MO
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO
STIOLTO RESPIMAT INHALATION MIST	2	MO
STRIVERDI RESPIMAT INHALATION MIST	3	MO
<i>terbutaline oral tablet</i>	1	MO
<i>terbutaline subcutaneous solution</i>	1	MO
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRACLEER ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	2	MO; QL (36 per 30 days)
VERAMYST NASAL SPRAY,SUSPENSION	2	MO
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (6 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
XOPENEX HFA INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (30 per 30 days)
<i>zafirlukast oral tablet</i>	3	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>flavoxate oral tablet</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>tolterodine oral capsule,extended release 24hr</i>	1	MO
<i>tolterodine oral tablet</i>	1	MO
<i>trospium oral capsule,extended release 24hr</i>	1	MO
<i>trospium oral tablet</i>	1	MO
VESICARE ORAL TABLET	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	MO
<i>dutasteride oral capsule</i>	1	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin oral capsule,extended release 24hr</i>	1	MO
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	1	MO
MISCELLANEOUS UROLOGICALS		
AMMONIUM CHLORIDE INTRAVENOUS SOLUTION	2	
CYSTAGON ORAL CAPSULE	2	PA; MO; LA
<i>cytra k crystals oral packet</i>	1	MO
ELMIRON ORAL CAPSULE	2	MO
<i>glycine irrigation solution</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate oral tablet extended release</i>	1	MO
<i>potassium citrate-citric acid oral solution</i>	1	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	1	MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO
<i>calcium gluconate intravenous solution</i>	1	MO
<i>dextrose-kcl-nacl intravenous solution</i>	1	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>eliphos oral tablet</i>	1	MO
<i>k-effervescent oral tablet, effervescent</i>	1	MO
<i>klor-con 10 oral tablet extended release</i>	1	MO
<i>klor-con 8 oral tablet extended release</i>	1	MO
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con oral packet</i>	1	MO
<i>klor-con sprinkle oral capsule, extended release</i>	1	MO
<i>klor-con/ef oral tablet, effervescent</i>	1	MO
<i>k-phos-neutral oral tablet</i>	1	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lactated ringers intravenous parenteral solution</i>	1	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	

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

Drug Name	Drug Requirements/Limits Tier
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3
PHOSLYRA ORAL SOLUTION	3 MO
<i>phospha 250 neutral oral tablet</i>	1 MO
<i>potassium acetate intravenous solution 2 meq/ml</i>	1
<i>potassium bicarb and chloride oral tablet, effervescent</i>	1 MO
<i>potassium bicarb-citric acid oral tablet, effervescent</i>	1 MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1 MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1 MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	1
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1
<i>potassium chloride intravenous piggyback 10 meq/50 ml</i>	1 MO
<i>potassium chloride intravenous solution</i>	3 MO
<i>potassium chloride oral capsule, extended release</i>	1 MO
<i>potassium chloride oral liquid 20 meq/15 ml</i>	3 MO
<i>potassium chloride oral liquid 40 meq/15 ml</i>	2 MO
<i>potassium chloride oral packet</i>	1 MO
<i>potassium chloride oral tablet extended release</i>	1 MO
<i>potassium chloride oral tablet,er particles/crystals</i>	1 MO
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	1
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1 MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1

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

Drug Name	Drug Requirements/Limits	
	Tier	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution</i>	1	MO
<i>ringers intravenous parenteral solution</i>	1	
<i>sodium acetate intravenous solution</i>	1	
<i>sodium bicarbonate intravenous solution</i>	1	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 5 % intravenous parenteral solution</i>	1	
<i>sodium chloride intravenous parenteral solution</i>	1	MO
<i>sodium lactate intravenous solution</i>	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	2	
<i>virt-phos 250 neutral oral tablet</i>	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
<i>amino acids 15 % intravenous parenteral solution</i>	1	B/D
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D

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

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

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

Drug Name	Drug Requirements/Limits Tier
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3 B/D
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3 B/D
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION	3 B/D; MO
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	1
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION	3 B/D
<i>freamine iii 10 % intravenous parenteral solution</i>	1 B/D
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	3 B/D
<i>intralipid intravenous emulsion 20 %</i>	1 B/D; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	3 B/D
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION	3
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	3
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3
KABIVEN INTRAVENOUS EMULSION	3 B/D
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	3 B/D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3
PERIKABIVEN INTRAVENOUS EMULSION	3 B/D
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3
<i>premasol 10 % intravenous parenteral solution</i>	1 B/D; MO
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	3 B/D

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

Drug Name	Drug Tier	Requirements/Limits
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION	3	B/D
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D; MO
SMOFLIPID INTRAVENOUS EMULSION	3	B/D
<i>travasol 10 % intravenous parenteral solution</i>	1	B/D; MO
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D; MO
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION	3	B/D
VITAMINS / HEMATINICS		
<i>fluoritab oral tablet, chewable 0.5 mg fluoride (1.1 mg)</i>	1	MO
<i>ludent fluoride oral tablet, chewable 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg)</i>	1	MO
<i>multi-vit with fluoride-iron oral drops</i>	1	MO
<i>multi-vitamin with fluoride oral drops</i>	1	MO
<i>multivitamin with fluoride oral tablet, chewable</i>	1	MO
<i>multi-vitamin with fluoride oral tablet, chewable 0.5 mg</i>	1	MO
<i>multivitamins with fluoride oral tablet, chewable</i>	1	MO
<i>mvc-fluoride oral tablet, chewable</i>	1	MO
<i>prenatal vitamin oral tablet</i>	1	MO
<i>sodium fluoride oral tablet</i>	1	MO
<i>sodium fluoride oral tablet, chewable 0.5 mg fluoride (1.1 mg)</i>	1	MO
<i>tri-vit with fluoride and iron oral drops</i>	1	MO
<i>tri-vitamin with fluoride oral drops</i>	1	MO
<i>vitamins a,c,d and fluoride oral drops</i>	1	MO

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

Index

8	
8-MOP.....	68
A	
abacavir.....	3
abacavir-lamivudine-zidovudine.....	3
ABELCET.....	2
ABILIFY MAINTENA	44
ABRAXANE	16
ABSTRAL	36
acamprosate.....	73
acarbose.....	79
acebutolol.....	57
acetaminophen-codeine....	36
acetasol hc	77
acetazolamide.....	109
acetazolamide sodium....	110
acetic acid.....	73, 77
acetic acid-aluminum acetate	77
acetylcysteine.....	73, 112
acitretin	67
ACTEMRA.....	98
ACTHAR H.P.....	78
ACTHIB (PF).....	94
ACTIMMUNE.....	92
ACUVAIL (PF)	109
acyclovir.....	3, 71
acyclovir sodium.....	3
ADACEL(TDAP ADOLESN/ADULT)(PF)	94
ADAGEN.....	73
adapalene.....	68
ADCIRCA.....	112
adefovir	3
ADEMPAS	112
adrucil	16, 17
ADVAIR DISKUS.....	112
ADVAIR HFA	112
afeditab cr.....	57
AFINITOR	17
AFINITOR DISPERZ.....	17
AFREZZA.....	79
a-hydrocort.....	78
AKYNZEON.....	87
ALBENZA.....	9
albuterol sulfate.....	113
alclometasone.....	71
alcohol pads	79
ALDURAZYME.....	84
ALECENSA.....	17
alendronate.....	73, 98
alfuzosin.....	116
ALIMTA	17
ALINIA.....	9
ALKERAN	17
allopurinol.....	97
ALOCRIL	109
ALOMIDE	109
alosetron	87
ALOXI	87
ALPHAGAN P	111
alprazolam.....	44
ALREX	110
altavera (28)	103
alyacen 1/35 (28).....	103
alyacen 7/7/7 (28)	103
amantadine hcl	3
AMBISOME	2
amcinonide.....	71
amethia.....	103
amethia lo.....	103
amethyst	103
amifostine crystalline	16
amikacin.....	9
amiloride	57
amiloride-hydrochlorothiazide	57
amino acids 15 %.....	119
aminocaproic acid	61
aminophylline	113
AMINOSYN 10 %.....	119
AMINOSYN 7 % WITH ELECTROLYTES	119
AMINOSYN 8.5 %.....	119
AMINOSYN 8.5 %-ELECTROLYTES	119
AMINOSYN II 10 %.....	119
AMINOSYN II 15 %.....	119
AMINOSYN II 7 %.....	119
AMINOSYN II 8.5 %.....	120
AMINOSYN II 8.5 %-ELECTROLYTES	120
AMINOSYN M 3.5 %	120
AMINOSYN-HBC 7%	120
AMINOSYN-PF 10 %....	120
AMINOSYN-PF 7 % (SULFITE-FREE).....	120
AMINOSYN-RF 5.2 % ..	120
amiodarone.....	56
AMITIZA.....	87
amitriptyline	44
amitriptyline-chlordiazepoxide	44
amlodipine.....	57
amlodipine-benazepril.....	57
amlodipine-valsartan.....	57
amlodipine-valsartan-hcthiazid	57
AMMONIUM CHLORIDE	116
ammonium lactate	68
amoxapine	44
amoxicil-clarithromy-lansopraz	91
amoxicillin	13
amoxicillin-pot clavulanate	13
amphotericin b	2
ampicillin	13
ampicillin sodium	13
ampicillin-sulbactam	13
AMPYRA	34
ANADROL-50.....	84
anagrelide	73
anastrozole	17
ANDRODERM.....	84
ANDROGEL.....	84
androxy	84
ANORO ELLIPTA	113
ANZEMET	87
APIDRA.....	79
APIDRA SOLOSTAR	79
APOKYN	32
apraclonidine	111
apri	103
APRISO	87
APTIOM	29
APTIVUS	3
ARALAST NP	73
aranelle (28)	103

ARANESP (IN POLYSORBATE).....	92	AZASITE.....	107
arbinoxal.....	111	azathioprine.....	17
ARCALYST	92	azathioprine sodium	17
ARCAPTA NEOHALER	113	azelastine.....	77, 109
ARGATROBAN.....	61	AZILECT.....	32
ARGATROBAN IN 0.9 % SOD CHLOR.....	61	azithromycin	8, 9
ARGATROBAN IN NACL (ISO-OS).....	61	aztreonam.....	10
aripiprazole	44, 45	azurette (28).....	103
ARISTADA	45	B	
ARISTOSCAN INTRA-ARTICULAR.....	78	baciim.....	10
armodafinil.....	45	bacitracin.....	10, 107
ARNURITY ELLIPTA	113	bacitracin-polymyxin b ...	107
ARRANON.....	17	baclofen.....	35
ARZERRA.....	17	BACTROBAN NASAL ...	77
ASACOL HD.....	87	balsalazide.....	87
ascomp with codeine.....	36	balziva (28).....	103
ashlyna	103	BANZEL.....	29
ASMANEX HFA.....	113	BARACLUDE	3
ASMANEX TWISTHALER	113	BCG VACCINE, LIVE (PF)	94
aspirin-dipyridamole	62	bekyree (28).....	103
atenolol.....	57	BELEODAQ	17
atenolol-chlorthalidone	57	benazepril.....	57
ATGAM	94	benazepril- hydrochlorothiazide	57
atorvastatin.....	64	BENDEKA	17
atovaquone	9	BENLYSTA	98
atovaquone-proguanil	9	BENTYL.....	86
ATRIPLA.....	3	benztropine.....	32
atropine	86, 109	BEPREVE.....	109
ATROVENT HFA	113	BERINERT	113
AUBAGIO	34	BESIVANCE	108
aubra.....	103	betamethasone acet,sod phos	78
AURYXIA	74	betamethasone dipropionate	71
AVASTIN	17	betamethasone valerate	71
AVELOX IN NACL (ISO-OSMOTIC)	14	betamethasone, augmented	71
aviane	103	BETASERON	92
avita.....	68	betaxolol.....	57, 108
AVONEX.....	92	bethanechol chloride	116
AVONEX (WITH ALBUMIN).....	92	BETHKIS.....	10
AVYCAZ	7	BETIMOL	108
azacitidine	17	BETOPTIC S	108
AZACTAM IN DEXTROSE (ISO-OSM)	9	bexarotene	17
		BEXSERO (PF)	94
		bicalutamide	17
		BICILLIN C-R.....	13
		BICILLIN L-A.....	13
		BICNU	17
		BILTRICIDE	10
		bimatoprost	110
		bisoprolol fumarate	57
		bisoprolol- hydrochlorothiazide	57
		BIVIGAM	94
		bleo 15k.....	17
		bleomycin.....	17
		BLEPHAMIDE	111
		BLEPHAMIDE S.O.P. ...	111
		BLINCYTO	17
		blisovi 24 fe.....	103
		blisovi fe 1.5/30 (28).....	103
		blisovi fe 1/20 (28).....	103
		BOOSTRIX TDAP	94
		BOSULIF	17
		BOTOX	94
		BREO ELLIPTA.....	113
		briellyn	103
		BRILINTA	62
		brimonidine	111
		BRIVIACT	29
		bromfenac	109
		bromocryptine	33
		BROVANA	113
		budesonide	87, 113
		bumetanide	57
		BUPHENYL	74
		buprenorphine hcl	36
		bupropion hcl	45
		bupropion hcl (smoking deter)	76
		buspirone	45
		BUSULFEX	17
		butalbital compound w/codeine	37
		butalbital-acetaminop-caf-cod	37
		butorphanol tartrate	42
		BYDUREON	79
		BYETTA	79
		C	
		cabergoline	84
		CABOMETYX	18
		calcipotriene	67
		calcitonin (salmon)	84
		calcitriol	67, 84
		calcium acetate	117

calcium gluconate	117
camila.....	100
CAMPATH.....	18
camrese	103
camrese lo	103
CANASA	87
CANCIDAS	2
candesartan.....	57
candesartan- hydrochlorothiazid	57
CAPASTAT.....	10
CAPRELSA	18
captopril	57
captopril-hydrochlorothiazide	57
carafate	91
CARBAGLU.....	74
carbamazepine.....	29
carbidopa.....	33
carbidopa-levodopa.....	33
carbidopa-levodopa- entacapone.....	33
carbinoxamine maleate ...	111
carboplatin.....	18
CARDENE IV IN DEXTROSE.....	57
CARDENE IV IN SODIUM CHLORIDE	57
CARIMUNE NF NANOFILTERED	94
carisoprodol.....	35
carisoprodol-asa-codeine ..	35
carisoprodol-aspirin	35
carteolol.....	108
cartia xt.....	58
carvedilol.....	58
CAYSTON.....	10
caziant (28).....	103
cefaclor.....	7
cefadroxil	7
cefazolin	7
cefazolin in dextrose (iso-osm)	7
cefdinir	7
cefepime	7
CEFEPIME IN DEXTROSE 5 %	7
cefepime in dextrose,iso-osm	7
cefotaxime.....	7
cefotetan	7
cefoxitin	7
cefoxitin in dextrose, iso-osm	7
cefpodoxime.....	7
cefprozil	8
ceftazidime	8
CEFTAZIDIME IN D5W ...	8
ceftibuten.....	8
ceftriaxone.....	8
CEFTRIAXONE.....	8
ceftriaxone in dextrose,iso-os	8
cefuroxime axetil	8
cefuroxime sodium.....	8
celecoxib	42
CELLCEPT INTRAVENOUS	18
CELONTIN.....	29
cephalexin	8
CERDELGA	84
CEREZYME	84
CERVARIX VACCINE (PF)	94
cevimeline	74
CHANTIX.....	76
CHANTIX CONTINUING MONTH BOX	76
CHANTIX STARTING MONTH BOX	76
chateal	103
CHEMET	74
chloramphenicol sod succinate.....	10
chlorhexidine gluconate ...	77
chloroquine phosphate	10
chlorothiazide.....	58
chlorothiazide sodium	58
chlorpromazine	45
chlorthalidone	58
chlorzoxazone	35
cholestyramine (with sugar)	64
cholestyramine light.....	64
chorionic gonadotropin, human.....	84
cyclodan	70
ciclopirox	70
cidofovir	3
cilostazol	62
CILOXAN.....	108
cimetidine	91
cimetidine hcl.....	91
CIMZIA	87
CIMZIA POWDER FOR RECONST	87
CIMZIA STARTER KIT ..	87
CINRYZE	113
CIPRO HC	77
CIPRODEX.....	77
ciprofloxacin (mixture)	14
ciprofloxacin hcl	14, 108
ciprofloxacin in 5 % dextrose	14
ciprofloxacin lactate	14
cisplatin.....	18
citalopram	45
cladribine.....	18
claravis	68
clarithromycin	9
clemastine	111
CLEOCIN	102
clindamycin hcl.....	10
clindamycin in 5 % dextrose	10
clindamycin palmitate hcl ..	10
clindamycin pediatric.....	10
clindamycin phosphate10, 68, 102	
CLINIMIX 5%/D15W SULFITE FREE.....	120
CLINIMIX 5%/D25W SULFITE-FREE	120
CLINIMIX 2.75%/D5W SULFIT FREE	120
CLINIMIX 4.25%/D10W SULF FREE	120
CLINIMIX 4.25%/D5W SULFIT FREE	74
CLINIMIX 4.25%-D20W SULF-FREE.....	120
CLINIMIX 4.25%-D25W SULF-FREE.....	120
CLINIMIX 5%- D20W(SULFITE-FREE)	
.....	120

CLINIMIX E 2.75%/D10W	66
SUL FREE	74
CLINIMIX E 2.75%/D5W	
SULF FREE	74
CLINIMIX E 4.25%/D10W	
SUL FREE	120
CLINIMIX E 4.25%/D25W	
SUL FREE	120
CLINIMIX E 4.25%/D5W	
SULF FREE	120
CLINIMIX E 5%/D15W	
SULFIT FREE	120
CLINIMIX E 5%/D20W	
SULFIT FREE	121
CLINIMIX E 5%/D25W	
SULFIT FREE	121
CLINISOL SF 15 %.....	121
clobetasol	71
clobetasol-emollient.....	71
CLOALAR.....	18
clomipramine	45
clonazepam	29
clonidine.....	58
clonidine (pf).....	42, 58
clonidine hcl.....	45, 58
clopidogrel	62
clorazepate dipotassium....	45
clotrimazole.....	2, 70
clotrimazole-betamethasone	70
clozapine	45, 46
CLOZAPINE	46
COARTEM	10
codeine sulfate	37
codeine-butalbital-asa-caff	37
colchicine-probenecid	97
COLCRYS	97
colestipol	64
colistin (colistimethate na)	10
COLY-MYCIN S.....	77
COMBIGAN.....	110
COMBIVENT RESPIMAT	113
COMETRIQ.....	18
COMPLERA.....	3
compro	87
CONDYLOX	68
constulose.....	88
COPAXONE.....	34
CORLANOR.....	66
cormax.....	71
CORTIFOAM	88
cortisone.....	78
COSENTYX	67
COSENTYX (2 SYRINGES)	
.....	67
COSENTYX PEN.....	67
COSENTYX PEN (2 PENS)	
.....	67
COTELLIC	18
CREON	88
CRESEMBA	2
CRESTOR.....	64
CRIXIVAN	3
cromolyn	88, 109, 113
cryselle (28)	103
CUBICIN	10
CUBICIN RF	10
cyclafem 1/35 (28)	103
cyclafem 7/7/7 (28)	103
cyclobenzaprine	35
cyclophosphamide.....	18
CYCLOPHOSPHAMIDE.	18
cyclosporine	18
cyclosporine modified.....	18
cyproheptadine	111
CYRAMZA.....	18
cyred.....	103
CYSTADANE	88
CYSTAGON	116
CYSTARAN	109
cytarabine	18
cytarabine (pf).....	18
cytra k crystals	116
D	
d10 %-0.45 % sodium	
chloride	74
d2.5 %-0.45 % sodium	
chloride	74
d5 % and 0.9 % sodium	
chloride	74
d5 %-0.45 % sodium chloride	
.....	74
dacarbazine	19
DAKLINZA	3
DALIRESP	113
DALVANCE	10
danazol	84
dantrolene	35
DAPSONE	10
DAPTACEL (DTAP	
PEDIATRIC) (PF)	94
DARAPRIM	10
DARZALEX	19
dasetta 1/35 (28).....	103
dasetta 7/7/7 (28).....	103
daunorubicin	19
daysee.....	103
deblitane	100
decitabine	19
deferoxamine	74
deltasone	78
delyla (28)	104
DELZICOL	88
DEMSER	58
DENAVIR.....	71
denta 5000 plus	77
dentagel	77
DEPEN TITRATABS.....	98
DEPO-ESTRADIOL.....	101
DEPO-MEDROL	78
DEPO-PROVERA	101
DEPO-SUBQ PROVERA	
.....	101
DESCOVY	3
desipramine	46
desmopressin.....	84
desog-e.estradiol/e.estriadiol	104
desogestrel-ethinyl estradiol	104
desonide	71
desoximetasone	72
dexamethasone	78
dexamethasone intensol	78
dexamethasone sodium phos	
(pf).....	78
dexamethasone sodium	
phosphate	78, 110
DEXILANT	91
dexmethylphenidate	46
dexrazoxane hcl	16
dextroamphetamine	46
dextroamphetamine-	
amphetamine	46
dextrose 10 % and 0.2 % nacl	74

dextrose 10 % in water	
(d10w).....	74
dextrose 20 % in water	
(d20w).....	74
dextrose 25 % in water	
(d25w).....	74
dextrose 30 % in water	
(d30w).....	74
dextrose 40 % in water	
(d40w).....	74
dextrose 5 % in water (d5w)	
.....	74
dextrose 5 %-lactated ringers	
.....	74
dextrose 5%-0.2 % sod	
chloride	74
dextrose 5%-0.3 %	
sod.chloride.....	74
dextrose 50 % in water	
(d50w).....	74
dextrose 70 % in water	
(d70w).....	74
dextrose with sodium	
chloride	74
dextrose-kcl-nacl.....	117
diazepam	30, 46, 47
diazepam intensol.....	46
diclofenac potassium.....	42
diclofenac sodium	42, 109
dicloxacillin.....	13
dicyclomine.....	86, 87
didanosine	3
DIFICID	9
diflorasone.....	72
diflunisal	42
digitek	61
digox	61
digoxin	61
dihydroergotamine	33
DILANTIN 30 MG	30
diltiazem hcl.....	58
dilt-xr.....	58
DIPENTUM	88
diphenhydramine hcl.....	112
diphenoxylate-atropine	87
dipyridamole	62
diskets	37
disopyramide phosphate....	56
disulfiram	75
DIURIL	58
divalproex	30
DIVIGEL	101
DOCEFREZ.....	19
docetaxel	19
dofetilide	56
donepezil.....	34
DORIBAX	10
dorzolamide.....	110
dorzolamide-timolol.....	110
doxazosin	58
doxepin.....	47
doxercalciferol	84, 85
doxorubicin	19
doxorubicin, peg-liposomal	
.....	19
doxy-100	15
doxycycline hyclate	15
doxycycline monohydrate.	15
dronabinol	88
drospirenone-ethinyl	
estradiol.....	104
DUAVEE	101
DULERA	113
duloxetine.....	47
DUOPA.....	33
duramorph (pf).....	37
DUREZOL	110
dutasteride	116
dutasteride-tamsulosin ...	116
DYSPORT	95
E	
e.e.s. 400	9
E.E.S. GRANULES	9
econazole.....	70
EDURANT	3
effer-k.....	117
EFFIENT.....	62
EGRIFTA.....	92
ELAPRASE	85
electrolyte-48 in d5w	121
ELELYSO.....	85
ELIDEL.....	68
ELIGARD	19
ELIGARD (3 MONTH)....	19
ELIGARD (4 MONTH)....	19
ELIGARD (6 MONTH)....	19
elinest	104
eliphos	117
ELIQUIS	62
ELITEK.....	16
ELIXOPHYLLIN	113
ELLA	104
ELMIRON	116
EMADINE	109
EMCYT.....	19
EMEND	88
emoquette	104
EMPLICITI.....	19
EMSAM.....	47
EMTRIVA	3, 4
enalapril maleate	58
enalapril-hydrochlorothiazide	
.....	58
ENBREL	98
ENBREL SURECLICK....	99
endocet	37
ENGERIX-B (PF).....	95
ENGERIX-B PEDIATRIC	
(PF)	95
enoxaparin.....	62
enpresso.....	104
enskyce.....	104
entacapone.....	33
entecavir	4
ENTRESTO	66
enulose	88
EPCLUSIA.....	4
epinastine	109
epinephrine.....	112
epipen 2-pak.....	112
epipen jr 2-pak	112
epirubicin	19
epitol	30
EPIVIR HBV	4
eplerenone	58
EPOGEN	92
epoprostenol (glycine)	58
eprosartan	58
EPZICOM	4
EQUETRO	30
ERAXIS(WATER	
DILUENT).....	2
ERBITUX	19
ergoloid	47
ERIVEDGE	19
errin	101
ERWINAZE.....	19

ery pads	69	felodipine	58	flurbiprofen sodium	109
erygel.....	69	FEMRING.....	101	flutamide	20
ERYPED 200.....	9	fenofibrate	65	fluticasone	72, 114
ERYPED 400.....	9	fenofibrate micronized 64, 65		fluvastatin.....	65
ery-tab	9	fenofibrate nanocrystallized	65	fluvoxamine	48
ERY-TAB	9	fenofibric acid	65	FML FORTE.....	110
ERYTHROCIN	9	fenofibric acid (choline)....	65	FML S.O.P.....	111
erythrocin (as stearate).....	9	fenoprofen.....	42	FOLOTYN.....	20
erythromycin.....	9, 108	fentanyl	37	fomepizole.....	95
erythromycin ethylsuccinate	9	fentanyl citrate	37	fondaparinux	62
erythromycin with ethanol	69	fentanyl citrate (pf)	37	FORADIL AEROLIZER	114
erythromycin-benzoyl		FENTORA	37, 38	FORTAZ	8
peroxide.....	69	FERRIPROX.....	75	FORTAZ IN DEXTROSE 5 %	8
ESBRIET	113	FETZIMA	48	FORTEO	98
escitalopram oxalate.....	47	finasteride.....	116	fortical	85
esmolol.....	58	FIRAZYR	113	foscarnet.....	4
estarrylla	104	FIRMAGON KIT W DILUENT SYRINGE ...	20	fosinopril	58
ESTRACE.....	101	flavoxate.....	116	hydrochlorothiazide	58
estradiol.....	101	FLEBOGAMMA DIF	95	fosphénytoïn.....	30
estradiol valerate	101	flecainide.....	56	FOSRENOL	75
estradiol-norethindrone acet	101	FLOVENT DISKUS	113	FRAGMIN	63
ESTRING.....	101	FLOVENT HFA	114	FREAMINE HBC 6.9 %.	121
estropipate.....	101	floxin	77	freamine iii 10 %.....	121
ethambutol.....	10	floxuridine	20	furosemide.....	58, 59
ethosuximide	30	fluconazole	2	FUSILEV	16
etidronate disodium.....	75	fluconazole in dextrose(iso-o)	2	FUZEON	4
etodolac	42	fluconazole in nacl (iso-osm)	2	fyavolv	101
ETOPOPHOS	19	flucytosine	2	FYCOMPA	30
etoposide	19	fludarabine	20	G	
EVOTAZ.....	4	fludrocortisone	78	gabapentin	30
exemestane	19	flunisolide	114	GABITRIL	30
EXJADE	75	fluocinolone	72	GABLOFEN	35
EYLEA	109	fluocinolone acetonide oil. 77		galantamine	34
F		fluocinolone and shower cap	72	GAMASTAN S/D.....	95
FABIOR	69	fluocinonide	72	GAMMAGARD LIQUID.	95
FABRAZYME.....	85	fluocinonide-e	72	GAMMAGARD S-D (IGA <	
falmina (28).....	104	fluoritab.....	122	1 MCG/ML)	95
famciclovir	4	fluorometholone	110	GAMMAKED	95
famotidine	91	fluorouracil.....	20, 68	GAMMAPLEX	95
famotidine (pf)	91	FLUOROURACIL.....	68	GAMUNEX-C	95
famotidine (pf)-nacl (iso-os)		fluoxetine	48	ganciclovir sodium	4
.....	91	fluphenazine decanoate	48	GARDASIL (PF)	95
FANAPT	47, 48	fluphenazine hcl	48	GARDASIL 9 (PF)	95
FARESTON	19	flurbiprofen	42	gatifloxacin	108
FARXIGA.....	79			GATTEX 30-VIAL.....	88
FARYDAK	20			GATTEX ONE-VIAL	88
FASLODEX.....	20			GAUZE PAD	79
felbamate.....	30				

gavilyte-c.....	88	granisetron (pf).....	88	HUMIRA PEN PSORIASIS-	
gavilyte-g	88	granisetron hcl.....	88	UVEITIS	99
gavilyte-h and bisacodyl ...	88	GRANIX.....	93	HUMULIN 70/30.....	81
gavilyte-n	88	GRASTEK.....	95	HUMULIN 70/30	
GAZYVA.....	20	griseofulvin microsize.....	2	KWIKPEN	81
GELNIQUE	116	griseofulvin ultramicrosize .	2	HUMULIN N.....	81
gemcitabine.....	20	guanidine.....	48	HUMULIN N KWIKPEN	81
gemfibrozil.....	65	H		HUMULIN R	81
generlac	88	HALAVEN	21	HUMULIN R U-500	
genograf	20	halobetasol propionate	72	(CONC) KWIKPEN	81
GENOTROPIN	93	haloperidol	48	HUMULIN R U-500	
GENOTROPIN		haloperidol decanoate	48	(Concentrated)....	81
MINIQUICK.....	92, 93	haloperidol lactate.....	48	hydralazine.....	59
gentak.....	108	HARVONI	4	hydrochlorothiazide	59
gentamicin.....	11, 70, 108	HAVRIX (PF).....	95	hydrocodone-acetaminophen	
gentamicin in nacl (iso-osm)		heather.....	101	.....	38
.....	10, 11	heparin (porcine).....	63	hydrocodone-ibuprofen....	38
GENTAMICIN IN NACL		heparin (porcine) in 5 % dex	63	hydrocortisone.....	72, 78, 89
(ISO-OSM)	10	.....	63	hydrocortisone butyrate	72
gentamicin sulfate (ped) (pf)		heparin (porcine) in nacl (pf)	63	hydrocortisone valerate....	72
.....	11	.....	63	hydrocortisone-acetic acid	77
gentamicin sulfate (pf)	11	heparin(porcine) in 0.45%		hydrocortisone-min oil-wht	
GENTAMICIN SULFATE		nacl	63	pet.....	72
(PF)	11	HEPARIN(PORCINE) IN		hydromorphone	38
GENVOYA.....	4	0.45% NACL	63	hydromorphone (pf)	38
GEODON.....	48	heparin, porcine (pf).....	63	hydroxychloroquine	11
gianvi (28).....	104	HEPATAMINE 8%	121	hydroxyprogesterone	
gildagia.....	104	HERCEPTIN.....	21	caproate	101
gildess 1.5/30 (21).....	104	HETLIOZ.....	48	hydroxyurea	21
gildess 24 fe	104	HEXALEN.....	21	hydroxyzine hcl.....	112
GILENYA.....	34	HIBERIX (PF).....	95	hydroxyzine pamoate	112
GILOTRIF	20	HIZENTRA.....	95	I	
GLASSIA.....	75	HORIZANT	34	ibandronate.....	98
GLEEVEC	20	HUMALOG	80, 81	IBRANCE	21
GLEOSTINE.....	20	HUMALOG KWIKPEN... 80		ibuprofen	42
glimepiride	79, 80	HUMALOG MIX 50-50 ... 80		ibuprofen-oxycodone	38
glipizide.....	80	HUMALOG MIX 50-50		ibutilide fumarate	56
glipizide-metformin	80	KWIKPEN	80	ICLUSIG.....	21
GLUCAGEN HYPOKIT .. 80		HUMALOG MIX 75-25 .. 80		idarubicin	21
GLUCAGON		HUMALOG MIX 75-25		ifosfamide	21
EMERGENCY KIT		KWIKPEN	80	ifosfamide-mesna	21
(HUMAN).....	80	HUMATROPE.....	93	ILARIS (PF).....	93
glycine.....	116	HUMIRA	99	IMBRUVICA.....	21
glycopyrrolate	87	HUMIRA PEDIATRIC		imipenem-cilastatin	11
GLYSET	80	CROHN'S START	99	imipramine hcl	48
GLYXAMBI	80	HUMIRA PEN.....	99	imipramine pamoate.....	48
GRALISE.....	30	HUMIRA PEN CROHN'S-		imiquimod	68
GRALISE 30-DAY		UC-HS START	99	IMOVAX RABIES	
STARTER PACK	30			VACCINE (PF).....	95

INCRELEX	75	JAKAFI	21, 22	KORLYM	85
INCRUSE ELLIPTA	114	jantoven	63	k-phos-neutral	117
indapamide	59	JANUMET	81	KRYSTEXXA	97
indomethacin sodium	42	JANUMET XR	81	k-tab	117
INFANRIX (DTAP) (PF)	95, 96	JANUVIA	81	kurvelo	104
INLYTA	21	JARDIANCE	81	KUVAN	85
INSULIN PEN NEEDLE	81	jencycla	101	KYNAMRO	65
INSULIN SYRINGE (DISP) U-100	81	JENTADUETO	81	L	
INTELENCE	4	JENTADUETO XR	81	l norgest/e.estradiol-e.estrad	
intralipid	121	JEVTANA	22	.....	104, 105
INTRALIPID	121	jinteli	101	labetalol	59
INTRON A	93	jolessa	104	lactated ringers	73, 117
introvale	104	jolivette	101	lactulose	89
INVANZ	11	juleber	104	lamivudine	4
INVEGA SUSTENNA	48, 49	junel 1.5/30 (21)	104	lamivudine-zidovudine	4
INVEGA TRINZA	49	junel 1/20 (21)	104	lamotrigine	30
INVIRASE	4	junel fe 1.5/30 (28)	104	lansoprazole	91
INVOKAMET	81	junel fe 1/20 (28)	104	LANTUS	82
INVOKANA	81	junel fe 24	104	LANTUS SOLOSTAR	82
IONOSOL-B IN D5W	121	JUXTAPID	65	larin 1.5/30 (21)	105
IONOSOL-MB IN D5W.	121	K		larin 1/20 (21)	105
IOPIDINE	111	KABIVEN	121	larin 24 fe	105
IPOL	96	KADCYLA	22	larin fe 1.5/30 (28)	105
ipratropium bromide	77, 114	kaitlib fe	104	larin fe 1/20 (28)	105
ipratropium-albuterol	114	KALBITOR	114	larissia	105
irbesartan	59	KALETRA	4	latanoprost	110
irbesartan- hydrochlorothiazide	59	KALYDECO	114	LATUDA	49
IRESSA	21	kariva (28)	104	layolis fe	105
irinotecan	21	k-effervescent	117	LAZANDA	38, 39
ISENTRESS	4	kelnor 1/35 (28)	104	leena 28	105
ISOLYTE S PH 7.4	121	KEPIVANCE	16	leflunomide	99
ISOLYTE-P IN 5 % DEXTROSE	121	ketocconazole	2, 70	LENVIMA	22
ISOLYTE-S	121	ketoprofen	42	lessina	105
isoniazid	11	ketorolac	109	LETAIRIS	114
isosorbide dinitrate	66	KEVEYIS	34	letrozole	22
isosorbide mononitrate	66	KEYTRUDA	22	leucovorin calcium	16
isradipine	59	KHEDEZLA	49	LEUKERAN	22
ISTODAX	21	kimidess (28)	104	LEUKINE	93
ISUPREL	66	KINERET	99	leuprolide	22
itraconazole	2	kionex	75	levalbuterol hcl	114
ivermectin	11	kionex (with sorbitol)	75	LEVEMIR	82
IXEMPRA	21	klor-con	117	LEVEMIR FLEXTOUCH	82
IXIARO (PF)	96	klor-con 10	117	levetiracetam	31
J		klor-con 8	117	LEVETIRACETAM IN NACL (ISO-OS)	30, 31
JADENU	75	klor-con m10	117	levobunolol	108
		klor-con m15	117	levocarnitine	75
		klor-con m20	117	levocarnitine (with sugar)	75
		klor-con sprinkle	117	levocetirizine	112
		klor-con/ef	117		

levofloxacin.....	14, 108	lortab 5-325	39	medroxyprogesterone.....	101
levofloxacin in d5w.....	14	lortab 7.5-325	39	mefloquine	11
levoleucovorin calcium.....	16	loryna (28).....	105	megestrol.....	23
LEVOLEUCOVORIN CALCIUM	16	losartan.....	59	MEKINIST	23
levonest (28).....	105	losartan-hydrochlorothiazide	59	meloxicam.....	42
levonorgestrel-ethinyl estrad	105	LOTEMAX	111	melphalan hcl	23
levonorg-eth estrad triphasic	105	lovastatin.....	65	memantine.....	34
levora-28	105	low-ogestrel (28).....	105	MEMANTINE	34
levorphanol tartrate	39	loxapine succinate.....	50	MENACTRA (PF).....	96
levothyroxine	86	LUCENTIS	109	MENEST	101
LEXIVA.....	4	ludent fluoride.....	122	MENHIBRIX (PF).....	96
LIALDA.....	89	LUMIGAN.....	110	MENOMUNE - A/C/Y/W- 135.....	96
lidocaine	70	LUMIZYME	85	MENOMUNE - A/C/Y/W- 135 (PF).....	96
lidocaine (pf).....	56, 69	LUPANETA PACK (1 MONTH).....	102	MENOSTAR.....	101
LIDOCAINE (PF).....	69	LUPANETA PACK (3 MONTH).....	102	MENVEO A-C-Y-W-135- DIP (PF).....	96
lidocaine hcl	69	LUPRON DEPOT.....	22	mercaptopurine	23
lidocaine in 5 % dextrose (pf)	56	LUPRON DEPOT (3 MONTH).....	22	meropenem.....	11
lidocaine viscous	70	LUPRON DEPOT (4 MONTH).....	22	mesalamine	89
lidocaine-prilocaine.....	70	LUPRON DEPOT (6 MONTH).....	22	mesalamine with cleansing wipe.....	89
LINCOCIN	11	LUPRON DEPOT-PED....	22	mesna	16
lincomycin.....	11	LUPRON DEPOT-PED (3 MONTH).....	22	MESNEX	16
lindane.....	73	M		MESTINON	36
linezolid.....	11	magnesium sulfate	117	metadate er	50
linezolid-0.9% sodium chloride	11	MAGNESIUM SULFATE IN D5W	117	metaproterenol	114
LINZESS.....	89	magnesium sulfate in water	117	metformin.....	82
LIORESAL	35	MAKENA	101	methadone	39
liothyronine	86	malathion.....	73	methadone intensol	39
lipodox	22	maprotiline	50	methadose	39
lipodox 50	22	marlissa	105	methamphetamine	50
lisinopril	59	MARPLAN	50	methazolamide	110
lisinopril-hydrochlorothiazide	59	MATULANE	23	methenamine hippurate....	15
lithium carbonate	49	matzim la.....	59	methenamine mandelate....	15
lithium citrate	49	MAXIDEX.....	111	methergine.....	107
LITHOSTAT.....	75	meclizine	89	methimazole	79
lomedia 24 fe.....	105	meclofenamate	42	methocarbamol.....	36
LONSURF	22			methotrexate sodium.....	23
loperamide.....	87			methotrexate sodium (pf) ..	23
lorazepam	49, 50			methoxsalen rapid	68
lorazepam intensol	49			methscopolamine	87
lorcet (hydrocodone).....	39			methyclothiazide	59
lorcet hd	39			methylergonovine	107
lorcet plus.....	39			methylphenidate	50
lortab 10-325	39			methylprednisolone	78
				methylprednisolone acetate	78

methylprednisolone sodium succ	78	morphine (pf)	40	NATPARA	85
methyltestosterone	85	morphine concentrate	40	NEBUPENT	11
metipranolol	108	MOVANTIK	89	necon 0.5/35 (28)	105
metoclopramide hcl	89	MOXEZA	108	necon 1/35 (28)	105
metolazone	59	moxifloxacin	14	necon 1/50 (28)	106
metoprolol succinate	59	MOXIFLOXACIN-SOD.ACE,SUL-WATER	14	necon 10/11 (28)	106
metoprolol ta-hydrochlorothiaz	59	MOZOBIL	93	necon 7/7/7 (28)	106
metoprolol tartrate	59	MULTAQ	56	NEEDLES, INSULIN DISP.,SAFETY	82
metro i.v.	11	multi-vit with fluoride-iron	122	nefazodone	50
metronidazole	11, 69, 102	multivitamin with fluoride	122	neomycin	11
metronidazole in nacl (iso-os)	11	multivitamin with fluoride	122	neomycin-bacitracin-poly-hc	110
mexiletine	56	multi-vitamin with fluoride	122	neomycin-bacitracin-polymyxin	108
MIACALCIN	85	multi-vitamin with fluoride	122	neomycin-polymyxin b gu	73
miconazole-3	102	multivitamins with fluoride	122	neomycin-polymyxin b-dexameth	110
microgestin 1.5/30 (21)	105	mupirocin	70	neomycin-polymyxin-gramicidin	108
microgestin 1/20 (21)	105	MUSTARGEN	23	neomycin-polymyxin-hc	77, 110
microgestin fe 1.5/30 (28)	105	mvc-fluoride	122	neo-polycin	108
microgestin fe 1/20 (28)	105	MYALEPT	85	neo-polycin hc	110
midodrine	75	MYCAMINE	2	neostigmine methylsulfate	36
migergot	33	mycophenolate mofetil	23	NEPHRAMINE 5.4 %	121
miglitol	82	mycophenolate sodium	23	NEULASTA	93
MIGRANAL	33	MYOBLOC	96	NEUPOGEN	93
mimvey	102	myorisan	69	NEUPRO	33
mimvey lo	101	MYOZYME	85	nevirapine	5
minocycline	15	MYRBETRIQ	116	NEXAVAR	23
minoxidil	59	myzilra	105	niacin	65
mirtazapine	50	N		nicardipine	60
misoprostol	91	nabumetone	43	NICOTROL	76
mitomycin	23	nadolol	59	NICOTROL NS	77
mitoxantrone	23	nadolol-bendroflumethiazide	60	nifedical xl	60
M-M-R II (PF)	96	nafcillin	13	nifedipine	60
modafinil	50	nafcillin in dextrose iso-osm	13	nikki (28)	106
moderiba	4	NAGLAZYME	85	NILANDRON	23
moderiba dose pack	4	nalbuphine	43	nilutamide	23
moexipril	59	naloxone	43	nimodipine	60
moexipril-hydrochlorothiazide	59	naltrexone	43	NINLARO	23
molindone	50	naproxen	43	NIPENT	23
mometasone	72	naproxen sodium	43	nitro-bid	66
monodoxine nl	15	naratriptan	33	NITRO-DUR	66
mono-linyah	105	NATACYN	108	nitrofurantoin macrocrystal	15
mononessa (28)	105	nateglinide	82	nitrofurantoin monohyd/m-cryst	15
montelukast	114			nitroglycerin	66, 67
MONUROL	15				
morgodox	15				
morpheine	40				

NITROSTAT	67
nizatidine.....	91
nora-be	102
NORDITROPIN FLEXPRO	93
noreth-ethinyl estradiol-iron	106
norethindrone (contraceptive)	102
norethindrone acetate	102
norethindrone ac-eth estradiol	102, 106
norethindrone-e.estradiol-iron	106
norgestimate-ethinyl estradiol	106
norlyroc	102
NORMOSOL-M IN 5 % DEXTROSE.....	121
NORMOSOL-R	118
NORMOSOL-R IN 5 % DEXTROSE.....	118
NORMOSOL-R PH 7.4..	121
NORTHERA.....	75
nortrel 0.5/35 (28)	106
nortrel 1/35 (21)	106
nortrel 1/35 (28)	106
nortrel 7/7/7 (28)	106
nortriptyline.....	50
NORVIR	5
NOVOLIN 70/30	82
NOVOLIN N	82
NOVOLIN R.....	82
NOVOLOG	83
NOVOLOG FLEXPEN ...	82
NOVOLOG MIX 70-30....	83
NOVOLOG MIX 70-30 FLEXPEN	82
NOVOLOG PENFILL.....	83
NOXAFIL	2
NPLATE	63
NUCALA	114
NUEDEXTA.....	35
NULOJIX.....	23
NUPLAZID.....	51
NUTROPIN AQ.....	93
NUTROPIN AQ NUSPIN	93
NUVARING	102
NUVIGIL	51
nyamyc	70
nystatin	2, 70
nystatin-triamcinolone	70, 71
nystop	71
O	
OCALIVA.....	89
ocella	106
OCTAGAM	96
octreotide acetate	23, 24
ODEFSEY.....	5
ODOMZO	24
OFEV	114
ofloxacin	14, 77, 108
ogestrel (28)	106
olanzapine	51
olanzapine-fluoxetine.....	51
omega-3 acid ethyl esters..	65
omeprazole	91
OMNITROPE	93
ONCASPAR	24
ondansetron	89
ondansetron hcl	89
ondansetron hcl (pf)	89
ONFI	31
ONMEL	3
OPANA ER.....	41
OPDIVO	24
OPSUMIT	114
ORALAIR.....	96
oralone.....	77
ORBACTIV	11
ORENCIA.....	99
ORENCIA (WITH MALTOSE)	99
ORENCIA CLICKJECT	99
ORFADIN	75
ORKAMBI	114
orphenadrine citrate	36
orsythia.....	106
OTEZLA	99
OTEZLA STARTER	99
OTREXUP (PF)	99
oxacillin.....	13
oxacillin in dextrose(iso-osm)	13
oxaliplatin	24
oxandrolone.....	85
oxazepam	51
oxcarbazepine	31
OXSORALEN	68
oxybutynin chloride	116
oxycodone	41
OXYCODONE	41
oxycodone-acetaminophen	41
oxycodone-aspirin.....	41
oxymorphone	41
oxytocin.....	107
P	
pacerone	56
paclitaxel	24
paliperidone	51
pamidronate	85
PANCREAZE	89
PANRETIN	68
pantoprazole	91
paregoric	87
paricalcitol.....	85
PARICALCITOL	85
paroex oral rinse.....	77
paromomycin	12
paroxetine hcl	51, 52
PASER	12
PAXIL	52
PCE	9
PEDIARIX (PF)	96
PEDVAX HIB (PF)	96
peg 3350-electrolytes	89
PEGANONE	31
peg-electrolyte soln	89
PEGINTRON	93
PEGINTRON REDIPEN ..	93
peg-prep	89
PENICILLIN G POT IN DEXTROSE	13
penicillin g potassium	13
penicillin g procaine	14
penicillin g sodium	14
penicillin v potassium	14
PENTACEL ACTHIB COMPONENT (PF)	96
PENTAM	12
PENTASA	90
pentoxifylline	63
PERFOROMIST	114
PERIKABIVEN	121
perindopril erbumine	60
periogard	77
PERJETA	24

permethrin	73
perphenazine	52
perphenazine-amitriptyline	52
PERTZYE	90
pfizerpen-g	14
phenadoz	112
phenelzine	52
phenergan	112
phenobarbital.....	31
phenobarbital sodium.....	31
phenoxybenzamine	60
phenytoin.....	31, 32
phenytoin sodium.....	32
phenytoin sodium extended	32
philith	106
PHOSLYRA	118
phospha 250 neutral	118
PHOSPHOLINE IODIDE	109
PHYSIOLYTE.....	73
PHYSIOSOL IRRIGATION	73
PICATO	68
pilocarpine hcl.....	75, 109
pimozide.....	52
pimtree (28).....	106
pindolol	60
pioglitazone	83
pioglitazone-glimepiride ...	83
pioglitazone-metformin....	83
piperacillin-tazobactam....	14
pirmella	106
piroxicam	43
PLASMA-LYTE 148.....	121
PLASMA-LYTE A	121
PLASMA-LYTE-56 IN 5 % DEXTROSE.....	121
PLEGRIDY	93
podofilox	68
polycin.....	108
polyethylene glycol 3350..	90
polymyxin b sulfate.....	12
polymyxin b sulf- trimethoprim	108
POMALYST	24
portia	106
PORTRAZZA	24
potassium acetate	118
potassium bicarb and chloride	118
potassium bicarb-citric acid	118
potassium chlorid-d5- 0.45%nacl.....	118
potassium chloride	118
potassium chloride in 0.9%nacl.....	118
potassium chloride in lr-d5	118
potassium chloride-0.45 % nacl.....	118
potassium chloride-d5- 0.2%nacl.....	118
potassium chloride-d5- 0.3%nacl.....	119
potassium chloride-d5- 0.9%nacl.....	119
potassium citrate	117
potassium citrate-citric acid	117
potassium phosphate m-d- basic	119
POTIGA	32
PRADAXA	63, 64
PRALUENT PEN	65
PRALUENT SYRINGE ..	65
pramipexole.....	33
pravastatin	65
prazosin	60
PRED MILD	111
PRED-G	110
PRED-G S.O.P.....	110
prednicarbate	73
prednisolone	78
prednisolone acetate.....	111
prednisolone sodium phosphate	78, 111
prednisone	78
prednisone intensol	78
PREMARIN	102
premasol 10 %.....	121
PREMASOL 6 %.....	121
PREMPHASE	102
PREMPRO	102
prenatal vitamin oral tablet	122
prevalite.....	65
previfem	106
PREZCOBIX	5
PREZISTA	5
PRIALT	43
PRIFTIN	12
PRIMAQUINE	12
primidone	32
PRISTIQ	52
PRIVIGEN	96
probenecid	97
procainamide	56
PROCALAMINE 3%	122
prochlorperazine	90
prochlorperazine edisylate	90
prochlorperazine maleate ..	90
PROCRIPT	93, 94
procto-med hc	90
procto-pak	90
proctosol hc	90
proctozone-hc	90
progesterone micronized.	102
PROGLYCEM	83
PROGRAF	24
PROLASTIN-C	75
PROLEUKIN	94
PROLIA	98
PROMACTA	64
promethazine	112
promethazine vc	112
promethazine-phenylephrine	112
promethegan	112
propafenone	56
propantheline	87
propranolol	60
propranolol- hydrochlorothiazid	60
propylthiouracil	79
PROQUAD (PF)	96
PROSOL 20 %.....	122
PROTONIX	91
protriptyline	52
PULMOZYME	115
PURIXAN	24
pyrazinamide	12
pyridostigmine bromide	36

Q	RIFATER.....	12	SILENOR.....	54
QUADRACEL (PF).....	96	silver sulfadiazine	67	
quasense	106	SIMBRINZA.....	110	
quetiapine.....	52	SIMPONI.....	100	
quinapril.....	60	SIMPONI ARIA	100	
quinapril-hydrochlorothiazide	60	SIMULECT.....	25	
quinidine gluconate.....	56	simvastatin	66	
quinidine sulfate.....	57	sirolimus.....	25	
quinine sulfate.....	12	SIRTURO	12	
R	RITUXAN.....	24	SIVEXTRO.....	12
RABAVERT (PF).....	96	SMOFLIPID	122	
RAGWITEK	96	sodium acetate.....	119	
raloxifene	98	sodium bicarbonate	119	
ramipril.....	60	sodium chloride.....	76, 119	
RANEXA.....	66	sodium chloride 0.45 % ..	119	
ranitidine hcl	92	sodium chloride 0.9 % ..	76	
RAPAMUNE	24	sodium chloride 3 % ..	119	
RASUVO (PF).....	99, 100	sodium chloride 5 % ..	119	
RAVICTI	75	sodium fluoride	122	
REBETOL.....	5	sodium lactate	119	
reclipsen (28)	106	sodium phenylbutyrate.....	76	
RECOMBIVAX HB (PF). 96		sodium polystyrene (sorb		
regonol	36	free)	76	
REGRANEX.....	68	sodium polystyrene sulfonate	76	
RELENZA DISKHALER.. 5		SODIUM POLYSTYRENE SULFONATE	76	
RELISTOR	90	SOLTAMOX	25	
REMICADE.....	90	SOLU-CORTEF	79	
REMODULIN.....	60	SOLU-CORTEF (PF)	79	
RENVELA.....	75	SOLU-MEDROL	79	
repaglinide.....	83	SOLU-MEDROL (PF).....	79	
REPATHA PUSHTRONEX	65	SOMATULINE DEPOT	25	
REPATHA SURECLICK. 65		SOMAVERT.....	85	
REPATHA SYRINGE..... 66		sorine.....	57	
RESCRIPTOR	5	sotalol.....	57	
reserpine.....	60	sotalol af.....	57	
RESTASIS	109	SOVALDI	5	
RETROVIR.....	5	SPIRIVA RESPIMAT	115	
REVATIO	115	SPIRIVA WITH		
REVLIMID	24	HANDIHALER	115	
REXULTI	52	spironolactone	60	
REYATAZ.....	5	spironolacton-		
ribasphere	5	hydrochlorothiaz	60	
ribavirin.....	5	sprintec (28)	106	
RIDAURA	100	SPRITAM	32	
rifabutin.....	12	SPRYCEL	25	
RIFAMATE	12	sps (with sorbitol)	76	
rifampin.....	12	sronyx.....	106	

ssd	68	TAGRISSO	26	THERACYS	97
stavudine	5	TALTZ AUTOINJECTOR	67	thermazene	68
STELARA.....	67	TALTZ AUTOINJECTOR (2	PACK).....	76	
STIOLTO RESPIMAT ...	115	PACK).....	67	THIOLA.....	54
STIVARGA	25	TALTZ AUTOINJECTOR (3	PACK).....	26	
STRATTERA	54	TALTZ SYRINGE.....	67	thiotorphine.....	54
STRENSIQ	86	TALTZ SYRINGE (2	PACK).....	32	
STREPTOMYCIN	12	TALTZ SYRINGE (3	PACK).....	97	
STRIANT.....	86	TAMIFLU.....	6	ticlopidine	64
STRIBILD.....	5	tamoxifen	26	TIKOSYN	57
STRIVERDI RESPIMAT	115	tamsulosin	116	timolol maleate.....	61, 109
SUBOXONE.....	43	TARCEVA.....	26	tinidazole	12
SUBSYS	41	TARGRETIN.....	26	tis-u-sol pentalyte.....	73
SUCRAID	90	tarina fe 1/20 (28).....	106	TIVICAY	6
sucralfate	92	TASIGNA	26	tizanidine	36
sulfacetamide sodium.....	111	TAZORAC.....	69	TOBI PODHALER	12
sulfacetamide sodium (acne)		taztia xt.....	60	TOBRADEX	110
.....	70	TECENTRIQ	26	tobramycin	108
sulfacetamide-prednisolone		TECFIDERA.....	35	tobramycin in 0.225 % nacl	
.....	111	TECHNIVIE	6	.....	12
sulfadiazine	15	TEFLARO.....	8	tobramycin sulfate.....	12
sulfamethoxazole-		TEKTURNA	60	tobramycin-dexamethasone	
trimethoprim	15	TEKTURNA HCT	60	.....	110
sulfasalazine.....	90	telmisartan.....	60	TOBREX.....	108
sulindac	43	telmisartan-amlodipine	60	tolazamide	83
sumatriptan.....	34	telmisartan-.....		tolbutamide	83
sumatriptan succinate.....	34	hydrochlorothiazid	60	tolmetin	43
SUPPRELIN LA.....	25	TEMODAR.....	26	tolterodine	116
SUPRAX.....	8	TENIVAC (PF).....	97	topiramate	32
SUPREP BOWEL PREP		terazosin	60	toposar	27
KIT	90	terbinafine hcl	3	topotecan	27
SUSTIVA.....	6	terbutaline	115	TORISEL	27
SUTENT	25, 26	terconazole	102	torsemide	61
syeda	106	TESTIM	86	TOUJEO SOLOSTAR	83
SYLATRON	94	TESTOPEL	86	TPN ELECTROLYTES..	119
SYLVANT	26	TESTOSTERONE	86	TRACLEER	115
SYMLINPEN 120.....	83	testosterone cypionate	86	TRADJENTA	83
SYMLINPEN 60.....	83	testosterone enanthate	86	tramadol	43
SYNAGIS	6	TETANUS,DIPHTHERIA		tramadol-acetaminophen...	43
SYNAREL	86	TOX PED(PF).....	97	trandolapril	61
SYNERCID.....	12	TETANUS-DIPHTHERIA		tranexamic acid	64, 102
SYNJARDY	83	TOXOIDS-TD	97	TRANSDERM-SCOP.....	90
SYNRIBO	26	tetrabenazine	35	tranylcypromine	54
SYNTHROID	86	tetracycline	15	travasol 10 %.....	122
SYPRINE	76	THALOMID	26	TRAVATAR Z	110
T		theophylline.....	115	travoprost (benzalkonium)	
TABLOID	26			.....	110
tacrolimus.....	26, 68			trazodone	54
TAFINLAR.....	26				

TREANDA	27
TRECATOR	12
TRELSTAR	27
TRELSTAR DEPOT	27
TRELSTAR LA	27
TRESIBA FLEXTOUCH U- 100.....	83
TRESIBA FLEXTOUCH U- 200.....	83
tretinoin	69
tretinoin (chemotherapy)...	27
triamicinolone acetonide... 73, 77, 79	
triamterene- hydrochlorothiazid	61
triderm.....	73
tri-estarrylla	106
trifluoperazine	54
trifluridine	108
trihexyphenidyl	33
tri-legest fe	106
tri-linyah.....	106
tri-lo-estarrylla.....	107
tri-lo-marzia	107
tri-lo-sprintec.....	107
trilyte with flavor packets .	90
trimethoprim	15
trimipramine.....	54
trinessa (28).....	107
trinessa lo	107
TRINTELLIX	54, 55
tri-previfem (28).....	107
TRISENOX.....	27
tri-sprintec (28)	107
TRIUMEQ	6
tri-vit with fluoride and iron	122
tri-vitamin with fluoride..	122
trivora (28)	107
TROPHAMINE 10 %....	122
TROPHAMINE 6%.....	122
trospium	116
TRULICITY	83
TRUMENBA	97
TRUVADA	6
TWINRIX (PF)	97
TYBOST	6
TYGACIL	12
TYKERB.....	27
TYPHIM VI	97
TYSABRI	35
TYVASO	115
TYVASO INSTITUTIONAL START KIT	115
TYVASO REFILL KIT ..	115
TYVASO STARTER KIT	115
TYZEKA.....	6
TYZINE	77
U	
UCERIS	90
ULORIC.....	98
unithroid.....	86
UNITUXIN.....	27
UPTRAVI	61
ursodiol	90
UVADEX.....	68
V	
VAGIFEM	102
valacyclovir.....	6
VALCHLOR.....	68
VALCYTE	6
valganciclovir.....	6
valproate sodium.....	32
valproic acid.....	32
valproic acid (as sodium salt)	32
valsartan	61
valsartan-hydrochlorothiazide	61
VALSTAR	27
vancomycin	16
VANCOMYCIN IN 0.9% SODIUM CL.....	16
VANCOMYCIN IN DEXTROSE 5 %	16
vandazole	102
VANTAS	27
VAQTA (PF)	97
VARIVAX (PF)	97
VASCEPA	66
VECAMYL.....	66
VECTIBIX	27
VELCADE	27
veletri	61
velvet triphasic regimen (28)	107
VELTASSA	76
VENCLEXTA.....	27
VENCLEXTA STARTING PACK.....	27
venlafaxine.....	55
VENTAVIS.....	115
VENTOLIN HFA	115
VERAMYST.....	115
verapamil.....	61
VERSACLOZ	55
VESICARE	116
vestura (28)	107
VEXOL	111
VIBERZI	90
VIBRAMYCIN.....	15
vicodin.....	42
vicodin es	42
vicodin hp.....	42
VICTOZA 2-PAK.....	84
VICTOZA 3-PAK.....	84
VIDEX 2 GRAM PEDIATRIC.....	6
VIDEX 4 GRAM PEDIATRIC.....	6
vienna	107
VIGAMOX	108
VIIBRYD	55
VIMPAT	32
vinblastine	28
vincasar pfs	28
vincristine.....	28
vinorelbine	28
VIOKACE	90
viorele (28)	107
VIRACEPT	6
VIRAZOLE	6
VIREAD	6
virt-phos 250 neutral	119
vitamins a,c,d and fluoride	122
VITEKTA	6
VOLTAREN GEL	43
voriconazole	3
VOTRIENT	28
VPRIV	86
VRAYLAR	55
vyfemla (28)	107
VYTORIN 10-10	66
VYTORIN 10-20	66
VYTORIN 10-40	66

VYTORIN 10-80	66
W	
warfarin	64
water for irrigation, sterile	76
WELCHOL	66
wera (28)	107
wymzya fe	107
X	
XALKORI.....	28
XARELTO	64
XELJANZ	100
XELJANZ XR	100
XEOMIN.....	97
XGEVA.....	16
XIFAXAN.....	12
XIGDUO XR	84
XOLAIR	115
XOPENEX HFA	116
XTANDI	28
xulane	102
XYREM	55
Y	
YERVOY	28
YF-VAX (PF)	97
YONDELIS.....	28
Z	
zafirlukast.....	116
zaleplon	55
ZALTRAP.....	28
ZANOSAR.....	28
zarah	107
ZARXIO	94
ZAVESCA	86
ZELAPAR.....	33
ZELBORA <small>F</small>	28
ZEMAIRA	76
ZEMPLAR	86
zenatane	69
zenchent (28).....	107
zenchent fe	107
ZENPEP	91
zenzedi	55
ZERBAXA.....	8
ZETIA	66
ZIAGEN	6
zidovudine	7
ZINBRYTA	35
ZINECARD (AS HCL)....	16
ZIOPTAN (PF)	110
ziprasidone hcl	55, 56
ZIRGAN	108
ZOLADEX	28
zoledronic acid	86
zoledronic acid-mannitol-water	76
ZOLEDRONIC ACID-MANNITOL-WATER..	76
ZOLINZA	28
zolmitriptan	34
zolpidem	56
ZOMACTON	94
ZOMETA	86
zonisamide	32
ZONTIVITY	64
ZORBTIVE	94
ZORTRESS	28
ZOSTAVAX (PF)	97
ZOSYN IN DEXTROSE (ISO-OSM)	14
zovia 1/35e (28)	107
zovia 1/50e (28)	107
ZUBSOLV	43
ZURAMPIC	98
ZYDELIG	28
ZYKADIA	28
ZYLET	110
ZYPREXA RELPREVV ..	56
ZYTIGA	28

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