



| Choice Plan |

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

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

Formulary ID Number: 20118, Version 13

This formulary was updated on 11/24/2020. For more recent information or other questions, please contact **Express Scripts Medicare®** (PDP) Customer Service at **1.800.758.4574**; New York State residents: **1.800.758.4570** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit **express-scripts.com**.

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of November 24, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

What is the Express Scripts Medicare Formulary?

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

Can the formulary (drug list) change?

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

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

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

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

The enclosed formulary is current as of November 24, 2020. To get updated information about the drugs covered by Express Scripts Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are additional changes made to the formulary that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time from when the changes are made.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 83. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Express Scripts Medicare covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

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

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

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

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

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the Express Scripts Medicare Formulary?

You can ask Express Scripts Medicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

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

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

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

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

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

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

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

For more information

For more detailed information about your Express Scripts Medicare prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Express Scripts Medicare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Express Scripts Medicare's Formulary

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

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

The information in the Requirements/Limits column tells you if Express Scripts Medicare has any special requirements for coverage of your drug.

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

GC: Gap Coverage. We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Service at **1.800.758.4574** (New York State residents: **1.800.758.4570**), 24 hours a day, 7 days a week. TTY users, call **1.800.716.3231**.

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

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

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

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

Your costs

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

- **Your coverage stage.** Express Scripts Medicare has different stages of coverage. In each stage, the amount you pay for a drug may change.

- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different copayment or coinsurance amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

The *Evidence of Coverage* has more information about the plan’s coverage stages and lists the copayment and coinsurance amounts for each tier.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your copayments and coinsurance may be lower. Please refer to the “*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider)*” to find out what your costs are or you may contact Customer Service for more information.

Drug Tiers

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

Key

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

<p>B/D PA: Part B or Part D Prior Authorization GC: Gap Coverage LA: Limited Availability MO: Mail-Order Drug PA: Prior Authorization QL: Quantity Limit ST: Step Therapy</p>
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Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	2	MO; GC
CRESEMBA INTRAVENOUS	5	PA
CRESEMBA ORAL	5	MO
<i>fluconazole</i>	2	MO; GC
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	PA; MO; GC
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	PA; GC
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO; GC
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	3	MO
<i>ketoconazole oral</i>	2	MO; GC

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir oral tablet 125 mg, 250 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	MO; GC; QL (21 per 30 days)
<i>fosamprenavir</i>	5	MO; QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QL (60 per 30 days)
<i>ganciclovir sodium</i>	2	B/D PA; MO; GC
GENVOYA	5	MO; QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO
HARVONI ORAL TABLET 45-200 MG	5	PA; MO
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	3	MO; QL (180 per 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
LEXIVA ORAL SUSPENSION	3	MO; QL (1680 per 30 days)
<i>lopinavir-ritonavir</i>	5	MO
MAVYRET	5	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	2	GC; QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	MO; GC; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	3	MO; QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO; QL (450 per 30 days)
ODEFSEY	5	MO; QL (30 per 30 days)
<i>oseltamivir oral capsule 30 mg</i>	3	MO; QL (168 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	3	MO; QL (84 per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	3	MO; QL (1080 per 365 days)
PIFELTRO	4	MO
PREVYMIS INTRAVENOUS	5	

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	4	MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	3	MO; QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	5	MO; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	MO; QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	5	MO; QL (30 per 30 days)
RELENZA DISKHALER	3	MO; QL (60 per 180 days)
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO; QL (240 per 30 days)
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	2	MO; GC
<i>ritonavir</i>	3	MO; QL (360 per 30 days)
RUKOBIA	4	MO
SELZENTRY ORAL SOLUTION	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL TABLET 150 MG, 75 MG	5	MO; QL (60 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	MO; QL (120 per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	MO; QL (120 per 30 days)
<i>stavudine oral capsule</i>	2	MO; GC; QL (60 per 30 days)
STRIBILD	5	MO; QL (30 per 30 days)
SYMFI	4	MO
SYMFI LO	4	MO; QL (30 per 30 days)
SYMTUZA	4	MO
SYNAGIS	5	MO; LA
TEMIXYS	4	MO
<i>tenofovir disoproxil fumarate</i>	3	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QL (60 per 30 days)
TIVICAY PD	5	MO; QL (180 per 30 days)
TRIUMEQ	5	MO; QL (30 per 30 days)
TROGARZO	5	MO; LA
TRUVADA	5	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir oral tablet 1 gram</i>	2	MO; GC; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET 250 MG	4	MO; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	4	MO; QL (120 per 30 days)
VIREAD ORAL POWDER	5	MO; QL (225 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO; QL (30 per 30 days)
<i>zidovudine oral capsule</i>	2	MO; GC; QL (180 per 30 days)
<i>zidovudine oral syrup</i>	2	MO; GC; QL (1800 per 30 days)
<i>zidovudine oral tablet</i>	2	MO; GC; QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO; GC
<i>cefadroxil oral capsule</i>	2	MO; GC
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO; GC
<i>cefadroxil oral tablet</i>	2	MO; GC

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral suspension for reconstitution</i>	2	MO; GC
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
<i>tazicef injection recon soln 1 gram</i>	2	GC
<i>tazicef injection recon soln 2 gram, 6 gram</i>	2	MO; GC
<i>tazicef intravenous</i>	2	GC
TEFLARO	4	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	2	MO; GC
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO; GC
<i>azithromycin oral tablet</i>	2	MO; GC
<i>clarithromycin</i>	2	MO; GC
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO; QL (120 per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	5	MO; QL (360 per 30 days)
ALINIA ORAL TABLET	5	MO; QL (14 per 30 days)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	MO; GC
ARIKAYCE	5	PA; MO; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	3	MO
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	MO; GC
<i>aztreonam</i>	2	MO; GC
BENZNIDAZOLE	3	MO
CAPASTAT	4	
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sodium succinate</i>	2	GC
<i>chloroquine phosphate</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl</i>	2	MO; GC
CLINDAMYCIN IN 0.9 % SOD CHLOR	2	GC
<i>clindamycin in 5 % dextrose</i>	2	MO; GC
<i>clindamycin pediatric</i>	2	MO; GC
<i>clindamycin phosphate injection</i>	2	MO; GC
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	MO; GC
COARTEM	3	MO; QL (24 per 30 days)
<i>colistin (colistimethate na)</i>	4	MO
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	PA; MO
EMVERM	5	MO
<i>ethambutol</i>	2	MO; GC
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO; GC
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	2	GC
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	GC
<i>gentamicin injection solution 40 mg/ml</i>	2	MO; GC
<i>gentamicin sulfate (ped) (pf)</i>	2	MO; GC
<i>hydroxychloroquine</i>	2	MO; GC
<i>imipenem-cilastatin</i>	2	MO; GC
IMPAVIDO	5	PA; MO
<i>isoniazid oral</i>	2	MO; GC
<i>ivermectin oral</i>	2	MO; GC
<i>linezolid in dextrose 5%</i>	5	
<i>linezolid oral suspension for reconstitution</i>	5	MO; QL (1800 per 30 days)
<i>linezolid oral tablet</i>	4	MO; QL (60 per 30 days)
<i>linezolid-0.9% sodium chloride</i>	5	
<i>mefloquine</i>	2	MO; GC
<i>meropenem</i>	4	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	4	
<i>metro i.v.</i>	2	MO; GC
<i>metronidazole in nacl (iso-os)</i>	2	MO; GC
<i>metronidazole oral tablet</i>	2	MO; GC
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO; GC
<i>paromomycin</i>	4	MO
PASER	3	MO
PENTAM	4	MO
<i>pentamidine inhalation</i>	3	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	3	MO
<i>praziquantel</i>	3	MO
PRIFTIN	3	MO
<i>primaquine</i>	3	MO
<i>pyrazinamide</i>	2	MO; GC
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	2	PA; MO; GC; QL (42 per 30 days)
<i>rifabutin</i>	4	MO
<i>rifampin</i>	2	MO; GC
SIRTURO ORAL TABLET 100 MG	5	PA; MO; LA
SIRTURO ORAL TABLET 20 MG	5	PA; LA
STREPTOMYCIN	3	MO
SYNERCID	5	
<i>tigecycline</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	GC
<i>tobramycin sulfate injection solution</i>	2	MO; GC
TRECTOR	3	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	4	MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4	
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg, 5 gram</i>	2	MO; GC
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	2	MO; GC
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin intravenous recon soln 10 gram, 500 mg, 750 mg</i>	4	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	4	
<i>vancomycin oral capsule 125 mg</i>	3	MO; QL (120 per 30 days)
<i>vancomycin oral capsule 250 mg</i>	5	MO; QL (240 per 30 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	
XIFAXAN ORAL TABLET 200 MG	4	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO; GC
<i>amoxicillin oral suspension for reconstitution</i>	2	MO; GC
<i>amoxicillin oral tablet</i>	2	MO; GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO; GC
<i>amoxicillin-pot clavulanate</i>	2	MO; GC
<i>ampicillin oral capsule 500 mg</i>	2	MO; GC
<i>ampicillin sodium injection</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium intravenous</i>	2	GC
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO; GC
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	GC
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	GC
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	MO; GC
BICILLIN L-A	4	MO
<i>dicloxacillin</i>	2	MO; GC
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</i>	4	MO
<i>penicillin g potassium</i>	4	MO
<i>penicillin g procaine</i>	2	MO; GC
<i>penicillin g sodium</i>	2	MO; GC
<i>penicillin v potassium</i>	2	MO; GC
<i>pfizerpen-g</i>	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	3	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	MO
<i>doxycycline hyclate oral tablet 50 mg</i>	2	MO; GC
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	4	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet</i>	3	MO
<i>minocycline oral capsule</i>	2	MO; GC
<i>mondoxylene nl oral capsule 100 mg, 75 mg</i>	4	MO
<i>morgidox oral capsule 100 mg</i>	2	MO; GC
<i>morgidox oral capsule 50 mg</i>	3	MO
<i>tetracycline</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	MO; GC
<i>methenamine mandelate</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	2	MO; GC
<i>nitrofurantoin monohydlm-cryst</i>	4	MO
<i>trimethoprim</i>	2	MO; GC

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

KEPIVANCE	5	MO
KHAPZORY	4	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO; GC
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA; GC
<i>leucovorin calcium oral</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	3	B/D PA
<i>levoleucovorin calcium intravenous solution</i>	4	B/D PA
<i>mesna</i>	2	B/D PA; MO; GC
MESNEX ORAL	5	MO
VISTOGARD	5	MO

Drug Name	Drug Tier	Requirements/Limits
XGEVA	5	B/D PA; MO; QL (1.7 per 28 days)

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone</i>	4	PA; MO; QL (120 per 30 days)
ABRAXANE	5	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	3	B/D PA; MO
<i>adriamycin intravenous solution</i>	2	B/D PA; GC
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA; GC
AFINITOR	5	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; MO; QL (150 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	5	PA; MO; QL (90 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	5	PA; MO; QL (60 per 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
BAVENCIO	5	B/D PA; MO; LA
BELEODAQ	5	B/D PA; MO
BENDEKA	4	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	3	MO
<i>bleomycin</i>	2	B/D PA; MO; GC
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO
BORTEZOMIB	4	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA; MO; LA; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	4	PA; MO; LA
<i>busulfan</i>	5	B/D PA
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA; MO; LA; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA; MO; LA; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO; GC
<i>carmustine</i>	3	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO; GC
<i>cladribine</i>	4	B/D PA; MO
<i>clofarabine</i>	3	B/D PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; MO; LA; QL (60 per 30 days)
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO; GC

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPH AMIDE INTRAVENOUS SOLUTION	2	B/D PA; MO; GC
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	3	B/D PA; MO
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO; GC
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO; GC
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA; GC
<i>dacarbazine</i>	2	B/D PA; MO; GC
<i>dactinomycin</i>	3	B/D PA
DARZALEX	3	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA; GC
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	3	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	B/D PA; MO
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO; GC
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO; GC
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
ELLENCÉ	4	B/D PA; MO
EMCYT	4	MO
EMPLICITI	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	2	B/D PA; MO; GC
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	4	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINAZE	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO; GC
<i>everolimus (antineoplastic)</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg</i>	5	B/D PA; MO; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	5	B/D PA; MO; QL (120 per 30 days)
<i>exemestane</i>	3	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE	4	B/D PA; MO
<i>floxuridine</i>	4	B/D PA
<i>fludarabine intravenous recon soln</i>	3	B/D PA; MO
<i>fludarabine intravenous solution</i>	3	B/D PA
<i>fluorouracil intravenous</i>	2	B/D PA; MO; GC
<i>flutamide</i>	2	MO; GC
FOLOTYN	5	B/D PA; MO
<i>fulvestrant</i>	5	B/D PA; MO
GAVRETO	4	PA; MO; LA; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
GAZYVA	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	3	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	3	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	3	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	3	B/D PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D PA; MO
<i>gengraf oral solution</i>	4	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	MO
HALAVEN	3	B/D PA; MO
HERCEPTIN HYLECTA	5	B/D PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO; GC
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO; GC
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO; GC
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA; GC
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
IMFINZI	4	B/D PA; MO; LA
INFUGEM	4	B/D PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	4	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	4	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	4	B/D PA
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEVTANA	4	B/D PA; MO
KADCYLA	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; MO; QL (49 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KYPROLIS	5	B/D PA; MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	2	MO; GC
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	MO
LIBTAYO	5	PA; MO; LA
LONSURF ORAL TABLET 15-6.14 MG	5	PA; MO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; MO; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMOXITI	4	PA; MO; LA
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	5	MO
MARQIBO	5	B/D PA; MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	4	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	3	B/D PA; MO
<i>melphalan hcl</i>	3	B/D PA
<i>mercaptopurine</i>	2	MO; GC
<i>methotrexate sodium</i>	2	B/D PA; MO; GC
<i>methotrexate sodium (pf) injection recon soln</i>	3	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO; GC
<i>mitomycin intravenous</i>	4	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil (hcl)</i>	3	B/D PA
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYLOTARG	4	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	5	MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NIPENT	4	B/D PA; MO
NUBEQA	4	PA; MO; LA
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	3	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OGIVRI	5	B/D PA; MO
ONCASPAR	5	B/D PA; MO
ONIVYDE	5	B/D PA; MO
ONTRUZANT	5	B/D PA; MO
OPDIVO	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	4	B/D PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	4	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	4	B/D PA
<i>paclitaxel</i>	2	B/D PA; MO; GC
PADCEV	4	PA; MO
PEMAZYRE	4	PA; MO; LA; QL (14 per 21 days)
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA; QL (21 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PORTRAZZA	4	B/D PA; MO
POTELIGEO	5	PA; MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	5	
QINLOCK	4	PA; MO; LA
RETEVMO	4	PA; MO; LA
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
RITUXAN HYCELA	4	PA; MO
ROMIDEPSIN INTRAVENOUS SOLUTION	4	B/D PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RYDAPT	5	PA; MO; QL (240 per 30 days)
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SARCLISA	4	PA; MO; LA
SIGNIFOR	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg</i>	2	B/D PA; MO; GC
<i>sirolimus oral tablet 1 mg</i>	3	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYLVANT	5	B/D PA; MO
SYNRIBO	4	B/D PA; MO
TABLOID	3	MO
TABRECTA	4	PA; MO
<i>tacrolimus oral</i>	3	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISSE	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO; GC
TARGRETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO
TAZVERIK	4	PA; MO; LA
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (60 per 30 days)
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO	5	PA; MO
<i>toposar</i>	2	B/D PA; MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>topotecan intravenous recon soln</i>	4	B/D PA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	B/D PA; MO
<i>toremifene</i>	5	MO
TRAZIMERA	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	4	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	4	B/D PA; MO
TUKYSA ORAL TABLET 150 MG	4	PA; MO; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA; MO; LA
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO
<i>valrubicin</i>	3	B/D PA; MO
VALSTAR	4	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
VANTAS	4	B/D PA; MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	4	PA; MO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; MO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO; GC
<i>vincasar pfs</i>	2	B/D PA; MO; GC
<i>vincristine</i>	2	B/D PA; MO; GC
<i>vinorelbine</i>	2	B/D PA; MO; GC
VITRAKVI ORAL CAPSULE 100 MG	4	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	4	PA; MO; LA; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA; MO
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XOSPATA	5	PA; MO; LA
XPOVIO	4	PA; MO; LA
XTANDI	4	PA; MO; QL (120 per 30 days)
YERVOY	3	B/D PA; MO
YONDELIS	5	B/D PA; MO
ZALTRAP	4	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG	5	B/D PA; MO; QL (60 per 30 days)
ZORTRESS ORAL TABLET 0.5 MG	5	B/D PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (150 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BANZEL	5	PA; MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO; GC
<i>carbamazepine oral tablet</i>	1	MO; GC
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO; GC
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clobazam oral suspension</i>	3	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>clobazam oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; GC; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; GC; QL (300 per 30 days)
DIASTAT	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	2	MO; GC
DILANTIN 30 MG	4	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet, delayed release (drlec)</i>	1	MO; GC
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO; GC
<i>ethosuximide</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	4	PA; MO; LA
<i>fosphephenytoin</i>	2	MO; GC
FYCOMPA ORAL SUSPENSION	4	PA; MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	PA; MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	PA; MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; GC; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; GC; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; GC; QL (2160 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	GC; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; GC; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; GC; QL (120 per 30 days)
LAMICTAL XR STARTER (BLUE)	4	MO
LAMICTAL XR STARTER (GREEN)	4	MO
LAMICTAL XR STARTER (ORANGE)	4	MO
<i>lamotrigine oral tablet</i>	1	MO; GC
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO; GC
<i>lamotrigine oral tablets, dose pack</i>	3	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	3	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	3	MO
<i>levetiracetam intravenous</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO; GC
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	GC
<i>levetiracetam oral tablet</i>	2	MO; GC
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO; GC
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	4	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	4	MO; QL (900 per 30 days)
NAYZILAM	4	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	2	MO; GC
<i>oxcarbazepine oral tablet</i>	3	MO
PEGANONE	4	MO
<i>phenobarbital oral elixir</i>	2	PA; MO; GC; QL (1500 per 30 days)
<i>phenobarbital oral tablet</i>	3	PA; MO; QL (120 per 30 days)
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO; GC
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	GC
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO; GC
<i>phenytoin oral tablet, chewable</i>	2	MO; GC
<i>phenytoin sodium extended</i>	2	MO; GC
<i>phenytoin sodium intravenous solution</i>	2	MO; GC
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
<i>primidone</i>	2	MO; GC
<i>roweepra</i>	2	MO; GC
SPRITAM	4	MO
<i>subvenite</i>	3	MO
<i>subvenite starter (blue) kit</i>	3	MO
<i>subvenite starter (green) kit</i>	3	MO
<i>subvenite starter (orange) kit</i>	3	MO
SYMPAZAN	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	3	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO; GC
<i>valproate sodium</i>	2	MO; GC

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA; QL (60 per 30 days)
<i>benztropine injection</i>	4	MO
<i>benztropine oral</i>	3	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	5	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO; GC
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	MO; GC
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	2	MO; GC
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO; GC
<i>rasagiline</i>	2	MO; GC
<i>ropinirole oral tablet</i>	2	MO; GC
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
RYTARY	4	ST; MO
<i>selegiline hcl</i>	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine injection</i>	2	MO; GC
<i>dihydroergotamine nasal</i>	4	MO; QL (8 per 28 days)
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan</i>	2	MO; GC; QL (18 per 28 days)
<i>rizatriptan</i>	2	MO; GC; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	MO; GC; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; GC; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg, 240 mg</i>	5	PA; MO
<i>donepezil oral tablet 10 mg</i>	2	MO; GC; QL (69 per 30 days)
<i>donepezil oral tablet 5 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	MO; GC; QL (69 per 30 days)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	MO; GC; QL (30 per 30 days)
FIRDAPSE	5	PA; MO; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	MO; QL (30 per 30 days)
<i>galantamine oral solution</i>	4	MO; QL (200 per 30 days)
<i>galantamine oral tablet</i>	4	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
LEMTRADA	5	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	3	PA; MO
<i>memantine oral solution</i>	2	PA; MO; GC; QL (300 per 30 days)
<i>memantine oral tablet</i>	2	PA; MO; GC; QL (60 per 30 days)
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA; MO; QL (98 per 28 days)
NAMZARIC	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA; MO
<i>rivastigmine</i>	3	MO
<i>rivastigmine tartrate</i>	4	MO; QL (60 per 30 days)
TECFIDERA	5	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO; GC
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA; MO
<i>dantrolene oral</i>	2	MO; GC
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	5	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	3	B/D PA; MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	2	MO; GC
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2	GC
<i>pyridostigmine bromide oral syrup</i>	5	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO; GC

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

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

NARCOTIC ANALGESICS

<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	GC; QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; GC; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; GC; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; GC; QL (180 per 30 days)
BUPRENEX	4	MO
<i>buprenorphine hcl injection solution</i>	2	MO; GC
<i>buprenorphine hcl injection syringe</i>	2	GC
<i>buprenorphine hcl sublingual</i>	2	PA; MO; GC
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	3	PA; MO; QL (4 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	4	PA; MO; QL (8 per 28 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; GC; QL (50 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML	4	QL (2400 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	MO; QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	4	QL (1200 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 4 MG/ML	4	QL (600 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	4	QL (2400 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO; QL (1200 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	4	MO; QL (2400 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QL (1200 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; GC; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; GC; QL (180 per 30 days)
<i>methadone injection solution</i>	2	GC; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone intensol</i>	2	PA; MO; GC; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; MO; GC; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; GC; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; GC; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; GC; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; GC; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; GC; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	3	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	3	MO; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; GC; QL (900 per 30 days)
MORPHINE INJECTION SOLUTION 2 MG/ML	2	MO; GC; QL (1000 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	3	QL (500 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine injection syringe 2 mg/ml</i>	3	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	3	MO; QL (500 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO; GC; QL (200 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML	3	MO; QL (500 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	3	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	3	QL (500 per 30 days)
<i>morphine oral solution</i>	2	MO; GC; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; GC; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; GC; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; GC; QL (180 per 30 days)
<i>oxycodone oral solution</i>	4	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; GC; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral tablet 5 mg</i>	2	MO; GC; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	2	MO; GC; QL (360 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	3	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; GC; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>butorphanol nasal</i>	2	MO; GC; QL (10 per 28 days)
<i>celecoxib</i>	3	MO; QL (60 per 30 days)
<i>diclofenac potassium</i>	2	MO; GC
<i>diclofenac sodium oral</i>	2	MO; GC
<i>diclofenac sodium topical drops</i>	2	MO; GC; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diflunisal</i>	2	MO; GC
<i>ec-naproxen</i>	1	MO; GC
<i>etodolac</i>	2	MO; GC
<i>flurbiprofen oral tablet 100 mg</i>	2	MO; GC
<i>ibu oral tablet 400 mg</i>	2	MO; GC
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO; GC
<i>ibuprofen oral suspension</i>	2	MO; GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO; GC
<i>ketoprofen oral capsule 25 mg, 75 mg</i>	2	MO; GC
<i>ketoprofen oral capsule 50 mg</i>	2	GC
<i>meloxicam oral tablet</i>	1	MO; GC; QL (30 per 30 days)
<i>nabumetone</i>	2	MO; GC
<i>naloxone injection solution</i>	2	MO; GC
<i>naloxone injection syringe</i>	2	MO; GC
<i>naltrexone</i>	2	MO; GC
<i>naproxen oral suspension</i>	2	MO; GC
<i>naproxen oral tablet</i>	1	MO; GC
<i>naproxen oral tablet, delayed release (drlec)</i>	1	MO; GC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO; GC
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin</i>	4	MO
<i>salsalate</i>	2	MO; GC
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	4	MO; QL (90 per 30 days)
<i>sulindac</i>	2	MO; GC
TRAMADOL ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	2	MO; GC; QL (240 per 30 days)
VIVITROL	5	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	MO; QL (1 per 28 days)
ADASUVE	4	LA
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	4	MO; QL (90 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	4	MO; QL (150 per 30 days)
<i>amitriptyline</i>	2	PA; MO; GC
<i>amoxapine</i>	4	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	3	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO; GC; QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; GC; QL (60 per 30 days)
<i>buspirone</i>	2	MO; GC
CAPLYTA	4	MO; QL (30 per 30 days)
<i>chlorpromazine</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; GC; QL (30 per 30 days)
<i>clomipramine</i>	4	PA; MO
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	GC
<i>clozapine oral tablet, disintegrating 150 mg, 200 mg</i>	4	
<i>desipramine</i>	2	MO; GC
<i>desvenlafaxine succinate</i>	4	MO; QL (30 per 30 days)
<i>dextroamphetamine oral capsule, extended release</i>	4	MO
<i>dextroamphetamine oral solution</i>	4	MO
<i>dextroamphetamine oral tablet</i>	2	MO; GC
<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr 10 mg, 15 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>diazepam injection solution</i>	2	PA; GC
<i>diazepam injection syringe</i>	2	PA; MO; GC
<i>diazepam intensol</i>	2	PA; MO; GC; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; MO; GC; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; GC; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; GC; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	PA; MO
<i>doxepin oral concentrate</i>	4	PA; MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	2	MO; GC; QL (90 per 30 days)
EMSAM	4	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral solution</i>	4	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet</i>	2	MO; GC; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	ST; MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	ST; MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; GC
<i>fluoxetine oral capsule 40 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO; GC
<i>fluoxetine oral tablet 10 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO; GC
<i>fluphenazine decanoate</i>	2	MO; GC
<i>fluphenazine hcl</i>	2	MO; GC
<i>fluvoxamine oral tablet 100 mg</i>	4	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	4	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	4	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FORFIVO XL	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	4	MO; QL (60 per 30 days)
<i>haloperidol</i>	1	MO; GC
<i>haloperidol decanoate</i>	2	MO; GC
<i>haloperidol lactate injection</i>	2	MO; GC
<i>haloperidol lactate intramuscular</i>	2	GC
<i>haloperidol lactate oral</i>	2	MO; GC
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QL (0.25 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	4	MO; QL (0.88 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	4	MO; QL (1.32 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.76 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	4	MO; QL (2.63 per 28 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	2	MO; GC
<i>lithium citrate oral solution 8 meq/5 ml</i>	3	MO
<i>lorazepam injection solution</i>	2	PA; MO; GC
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO; GC
<i>lorazepam injection syringe 4 mg/ml</i>	2	PA; GC

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone</i>	3	MO
<i>nefazodone</i>	2	MO; GC
<i>nortriptyline</i>	2	MO; GC
NUPLAZID ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA; MO; QL (30 per 30 days)
<i>olanzapine</i>	2	MO; GC; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	4	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; GC; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO; QL (900 per 30 days)
<i>perphenazine</i>	2	MO; GC

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

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

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

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

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

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	2	GC
<i>amiodarone intravenous solution</i>	2	B/D PA; MO; GC
<i>amiodarone intravenous syringe</i>	2	B/D PA; GC
<i>amiodarone oral</i>	2	MO; GC
<i>dofetilide</i>	3	MO
<i>flecainide</i>	2	MO; GC
<i>lidocaine (pf) intravenous solution</i>	2	MO; GC
<i>lidocaine (pf) intravenous syringe</i>	2	GC
<i>mexiletine</i>	2	MO; GC
MULTAQ	4	MO
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	MO; GC
<i>procainamide injection solution 100 mg/ml</i>	2	MO; GC
<i>procainamide injection solution 500 mg/ml</i>	2	GC
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone oral tablet 150 mg, 225 mg</i>	2	MO; GC
<i>propafenone oral tablet 300 mg</i>	4	MO
<i>quinidine sulfate oral tablet</i>	2	MO; GC
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO; GC
<i>sorine oral tablet 240 mg</i>	2	GC
<i>sotalol af</i>	2	MO; GC
<i>sotalol oral</i>	2	MO; GC
SOTYLIZE	3	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO; GC
<i>aliskiren</i>	3	MO
<i>amiloride</i>	3	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO; GC
<i>amlodipine</i>	1	MO; GC
<i>amlodipine-benazepril</i>	2	MO; GC
<i>amlodipine-olmesartan</i>	3	MO
<i>amlodipine-valsartan</i>	2	MO; GC
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	4	MO
<i>amlodipine-valsartan-hcthiazid oral tablet 5-160-12.5 mg, 5-160-25 mg</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol</i>	1	MO; GC
<i>atenolol-chlorthalidone</i>	2	MO; GC
<i>benazepril</i>	1	MO; GC
<i>benazepril-hydrochlorothiazide</i>	2	MO; GC
<i>betaxolol oral</i>	3	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO; GC
<i>bisoprolol-hydrochlorothiazide</i>	1	MO; GC
<i>bumetanide</i>	2	MO; GC
BYSTOLIC	4	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid</i>	2	MO; GC
<i>captopril oral tablet 100 mg, 12.5 mg, 50 mg</i>	4	MO
<i>captopril oral tablet 25 mg</i>	2	MO; GC
<i>captopril-hydrochlorothiazide</i>	2	MO; GC
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg</i>	2	MO; GC
<i>cartia xt oral capsule, extended release 24hr 300 mg</i>	3	MO
<i>carvedilol</i>	1	MO; GC
<i>carvedilol phosphate</i>	3	MO
<i>chlorothiazide oral tablet 500 mg</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide sodium</i>	2	MO; GC
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO; GC
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	2	MO; GC
DEMSER	4	PA; MO
<i>diltiazem hcl intravenous reconstituted solution</i>	4	
<i>diltiazem hcl intravenous solution</i>	4	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg</i>	2	GC
<i>diltiazem hcl oral capsule, extended release 24hr 180 mg</i>	3	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 240 mg, 300 mg</i>	2	MO; GC
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 360 mg, 420 mg</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	MO; GC
<i>diltiazem hcl oral capsule, extended release 24hr 180 mg, 360 mg</i>	3	MO
<i>diltiazem hcl oral tablet</i>	2	MO; GC

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	GC
<i>labetalol oral</i>	2	MO; GC
<i>lisinopril</i>	1	MO; GC
<i>lisinopril-hydrochlorothiazide</i>	1	MO; GC
<i>losartan</i>	1	MO; GC; QL (30 per 30 days)
<i>losartan-hydrochlorothiazide</i>	1	MO; GC; QL (30 per 30 days)
<i>mannitol 20 %</i>	2	GC
<i>mannitol 25 % intravenous solution</i>	2	MO; GC
<i>matzim la</i>	2	MO; GC
<i>methyldopa</i>	2	MO; GC
<i>metolazone</i>	3	MO
<i>metoprolol succinate</i>	2	MO; GC
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO; GC
<i>metoprolol tartrate intravenous solution</i>	2	MO; GC
<i>metoprolol tartrate oral</i>	1	MO; GC
<i>minoxidil oral</i>	2	MO; GC
<i>moexipril</i>	1	MO; GC
<i>nadolol oral tablet 20 mg, 40 mg</i>	2	MO; GC
<i>nadolol oral tablet 80 mg</i>	4	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	MO; GC
<i>nicardipine oral</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release</i>	2	MO; GC
<i>nifedipine oral tablet extended release 24hr</i>	2	MO; GC
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>olmesartan</i>	2	MO; GC
<i>olmesartan-amlodipin-hcthiazid</i>	3	MO
<i>olmesartan-hydrochlorothiazide</i>	2	MO; GC
<i>osmitrol 15 %</i>	2	GC
<i>osmitrol 20 %</i>	2	GC
<i>perindopril erbumine</i>	1	MO; GC
<i>phentolamine injection recon soln</i>	2	GC
<i>pindolol</i>	2	MO; GC
<i>prazosin</i>	2	MO; GC
<i>propranolol intravenous</i>	2	GC
<i>propranolol oral</i>	2	MO; GC
<i>propranolol-hydrochlorothiazid</i>	2	MO; GC
<i>quinapril</i>	1	MO; GC
<i>quinapril-hydrochlorothiazide</i>	2	MO; GC
<i>ramipril</i>	1	MO; GC
SODIUM EDECIN	3	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO; GC
<i>spironolactone oral tablet 25 mg</i>	1	MO; GC
<i>spironolacton-hydrochlorothiaz</i>	2	MO; GC
<i>taztia xt</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
TEKTURNA HCT	4	MO
<i>telmisartan</i>	2	MO; GC
<i>telmisartan-amlodipine</i>	2	MO; GC
<i>telmisartan-hydrochlorothiazid</i>	2	MO; GC
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>timolol maleate oral</i>	2	MO; GC
<i>toremide oral</i>	1	MO; GC
<i>trandolapril</i>	1	MO; GC
<i>trandolapril-verapamil</i>	2	MO; GC
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene</i>	3	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	MO; GC
<i>triamterene-hydrochlorothiazid oral tablet</i>	2	MO; GC
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	2	MO; GC; QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	2	MO; GC; QL (30 per 30 days)
<i>verapamil intravenous solution</i>	2	MO; GC
<i>verapamil intravenous syringe</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO; GC
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	MO; GC
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	3	MO
<i>verapamil oral tablet</i>	1	MO; GC
<i>verapamil oral tablet extended release 120 mg</i>	2	MO; GC
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1	MO; GC
COAGULATION THERAPY		
AMICAR ORAL SOLUTION	3	MO
<i>aminocaproic acid</i>	2	MO; GC
<i>aspirin-dipyridamole</i>	3	MO
BRILINTA	3	MO; QL (60 per 30 days)
CABLIVI INJECTION KIT	5	PA; MO; LA
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
<i>cilostazol</i>	2	MO; GC
<i>clopidogrel oral tablet 300 mg</i>	1	MO; GC
<i>clopidogrel oral tablet 75 mg</i>	1	MO; GC; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole oral</i>	2	MO; GC
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	3	MO
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	3	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	3	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	3	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	3	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	GC
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO; GC
<i>heparin (porcine) in nacl (pf)</i>	2	GC
<i>heparin (porcine) injection cartridge</i>	2	MO; GC
<i>heparin (porcine) injection solution 1,000 unit/ml</i>	3	MO
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	MO; GC
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO; GC
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO; GC
<i>heparin, porcine (pf) injection solution</i>	2	MO; GC
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO; GC
HEPARIN, PORCINE (PF) SUBCUTANEOUS	2	GC
<i>jantoven</i>	1	MO; GC
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO; GC
PRADAXA	4	MO
<i>prasugrel</i>	4	MO
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; MO; LA; QL (180 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; MO; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; MO; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; MO; LA; QL (60 per 30 days)
<i>warfarin</i>	1	MO; GC
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO

Drug Name	Drug Tier	Requirements/Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-20 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	4	MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-40 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; GC; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO; GC
<i>cholestyramine light</i>	2	MO; GC
<i>colesevelam</i>	3	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	MO
<i>colestipol oral tablet</i>	3	MO
<i>ezetimibe</i>	3	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 67 mg</i>	2	MO; GC; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>fenofibric acid (choline)</i>	2	MO; GC
<i>fluvastatin oral capsule 20 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO; GC; QL (60 per 30 days)
LIPOFEN	4	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	3	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>pravastatin</i>	1	MO; GC; QL (30 per 30 days)
<i>prevalite</i>	2	MO; GC
REPATHA	3	PA; MO; QL (3 per 28 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	2	B/D PA; MO; GC
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA; GC
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	2	B/D PA; GC
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA; GC
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO; GC
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA; GC
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO; GC
ENTRESTO	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	MO
LANOXIN PEDIATRIC	3	
<i>milrinone</i>	2	B/D PA; MO; GC
<i>milrinone in 5 % dextrose</i>	2	B/D PA; MO; GC
RANEXA	4	MO; QL (60 per 30 days)
<i>ranolazine</i>	3	MO; QL (60 per 30 days)
VYNDAMAX	4	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	4	MO
<i>isosorbide dinitrate oral tablet 30 mg</i>	3	MO
<i>isosorbide mononitrate</i>	1	MO; GC
<i>nitro-bid</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA; GC
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	2	B/D PA; MO; GC
<i>nitroglycerin sublingual</i>	2	MO; GC
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO; GC
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATICS / ANTISEBORRHOEIC		
<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO; GC
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA SUBCUTANEOUS	5	PA; MO
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO; GC
CARAC	4	MO
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
DUPIXENT PEN	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SYRINGE	5	PA; MO
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo</i>	3	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet</i>	3	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO; GC
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	GC
<i>lidocaine hcl injection solution</i>	2	MO; GC
<i>lidocaine hcl laryngotracheal</i>	2	MO; GC
<i>lidocaine hcl mucous membrane jelly</i>	3	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO; GC
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA; MO; GC; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (50 per 30 days)
<i>lidocaine viscous</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine topical cream</i>	2	MO; GC; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	MO
<i>podofilox</i>	2	MO; GC
REGRANEX	5	MO
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO; GC
<i>ssd</i>	3	MO
<i>tacrolimus topical</i>	3	PA; MO; QL (100 per 30 days)
UVADEX	4	B/D PA
VALCHLOR	5	PA; MO
ZTLIDO	3	PA; MO; QL (90 per 30 days)

THERAPY FOR ACNE

<i>avita topical cream</i>	3	PA; MO
<i>claravis</i>	4	MO
<i>clindamycin phosphate topical gel</i>	2	MO; GC; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; GC; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	4	MO
<i>clindamycin phosphate topical swab</i>	2	MO; GC
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	4	MO
<i>ery pads</i>	2	MO; GC
<i>erythromycin with ethanol topical gel</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin with ethanol topical solution</i>	2	MO; GC
<i>erythromycin-benzoyl peroxide</i>	4	MO
<i>isotretinoin</i>	4	MO
<i>metronidazole topical</i>	2	MO; GC
<i>rosadan topical cream</i>	2	MO; GC
<i>rosadan topical gel</i>	2	MO; GC
<i>tazarotene</i>	3	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
<i>tretinoin topical cream 0.025 %</i>	2	PA; MO; GC
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	3	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO

TOPICAL ANTIBACTERIALS

<i>gentamicin topical</i>	3	MO
<i>mafenide acetate</i>	2	MO; GC
<i>mupirocin</i>	2	MO; GC
<i>mupirocin calcium</i>	4	MO
<i>sulfacetamide sodium (acne)</i>	2	MO; GC
SULFAMYLON TOPICAL CREAM	3	MO

TOPICAL ANTIFUNGALS

<i>ciclopirox topical cream</i>	4	MO; QL (90 per 28 days)
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You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical gel</i>	4	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	4	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; GC
<i>ciclopirox topical suspension</i>	4	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; GC; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; GC; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	4	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; GC; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; GC; QL (120 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO; GC
<i>nystatin topical cream</i>	2	MO; GC; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; GC; QL (30 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical powder</i>	3	MO
<i>nystatin-triamcinolone</i>	4	MO; QL (60 per 28 days)
<i>nystop</i>	4	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	2	MO; GC
<i>beseer</i>	3	MO
<i>betamethasone dipropionate</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO; GC
<i>betamethasone valerate topical lotion</i>	4	MO
<i>betamethasone valerate topical ointment</i>	2	MO; GC
<i>betamethasone, augmented topical cream</i>	2	MO; GC
<i>betamethasone, augmented topical gel</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol scalp</i>	2	MO; GC; QL (100 per 28 days)
<i>clobetasol topical cream</i>	2	MO; GC; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	2	MO; GC; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol topical spray, non-aerosol</i>	2	MO; GC; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; GC; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	4	MO; QL (100 per 28 days)
<i>clodan</i>	4	MO; QL (236 per 28 days)
CORDRAN TAPE LARGE ROLL	3	MO
CORDRAN TOPICAL CREAM 0.025 %	3	MO
CORDRAN TOPICAL CREAM 0.05 %	3	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CORDRAN TOPICAL LOTION	3	MO; QL (120 per 30 days)
CORDRAN TOPICAL OINTMENT	3	MO; QL (120 per 30 days)
<i>desonide</i>	4	MO
<i>desoximetasone</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	2	MO; GC; QL (120 per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	2	MO; GC; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	2	MO; GC; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	2	MO; GC; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	MO; GC; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	2	MO; GC; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	2	MO; GC
<i>fluticasone propionate topical ointment</i>	2	MO; GC
<i>halobetasol propionate topical cream</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone butyrate topical cream</i>	4	MO
<i>hydrocortisone butyrate topical ointment</i>	2	MO; GC
<i>hydrocortisone butyr-emollient</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO; GC
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO; GC
<i>hydrocortisone topical ointment 2.5 %</i>	2	MO; GC
<i>hydrocortisone valerate topical cream</i>	2	MO; GC
<i>hydrocortisone valerate topical ointment</i>	4	MO
<i>mometasone topical</i>	2	MO; GC
<i>prednicarbate topical ointment</i>	2	MO; GC
<i>triamcinolone acetonide topical cream</i>	2	MO; GC
<i>triamcinolone acetonide topical lotion</i>	3	MO
<i>triamcinolone acetonide topical ointment</i>	2	MO; GC
<i>triderm topical cream</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	3	MO
<i>lindane topical shampoo</i>	2	MO; GC
<i>malathion</i>	2	MO; GC
NATROBA	4	MO
<i>permethrin topical cream</i>	2	MO; GC
SKLICE	3	MO
DIAGNOSTIC S / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	2	MO; GC
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>anagrelide</i>	2	MO; GC
AURYXIA	4	PA; MO; QL (360 per 30 days)
<i>caffeine citrate oral</i>	2	MO; GC
CARBAGLU	5	PA; MO; LA
CHEMET	3	PA; MO
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	3	MO
<i>dextrose 5 % in water (d5w)</i>	3	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO; GC
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>disulfiram</i>	2	MO; GC
FERRIPROX (2 TIMES A DAY)	5	PA
FERRIPROX ORAL TABLET	5	PA; MO
INCRELEX	5	PA; MO; LA
<i>kionex (with sorbitol)</i>	2	MO; GC
<i>levocarnitine (with sugar)</i>	2	MO; GC
<i>levocarnitine oral solution 100 mg/ml</i>	2	MO; GC
<i>levocarnitine oral tablet</i>	2	MO; GC
<i>midodrine</i>	3	MO
<i>nitisinone</i>	5	MO
NORTHERA ORAL CAPSULE 100 MG, 200 MG	5	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NORTHERA ORAL CAPSULE 300 MG	5	PA; MO; QL (180 per 30 days)
ORFADIN	5	MO; LA
<i>pilocarpine hcl oral</i>	2	MO; GC
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA
RAVICTI	5	MO
REVCOVI	5	PA; MO; LA
<i>riluzole</i>	3	MO
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO; GC; QL (540 per 30 days)
<i>sevelamer hcl</i>	3	MO
<i>sodium chloride 0.9 % intravenous</i>	3	MO
<i>sodium chloride irrigation</i>	3	MO
<i>sodium polystyrene (sorb free)</i>	2	MO; GC
<i>sodium polystyrene sulfonate oral powder</i>	2	MO; GC
SOLIRIS	5	PA; MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine</i>	5	PA; MO; QL (240 per 30 days)
VELTASSA	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
XIAFLEX	5	PA; MO
XURIDEN	5	MO
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	3	PA; MO

SMOKING DETERRENENTS

bupropion hcl (smoking deter)	2	MO; GC; QL (60 per 30 days)
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO
NICOTROL NS	4	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

azelastine nasal	2	MO; GC; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	2	MO; GC
denta 5000 plus	2	MO; GC
dentagel	2	MO; GC
fluoride (sodium) dental gel	3	
fluoride (sodium) dental paste	3	MO

Drug Name	Drug Tier	Requirements/Limits
ipratropium bromide nasal	2	MO; GC; QL (30 per 30 days)
olopatadine nasal	4	MO; QL (30.5 per 30 days)
oralone	2	MO; GC
paroex oral rinse	2	MO; GC
periogard	2	MO; GC
sf	2	MO; GC
sf 5000 plus	2	MO; GC
sodium fluoride 5000 plus	3	
triamcinolone acetonide dental	2	MO; GC

MISCELLANEOUS OTIC PREPARATIONS

acetic acid otic (ear)	2	MO; GC
ciprofloxacin hcl otic (ear)	2	MO; GC
flac otic oil	4	
fluocinolone acetonide oil	4	MO
hydrocortisone-acetic acid	2	MO; GC
ofloxacin otic (ear)	3	MO

OTIC STEROID / ANTIBIOTIC

CIPRO HC	4	MO
CIPRODEX	3	MO
ciprofloxacin-dexamethasone	3	MO
CORTISPORIN-TC	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	2	MO; GC
<i>decadron oral tablet</i>	3	
DEPO-MEDROL	3	MO
<i>dexamethasone</i>	2	MO; GC
<i>dexamethasone intensol</i>	2	MO; GC
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO; GC
<i>dexamethasone sodium phosphate injection</i>	2	MO; GC
<i>fludrocortisone</i>	2	MO; GC
<i>hidex</i>	3	
<i>hydrocortisone oral</i>	3	MO
<i>methylprednisolone acetate</i>	2	MO; GC
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO; GC
<i>methylprednisolone oral tablets, dose pack</i>	1	MO; GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO; GC
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	2	GC
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO; GC
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO; GC
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	GC
<i>prednisone intensol</i>	4	B/D PA; MO
<i>prednisone oral solution</i>	2	MO; GC
<i>prednisone oral tablet</i>	2	B/D PA; MO; GC
<i>prednisone oral tablets, dose pack</i>	2	MO; GC
SOLU-CORTEF ACT-O-VIAL (PF)	3	MO
<i>triamcinolone acetate injection</i>	2	MO; GC
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO; GC
<i>propylthiouracil</i>	3	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; GC; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>acarbose oral tablet 25 mg</i>	2	MO; GC; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; GC; QL (180 per 30 days)
<i>alcohol pads</i>	2	MO; GC
BAQSIMI	3	MO
BYDUREON BCISE	4	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	4	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	4	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	4	MO
FARXIGA ORAL TABLET 10 MG	4	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	4	MO; QL (60 per 30 days)
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; GC; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; GC; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 4 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; GC; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; GC; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; GC; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; GC; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; GC; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	4	MO
HUMULIN R U-500 (CONC) KWIKPEN	4	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
INVOKAMET	3	MO; QL (60 per 30 days)
INVOKAMET XR	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INVOKANA	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH U-100 INSULN	4	ST; MO
LEVEMIR U-100 INSULIN	4	ST; MO
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
<i>metformin oral solution</i>	3	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; GC; QL (75 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; GC; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
NOVOLOG U-100 INSULIN ASPART	4	ST; MO
ONGLYZA	4	ST; MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOU S PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOU S PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	2	MO; GC; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	4	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	4	MO; QL (90 per 30 days)
PROGLYCEM	5	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; GC; QL (960 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide oral tablet 1 mg</i>	2	MO; GC; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; GC; QL (240 per 30 days)
<i>repaglinide-metformin</i>	4	MO; QL (150 per 30 days)
SOLIQUA 100/33	3	MO
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	PA; MO; QL (2 per 28 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; MO
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	4	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	4	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS HORMONES		
ALDURAZYME	5	MO
ANADROL-50	4	PA; MO
<i>cabergoline</i>	2	MO; GC
<i>calcitonin (salmon)</i>	4	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO; GC
<i>calcitriol oral</i>	2	MO; GC
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	3	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	3	MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	5	MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	5	MO; QL (120 per 30 days)
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	MO; GC
<i>desmopressin nasal spray with pump</i>	3	MO
<i>desmopressin nasal spray, non-aerosol</i>	3	MO
<i>desmopressin oral</i>	2	MO; GC
<i>doxercalciferol oral</i>	4	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol intravenous solution 2 mcg/ml</i>	4	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	4	MO
<i>paricalcitol oral</i>	4	MO
SAMSCA ORAL TABLET 15 MG	5	PA; MO; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	5	MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	MO; QL (120 per 30 days)
SOMAVERT	5	PA; MO; QL (30 per 30 days)
STIMATE	5	MO
STRENSIQ	5	PA; MO; LA
SYNAREL	4	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	2	PA; MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; MO; QL (60 per 30 days)
VIMIZIM	5	MO; LA
<i>zoledronic acid intravenous solution</i>	3	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	3	B/D PA; MO
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	3	MO
<i>levo-t</i>	3	
<i>levothyroxine oral</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	3	MO
<i>liothyronine oral</i>	2	MO; GC
<i>unithroid</i>	3	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection solution 0.4 mg/ml</i>	4	MO
<i>atropine injection syringe 0.05 mg/ml</i>	2	GC
<i>atropine injection syringe 0.1 mg/ml</i>	2	MO; GC
<i>dicyclomine intramuscular</i>	2	MO; GC
<i>dicyclomine oral capsule</i>	2	MO; GC
<i>dicyclomine oral solution</i>	2	MO; GC
<i>dicyclomine oral tablet</i>	2	MO; GC
<i>glycopyrrolate injection</i>	2	MO; GC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO; GC
<i>glycopyrrolate oral tablet 1.5 mg</i>	4	
<i>loperamide oral capsule</i>	2	MO; GC
<i>opium tincture</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	MO
AMITIZA	4	MO; QL (60 per 30 days)
<i>aprepitant</i>	3	B/D PA; MO
APRISO	3	MO
<i>balsalazide</i>	2	MO; GC
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO
CHENODAL	5	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
<i>compro</i>	2	MO; GC
<i>constulose</i>	2	MO; GC
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	3	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	4	MO
<i>dronabinol</i>	4	B/D PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EMEND (FOSAPREPITANT)	3	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO
ENTYVIO	5	PA; MO
<i>enulose</i>	2	MO; GC
<i>fosaprepitant</i>	3	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO; GC
<i>gavilyte-g</i>	2	MO; GC
<i>gavilyte-n</i>	2	MO; GC
<i>generlac</i>	2	MO; GC
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	3	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	4	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	3	MO
<i>granisetron hcl oral</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>hydrocortisone rectal</i>	2	MO; GC
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO; GC
<i>lactulose oral solution</i>	2	MO; GC
LINZESS	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO; GC
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral capsule, extended release 24hr</i>	3	MO
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	4	MO
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	3	MO
<i>mesalamine rectal enema</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO; GC
<i>metoclopramide hcl injection syringe</i>	2	GC
<i>metoclopramide hcl oral solution</i>	2	MO; GC
<i>metoclopramide hcl oral tablet</i>	2	MO; GC
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO; GC
<i>ondansetron hcl (pf) injection solution</i>	2	MO; GC
<i>ondansetron hcl intravenous</i>	2	MO; GC
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO; GC; QL (450 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA; GC
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO; GC
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	5	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO; GC
<i>peg-electrolyte</i>	2	GC
PENTASA	4	MO
PLENVU	4	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO; GC
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate</i>	2	MO; GC
<i>prochlorperazine maleate oral</i>	2	MO; GC
<i>procto-med hc</i>	2	MO; GC
<i>procto-pak</i>	2	MO; GC
<i>proctosol hc topical</i>	2	MO; GC
<i>proctozone-hc</i>	2	MO; GC
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; MO
RELISTOR SUBCUTANEOUS SYRINGE	5	PA; MO
REMICADE	5	PA; MO
<i>scopolamine base</i>	3	MO; QL (10 per 30 days)
SUCRAID	5	MO
<i>sulfasalazine</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT	4	MO
<i>trilyte with flavor packets</i>	2	MO; GC
<i>ursodiol</i>	3	MO
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT	3	MO
VIOKACE ORAL TABLET 20,880-78,300- 78,300 UNIT	5	MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	MO
ULCER THERAPY		
DEXILANT	4	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	3	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule, delayed release (drlec) 40 mg</i>	3	MO
<i>esomeprazole sodium</i>	2	GC
<i>famotidine (pf)</i>	2	MO; GC
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO; GC
<i>famotidine intravenous solution</i>	2	MO; GC
<i>famotidine oral suspension</i>	2	MO; GC
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO; GC
<i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i>	2	MO; GC
<i>misoprostol</i>	3	MO
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release (drlec) 40 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>	1	MO; GC; QL (60 per 30 days)
PYLERA	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole oral tablet, delayed release (drlec)</i>	2	MO; GC
<i>ranitidine hcl oral syrup</i>	2	MO; GC
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO; GC
<i>sucralfate oral tablet</i>	2	MO; GC

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA; MO
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA
INTRON A INJECTION	5	B/D PA; MO
MOZOBIL	5	B/D PA; MO
NEULASTA	5	PA; MO
NEULASTA ONPRO	5	PA; MO
NEUPOGEN	5	PA; MO
OMNITROPE	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	PA; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	4	B/D PA; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
GAMASTAN	3	MO
GAMASTAN S/D	3	
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA; MO
GARDASIL 9 (PF)	3	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL	3	

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
IPOLE	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO; QL (2 per 999 days)
STAMARIL (PF)	3	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	5	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	MO; GC
<i>colchicine oral tablet</i>	3	MO; QL (120 per 30 days)
COLCRYS	3	MO; QL (120 per 30 days)
<i>febuxostat</i>	3	MO
KRYSTEXXA	5	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO
ULORIC	4	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; GC; QL (4 per 28 days)
<i>ibandronate oral</i>	3	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 30 days)
<i>raloxifene</i>	2	MO; GC; QL (30 per 30 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
TYMLOS	5	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
BENLYSTA	5	PA; MO
DEPEN TITRATABS	5	MO
ENBREL	5	PA; MO; QL (8 per 28 days)
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	3	MO; QL (30 per 30 days)
ORENCIA	5	PA; MO
ORENCIA (WITH MALTOSE)	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO
<i>penicillamine</i>	5	MO
RINVOQ	5	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
XELJANZ	5	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; MO; QL (30 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	5	PA; MO

OBSTETRICS / GYNECOLOGY ESTROGENS / PROGESTINS

<i>camila</i>	2	MO; GC
<i>deblitane</i>	2	MO; GC
<i>dotti</i>	3	PA; MO; QL (8 per 28 days)
<i>errin</i>	2	MO; GC
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch weekly</i>	2	PA; MO; GC; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	2	MO; GC
<i>estradiol vaginal tablet</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO; GC
<i>heather</i>	2	MO; GC
<i>hydroxyprogesterone caproate</i>	5	MO
<i>incassia</i>	2	MO; GC
<i>jencycla</i>	2	MO; GC
<i>lyza</i>	3	MO
<i>medroxyprogesterone</i>	2	MO; GC
<i>nora-be</i>	2	MO; GC
<i>norethindrone (contraceptive)</i>	2	MO; GC
<i>norethindrone acetate</i>	2	MO; GC
<i>norlyda</i>	2	MO; GC
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	4	MO
PREMPHASE	3	PA; MO
PREMPRO	3	MO
<i>progesterone micronized</i>	2	MO; GC
<i>sharobel</i>	2	MO; GC
<i>tulana</i>	2	MO; GC
<i>yuvafem</i>	3	MO

MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	4	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	MO
<i>metronidazole vaginal</i>	2	MO; GC
<i>miconazole-3 vaginal suppository</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
MIRENA	3	MO; LA
NEXPLANON	3	MO
NUVARING	4	MO
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole vaginal suppository</i>	2	MO; GC
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	3	MO
<i>xulane</i>	2	MO; GC
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	2	MO; GC
<i>alyacen 1/35 (28)</i>	2	MO; GC
<i>amethia</i>	2	MO; GC
<i>amethia lo</i>	2	MO; GC
<i>amethyst (28)</i>	2	MO; GC
<i>apri</i>	2	MO; GC
<i>aranelle (28)</i>	2	MO; GC
<i>ashlyna</i>	2	MO; GC
<i>aubra</i>	2	MO; GC
<i>aubra eq</i>	2	MO; GC
<i>aurovela 1.5/30 (21)</i>	2	MO; GC
<i>aurovela 1/20 (21)</i>	2	MO; GC
<i>aurovela 24 fe</i>	2	MO; GC
<i>aurovela fe 1.5/30 (28)</i>	2	MO; GC
<i>aurovela fe 1-20 (28)</i>	2	MO; GC
<i>aviane</i>	2	MO; GC
<i>ayuna</i>	2	GC
<i>balziva (28)</i>	2	MO; GC
<i>bekyree (28)</i>	2	MO; GC
<i>blisovi 24 fe</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1.5/30 (28)</i>	2	MO; GC
<i>blisovi fe 1/20 (28)</i>	2	MO; GC
<i>briellyn</i>	2	MO; GC
<i>camrese</i>	2	MO; GC
<i>camrese lo</i>	2	MO; GC
<i>caziant (28)</i>	2	MO; GC
<i>chateal (28)</i>	2	GC
<i>chateal eq (28)</i>	2	MO; GC
<i>cryselle (28)</i>	2	MO; GC
<i>cyclafem 1/35 (28)</i>	2	MO; GC
<i>cyclafem 7/7/7 (28)</i>	2	MO; GC
<i>daysee</i>	2	MO; GC
<i>desog-e.estradiolle.estradiol</i>	2	MO; GC
<i>drospirenone-e.estradiol-lm.oral tablet 3-0.03-0.451 mg (21) (7)</i>	2	MO; GC
<i>drospirenone-ethinyl estradiol</i>	2	MO; GC
<i>emoquette</i>	2	MO; GC
<i>enpresse</i>	2	MO; GC
<i>estarylla</i>	2	MO; GC
<i>ethynodiol diac-eth estradiol</i>	2	GC
<i>falmina (28)</i>	2	MO; GC
<i>fayosim</i>	2	MO; GC
<i>femynor</i>	2	MO; GC
<i>gianvi (28)</i>	2	MO; GC
<i>hailey</i>	4	MO
<i>hailey 24 fe</i>	2	MO; GC
<i>hailey fe 1.5/30 (28)</i>	2	MO; GC
<i>hailey fe 1/20 (28)</i>	2	MO; GC
<i>introvale</i>	2	MO; GC
<i>isibloom</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>jasmiel (28)</i>	2	MO; GC
<i>jolessa</i>	2	MO; GC
<i>juleber</i>	2	MO; GC
<i>junel 1.5/30 (21)</i>	2	MO; GC
<i>junel 1/20 (21)</i>	2	MO; GC
<i>junel fe 1.5/30 (28)</i>	2	MO; GC
<i>junel fe 1/20 (28)</i>	2	MO; GC
<i>junel fe 24</i>	2	MO; GC
<i>kaitlib fe</i>	2	MO; GC
<i>kalliga</i>	2	GC
<i>kariva (28)</i>	2	MO; GC
<i>kelnor 1/35 (28)</i>	2	MO; GC
<i>kelnor 1-50</i>	2	MO; GC
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	MO; GC
<i>larin 1.5/30 (21)</i>	2	MO; GC
<i>larin 1/20 (21)</i>	2	MO; GC
<i>larin fe 1.5/30 (28)</i>	2	MO; GC
<i>larin fe 1/20 (28)</i>	2	MO; GC
<i>larissia</i>	2	MO; GC
<i>layolis fe</i>	2	MO; GC
<i>leena 28</i>	2	MO; GC
<i>lessina</i>	2	MO; GC
<i>levonest (28)</i>	2	MO; GC
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)</i>	2	MO; GC
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth estradiol triphasic</i>	2	MO; GC
<i>levora-28</i>	2	MO; GC
<i>lillow (28)</i>	2	MO; GC
<i>loryna (28)</i>	2	MO; GC
<i>low-ogestrel (28)</i>	2	MO; GC
<i>lo-zumandimine (28)</i>	2	MO; GC
<i>luteria (28)</i>	2	MO; GC
<i>marlissa (28)</i>	2	MO; GC
<i>melodetta 24 fe</i>	2	MO; GC
<i>mibelas 24 fe</i>	2	MO; GC
<i>microgestin 1.5/30 (21)</i>	2	MO; GC
<i>microgestin 1/20 (21)</i>	2	MO; GC
<i>microgestin fe 1.5/30 (28)</i>	2	MO; GC
<i>microgestin fe 1/20 (28)</i>	2	MO; GC
<i>mili</i>	2	MO; GC
<i>necon 0.5/35 (28)</i>	2	MO; GC
<i>nikki (28)</i>	2	MO; GC
<i>noreth-ethinyl estradiol-iron</i>	2	MO; GC
<i>norethindrone acetate estradiol oral tablet 1-20 mg-mcg</i>	2	MO; GC
<i>norethindrone-estradiol-iron oral tablet,chewable</i>	2	MO; GC
<i>norgestimate-ethinyl estradiol</i>	2	MO; GC
<i>nortrel 0.5/35 (28)</i>	2	MO; GC
<i>nortrel 1/35 (21)</i>	2	MO; GC
<i>nortrel 1/35 (28)</i>	2	MO; GC
<i>nortrel 7/7/7 (28)</i>	2	MO; GC
<i>ocella</i>	2	MO; GC
<i>orsythia</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>pimtreea (28)</i>	2	MO; GC
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	MO; GC
<i>portia 28</i>	2	MO; GC
<i>previfem</i>	2	MO; GC
<i>reclipsen (28)</i>	2	MO; GC
<i>rivelsa</i>	2	MO; GC
<i>setlakin</i>	2	MO; GC
<i>simliya (28)</i>	4	MO
<i>simpesse</i>	2	MO; GC
<i>sprintec (28)</i>	2	MO; GC
<i>sronyx</i>	2	MO; GC
<i>syeda</i>	2	MO; GC
<i>tarina 24 fe</i>	2	MO; GC
<i>tarina fe 1/20 (28)</i>	2	MO; GC
<i>tarina fe 1-20 eq (28)</i>	2	MO; GC
<i>tri-legest fe</i>	2	MO; GC
<i>tri-lo-estarylla</i>	2	MO; GC
<i>tri-lo-mili</i>	2	MO; GC
<i>tri-lo-sprintec</i>	2	MO; GC
<i>tri-mili</i>	2	MO; GC
<i>tri-previfem (28)</i>	2	MO; GC
<i>tri-sprintec (28)</i>	2	MO; GC
<i>trivora (28)</i>	2	MO; GC
<i>tri-vylibra</i>	2	MO; GC
<i>tri-vylibra lo</i>	2	MO; GC
<i>tydemy</i>	2	MO; GC
<i>velivet triphasic regimen (28)</i>	2	MO; GC
<i>vienva</i>	2	MO; GC
<i>vyfemla (28)</i>	2	MO; GC
<i>vylibra</i>	2	MO; GC
<i>wymzya fe</i>	2	MO; GC
<i>zarah</i>	2	MO; GC
<i>zovia 1/35e (28)</i>	2	MO; GC
<i>zumandimine (28)</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
OXYTOCICS		
<i>methylergonovine oral</i>	5	PA; MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	2	MO; GC
<i>bacitracin ophthalmic (eye)</i>	2	MO; GC
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO; GC
BESIVANCE	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO; GC
<i>erythromycin ophthalmic (eye)</i>	2	MO; GC
<i>gatifloxacin</i>	2	MO; GC
<i>gentak ophthalmic (eye) ointment</i>	2	MO; GC
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; GC
<i>levofloxacin ophthalmic (eye)</i>	4	MO
<i>moxifloxacin ophthalmic (eye)</i>	3	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO; GC
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>neo-polycin</i>	2	MO; GC
<i>ofloxacin ophthalmic (eye)</i>	2	MO; GC
<i>polycin</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulf-trimethoprim</i>	2	MO; GC
<i>tobramycin ophthalmic (eye)</i>	2	MO; GC
ANTIVIRALS		
<i>trifluridine</i>	2	MO; GC
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	MO; GC
<i>carteolol</i>	2	MO; GC
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO; GC
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO; GC
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO; GC
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO; GC
MISCELLANEOUS OPTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	2	MO; GC
<i>cromolyn ophthalmic (eye)</i>	2	MO; GC
CYSTARAN	5	PA; MO
<i>epinastine</i>	2	MO; GC
EYLEA	5	PA; MO
LUCENTIS	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	3	MO
OXERVATE	5	PA; MO
PATADAY OPTHALMIC (EYE) DROPS 0.2 %	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO; GC
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO; GC
<i>sulfacetamide-prednisolone</i>	2	MO; GC
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	2	MO; GC
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO; GC
<i>flurbiprofen sodium</i>	2	MO; GC
ILEVRO	4	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO; GC
PROLENSA	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	MO; GC
<i>acetazolamide oral tablet</i>	3	MO
<i>acetazolamide sodium</i>	2	MO; GC
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
AZOPT	4	MO
COMBIGAN	3	MO
COSOPT (PF)	4	MO
<i>dorzolamide</i>	2	MO; GC
<i>dorzolamide-timolol</i>	2	MO; GC
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>latanoprost</i>	2	MO; GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
RHOPRESSA	4	ST; MO
ROCKLATAN	4	ST; MO
SIMBRINZA	4	MO
<i>travoprost</i>	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b-dexameth</i>	2	MO; GC
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO; GC
<i>neo-polycin hc</i>	2	MO; GC
<i>tobramycin-dexamethasone</i>	2	MO; GC
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO; GC
<i>fluorometholone</i>	2	MO; GC
INVELTYS	4	MO
<i>loteprednol etabonate</i>	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO; GC
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO; GC
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO; GC
<i>brimonidine</i>	2	MO; GC
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGIC AGENTS		
<i>adrenalin injection</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine oral solution 1 mg/ml</i>	2	MO; GC
<i>desloratadine oral tablet</i>	2	MO; GC; QL (30 per 30 days)
<i>dexchlorpheniramine maleate oral solution</i>	3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO; GC
<i>diphenhydramine hcl injection syringe</i>	2	MO; GC
<i>diphenhydramine hcl oral elixir</i>	2	GC
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	3	
EPIPEN	3	MO; QL (2 per 30 days)
EPIPEN 2-PAK	3	MO; QL (2 per 30 days)
EPIPEN JR	3	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO; GC
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; GC; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine oral tablet 25 mg</i>	2	PA; MO; GC
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO; GC
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO; GC
<i>albuterol sulfate oral syrup</i>	2	MO; GC
<i>albuterol sulfate oral tablet</i>	4	MO
<i>alyq</i>	5	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days)
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	3	B/D PA; MO; QL (60 per 30 days)
CINRYZE	5	PA; MO; QL (20 per 30 days)
COMBIVENT RESPIMAT	4	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO; GC
DALIRESP	4	PA; MO; QL (30 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO
FIRAZYR	5	PA; MO; QL (270 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	3	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; GC; QL (16 per 30 days)
<i>icatibant</i>	5	PA; MO; QL (270 per 30 days)
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO; GC
<i>ipratropium-albuterol</i>	2	B/D PA; MO; GC
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>metaproterenol oral syrup</i>	2	MO; GC
<i>montelukast</i>	2	MO; GC; QL (30 per 30 days)
OFEV	5	PA; MO; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO; QL (120 per 30 days)
PROAIR HFA	3	MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)
PULMOZYME	5	B/D PA; MO; QL (150 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulm. hypertension)</i>	5	PA; MO; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	5	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO; GC
<i>theophylline oral tablet extended release 24 hr</i>	2	MO; GC
TRACLEER	5	PA; MO
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	MO; QL (60 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	3	MO
TYVASO	5	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
VENTAVIS	4	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	4	MO; QL (60 per 30 days)
ZYFLO	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

MYRBETRIQ	4	MO
<i>oxybutynin chloride oral syrup</i>	2	MO; GC
<i>oxybutynin chloride oral tablet</i>	2	MO; GC
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	2	MO; GC; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>solifenacin</i>	3	MO
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO; GC
<i>tolterodine oral tablet</i>	4	MO
TOVIAZ	4	MO; QL (30 per 30 days)

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	2	MO; GC
<i>dutasteride</i>	3	MO
<i>dutasteride-tamsulosin</i>	3	MO
<i>finasteride oral tablet 5 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>tamsulosin</i>	1	MO; GC; QL (60 per 30 days)

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	2	MO; GC
<i>bethanechol chloride oral tablet 5 mg</i>	3	MO
CYSTAGON	3	MO; LA
ELMIRON	3	MO
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; MO; QL (30 per 30 days)

**VITAMINS,
HEMATINICS
/
ELECTROLYTES**

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	2	GC
<i>albuminar 25 %</i>	2	MO; GC
<i>alburx (human) 25 %</i>	2	MO; GC
<i>alburx (human) 5 %</i>	2	GC
<i>albutein 25 %</i>	2	GC
<i>albutein 5 %</i>	2	GC
<i>plasbumin 25 %</i>	2	MO; GC
<i>plasbumin 5 %</i>	2	GC

ELECTROLYTES

<i>calcium acetate (phosphat bind)</i>	2	MO; GC
<i>calcium gluconate intravenous</i>	2	MO; GC
<i>effe-k oral tablet, effervescent 25 meq</i>	2	MO; GC
<i>klor-con</i>	1	MO; GC
<i>klor-con 10</i>	3	MO
<i>klor-con 8</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10</i>	1	MO; GC
<i>klor-con m15</i>	1	MO; GC
<i>klor-con m20</i>	1	MO; GC
<i>klor-con/ef</i>	2	MO; GC
<i>lactated ringers intravenous</i>	2	MO; GC
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	GC
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	GC
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO; GC
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
NORMOSOL-R	3	MO
PHOSLYRA	4	MO
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	GC
<i>potassium chloride-5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	3	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	3	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	3	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	3	MO
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	3	
<i>potassium chloride intravenous</i>	2	MO; GC
<i>potassium chloride oral capsule, extended release</i>	1	MO; GC
<i>potassium chloride oral liquid</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral packet</i>	2	MO; GC
<i>potassium chloride oral tablet extended release</i>	1	MO; GC
<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO; GC
<i>potassium chloride-0.45 % nacl</i>	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	3	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	3	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.9%nacl</i>	3	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	2	GC
<i>ringer's intravenous</i>	2	GC
<i>sodium acetate</i>	2	GC
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	MO; GC
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	2	GC
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 3 %</i>	3	MO
<i>sodium chloride 5 %</i>	3	MO
<i>sodium chloride intravenous</i>	2	MO; GC
<i>sodium phosphate</i>	2	MO; GC
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
<i>electrolyte-48 in d5w</i>	2	GC
FREAMINE HBC 6.9 %	3	B/D PA
<i>freamine iii 10 %</i>	2	B/D PA; GC
HEPATAMINE 8%	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
NEPHRAMINE 5.4 %	3	B/D PA
NORMOSOL-R PH 7.4	3	
<i>plenamine</i>	4	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>premasol 10 %</i>	2	B/D PA; MO; GC
<i>travasol 10 %</i>	4	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO; GC
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO; GC
<i>prenatal vitamin oral tablet</i>	1	MO; GC

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

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

Index

<i>abacavir</i>	1	ALECENSA.....	13	<i>anagrelide</i>	51
<i>abacavir-lamivudine</i>	1	<i>alendronate</i>	67	<i>anastrozole</i>	13
<i>abacavir-lamivudine-</i> <i>zidovudine</i>	1	<i>alfuzosin</i>	78	ANORO ELLIPTA.....	75
ABELCET.....	1	ALIMTA.....	13	APOKYN.....	26
ABILIFY MAINTENA.....	32	ALINIA.....	7	<i>apraclonidine</i>	74
<i>abiraterone</i>	12	ALIQOPA.....	13	<i>aprepitant</i>	61
ABRAXANE.....	12	<i>aliskiren</i>	39	<i>apri</i>	70
<i>acamprosate</i>	51	<i>allopurinol</i>	67	APRISO.....	61
<i>acarbose</i>	54, 55	<i>alosetron</i>	61	APTIOM.....	23
<i>acebutolol</i>	39	ALPHAGAN P.....	74	APTIVUS.....	2
<i>acetaminophen-codeine</i>	29	<i>alprazolam</i>	32	APTIVUS (WITH	
<i>acetazolamide</i>	74	ALUNBRIG.....	13	VITAMIN E).....	2
<i>acetazolamide sodium</i>	74	<i>alyacen 1/35 (28)</i>	70	<i>aranelle (28)</i>	70
<i>acetic acid</i>	53	<i>alyq</i>	75	ARCALYST.....	64
<i>acetylcysteine</i>	51, 75	<i>amantadine hcl</i>	2	ARIKAYCE.....	7
<i>acitretin</i>	47	AMBISOME.....	1	<i>aripiprazole</i>	32, 33
ACTHIB (PF).....	65	<i>ambrisentan</i>	75	ARNUITY ELLIPTA.....	75
ACTIMMUNE.....	64	<i>amethia</i>	70	ARRANON.....	13
<i>acyclovir</i>	1, 49	<i>amethia lo</i>	70	ARSENIC TRIOXIDE.....	13
<i>acyclovir sodium</i>	1	<i>amethyst (28)</i>	70	<i>arsenic trioxide</i>	13
ADACEL(TDAP		AMICAR.....	42	ARZERRA.....	13
ADOLESN/ADULT)(PF)....	65	<i>amikacin</i>	7	<i>ashlyna</i>	70
ADASUVE.....	32	<i>amiloride</i>	39	<i>aspirin-dipyridamole</i>	42
ADEMPAS.....	75	<i>amiloride-hydrochlorothiazide</i>	39	<i>atazanavir</i>	2
<i>adenosine</i>	38	<i>aminocaproic acid</i>	42	<i>atenolol</i>	39
<i>adrenalin</i>	74	AMINOSYN II 10 %.....	81	<i>atenolol-chlorthalidone</i>	39
<i>adriamycin</i>	12	AMINOSYN II 15 %.....	81	<i>atomoxetine</i>	33
<i>adrucil</i>	12	AMINOSYN-PF 7 %		<i>atorvastatin</i>	44
ADVAIR DISKUS.....	75	(SULFITE-FREE).....	81	<i>atovaquone</i>	7
ADVAIR HFA.....	75	<i>amiodarone</i>	38	<i>atovaquone-proguanil</i>	7
AFINITOR.....	12	AMITIZA.....	61	ATRIPLA.....	2
AFINITOR DISPERZ.....	12	<i>amitriptyline</i>	32	<i>atropine</i>	61, 73
<i>afirmelle</i>	70	<i>amlodipine</i>	39	ATROVENT HFA.....	75
AIMOVIG		<i>amlodipine-atorvastatin</i>	44	<i>aubra</i>	70
AUTOINJECTOR.....	26	<i>amlodipine-benazepril</i>	39	<i>aubra eq</i>	70
<i>ak-poly-bac</i>	72	<i>amlodipine-olmesartan</i>	39	<i>aurovela 1.5/30 (21)</i>	70
<i>albendazole</i>	7	<i>amlodipine-valsartan</i>	39	<i>aurovela 1/20 (21)</i>	70
<i>albumin, human 25 %</i>	79	<i>amlodipine-valsartan-</i> <i>hcthiacid</i>	39	<i>aurovela 24 fe</i>	70
<i>albuminar 25 %</i>	79	<i>ammonium lactate</i>	47	<i>aurovela fe 1.5/30 (28)</i>	70
<i>alburx (human) 25 %</i>	79	<i>amoxapine</i>	32	<i>aurovela fe 1-20 (28)</i>	70
<i>alburx (human) 5 %</i>	79	<i>amoxicillin</i>	10	AURYXIA.....	51
<i>albutein 25 %</i>	79	<i>amoxicillin-pot clavulanate</i>	10	AVASTIN.....	13
<i>albutein 5 %</i>	79	<i>amphotericin b</i>	1	<i>aviane</i>	70
<i>albuterol sulfate</i>	75	<i>ampicillin</i>	10	<i>avita</i>	48
<i>alclometasone</i>	49	<i>ampicillin sodium</i>	10	<i>ayuna</i>	70
<i>alcohol pads</i>	55	<i>ampicillin-sulbactam</i>	10	AYVAKIT.....	13
ALDURAZYME.....	59	ANADROL-50.....	59	<i>azacitidine</i>	13
				<i>azathioprine</i>	13

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

<i>azathioprine sodium</i>	13	BORTEZOMIB	13	<i>captopril</i>	39
<i>azelastine</i>	53, 73	BOSULIF	13	<i>captopril-hydrochlorothiazide</i> .	39
<i>azithromycin</i>	7	BOTOX	65	CARAC	47
AZOPT	74	BRAFTOVI	13	CARBAGLU	51
<i>aztreonam</i>	7	BREO ELLIPTA	75	<i>carbamazepine</i>	23
<i>bacitracin</i>	72	<i>briellyn</i>	70	<i>carbidopa</i>	26
<i>bacitracin-polymyxin b</i>	72	BRILINTA	42	<i>carbidopa-levodopa</i>	26
<i>baclofen</i>	28	<i>brimonidine</i>	74	<i>carbidopa-levodopa-</i>	
<i>balsalazide</i>	61	BRIVIACT	23	<i>entacapone</i>	26
BALVERSA	13	<i>bromfenac</i>	73	<i>carboplatin</i>	14
<i>balziva (28)</i>	70	<i>bromocriptine</i>	26	<i>carmustine</i>	14
BANZEL	23	BRUKINSA	13	<i>carteolol</i>	73
BAQSIMI	55	<i>budesonide</i>	61, 76	<i>cartia xt</i>	39
BARACLUDGE	2	<i>bumetanide</i>	39	<i>carvedilol</i>	39
BAVENCIO	13	BUPRENEX	29	<i>carvedilol phosphate</i>	39
BCG VACCINE, LIVE (PF) .65		<i>buprenorphine</i>	29	<i>caspofungin</i>	1
<i>bekyree (28)</i>	70	<i>buprenorphine hcl</i>	29	CAYSTON	7
BELEODAQ	13	<i>buprenorphine-naloxone</i>	31	<i>caziant (28)</i>	70
<i>benazepril</i>	39	<i>bupropion hcl</i>	33	<i>cefaclor</i>	5
<i>benazepril-</i>		<i>bupropion hcl (smoking</i>		<i>cefadroxil</i>	5
<i>hydrochlorothiazide</i>	39	<i>deter)</i>	53	<i>cefazolin</i>	6
BENDEKA	13	<i>buspirone</i>	33	<i>cefazolin in dextrose (iso-os)</i> ...	6
BENLYSTA	68	<i>busulfan</i>	13	<i>cefdinir</i>	6
BENZNIDAZOLE	7	<i>butorphanol</i>	31	<i>cefepime</i>	6
<i>benztropine</i>	26	BUTRANS	29	CEFEPIME IN	
<i>beser</i>	49	BYDUREON	55	DEXTROSE 5 %	6
BESIVANCE	72	BYDUREON BCISE	55	<i>cefepime in dextrose,iso-osm</i>	6
BESPONSA	13	BYETTA	55	<i>cefixime</i>	6
<i>betamethasone dipropionate</i>	49	BYSTOLIC	39	<i>cefoxitin</i>	6
<i>betamethasone valerate</i>	49	<i>cabergoline</i>	59	<i>cefoxitin in dextrose, iso-osm</i>	6
<i>betamethasone, augmented</i>	49	CABLIVI	42	<i>cefpodoxime</i>	6
BETASERON	64	CABOMETYX	13	<i>ceftazidime</i>	6
<i>betaxolol</i>	39, 73	<i>caffeine citrate</i>	51	CEFTAZIDIME IN D5W	6
<i>bethanechol chloride</i>	78	<i>calcipotriene</i>	47	<i>ceftriaxone</i>	6
<i>bexarotene</i>	13	<i>calcitonin (salmon)</i>	59	CEFTRIAXONE	6
BEXSERO	65	<i>calcitriol</i>	59	<i>ceftriaxone in dextrose,iso-os</i> ...	6
<i>bicalutamide</i>	13	<i>calcium acetate (phosphat</i>		<i>cefuroxime axetil</i>	6
BICILLIN L-A	10	<i>bind)</i>	79	<i>cefuroxime sodium</i>	6
BIDIL	39	<i>calcium gluconate</i>	79	<i>celecoxib</i>	31
BIKTARVY	2	CALQUENCE	14	CELONTIN	23
<i>bisoprolol fumarate</i>	39	<i>camila</i>	69	<i>cephalexin</i>	6, 7
<i>bisoprolol-</i>		<i>camrese</i>	70	CEPROTIN (BLUE BAR) ...42	
<i>hydrochlorothiazide</i>	39	<i>camrese lo</i>	70	CEPROTIN (GREEN BAR) 42	
<i>bleomycin</i>	13	<i>candesartan</i>	39	CERDELGA	59
BLINCYTO	13	<i>candesartan-</i>		CEREZYME	59
<i>blisovi 24 fe</i>	70	<i>hydrochlorothiazid</i>	39	<i>cetirizine</i>	75
<i>blisovi fe 1.5/30 (28)</i>	70	CAPASTAT	7	CHANTIX	53
<i>blisovi fe 1/20 (28)</i>	70	CAPLYTA	33	CHANTIX CONTINUING	
BOOSTRIX TDAP	65	CAPRELSA	14	MONTH BOX	53

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

CHANTIX STARTING MONTH BOX.....	53	<i>clonazepam</i>	23	CYSTARAN.....	73
<i>chateal (28)</i>	70	<i>clonidine</i>	40	<i>cytarabine</i>	14
<i>chateal eq (28)</i>	70	<i>clonidine hcl</i>	40	<i>cytarabine (pf)</i>	14
CHEMET.....	51	<i>clopidogrel</i>	42	<i>d10 %-0.45 % sodium chloride</i>	51
CHENODAL.....	61	<i>clorazepate dipotassium</i>	33	<i>d2.5 %-0.45 % sodium chloride</i>	51
<i>chloramphenicol sod succinate</i> ..	7	<i>clotrimazole</i>	1, 49	<i>d5 % and 0.9 % sodium chloride</i>	51
<i>chlorhexidine gluconate</i>	53	<i>clotrimazole-betamethasone</i> ...	49	<i>d5 %-0.45 % sodium chloride</i> ..	52
<i>chloroquine phosphate</i>	7	<i>clozapine</i>	33	<i>dacarbazine</i>	14
<i>chlorothiazide</i>	39	COARTEM.....	8	<i>dactinomycin</i>	14
<i>chlorothiazide sodium</i>	40	<i>codeine sulfate</i>	29	<i>dalfampridine</i>	27
<i>chlorpromazine</i>	33	COLCRYS.....	67	DALIRESP.....	76
<i>chlorthalidone</i>	40	<i>colesevelam</i>	44	<i>danazol</i>	59
CHOLBAM.....	61	<i>colestipol</i>	44	<i>dantrolene</i>	28
<i>cholestyramine (with sugar)</i> ...	44	<i>colistin (colistimethate na)</i>	8	<i>dapsone</i>	8
<i>cholestyramine light</i>	44	COMBIGAN.....	74	DAPTACEL (DTAP PEDIATRIC) (PF).....	65
CHORIONIC GONADOTROPIN, HUMAN.....	59	COMBIVENT RESPIMAT..	76	DAPTOMYCIN.....	8
<i>ciclopirox</i>	48, 49	COMETRIQ.....	14	<i>daptomycin</i>	8
<i>cidofovir</i>	2	COMPLERA.....	2	DARAPRIM.....	8
<i>cilostazol</i>	42	<i>compro</i>	61	DARZALEX.....	14
CIMDUO.....	2	<i>constulose</i>	61	<i>daunorubicin</i>	14
<i>cinacalcet</i>	59	COPAXONE.....	27	DAURISMO.....	14
CINRYZE.....	76	COPIKTRA.....	14	<i>daysee</i>	70
CIPRO HC.....	53	CORDRAN.....	50	<i>deblitane</i>	69
CIPRODEX.....	53	CORDRAN TAPE LARGE ROLL.....	50	<i>decadron</i>	54
<i>ciprofloxacin</i>	11	CORLANOR.....	45	<i>decitabine</i>	14
<i>ciprofloxacin hcl</i>	11, 53, 72	CORTIFOAM.....	61	<i>deferasirox</i>	52
<i>ciprofloxacin in 5 % dextrose</i> ..	11	<i>cortisone</i>	54	DELSTRIGO.....	2
<i>ciprofloxacin-dexamethasone</i> ..	53	CORTISPORIN-TC.....	53	DELZICOL.....	61
<i>cisplatin</i>	14	COSOPT (PF).....	74	DEMSEER.....	40
<i>citalopram</i>	33	COTELIC.....	14	DENAVIR.....	49
<i>cladribine</i>	14	CREON.....	61	<i>denta 5000 plus</i>	53
<i>claravis</i>	48	CRESEMBA.....	1	<i>dentagel</i>	53
<i>clarithromycin</i>	7	CRIVIVAN.....	2	DEPEN TITRATABS.....	68
<i>clindamycin hcl</i>	8	<i>cromolyn</i>	61, 73, 76	DEPO-MEDROL.....	54
CLINDAMYCIN IN 0.9 % SOD CHLOR.....	8	<i>crotan</i>	51	DESCOVY.....	2
<i>clindamycin in 5 % dextrose</i>	8	<i>cryselle (28)</i>	70	<i>desipramine</i>	33
<i>clindamycin pediatric</i>	8	CRYSVITA.....	59	<i>desloratadine</i>	75
<i>clindamycin phosphate</i> ..	8, 48, 69	<i>cyclafem 1/35 (28)</i>	70	<i>desmopressin</i>	59
<i>clindamycin-benzoyl peroxide</i> ..	48	<i>cyclafem 7/7 (28)</i>	70	<i>desog-e.estradiolle.estradiol</i>	70
<i>clobazam</i>	23	<i>cyclobenzaprine</i>	28	<i>desonide</i>	50
<i>clobetasol</i>	50	<i>cyclophosphamide</i>	14	<i>desoximetasone</i>	50
<i>clobetasol-emollient</i>	50	CYCLOPHOSPHAMIDE....	14	<i>desvenlafaxine succinate</i>	33
<i>clodan</i>	50	<i>cyclosporine</i>	14	<i>dexamethasone</i>	54
<i>clofarabine</i>	14	<i>cyclosporine modified</i>	14	<i>dexamethasone intensol</i>	54
<i>clomipramine</i>	33	CYRAMZA.....	14	<i>dexamethasone sodium phos (pf)</i>	54

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

<i>dexamethasone sodium phosphate</i>	54, 74	DOPTELET (15 TAB PACK).....	43	EMTRIVA.....	2
<i>dexchlorpheniramine maleate</i>	75	DOPTELET (30 TAB PACK).....	43	EMVERM.....	8
DEXILANT.....	63	<i>dorzolamide</i>	74	<i>enalapril maleate</i>	40
<i>dextroamphetamine</i>	33	<i>dorzolamide-timolol</i>	74	<i>enalaprilat</i>	40
<i>dextroamphetamine-amphetamine</i>	33	<i>dorzolamide-timolol (pf)</i>	74	<i>enalapril-hydrochlorothiazide</i>	40
<i>dextrose 10 % and 0.2 % nacl.</i>	52	<i>dotti</i>	69	ENBREL.....	68
<i>dextrose 10 % in water (d10w)</i>	52	DOVATO.....	2	ENBREL MINI.....	68
<i>dextrose 5 % in water (d5w)</i>	52	<i>doxazosin</i>	40	ENBREL SURECLICK.....	68
<i>dextrose 5 %-lactated ringers</i>	52	<i>doxepin</i>	34	<i>endocet</i>	29
<i>dextrose 5%-0.2 % sod chloride</i>	52	<i>doxercalciferol</i>	59	ENGERIX-B (PF).....	65
<i>dextrose 5%-0.3 % sod.chloride</i>	52	<i>doxorubicin</i>	15	ENGERIX-B PEDIATRIC (PF).....	65
DIASTAT.....	23	<i>doxorubicin, peg-liposomal</i>	15	<i>enoxaparin</i>	43
DIASTAT ACUDIAL.....	24	<i>doxy-100</i>	11	<i>enpresse</i>	70
<i>diazepam</i>	24, 33, 34	<i>doxycycline hyclate</i>	11	<i>entacapone</i>	26
<i>diazepam intensol</i>	33	<i>doxycycline monohydrate</i>	11	entecavir.....	2
<i>diazoxide</i>	55	DRIZALMA SPRINKLE.....	34	ENTRESTO.....	46
<i>diclofenac potassium</i>	31	<i>dronabinol</i>	61	ENTYVIO.....	62
<i>diclofenac sodium</i>	31, 47, 73	<i>drospirenone-e.estradiol-lm.fa</i>	70	<i>enulose</i>	62
<i>dicloxacillin</i>	10	<i>drospirenone-ethinyl estradiol</i>	70	EPCLUSA.....	2
<i>dicyclomine</i>	61	DROXIA.....	15	EPIDIOLEX.....	24
<i>didanosine</i>	2	<i>duloxetine</i>	34	<i>epinastine</i>	73
<i>diflunisal</i>	32	DUPIXENT PEN.....	47	EPINEPHRINE.....	75
<i>digitek</i>	45	DUPIXENT SYRINGE.....	47	<i>epinephrine</i>	75
<i>digox</i>	45	<i>duramorph (pf)</i>	29	EPIPEN.....	75
<i>digoxin</i>	45	<i>dutasteride</i>	78	EPIPEN 2-PAK.....	75
<i>dihydroergotamine</i>	27	<i>dutasteride-tamsulosin</i>	78	EPIPEN JR.....	75
DILANTIN 30 MG.....	24	<i>ec-naproxen</i>	32	EPIPEN JR 2-PAK.....	75
<i>diltiazem hcl</i>	40	<i>econazole</i>	49	<i>epirubicin</i>	15
<i>dilt-xr</i>	40	EDURANT.....	2	<i>epitol</i>	24
<i>dimethyl fumarate</i>	27	<i>efavirenz</i>	2	EPIVIR HBV.....	2
<i>diphenhydramine hcl</i>	75	<i>effer-k</i>	79	<i>eplerenone</i>	40
<i>dipyridamole</i>	43	ELAPRASE.....	59	<i>epoprostenol (glycine)</i>	40
<i>disulfiram</i>	52	<i>electrolyte-48 in d5w</i>	81	ERBITUX.....	15
<i>divalproex</i>	24	ELIQUIS.....	43	<i>ergotamine-caffeine</i>	27
<i>dobutamine</i>	46	ELIQUIS DVT-PE TREAT 30D START.....	43	ERIVEDGE.....	15
<i>dobutamine in d5w</i>	46	ELLENCE.....	15	ERLEADA.....	15
<i>docetaxel</i>	15	ELMIRON.....	78	<i>erlotinib</i>	15
<i>dofetilide</i>	38	<i>eluryng</i>	69	<i>errin</i>	69
<i>donepezil</i>	27	EMCYT.....	15	ERWINAZE.....	15
<i>dopamine</i>	46	EMEND.....	62	<i>ery pads</i>	48
<i>dopamine in 5 % dextrose</i>	46	EMEND (FOSAPREPITANT).....	62	ERYTHROCIN.....	7
DOPTELET (10 TAB PACK).....	43	<i>emoquette</i>	70	<i>erythrocin (as stearate)</i>	7
		EMPLICITI.....	15	<i>erythromycin</i>	7, 72
		EMSAM.....	34	<i>erythromycin ethylsuccinate</i>	7
		<i>emtricitabine</i>	2	<i>erythromycin with ethanol</i>	48
				<i>erythromycin-benzoyl peroxide</i>	48
				ESBRIET.....	76

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

<i>escitalopram oxalate</i>	34	<i>finasteride</i>	78	FYCOMPA.....	24
<i>esomeprazole magnesium</i> ..	63, 64	FINTEPLA.....	24	<i>gabapentin</i>	24
<i>esomeprazole sodium</i>	64	FIRAZYR.....	76	<i>galantamine</i>	27
<i>estarylla</i>	70	FIRDAPSE.....	27	GAMASTAN.....	65
<i>estradiol</i>	69	FIRMAGON KIT W		GAMASTAN S/D.....	65
<i>estradiol valerate</i>	69	DILUENT SYRINGE.....	15	GAMUNEX-C.....	65, 66
<i>ethambutol</i>	8	<i>flac otic oil</i>	53	<i>ganciclovir sodium</i>	3
<i>ethosuximide</i>	24	<i>flecainide</i>	38	GARDASIL 9 (PF).....	66
<i>ethynodiol diac-eth estradiol</i> ...	70	FLOVENT DISKUS.....	76	<i>gatifloxacin</i>	72
<i>etodolac</i>	32	FLOVENT HFA.....	76	GATTEX 30-VIAL.....	62
<i>etonogestrel-ethinyl estradiol</i> ..	69	<i>floxuridine</i>	15	GATTEX ONE-VIAL.....	62
ETOPOPHOS.....	15	<i>fluconazole</i>	1	GAUZE PAD.....	55
<i>etoposide</i>	15	<i>fluconazole in nacl (iso-osm)</i>	1	<i>gavilyte-c</i>	62
<i>euthyrox</i>	60	<i>flucytosine</i>	1	<i>gavilyte-g</i>	62
<i>everolimus (antineoplastic)</i>	15	<i>fludarabine</i>	15	<i>gavilyte-n</i>	62
<i>everolimus</i>		<i>fludrocortisone</i>	54	GAVRETO.....	15
<i>(immunosuppressive)</i>	15	<i>flunisolide</i>	76	GAZYVA.....	16
EVOTAZ.....	2	<i>fluocinolone</i>	50	<i>gemcitabine</i>	16
<i>exemestane</i>	15	<i>fluocinolone acetonide oil</i>	53	GEMCITABINE.....	16
EYLEA.....	73	<i>fluocinolone and shower cap</i>	50	<i>gemfibrozil</i>	45
<i>ezetimibe</i>	44	<i>fluocinonide</i>	50	<i>generlac</i>	62
<i>ezetimibe-simvastatin</i>	44	<i>fluocinonide-e</i>	50	<i>gengraf</i>	16
FABRAZYME.....	59	<i>fluocinonide-emollient</i>	50	<i>gentak</i>	72
<i>falmina (28)</i>	70	<i>fluoride (sodium)</i>	53, 81	<i>gentamicin</i>	8, 48, 72
<i>famciclovir</i>	3	<i>fluorometholone</i>	74	<i>gentamicin in nacl (iso-osm)</i>	8
<i>famotidine</i>	64	<i>fluorouracil</i>	15, 47	GENTAMICIN IN NAACL	
<i>famotidine (pf)</i>	64	<i>fluoxetine</i>	34	(ISO-OSM).....	8
<i>famotidine (pf)-nacl (iso-os)</i>	64	<i>fluphenazine decanoate</i>	34	<i>gentamicin sulfate (ped) (pf)</i> ...	8
FANAPT.....	34	<i>fluphenazine hcl</i>	34	GENVOYA.....	3
FARXIGA.....	55	<i>flurbiprofen</i>	32	GEODON.....	35
FARYDAK.....	15	<i>flurbiprofen sodium</i>	73	<i>gianvi (28)</i>	70
FASENRA.....	76	<i>flutamide</i>	15	GILOTRIF.....	16
FASLODEX.....	15	<i>fluticasone propionate</i>	50, 76	<i>glatiramer</i>	28
<i>fayosim</i>	70	<i>fluvastatin</i>	45	<i>glatopa</i>	28
<i>febuxostat</i>	67	<i>fluvoxamine</i>	34	GLEOSTINE.....	16
<i>felbamate</i>	24	FOLOTYN.....	15	<i>glimepiride</i>	55
<i>felodipine</i>	40	<i>fondaparinux</i>	43	<i>glipizide</i>	55
<i>femynor</i>	70	FORFIVO XL.....	35	<i>glipizide-metformin</i>	55
<i>fenofibrate</i>	45	<i>fosamprenavir</i>	3	GLUCAGEN HYPOKIT.....	55
<i>fenofibrate micronized</i>	44	<i>fosaprepitant</i>	62	GLUCAGON (HCL)	
<i>fenofibrate nanocrystallized</i>	45	<i>fosinopril</i>	40	EMERGENCY KIT.....	55
<i>fenofibric acid (choline)</i>	45	<i>fosinopril-hydrochlorothiazide</i>	40	GLUCAGON	
<i>fentanyl</i>	29	<i>fosphenytoin</i>	24	EMERGENCY KIT	
<i>fentanyl citrate</i>	29	FRAGMIN.....	43	(HUMAN).....	55
<i>fentanyl citrate (pf)</i>	29	FREAMINE HBC 6.9 %.....	81	<i>glycopyrrolate</i>	61
FERRIPROX.....	52	<i>freamine iii 10 %</i>	81	<i>glydo</i>	47
FERRIPROX (2 TIMES A		<i>fulvestrant</i>	15	<i>granisetron (pf)</i>	62
DAY).....	52	<i>furosemide</i>	40	<i>granisetron hcl</i>	62
FETZIMA.....	34	FUZEON.....	3	GRASTEK.....	66

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

<i>griseofulvin microsize</i>	1	HUMIRA PEN PSOR-	<i>icatibant</i>	76
<i>griseofulvin ultramicrosize</i>	1	UVEITS-ADOL HS.....	ICLUSIG.....	16
<i>hailey</i>	70	HUMIRA(CF).....	<i>idarubicin</i>	16
<i>hailey 24 fe</i>	70	HUMIRA(CF) PEDI	IDHIFA.....	16
<i>hailey fe 1.5/30 (28)</i>	70	CROHNS STARTER.....	<i>ifosfamide</i>	16
<i>hailey fe 1/20 (28)</i>	70	HUMIRA(CF) PEN.....	ILARIS (PF).....	64
HALAVEN.....	16	HUMIRA(CF) PEN	ILEVRO.....	73
<i>halobetasol propionate</i>	50, 51	CROHNS-UC-HS.....	<i>imatinib</i>	16
<i>haloperidol</i>	35	HUMIRA(CF) PEN PSOR-	IMBRUVICA.....	16
<i>haloperidol decanoate</i>	35	UV-ADOL HS.....	IMFINZI.....	16
<i>haloperidol lactate</i>	35	HUMULIN 70/30 U-100	<i>imipenem-cilastatin</i>	8
HARVONI.....	3	INSULIN.....	<i>imipramine hcl</i>	35
HAVRIX (PF).....	66	HUMULIN 70/30 U-100	<i>imiquimod</i>	47
<i>heather</i>	69	KWIKPEN.....	IMOVAX RABIES	
<i>heparin (porcine)</i>	43	HUMULIN N NPH	VACCINE (PF).....	66
<i>heparin (porcine) in 5 % dex</i> ..	43	INSULIN KWIKPEN.....	IMPAVIDO.....	8
<i>heparin (porcine) in nacl (pf)</i>	43	HUMULIN N NPH U-100	<i>incassia</i>	69
HEPARIN(PORCINE) IN		INSULIN.....	INCRELEX.....	52
0.45% NACL.....	43	HUMULIN R REGULAR	INCRUSE ELLIPTA.....	76
<i>heparin(porcine) in 0.45%</i>		U-100 INSULN.....	<i>indapamide</i>	40
<i>nacl</i>	44	HUMULIN R U-500	INFANRIX (DTAP) (PF)....	66
<i>heparin, porcine (pf)</i>	44	(CONC) INSULIN.....	INFUGEM.....	16
HEPARIN, PORCINE (PF).44		HUMULIN R U-500	INLYTA.....	16, 17
HEPATAMINE 8%.....	81	(CONC) KWIKPEN.....	INQOVI.....	17
HERCEPTIN.....	16	<i>hydralazine</i>	INREBIC.....	17
HERCEPTIN HYLECTA....	16	<i>hydrochlorothiazide</i>	INSULIN PEN NEEDLE....	56
HETLIOZ.....	35	<i>hydrocodone-acetaminophen</i> ...29	INSULIN SYRINGE	
HIBERIX (PF).....	66	<i>hydrocodone-ibuprofen</i>	(DISP) U-100.....	56
<i>hidex</i>	54	<i>hydrocortisone</i>	INTELENCE.....	3
HIZENTRA.....	66	<i>hydrocortisone butyrate</i>	<i>intralipid</i>	81
HUMALOG JUNIOR		<i>hydrocortisone butyr-</i>	INTRALIPID.....	81
KWIKPEN U-100.....	55	<i>emollient</i>	INTRON A.....	64
HUMALOG KWIKPEN		<i>hydrocortisone valerate</i>	<i>introvale</i>	70
INSULIN.....	55	<i>hydrocortisone-acetic acid</i>	INVEGA SUSTENNA.....	35
HUMALOG MIX 50-50		<i>hydromorphone</i>	INVEGA TRINZA.....	35
INSULN U-100.....	55	HYDROMORPHONE (PF).30	INVELTYS.....	74
HUMALOG MIX 50-50		<i>hydromorphone (pf)</i>	INVIRASE.....	3
KWIKPEN.....	56	<i>hydroxychloroquine</i>	INVOKAMET.....	56
HUMALOG MIX 75-25		<i>hydroxyprogesterone</i>	INVOKAMET XR.....	56
KWIKPEN.....	56	<i>caproate</i>	INVOKANA.....	56
HUMALOG MIX 75-25(U-		<i>hydroxyurea</i>	IPOL.....	66
100)INSULN.....	56	<i>hydroxyzine hcl</i>	<i>ipratropium bromide</i>	53, 76
HUMALOG U-100		HYPERHEP B S/D.....	<i>ipratropium-albuterol</i>	76
INSULIN.....	56	HYPERHEP B S-D	<i>irbesartan</i>	40
HUMIRA.....	68	NEONATAL.....	<i>irbesartan-</i>	
HUMIRA PEN.....	68	<i>ibandronate</i>	<i>hydrochlorothiazide</i>	40
HUMIRA PEN CROHNS-		IBRANCE.....	IRESSA.....	17
UC-HS START.....	68	<i>ibu</i>	<i>irinotecan</i>	17
		<i>ibuprofen</i>	ISENTRESS.....	3

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

ISENTRESS HD.....	3	KISQALI FEMARA CO-	LEUKERAN.....	18
<i>isibloom</i>	70	PACK.....	<i>leuprolide</i>	18
<i>isoniazid</i>	8	<i>klor-con</i>	LEVEMIR FLEXTOUCH	
<i>isosorbide dinitrate</i>	46	<i>klor-con 10</i>	U-100 INSULN.....	57
<i>isosorbide mononitrate</i>	46	<i>klor-con 8</i>	LEVEMIR U-100 INSULIN	57
<i>isotretinoin</i>	48	<i>klor-con m10</i>	<i>levetiracetam</i>	24, 25
<i>isradipine</i>	40	<i>klor-con m15</i>	<i>levetiracetam in nacl (iso-os)</i> .	24
ISTODAX.....	17	<i>klor-con m20</i>	<i>levobunolol</i>	73
<i>itraconazole</i>	1	<i>klor-conlef</i>	<i>levocarnitine</i>	52
<i>ivermectin</i>	8	KORLYM.....	<i>levocarnitine (with sugar)</i>	52
IXEMPRA.....	17	K-PHOS NO 2.....	<i>levocetirizine</i>	75
IXIARO (PF).....	66	K-PHOS ORIGINAL.....	<i>levofloxacin</i>	11, 72
JAKAFI.....	17	KRYSTEXXA.....	<i>levofloxacin in d5w</i>	11
<i>jantoven</i>	44	KUVAN.....	<i>levoleucovorin calcium</i>	12
JANUMET.....	56	KYPROLIS.....	<i>levonest (28)</i>	71
JANUMET XR.....	56	<i>l norgestle.estradiol-e.estrad...</i>	<i>levonorgestrel-ethinyl estrad...</i>	71
JANUVIA.....	56	<i>labetalol</i>	<i>levonorg-eth estrad triphasic...</i>	71
JARDIANCE.....	56	<i>lactated ringers</i>	<i>levora-28</i>	71
<i>jasmiel (28)</i>	71	<i>lactulose</i>	<i>levo-t</i>	60
<i>jencycla</i>	69	LAMICTAL XR STARTER	<i>levothyroxine</i>	60
JENTADUETO.....	56	(BLUE).....	<i>levoxyl</i>	61
JENTADUETO XR.....	56	LAMICTAL XR STARTER	LEXIVA.....	4
JEVTANA.....	17	(GREEN).....	LIBTAYO.....	18
<i>jolessa</i>	71	LAMICTAL XR STARTER	<i>lidocaine</i>	47
<i>juleber</i>	71	(ORANGE).....	<i>lidocaine (pf)</i>	38, 47
JULUCA.....	3	<i>lamivudine</i>	<i>lidocaine hcl</i>	47
<i>junel 1.5/30 (21)</i>	71	<i>lamivudine-zidovudine</i>	<i>lidocaine viscous</i>	47
<i>junel 1/20 (21)</i>	71	<i>lamotrigine</i>	<i>lidocaine-prilocaine</i>	48
<i>junel fe 1.5/30 (28)</i>	71	LANOXIN.....	<i>lillow (28)</i>	71
<i>junel fe 1/20 (28)</i>	71	LANOXIN PEDIATRIC.....	<i>lindane</i>	51
<i>junel fe 24</i>	71	<i>lansoprazole</i>	<i>linezolid</i>	8
KADCYLA.....	17	LANTUS SOLOSTAR U-	<i>linezolid in dextrose 5%</i>	8
<i>kaitlib fe</i>	71	100 INSULIN.....	<i>linezolid-0.9% sodium</i>	
KALETRA.....	3	LANTUS U-100 INSULIN..	<i>chloride</i>	8
<i>kalliga</i>	71	<i>larin 1.5/30 (21)</i>	LINZESS.....	62
KALYDECO.....	76, 77	<i>larin 1/20 (21)</i>	LIORESAL.....	28
KANUMA.....	59	<i>larin fe 1.5/30 (28)</i>	<i>liothyronine</i>	61
<i>kariva (28)</i>	71	<i>larin fe 1/20 (28)</i>	LIPOFEN.....	45
<i>kelnor 1/35 (28)</i>	71	<i>larissia</i>	<i>lisinopril</i>	41
<i>kelnor 1-50</i>	71	<i>latanoprost</i>	<i>lisinopril-hydrochlorothiazide</i> .	41
KEPIVANCE.....	12	LATUDA.....	<i>lithium carbonate</i>	35
<i>ketoconazole</i>	1, 49	<i>layolis fe</i>	<i>lithium citrate</i>	35
<i>ketoprofen</i>	32	<i>leena 28</i>	LONSURF.....	18
<i>ketorolac</i>	73	<i>leflunomide</i>	<i>loperamide</i>	61
KEYTRUDA.....	17	LEMTRADA.....	<i>lopinavir-ritonavir</i>	4
KHAPZORY.....	12	LENVIMA.....	<i>lorazepam</i>	35, 36
KINRIX (PF).....	66	<i>lessina</i>	<i>lorazepam intensol</i>	36
<i>kionex (with sorbitol)</i>	52	<i>letrozole</i>	LORBRENA.....	18
KISQALI.....	17	<i>leucovorin calcium</i>	<i>loryna (28)</i>	71

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

<i>losartan</i>	41	<i>mefloquine</i>	8	<i>metro i.v.</i>	9
<i>losartan-hydrochlorothiazide</i> ..	41	<i>megestrol</i>	18	<i>metronidazole</i>	9, 48, 69
<i>loteprednol etabonate</i>	74	MEKINIST	18	<i>metronidazole in nacl (iso-os)</i> ..	9
<i>lovastatin</i>	45	MEKTOVI	18	<i>mexiletine</i>	38
<i>low-ogestrel (28)</i>	71	<i>melodetta 24 fe</i>	71	MIACALCIN	59
<i>loxapine succinate</i>	36	<i>meloxicam</i>	32	<i>mibelas 24 fe</i>	71
<i>lo-zumandimine (28)</i>	71	<i>melphalan</i>	18	<i>micafungin</i>	1
LUCENTIS	73	<i>melphalan hcl</i>	18	<i>miconazole-3</i>	69
LUMIGAN	74	<i>memantine</i>	28	<i>microgestin 1.5/30 (21)</i>	71
LUMIZYME	59	MEMANTINE	28	<i>microgestin 1/20 (21)</i>	71
LUMOXITI	18	MENACTRA (PF)	66	<i>microgestin fe 1.5/30 (28)</i>	71
LUPRON DEPOT	18	MENVEO A-C-Y-W-135-		<i>microgestin fe 1/20 (28)</i>	71
LUPRON DEPOT (3		DIP (PF)	66	<i>midodrine</i>	52
MONTH)	18	MEPSEVII	59	<i>mili</i>	71
LUPRON DEPOT (4		<i>mercaptopurine</i>	18	<i>milrinone</i>	46
MONTH)	18	<i>meropenem</i>	8	<i>milrinone in 5 % dextrose</i>	46
LUPRON DEPOT (6		MEROPENEM-0.9%		<i>minocycline</i>	11
MONTH)	18	SODIUM CHLORIDE	8, 9	<i>minoxidil</i>	41
LUPRON DEPOT-PED	18	<i>mesalamine</i>	62	MIRENA	70
LUPRON DEPOT-PED (3		<i>mesalamine with cleansing</i>		<i>mirtazapine</i>	36
MONTH)	18	<i>wipe</i>	62	<i>misoprostol</i>	64
<i>lutea (28)</i>	71	<i>mesna</i>	12	<i>mitomycin</i>	18
LYNPARZA	18	MESNEX	12	<i>mitoxantrone</i>	18
LYRICA	25	<i>metaproterenol</i>	77	M-M-R II (PF)	66
LYSODREN	18	<i>metformin</i>	57	<i>modafinil</i>	36
LYUMJEV KWIKPEN U-		<i>methadone</i>	30	<i>moexipril</i>	41
100 INSULIN	57	<i>methadone intensol</i>	30	<i>molindone</i>	36
LYUMJEV KWIKPEN U-		<i>methadose</i>	30	<i>mometasone</i>	51
200 INSULIN	57	<i>methazolamide</i>	74	<i>mondoxyne nl</i>	11
LYUMJEV U-100		<i>methenamine hippurate</i>	11	<i>montelukast</i>	77
INSULIN	57	<i>methenamine mandelate</i>	11	<i>morgidox</i>	11
<i>lyza</i>	69	<i>methimazole</i>	54	MORPHINE	30, 31
<i>mafenide acetate</i>	48	<i>methotrexate sodium</i>	18	<i>morphine</i>	31
<i>magnesium sulfate</i>	79	<i>methotrexate sodium (pf)</i>	18	<i>morphine (pf)</i>	30
MAGNESIUM SULFATE		<i>methoxsalen</i>	48	<i>morphine concentrate</i>	30
IN D5W	79	<i>methyldopa</i>	41	<i>moxifloxacin</i>	11, 72
<i>magnesium sulfate in water</i>	79	<i>methylergonovine</i>	72	MOZOBIL	64
<i>malathion</i>	51	<i>methylphenidate hcl</i>	36	MULTAQ	38
<i>mannitol 20 %</i>	41	<i>methylprednisolone</i>	54	<i>mupirocin</i>	48
<i>mannitol 25 %</i>	41	<i>methylprednisolone acetate</i>	54	<i>mupirocin calcium</i>	48
<i>maprotiline</i>	36	<i>methylprednisolone sodium</i>		MYALEPT	59
<i>marlissa (28)</i>	71	<i>succ</i>	54	MYCAMINE	1
MARPLAN	36	<i>methyltestosterone</i>	59	<i>mycophenolate mofetil</i>	19
MARQIBO	18	<i>metoclopramide hcl</i>	62	<i>mycophenolate mofetil (hcl)</i> ...	19
MATULANE	18	<i>metolazone</i>	41	<i>mycophenolate sodium</i>	19
<i>matzim la</i>	41	<i>metoprolol succinate</i>	41	MYLOTARG	19
MAVYRET	4	<i>metoprolol ta-</i>		MYRBETRIQ	78
<i>meclizine</i>	62	<i>hydrochlorothiaz</i>	41	<i>nabumetone</i>	32
<i>medroxyprogesterone</i>	69	<i>metoprolol tartrate</i>	41	<i>nadolol</i>	41

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

<i>nadolol-bendroflumethiazide</i> ...	41	<i>nilutamide</i>	19	<i>nystatin-triamcinolone</i>	49
<i>nafcillin</i>	10	<i>nimodipine</i>	41	<i>nystop</i>	49
<i>nafcillin in dextrose iso-osm</i> ...	10	NINLARO	19	OCALIVA	62
NAFTIN	49	NIPENT	19	<i>ocella</i>	71
NAGLAZYME	59	<i>nisoldipine</i>	41	OCREVUS	28
<i>naloxone</i>	32	<i>nitisinone</i>	52	<i>octreotide acetate</i>	19
<i>naltrexone</i>	32	<i>nitro-bid</i>	46	ODEFSEY	4
NAMZARIC	28	<i>nitrofurantoin</i>	12	ODOMZO	19
<i>naproxen</i>	32	<i>nitrofurantoin macrocrystal</i> ...	12	OFEV	77
<i>naproxen sodium</i>	32	<i>nitrofurantoin monohydlm-</i>		<i>ofloxacin</i>	53, 72
<i>naratriptan</i>	27	<i>cryst</i>	12	OGIVRI	19
NARCAN	32	<i>nitroglycerin</i>	46, 47	<i>olanzapine</i>	36
NATACYN	72	<i>nitroglycerin in 5 % dextrose</i> ..	46	<i>olanzapine-fluoxetine</i>	36
<i>nateglinide</i>	57	<i>nora-be</i>	69	<i>olmesartan</i>	41
NATPARA	59	<i>noreth-ethinyl estradiol-iron</i> ...	71	<i>olmesartan-amlodipin-</i>	
NATROBA	51	<i>norethindrone (contraceptive)</i> ..	69	<i>hcthiazid</i>	41
NAYZILAM	25	<i>norethindrone acetate</i>	69	<i>olmesartan-</i>	
NEBUPENT	9	<i>norethindrone ac-eth estradiol</i> ..	71	<i>hydrochlorothiazide</i>	41
<i>necon 0.5/35 (28)</i>	71	<i>norethindrone-e.estradiol-iron</i> ..	71	<i>olopatadine</i>	53, 73
NEEDLES, INSULIN		<i>norgestimate-ethinyl estradiol</i> ..	71	<i>omeprazole</i>	64
DISP.,SAFETY	57	<i>norlyda</i>	69	OMNITROPE	64
<i>nefazodone</i>	36	NORMOSOL-R	79	ONCASPAS	19
<i>neomycin</i>	9	NORMOSOL-R PH 7.4	81	<i>ondansetron</i>	62
<i>neomycin-bacitracin-poly-hc</i> ...	74	NORTHERA	52	<i>ondansetron hcl</i>	62, 63
<i>neomycin-bacitracin-</i>		<i>nortrel 0.5/35 (28)</i>	71	<i>ondansetron hcl (pf)</i>	62
<i>polymyxin</i>	72	<i>nortrel 1/35 (21)</i>	71	ONGLYZA	57
<i>neomycin-polymyxin b-</i>		<i>nortrel 1/35 (28)</i>	71	ONIVYDE	19
<i>dexameth</i>	74	<i>nortrel 7/7/7 (28)</i>	71	ONTRUZANT	19
<i>neomycin-polymyxin-</i>		<i>nortriptyline</i>	36	OPDIVO	19
<i>gramicidin</i>	72	NORVIR	4	<i>opium tincture</i>	61
<i>neomycin-polymyxin-hc</i> ...	54, 74	NOVOLOG FLEXPEN U-		<i>oralone</i>	53
<i>neo-polycin</i>	72	100 INSULIN	57	ORENCIA	68
<i>neo-polycin hc</i>	74	NOVOLOG MIX 70-30 U-		ORENCIA (WITH	
<i>neostigmine methylsulfate</i>	28	100 INSULN	57	MALTOSE)	68
NEPHRAMINE 5.4 %	81	NOVOLOG MIX 70-		ORENCIA CLICKJECT	68
NERLYNX	19	30FLEXPEN U-100	57	ORFADIN	52
NEULASTA	64	NOVOLOG PENFILL U-		ORKAMBI	77
NEULASTA ONPRO	64	100 INSULIN	57	<i>orsythia</i>	71
NEUPOGEN	64	NOVOLOG U-100		<i>oseltamivir</i>	4
NEUPRO	26	INSULIN ASPART	57	<i>osmitrol 15 %</i>	41
<i>nevirapine</i>	4	NOXAFIL	1	<i>osmitrol 20 %</i>	41
NEXAVAR	19	NPLATE	44	<i>oxaliplatin</i>	19
NEXPLANON	70	NUBEQA	19	<i>oxandrolone</i>	59
<i>niacin</i>	45	NUEDEXTA	28	<i>oxaprozin</i>	32
<i>nicardipine</i>	41	NULOJIX	19	<i>oxcarbazepine</i>	25
NICOTROL	53	NUPLAZID	36	OXERVATE	73
NICOTROL NS	53	NUVARING	70	<i>oxybutynin chloride</i>	78
<i>nifedipine</i>	41	<i>nyamyc</i>	49	<i>oxycodone</i>	31
<i>nikki (28)</i>	71	<i>nystatin</i>	1, 49	<i>oxycodone-acetaminophen</i>	31

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

<i>oxycodone-aspirin</i>	31	<i>phenobarbital sodium</i>	25	<i>potassium chloride-d5-</i>	
<i>oxymorphone</i>	31	<i>phentolamine</i>	41	<i>0.9%nacl</i>	80
OZEMPIC	57	<i>phenytoin</i>	25	<i>potassium citrate</i>	78
OZURDEX	74	<i>phenytoin sodium</i>	25	<i>potassium phosphate m-ld-</i>	
<i>pacerone</i>	38	<i>phenytoin sodium extended</i>	25	<i>basic</i>	80
<i>paclitaxel</i>	19	PHOSLYRA	79	POTELIGEO	20
PADCEV	19	PHOSPHOLINE IODIDE	73	PRADAXA	44
<i>paliperidone</i>	36	PIFELTRO	4	<i>pramipexole</i>	26
<i>palonosetron</i>	63	<i>pilocarpine hcl</i>	52, 73	<i>prasugrel</i>	44
PALYNZIQ	59	<i>pimozide</i>	37	<i>pravastatin</i>	45
PANRETIN	48	<i>pimtree (28)</i>	72	<i>praziquantel</i>	9
<i>pantoprazole</i>	64	<i>pindolol</i>	41	<i>prazosin</i>	41
PARICALCITOL	59	<i>pioglitazone</i>	57	<i>prednicarbate</i>	51
<i>paricalcitol</i>	60	<i>pioglitazone-glimepiride</i>	57	<i>prednisolone</i>	54
<i>paroex oral rinse</i>	53	<i>pioglitazone-metformin</i>	57	<i>prednisolone acetate</i>	74
<i>paromomycin</i>	9	PIPERACILLIN-		<i>prednisolone sodium</i>	
<i>paroxetine hcl</i>	36	TAZOBACTAM	11	<i>phosphate</i>	54, 74
PASER	9	<i>piperacillin-tazobactam</i>	11	<i>prednisone</i>	54
PATADAY	73	PIQRAY	19	<i>prednisone intensol</i>	54
PAXIL	36	<i>pirmella</i>	72	<i>pregabalin</i>	25
PAZEO	73	<i>plasbumin 25 %</i>	79	PREMARIN	69
PEDIARIX (PF)	66	<i>plasbumin 5 %</i>	79	<i>premasol 10 %</i>	81
PEDVAX HIB (PF)	66	<i>plenamine</i>	81	PREMPHASE	69
<i>peg 3350-electrolytes</i>	63	PLENVU	63	PREMPRO	69
PEGANONE	25	<i>podofilox</i>	48	<i>prenatal vitamin oral tablet</i>	81
PEGASYS	65	POLIVY	19	<i>prevalite</i>	45
PEGASYS PROCLICK	65	<i>polycin</i>	72	<i>previfem</i>	72
<i>peg-electrolyte</i>	63	<i>polyethylene glycol 3350</i>	63	PREVYMIS	4
PEMAZYRE	19	<i>polymyxin b sulf-</i>		PREZCOBIX	4
<i>penicillamine</i>	68	<i>trimethoprim</i>	73	PREZISTA	4
<i>penicillin g potassium</i>	10	POMALYST	19	PRIFTIN	9
<i>penicillin g procaine</i>	10	<i>portia 28</i>	72	<i>primaquine</i>	9
<i>penicillin g sodium</i>	10	PORTRAZZA	20	<i>primidone</i>	25
<i>penicillin v potassium</i>	10	<i>posaconazole</i>	1	PRIVIGEN	66
PENTACEL (PF)	66	<i>potassium acetate</i>	79	PROAIR HFA	77
PENTAM	9	<i>potassium chlorid-d5-</i>		PROAIR RESPICLICK	77
<i>pentamidine</i>	9	<i>0.45%nacl</i>	79, 80	<i>probenecid</i>	67
PENTASA	63	<i>potassium chloride</i>	80	<i>probenecid-colchicine</i>	67
<i>pentoxifylline</i>	44	<i>potassium chloride in</i>		<i>procainamide</i>	38
PERFOROMIST	77	<i>0.9%nacl</i>	80	<i>prochlorperazine</i>	63
<i>perindopril erbumine</i>	41	<i>potassium chloride in 5 % dex</i>	80	<i>prochlorperazine edisylate</i>	63
<i>periogard</i>	53	<i>potassium chloride in lr-d5</i>	80	<i>prochlorperazine maleate oral</i>	63
PERJETA	19	<i>potassium chloride in water</i>	80	PROCRIT	65
<i>permethrin</i>	51	<i>potassium chloride-0.45 %</i>		<i>procto-med hc</i>	63
<i>perphenazine</i>	36	<i>nacl</i>	80	<i>procto-pak</i>	63
PERSERIS	37	<i>potassium chloride-d5-</i>		<i>proctosol hc</i>	63
<i>pfizerpen-g</i>	10	<i>0.2%nacl</i>	80	<i>proctozone-hc</i>	63
<i>phenelzine</i>	37	<i>potassium chloride-d5-</i>		<i>progesterone micronized</i>	69
<i>phenobarbital</i>	25	<i>0.3%nacl</i>	80	PROGLYCEM	57

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

PROGRAF.....	20	REMICADE.....	63	SAMSCA.....	60
PROLASTIN-C.....	52	RENACIDIN.....	79	SANDIMMUNE.....	20
PROLENSA.....	73	<i>repaglinide</i>	57, 58	SANTYL.....	48
PROLEUKIN.....	65	<i>repaglinide-metformin</i>	58	SAPHRIS.....	37
PROLIA.....	67	REPATHA.....	45	SARCLISA.....	20
PROMACTA.....	44	REPATHA.....		SAVELLA.....	69
<i>promethazine</i>	75	PUSHTRONEX.....	45	<i>scopolamine base</i>	63
<i>propafenone</i>	38, 39	REPATHA SURECLICK...	45	SECUADO.....	37
<i>propranolol</i>	41	RESTASIS.....	73	<i>selegiline hcl</i>	26
<i>propranolol-</i>		RESTASIS MULTIDOSE...	73	<i>selenium sulfide</i>	47
<i>hydrochlorothiazid</i>	41	RETEVMO.....	20	SELZENTRY.....	4, 5
<i>propylthiouracil</i>	54	RETROVIR.....	4	SENSIPAR.....	60
PROQUAD (PF).....	66	REVCОВI.....	52	SEREVENT DISKUS.....	77
<i>protriptyline</i>	37	REVLIMID.....	20	<i>sertraline</i>	37
PULMOZYME.....	77	<i>revonto</i>	29	<i>setlakin</i>	72
PURIXAN.....	20	REXULTI.....	37	<i>sevelamer carbonate</i>	52
PYLERA.....	64	REYATAZ.....	4	<i>sevelamer hcl</i>	52
<i>pyrazinamide</i>	9	RHOPRESSA.....	74	<i>sf</i>	53
<i>pyridostigmine bromide</i>	28, 29	<i>ribavirin</i>	4	<i>sf 5000 plus</i>	53
<i>pyrimethamine</i>	9	<i>rifabutin</i>	9	<i>sharobel</i>	69
QINLOCK.....	20	<i>rifampin</i>	9	SHINGRIX (PF).....	67
QUADRACEL (PF).....	66	<i>riluzole</i>	52	SIGNIFOR.....	20
<i>quetiapine</i>	37	<i>rimantadine</i>	4	<i>sildenafil (pulmonary arterial</i>	
<i>quinapril</i>	41	<i>ringer's</i>	80	<i>hypertension)</i>	77
<i>quinapril-hydrochlorothiazide</i>	41	RINVOQ.....	68	<i>silver sulfadiazine</i>	48
<i>quinidine sulfate</i>	39	RISPERDAL CONSTA.....	37	SIMBRINZA.....	74
<i>quinine sulfate</i>	9	<i>risperidone</i>	37	<i>simliya (28)</i>	72
RABAVERT (PF).....	66	<i>ritonavir</i>	4	<i>simpesse</i>	72
<i>rabeprazole</i>	64	RITUXAN.....	20	SIMULECT.....	20
RADICAVA.....	28	RITUXAN HYCELA.....	20	<i>simvastatin</i>	45
RAGWITEK.....	66	<i>rivastigmine</i>	28	<i>sirolimus</i>	20
<i>raloxifene</i>	67	<i>rivastigmine tartrate</i>	28	SIRTURO.....	9
<i>ramelteon</i>	37	<i>rivelsa</i>	72	SKLICE.....	51
<i>ramipril</i>	41	<i>rizatriptan</i>	27	SKYRIZI.....	47
RANEXA.....	46	ROCKLATAN.....	74	<i>sodium acetate</i>	80
<i>ranitidine hcl</i>	64	ROMIDEPSIN.....	20	<i>sodium bicarbonate</i>	80, 81
<i>ranolazine</i>	46	<i>ropinirole</i>	26	<i>sodium chloride</i>	52, 81
<i>rasagiline</i>	26	<i>rosadan</i>	48	<i>sodium chloride 0.45 %</i>	81
RAVICTI.....	52	<i>rosuvastatin</i>	45	<i>sodium chloride 0.9 %</i>	52
REBIF (WITH ALBUMIN).....	65	ROTARIX.....	67	<i>sodium chloride 3 %</i>	81
REBIF REBIDOSE.....	65	ROTATEQ VACCINE.....	67	<i>sodium chloride 5 %</i>	81
REBIF TITRATION PACK.....	65	<i>rowepra</i>	25	SODIUM EDECRIN.....	41
<i>reclipsen (28)</i>	72	ROZEREM.....	37	<i>sodium fluoride 5000 plus</i>	53
RECOMBIVAX HB (PF).....	66, 67	ROZLYTREK.....	20	<i>sodium phosphate</i>	81
RECTIV.....	63	RUBRACA.....	20	<i>sodium polystyrene (sorb</i>	
<i>regonol</i>	29	RUKOBIA.....	4	<i>free)</i>	52
REG GRANEX.....	48	RYDAPT.....	20	<i>sodium polystyrene sulfonate</i> ..	52
RELENZA DISKHALER.....	4	RYTARY.....	26	<i>solifenacin</i>	78
RELISTOR.....	63	<i>salsalate</i>	32	SOLQUA 100/33.....	58

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

SOLIRIS.....	52	SUTENT.....	20	TENIVAC (PF).....	67
SOLTAMOX.....	20	<i>syeda</i>	72	<i>tenofovir disoproxil fumarate</i>	5
SOLU-CORTEF ACT-O- VIAL (PF).....	54	SYLATRON.....	65	<i>terazosin</i>	42
SOMATULINE DEPOT.....	20	SYLVANT.....	20	<i>terbinafine hcl</i>	1
SOMAVERT.....	60	SYMDEKO.....	77	<i>terbutaline</i>	77
<i>sorine</i>	39	SYMFI.....	5	<i>terconazole</i>	70
<i>sotalol</i>	39	SYMFI LO.....	5	TERIPARATIDE.....	67
<i>sotalol af</i>	39	SYMLINPEN 120.....	58	<i>testosterone</i>	60
SOTYLIZE.....	39	SYMLINPEN 60.....	58	<i>testosterone cypionate</i>	60
<i>spironolactone</i>	41	SYMPAZAN.....	25	<i>testosterone enanthate</i>	60
<i>spironolacton- hydrochlorothiaz</i>	41	SYMTUZA.....	5	TETANUS, DIPHTHERIA	
<i>sprintec (28)</i>	72	SYNAGIS.....	5	TOX PED(PF).....	67
SPRITAM.....	25	SYNAREL.....	60	<i>tetrabenazine</i>	28
SPRYCEL.....	20	SYNERCID.....	9	<i>tetracycline</i>	11
<i>sps (with sorbitol)</i>	52	SYNJARDY.....	58	THALOMID.....	21
<i>sronyx</i>	72	SYNJARDY XR.....	58	<i>theophylline</i>	77
<i>ssd</i>	48	SYNRIBO.....	20	<i>thioridazine</i>	37
STAMARIL (PF).....	67	TABLOID.....	20	<i>thiotepa</i>	21
<i>stavudine</i>	5	TABRECTA.....	20	<i>thiothixene</i>	37
STELARA.....	47	<i>tacrolimus</i>	20, 48	<i>tiagabine</i>	25
STIMATE.....	60	<i>tadalafil</i>	79	TIBSOVO.....	21
STIVARGA.....	20	<i>tadalafil (pulm. hypertension)</i> 77		TICE BCG.....	67
STRENSIQ.....	60	TAFINLAR.....	21	<i>tigecycline</i>	9
STREPTOMYCIN.....	9	TAGRISSE.....	21	<i>timolol maleate</i>	42, 73
STRIBILD.....	5	TALZENNA.....	21	TIVICAY.....	5
SUBOXONE.....	32	<i>tamoxifen</i>	21	TIVICAY PD.....	5
<i>subvenite</i>	25	<i>tamsulosin</i>	78	<i>tizanidine</i>	29
<i>subvenite starter (blue) kit</i>	25	TARGRETIN.....	21	<i>tobramycin</i>	73
<i>subvenite starter (green) kit</i> ...	25	<i>tarina 24 fe</i>	72	<i>tobramycin in 0.225 % nacl</i>	9
<i>subvenite starter (orange) kit</i> ..	25	<i>tarina fe 1/20 (28)</i>	72	<i>tobramycin sulfate</i>	9
SUCRAID.....	63	<i>tarina fe 1-20 eq (28)</i>	72	<i>tobramycin-dexamethasone</i>	74
<i>sucralfate</i>	64	TASIGNA.....	21	<i>tolterodine</i>	78
<i>sulfacetamide sodium</i>	73	<i>tazarotene</i>	48	<i>tolvaptan</i>	60
<i>sulfacetamide sodium (acne)</i> ..	48	<i>tazicef</i>	7	<i>topiramate</i>	25
<i>sulfacetamide-prednisolone</i>	73	TAZORAC.....	48	<i>toposar</i>	21
<i>sulfadiazine</i>	11	<i>taztia xt</i>	41	<i>topotecan</i>	21
<i>sulfamethoxazole- trimethoprim</i>	11	TAZVERIK.....	21	<i>toremifene</i>	21
SULFAMYLON.....	48	TDVAX.....	67	<i>torse mide</i>	42
<i>sulfasalazine</i>	63	TECENTRIQ.....	21	TOUJEO MAX U-300	
<i>sulfatrim</i>	11	TECFIDERA.....	28	SOLOSTAR.....	58
<i>sulindac</i>	32	TEFLARO.....	7	TOUJEO SOLOSTAR U- 300 INSULIN.....	58
<i>sumatriptan</i>	27	TEKTURN HCT.....	42	TOVIAZ.....	78
<i>sumatriptan succinate</i>	27	<i>telmisartan</i>	42	TRACLEER.....	77
SUPRAX.....	7	<i>telmisartan-amlodipine</i>	42	TRADJENTA.....	58
SUPREP BOWEL PREP KIT.....	63	<i>telmisartan- hydrochlorothiazid</i>	42	TRAMADOL.....	32
		TEMIXYS.....	5	<i>tramadol</i>	32
		TEMODAR.....	21	<i>trandolapril</i>	42
		<i>temsirolimus</i>	21	<i>trandolapril-verapamil</i>	42

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

<i>tranexamic acid</i>	70	TYMLOS.....	68	VERSACLOZ.....	37
<i>tranylcypromine</i>	37	TYPHIM VI.....	67	VERZENIO.....	22
<i>travasol 10 %</i>	81	TYSABRI.....	28	VIBATIV.....	10
<i>travoprost</i>	74	TYVASO.....	77	VICTOZA 2-PAK.....	58
TRAZIMERA.....	21	TYVASO		VICTOZA 3-PAK.....	58
<i>trazodone</i>	37	INSTITUTIONAL START		<i>vienna</i>	72
TREANDA.....	21	KIT.....	78	<i>vigabatrin</i>	26
TRECTOR.....	9	TYVASO REFILL KIT.....	78	<i>vigadrone</i>	26
TRELEGY ELLIPTA.....	77	TYVASO STARTER KIT....	78	VIIBRYD.....	38
TRELSTAR.....	21	ULORIC.....	67	VIMIZIM.....	60
<i>treprostinil sodium</i>	42	<i>unithroid</i>	61	VIMPAT.....	26
<i>tretinoin (antineoplastic)</i>	21	UNITUXIN.....	21	<i>vinblastine</i>	22
<i>tretinoin topical</i>	48	UPTRAVI.....	42	<i>vincasar pfs</i>	22
<i>triamcinolone acetonide</i>		<i>ursodiol</i>	63	<i>vincristine</i>	22
.....	51, 53, 54	UVADEX.....	48	<i>vinorelbine</i>	22
<i>triamterene</i>	42	<i>valacyclovir</i>	5	VIOKACE.....	63
<i>triamterene-</i>		VALCHLOR.....	48	VIRACEPT.....	5
<i>hydrochlorothiazid</i>	42	<i>valganciclovir</i>	5	VIREAD.....	5
<i>triderm</i>	51	<i>valproate sodium</i>	25	VISTOGARD.....	12
<i>trientine</i>	52	<i>valproic acid</i>	26	VITRAKVI.....	22
<i>trifluoperazine</i>	37	<i>valproic acid (as sodium salt)</i>	26	VIVITROL.....	32
<i>trifluridine</i>	73	<i>valrubicin</i>	21	VIZIMPRO.....	22
TRIJARDY XR.....	58	<i>valsartan</i>	42	<i>voriconazole</i>	1
<i>tri-legest fe</i>	72	<i>valsartan-hydrochlorothiazide</i>	42	VOTRIENT.....	22
<i>tri-lo-estarylla</i>	72	VALSTAR.....	21	VRAYLAR.....	38
<i>tri-lo-mili</i>	72	VALTOCO.....	26	<i>vyfemla (28)</i>	72
<i>tri-lo-sprintec</i>	72	VANCOMYCIN.....	9, 10	<i>vylibra</i>	72
<i>trilyte with flavor packets</i>	63	<i>vancomycin</i>	9, 10	VYNDAMAX.....	46
<i>trimethoprim</i>	12	VANCOMYCIN IN 0.9 %		VYXEOS.....	22
<i>tri-mili</i>	72	SODIUM CHL.....	9	<i>warfarin</i>	44
<i>trimipramine</i>	37	VANCOMYCIN IN		WELCHOL.....	45
TRINTELLIX.....	37	DEXTROSE 5 %.....	9	<i>wymzya fe</i>	72
<i>tri-previfem (28)</i>	72	<i>vandazole</i>	70	XALKORI.....	22
TRISENOX.....	21	VANTAS.....	22	XARELTO.....	44
<i>tri-sprintec (28)</i>	72	VAQTA (PF).....	67	XARELTO DVT-PE	
TRIUMEQ.....	5	VARIVAX (PF).....	67	TREAT 30D START.....	44
<i>trivora (28)</i>	72	VARIZIG.....	67	XATMEP.....	22
<i>tri-vylibra</i>	72	VASCEPA.....	45	XCOPRI.....	26
<i>tri-vylibra lo</i>	72	VECTIBIX.....	22	XCOPRI MAINTENANCE	
TROGARZO.....	5	VELCADE.....	22	PACK.....	26
TROPHAMINE 10 %.....	81	<i>velivet triphasic regimen (28)</i>	72	XCOPRI TITRATION	
TRULICITY.....	58	VELTASSA.....	52	PACK.....	26
TRUMENBA.....	67	VEMLIDY.....	5	XELJANZ.....	69
TRUVADA.....	5	VENCLEXTA.....	22	XELJANZ XR.....	69
TUKYSA.....	21	VENCLEXTA STARTING		XERMELO.....	22
<i>tulana</i>	69	PACK.....	22	XGEVA.....	12
TWINRIX (PF).....	67	<i>venlafaxine</i>	37	XIAFLEX.....	53
<i>tydemy</i>	72	VENTAVIS.....	78	XIFAXAN.....	10
TYKERB.....	21	<i>verapamil</i>	42	XIGDUO XR.....	58

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

XOLAIR.....	78
XOSPATA.....	22
XPOVIO.....	22
XTANDI.....	22
<i>xulane</i>	70
XURIDEN.....	53
XYREM.....	38
YERVOY.....	22
YF-VAX (PF).....	67
YONDELIS.....	22
<i>yuvaferm</i>	69
<i>zafirlukast</i>	78
<i>zaleplon</i>	38
ZALTRAP.....	22
ZANOSAR.....	22
<i>zarah</i>	72
ZEJULA.....	22
ZELBORAF.....	22
ZENPEP.....	63
<i>zidovudine</i>	5
<i>ziprasidone hcl</i>	38
<i>ziprasidone mesylate</i>	38
ZIRABEV.....	22
ZIRGAN.....	73
ZOLADEX.....	22
<i>zoledronic acid</i>	60
<i>zoledronic acid-mannitol-</i> <i>water</i>	53, 60
ZOLEDRONIC AC- MANNITOL-0.9NACL.....	60
ZOLINZA.....	23
<i>zolpidem</i>	38
<i>zonisamide</i>	26
ZORTRESS.....	23
ZOSTAVAX (PF).....	67
<i>zovia 1/35e (28)</i>	72
ZTLIDO.....	48
<i>zumandimine (28)</i>	72
ZYDELIG.....	23
ZYFLO.....	78
ZYKADIA.....	23
ZYPREXA RELPREVV.....	38

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

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