

Alpine School District and EMI HEALTH Employer Group Waiver Plan (EGWP)

2019 Formulary

(List of Covered Drugs)

We have made changes to this formulary, the last update was 10/24/2019. For more recent information or other questions, please contact EMI Health Customer Service at **1.800.572.8734** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit **<http://www.medicare.emihealth.com>**.

Please Read: This document contains information about the drugs we cover in this plan. This formulary only applies to retirees of Alpine School District and/or EMI HEALTH enrolled in an Employer Group Waiver Plan (EGWP) under CMS contract ID S5877.

Version #6 Effective 11/01/2019 Last Updated 10/24/2019

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Version #6 Effective November 1, 2019 Last Updated October 24, 2019

Below is a list of abbreviations that 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.

List of Abbreviations

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

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA; MO
AMBISOME	4	B/D PA; MO
<i>amphotericin b</i>	3	B/D PA; MO
ANCOBON	4	MO
CANCIDAS	4	B/D PA; MO
<i>caspofungin</i>	4	B/D PA
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	4	MO
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	3	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	
<i>flucytosine</i>	4	MO
<i>griseofulvin microsize</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>griseofulvin ultramicrosized</i>	1	MO
<i>itraconazole</i>	1	MO
<i>ketoconazole oral</i>	1	MO
MYCAMINE	4	MO
NOXAFIL ORAL	4	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
ORAVIG	3	MO
SPORANOX ORAL CAPSULE	3	MO
SPORANOX ORAL SOLUTION	2	MO
<i>terbinafine hcl oral</i>	1	MO
TOLSURA	4	MO
VFEND	4	MO
VFEND IV	3	MO
<i>voriconazole intravenous</i>	1	MO
<i>voriconazole oral</i>	4	MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	4	MO
<i>abacavir-lamivudine-zidovudine</i>	4	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>acyclovir sodium intravenous solution</i>	3	B/D PA; MO
<i>adefovir</i>	4	MO
<i>amantadine hcl</i>	1	MO
APTIVUS ORAL CAPSULE	4	MO
APTIVUS ORAL SOLUTION	4	
<i>atazanavir oral capsule 150 mg, 200 mg</i>	1	MO
<i>atazanavir oral capsule 300 mg</i>	4	MO
ATRIPLA	4	MO
BARACLUDE	4	MO
BIKTARVY	4	MO
CIMDUO	4	MO
COMBIVIR	4	MO
COMPLERA	4	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	1	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	MO
DOVATO	4	MO
EDURANT	4	MO
<i>efavirenz oral capsule 200 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>efavirenz oral capsule 50 mg</i>	1	MO
<i>efavirenz oral tablet</i>	4	MO
EMTRIVA	2	MO
<i>entecavir</i>	4	MO
EPCLUSA	4	PA; MO; QL (28 per 28 days)
EPIVIR	3	MO
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPZICOM	4	MO
EVOTAZ	4	MO
<i>famciclovir</i>	1	MO
FLUMADINE ORAL TABLET	3	MO
<i>fosamprenavir</i>	4	MO
FUZEON SUBCUTANEOUS RECON SOLN	4	MO
GENVOYA	4	MO
HARVONI ORAL TABLET 90-400 MG	4	PA; MO; QL (28 per 28 days)
HEPSERA	4	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	2	MO
INVIRASE ORAL TABLET	4	MO
ISENTRESS HD	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	4	MO
KALETRA ORAL SOLUTION	4	MO
KALETRA ORAL TABLET 100-25 MG	2	MO
KALETRA ORAL TABLET 200-50 MG	4	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEDIPASVIR-SOFOSBUVIR	4	PA; MO; QL (28 per 28 days)
LEXIVA ORAL SUSPENSION	2	MO
LEXIVA ORAL TABLET	4	MO
<i>lopinavir-ritonavir</i>	1	MO
MAVYRET	4	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL POWDER IN PACKET	2	MO
NORVIR ORAL SOLUTION	2	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY	4	MO
<i>oseltamivir</i>	1	MO
PIFELTRO	4	MO
PREVYMIS ORAL	4	MO; QL (30 per 30 days)
PREZCOBIX	4	MO
PREZISTA ORAL SUSPENSION	4	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	2	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
REBETOL ORAL SOLUTION	2	MO
RELENZA DISKHALER	2	MO
RESCRIPTOR ORAL TABLET	2	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO

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Drug Name	Drug Tier	Requirements /Limits
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	MO
REYATAZ ORAL POWDER IN PACKET	4	MO
<i>ribasphere oral capsule</i>	1	MO
<i>ribasphere oral tablet 600 mg</i>	4	MO
<i>ribasphere ribapak oral tablets, dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	4	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
SELZENTRY	2	MO
SOFOSBUVIR-VELPATASVIR	4	PA; MO; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	4	PA; MO; QL (28 per 28 days)
<i>stavudine oral capsule</i>	1	MO
STRIBILD	4	MO
SUSTIVA ORAL CAPSULE 200 MG	4	MO
SUSTIVA ORAL CAPSULE 50 MG	3	MO
SUSTIVA ORAL TABLET	4	MO

Drug Name	Drug Tier	Requirements /Limits
SYMFI	4	MO
SYMFI LO	4	MO
SYMTUZA	4	MO
TAMIFLU	3	MO
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 10 MG	2	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	4	MO
TRIUMEQ	4	MO
TRIZIVIR	4	MO
TRUVADA	4	MO
TYBOST	3	MO
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
VALCYTE	4	MO
<i>valganciclovir</i>	4	MO
VALTREX ORAL TABLET 1 GRAM	3	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	MO; QL (60 per 30 days)
VEMLIDY	4	MO
VIDEX 4 GRAM PEDIATRIC	2	MO
VIDEX EC	3	MO
VIEKIRA PAK	4	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	4	MO
VIRAMUNE	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO
VIREAD	4	MO
VOSEVI	4	PA; MO; QL (28 per 28 days)
XOFLUZA	2	MO
ZEPATIER	4	PA; MO; QL (28 per 28 days)
ZIAGEN	3	MO
zidovudine	1	MO
ZOVIRAX ORAL CAPSULE	3	MO
ZOVIRAX ORAL SUSPENSION	3	MO
ZOVIRAX ORAL TABLET 800 MG	3	MO
CEPHALOSPORINS		
AVYCAZ	4	MO
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram</i>	1	
<i>cefdinir</i>	1	MO
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	1	
<i>cefotetan injection</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	
<i>cephalexin</i>	1	MO
MAXIPIME INJECTION	3	MO
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	MO
<i>tazicef injection recon soln 1 gram</i>	1	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	1	MO
TEFLARO	4	MO
ZERBAXA	4	

Drug Name	Drug Tier	Requirements /Limits
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	1	MO
<i>azithromycin oral tablet 500 mg (3 pack)</i>	1	
<i>clarithromycin</i>	1	MO
DIFICID	4	MO
<i>e.e.s. 400 oral tablet</i>	1	MO
E.E.S. GRANULES	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral</i>	1	MO
ZITHROMAX INTRAVENOUS	3	MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	MO
ALBENZA	4	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	MO
ALINIA ORAL TABLET	4	MO
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
ARIKAYCE	4	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	1	MO
AZACTAM	3	MO
<i>aztreonam injection recon soln 1 gram</i>	1	MO
BENZNIDAZOLE	2	
BETHKIS	4	B/D PA; MO; QL (224 per 28 days)
BILTRICIDE	4	MO
CAYSTON	4	MO; LA; QL (84 per 28 days)
<i>chloroquine phosphate</i>	1	MO
CLEOCIN HCL	3	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 900 MG/50 ML	3	
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML	3	MO
CLEOCIN INJECTION	3	MO
CLEOCIN PEDIATRIC	3	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	MO
<i>clindamycin palmitate hcl</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate injection</i>	1	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	MO
CUBICIN	4	MO
DALVANCE	3	MO
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO
<i>daptomycin intravenous recon soln 500 mg</i>	4	MO
DARAPRIM	4	PA
EMVERM	4	MO
<i>ertapenem</i>	1	MO
<i>ethambutol</i>	1	MO
FIRVANQ	3	MO
FLAGYL	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>hydroxychloroquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
INVANZ INJECTION	3	MO
<i>isoniazid oral</i>	1	MO
<i>ivermectin</i>	1	MO
KITABIS PAK	4	MO
KRINTAFEL	3	MO
<i>linezolid</i>	4	MO
<i>linezolid in dextrose 5%</i>	4	
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
<i>mefloquine</i>	1	MO
MEPRON	4	MO
<i>meropenem</i>	1	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	3	
<i>metronidazole in nacl (iso-os)</i>	1	MO
<i>metronidazole oral</i>	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN	3	MO
NEBUPENT	2	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	1	MO
<i>paromomycin</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
PASER	2	MO
PENTAM	3	MO
PLAQUENIL	3	MO
<i>polymyxin b sulfate</i>	1	MO
<i>praziquantel</i>	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>pyrazinamide</i>	1	MO
QUALAQUIN	3	MO
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
RIFADIN ORAL CAPSULE 150 MG	3	MO
RIFAMATE	3	MO
<i>rifampin</i>	1	MO
RIFATER	3	MO
SIRTURO	4	MO; LA
SIVEXTRO INTRAVENOUS	4	
SIVEXTRO ORAL	4	MO
SOLOSEC	3	MO
STREPTOMYCIN	2	MO
STROMEKTOL	3	MO
<i>tigecycline</i>	4	
<i>tinidazole</i>	1	MO
TOBI	4	B/D PA; MO; QL (280 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	4	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection solution</i>	1	MO
TRECTOR	2	MO
TYGACIL	4	MO
VABOMERE	3	
VANCOCIN	4	MO
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	1	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	3	
<i>vancomycin oral capsule 125 mg</i>	1	MO
<i>vancomycin oral capsule 250 mg</i>	4	MO
XIFAXAN ORAL TABLET 200 MG	4	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	MO; QL (90 per 30 days)
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	4	MO
ZYVOX ORAL	4	MO
PENICILLINS		

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Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	MO
<i>oxacillin injection recon soln 1 gram</i>	1	
<i>oxacillin injection recon soln 10 gram</i>	4	
<i>oxacillin injection recon soln 2 gram</i>	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML	2	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	2	MO
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO
<i>penicillin g sodium</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>penicillin v potassium</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	
UNASYN INJECTION RECON SOLN 3 GRAM	3	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
ZOSYN INTRAVENOUS RECON SOLN 40.5 GRAM	3	MO
QUINOLONES		
BAXDELA INTRAVENOUS	4	
BAXDELA ORAL	4	MO
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	3	MO

Drug Name	Drug Tier	Requirements /Limits
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	1	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin intravenous</i>	1	MO
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sodium chloride(iso)</i>	1	
<i>ofloxacin oral tablet 300 mg</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
<i>sulfadiazine</i>	3	MO
<i>sulfamethoxazole-trimethoprim oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TETRACYCLINES		
<i>demeclocycline</i>	3	MO
DORYX MPC	3	ST; MO
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST; MO
<i>doxy-100</i>	1	MO
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
MINOCIN ORAL CAPSULE 50 MG	3	ST; MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>minocycline oral tablet extended release 24 hr 105 mg, 80 mg</i>	4	MO
<i>minocycline oral tablet extended release 24 hr 115 mg, 135 mg, 45 mg, 65 mg, 90 mg</i>	1	MO
MINOCYCLINE ORAL TABLET EXTENDED RELEASE 24 HR 55 MG	4	ST; MO
<i>mondoxylene nl oral capsule 100 mg, 75 mg</i>	1	MO
<i>morgidox oral capsule 50 mg</i>	1	MO
NUZYRA (7 DAY WITH LOAD DOSE)	4	ST
NUZYRA (7 DAY)	4	ST
NUZYRA INTRAVENOUS	4	
NUZYRA ORAL	4	ST; MO
ORACEA	3	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	ST; MO
<i>soloxide</i>	1	
TARGADOX	3	ST; MO
<i>tetracycline</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
VIBRAMYCIN ORAL SYRUP	2	MO
XIMINO	3	ST; MO

URINARY TRACT AGENTS

FURADANTIN	3	
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN	3	MO
<i>methenamine hippurate</i>	1	MO
MONUROL	3	MO
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>leucovorin calcium oral</i>	1	MO
MESNEX ORAL	4	MO
XGEVA	4	B/D PA; MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Drug Tier	Requirements /Limits
<i>abiraterone</i>	4	PA; MO; QL (120 per 30 days)
AFINITOR	4	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	4	PA; MO
ALECENSA	4	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ASTAGRAF XL	3	B/D PA; MO
AZASAN	3	B/D PA; MO
<i>azathioprine</i>	1	B/D PA; MO
BALVERSA	4	PA; MO; LA
<i>bexarotene</i>	4	PA; MO
<i>bicalutamide</i>	1	MO
BOSULIF ORAL TABLET 100 MG	4	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; MO; LA; QL (180 per 30 days)
CABOMETYX	4	PA; MO; LA
CALQUENCE	4	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; MO; LA; QL (30 per 30 days)
CASODEX	3	MO
CELLCEPT ORAL CAPSULE	3	B/D PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
CELLCEPT ORAL TABLET	4	B/D PA; MO
COMETRIQ	4	PA; MO
COPIKTRA	4	PA; MO; LA
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
<i>cyclosporine modified</i>	1	B/D PA; MO
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
DAURISMO	4	PA; MO
DROXIA	2	MO
ELIGARD	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
EMCYT	4	MO
ENVARUSUS XR	3	B/D PA; MO
ERIVEDGE	4	PA; MO; QL (30 per 30 days)
ERLEADA	4	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>exemestane</i>	1	MO
FARESTON	4	MO
FARYDAK ORAL CAPSULE 10 MG	4	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	4	PA; MO; QL (6 per 21 days)
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	B/D PA; MO
<i>flutamide</i>	1	MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PA; MO
<i>gengraf oral solution</i>	1	B/D PA; MO
GILOTRIF	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	MO
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	4	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	4	PA; MO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PA; MO; QL (30 per 30 days)
IDHIFA	4	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>imatinib oral tablet 100 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	4	PA; MO; QL (30 per 30 days)
IMURAN	3	B/D PA; MO
INLYTA ORAL TABLET 1 MG	4	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
INREBIC	4	PA; MO; LA; QL (120 per 30 days)
IRESSA	4	PA; MO; QL (30 per 30 days)
JAKAFI	4	PA; MO; QL (60 per 30 days)
KISQALI	4	PA; MO
KISQALI FEMARA CO-PACK	4	PA; MO
LENVIMA	4	PA; MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>leuprolide subcutaneous kit</i>	4	MO
LONSURF	4	PA; MO
LORBRENA	4	PA; MO
LUPRON DEPOT	4	PA; MO
LUPRON DEPOT (3 MONTH)	4	PA; MO
LUPRON DEPOT (4 MONTH)	4	PA; MO
LUPRON DEPOT (6 MONTH)	4	PA; MO
LYNPARZA ORAL TABLET	4	PA; MO; QL (120 per 30 days)
LYSODREN	2	MO
MATULANE	4	MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
MEKTOVI	4	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO
MYFORTIC	3	B/D PA; MO
NEORAL	3	B/D PA; MO
NERLYNX	4	PA; MO; LA
NEXAVAR	4	PA; MO; LA; QL (120 per 30 days)
NILANDRON	4	MO
<i>nilutamide</i>	4	MO
NINLARO ORAL CAPSULE 2.3 MG	4	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	4	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	4	PA; MO; QL (3 per 28 days)
NUBEQA	4	PA; MO; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	MO
ODOMZO	4	PA; MO; LA; QL (30 per 30 days)
PIQRAY	4	PA; MO
POMALYST	4	PA; MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	B/D PA; MO
PROGRAF ORAL CAPSULE 5 MG	4	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	2	B/D PA; MO
PURIXAN	4	
RAPAMUNE ORAL SOLUTION	4	B/D PA; MO
RAPAMUNE ORAL TABLET 0.5 MG	3	B/D PA; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	4	B/D PA; MO
REVLIMID	4	PA; MO; LA; QL (28 per 28 days)
RUBRACA	4	PA; MO; LA; QL (120 per 30 days)
RYDAPT	4	PA; MO
SANDIMMUNE ORAL CAPSULE	3	B/D PA; MO
SANDIMMUNE ORAL SOLUTION	2	B/D PA; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	4	MO
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	3	MO
SIGNIFOR	4	MO

Drug Name	Drug Tier	Requirements /Limits
SIKLOS	4	MO
<i>sirolimus oral solution</i>	4	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	4	B/D PA; MO
SOLTAMOX	2	MO
SOMATULINE DEPOT	4	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	4	PA; MO; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA	4	PA; MO; QL (84 per 28 days)
SUTENT	4	PA; MO; QL (30 per 30 days)
SYNRIBO	4	B/D PA; MO
TABLOID	2	MO
<i>tacrolimus oral</i>	1	B/D PA; MO
TAFINLAR	4	PA; MO; QL (120 per 30 days)
TAGRISSE	4	PA; MO; LA; QL (30 per 30 days)
TALZENNA	4	PA; MO
<i>tamoxifen</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
TARGRETIN	4	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
THALOMID	4	PA; MO
TIBSOVO	4	PA; MO
<i>toremifene</i>	4	MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>tratinostat (chemotherapy)</i>	4	MO
TREXALL	3	B/D PA; MO
TURALIO	4	PA; MO; LA
TYKERB	4	PA; MO; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	2	PA; MO; LA
VENCLEXTA ORAL TABLET 100 MG	4	PA; MO; LA
VENCLEXTA STARTING PACK	4	PA; MO; LA; QL (42 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
VERZENIO	4	PA; MO; LA; QL (60 per 30 days)
VITRAKVI	4	PA; MO; LA
VIZIMPRO	4	PA; MO; QL (30 per 30 days)
VOTRIENT	4	PA; MO; QL (120 per 30 days)
XALKORI	4	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	4	PA; MO; LA; QL (90 per 30 days)
XOSPATA	4	PA; MO; LA
XPOVIO	4	PA; MO; LA
XTANDI	4	PA; MO; QL (120 per 30 days)
YONSA	4	PA; MO; QL (120 per 30 days)
ZEJULA	4	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	4	PA; MO; QL (240 per 30 days)
ZOLINZA	4	MO
ZORTRESS	4	B/D PA; MO
ZYDELIG	4	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ZYKADIA	4	PA; MO; QL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	4	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	4	PA; MO; QL (60 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	MO
APTIOM ORAL TABLET 600 MG	4	MO
BANZEL	4	MO
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	4	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	PA; MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	PA; MO; QL (300 per 30 days)
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIASTAT	3	MO
DIASTAT ACUDIAL	3	MO
DILANTIN 30 MG	2	MO
DILANTIN EXTENDED 100 MG	3	MO
DILANTIN INFATABS 50 MG	3	MO
DILANTIN-125 125 MG/5 ML	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
EPIDIOLEX	4	PA; MO; LA
<i>epitol</i>	1	MO
EQUETRO	3	MO
<i>ethosuximide</i>	1	MO
<i>felbamate oral suspension</i>	4	MO
<i>felbamate oral tablet</i>	1	MO
FELBATOL	4	MO
FYCOMPA ORAL SUSPENSION	4	MO
FYCOMPA ORAL TABLET	2	MO
<i>gabapentin oral capsule 100 mg</i>	1	PA; MO; QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	PA; MO; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	PA; MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	PA; MO; QL (120 per 30 days)
GABITRIL	3	MO

Drug Name	Drug Tier	Requirements /Limits
GRALISE 30-DAY STARTER PACK	2	PA; QL (78 per 180 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	PA; MO; QL (300 per 30 days)
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	3	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	3	MO
<i>lamotrigine oral tablets, dose pack</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	2	PA; MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	2	PA; MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	2	PA; MO; QL (900 per 30 days)
MYSOLINE	4	MO
NEURONTIN ORAL CAPSULE 100 MG	3	PA; MO; QL (1080 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	PA; MO; QL (360 per 30 days)
NEURONTIN ORAL CAPSULE 400 MG	3	PA; MO; QL (270 per 30 days)
NEURONTIN ORAL SOLUTION	3	PA; MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	PA; MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	PA; MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	4	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	4	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
PEGANONE	2	MO
<i>phenobarbital</i>	1	PA; MO
PHENYTEK	3	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	PA; MO; QL (900 per 30 days)
<i>primidone</i>	1	MO
QUDEXY XR	3	PA; MO
<i>roweepra</i>	1	MO
<i>roweepra xr</i>	1	MO
SABRIL	4	MO; LA
SPRITAM	3	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements /Limits
TEGRETOL XR	3	MO
<i>tiagabine</i>	3	MO
TOPAMAX	3	PA; MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
TOPIRAMATE ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	4	PA; MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>vigabatrin</i>	4	MO; LA
<i>vigadrone</i>	4	MO; LA
VIMPAT ORAL SOLUTION	2	MO
VIMPAT ORAL TABLET	2	MO
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>zonisamide</i>	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	4	MO; LA
AZILECT	3	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	3	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	3	MO
COMTAN	3	MO
DUOPA	3	B/D PA; MO
<i>entacapone</i>	1	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	4	PA; MO; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	4	PA; MO; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; MO
LODOSYN	3	MO
MIRAPEX	3	MO
MIRAPEX ER	3	MO
NEUPRO	2	MO
OSMOLEX ER	3	PA; MO
PARLODEL	3	MO
<i>pramipexole</i>	1	MO
<i>rasagiline</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 4 MG, 6 MG, 8 MG	3	MO
<i>ropinirole</i>	1	MO
RYTARY	3	MO
<i>selegiline hcl</i>	1	MO
SINEMET	3	MO
SINEMET CR	3	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
TASMAR ORAL TABLET 100 MG	4	MO
<i>tolcapone</i>	4	MO
ZELAPAR	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	2	PA; MO; QL (1 per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA; MO; QL (2 per 30 days)
AJOVY	3	PA; MO; QL (1.5 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>almotriptan malate oral tablet 12.5 mg</i>	1	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	MO; QL (18 per 28 days)
AMERGE	3	MO; QL (18 per 28 days)
CAFERGOT	3	MO
<i>dihydroergotamine nasal</i>	1	MO; QL (8 per 28 days)
<i>eletriptan</i>	1	MO; QL (18 per 28 days)
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	4	PA; MO; QL (3 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
FROVA	3	MO; QL (27 per 28 days)
<i>frovatriptan</i>	1	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX SUBCUTANEOUS	3	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	3	MO; QL (36 per 28 days)
MAXALT-MLT	3	MO; QL (36 per 28 days)
<i>migergot</i>	1	MO
MIGRANAL	3	MO; QL (8 per 28 days)
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
ONZETRA XSAIL	3	MO; QL (32 per 28 days)
RELPAK	3	MO; QL (18 per 28 days)
<i>rizatriptan</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	1	MO; QL (18 per 28 days)
TREXIMET ORAL TABLET 10-60 MG	3	MO; QL (9 per 28 days)
TREXIMET ORAL TABLET 85-500 MG	3	MO; QL (18 per 28 days)
ZEMBRACE SYMTOUCH	4	MO; QL (8 per 28 days)
<i>zolmitriptan</i>	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)
ZOMIG ZMT	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	4	PA; MO; LA
ARICEPT	3	MO
AUBAGIO	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; MO; LA; QL (60 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	4	PA; MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	3	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
EXELON TRANSDERMAL	3	MO
FIRDAPSE	4	PA; MO; LA
<i>galantamine</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	4	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA	4	PA; MO; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	4	PA; MO; LA; QL (28 per 28 days)
KEVEYIS	4	PA; MO
MAVENCLAD (10 TABLET PACK)	4	PA; MO; LA
MAVENCLAD (4 TABLET PACK)	4	PA; MO; LA
MAVENCLAD (5 TABLET PACK)	4	PA; MO; LA
MAVENCLAD (6 TABLET PACK)	4	PA; MO; LA
MAVENCLAD (7 TABLET PACK)	4	PA; MO; LA
MAVENCLAD (8 TABLET PACK)	4	PA; MO; LA
MAVENCLAD (9 TABLET PACK)	4	PA; MO; LA
MAYZENT	4	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral tablet</i>	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	3	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	2	PA; MO
RAZADYNE ER	3	MO
RAZADYNE ORAL TABLET	3	MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
RUZURGI	4	PA; MO
TECFIDERA	4	PA; MO; LA
TEGSEDI	4	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; MO; QL (120 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	4	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	4	PA; MO; LA; QL (120 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		

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Drug Name	Drug Tier	Requirements /Limits
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	MO
BACLOFEN ORAL TABLET 5 MG	3	MO
<i>cyclobenzaprine oral tablet</i>	3	PA; MO
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
<i>dantrolene</i>	1	MO
FEXMID	3	PA
MESTINON ORAL	4	MO
MESTINON TIMESPAN	4	MO
<i>pyridostigmine bromide oral syrup</i>	4	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>tizanidine</i>	1	MO
ZANAFLEX	3	MO
NARCOTIC ANALGESICS		
ABSTRAL	4	PA; MO; QL (120 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
ACTIQ	4	PA; MO; QL (120 per 30 days)
ARYMO ER	3	PA; MO; QL (120 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	PA; MO; QL (4 per 28 days)
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	3	PA; MO; QL (4 per 28 days)
BUTRANS	3	PA; MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
DOLOPHINE ORAL TABLET 5 MG	3	PA; MO; QL (240 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 75 MCG/HR	4	PA; MO; QL (10 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR, 50 MCG/HR	3	PA; MO; QL (10 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QL (2000 per 30 days)
<i>dvorah</i>	1	QL (300 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 60-2.4 MG, 80-3.2 MG	4	PA; MO; QL (90 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 20-0.8 MG, 30-1.2 MG, 50-2 MG	3	PA; MO; QL (90 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	4	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT	4	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	4	PA; MO; QL (10 per 30 days)
FENTORA	4	PA; MO; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	MO; QL (240 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (1200 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg</i>	4	PA; MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	4	PA; MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (60 per 30 days)
<i>ibuprofen-oxycodone</i>	1	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	PA; MO; QL (90 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 200 MG	4	PA; MO; QL (90 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	4	PA; MO; QL (45 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LAZANDA NASAL SPRAY,NON-AEROSOL 300 MCG/SPRAY	4	PA; QL (23 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	4	PA; MO; QL (30 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	4	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	1	MO; QL (360 per 30 days)
<i>lorcet hd</i>	1	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 100 MG, 60 MG	4	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
MORPHABONDER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG	3	PA; MO; QL (120 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	1	QL (250 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule,extend.release pellets</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	4	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; MO; QL (120 per 30 days)
NORCO	3	MO; QL (360 per 30 days)
OPANA ORAL TABLET 10 MG	3	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OPANA ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
OXAYDO	4	MO; QL (360 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	PA; MO; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG	3	PA; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	4	PA; MO; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	1	MO; QL (360 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	4	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; MO; QL (90 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	MO; QL (360 per 30 days)
PRIMLEV	3	MO; QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (360 per 30 days)
SUBSYS	4	PA; MO; QL (120 per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	MO; QL (300 per 30 days)
TYLENOL-CODEINE #3	3	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TYLENOL-CODEINE #4	3	MO; QL (180 per 30 days)
<i>vicodin es</i>	1	MO; QL (390 per 30 days)
<i>vicodin hp</i>	1	MO; QL (390 per 30 days)
XTAMPZA ER	3	PA; MO; QL (90 per 30 days)
ZOHYDRO ER CAPSULE, ORAL ONLY, ER 12HR	3	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ARTHROTEC 50	3	ST; MO
ARTHROTEC 75	3	ST; MO
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	MO; QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>butorphanol tartrate nasal</i>	1	MO; QL (10 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO
<i>celecoxib</i>	1	MO
CONZIP	3	PA; MO; QL (30 per 30 days)
DAYPRO	3	ST; MO
DICLOFENAC EPOLAMINE	3	PA; MO; QL (60 per 30 days)
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
DUEXIS	3	ST; MO
<i>etodolac</i>	1	MO
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	3	MO; QL (0.8 per 30 days)
FELDENE	3	ST; MO
FENOPROFEN ORAL CAPSULE 400 MG	3	ST; MO
<i>fenopropfen oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
FLECTOR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen</i>	1	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
INDOCIN RECTAL	3	MO
<i>ketoprofen oral capsule 25 mg</i>	1	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
LODINE ORAL TABLET	3	ST
LUCEMYRA	4	MO
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
MOBIC ORAL TABLET 15 MG	3	ST; MO
MOBIC ORAL TABLET 7.5 MG	3	ST; MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
NALFON ORAL TABLET	3	ST
<i>naloxone</i>	1	MO
<i>naltrexone</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
NAPRELAN CR	3	ST; MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	MO
NUCYNTA ER	3	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
<i>oxaprozin</i>	1	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	4	ST; MO; QL (224 per 28 days)
<i>piroxicam</i>	1	MO
QMIIZ ODT ORAL TABLET, DISINTEGRATING 15 MG	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
QMIIZ ODT ORAL TABLET, DISINTEGRATING 7.5 MG	3	ST; MO; QL (30 per 30 days)
SPRIX	3	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	MO; QL (90 per 30 days)
<i>sulindac</i>	1	MO
TIVORBEX	3	ST; MO; QL (90 per 30 days)
<i>tolmetin oral capsule</i>	1	MO
<i>tolmetin oral tablet 600 mg</i>	1	MO
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet</i>	1	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; MO; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
ULTRACET	3	MO; QL (240 per 30 days)
ULTRAM	3	MO; QL (240 per 30 days)
VIMOVO	4	ST; MO
VIVITROL	4	MO
VIVLODEX ORAL CAPSULE 10 MG	3	ST; MO
VIVLODEX ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
VOLTAREN TOPICAL	3	ST; MO; QL (1000 per 28 days)
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	MO
ABILIFY MYCITE	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ABILIFY ORAL TABLET	4	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	MO
ADZENYS ER	3	MO
ADZENYS XR-ODT	3	MO
AMBIEN	3	ST; MO; QL (30 per 30 days)
AMBIEN CR	3	ST; MO; QL (30 per 30 days)
<i>amitriptyline</i>	1	PA; MO
<i>amoxapine</i>	1	PA; MO
<i>amphetamine sulfate</i>	1	PA; MO
ANAFRANIL	3	PA; MO
APLENZIN	3	MO; QL (30 per 30 days)
APTENSIO XR	3	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA	4	MO
ARISTADA INITIO	4	MO
<i>armodafinil</i>	3	PA; MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)
<i>atomoxetine</i>	1	MO
BELSOMRA	3	ST; MO; QL (30 per 30 days)
BRISDELLE	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>bupirone</i>	1	MO
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)
<i>chlorpromazine oral</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	3	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL	3	
CONCERTA	3	MO
COTEMPLA XR-ODT	3	MO
CYMBALTA	3	MO; QL (60 per 30 days)
DAYTRANA	3	MO
<i>desipramine</i>	1	PA; MO
DESOXYN	3	PA; MO
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE	3	MO
<i>dexmethylphenidate</i>	1	MO
<i>dextroamphetamine oral capsule, extended release</i>	1	MO
<i>dextroamphetamine oral tablet</i>	1	MO
<i>dextroamphetamine-amphetamine</i>	1	MO
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral</i>	3	PA; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)
DYANAVEL XR	3	MO
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
EMSAM	4	MO
<i>ergoloid</i>	3	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	3	ST; MO; QL (30 per 30 days)
EVEKEO	3	PA; MO
EVEKEO ODT	3	PA
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG	4	
FAZACLO ORAL TABLET,DISINTEGRATING 12.5 MG, 150 MG, 200 MG, 25 MG	3	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	MO; QL (28 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	3	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
FOCALIN	3	MO
FOCALIN XR	3	MO
FORFIVO XL	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GEODON INTRAMUSCULAR	3	MO
GEODON ORAL	4	MO; QL (60 per 30 days)
<i>guanidine</i>	1	MO
HALDOL	3	MO
HALDOL DECANOATE	3	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	4	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	3	PA; MO
<i>imipramine pamoate</i>	3	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	4	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 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 the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO
INVEGA TRINZA	4	MO
KAPVAY	3	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	MO; QL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	MO; QL (30 per 30 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)
LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
LITHOBID	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
LUNESTA	3	ST; MO; QL (30 per 30 days)
<i>maprotiline</i>	1	MO
MARPLAN	2	MO
<i>metadate er</i>	1	MO
<i>methamphetamine</i>	1	PA; MO
METHYLIN ORAL SOLUTION	3	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	MO
<i>methylphenidate hcl oral tablet, chewable</i>	1	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet, disintegrating</i>	1	MO
<i>modafinil</i>	1	PA; MO
<i>molindone</i>	1	MO
MYDAYIS	3	MO
NARDIL	3	MO
<i>nefazodone</i>	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	PA; MO
<i>nortriptyline</i>	1	PA; MO
NUPLAZID ORAL CAPSULE	4	PA; MO
NUPLAZID ORAL TABLET 10 MG	4	PA; MO
NUVIGIL	3	PA; MO
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral</i>	1	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	4	MO; QL (30 per 30 days)
PAMELOR	3	PA; MO
PARNATE	3	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	1	MO; QL (30 per 30 days)
PAXIL CR	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
<i>perphenazine</i>	1	MO
PERSERIS	4	MO
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PRISTIQ	3	MO; QL (30 per 30 days)
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
PROVIGIL	4	PA; MO
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
QUILLICHEW ER	3	MO
QUILLIVANT XR	3	MO
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
RELEXXII	3	
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB	3	MO
REXULTI	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	2	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	4	MO
RISPERDAL ORAL SOLUTION	3	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
RITALIN	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	MO
ROZEREM	2	MO; QL (30 per 30 days)
SAPHRIS	2	MO; QL (60 per 30 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	3	MO
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
STRATTERA	3	MO
SUNOSI	3	PA; MO
SURMONTIL	3	PA; MO
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	MO
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	1	MO
TOFRANIL	3	PA; MO
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	PA; MO; QL (360 per 30 days)
<i>tranlycypromine</i>	3	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	3	PA; MO
TRINTELLIX	2	MO; QL (30 per 30 days)
VALIUM	3	PA; MO; QL (120 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR	3	MO; QL (30 per 30 days)
VERSACLOZ	4	

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

Drug Name	Drug Tier	Requirements /Limits
VIIBRYD ORAL TABLET	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 30 days)
VYVANSE	3	MO
WELLBUTRIN SR	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)
XYREM	4	PA; MO; LA
<i>zaleplon oral capsule 10 mg</i>	3	ST; MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	ST; MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)
<i>zolpidem oral</i>	1	ST; MO; QL (30 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	4	MO; QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
BETAPACE AF	3	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>mexiletine</i>	1	MO
MULTAQ	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>propafenone</i>	1	MO
<i>quinidine gluconate oral</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
RYTHMOL SR	3	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af oral tablet 120 mg</i>	1	MO
<i>sotalol oral</i>	1	MO
SOTYLIZE	2	MO
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO
ACCURETIC	3	MO
<i>acebutolol</i>	1	MO
ADALAT CC	3	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
<i>aliskiren</i>	1	MO
ALTACE	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazyd</i>	1	MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO
AZOR	3	ST; MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
<i>betaxolol oral</i>	1	MO
BIDIL	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
BYSTOLIC	2	MO
CALAN ORAL TABLET 120 MG	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	3	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL	3	ST; MO; QL (30 per 30 days)
CAROSPIR	3	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	1	MO
CATAPRES	3	MO
CATAPRES-TTS-1	3	MO; QL (4 per 28 days)
CATAPRES-TTS-2	3	MO; QL (4 per 28 days)
CATAPRES-TTS-3	3	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>chlorothiazide</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	3	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
COREG	3	MO
COREG CR	3	MO
CORGARD	3	MO
COZAAR	3	ST; MO
DEMSEER	4	PA; MO
DIBENZYLINE	4	PA; MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>dilt-xr</i>	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
DUTOPROL	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
DYAZIDE	3	MO
DYRENIUM	3	MO
EDARBI	2	MO
EDARBYCLOR	2	MO
EDECIN	4	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>eprosartan</i>	1	MO
<i>ethacrynic acid</i>	4	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; MO
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	3	ST; MO
<i>indapamide</i>	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSpra	3	MO
<i>irbesartan</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO
KAPSPARGO SPRINKLE	3	MO
<i>labetalol oral</i>	1	MO
LASIX	3	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPRESSOR HCT	3	
LOPRESSOR ORAL TABLET 100 MG	3	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO
<i>matzim la</i>	1	MO
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
<i>methyl dopa</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO
MINIPRESS	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	1	
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
NORVASC	3	MO
NYMALIZE ORAL SOLUTION 30 MG/10 ML	4	
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	4	PA; MO
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
PROCARDIA XL	3	MO
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
QBRELIS	3	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>taztia xt</i>	1	MO
TEKTURNA	2	MO
TEKTURNA HCT	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
TIAZAC	3	MO
<i>timolol maleate oral</i>	1	MO
TOPROL XL	3	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>triamterene</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
TRIBENZOR	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	3	ST; MO
UPTRAVI	4	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZIAC	3	MO
COAGULATION THERAPY		
AGGRENOX	3	MO
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	MO

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Drug Name	Drug Tier	Requirements /Limits
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO
<i>aspirin-dipyridamole</i>	1	MO
BEVYXXA	3	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	4	PA; MO; LA
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO
COUMADIN ORAL	3	MO
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	4	PA; MO; LA
DOPTELET (15 TAB PACK)	4	PA; MO; LA
DOPTELET (30 TAB PACK)	4	PA; MO; LA
EFFIENT	3	MO
ELIQUIS	2	MO
<i>enoxaparin subcutaneous syringe</i>	1	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO

Drug Name	Drug Tier	Requirements /Limits
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI- XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI- XA UNIT/0.2 ML	3	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>jantoven</i>	1	MO
LOVENOX SUBCUTANEOUS SYRINGE	3	MO
MULPLETA	4	PA; MO
<i>pentoxifylline</i>	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO
PRADAXA	3	MO
<i>prasugrel</i>	1	MO
PROMACTA	4	PA; MO; LA
SAVAYSA	3	MO
TAVALISSE	4	PA; MO; LA; QL (60 per 30 days)
<i>warfarin</i>	1	MO
XARELTO	2	MO
YOSPRALA	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ZONTIVITY	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	3	ST; MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet</i>	1	MO
<i>cholestyramine light oral powder</i>	1	MO
<i>colesevelam</i>	1	MO
COLESTID ORAL PACKET	3	MO
COLESTID ORAL TABLET	3	MO
<i>colestipol oral packet</i>	1	MO
<i>colestipol oral tablet</i>	1	MO
CRESTOR	3	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	3	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline)</i>	1	MO
FENOGLIDE	3	MO
FIBRICOR	3	MO
FLOLIPID	3	ST; MO; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
JUXTAPID	4	PA; MO; LA
KYNAMRO	4	PA; MO; LA
LESCOL XL	3	ST; MO; QL (30 per 30 days)
LIPITOR	3	ST; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
LIPOFEN	3	MO
LIVALO	2	MO; QL (30 per 30 days)
LOPID	3	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA	3	ST; MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
NIACOR	3	MO
NIASPAN EXTENDED-RELEASE	3	MO
<i>omega-3 acid ethyl esters</i>	3	ST; MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; MO; QL (2 per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	4	PA; MO; QL (4 per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder in packet</i>	1	MO
QUESTRAN LIGHT ORAL POWDER	3	MO

Drug Name	Drug Tier	Requirements /Limits
QUESTRAN ORAL POWDER IN PACKET	3	MO
REPATHA	4	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	4	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	4	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRIGLIDE ORAL TABLET 160 MG	3	MO
TRILIPIX	3	MO
VASCEPA	2	MO
VYTORIN 10-10	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	3	ST; MO; QL (30 per 30 days)
WELCHOL	3	MO
ZETIA	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	ST; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ZYPITAMAG	3	ST; MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	2	PA
CORLANOR ORAL TABLET	2	PA; MO
<i>digitek</i>	1	MO
<i>digox</i>	1	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	MO
<i>digoxin oral tablet</i>	1	MO
ENTRESTO	2	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	2	MO
RANEXA	2	MO
<i>ranolazine</i>	1	MO
VECAMYL	4	
VYNDAQEL	4	PA; MO
NITRATES		
GONITRO	3	MO
ISORDIL	3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate oral tablet</i>	1	MO
<i>isosorbide dinitrate oral tablet extended release</i>	1	
<i>isosorbide mononitrate</i>	1	MO
MINITRAN	3	MO
<i>nitro-bid</i>	1	MO
NITRO-DUR	3	MO
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	1	MO
NITROSTAT	3	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg</i>	1	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	4	MO
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	MO; QL (400 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>calcitriol topical</i>	3	MO
COSENTYX (2 SYRINGES)	4	PA; MO
COSENTYX PEN (2 PENS)	4	PA; MO
DOVONEX TOPICAL	3	MO; QL (120 per 30 days)
ENSTILAR	4	MO; QL (400 per 30 days)
ILUMYA	4	PA; MO
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ	4	PA; MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG	4	MO
SORILUX	3	MO; QL (120 per 30 days)
STELARA	4	PA; MO
TACLONEX	3	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	4	PA; MO
TALTZ SYRINGE	4	PA; MO
TREMFYA	4	PA; MO
VECTICAL	3	MO
MISCELLANEOUS DERMATOLOGICALS		
ALDARA	3	ST; MO
<i>ammonium lactate</i>	1	MO
CARAC	4	MO

Drug Name	Drug Tier	Requirements /Limits
CONDYLOX TOPICAL GEL	2	MO
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	4	MO; QL (45 per 30 days)
DUPIXENT	4	PA; MO
EFUDEX TOPICAL CREAM	3	ST; MO
ELIDEL	3	PA; MO; QL (100 per 30 days)
EUCRISA	3	PA; MO; QL (120 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	4	ST; MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	4	ST; MO
<i>imiquimod topical cream in packet</i>	1	MO
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch, medicated</i>	1	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine topical ointment</i>	3	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
LIDODERM	3	PA; MO; QL (90 per 30 days)
<i>methoxsalen</i>	4	MO
OXSORALEN ULTRA	4	MO
PANRETIN	4	MO
PICATO	4	MO
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
PLIAGLIS	3	MO
<i>podofilox</i>	1	MO
PROTOPIC	3	PA; MO; QL (100 per 30 days)
<i>prudoxin</i>	1	MO; QL (45 per 30 days)
REGRANEX	4	MO
SANTYL	2	MO
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
TOLAK	3	MO
VALCHLOR	4	MO
VEREGEN	3	MO

Drug Name	Drug Tier	Requirements /Limits
ZONALON	3	MO; QL (45 per 30 days)
ZTLIDO	3	PA; MO; QL (90 per 30 days)
ZYCLARA	4	ST; MO
THERAPY FOR ACNE		
ABSORICA	4	MO
ACANYA TOPICAL GEL WITH PUMP	3	MO
ACZONE TOPICAL GEL	3	MO
<i>adapalene topical cream</i>	1	PA; MO
<i>adapalene topical gel</i>	1	PA; MO
<i>adapalene topical solution</i>	1	PA
<i>adapalene topical swab</i>	1	PA
<i>adapalene-benzoyl peroxide</i>	1	PA; MO
AKTIPAK	3	MO
ALTRENO	3	PA; MO
<i>amnesteam</i>	1	MO
ATRALIN	3	PA; MO
<i>avita topical cream</i>	1	PA; MO
AVITA TOPICAL GEL	3	PA; MO
<i>azelaic acid</i>	1	MO
AZELEX	3	MO
BENZA CLIN PUMP	3	MO
BENZAMYCIN	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>claravis</i>	3	MO
CLEOCIN T TOPICAL GEL	3	MO
CLEOCIN T TOPICAL LOTION	3	MO
CLEOCIN T TOPICAL SWAB	3	MO
<i>clindacin p</i>	1	MO
CLINDAGEL	3	MO
<i>clindamycin phosphate topical foam</i>	1	MO
<i>clindamycin phosphate topical gel</i>	1	MO
<i>clindamycin phosphate topical lotion</i>	1	MO
<i>clindamycin phosphate topical solution</i>	1	MO
<i>clindamycin phosphate topical swab</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	1	MO
<i>clindamycin-tretinoin</i>	1	PA; MO
<i>dapsone topical</i>	1	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL 0.1 %	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
DIFFERIN TOPICAL LOTION	3	PA; MO
DUAC	3	MO
EPIDUO FORTE	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA; MO
<i>ery pads</i>	1	MO
<i>erygel</i>	1	MO
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
EVOCLIN	3	MO
FABIOR	3	MO
FINACEA	3	ST; MO
<i>isotretinoin</i>	1	MO
METROCREAM	3	ST; MO
METROGEL TOPICAL GEL 1 %	3	ST; MO
METROLOTION	3	ST; MO
<i>metronidazole topical cream</i>	1	MO
<i>metronidazole topical gel</i>	1	MO
<i>metronidazole topical lotion</i>	1	MO
MIRVASO TOPICAL GEL WITH PUMP	3	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>myorisan</i>	1	MO
<i>neuac</i>	1	MO
NORITATE	4	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
RHOFADE	3	PA; MO
SOOLANTRA	3	ST; MO
<i>tazarotene</i>	1	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	2	PA; MO
TAZORAC TOPICAL CREAM 0.1 %	3	PA; MO
TAZORAC TOPICAL GEL	2	PA; MO
<i>tretinoin microspheres topical gel</i>	1	PA; MO
<i>tretinoin topical</i>	1	PA; MO
<i>zenatane</i>	3	MO
ZIANA	3	PA; MO
TOPICAL ANTIBACTERIALS		
BACTROBAN TOPICAL CREAM	3	
CORTISPORIN TOPICAL	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin topical</i>	1	MO
KLARON	3	MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO
<i>mupirocin calcium</i>	1	MO
NEO-SYNALAR	3	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
SULFAMYLON TOPICAL PACKET	4	MO
XEPI	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole- betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole- betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole</i>	1	MO; QL (85 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
ERTACZO	3	MO; QL (60 per 28 days)
EXELDERM	3	MO
EXTINA	3	MO; QL (100 per 28 days)
JUBLIA	3	MO
KERYDIN	3	MO
<i>ketconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketconazole topical foam</i>	1	MO; QL (100 per 28 days)
<i>ketconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
LOPROX (AS OLAMINE) TOPICAL CREAM	3	MO; QL (90 per 28 days)
LOPROX TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
LOTRISONE TOPICAL CREAM	3	MO; QL (45 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
MENTAX	3	MO
<i>naftifine topical cream</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL CREAM 2 %	3	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	2	MO; QL (60 per 28 days)
NIZORAL TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
<i>nyamyc</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO
OXISTAT	3	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	3	PA; MO; QL (30 per 30 days)
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX TOPICAL CREAM	4	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	4	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	1	MO
ALA-SCALP	3	MO
<i>alclometasone</i>	1	MO
<i>amcinonide topical cream</i>	1	MO
<i>amcinonide topical lotion</i>	1	MO
<i>amcinonide topical ointment</i>	1	

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

Drug Name	Drug Tier	Requirements /Limits
<i>apexicon e</i>	1	MO
<i>besser</i>	1	
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
BRYHALI	3	MO
CAPEX	2	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	1	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	1	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	3	MO; QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	MO; QL (125 per 28 days)
<i>clodan</i>	1	MO; QL (236 per 28 days)
CORDRAN TAPE LARGE ROLL	3	MO
CUTIVATE TOPICAL LOTION	3	MO
DESONATE	3	MO
<i>desonide</i>	3	MO
DESOWEN	3	MO
<i>desoximetasone</i>	1	MO
<i>diflorasone</i>	1	MO
DIPROLENE TOPICAL OINTMENT	3	MO
DUOBRII	4	MO
ELOCON TOPICAL CREAM	3	MO
ELOCON TOPICAL OINTMENT	3	
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinolone topical cream</i>	1	MO
<i>fluocinolone topical ointment</i>	1	MO
<i>fluocinolone topical solution</i>	1	MO
<i>fluocinonide topical cream 0.1 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	1	MO; QL (120 per 30 days)
<i>flurandrenolide</i>	1	MO
<i>fluticasone propionate topical</i>	1	MO
<i>halcinonide</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	3	MO
<i>halobetasol propionate topical ointment</i>	1	MO
HALOG	3	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
IMPOYZ	3	MO; QL (120 per 28 days)
KENALOG TOPICAL	3	MO
LEXETTE	3	MO

Drug Name	Drug Tier	Requirements /Limits
LOCOID LIPOCREAM	3	MO
LOCOID TOPICAL LOTION	3	MO
LOCOID TOPICAL SOLUTION	3	MO
LUXIQ	3	MO
<i>mometasone topical</i>	1	MO
<i>nolix topical cream</i>	1	
<i>nolix topical lotion</i>	1	MO
OLUX	3	MO; QL (100 per 28 days)
OLUX-E	3	MO; QL (100 per 28 days)
PANDEL	3	MO
<i>prednicarbate</i>	1	MO
PSORCON	3	
SERNIVO	4	MO
SYNALAR TOPICAL CREAM	3	MO
TEXACORT	3	MO
TOPICORT	3	MO
<i>triamcinolone acetonide topical aerosol</i>	1	MO
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>trianex</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>triderm topical cream 0.1 %</i>	1	MO
TRIDESILON	3	MO
ULTRAVATE TOPICAL LOTION	4	MO
ULTRAVATE TOPICAL OINTMENT	3	MO
VANOS	4	MO; QL (120 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE	3	
EURAX	3	MO
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
NATROBA	3	MO
OVIDE	3	MO
<i>permethrin topical cream</i>	1	MO
SKLICE	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	3	MO
AGRYLIN	3	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide</i>	1	MO
ANTABUSE	3	MO

Drug Name	Drug Tier	Requirements /Limits
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	4	MO; LA
AURYXIA	4	PA; MO
BUPHENYL	4	MO
CARBAGLU	4	MO; LA
CARNITOR ORAL	3	MO
<i>cevimeline</i>	1	MO
CHEMET	2	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PA
CLINIMIX E 2.75%/D5W SULF FREE	3	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox</i>	4	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	

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

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose with sodium chloride</i>	1	
<i>disulfiram</i>	1	MO
ENDARI	4	PA; MO
<i>etidronate disodium</i>	1	MO
EVOXAC	3	MO
EXJADE	4	PA; MO; LA
FERRIPROX ORAL SOLUTION	4	PA; MO
FERRIPROX ORAL TABLET 500 MG	4	PA; MO
FOSRENOL	3	MO
GLASSIA	4	MO; LA
INCRELEX	4	MO; LA
JADENU	4	PA; MO
JADENU SPRINKLE	4	PA; MO
<i>kionex (with sorbitol)</i>	1	MO
<i>lanthanum</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LITHOSTAT	3	MO
LOKELMA	2	MO
<i>midodrine</i>	1	MO
NITYR	3	MO; LA
NORTHERA	4	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	4	LA
ORFADIN ORAL CAPSULE 20 MG	4	MO; LA

Drug Name	Drug Tier	Requirements /Limits
ORFADIN ORAL SUSPENSION	4	MO; LA
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	4	LA
PROLASTIN-C INTRAVENOUS SOLUTION	4	MO; LA
RAVICTI	4	MO
RENAGEL ORAL TABLET 800 MG	3	MO
REVELA	4	MO
RILUTEK	4	MO
<i>riluzole</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE)	3	MO
<i>sevelamer carbonate oral powder in packet</i>	4	MO
<i>sevelamer carbonate oral tablet</i>	1	MO
<i>sevelamer hcl</i>	1	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	4	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
SYPRINE	4	PA; MO
THIOLA	4	MO
THIOLA EC	4	MO
TIGLUTIK	4	MO
<i>trientine</i>	4	PA; MO
VELPHORO	4	MO
VELTASSA	2	MO
XURIDEN	4	MO
ZEMAIRA	4	MO; LA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	MO
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX STARTING MONTH BOX	2	MO
NICOTROL	3	MO
NICOTROL NS	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ASTEPRO NASAL SPRAY, NON-AEROSOL	3	MO; QL (60 per 30 days)
<i>azelastine nasal</i>	1	MO; QL (60 per 30 days)
BACTROBAN NASAL	2	MO
<i>chlorhexidine gluconate mucous membrane</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)
PATANASE	3	MO; QL (30.5 per 30 days)
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
CETRAXAL	3	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
OTOVEL	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA; MO
CORTEF	3	MO
<i>cortisone</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	1	MO
DEXPAK 13 DAY	3	MO
EMFLAZA	4	PA; MO; LA
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
MEDROL	3	B/D PA; MO
MEDROL (PAK)	3	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>millipred oral tablet</i>	3	B/D PA; MO
ORAPRED ODT	3	B/D PA; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	B/D PA; MO
<i>prednisone intensol</i>	1	B/D PA; MO
<i>prednisone oral solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets,dose pack</i>	1	MO
RAYOS	4	B/D PA; MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	3	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
TAPAZOLE	3	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML	3	PA; MO; QL (6 per 180 days)

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

Drug Name	Drug Tier	Requirements /Limits
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	3	PA; MO; QL (6 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	ST; MO
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	MO
ALCOHOL PADS	2	MO
ALOGLIPTIN	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE	3	MO; QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
APIDRA U-100 INSULIN	3	ST; MO
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; QL (60 per 30 days)
BAQSIMI	2	MO
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	ST; MO
FIASP U-100 INSULIN	3	ST; MO

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

Drug Name	Drug Tier	Requirements /Limits
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	4	MO; QL (75 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	4	MO; QL (150 per 30 days)
GAUZE PADS 2 X 2	2	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	2	MO

Drug Name	Drug Tier	Requirements /Limits
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QL (75 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QL (75 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	4	MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	MO; QL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
GLYXAMBI	2	MO; QL (30 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U- 100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U- 100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO

Drug Name	Drug Tier	Requirements /Limits
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INSULIN LISPRO	3	ST; MO
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO
INVOKAMET ORAL TABLET 150-1,000 MG, 150- 500 MG, 50-1,000 MG	2	MO; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50- 500 MG	2	MO; QL (120 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	2	MO; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	2	MO; QL (90 per 30 days)
INVOKANA ORAL TABLET 300 MG	2	MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
JENTADUETO	3	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; QL (30 per 30 days)
KAZANO	3	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LEVEMIR FLEXTOUCH U-100 INSULN	3	ST; MO
LEVEMIR U-100 INSULIN	3	ST; MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	4	MO; QL (75 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	4	MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	4	MO; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOFINE 32	2	MO
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN	3	ST; MO
NOVOLIN R REGULAR U-100 INSULN	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	ST; MO
OMNIPOD DASH INSULIN POD	2	MO
OMNIPOD INSULIN MANAGEMENT	2	MO
OMNIPOD INSULIN REFILL	2	MO
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	2	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)
PRANDIN ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
PRANDIN ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
PROGLYCEM	2	MO
QTERN ORAL TABLET 10-5 MG	3	MO; QL (30 per 30 days)
QTERN ORAL TABLET 5-5 MG	3	
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>repaglinide-metformin</i>	1	MO; QL (150 per 30 days)
RIOMET	2	MO; QL (765 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SOLIQUA 100/33	2	MO

Drug Name	Drug Tier	Requirements /Limits
STARLIX ORAL TABLET 120 MG	3	MO; QL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	3	MO; QL (180 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
STEGLUJAN	3	MO; QL (30 per 30 days)
SYMLINPEN 120	4	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	4	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	2	MO; QL (120 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	MO; QL (30 per 30 days)
TECHLITE INSULIN SYR HALF UNIT	2	
TECHLITE INSULIN SYRINGE	2	
<i>tolbutamide</i>	1	MO; QL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U- 100	3	ST; MO
TRESIBA FLEXTOUCH U- 200	3	ST; MO
TRESIBA U-100 INSULIN	3	ST; MO
TRULICITY	2	PA; MO; QL (2 per 28 days)
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 40	2	MO
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5- 1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	4	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ANADROL-50	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ANDRODERM	2	PA; MO; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; MO; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	2	PA; MO; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	2	PA; MO; QL (150 per 30 days)
AVEED	3	PA; MO; LA
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol oral</i>	1	MO
CERDELGA	4	MO
<i>cinacalcet oral tablet 30 mg</i>	1	MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	4	MO
<i>danazol</i>	3	MO
DDAVP NASAL SOLUTION	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
DDAVP NASAL SPRAY WITH PUMP	3	MO
DDAVP ORAL	3	MO
DEPO-TESTOSTERONE	3	PA; MO
<i>desmopressin nasal spray, non-aerosol</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol oral</i>	1	MO
FORTESTA	3	PA; MO; QL (120 per 30 days)
GALAFOLD	4	PA; MO; LA; QL (15 per 30 days)
JYNARQUE ORAL TABLET	4	PA; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; MO; LA
KORLYM	4	PA; MO
KUVAN	4	PA; MO
METHITEST	3	MO
<i>methyltestosterone oral capsule</i>	4	MO
<i>miglustat</i>	4	MO; LA
MYALEPT	4	PA; MO; LA
NATPARA	4	PA; MO; LA
NOCDURNA (MEN)	3	PA; MO; QL (30 per 30 days)
NOCDURNA (WOMEN)	3	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
NOCTIVA	3	PA; MO; QL (3.8 per 30 days)
ORILISSA	4	MO
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; LA; QL (60 per 30 days)
<i>paricalcitol oral</i>	3	MO
RAYALDEE	4	MO
ROCALTROL	3	MO
SAMSCA	4	PA; MO
SENSIPAR ORAL TABLET 30 MG	2	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	MO
SOMAVERT	4	MO
STIMATE	2	MO
STRIANT	3	PA; MO; QL (60 per 30 days)
SYNAREL	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
TESTIM	3	PA; MO; QL (300 per 30 days)
<i>testosterone cypionate</i>	1	PA; MO
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; MO; QL (300 per 30 days)
XYOSTED	3	PA; MO
ZAVESCA	4	MO; LA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
THYROID HORMONES		
CYTOMEL	3	MO
LEVO-T	3	
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine oral</i>	1	MO
SYNTHROID	3	MO
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO
THYROLAR-3	3	MO
TIROSINT	3	MO
TIROSINT-SOL	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>unithroid oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

CUVPOSA	3	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
LOMOTIL	3	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine</i>	1	MO
MYTESI	3	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

ACTIGALL	3	MO
AKYNZEO (FOSNETUPITANT)	3	MO
<i>alosetron</i>	4	MO
AMITIZA	2	MO
ANUSOL-HC TOPICAL	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aprepitant</i>	1	B/D PA; MO
APRISO	3	MO
ASACOL HD	2	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<i>balsalazide</i>	1	MO
BONJESTA	3	MO
<i>budesonide oral</i>	4	MO
CANASA	3	MO
CESAMET	4	B/D PA; MO
CHENODAL	4	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
CIMZIA	4	PA; MO
CIMZIA POWDER FOR RECONST	4	PA; MO
CLENPIQ	3	ST; MO
COLAZAL	4	MO
<i>colocort</i>	1	MO
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	ST; MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	2	MO
DICLEGIS	3	MO
DIPENTUM	4	MO
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO
<i>dronabinol oral capsule 10 mg</i>	4	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	3	B/D PA; MO
EMEND ORAL CAPSULE	3	B/D PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	B/D PA; MO
ENTOCORT EC	4	MO
<i>enulose</i>	1	MO
GASTROCROM	3	MO
GATTEX 30-VIAL	4	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
GOLYTELY	3	ST; MO
<i>granisetron hcl oral</i>	1	B/D PA; MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
INFLECTRA	4	PA; MO
KRISTALOSE	3	MO
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
LIALDA	3	MO
LINZESS	2	MO
LOTRONEX	4	MO
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	B/D PA; MO
MARINOL ORAL CAPSULE 2.5 MG	3	B/D PA; MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine</i>	1	MO
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet,disintegrating</i>	1	MO
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	MO
MOTTEGRITY	3	MO
MOVANTIK	2	MO
MOVIPREP	3	MO
NULYTELY WITH FLAVOR PACKS	3	ST; MO

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

Drug Name	Drug Tier	Requirements /Limits
OCALIVA	4	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	1	B/D PA; MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
OSMOPREP	3	MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>peg-electrolyte</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	MO

Drug Name	Drug Tier	Requirements /Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT	4	ST; MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4,000-14,375-15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST; MO
PLENVU	3	ST; MO
PREPOPIK	3	ST; MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR ORAL	4	MO
RELISTOR SUBCUTANEOUS SOLUTION	4	MO
RELISTOR SUBCUTANEOUS SYRINGE	4	MO
REMICADE	4	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	4	MO
<i>scopolamine base</i>	1	MO
SUCRAID	4	MO
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	2	MO
SYMPROIC	2	MO
SYNDROS	4	B/D PA; MO
TRANSDERM-SCOP	3	MO
<i>trilyte with flavor packets</i>	1	MO
TRULANCE	3	MO
UCERIS ORAL	4	MO
UCERIS RECTAL	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
<i>ursodiol</i>	1	MO
VARUBI INTRAVENOUS	2	
VARUBI ORAL	2	B/D PA; MO
VIBERZI	4	MO
VIOKACE	2	MO
ZELNORM	3	

Drug Name	Drug Tier	Requirements /Limits
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	2	MO
ZOFRAN ORAL TABLET 8 MG	3	B/D PA; MO
ZUPLENZ	3	B/D PA; MO
ULCER THERAPY		
ACIPHEX	3	MO
<i>amoxicil-clarithromy-lansopraz</i>	1	MO; QL (112 per 30 days)
CARAFATE	3	MO
<i>cimetidine</i>	1	MO
<i>cimetidine hcl oral</i>	1	MO
CYTOTEC	3	MO
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 49.3 MG	3	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	MO
<i>misoprostol</i>	1	MO
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	3	MO
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
<i>nizatidine</i>	1	MO
OMECLAMOXPAK	3	MO; QL (80 per 28 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	4	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	4	MO
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	4	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
PEPCID ORAL TABLET	3	MO
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 15 MG	3	MO; QL (30 per 30 days)
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 30 MG	3	MO
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO

Drug Name	Drug Tier	Requirements /Limits
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	3	MO
PYLERA	2	MO
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	4	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	4	MO
ZEGERID ORAL PACKET 20-1,680 MG	4	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	4	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	4	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 150 MCG/0.75 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; MO
ARCALYST	4	PA; MO
AVONEX (WITH ALBUMIN)	4	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	4	PA; MO
EXTAVIA SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
FULPHILA	4	PA; MO
GENOTROPIN	4	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; MO
GRANIX	4	PA; MO
HUMATROPE	4	PA; MO
INTRON A INJECTION RECON SOLN	4	B/D PA; MO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	2	B/D PA; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	4	B/D PA; MO
LEUKINE INJECTION RECON SOLN	4	MO
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; MO
NEUPOGEN	4	PA; MO
NIVESTYM	4	PA; MO
NORDITROPIN FLEXPRO	4	PA; MO
NUTROPIN AQ NUSPIN	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
OMNITROPE	4	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	4	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	4	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	MO; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
REBIF (WITH ALBUMIN)	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	4	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO
SAIZEN	4	PA; MO
SAIZEN SAIZENPREP	4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO
SYLATRON	4	MO
UDENYCA	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ZARXIO	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	3	PA; MO
ZORBTIVE	4	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	MO
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BOOSTRIX TDAP	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	B/D PA; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	4	PA; MO
GAMMAGARD LIQUID	4	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GAMMAPLEX	4	PA; MO
GAMMAPLEX (WITH SORBITOL)	4	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GARDASIL 9 (PF)	2	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF)	2	MO
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO
IPOL	2	MO
IXIARO (PF)	2	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	

Drug Name	Drug Tier	Requirements /Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
OCTAGAM	4	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; MO
PANZYGA INTRAVENOUS SOLUTION 10 %	4	PA; MO
PANZYGA INTRAVENOUS SOLUTION 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	4	PA
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	4	PA; MO
PROQUAD (PF)	2	MO
QUADRACEL (PF)	2	MO
RABAVERT (PF)	2	MO
RAGWITEK	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	B/D PA; MO

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

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

Drug Name	Drug Tier	Requirements /Limits
ZOSTAVAX (PF)	2	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	MO
COLCHICINE	3	ST; MO
COLCRYS	2	MO
DUZALLO ORAL TABLET 200-200 MG	3	MO
<i>febuxostat</i>	1	MO
MITIGARE	2	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
ULORIC	2	MO
ZYLOPRIM	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	3	ST; MO; QL (30 per 30 days)
<i>alendronate oral solution</i>	1	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
AELVIA	3	ST; MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
BINOSTO	3	ST; MO; QL (4 per 28 days)
BONIVA ORAL	3	ST; MO; QL (1 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	4	PA; MO; QL (2.34 per 30 days)
EVISTA	3	MO
FORTEO	4	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
TYMLOS	4	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ACTEMRA ACTPEN	4	PA; MO; QL (4 per 28 days)
ARAVA	4	MO; QL (30 per 30 days)
BENLYSTA SUBCUTANEOUS	4	PA; MO
CUPRIMINE	4	MO
DEPEN TITRATABS	4	MO
ENBREL MINI	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	4	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	4	PA; MO; QL (6 per 180 days)
HUMIRA PEN	4	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; MO; QL (6 per 180 days)

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

Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEN PSOR-UEVITS-ADOL HS	4	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
KEVZARA	4	PA; MO; QL (2.28 per 28 days)
KINERET	4	PA; MO
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
OLUMIANT	4	PA; MO; QL (30 per 30 days)
ORENCIA	4	PA; MO
ORENCIA (WITH MALTOSE)	4	PA; MO
ORENCIA CLICKJECT	4	PA; MO
OTEZLA	4	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	4	PA

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

Drug Name	Drug Tier	Requirements /Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	MO
<i>penicillamine</i>	4	MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	MO
RIDAURA	4	MO
RINVOQ ER	4	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI	4	PA; MO
XELJANZ	4	PA; MO
XELJANZ XR	4	PA; MO
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		

Drug Name	Drug Tier	Requirements /Limits
ACTIVELLA ORAL TABLET 1- 0.5 MG	3	PA; MO
ALORA	3	PA; MO; QL (8 per 28 days)
<i>amabelz</i>	1	PA; MO
ANGELIQ	3	PA; MO
AYGESTIN	3	MO
BIJUVA	3	PA; MO
<i>camila</i>	1	MO
CLIMARA	3	PA; MO; QL (4 per 28 days)
CLIMARA PRO	3	PA; MO
COMBIPATCH	3	PA; MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
<i>deblitane</i>	1	MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULA R SUSPENSION 150 MG/ML	3	MO
DEPO-PROVERA INTRAMUSCULA R SUSPENSION 400 MG/ML	2	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	3	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO
ELESTRIN	3	PA; MO
<i>errin</i>	1	MO
ESTRACE ORAL	3	PA; MO
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	3	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	2	MO
EVAMIST	3	PA; MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	3	PA; MO
FEMRING	3	MO
<i>fyavolv</i>	1	PA; MO
IMVEXXY MAINTENANCE PACK	3	MO
IMVEXXY STARTER PACK	3	MO
<i>incassia</i>	1	MO
<i>jinteli</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>lopreeza oral tablet 1-0.5 mg</i>	1	PA; MO
<i>lyza</i>	1	MO
<i>medroxyprogesterone</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA; MO
MENOSTAR	3	PA; MO; QL (4 per 28 days)
<i>mimvey</i>	1	PA; MO
<i>mimvey lo</i>	1	PA; MO
MINIVELLE	3	PA; MO; QL (8 per 28 days)
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	PA; MO
<i>norlyroc</i>	1	
ORTHO MICRONOR	3	MO
PREFEST	3	PA; MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	3	PA; MO
PREMPRO	3	PA; MO
<i>progesterone micronized</i>	1	MO
PROMETRIUM	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
PROVERA	3	MO
<i>sharobel</i>	1	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	PA; MO; QL (8 per 28 days)
<i>yuvafem</i>	1	MO
MISCELLANEOUS OB/GYN		
AVC	3	MO
CLEOCIN VAGINAL CREAM	3	MO
CLEOCIN VAGINAL SUPPOSITORY	2	MO
<i>clindamycin phosphate vaginal</i>	1	MO
CLINDESSE	3	MO
GYNAZOLE-1	3	MO
INTRAROSA	3	MO
LUPANETA PACK (1 MONTH)	4	MO
LUPANETA PACK (3 MONTH)	4	MO
LYSTEDA	3	MO
METROGEL VAGINAL	3	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
NUVARING	3	MO
OSPHENA	3	MO
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>xulane</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>amethia</i>	1	MO
<i>amethia lo</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra</i>	1	MO
<i>aviane</i>	1	MO
<i>balziva (28)</i>	1	MO
BEYAZ	3	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30 (28)</i>	1	MO
<i>briellyn</i>	1	MO
<i>camrese lo</i>	1	MO
<i>caziant (28)</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyclafem 1/35 (28)</i>	1	MO
<i>cyclafem 7/7/7 (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>debyla (28)</i>	1	
<i>desog- e.estradiol/e.estradiol</i>	1	MO
<i>desogestrel-ethinyl estradiol</i>	1	MO
<i>drospirenone- e.estradiol-lm.fa oral tablet 3-0.02- 0.451 mg (24) (4)</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>drospirenone-ethinyl estradiol</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>fayosim</i>	1	MO
<i>femynor</i>	1	MO
GENERESS FE	3	MO
<i>gianvi (28)</i>	1	MO
<i>hailey 24 fe</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jasmiel (28)</i>	1	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30 (21)</i>	1	MO
<i>junel 1/20 (21)</i>	1	MO
<i>junel fe 1.5/30 (28)</i>	1	MO
<i>junel fe 1/20 (28)</i>	1	MO
<i>junel fe 24</i>	1	MO
<i>kaitlib fe</i>	1	MO
<i>kariva (28)</i>	1	MO
<i>kelnor 1/35 (28)</i>	1	MO
<i>kelnor 1-50</i>	1	MO
<i>kurvelo (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol</i>	1	MO
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>larissia</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena 28</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel-ethinyl estrad</i>	1	MO
<i>levonorg-eth estrad triphasic</i>	1	MO
<i>levora-28</i>	1	MO
LO LOESTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
<i>loryna (28)</i>	1	MO
LOSEASONIQUE	3	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lutra (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>melodetta 24 fe</i>	1	MO
<i>mibelas 24 fe</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
MINASTRIN 24 FE	3	MO
NATAZIA	3	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethinyl estradiol-iron</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	1	MO
<i>norgestimate-ethinyl estradiol</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>ocella</i>	1	MO
<i>ogestrel (28)</i>	1	MO
<i>orsythia</i>	1	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
<i>pimtreea (28)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pirmella oral tablet 1-35 mg-mcg</i>	1	MO
<i>portia 28</i>	1	MO
<i>previfem</i>	1	MO
QUARTETTE	3	MO
<i>reclipsen (28)</i>	1	MO
<i>rivelsa</i>	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 (28)</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	MO
<i>tri-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>tydemy</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>vyfemla (28)</i>	1	MO
<i>vylibra</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>wymzya fe</i>	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
<i>zarah</i>	1	MO
<i>zovia 1/35e</i> (28)	1	MO

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	2	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	MO
BESIVANCE	2	MO
CILOXAN	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	1	MO
MOXEZA	3	MO
<i>moxifloxacin ophthalmic (eye)</i>	1	MO
NATACYN	2	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-gramicidin</i>	1	MO
OCUFLOX	3	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
POLYTRIM	3	MO
<i>tobramycin</i>	1	MO
TOBREX	3	MO
VIGAMOX	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
<i>carteolol</i>	1	MO
ISTALOL	3	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIAL	3	MO
ALOMIDE	3	MO
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
BEPREVE	3	MO
BLEPH-10	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
CEQUA	3	MO; QL (60 per 30 days)
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	4	MO
<i>epinastine</i>	1	MO
ISOPTO CARPINE	3	MO
LACRISERT	3	MO
LASTACRAFT	3	MO
<i>olopatadine ophthalmic (eye)</i>	1	MO
OXERVATE	4	PA; MO
PATADAY	3	MO
PATANOL	3	MO
PAZEO	2	MO
PHOSPHOLINE IODIDE	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
RESTASIS	2	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide- prednisolone</i>	1	MO
XIIDRA	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI- INFLAMMATORY AGENTS		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL (PF)	3	MO
<i>bromfenac</i>	1	MO
BROMSITE	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	2	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
NEVANAC	3	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>bimatoprost ophthalmic (eye)</i>	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT (PF)	3	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	MO
RHOPRESSA	2	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
TRAVATAN Z	2	MO
TRUSOPT	3	MO
VYZULTA	3	MO
XALATAN	3	ST; MO
XELPROS	3	ST; MO
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
PRED-G	3	MO
PRED-G S.O.P.	3	MO
TOBRADEX	3	MO
TOBRADEX ST	3	MO
<i>tobramycin-dexamethasone</i>	1	MO
ZYLET	2	MO
STERIODS		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
DUREZOL	3	MO
FLAREX	3	MO
<i>fluorometholone</i>	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	3	MO
INVELTYS	3	MO
LOTEMAX	2	MO
LOTEMAX SM	2	MO
<i>loteprednol etabonate</i>	1	MO
MAXIDEX	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		

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Drug Name	Drug Tier	Requirements /Limits
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	MO
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	3	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine</i>	1	MO
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	3	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
AUVI-Q	4	ST; MO; QL (4 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CLARINEX ORAL SYRUP	3	
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
<i>desloratadine</i>	1	MO; QL (30 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 % NOT MADE BY MYLAN	3	ST; MO; QL (4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	2	MO; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (4 per 30 days)
EPIPEN 2-PAK	2	MO; QL (4 per 30 days)
EPIPEN JR 2-PAK	2	MO; QL (4 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine oral</i>	3	PA; MO
SEMPREX-D	3	MO
SYMJEPI	3	MO
PULMONARY AGENTS		
ACCOLATE	3	MO
<i>acetylcysteine</i>	1	B/D PA; MO
ADCIRCA	4	PA; MO; QL (60 per 30 days)
ADEMPAS	4	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
AIRDUO RESPICLICK	3	MO; QL (60 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	ST; MO; QL (17 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020503)	3	ST; MO; QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; MO; QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	1	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	3	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	3	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>alyq</i>	4	PA; MO; QL (60 per 30 days)
<i>ambriasantan</i>	4	PA; MO; LA
ANORO ELLIPTA	2	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	2	MO; QL (30 per 30 days)
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION , 55 MCG/ACTUATION	3	QL (60 per 30 days)
ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
BECONASE AQ	3	MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	4	PA; MO
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>bosentan</i>	4	PA; MO; LA
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BROVANA	3	B/D PA; MO
<i>budesonide inhalation</i>	1	B/D PA; MO
CINRYZE	4	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
DALIRESP	3	PA; MO
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)
ESBRIET ORAL CAPSULE	4	PA; MO; QL (270 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL TABLET 267 MG	4	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; MO; QL (90 per 30 days)
FASENRA	4	PA; MO
FIRAZYR	4	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO; QL (60 per 30 days)
FLUTICASONE PROPION- SALMETEROL INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (60 per 30 days)
HAEGARDA	4	PA; MO; LA
<i>icatibant</i>	4	PA; MO
INCRUSE ELLIPTA	3	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium- albuterol</i>	1	B/D PA; MO
KALBITOR	4	MO
KALYDECO ORAL GRANULES IN PACKET 25 MG	4	PA; MO
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	4	PA; MO; QL (60 per 30 days)
LETAIRIS	4	PA; MO; LA
<i>levalbuterol hcl</i>	1	B/D PA; MO
LEVALBUTEROL TARTRATE	3	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LONHALA MAGNAIR REFILL	4	MO; QL (60 per 30 days)
LONHALA MAGNAIR STARTER	4	MO; QL (60 per 30 days)
<i>metaproterenol oral syrup</i>	1	MO
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast</i>	1	MO
NASONEX	3	MO; QL (34 per 30 days)
NUCALA	4	PA; MO; LA; QL (3 per 28 days)
OFEV	4	PA; MO; QL (60 per 30 days)
OMNARIS	3	MO; QL (12.5 per 30 days)
OPSUMIT	4	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	4	PA; MO; QL (112 per 28 days)
PERFOROMIST	2	B/D PA; MO
PROAIR HFA	3	ST; MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	ST; MO; QL (2 per 30 days)
PROVENTIL HFA	3	ST; MO; QL (13.4 per 30 days)
PULMICORT	3	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	4	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (224 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
REVATIO ORAL TABLET	4	PA; MO; QL (90 per 30 days)
RUCONEST	4	PA; MO
SEEBRI NEOHALER	3	ST; MO; QL (60 per 30 days)
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	2	MO; QL (10.2 per 30 days)
SYMDEKO	4	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	PA; MO; QL (60 per 30 days)
TAKHZYRO	4	PA; MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
<i>terbutaline oral</i>	1	MO
THEO-24	2	MO
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRACLEER	4	PA; MO; LA
TRELEGY ELLIPTA	3	PA; MO; QL (60 per 30 days)
TUDORZA PRESSAIR	2	MO; QL (1 per 30 days)
UTIBRON NEOHALER	3	MO; QL (60 per 30 days)
VENTAVIS	4	B/D PA; MO
VENTOLIN HFA	2	MO; QL (36 per 30 days)
WIXELA INHUB	3	ST; MO; QL (60 per 30 days)
XHANCE	3	MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; LA; QL (5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
XOPENEX	3	B/D PA; MO
XOPENEX CONCENTRATE	3	B/D PA; MO
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)
YUPELRI	4	B/D PA; MO
<i>zafirlukast</i>	1	MO
ZETONNA	3	MO; QL (6.1 per 30 days)
<i>zileuton</i>	4	MO
ZYFLO	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	1	MO
DETROL	3	MO
DETROL LA	3	MO
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	MO
ENABLEX	3	MO
<i>flavoxate</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	MO; QL (30 per 30 days)
MYRBETRIQ	2	MO
<i>oxybutynin chloride</i>	1	MO
OXYTROL	3	MO; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
TOVIAZ	2	MO
<i>tropium</i>	1	MO
VESICARE	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
AVODART	3	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
FLOMAX	3	ST; MO
JALYN	3	MO
PROSCAR	3	MO
RAPAFLO	2	ST; MO
<i>silodosin</i>	1	MO
<i>tamsulosin</i>	1	MO
UROXATRAL	3	ST; MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	1	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	2	MO; LA
ELMIRON	2	MO
<i>potassium citrate</i>	1	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)
URECHOLINE	3	MO

Drug Name	Drug Tier	Requirements /Limits
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	1	MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO
<i>klor-con</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R IN 5 % DEXTROSE	2	
PHOSLYRA	3	MO

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral packet</i>	1	MO
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 3 %</i>	1	MO
<i>sodium chloride 5 %</i>	1	MO
<i>sodium lactate intravenous</i>	1	
TPN ELECTROLYTES	3	

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

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 %	2	B/D PA
AMINOSYN II 15 %	2	B/D PA
AMINOSYN-PF 10 %	2	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	2	B/D PA
CLINIMIX 5%/D25W SULFITE-FREE	2	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	2	B/D PA
CLINIMIX 4.25%-D25W SULF-FREE	2	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE	3	B/D PA
CLINIMIX E 4.25%/D5W SULF FREE	3	B/D PA
CLINIMIX E 5%/D15W SULFIT FREE	3	B/D PA
CLINIMIX E 5%/D20W SULFIT FREE	3	B/D PA
CLINISOL SF 15 %	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
FREAMINE HBC 6.9 %	3	B/D PA
HEPATAMINE 8%	2	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
IONOSOL-MB IN D5W	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
NEPHRAMINE 5.4 %	2	B/D PA
NORMOSOL-M IN 5 % DEXTROSE	3	
NORMOSOL-R PH 7.4	2	
NUTRILIPID	3	B/D PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
<i>plenamine</i>	1	B/D PA
<i>premasol 10 %</i>	1	B/D PA; MO
PREMASOL 6 %	2	B/D PA
PROCALAMINE 3%	3	B/D PA
PROSOL 20 %	3	B/D PA; MO
<i>travasol 10 %</i>	3	B/D PA; MO
TROPHAMINE 10 %	2	B/D PA; MO
TROPHAMINE 6%	2	B/D PA
VITAMINS / HEMATINICS		

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

Drug Name	Drug Tier	Requirements /Limits
FLUORIDE (SODIUM) ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements /Limits
PRENATAL VITAMIN ORAL TABLET	3	MO

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

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87	CABOMETYX.....	14	CATAPRES-TTS-2	44
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84	CALQUENCE.....	14	cefotaxime	6
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ceftazidime.....	6	ciprofloxacin in 5 % dextrose		SULFIT FREE.....	100
ceftriaxone.....	6	12	CLINISOL SF 15 %	100
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CILOXAN.....	89	SULFIT FREE.....	59	COMBIVIR.....	3
CIMDUO.....	3	CLINIMIX 4.25%-D25W		COMETRIQ.....	14
cimetidine.....	75	SULF-FREE.....	100	COMPLERA.....	3
cimetidine hcl.....	75	CLINIMIX 5%-		compro.....	72
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COSENTYX (2 SYRINGES)	DANTRIUM.....27	dexamethasone sodium
.....52	dantrolene.....27	phosphate.....91
COSENTYX PEN (2 PENS).....52	dapsone.....9, 54	DEXEDRINE SPANSULE.....36
COSOPT.....91	DAPTACEL (DTAP	DEXILANT.....75
COSOPT (PF).....91	PEDIATRIC) (PF).....80	dexmethylphenidate.....36
COTELLIC.....15	daptomycin.....9	DEXPAK 13 DAY.....61
COTEMPLA XR-ODT.....36	DAPTOMYCIN.....9	dextroamphetamine.....36
COUMADIN.....48	DARAPRIM.....9	dextroamphetamine-
COZAAR.....44	darifenacin.....97	amphetamine.....36
CREON.....72	DAURISMO.....15	dextrose 10 % and 0.2 % nacl
CRESEMBA.....2	DAYPRO.....32	.....59
CRESTOR.....49	DAYTRANA.....36	dextrose 10 % in water (d10w)
CRINONE.....85	DDAVP.....69	.....59
CRIXIVAN.....3	deblitane.....85	dextrose 5 % in water (d5w).....59
cromolyn.....72, 90, 94	deferasirox.....59	dextrose 5%-0.2 % sod
cryselle (28).....87	DELESTROGEN.....85	chloride.....59
CUBICIN.....8	DELSTRIGO.....3	dextrose 5%-0.3 %
CUPRIMINE.....83	delyla (28).....87	sod.chloride.....59
CUTIVATE.....57	DELZICOL.....72	dextrose with sodium chloride
CUVPOSA.....71	demeclocycline.....12	.....59
cyclafem 1/35 (28).....87	DEM SER.....44	DIASTAT.....20
cyclafem 7/7/7 (28).....87	DENAVIR.....56	DIASTAT ACUDIAL.....20
cyclobenzaprine.....27	DEPAKOTE.....20	diazepam.....36
cyclophosphamide.....15	DEPAKOTE ER.....20	diazepam intensol.....36
CYCLOSET.....63	DEPAKOTE SPRINKLES.....20	DIBENZYLINE.....44
cyclosporine.....15	DEPEN TITRATABS.....83	DICLEGIS.....72
cyclosporine modified.....15	DEPO-ESTRADIOL.....85	DICLOFENAC EPOLAMINE
CYMBALTA.....36	DEPO-PROVERA.....85	.....32
cyred eq.....87	DEPO-SUBQ PROVERA.....104	diclofenac potassium.....32
CYSTADANE.....72	.....85	diclofenac sodium.....32, 52, 91
CYSTAGON.....98	DEPO-TESTOSTERONE.....69	diclofenac-misoprostol.....32
CYSTARAN.....90	DESCOVY.....3	dicloxacillin.....11
CYTOMEL.....71	desipramine.....36	dicyclomine.....71
CYTOTEC.....75	desloratadine.....92	didanosine.....3
D	desmopressin.....69	DIFFERIN.....54
d10 %-0.45 % sodium chloride	desog-e.estradiol/e.estradiol.....87	DIFICID.....7
.....59	desogestrel-ethinyl estradiol.....87	diflorasone.....57
	DESONATE.....57	DIFLUCAN.....2

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

diflunisal.....	32	doxycycline monohydrate	13	ELIGARD (4 MONTH)	15
digitek.....	51	doxylamine-pyridoxine (vit b6)		ELIGARD (6 MONTH)	15
digox.....	51	.....	72	ELIMITE	59
digoxin.....	51	dronabinol.....	72	ELIQUIS.....	48
dihydroergotamine	24	drosiprenone-e.estradiol-lm.fa		ELMIRON	98
DILANTIN 30 MG	20	.....	87	ELOCON.....	57
DILANTIN EXTENDED 100		drosiprenone-ethinyl estradiol		EMBEDA	28
MG	20	.....	87	EMCYT	15
DILANTIN INFATABS 50		DROXIA	15	EMEND.....	72
MG	20	DUAC.....	54	EMFLAZA	62
DILANTIN-125 125 MG/5		DUAVEE.....	85	EMGALITY PEN.....	24
ML.....	20	DUETACT	63	EMGALITY SYRINGE.....	24
DILAUDID	28	DUEXIS	32	emoquette	87
diltiazem hcl	44	DULERA.....	94	EMSAM	36
dilt-xr.....	44	duloxetine	36	EMTRIVA	3
DIOVAN	45	DUOBRII	57	EMVERM.....	9
DIOVAN HCT	45	DUOPA	23	ENABLEX	98
DIPENTUM	72	DUPIXENT	52	enalapril maleate.....	45
diphenoxylate-atropine.....	71	DURAGESIC	28	enalapril-hydrochlorothiazide	
DIPROLENE.....	57	duramorph (pf)	28	.....	45
dipyridamole.....	48	DUREZOL	92	ENBREL.....	83
disulfiram	59	dutasteride	98	ENBREL MINI	83
DITROPAN XL	98	dutasteride-tamsulosin.....	98	ENBREL SURECLICK	83
DIURIL	45	DUTOPROL.....	45	ENDARI	59
divalproex.....	20	DUZALLO	82	endocet.....	28
DIVIGEL.....	85	dvorah.....	28	ENGERIX-B (PF)	80
dofetilide.....	43	DYANAVEL XR	36	ENGERIX-B PEDIATRIC	
DOLOPHINE	28	DYAZIDE	45	(PF).....	80
donepezil	26	DYMISTA.....	94	enoxaparin	48
DOPTELET (10 TAB PACK)		DYRENIUM	45	enpresse	87
.....	48	E		enskyce	87
DOPTELET (15 TAB PACK)		e.e.s. 400.....	7	ENSTILAR.....	52
.....	48	E.E.S. GRANULES.....	7	entacapone	23
DOPTELET (30 TAB PACK)		econazole	55	entecavir	3
.....	48	EDARBI.....	45	ENTOCORT EC.....	72
DORYX.....	12	EDARBYCLOR.....	45	ENTRESTO.....	51
DORYX MPC	12	EDECRIN.....	45	enulose.....	73
dorzolamide.....	91	EDURANT.....	3	ENVARBUS XR	15
dorzolamide-timolol.....	91	efavirenz	3	EPCLUSA	3
dorzolamide-timolol (pf).....	91	EFFEXOR XR.....	36	EPIDIOLEX	20
dotti.....	85	EFFIENT	48	EPIDUO	54
DOVATO	3	EFUDEX	52	EPIDUO FORTE.....	54
DOVONEX	52	EGRIFTA	78	epinastine.....	90
doxazosin.....	45	ELESTRIN	85	epinephrine	92
doxepin.....	36, 52	eletriptan.....	24	EPINEPHRINE	92
doxercalciferol.....	69	ELIDEL	52	EPIPEN 2-PAK	92
doxy-100.....	12	ELIGARD	15	EPIPEN JR 2-PAK	92
doxycycline hyclate.....	12, 13	ELIGARD (3 MONTH)	15	epitol.....	20

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

EPIVIR	3	EUCRISA	52	fenofibric acid (choline)	49
EPIVIR HBV	3	EURAX	59	FENOGLIDE	49
eplerenone	45	EVAMIST	85	fenoprofen	32
EPOGEN	78	EVEKEO	36	FENOPROFEN	32
eprosartan	45	EVEKEO ODT	37	fentanyl	29
EPZICOM	3	EVENITY	82	fentanyl citrate	28
EQUETRO	20	EVISTA	82	FENTANYL CITRATE	28
ERAXIS(WATER DILUENT)		EVOCLIN	54	FENTORA	29
.....	2	EVOTAZ	3	FERRIPROX	60
ergoloid	36	EVOXAC	59	FETZIMA	37
ergotamine-caffeine	24	EVZIO	32	FEXMID	27
ERIVEDGE	15	EXELDERM	56	FIASP FLEXTOUCH U-100	
ERLEADA	15	EXELON	26	INSULIN	63
erlotinib	15	exemestane	15	FIASP U-100 INSULIN	63
errin	85	EXFORGE	45	FIBRICOR	49
ERTACZO	56	EXFORGE HCT	45	FINACEA	54
ertapenem	9	EXJADE	59	finasteride	98
ery pads	54	EXTAVIA	78	FIRAZYR	94
erygel	54	EXTINA	56	FIRDAPSE	26
ERYPED 200	7	EZALLOR SPRINKLE	49	FIRMAGON KIT W	
ERYPED 400	7	ezetimibe	49	DILUENT SYRINGE	15
ery-tab	7	ezetimibe-simvastatin	49	FIRVANQ	9
ERY-TAB	7	F		flac otic oil	61
ERYTHROCIN	7	FABIOR	54	FLAGYL	9
erythrocin (as stearate)	7	falmina (28)	87	FLAREX	92
erythromycin	7, 89	famciclovir	3	flavoxate	98
erythromycin ethylsuccinate ..	7	famotidine	75	FLEBOGAMMA DIF	80
erythromycin with ethanol ...	54	FANAPT	37	flecainide	43
erythromycin-benzoyl peroxide		FARESTON	15	FLECTOR	32
.....	54	FARXIGA	63	FLOLIPID	49
ESBRIET	94	FARYDAK	15	FLOMAX	98
escitalopram oxalate	36	FASENRA	94	FLOVENT DISKUS	94
esomeprazole magnesium ...	75	fayosim	87	FLOVENT HFA	95
ESOMEPRAZOLE		FAZACLO	37	fluconazole	2
STRONTIUM	75	febuxostat	82	fluconazole in nacl (iso-osm) .	2
estarylla	87	felbamate	20	flucytosine	2
ESTRACE	85	FELBATOL	20	fludrocortisone	62
estradiol	85	FELDENE	32	FLUMADINE	3
estradiol valerate	85	felodipine	45	flunisolide	95
estradiol-norethindrone acet.	85	FEMARA	15	fluocinolone	57
ESTRING	85	FEMHRT LOW DOSE	85	fluocinolone acetonide oil ...	61
eszopiclone	36	FEMRING	85	fluocinolone and shower cap	57
ethacrynic acid	45	femynor	87	fluocinonide	57
ethambutol	9	fenofibrate	49	fluocinonide-e	57
ethosuximide	20	FENOFIBRATE	49	FLUORIDE (SODIUM)	101
ethynodiol diac-eth estradiol	87	fenofibrate micronized	49	fluorometholone	92
etidronate disodium	59	fenofibrate nanocrystallized .	49	fluorouracil	52
etodolac	32	fenofibric acid	49	FLUOROURACIL	52

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

fluoxetine.....	37	GAMMAPLEX	80	GOLYTELY	73
fluphenazine decanoate	37	GAMMAPLEX (WITH		GONITRO	51
fluphenazine hcl	37	SORBITOL)	80	GRALISE	21
flurandrenolide	58	GAMUNEX-C.....	80	GRALISE 30-DAY STARTER	
flurbiprofen.....	32	GARDASIL 9 (PF).....	80	PACK	21
flurbiprofen sodium.....	91	GASTROCROM	73	granisetron hcl	73
flutamide.....	15	gatifloxacin.....	89	GRANIX.....	78
fluticasone propionate	58, 95	GATTEX 30-VIAL	73	griseofulvin microsize	2
FLUTICASONE PROPION-		GAUZE PAD	63	griseofulvin ultramicrosize.....	2
SALMETEROL	95	gavilyte-c	73	guanidine	37
fluvastatin	49	gavilyte-g.....	73	GYNAZOLE-1	86
fluvoxamine.....	37	gavilyte-n.....	73	H	
FML FORTE.....	92	GELNIQUE.....	98	HAEGARDA.....	95
FML LIQUIFILM	92	gemfibrozil	49	hailey 24 fe	87
FML S.O.P.	92	GENERESS FE	87	halcinonide	58
FOCALIN.....	37	generlac	73	HALDOL.....	37
FOCALIN XR.....	37	gengraf.....	15	HALDOL DECANOATE	37
fondaparinux.....	48	GENOTROPIN	78	halobetasol propionate.....	58
FORFIVO XL	37	GENOTROPIN MINIQUE		HALOBETASOL	
FORTAMET	63	.....	78	PROPIONATE	58
FORTEO	82	gentak	89	HALOG	58
FORTESTA.....	69	gentamicin	9, 55, 89	haloperidol	37
FOSAMAX	82	gentamicin in nacl (iso-osm) ..	9	haloperidol decanoate	37
FOSAMAX PLUS D.....	82	GENVOYA	3	haloperidol lactate	37
fosamprenavir.....	3	GEODON	37	HARVONI.....	3
fosinopril	45	gianvi (28)	87	HAVRIX (PF)	80
fosinopril-hydrochlorothiazide		GILENYA	26	heparin (porcine)	48
.....	45	GILOTRIF.....	15	HEPATAMINE 8%	100
FOSRENOL	60	GLASSIA	60	HEPSERA	3
FRAGMIN	48	glatiramer.....	26	HETLIOZ	38
FREAMINE HBC 6.9 %	100	glatopa	26	HIBERIX (PF).....	80
FROVA	24	GLEEVEC.....	15	HIPREX.....	13
frovatriptan	24	GLEOSTINE.....	15	HORIZANT.....	26
FULPHILA.....	78	glimepiride.....	64	HUMALOG JUNIOR	
FURADANTIN.....	13	glipizide.....	64	KWIKPEN U-100	65
furosemide.....	45	glipizide-metformin.....	64	HUMALOG KWIKPEN	
FUZEON	3	GLUCAGEN HYPOKIT	64	INSULIN	65
fyavolv.....	85	GLUCAGON EMERGENCY		HUMALOG MIX 50-50	
FYCOMPA	20	KIT (HUMAN).....	64	INSULN U-100	65
G		GLUCOPHAGE.....	64	HUMALOG MIX 50-50	
gabapentin	20, 21	GLUCOPHAGE XR	64	KWIKPEN.....	65
GABITRIL	21	GLUCOTROL.....	64	HUMALOG MIX 75-25	
GALAFOLD	69	GLUCOTROL XL	64	KWIKPEN.....	65
galantamine	26	GLUMETZA	64	HUMALOG MIX 75-25(U-	
GAMMAGARD LIQUID	80	glycopyrrolate.....	71	100)INSULN	65
GAMMAGARD S-D (IGA < 1		GLYSET.....	64, 65	HUMALOG U-100 INSULIN	
MCG/ML)	80	GLYXAMBI	65	65
GAMMAKED	80	GOCOVRI.....	23	HUMATROPE	78

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HUMIRA..... 83	I	INSULIN SYRINGE (DISP)
HUMIRA PEDIATRIC	ibandronate 82	U-100.....65
CROHNS START 83	IBRANCE 15	INTELENCE 3
HUMIRA PEN 83	ibu 32	intralipid 100
HUMIRA PEN CROHNS-UC-	ibuprofen 32, 33	INTRALIPID..... 100
HS START 83	ibuprofen-oxycodone..... 29	INTRAROSA 86
HUMIRA PEN PSOR-	icatibant 95	INTRON A 78
UVEITS-ADOL HS 83	ICLUSIG 16	introvale..... 87
HUMIRA(CF)..... 83	IDHIFA 16	INVANZ..... 9
HUMIRA(CF) PEDI	ILEVRO 91	INVEGA 38
CROHNS STARTER..... 83	ILUMYA 52	INVEGA SUSTENNA..... 38
HUMIRA(CF) PEN..... 83	imatinib..... 16	INVEGA TRINZA 38
HUMIRA(CF) PEN	IMBRUVICA 16	INVELTYS..... 92
CROHNS-UC-HS 83	imipenem-cilastatin 9	INVIRASE 3
HUMIRA(CF) PEN PSOR-	imipramine hcl..... 38	INVOKAMET 65
UV-ADOL HS..... 83	imipramine pamoate 38	INVOKAMET XR 65
HUMULIN 70/30 U-100	imiquimod 52	INVOKANA..... 65
INSULIN..... 65	IMIQUIMOD 52	IONOSOL-MB IN D5W 100
HUMULIN 70/30 U-100	IMITREX 24, 25	IOPIDINE..... 92
KWIKPEN 65	IMITREX STATDOSE PEN25	IPOL 80
HUMULIN N NPH INSULIN	IMITREX STATDOSE	ipratropium bromide..... 61, 95
KWIKPEN 65	REFILL 25	ipratropium-albuterol..... 95
HUMULIN N NPH U-100	IMOVAX RABIES VACCINE	irbesartan 45
INSULIN..... 65	(PF)..... 80	irbesartan-hydrochlorothiazide
HUMULIN R REGULAR U-	IMPOYZ..... 58	..... 45
100 INSULN 65	IMURAN..... 16	IRESSA 16
HUMULIN R U-500 (CONC)	IMVEXXY MAINTENANCE	ISENTRESS 3, 4
INSULIN..... 65	PACK 85	ISENTRESS HD 3
HUMULIN R U-500 (CONC)	IMVEXXY STARTER PACK	isibloom 87
KWIKPEN 65	..... 85	ISOLYTE-P IN 5 %
hydralazine 45	INBRIJA..... 23	DEXTROSE 100
HYDREA 15	incassia 85	ISOLYTE-S 100
hydrochlorothiazide..... 45	INCRELEX 60	isoniazid..... 9
hydrocodone-acetaminophen 29	INCRUSE ELLIPTA..... 95	ISOPTO CARPINE..... 90
hydrocodone-ibuprofen 29	indapamide 45	ISORDIL 51
hydrocortisone 58, 62, 73	INDERAL LA 45	ISORDIL TITRADOSE 51
hydrocortisone butyrate..... 58	INDOCIN 33	isosorbide dinitrate 51
hydrocortisone valerate 58	INFANRIX (DTAP) (PF)..... 80	isosorbide mononitrate 51
hydrocortisone-acetic acid.... 61	INFLECTRA 73	isotretinoin 54
hydrocortisone-pramoxine ... 73	INGREZZA 26	isradipine 45
hydromorphone 29	INGREZZA INITIATION	ISTALOL 90
hydromorphone (pf) 29	PACK 26	itraconazole..... 2
hydroxychloroquine 9	INLYTA 16	ivermectin 9
hydroxyurea..... 15	INNOPRAN XL..... 45	IXIARO (PF)..... 80
hydroxyzine hcl 92	INREBIC 16	J
HYSINGLA ER 29	INSPIRA..... 45	JADENU..... 60
HYZAAR 45	INSULIN LISPRO 65	JADENU SPRINKLE 60
	INSULIN PEN NEEDLE..... 65	JAKAFI 16

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JALYN	98	KITABIS PAK	9	larin 1.5/30 (21)	87
jantoven	48	KLARON	55	larin 1/20 (21)	87
JANUMET	65	KLONOPIN.....	21	larin fe 1.5/30 (28).....	87
JANUMET XR.....	65, 66	klor-con	98	larin fe 1/20 (28).....	87
JANUVIA.....	66	klor-con 10	98	larissia.....	87
JARDIANCE.....	66	klor-con 8	98	LASIX	45
jasmiel (28).....	87	klor-con m10	98	LASTACAFT	90
JENTADUETO	66	klor-con m15	98	latanoprost	91
JENTADUETO XR.....	66	klor-con m20	98	LATUDA.....	38
jinteli.....	85	klor-con sprinkle.....	99	layolis fe	87
JUBLIA	56	KOMBIGLYZE XR.....	66	LAZANDA.....	29, 30
juleber.....	87	KORLYM.....	70	LEDIPASVIR-SOFOSBUVIR	
JULUCA.....	4	KRINTAFEL.....	9	.....	4
junel 1.5/30 (21)	87	KRISTALOSE.....	73	leena 28.....	87
junel 1/20 (21)	87	k-tab.....	99	leflunomide.....	84
junel fe 1.5/30 (28).....	87	K-TAB.....	99	LENVIMA.....	16
junel fe 1/20 (28).....	87	kurvelo (28).....	87	LESCOL XL.....	50
junel fe 24.....	87	KUVAN.....	70	lessina	87
JUXTAPID.....	49	KYNAMRO	50	LETAIRIS	95
JYNARQUE.....	69, 70	L		letrozole	16
K		l norgest/e.estradiol-e.estrad.	87	leucovorin calcium	14
KADIAN	29	labetalol	45	LEUKERAN.....	16
kaitlib fe.....	87	LACRISERT	90	LEUKINE.....	78
KALBITOR.....	95	lactulose.....	73	leuprolide.....	16
KALETRA	4	LAMICTAL	21	levabuterol hcl	95
KALYDECO.....	95	LAMICTAL ODT	21	LEVALBUTEROL	
KAPSPARGO SPRINKLE..	45	LAMICTAL STARTER		TARTRATE	95
KAPVAY	38	(BLUE) KIT	21	LEVAQUIN	12
kariva (28)	87	LAMICTAL STARTER		LEVEMIR FLEXTOUCH U-	
KAZANO	66	(GREEN) KIT	21	100 INSULN	66
kelnor 1/35 (28).....	87	LAMICTAL STARTER		LEVEMIR U-100 INSULIN	66
kelnor 1-50	87	(ORANGE) KIT	21	levetiracetam.....	21
KENALOG.....	58	LAMICTAL XR.....	21	levobunolol	90
KEPPRA.....	21	LAMICTAL XR STARTER		levocarnitine	60
KEPPRA XR.....	21	(BLUE).....	21	levocarnitine (with sugar).....	60
KERYDIN.....	56	LAMICTAL XR STARTER		levocetirizine	93
ketoconazole.....	2, 56	(GREEN).....	21	levofloxacin	12, 89
ketoprofen.....	33	LAMICTAL XR STARTER		levofloxacin in d5w	12
ketorolac	91	(ORANGE).....	21	levonest (28)	87
KEVEYIS.....	26	lamivudine	4	levonorgestrel-ethinyl estrad	87
KEVZARA.....	84	lamivudine-zidovudine.....	4	levonorg-eth estrad triphasic	87
KHEDEZLA.....	38	lamotrigine.....	21	levora-28.....	88
KINERET.....	84	LANOXIN.....	51	levorphanol tartrate.....	30
KINRIX (PF).....	80, 81	lansoprazole.....	75	LEVORPHANOL	
kionex (with sorbitol).....	60	lanthanum	60	TARTRATE	30
KISQALI.....	16	LANTUS SOLOSTAR U-100		LEVO-T.....	71
KISQALI FEMARA CO-		INSULIN	66	levothyroxine.....	71
PACK	16	LANTUS U-100 INSULIN..	66	levoxyl	71

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LEXAPRO	38	LOPROX	56	M
LEXETTE	58	LOPROX (AS OLAMINE) ..	56	MACROBID.....
LEXIVA	4	lorazepam	38	MACRODANTIN
LIALDA	73	LORBRENA	16	mafenide acetate
lidocaine	53	lorcet (hydrocodone)	30	magnesium sulfate
lidocaine hcl	52	lorcet hd.....	30	MALARONE
lidocaine viscous	53	lorcet plus	30	MALARONE PEDIATRIC...9
lidocaine-prilocaine	53	loryna (28)	88	malathion
LIDODERM.....	53	losartan	45	maprotiline.....
lindane	59	losartan-hydrochlorothiazide	45	MARINOL
linezolid.....	9	LOSEASONIQUE.....	88	marlissa (28)
linezolid in dextrose 5%	9	LOTEMAX	92	MARPLAN.....
LINZESS.....	73	LOTEMAX SM.....	92	MATULANE.....
liothyronine	71	LOTENSIN	45	matzim la
LIPITOR.....	50	loteprednol etabonate	92	MAVENCLAD (10 TABLET
LIPOFEN	50	LOTREL.....	45	PACK).....
lisinopril	45	LOTRISONE.....	56	MAVENCLAD (4 TABLET
lisinopril-hydrochlorothiazide	45	LOTRONEX	73	PACK).....
.....	45	lovastatin	50	MAVENCLAD (5 TABLET
lithium carbonate.....	38	LOVAZA.....	50	PACK).....
lithium citrate	38	LOVENOX.....	48	MAVENCLAD (6 TABLET
LITHOBID	38	low-ogestrel (28)	88	PACK).....
LITHOSTAT.....	60	loxapine succinate	38	MAVENCLAD (7 TABLET
LIVALO.....	50	LUCEMYRA.....	33	PACK).....
LO LOESTRIN FE.....	88	LULICONAZOLE	56	MAVENCLAD (8 TABLET
LOCOID.....	58	LUMIGAN	91	PACK).....
LOCOID LIPOCREAM.....	58	LUNESTA.....	38	MAVENCLAD (9 TABLET
LODINE.....	33	LUPANETA PACK (1		PACK).....
LODOSYN.....	23	MONTH).....	86	MAVYRET
LOESTRIN 1.5/30 (21).....	88	LUPANETA PACK (3		MAXALT
LOESTRIN 1/20 (21).....	88	MONTH).....	86	MAXALT-MLT
LOESTRIN FE 1.5/30 (28-		LUPRON DEPOT	16	MAXIDEX
DAY).....	88	LUPRON DEPOT (3		MAXIPIME.....
LOESTRIN FE 1/20 (28-DAY)		MONTH).....	16	MAXITROL.....
.....	88	LUPRON DEPOT (4		MAXZIDE.....
LOKELMA	60	MONTH).....	16	MAXZIDE-25MG.....
LOMOTIL.....	71	LUPRON DEPOT (6		MAYZENT.....
LONHALA MAGNAIR		MONTH).....	16	meclizine.....
REFILL	95	lutera (28)	88	meclofenamate.....
LONHALA MAGNAIR		LUXIQ.....	58	MEDROL
STARTER	95	LUZU	56	MEDROL (PAK).....
LONSURF.....	16	LYNPARZA.....	16	medroxyprogesterone
loperamide.....	72	LYRICA	22	mefenamic acid.....
LOPID	50	LYRICA CR.....	21, 22	mefloquine.....
lopinavir-ritonavir	4	LYSODREN.....	16	megestrol
lopreeza	85	LYSTEDA.....	86	MEKINIST
LOPRESSOR	45	lyza	85	MEKTOVI.....
LOPRESSOR HCT	45			melodetta 24 fe

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meloxicam.....	33	metronidazole in nacl (iso-os) 9	MOVANTIK.....	73
memantine.....	26	mexiletine.....	MOVIPREP.....	73
MEMANTINE.....	27	mibelas 24 fe.....	MOXEZA.....	89
MENACTRA (PF).....	81	MICARDIS.....	moxifloxacin.....	12, 89
MENEST.....	85	MICARDIS HCT.....	moxifloxacin-sod.chloride(iso)	12
MENOSTAR.....	85	miconazole-3.....	.....	12
MENTAX.....	56	MICORT-HC.....	MS CONTIN.....	30
MENVEO A-C-Y-W-135-DIP		microgestin 1.5/30 (21).....	MULPLETA.....	48
(PF).....	81	microgestin 1/20 (21).....	MULTAQ.....	43
MEPRON.....	9	microgestin fe 1.5/30 (28)....	mupirocin.....	55
mercaptapurine.....	17	microgestin fe 1/20 (28).....	mupirocin calcium.....	55
meropenem.....	9	midodrine.....	MYALEPT.....	70
MERREM.....	9	migergot.....	MYAMBUTOL.....	9
mesalamine.....	73	miglitol.....	MYCAMINE.....	2
MESNEX.....	14	miglustat.....	MYCOBUTIN.....	9
MESTINON.....	27	MIGRANAL.....	mycophenolate mofetil.....	17
MESTINON TIMESPAN....	27	mili.....	mycophenolate sodium.....	17
metadate er.....	38	millipred.....	MYDAYIS.....	39
metaproterenol.....	95	mimvey.....	MYFORTIC.....	17
metformin.....	66	mimvey lo.....	myorisan.....	54
methadone.....	30	MINASTRIN 24 FE.....	MYRBETRIQ.....	98
methamphetamine.....	38	MINIPRESS.....	MYSOLINE.....	22
methazolamide.....	91	MINITRAN.....	MYTESI.....	72
methenamine hippurate.....	13	MINIVELLE.....	N	
methimazole.....	62	MINOCIN.....	nabumetone.....	33
METHITEST.....	70	minocycline.....	nadolol.....	46
methotrexate sodium.....	17	MINOCYCLINE.....	nadolol-bendroflumethiazide	46
methotrexate sodium (pf)....	17	minoxidil.....	nafcillin.....	11
methoxsalen.....	53	MIRAPEX.....	naftifine.....	56
methscopolamine.....	72	MIRAPEX ER.....	NAFTIN.....	56
methyl dopa.....	45	mirtazapine.....	NALFON.....	33
METHYLIN.....	38	MIRVASO.....	naloxone.....	33
methylphenidate hcl.....	38, 39	misoprostol.....	naltrexone.....	33
METHYLPHENIDATE HCL		MITIGARE.....	NAMENDA.....	27
.....	39	M-M-R II (PF).....	NAMENDA TITRATION	
methylprednisolone.....	62	MOBIC.....	PAK.....	27
methyltestosterone.....	70	modafinil.....	NAMENDA XR.....	27
metoclopramide hcl.....	73	moexipril.....	NAMZARIC.....	27
metolazone.....	45	molindone.....	NAPRELAN CR.....	33
metoprolol succinate.....	46	mometasone.....	naproxen.....	33
metoprolol ta-hydrochlorothiaz		mondoxyne nl.....	naproxen sodium.....	33
.....	46	montelukast.....	naratriptan.....	25
metoprolol tartrate.....	46	MONUROL.....	NARCAN.....	33
METROCREAM.....	54	morgidox.....	NARDIL.....	39
METROGEL.....	54	MORPHABOND ER.....	NASONEX.....	95
METROGEL VAGINAL.....	86	morphine.....	NATACYN.....	89
METROLOTION.....	54	morphine concentrate.....	NATAZIA.....	88
metronidazole.....	9, 54, 86	MOTEGRITY.....	nateglinide.....	67

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NATPARA.....	70	nitrofurantoin macrocrystal ..	14	NOVOLIN R REGULAR U-	
NATROBA.....	59	nitrofurantoin monohyd/m-		100 INSULN	67
NEBUPENT	9	cryst	14	NOVOLOG FLEXPEN U-100	
necon 0.5/35 (28).....	88	nitroglycerin	51	INSULIN	67
NEEDLES, INSULIN		NITROSTAT	51	NOVOLOG MIX 70-30 U-100	
DISP.,SAFETY	67	NITYR.....	60	INSULN	67
nefazodone	39	NIVESTYM	78	NOVOLOG MIX 70-	
neomycin	9	nizatidine	76	30FLEXPEN U-100	67
neomycin-bacitracin-poly-hc	91	NIZORAL	56	NOVOLOG PENFILL U-100	
neomycin-bacitracin-		NOCDURNA (MEN).....	70	INSULIN	67
polymyxin.....	89	NOCDURNA (WOMEN)	70	NOVOLOG U-100 INSULIN	
neomycin-polymyxin b-		NOCTIVA	70	ASPART	67
dexameth	91	nolix.....	58	NOXAFIL.....	2
neomycin-polymyxin-		nora-be.....	86	NUBEQA	17
gramicidin.....	89	NORCO	30	NUCALA	95
neomycin-polymyxin-hc	61, 91	NORDITROPIN FLEXPRO	78	NUCYNTA.....	33
NEORAL.....	17	noreth-ethinyl estradiol-iron.	88	NUCYNTA ER	33
NEO-SYNALAR	55	norethindrone (contraceptive)		NUEDEXTA	27
NEPHRAMINE 5.4 %	100	.....	86	NULYTELY WITH FLAVOR	
NERLYNX.....	17	norethindrone acetate	86	PACKS	73
NESINA	67	norethindrone ac-eth estradiol		NUPLAZID	39
neuac.....	55	.....	86, 88	NUTRILIPID.....	101
NEULASTA.....	78	norethindrone-e.estradiol-iron		NUTROPIN AQ NUSPIN....	78
NEUPOGEN	78	.....	88	NUVARING.....	86
NEUPRO.....	23	norgestimate-ethinyl estradiol		NUVIGIL	39
NEURONTIN.....	22	.....	88	NUZYRA	13
NEVANAC	91	NORITATE.....	55	NUZYRA (7 DAY WITH	
nevirapine.....	4	norlyroc	86	LOAD DOSE)	13
NEXAVAR	17	NORMOSOL-M IN 5 %		NUZYRA (7 DAY)	13
NEXIUM.....	76	DEXTROSE	100	nyamyc	56
NEXIUM PACKET	76	NORMOSOL-R IN 5 %		NYMALIZE	46
niacin	50	DEXTROSE	99	nystatin	2, 56
NIACOR.....	50	NORMOSOL-R PH 7.4	100	nystatin-triamcinolone	56
NIASPAN EXTENDED-		NORPRAMIN.....	39	nystop	56
RELEASE	50	NORTHERA	60	O	
nicardipine.....	46	nortrel 0.5/35 (28).....	88	OICALIVA	73
NICOTROL.....	61	nortrel 1/35 (21).....	88	ocella.....	88
NICOTROL NS.....	61	nortrel 1/35 (28).....	88	OCTAGAM.....	81
nifedipine.....	46	nortrel 7/7/7 (28)	88	octreotide acetate	17
nikki (28).....	88	nortriptyline	39	OCUFLOX	89
NILANDRON	17	NORVASC.....	46	ODEFSEY	4
nilutamide.....	17	NORVIR.....	4	ODOMZO.....	17
nimodipine.....	46	NOVOFINE 32.....	67	OFEV.....	95
NINLARO.....	17	NOVOLIN 70/30 U-100		ofloxacin	12, 61, 89
nisoldipine	46	INSULIN	67	ogestrel (28).....	88
nitro-bid.....	51	NOVOLIN N NPH U-100		olanzapine.....	39
NITRO-DUR.....	51	INSULIN	67	olanzapine-fluoxetine	39
nitrofurantoin.....	14			olmesartan.....	46

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olmesartan-amlodipin- hcthiazyd	46	oseltamivir	4	PASER.....	9
olmesartan- hydrochlorothiazide.....	46	OSENI	67	PATADAY	90
olopatadine	61, 90	OSMOLEX ER.....	23	PATANASE	61
OLUMIANT.....	84	OSMOPREP.....	73	PATANOL	90
OLUX.....	58	OSPHERA.....	86	PAXIL	39
OLUX-E.....	58	OTEZLA	84	PAXIL CR.....	39
OMECLAMOX-PAK	76	OTEZLA STARTER.....	84	PAZEO	90
omega-3 acid ethyl esters	50	OTOVEL	61	PEDIARIX (PF)	81
omeprazole	76	OTREXUP (PF)	84	PEDVAX HIB (PF).....	81
omeprazole-sodium bicarbonate	76	OVIDE.....	59	peg 3350-electrolytes.....	74
OMNARIS	95	oxacillin.....	11	PEGANONE.....	22
OMNIPOD DASH INSULIN POD.....	67	oxacillin in dextrose(iso-osm)	11	PEGASYS	79
OMNIPOD INSULIN MANAGEMENT	67	oxandrolone.....	70	PEGASYS PROCLICK.....	79
OMNIPOD INSULIN REFILL	67	oxaprozin.....	33	peg-electrolyte	74
OMNITROPE.....	79	OXAYDO.....	30	penicillamine	84
ondansetron	73	oxcarbazepine.....	22	PENICILLIN G POT IN DEXTROSE	11
ondansetron hcl	73	OXERVATE	90	penicillin g potassium.....	11
ONEXTON.....	55	oxiconazole.....	56	penicillin g procaine	11
ONFI.....	22	OXISTAT.....	56	penicillin g sodium	11
ONGLYZA.....	67	OXSORALEN ULTRA	53	penicillin v potassium.....	11
ONZETRA XSAIL	25	OXTELLAR XR	22	PENNSAID	33
OPANA	30	oxybutynin chloride.....	98	PENTAM.....	9
OPSUMIT	95	oxycodone	30, 31	PENTASA	74
ORACEA	13	OXYCODONE.....	31	pentoxifylline.....	48
ORALAIR	81	oxycodone-acetaminophen...31		PEPCID	76
ORAPRED ODT	62	oxycodone-aspirin	31	PERCOCET.....	31
ORAVIG	2	OXYCONTIN	31	PERFOROMIST.....	96
ORENCIA	84	oxymorphone.....	31	perindopril erbumine	46
ORENCIA (WITH MALTOSE).....	84	OXYTROL.....	98	permethrin.....	59
ORENCIA CLICKJECT.....	84	OZEMPIC	67	perphenazine.....	40
ORENITRAM	46	P		PERSERIS	40
ORFADIN	60	pacerone.....	43	PERTZYE.....	74
ORILISSA.....	70	paliperidone	39	PEXEVA	40
ORKAMBI.....	96	PALYNZIQ.....	70	phenelzine.....	40
orsythia	88	PAMELOR.....	39	phenobarbital	22
ORTHO MICRONOR.....	86	PANCREAZE	73	phenoxybenzamine	46
ORTHO TRI-CYCLEN LO (28)	88	PANDEL	58	PHENYTEK	22
ORTHO-NOVUM 1/35 (28)	88	PANRETIN	53	phenytoin	22
ORTHO-NOVUM 7/7/7 (28)	88	pantoprazole	76	phenytoin sodium extended..22	
		PANZYGA.....	81	PHOSLYRA	99
		paricalcitol	70	PHOSPHOLINE IODIDE ...90	
		PARLODEL	23	PICATO.....	53
		PARNATE.....	39	PIFELTRO	4
		paromomycin.....	9	pilocarpine hcl	60, 90
		paroxetine hcl	39	pimecrolimus	53
		paroxetine mesylate(menop.sym).....	39	pimozide	40
				pimtrea (28)	88

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pindolol.....	46	praziquantel	9	prochlorperazine maleate oral	
pioglitazone	67	prazosin	46	74
pioglitazone-glimepiride	67	PRECOSE	67	PROCRIT	79
pioglitazone-metformin	67	PRED FORTE	92	procto-med hc	74
piperacillin-tazobactam	11	PRED MILD.....	92	procto-pak.....	74
PIQRAY	17	PRED-G.....	91	proctosol hc	74
pirmella.....	88	PRED-G S.O.P.	91	proctozone-hc	74
piroxicam.....	33	prednicarbate	58	progesterone micronized	86
PLAQUENIL	9	prednisolone	62	PROGLYCEM	67
PLASMA-LYTE 148	101	prednisolone acetate	92	PROGRAF.....	17
PLASMA-LYTE A	101	prednisolone sodium phosphate		PROLASTIN-C	60
PLAVIX	48	.....	62, 92	PROLENSA	91
PLEGRIDY	79	prednisone	62	PROLIA.....	82
plenamine	101	prednisone intensol.....	62	PROMACTA.....	48
PLENVU	74	PREFEST	86	promethazine	93
PLIAGLIS	53	pregabalin	22	PROMETRIUM	86
podofilox	53	PREMARIN	86	propafenone	43
polymyxin b sulfate	9	premasol 10 %	101	propranolol	46
polymyxin b sulf-trimethoprim		PREMASOL 6 %	101	propranolol-hydrochlorothiazid	
.....	89	PREMPHASE	86	.....	46
POLYTRIM	89	PREMPRO	86	propylthiouracil	62
POMALYST	17	PRENATAL VITAMIN		PROQUAD (PF).....	81
portia 28.....	88	ORAL TABLET.....	101	PROSCAR.....	98
potassium chlorid-d5-		PREPOPIK.....	74	PROSOL 20 %	101
0.45%nacl.....	99	PREVACID	76	PROTONIX.....	76, 77
potassium chloride.....	99	PREVACID SOLUTAB.....	76	PROTOPIC.....	53
potassium chloride in 0.9%nacl		prevalite	50	protriptlyline	40
.....	99	previfem.....	88	PROVENTIL HFA	96
potassium chloride in 5 % dex		PREVYMIS.....	4	PROVERA	86
.....	99	PREZCOBIX.....	4	PROVIGIL	40
potassium chloride in lr-d5...99		PREZISTA	4	PROZAC	40
potassium chloride in water..99		PRIFTIN.....	9	prudoxin.....	53
potassium chloride-0.45 % nacl		PRILOSEC	76	PSORCON.....	58
.....	99	PRIMAQUINE.....	9	PULMICORT	96
potassium chloride-d5-		PRIMAXIN IV	9	PULMICORT FLEXHALER	
0.2%nacl.....	99	primidone.....	22	.....	96
potassium chloride-d5-		PRIMLEV	31	PULMOZYME.....	96
0.3%nacl.....	99	PRINIVIL.....	46	PURIXAN	17
potassium chloride-d5-		PRISTIQ.....	40	PYLERA.....	77
0.9%nacl	100	PRIVIGEN	81	pyrazinamide	10
potassium citrate.....	98	PROAIR HFA	96	pyridostigmine bromide.....	27
PRADAXA.....	48	PROAIR RESPICLICK	96	PYRIDOSTIGMINE	
PRALUENT PEN	50	probenecid	82	BROMIDE.....	27
pramipexole.....	24	probenecid-colchicine	82	Q	
PRANDIN	67	PROCALAMINE 3%	101	QBRELIS	46
prasugrel	48	PROCARDIA XL.....	46	QMIIZ ODT	33
PRAVACHOL	50	procentra.....	40	QNASL.....	96
pravastatin	50	prochlorperazine.....	74	QTERN.....	67

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QUADRACEL (PF)	81	REMERON	40	rizatriptan.....	25
QUALAQUIN	10	REMERON SOLTAB	40	ROCALTROL	70
QUARTETTE	88	REMICADE	74	ROCKLATAN	91
QUDEXY XR	22	RENAGEL	60	ropinirole	24
QUESTRAN.....	50	REVELA	60	rosuvastatin.....	50
QUESTRAN LIGHT.....	50	repaglinide	67, 68	ROTARIX	81
quetiapine	40	repaglinide-metformin.....	68	ROTATEQ VACCINE.....	81
QUILLICHEW ER.....	40	REPATHA.....	50	ROWASA.....	74
QUILLIVANT XR.....	40	REPATHA PUSHTRONEX	50	roweepra	22
quinapril	46	REPATHA SURECLICK	50	roweepra xr.....	22
quinapril-hydrochlorothiazide	46	REQUIP XL	24	ROXICODONE.....	31
.....	46	RESCRIPTOR.....	4	ROZEREM	41
quinidine gluconate	43	RESTASIS.....	90	RUBRACA.....	17
quinidine sulfate	43	RESTASIS MULTIDOSE ...	90	RUCONEST	96
quinine sulfate	10	RETACRIT	79	RUZURGI	27
QVAR REDIHALER.....	96	RETIN-A	55	RYDAPT	17
R		RETIN-A MICRO.....	55	RYTARY.....	24
RABAVERT (PF)	81	RETROVIR	4	RYTHMOL SR	43
rabeprazole	77	REVATIO	96	S	
RAGWITEK.....	81	REVLIMID	17	SABRIL.....	22
raloxifene.....	82	REXULTI.....	40	SAFYRAL.....	88
ramelteon.....	40	REYATAZ	4	SAIZEN	79
ramipril.....	46	RHOFADE	55	SAIZEN SAIZENPREP	79
RANEXA	51	RHOPRESSA.....	91	SALAGEN (PILOCARPINE)	
ranitidine hcl.....	77	ribasphere	5	.....	60
ranolazine	51	ribasphere ribapak	5	SAMSCA.....	70
RAPAFLO.....	98	ribavirin	5	SANCUSO	74
RAPAMUNE	17	RIDAURA.....	84	SANDIMMUNE.....	17
rasagiline	24	rifabutin	10	SANDOSTATIN	18
RASUVO (PF)	84	RIFADIN.....	10	SANTYL	53
RAVICTI.....	60	RIFAMATE.....	10	SAPHRIS.....	41
RAYALDEE	70	rifampin	10	SARAFEM	41
RAYOS	62	RIFATER	10	SAVAYSA	48
RAZADYNE.....	27	RILUTEK.....	60	SAVELLA.....	84
RAZADYNE ER.....	27	riluzole.....	60	scopolamine base.....	74
REBETOL.....	4	rimantadine.....	5	SEASONIQUE.....	88
REBIF (WITH ALBUMIN). 79		RINVOQ ER	84	SEEBRI NEOHALER.....	96
REBIF REBIDOSE.....	79	RIOMET.....	68	SEGLUROMET	68
REBIF TITRATION PACK	79	risedronate	60, 82	selegiline hcl.....	24
reclipsen (28).....	88	RISPERDAL	40	selenium sulfide.....	52
RECOMBIVAX HB (PF)	81	RISPERDAL CONSTA	40	SELZENTRY	5
RECTIV	74	risperidone	40, 41	SEMPREX-D	93
REGLAN.....	74	RITALIN	41	SENSIPAR	70
REGRANEX.....	53	RITALIN LA.....	41	SEREVENT DISKUS	96
RELENZA DISKHALER.....	4	ritonavir	5	SERNIVO.....	58
RELEXXII	40	rivastigmine	27	SEROQUEL	41
RELISTOR.....	74	rivastigmine tartrate.....	27	SEROQUEL XR.....	41
RELPAK	25	rivelsa	88	SEROSTIM	79

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sertraline.....	41	sorine.....	43	sulfamethoxazole-trimethoprim	
setlakin.....	88	sotalol.....	43	12
sevelamer carbonate.....	60	sotalol af.....	43	SULFAMYLON.....	55
sevelamer hcl.....	60	SOTYLIZE.....	43	sulfasalazine.....	74
sharobel.....	86	SOVALDI.....	5	sulindac.....	34
SHINGRIX (PF).....	81	SPIRIVA RESPIMAT.....	96	sumatriptan.....	25
SIGNIFOR.....	18	SPIRIVA WITH		sumatriptan succinate.....	25
SIKLOS.....	18	HANDIHALER.....	97	sumatriptan-naproxen.....	25
sildenafil (pulmonary arterial		spironolactone.....	46	SUNOSI.....	41
hypertension).....	96	spironolacton-hydrochlorothiaz		SUPRAX.....	7
SILENOR.....	41	.....	46	SUPREP BOWEL PREP KIT	
SILIQ.....	52	SPORANOX.....	2	.....	74
silodosin.....	98	sprintec (28).....	88	SURMONTIL.....	41
SILVADENE.....	53	SPRITAM.....	22	SUSTIVA.....	5
silver sulfadiazine.....	53	SPRIX.....	33	SUTENT.....	18
SIMBRINZA.....	91	SPRYCEL.....	18	syeda.....	89
SIMPONI.....	84	sps (with sorbitol).....	60	SYLATRON.....	79
simvastatin.....	50	sronyx.....	89	SYMBICORT.....	97
SINEMET.....	24	ssd.....	53	SYMBYAX.....	41
SINEMET CR.....	24	STALEVO 100.....	24	SYMDEKO.....	97
SINGULAIR.....	96	STALEVO 125.....	24	SYMFI.....	5
sirolimus.....	18	STALEVO 150.....	24	SYMFI LO.....	5
SIRTURO.....	10	STALEVO 200.....	24	SYMJEPI.....	93
SIVEXTRO.....	10	STALEVO 50.....	24	SYMLINPEN 120.....	68
SKLICE.....	59	STALEVO 75.....	24	SYMLINPEN 60.....	68
SKYRIZI.....	52	STARLIX.....	68	SYMPAZAN.....	22
sodium chloride.....	60	stavudine.....	5	SYMPROIC.....	74
sodium chloride 0.45 %.....	100	STEGLATRO.....	68	SYMTUZA.....	5
sodium chloride 0.9 %.....	60	STEGLUJAN.....	68	SYNALAR.....	58
sodium chloride 3 %.....	100	STELARA.....	52	SYNAREL.....	70
sodium chloride 5 %.....	100	STIMATE.....	70	SYNDROS.....	74
sodium lactate intravenous.....	100	STIOLTO RESPIMAT.....	97	SYNJARDY.....	68
sodium phenylbutyrate.....	60	STIVARGA.....	18	SYNJARDY XR.....	68
sodium polystyrene sulfonate		STRATTERA.....	41	SYNRIBO.....	18
.....	60	STREPTOMYCIN.....	10	SYNTHROID.....	71
SOFOSBUVIR-		STRIANT.....	70	SYPRINE.....	60
VELPATASVIR.....	5	STRIBILD.....	5	T	
solifenacin.....	98	STRIVERDI RESPIMAT.....	97	TABLOID.....	18
SOLIQUA 100/33.....	68	STROMECTOL.....	10	TACLONEX.....	52
SOLODYN.....	13	SUBOXONE.....	33, 34	tacrolimus.....	18, 53
SOLOSEC.....	10	SUBSYS.....	31	tadalafil.....	98
soloxide.....	13	SUCRAID.....	74	tadalafil (pulmonary arterial	
SOLTAMOX.....	18	sucralfate.....	77	hypertension) oral tablet 20	
SOMATULINE DEPOT.....	18	SULAR.....	47	mg.....	97
SOMAVERT.....	70	sulfacetamide sodium.....	90	TAFINLAR.....	18
SOOLANTRA.....	55	sulfacetamide sodium (acne).....	55	TAGRISSO.....	18
SORIATANE.....	52	sulfacetamide-prednisolone.....	90	TAKHZYRO.....	97
SORILUX.....	52	sulfadiazine.....	12	TALTZ AUTOINJECTOR.....	52

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TALTZ SYRINGE.....	52	testosterone enanthate.....	70	TOLSURA.....	2
TALZENNA.....	18	TETANUS,DIPHTHERIA		tolterodine.....	98
TAMIFLU.....	5	TOX PED(PF).....	81	TOPAMAX.....	23
tamoxifen.....	18	tetrabenazine.....	27	TOPICORT.....	58
tamsulosin.....	98	tetracycline.....	13	topiramate.....	23
TAPAZOLE.....	62	TEXACORT.....	58	TOPIRAMATE.....	23
TAPERDEX.....	62	THALOMID.....	18	TOPROL XL.....	47
TARCEVA.....	18	THEO-24.....	97	toremifene.....	18
TARGADOX.....	13	theophylline.....	97	torsemide.....	47
TARGRETIN.....	18	THIOLA.....	60	TOUJEO MAX U-300	
tarina 24 fe.....	89	THIOLA EC.....	60	SOLOSTAR.....	68
tarina fe 1/20 (28).....	89	thioridazine.....	41	TOUJEO SOLOSTAR U-300	
TARKA.....	47	thiothixene.....	41	INSULIN.....	68
TASIGNA.....	18	THYROLAR-1.....	71	TOVIAZ.....	98
TASMAR.....	24	THYROLAR-1/2.....	71	TPN ELECTROLYTES.....	100
TAVALISSE.....	49	THYROLAR-1/4.....	71	TRACLEER.....	97
tazarotene.....	55	THYROLAR-2.....	71	TRADJENTA.....	68
tazicef.....	7	THYROLAR-3.....	71	tramadol.....	34
TAZORAC.....	55	tiagabine.....	23	TRAMADOL.....	34
taztia xt.....	47	TIAZAC.....	47	tramadol-acetaminophen.....	34
TDVAX.....	81	TIBSOVO.....	18	trandolapril.....	47
TECFIDERA.....	27	tigecycline.....	10	trandolapril-verapamil.....	47
TECHLITE INSULIN SYR		TIGLUTIK.....	60	tranexamic acid.....	86
HALF UNIT.....	68	TIKOSYN.....	43	TRANSDERM-SCOP.....	74
TECHLITE INSULIN		timolol maleate.....	47, 90	TRANXENE T-TAB.....	41
SYRINGE.....	68	TIMOPTIC OCUDOSE (PF)		tranylcyproamine.....	41
TEFLARO.....	7	90	travasol 10 %.....	101
TEGRETOL.....	23	TIMOPTIC-XE.....	90	TRAVATAN Z.....	91
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