

# **Educators Rx Advantage (PDP)**

## **2018 Formulary**

(List of Covered Drugs)

We have made changes to this formulary, the last update was 07/01/2018. 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.

Version #5 Effective 07/01/2018 Last Updated 06/27/2018

S5877\_F00EDA7A CMS Accepted:09012017

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
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
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 intravenous recon soln 50 mg</i>	4	B/D PA
CASPOFUNGIN INTRAVENOUS RECON SOLN 70 MG	4	B/D PA
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA INTRAVENOUS	4	
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

Drug Name	Drug Tier	Requirements /Limits
<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
<i>griseofulvin ultramicrosize</i>	1	MO
GRIS-PEG (ULTRAMICROSIZED)	3	MO
<i>itraconazole</i>	1	MO
<i>ketoconazole oral</i>	1	MO
LAMISIL ORAL TABLET	3	MO
MYCAMINE	4	MO
NOXAFIL ORAL	4	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
ORAVIG	2	MO
SPORANOX ORAL CAPSULE	3	MO
SPORANOX ORAL SOLUTION	2	MO
<i>terbinafine hcl oral</i>	1	MO
VFEND	4	MO
VFEND IV	3	MO
<i>voriconazole intravenous</i>	1	MO
<i>voriconazole oral</i>	4	MO
<b>ANTIVIRALS</b>		
<i>abacavir</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>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
<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 ORAL SOLUTION	2	MO
BARACLUDE ORAL TABLET	4	MO
BIKTARVY	4	MO
<i>cidofovir</i>	4	B/D PA; MO
COMBIVIR	4	MO
COMPLERA	4	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
CYTOVENE	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
DAKLINZA	4	PA; MO; QL (28 per 28 days)
DESCOVY	4	MO
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	1	MO
EDURANT	4	MO
<i>efavirenz oral capsule 200 mg</i>	4	MO
<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
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
GENVOYA	4	MO
HARVONI	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	4	MO
ISENTRESS HD	4	MO
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
LEXIVA ORAL SUSPENSION	2	MO

Drug Name	Drug Tier	Requirements /Limits
LEXIVA ORAL TABLET	4	MO
<i>lopinavir-ritonavir</i>	1	MO
MAVYRET	4	PA; MO; QL (84 per 28 days)
<i>moderiba</i>	1	MO
<i>moderiba dose pack oral tablets,dose pack 200 mg (28)-400 mg (28), 400-400 mg (28)-mg (28)</i>	1	MO
<i>moderiba dose pack oral tablets,dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	4	MO
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL CAPSULE	2	
NORVIR ORAL SOLUTION	2	MO
NORVIR ORAL TABLET	2	MO
ODEFSEY	4	MO
OLYSIO	4	PA; MO; QL (28 per 28 days)
<i>oseltamivir</i>	1	MO
PREVYMIS INTRAVENOUS	4	
PREVYMIS ORAL	4	MO
PREZCOBIX	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
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	2	MO
RETROVIR INTRAVENOUS	2	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	MO
REYATAZ ORAL POWDER IN PACKET	4	MO
<i>ribasphere oral capsule</i>	1	MO
<i>ribasphere oral tablet 200 mg, 400 mg</i>	1	MO
<i>ribasphere oral tablet 600 mg</i>	4	MO
<i>ribasphere ribapak oral tablets,dose pack 200 mg (7)-400 mg (7)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>ribasphere ribapak oral tablets,dose pack 400-400 mg (28)-mg (28), 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
SOVALDI	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	2	MO
SUSTIVA ORAL TABLET	4	MO
SYMFI LO	4	MO
SYNAGIS	4	MO; LA
TAMIFLU	2	MO
TECHNIVIE	4	PA; MO; QL (56 per 28 days)
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 10 MG	2	MO

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Drug Name	Drug Tier	Requirements /Limits
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)
VIEKIRA XR	4	PA; MO; QL (84 per 28 days)
VIRACEPT ORAL TABLET	4	MO
VIRAMUNE	3	MO
VIRAMUNE XR	3	MO
VIREAD	4	MO
VOSEVI	4	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ZEPATIER	4	PA; MO; QL (28 per 28 days)
ZERIT	3	MO
ZIAGEN ORAL SOLUTION	2	MO
ZIAGEN ORAL TABLET	3	MO
<i>zidovudine</i>	1	MO
ZOVIRAX ORAL CAPSULE	3	MO
ZOVIRAX ORAL SUSPENSION	3	MO
ZOVIRAX ORAL TABLET 800 MG	3	MO
<b>CEPHALOSPORINS</b>		
AVYCAZ	4	MO
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO

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>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</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotaxime injection recon soln 1 gram, 2 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	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
TAZICEF INJECTION RECON SOLN 1 GRAM	3	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	3	MO
TEFLARO	4	MO
ZERBAXA	4	
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin</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>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
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	MO
<i>erythromycin oral tablet</i>	1	MO
PCE	3	MO
ZITHROMAX	3	MO
ZITHROMAX TRI-PAK	3	MO

Drug Name	Drug Tier	Requirements /Limits
ZITHROMAX Z-PAK	3	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
ALBENZA	2	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	MO
ALINIA ORAL TABLET	4	MO
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	1	MO
AZACTAM	3	MO
<i>aztreonam injection recon soln 1 gram</i>	1	MO
<i>baciim</i>	1	
<i>bacitracin intramuscular</i>	1	MO
BENZNIDAZOLE	2	
BETHKIS	4	B/D PA; MO; QL (224 per 28 days)
BILTRICIDE	2	MO
CAPASTAT	3	
CAYSTON	4	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
CLEOCIN HCL	3	MO

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Drug Name	Drug Tier	Requirements /Limits
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML	3	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 900 MG/50 ML	3	
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
<i>clindamycin phosphate injection</i>	1	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	MO
CUBICIN	4	MO
DALVANCE	3	MO
<i>dapsone oral</i>	1	MO
<i>daptomycin</i>	4	MO
DARAPRIM	4	PA; MO
DORIPENEM INTRAVENOUS RECON SOLN 500 MG	3	

Drug Name	Drug Tier	Requirements /Limits
EMVERM	4	MO
<i>ethambutol</i>	1	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	
<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 injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin</i>	1	MO
KITABIS PAK	4	MO
LINCOCIN	3	MO
<i>lincomycin</i>	1	
<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

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Drug Name	Drug Tier	Requirements /Limits
MERREM INTRAVENOUS RECON SOLN 500 MG	3	MO
<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
ORBACTIV	4	MO
<i>paromomycin</i>	3	MO
PASER	2	MO
PENTAM	3	MO
PLAQUENIL	3	MO
<i>polymyxin b sulfate</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

Drug Name	Drug Tier	Requirements /Limits
RIFATER	3	MO
SIRTURO	4	MO; LA
SIVEXTRO INTRAVENOUS	4	
SIVEXTRO ORAL	4	MO
STREPTOMYCIN	2	MO
STROMEKTOL	3	MO
SYNERCID	4	
TIGECYCLINE	4	
TINDAMAX ORAL TABLET 500 MG	3	MO
<i>tinidazole</i>	1	MO
TOBI	4	B/D PA; MO; QL (280 per 28 days)
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	4	
XIFAXAN ORAL TABLET 200 MG	4	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	MO; QL (60 per 30 days)
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	4	MO

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Drug Name	Drug Tier	Requirements /Limits
ZYVOX ORAL	4	MO
<b>PENICILLINS</b>		
<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</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nafcillin injection recon soln 10 gram</i>	4	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	MO
<i>oxacillin injection recon soln 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
<i>penicillin v potassium</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
<b>QUINOLONES</b>		
AVELOX	3	MO
AVELOX IN NAACL (ISO-OSMOTIC)	3	MO
BAXDELA INTRAVENOUS	4	
BAXDELA ORAL	4	MO

Drug Name	Drug Tier	Requirements /Limits
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3	
CIPRO ORAL SUSPENSION, MIC ROCAPSULE RECON	3	MO
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin (mixture)</i>	1	MO
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 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
MOXIFLOXACIN-SOD.ACE,SUL-WATER	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>ofloxacin oral tablet 300 mg</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	MO
<b>SULFA'S / RELATED AGENTS</b>		
BACTRIM	3	MO
BACTRIM DS	3	MO
<i>sulfadiazine</i>	3	MO
<i>sulfamethoxazole-trimethoprim</i>	1	MO
<b>TETRACYCLINES</b>		
<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)</i>	3	MO
<i>doxycycline monohydrate oral capsule</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline monohydrate oral tablet</i>	1	MO
MINOCIN INTRAVENOUS	3	MO
MINOCIN ORAL CAPSULE 100 MG, 50 MG	3	ST; MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>minocycline oral tablet extended release 24 hr 115 mg, 65 mg</i>	4	MO
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	3	MO
<i>morgidox oral capsule 50 mg</i>	1	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
TARGADOX	3	ST; MO
<i>tetracycline</i>	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	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
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
VIBRAMYCIN ORAL SYRUP	2	MO
XIMINO	3	ST; MO
<b>URINARY TRACT AGENTS</b>		
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
<b>VANCOMYCIN</b>		
VANCOCIN	4	MO
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	1	MO
<i>vancomycin oral capsule</i>	4	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	4	
ELITEK	4	MO
FUSILEV	4	MO
KEPIVANCE	4	MO
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	1	MO
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin intravenous recon soln 50 mg</i>	4	
<i>levoleucovorin intravenous solution</i>	4	
<i>mesna</i>	1	MO
MESNEX INTRAVENOUS	3	MO
MESNEX ORAL	4	MO
XGEVA	4	B/D PA; MO
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	4	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
ABRAXANE	4	B/D PA; MO
<i>adriamycin intravenous solution 20 mg/10 ml</i>	1	B/D PA
<i>adrucil intravenous solution 500 mg/10 ml</i>	1	B/D PA; MO
AFINITOR DISPERZ	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
AFINITOR ORAL TABLET 10 MG	4	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	4	PA; MO
ALECENSA	4	PA; MO; QL (240 per 30 days)
ALIMTA	4	B/D PA; MO
ALIQOPA	4	B/D PA; MO; LA
ALKERAN INTRAVENOUS	4	B/D PA
ALUNBRIG ORAL TABLET 180 MG	4	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; MO; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 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
ARRANON	4	B/D PA
ASTAGRAF XL	3	B/D PA; MO
AVASTIN	4	B/D PA; MO
<i>azacitidine</i>	4	B/D PA; MO
AZASAN	3	B/D PA; MO
<i>azathioprine</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
BAVENCIO	4	B/D PA; MO; LA
BELEODAQ	4	B/D PA; MO
<i>bexarotene</i>	4	MO
<i>bicalutamide</i>	1	MO
BICNU	4	B/D PA; MO
<i>bleomycin injection recon soln 30 unit</i>	1	B/D PA; MO
BORTEZOMIB	4	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	4	PA; MO
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; MO; QL (30 per 30 days)
<i>busulfan</i>	4	B/D PA
BUSULFEX	4	B/D PA
CABOMETYX	4	PA; MO; LA
CALQUENCE	4	PA; MO; LA; QL (60 per 30 days)
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML	3	B/D PA; MO
CAPRELSA ORAL TABLET 100 MG	4	PA; MO; LA; QL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
CASODEX	3	MO
CELLCEPT INTRAVENOUS	2	B/D PA; MO
CELLCEPT ORAL CAPSULE	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
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
CELLCEPT ORAL TABLET	4	B/D PA; MO
<i>cisplatin</i>	1	B/D PA; MO
<i>cladribine</i>	4	B/D PA; MO
<i>clofarabine</i>	4	B/D PA
CLOLAR	4	B/D PA
COMETRIQ	4	PA; MO
COSMEGEN	4	B/D PA; MO
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
<i>cyclosporine intravenous</i>	1	B/D PA
<i>cyclosporine modified</i>	1	B/D PA; MO
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
CYRAMZA	4	B/D PA; MO
<i>cytarabine</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>dacarbazine intravenous recon soln 200 mg</i>	1	B/D PA; MO
DACOGEN	4	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA
DARZALEX	4	B/D PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>daunorubicin intravenous solution</i>	1	B/D PA
<i>decitabine</i>	4	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml)</i>	4	B/D PA
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i>	4	B/D PA; MO
DOXIL	4	B/D PA; MO
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin, peg-liposomal</i>	4	B/D PA; MO
DROXIA	2	MO
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML	3	B/D PA; MO
EMCYT	2	MO
EMPLICITI	4	B/D PA; MO
ENVARBUS XR	3	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	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
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	4	B/D PA; MO
ERIVEDGE	4	PA; MO; QL (30 per 30 days)
ERLEADA	4	PA; MO
ERWINAZE	4	B/D PA; MO
ETOPOPHOS	3	B/D PA; MO
<i>etoposide</i> <i>intravenous</i>	1	B/D PA; MO
<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)
FASLODEX	4	B/D PA; MO
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	B/D PA; MO
<i>fludarabine</i> <i>intravenous recon</i> <i>soln</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluorouracil</i> <i>intravenous solution</i> <i>5 gram/100 ml</i>	1	B/D PA; MO
<i>flutamide</i>	1	MO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	4	B/D PA; MO
<i>gemcitabine</i> <i>intravenous recon</i> <i>soln 1 gram</i>	1	B/D PA; MO
GEMZAR INTRAVENOUS RECON SOLN 1 GRAM	3	B/D PA; MO
<i>gengraf oral capsule</i> <i>100 mg, 25 mg</i>	1	B/D PA; MO
<i>gengraf oral solution</i>	1	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG	4	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 30 MG	4	PA; MO; QL (40 per 30 days)
GILOTRIF ORAL TABLET 40 MG	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
GLEOSTINE	2	MO
HALAVEN	4	B/D PA; MO
HERCEPTIN	4	B/D PA; MO
HEXALEN	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
HYCAMTIN INTRAVENOUS	4	B/D PA; 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; QL (90 per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PA; MO; QL (30 per 30 days)
IDAMYCIN PFS	3	B/D PA; MO
<i>idarubicin</i>	1	B/D PA
IDHIFA ORAL TABLET 100 MG	4	PA; MO; LA; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	4	PA; MO; LA; QL (60 per 30 days)
IFEX INTRAVENOUS RECON SOLN 1 GRAM	3	B/D PA; MO
<i>ifosfamide intravenous recon soln 1 gram</i>	1	B/D PA; MO
<i>imatinib oral tablet 100 mg</i>	4	PA; MO
<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 (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL TABLET 140 MG	4	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 280 MG	4	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL TABLET 420 MG	4	PA; MO; QL (40 per 30 days)
IMBRUVICA ORAL TABLET 560 MG	4	PA; MO; QL (30 per 30 days)
IMFINZI	4	B/D PA; MO; LA
IMURAN	3	B/D PA; MO
INLYTA ORAL TABLET 1 MG	4	PA; MO
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
IRESSA	4	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
ISTODAX	4	B/D PA; MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	PA; MO
JAKAFI ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
JEVTANA	4	B/D PA; MO
KADCYLA	4	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	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
KISQALI	4	PA; MO
KISQALI FEMARA CO-PACK	4	PA; MO
KYPROLIS	4	B/D PA; MO
LARTRUVO	4	B/D PA; MO; LA
LENVIMA	4	PA; MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	MO
LONSURF	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
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PA; MO
LYNPARZA	4	PA; MO
LYSODREN	2	MO
MATULANE	4	MO
MEGACE ES	4	PA; MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
<i>melphalan hcl</i>	4	B/D PA
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	4	B/D PA; MO
<i>mitoxantrone</i>	1	B/D PA; MO
MUSTARGEN	3	B/D PA; MO
<i>mycophenolate mofetil hcl</i>	1	B/D PA
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA; MO
<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

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
MYLOTARG	4	B/D PA; MO; LA
NEORAL	3	B/D PA; MO
NERLYNX	4	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)
NIPENT	4	B/D PA; MO
NULOJIX	4	B/D PA; MO
<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)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	4	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	1	B/D PA; MO
<i>paclitaxel</i>	1	B/D PA; MO
PERJETA	4	B/D PA; MO
POMALYST	4	MO; LA
PROGRAF INTRAVENOUS	2	B/D PA; MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	B/D PA; MO
PROGRAF ORAL CAPSULE 5 MG	4	B/D PA; MO
PURIXAN	4	MO
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
RITUXAN	4	PA; MO
RUBRACA ORAL TABLET 200 MG	4	PA; MO; LA; QL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG	4	PA; MO; LA; QL (150 per 30 days)
RUBRACA ORAL TABLET 300 MG	4	PA; MO; LA; QL (120 per 30 days)
RYDAPT	4	PA; MO
SANDIMMUNE INTRAVENOUS	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
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
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	MO
SIGNIFOR	4	MO
SIGNIFOR LAR	4	MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	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, 20 MG, 50 MG, 80 MG	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
SPRYCEL ORAL TABLET 140 MG	4	PA; MO; QL (30 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 ORAL CAPSULE 12.5 MG	4	PA; MO
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	4	PA; MO; QL (60 per 30 days)
SUTENT ORAL CAPSULE 50 MG	4	PA; MO; QL (30 per 30 days)
SYLVANT	4	B/D PA; MO
SYNRIBO	4	B/D PA; MO
TABLOID	2	MO
<i>tacrolimus oral</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG	4	PA; MO; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	4	PA; MO; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG	4	PA; MO; LA; QL (60 per 30 days)
TAGRISSE ORAL TABLET 80 MG	4	PA; MO; LA; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	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
TARCEVA ORAL TABLET 150 MG	4	PA; MO; QL (30 per 30 days)
TARGRETIN	4	MO
TASIGNA ORAL CAPSULE 150 MG, 50 MG	4	PA; MO
TASIGNA ORAL CAPSULE 200 MG	4	PA; MO; QL (112 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	4	B/D PA; MO
TECENTRIQ	4	B/D PA; MO; LA
THALOMID	4	PA; MO
<i>thiotepa</i>	4	B/D PA; MO
<i>toposar</i>	1	B/D PA; MO
<i>topotecan intravenous recon soln</i>	4	B/D PA
TORISEL	4	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	4	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	4	B/D PA; MO
TRELSTAR INTRAMUSCULAR SYRINGE	4	B/D PA; MO
<i>tretinoin (chemotherapy)</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
TREXALL	3	B/D PA; MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	4	B/D PA; MO
TYKERB	4	PA; MO; LA; QL (180 per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	4	B/D PA; MO
VELCADE	4	B/D PA; MO
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)
VERZENIO ORAL TABLET 100 MG	4	PA; MO; LA; QL (120 per 30 days)
VERZENIO ORAL TABLET 150 MG	4	PA; MO; LA; QL (80 per 30 days)
VERZENIO ORAL TABLET 200 MG	4	PA; MO; LA; QL (60 per 30 days)
VERZENIO ORAL TABLET 50 MG	4	PA; MO; LA; QL (240 per 30 days)
VIDAZA	4	B/D PA; MO
<i>vinblastine intravenous solution</i>	1	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
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	B/D PA
<i>vincristine intravenous solution 1 mg/ml</i>	1	B/D PA; MO
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	1	B/D PA; MO
VOTRIENT	4	PA; MO; QL (120 per 30 days)
VYXEOS	4	B/D PA; MO
XALKORI ORAL CAPSULE 200 MG	4	PA; MO
XALKORI ORAL CAPSULE 250 MG	4	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	4	PA; MO; LA; QL (90 per 30 days)
XTANDI	4	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	4	B/D PA; MO
YONDELIS	4	B/D PA; MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	4	B/D PA; MO
ZANOSAR	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
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 (90 per 30 days)
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 ORAL SUSPENSION	2	MO
BANZEL ORAL TABLET 200 MG	2	MO
BANZEL ORAL TABLET 400 MG	4	MO
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	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>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
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	3	
<i>clonazepam</i>	1	PA; MO
DEPACON	3	MO
DEPAKENE	3	MO
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

Drug Name	Drug Tier	Requirements /Limits
DILANTIN-125 125 MG/5 ML	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	MO
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
<i>epitol</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
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	1	MO
FYCOMPA ORAL SUSPENSION	4	MO
FYCOMPA ORAL TABLET	2	MO
<i>gabapentin oral capsule 100 mg</i>	1	MO; QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (135 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GABITRIL ORAL TABLET 12 MG, 16 MG	2	MO
GABITRIL ORAL TABLET 2 MG, 4 MG	3	MO
GRALISE 30-DAY STARTER PACK	2	PA; MO; 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	3	PA; MO
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

Drug Name	Drug Tier	Requirements /Limits
LAMICTAL XR	3	MO
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 in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	MO
<i>levetiracetam intravenous</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

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
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG	3	PA; MO; QL (120 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 82.5 MG	3	PA; MO; QL (240 per 30 days)
LYRICA ORAL CAPSULE 100 MG	2	PA; MO; QL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	2	PA; MO; QL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	2	PA; MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG	2	PA; MO; QL (81 per 30 days)
LYRICA ORAL CAPSULE 25 MG	2	PA; MO; QL (720 per 30 days)
LYRICA ORAL CAPSULE 300 MG	2	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 50 MG	2	PA; MO; QL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	2	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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 (135 per 30 days)
ONFI ORAL SUSPENSION	2	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	2	PA; MO
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO
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

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Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO
<i>primidone</i>	1	MO
QUDEXY XR	3	PA; MO
<i>roweepra</i>	1	MO
<i>roweepra xr</i>	1	
SABRIL	4	MO; LA
SPRITAM	3	MO
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
<i>tiagabine</i>	1	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

Drug Name	Drug Tier	Requirements /Limits
<i>valproate sodium</i>	1	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
VIMPAT INTRAVENOUS	2	
VIMPAT ORAL SOLUTION	2	MO
VIMPAT ORAL TABLET	2	MO
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
<i>zonisamide</i>	1	PA; MO
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	4	MO; LA
AZILECT	3	MO
<i>benztropine injection</i>	1	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
COGENTIN	3	MO
COMTAN	3	MO
DUOPA	3	B/D PA; MO
ELDEPRYL	3	
<i>entacapone</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
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)
LODOSYN	3	MO
MIRAPEX	3	MO
MIRAPEX ER	3	MO
NEUPRO	2	MO
PARLODEL	3	MO
<i>pramipexole</i>	1	MO
<i>rasagiline</i>	1	MO
REQUIP	3	MO
REQUIP XL	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

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)
AXERT ORAL TABLET 12.5 MG	3	MO; QL (24 per 28 days)
CAFERGOT	3	MO
<i>dihydroergotamine injection</i>	1	MO
<i>dihydroergotamine nasal</i>	1	MO; QL (8 per 28 days)
<i>eletriptan</i>	1	MO; QL (18 per 28 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)
IMITREX STATDOSE KIT REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 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 ORAL TABLET 5 MG	3	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)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<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- naproxen</i>	1	MO
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 6 MG/0.5 ML	3	MO; QL (9 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)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA	4	PA; MO; LA
ARICEPT	3	MO
AUBAGIO	4	PA; MO
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; MO; LA; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
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>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
EXONDYS 51	4	PA; MO
<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)
<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)

Drug Name	Drug Tier	Requirements /Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA ORAL CAPSULE 40 MG	4	PA; MO; LA; QL (60 per 30 days)
INGREZZA ORAL CAPSULE 80 MG	4	PA; MO; LA; QL (30 per 30 days)
KEVEYIS	4	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<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	2	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	2	MO
RADICAVA	4	MO
RAZADYNE ER	3	MO
RAZADYNE ORAL TABLET	3	MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
TECFIDERA	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>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)
TYSABRI	4	PA; MO; LA
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		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	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; MO
GABLOFEN INTRATHECAL SOLUTION 40,000 MCG/20ML (2,000 MCG/ML)	4	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	B/D PA; MO
MESTINON ORAL	4	MO
MESTINON TIMESPAN	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pyridostigmine bromide</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)
<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)
BUPRENEX	3	MO; QL (266 per 30 days)
<i>buprenorphine hcl injection solution</i>	1	MO; QL (266 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	QL (266 per 30 days)
<i>buprenorphine hcl sublingual</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
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	3	PA; MO; QL (4 per 28 days)
BUTRANS	2	PA; MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</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)
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)

Drug Name	Drug Tier	Requirements /Limits
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)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 8 MG	3	PA; MO; QL (60 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG, 32 MG	4	PA; MO; QL (60 per 30 days)
<i>fentanyl citrate</i>	4	PA; MO; 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)
FENTANYL TRANSDERMAL PATCH 72 HOUR 87.5 MCG/HOUR	4	PA; MO; QL (10 per 30 days)
FENTORA	4	PA; MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
HYCET	3	QL (5550 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, 2.5-325 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)</i>	1	MO; QL (240 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (1200 per 30 days)
<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)

Drug Name	Drug Tier	Requirements /Limits
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)
IBUDONE ORAL TABLET 10-200 MG	3	MO; QL (50 per 30 days)
<i>ibuprofen-oxycodone</i>	1	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTENDED.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,EXTENDED.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)
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)

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>levorphanol tartrate</i>	1	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 injection solution</i>	1	QL (150 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)
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	1	QL (400 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	3	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	1	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	1	QL (500 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	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 100 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</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)
OPANA ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
OXAYDO	4	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
<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)

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)
<i>panlor(acetam-caff-dihydrocod)</i>	1	QL (300 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)

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Drug Name	Drug Tier	Requirements /Limits
TYLENOL-CODEINE #3	3	MO; QL (360 per 30 days)
TYLENOL-CODEINE #4	3	MO; QL (180 per 30 days)
<i>vicodin</i>	1	MO; QL (390 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)
ZOXYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PA; MO; QL (90 per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>		
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 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)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	1	MO; QL (857 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	MO; QL (428 per 30 days)
<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
<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
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	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

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Drug Name	Drug Tier	Requirements /Limits
<i>fenoprofen oral tablet</i>	1	MO
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
<i>ketoprofen oral capsule</i>	1	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
LODINE ORAL TABLET	3	ST
<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
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; QL (100 per 30 days)
<i>naloxone</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naltrexone</i>	1	MO
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; QL (2 per 28 days)
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
<i>profeno</i>	1	
SPRIX	3	ST

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
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 100 mg, 200 mg</i>	1	PA; MO; QL (30 per 30 days)
<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)

Drug Name	Drug Tier	Requirements /Limits
ULTRACET	3	MO; QL (240 per 30 days)
ULTRAM	3	MO; QL (240 per 30 days)
VIMOVO	3	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 GEL 1 %	2	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)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA	4	MO
ABILIFY ORAL TABLET 10 MG	4	MO; QL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG, 20 MG	4	MO; QL (60 per 30 days)
ABILIFY ORAL TABLET 2 MG	4	MO; QL (450 per 30 days)
ABILIFY ORAL TABLET 30 MG	4	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
ABILIFY ORAL TABLET 5 MG	4	MO; QL (180 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	MO
ADZENYS ER	3	
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	MO
ANAFRANIL	3	PA; MO
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	MO; QL (90 per 30 days)
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG	3	MO; QL (60 per 30 days)
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	3	MO; QL (30 per 30 days)
APTENSIO XR	3	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet 10 mg</i>	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole oral tablet 15 mg</i>	1	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	1	MO; QL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg</i>	4	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	4	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	4	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	4	MO; QL (60 per 30 days)
ARISTADA	4	MO
<i>armodafinil</i>	3	PA; MO
ATIVAN ORAL	3	PA; MO
<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 12 hr 100 mg</i>	1	MO; QL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 12 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 12 hr 200 mg</i>	1	MO; QL (60 per 30 days)

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



Drug Name	Drug Tier	Requirements /Limits
<i>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 (60 per 30 days)
<i>bupropion</i>	1	MO
CELEXA ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
CELEXA ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)
CELEXA ORAL TABLET 40 MG	3	MO; QL (30 per 30 days)
<i>chlorpromazine</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	3	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium</i>	1	PA; MO
<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	

Drug Name	Drug Tier	Requirements /Limits
CLOZARIL	3	
CONCERTA	3	MO
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (180 per 30 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO; QL (120 per 30 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 60 MG	3	MO; QL (60 per 30 days)
DAYTRANA	3	MO
<i>desipramine</i>	1	MO
DESOXYN	3	PA; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (240 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</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>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	1	MO; QL (480 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	1	MO; QL (240 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
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO
<i>diazepam oral tablet</i>	1	PA; MO
<i>doxepin oral</i>	3	PA; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	1	MO; QL (60 per 30 days)
DYANAVEL XR	3	MO

Drug Name	Drug Tier	Requirements /Limits
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG	3	MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 37.5 MG	3	MO; QL (180 per 30 days)
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 10 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>eszopiclone</i>	3	ST; MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG	3	MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 8 MG	4	MO; QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	3	MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	3	MO; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLET 6 MG	4	MO; QL (120 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,EXTENDED REL 24HR DOSE PACK	2	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	2	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	2	MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	2	MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	2	MO; QL (45 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (240 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)

Drug Name	Drug Tier	Requirements /Limits
<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 (240 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 100 mg</i>	3	MO; QL (90 per 30 days)
<i>fluvoxamine oral capsule,extended release 24hr 150 mg</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 (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
FOCALIN	3	MO
FOCALIN XR	3	MO
FORFIVO XL	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	3	MO
GEODON ORAL CAPSULE 20 MG	4	MO; QL (240 per 30 days)
GEODON ORAL CAPSULE 40 MG	4	MO; QL (120 per 30 days)
GEODON ORAL CAPSULE 60 MG	4	MO; QL (80 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
GEODON ORAL CAPSULE 80 MG	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	4	MO; QL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	4	MO; QL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	4	MO; QL (41 per 30 days)
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 (240 per 30 days)
LATUDA ORAL TABLET 120 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	2	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	2	MO; QL (120 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 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
LEXAPRO ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
LEXAPRO ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
LITHOBID	3	MO
<i>lorazepam oral</i>	1	PA; MO
<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

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	MO
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
MYDAYIS	3	MO
NARDIL	3	MO
<i>nefazodone</i>	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	MO
<i>nortriptyline</i>	1	MO
NUPLAZID	4	MO
NUVIGIL	3	PA; MO
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>olanzapine oral tablet 5 mg</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>olanzapine oral tablet 7.5 mg</i>	1	MO; QL (81 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	1	MO; QL (120 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO
ORAP ORAL TABLET 1 MG	3	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	MO; QL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	1	MO; QL (120 per 30 days)
<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 (41 per 30 days)
PAMELOR	3	MO
PARNATE	3	MO
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (45 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	1	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	1	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym )</i>	1	MO; QL (30 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	MO; QL (180 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (90 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PAXIL ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
<i>perphenazine</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
PEXEVA ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PEXEVA ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PEXEVA ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (240 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 (240 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</i>	1	MO; QL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet 25 mg</i>	1	MO; QL (902 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	1	MO; QL (81 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	1	MO; QL (480 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (160 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	1	MO; QL (120 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (81 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	1	MO; QL (480 per 30 days)
QUILLICHEW ER	3	MO
QUILLIVANT XR	3	MO
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON ORAL TABLET 45 MG	3	
REMERON SOLTAB	3	MO
REXULTI ORAL TABLET 0.25 MG	4	MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.5 MG	4	MO; QL (240 per 30 days)
REXULTI ORAL TABLET 1 MG	4	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
REXULTI ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG	4	MO; QL (40 per 30 days)
REXULTI ORAL TABLET 4 MG	4	MO; QL (30 per 30 days)
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; QL (480 per 30 days)
RISPERDAL ORAL TABLET 0.25 MG	3	MO; QL (1920 per 30 days)
RISPERDAL ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
RISPERDAL ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
RISPERDAL ORAL TABLET 3 MG	3	MO; QL (161 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
<i>risperidone oral solution</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QL (161 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	MO; QL (161 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
RITALIN	3	MO
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 (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	2	MO; QL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	2	MO; QL (120 per 30 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	3	MO
SEROQUEL ORAL TABLET 100 MG	3	MO; QL (240 per 30 days)
SEROQUEL ORAL TABLET 200 MG	3	MO; QL (120 per 30 days)
SEROQUEL ORAL TABLET 25 MG	3	MO; QL (902 per 30 days)
SEROQUEL ORAL TABLET 300 MG	3	MO; QL (81 per 30 days)
SEROQUEL ORAL TABLET 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL ORAL TABLET 50 MG	3	MO; QL (480 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (160 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (81 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (480 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
SONATA ORAL CAPSULE 10 MG	3	ST; MO; QL (60 per 30 days)
SONATA ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
STRATTERA	3	MO
SURMONTIL	3	PA; MO
SYMBYAX	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
<i>tranylcypromine</i>	3	MO
<i>trazodone</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	3	PA; MO
TRINTELLIX ORAL TABLET 10 MG	2	MO; QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	2	MO; QL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	2	MO; QL (120 per 30 days)
VALIUM	3	PA; MO
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	1	MO; QL (60 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	1	MO; QL (180 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	1	MO; QL (270 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	MO; QL (180 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	1	MO; QL (150 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 150 MG	3	MO; QL (60 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 37.5 MG	3	MO; QL (180 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
VERSACLOZ	4	
VIIIBRYD ORAL TABLET 10 MG	2	MO; QL (120 per 30 days)
VIIIBRYD ORAL TABLET 20 MG	2	MO; QL (60 per 30 days)
VIIIBRYD ORAL TABLET 40 MG	2	MO; QL (30 per 30 days)
VIIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE 1.5 MG	4	MO; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	4	MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	4	MO; QL (40 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 30 days)
VYVANSE	3	MO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	3	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
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG	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 (60 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 oral capsule 20 mg</i>	1	MO; QL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	MO; QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg</i>	1	MO; QL (80 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ziprasidone hcl oral capsule 80 mg</i>	1	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 100 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (240 per 30 days)
ZOLOFT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
<i>zolpidem oral tablet</i>	1	ST; MO; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	3	ST; MO; QL (30 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 2.5 MG	3	MO; QL (240 per 30 days)
ZYPREXA ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
ZYPREXA ORAL TABLET 7.5 MG	3	MO; QL (81 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG	3	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
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 5 MG	3	MO; QL (120 per 30 days)

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone oral</i>	1	MO
BETAPACE AF	3	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>mexiletine</i>	1	MO
MULTAQ	3	MO
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML)	3	B/D PA
NEXTERONE INTRAVENOUS SOLUTION 360 MG/200 ML (1.8 MG/ML)	3	B/D PA; MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>procainamide injection solution 500 mg/ml</i>	1	
<i>propafenone</i>	1	MO
<i>quinidine gluconate</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 tablet 160 mg, 240 mg, 80 mg</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
<i>afeditab cr</i>	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
ALTACE	3	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</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>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazyd</i>	1	MO
ATACAND	3	MO
ATACAND HCT	3	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AVALIDE	3	MO
AVAPRO	3	MO
AZOR	3	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	MO
BENICAR HCT	3	MO
<i>betaxolol oral</i>	1	MO
BIDIL	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	MO
<i>bumetanide oral</i>	1	MO
BYSTOLIC	2	MO
BYVALSON	2	MO
CALAN	3	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARDENE IV IN SODIUM CHLORIDE	3	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 360 MG	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)

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
CATAPRES-TTS-3	3	MO; QL (4 per 28 days)
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</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	2	MO
CORGARD	3	MO
CORZIDE	3	MO
COZAAR	3	MO
DEMADEX ORAL TABLET 10 MG, 20 MG	3	MO
DEMSER	4	MO
DIBENZYLINE	4	MO
<i>diltiazem hcl intravenous</i>	1	
<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

Drug Name	Drug Tier	Requirements /Limits
<i>dilt-xr</i>	1	MO
DIOVAN	3	MO
DIOVAN HCT	3	MO
DIURIL	3	MO
DIURIL IV	4	
<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
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>ethacrynate sodium</i>	4	
<i>ethacrynic acid</i>	4	MO
EXFORGE	3	MO
EXFORGE HCT	3	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

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

Drug Name	Drug Tier	Requirements /Limits
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	3	MO
<i>indapamide</i>	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol intravenous solution</i>	1	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 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

Drug Name	Drug Tier	Requirements /Limits
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
<i>methyclothiazide</i>	1	MO
<i>methyldopa</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate intravenous syringe</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
MICARDIS	3	MO
MICARDIS HCT	3	MO
MICROZIDE	3	MO
MINIPRESS	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	1	MO
<i>nicardipine intravenous solution</i>	1	MO
<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

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>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
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	4	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 intravenous</i>	1	
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
REMODULIN	4	PA; MO; LA
<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
<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

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>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>toremide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRIBENZOR	3	MO
TWYNSTA	3	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 intravenous solution</i>	1	MO
<i>verapamil oral</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZIAC ORAL TABLET 2.5-6.25 MG	3	MO
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>digox</i>	1	MO
<i>digoxin oral solution 50 mcg/ml</i>	1	MO
<i>digoxin oral tablet</i>	1	MO
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	2	MO
<b>COAGULATION THERAPY</b>		
AGGRENOX	3	MO
ARGATROBAN	4	MO
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	4	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO
<i>aspirin-dipyridamole</i>	1	MO
BEVYXXA	3	
BRILINTA	2	MO
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO
COUMADIN ORAL	3	MO
CYKLOKAPRON	3	MO
<i>dipyridamole oral</i>	1	MO
EFFIENT	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
ELIQUIS	2	MO
<i>enoxaparin</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
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) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>jantoven</i>	1	MO
LOVENOX	3	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
<i>tranexamic acid intravenous</i>	1	MO
<i>warfarin</i>	1	MO
XARELTO	2	MO
YOSPRALA	3	MO
ZONTIVITY	2	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ALTOPREV	3	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)

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
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	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
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	MO; QL (30 per 30 days)
<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</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

Drug Name	Drug Tier	Requirements /Limits
FLOLIPID	3	MO; QL (150 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	MO; QL (30 per 30 days)
LIPITOR	3	MO; QL (30 per 30 days)
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

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
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; MO; QL (2 per 28 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	4	PA; MO; QL (4 per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	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
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

Drug Name	Drug Tier	Requirements /Limits
VYTORIN 10-10	3	MO; QL (30 per 30 days)
VYTORIN 10-20	3	MO; QL (30 per 30 days)
VYTORIN 10-40	3	MO; QL (30 per 30 days)
VYTORIN 10-80	3	MO; QL (30 per 30 days)
WELCHOL	2	MO
ZETIA	3	MO
ZOCOR	3	MO; QL (30 per 30 days)

**MISCELLANEOUS CARDIOVASCULAR AGENTS**

CORLANOR	2	PA; MO
ENTRESTO	2	MO; QL (60 per 30 days)
RANEXA	2	MO
VECAMYL	4	

**NITRATES**

GONITRO	3	MO
ISORDIL	3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<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

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

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin intravenous</i>	1	B/D PA
<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
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<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
<i>calcipotriene topical cream</i>	3	MO
<i>calcipotriene topical ointment</i>	1	MO
<i>calcipotriene-betamethasone</i>	1	MO
<i>calcitriol topical</i>	3	MO
COSENTYX (2 SYRINGES)	4	PA; MO
COSENTYX PEN (2 PENS)	4	PA; MO
DOVONEX TOPICAL	3	MO
ENSTILAR	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ	4	PA; MO
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	4	MO
SORILUX	3	MO
STELARA	4	PA; MO
TACLONEX	3	MO
TALTZ AUTOINJECTOR	4	PA; MO
TALTZ SYRINGE	4	PA; MO
TREMFYA	4	PA; MO
VECTICAL	3	MO
<b>BURN THERAPY</b>		
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ALDARA	3	ST; MO
<i>ammonium lactate</i>	1	MO
CARAC	4	MO
CONDYLOX TOPICAL GEL	2	MO
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	1	MO
DUPIXENT	4	PA; MO
EFUDEX TOPICAL CREAM	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
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
<i>imiquimod</i>	1	MO
<i>methoxsalen</i>	4	MO
OXSORALEN ULTRA	4	MO
PANRETIN	4	MO
PICATO	4	MO
<i>podofilox</i>	1	MO
PROTOPIC	3	PA; MO; QL (100 per 30 days)
<i>prudoxin</i>	1	MO
REGRANEX	4	MO
SOLARAZE	4	PA; QL (100 per 28 days)
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
TOLAK	3	MO
VALCHLOR	4	MO
VEREGEN	3	MO
ZONALON	3	MO
ZYCLARA	4	ST; MO

**THERAPY FOR ACNE**

Drug Name	Drug Tier	Requirements /Limits
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 35 MG, 40 MG	3	MO
ABSORICA ORAL CAPSULE 25 MG	3	
ACANYA TOPICAL GEL WITH PUMP	3	MO
ACZONE TOPICAL GEL	3	MO
<i>adapalene topical cream</i>	3	PA; MO
<i>adapalene topical gel</i>	3	PA; MO
<i>adapalene-benzoyl peroxide</i>	1	PA; MO
AKTIPAK	3	MO
<i>amnesteam</i>	1	MO
ATRALIN	3	PA; MO
<i>avita topical cream</i>	1	PA; MO
AVITA TOPICAL GEL	3	PA; MO
AZELEX	3	MO
BENZAACLIN PUMP	3	MO
BENZAMYCIN	3	MO
<i>claravis</i>	3	MO
CLEOCIN T	3	MO
<i>clindacin p</i>	1	MO
CLINDAGEL	3	MO
<i>clindamycin phosphate topical</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>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
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	
METROCREAM	3	ST; MO
METROGEL TOPICAL GEL 1 %	3	ST; MO
METROLOTION	3	ST; MO
<i>metronidazole topical cream</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole topical gel</i>	1	MO
<i>metronidazole topical lotion</i>	1	MO
MIRVASO TOPICAL GEL WITH PUMP	3	PA; MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO
<i>myorisan oral capsule 30 mg</i>	1	
<i>neuac</i>	1	MO
NORITATE	4	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO	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>	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>tretinoin topical</i>	1	PA; MO
<i>zenatane</i>	3	MO
ZIANA	3	PA; MO
<b>TOPICAL ANESTHETICS</b>		
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</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
<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
PLIAGLIS	3	MO
XYLOCAINE INJECTION SOLUTION 20 MG/ML (2 %)	3	
<b>TOPICAL ANTIBACTERIALS</b>		
BACTROBAN TOPICAL CREAM	3	
CORTISPORIN TOPICAL	3	MO
<i>gentamicin topical</i>	1	MO
KLARON	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mupirocin</i>	1	MO
<i>mupirocin calcium</i>	1	MO
NEO-SYNALAR	3	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON	2	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclopirox</i>	1	MO
<i>clotrimazole topical</i>	1	MO
<i>clotrimazole-betamethasone</i>	1	MO
<i>econazole</i>	1	MO
ERTACZO	3	MO
EXELDERM	3	MO
EXTINA	3	MO
JUBLIA	3	MO
KERYDIN	3	MO
<i>ketconazole topical</i>	1	MO
LOPROX (AS OLAMINE) TOPICAL CREAM	3	
LOPROX TOPICAL SHAMPOO	3	MO
LOTRISONE TOPICAL CREAM	3	MO
LUZU	3	MO
MENTAX	3	MO
<i>naftifine</i>	1	MO
NAFTIN TOPICAL CREAM 2 %	3	MO
NAFTIN TOPICAL GEL	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
NIZORAL TOPICAL SHAMPOO	3	MO
<i>nyamyc</i>	1	MO
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO
OXISTAT	3	MO
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical</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)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream</i>	1	MO
ALA-SCALP	3	ST; MO
<i>alclometasone</i>	1	MO
<i>amcinonide topical cream</i>	3	MO
<i>amcinonide topical lotion</i>	3	MO
<i>amcinonide topical ointment</i>	3	
<i>apexicon e</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
CAPEX	2	MO
<i>clobetasol scalp</i>	1	MO; QL (100 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)
CLOBEX TOPICAL LOTION	3	ST; MO; QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	ST; MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	ST; MO; QL (125 per 28 days)
<i>clodan</i>	3	MO; QL (236 per 28 days)
CLODERM	3	ST; MO
CORDRAN TAPE LARGE ROLL	3	ST; MO
CUTIVATE TOPICAL LOTION	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
DESONATE	3	ST; MO
<i>desonide topical cream</i>	3	MO
<i>desonide topical lotion</i>	3	MO
<i>desonide topical ointment</i>	1	MO
DESOWEN	3	ST; MO
<i>desoximetasone</i>	3	MO
<i>diflorasone</i>	3	MO
DIPROLENE TOPICAL OINTMENT	3	ST; MO
ELOCON TOPICAL CREAM	3	ST; MO
ELOCON TOPICAL OINTMENT	3	ST; MO
<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)
<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

Drug Name	Drug Tier	Requirements /Limits
<i>fluticasone topical cream</i>	1	MO
<i>fluticasone topical lotion</i>	3	MO
<i>fluticasone topical ointment</i>	1	MO
<i>halobetasol propionate</i>	1	MO
HALOG	3	ST; MO
<i>hydrocortisone butyrate topical cream</i>	3	MO
<i>hydrocortisone butyrate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical solution</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	ST; MO
KENALOG TOPICAL	3	ST; MO
LOCOID LIPOCREAM	3	ST; MO
LOCOID TOPICAL LOTION	2	MO
LOCOID TOPICAL SOLUTION	3	ST; MO
<i>mometasone topical</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>nolix topical cream</i>	1	
<i>nolix topical lotion</i>	1	MO
OLUX	3	ST; MO; QL (100 per 28 days)
PANDEL	3	ST; MO
<i>prednicarbate</i>	1	MO
PSORCON	3	ST
SERNIVO	4	ST; MO
SYNALAR TOPICAL CREAM	3	ST; MO
TOPICORT	3	ST; 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
<i>triderm topical cream 0.1 %</i>	1	MO
TRIDESILON	3	ST; MO
ULTRAVATE TOPICAL CREAM	3	ST; MO
ULTRAVATE TOPICAL LOTION	4	ST; MO
ULTRAVATE TOPICAL OINTMENT	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
VANOS	4	ST; MO; QL (120 per 30 days)
<b>TOPICAL ENZYMES</b>		
SANTYL	2	MO
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
ELIMITE	3	
EURAX	3	MO
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
NATROBA	2	MO
OVIDE	3	MO
<i>permethrin topical cream</i>	1	MO
SKLICE	2	MO
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	1	MO
<i>neomycin-polymyxin b gu</i>	1	MO
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's irrigation</i>	1	MO
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	3	MO
ACTONEL ORAL TABLET 30 MG	3	ST; MO; QL (30 per 30 days)
ADAGEN	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
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
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	4	MO; LA
AURYXIA	4	MO
BUPHENYL	4	MO
CARBAGLU	4	MO; LA
CARNITOR	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%/D10W SUL FREE	3	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>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<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
FERRIPROX ORAL TABLET	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

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>midodrine</i>	1	MO
NORTHERA	4	PA; MO
NUTRESTORE	3	MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	4	LA
ORFADIN ORAL CAPSULE 20 MG	4	MO
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
RAVICTI	4	MO
RECLAST	3	PA; MO
RENAGEL	3	MO
RENVELA	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>sodium chloride 0.9 % intravenous piggyback</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
SYPRINE	4	PA; MO
THIOLA	4	MO
<i>trientine</i>	4	PA; MO
VELPHORO	4	MO
VELTASSA	2	MO
<i>water for irrigation, sterile</i>	1	MO
XURIDEN	4	MO
ZEMAIRA	4	MO; LA
<i>zoledronic acid-mannitol-water</i>	1	PA; MO
<b>SMOKING DETERRENTS</b>		
<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
ZYBAN	3	MO

## EAR, NOSE / THROAT MEDICATIONS

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
<b>MISCELLANEOUS AGENTS</b>		
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	
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<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>perio gard</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	1	MO
CETRAXAL	3	MO
<i>floxin otic (ear) drops</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
OTOVEL	2	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR H.P.	4	PA; MO
CORTEF	3	MO
<i>cortisone</i>	1	MO
DEPO-MEDROL	3	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
DEXPAK 13 DAY	3	MO
EMFLAZA	4	PA; MO; LA
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
KENALOG INJECTION	3	MO
MEDROL	3	B/D PA; MO
MEDROL (PAK)	3	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets, dose pack</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>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO
MILLIPRED ORAL SOLUTION	3	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
<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
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	3	MO
SOLU-MEDROL (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	MO
TAPERDEX	3	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
<i>veripred 20</i>	1	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
TAPAZOLE	3	MO
<b>DIABETES THERAPY</b>		
<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)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	3	MO; QL (30 per 30 days)
ACTOS	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
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML	3	PA; MO; QL (6 per 180 days)
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	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
APIDRA U-100 INSULIN	3	ST; MO
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BASAGLAR KWIKPEN U-100 INSULIN	3	MO
BYDUREON	2	PA; MO; QL (4 per 28 days)
BYDUREON BCISE	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
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)

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
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
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)

Drug Name	Drug Tier	Requirements /Limits
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)
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)

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
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
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

Drug Name	Drug Tier	Requirements /Limits
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 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)
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)

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
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 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)
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

Drug Name	Drug Tier	Requirements /Limits
LANTUS U-100 INSULIN	2	MO
LEVEMIR FLEXTOUCH U-100 INSULN	2	MO
LEVEMIR U-100 INSULIN	2	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)
<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)

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>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
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 INSULIN MANAGEMENT	3	MO
OMNIPOD INSULIN REFILL	3	MO

Drug Name	Drug Tier	Requirements /Limits
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)
OZEMPIC	2	PA; MO
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)
<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	3	MO; QL (30 per 30 days)
<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	2	MO
SOLIQUA 100/33	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
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
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)
TANZEUM	3	PA; MO; QL (4 per 28 days)
<i>tolazamide oral tablet 250 mg</i>	1	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>tolbutamide</i>	1	MO; QL (180 per 30 days)
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	2	MO

Drug Name	Drug Tier	Requirements /Limits
TRESIBA FLEXTOUCH U-200	2	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)
VGO 20	2	MO
VGO 30	2	MO
VGO 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)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	4	MO
ANADROL-50	4	PA; MO
ANDRODERM	2	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	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
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	2	PA; MO
ANDROID	4	MO
AVEED	3	MO; LA
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	MO
CERDELGA	4	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	MO
CHORIONIC GONADOTROPIN, HUMAN	3	PA; MO
<i>danazol</i>	3	MO
DDAVP	3	MO
DEPO- TESTOSTERONE	3	MO
<i>desmopressin injection</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>desmopressin nasal solution</i>	1	
<i>desmopressin nasal spray,non-aerosol</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	MO
ELAPRASE	4	MO
ELELYSO	4	MO
FABRAZYME	4	MO
FORTESTA	3	PA; MO
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO
HECTOROL ORAL	3	MO
KANUMA	4	MO
KORLYM	4	MO
KUVAN	4	MO
LUMIZYME	4	MO
METHITEST	3	MO
<i>methyltestosterone oral capsule</i>	4	MO
MIACALCIN INJECTION	3	MO
MYALEPT	4	PA; MO; LA
NAGLAZYME	4	MO; LA
NATPARA	4	PA; MO; LA
NOCTIVA	3	PA; MO
NOVAREL	3	PA; MO
<i>oxandrolone oral tablet 10 mg</i>	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
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; MO
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	1	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	1	MO
<i>paricalcitol oral</i>	3	MO
PREGNYL	3	PA; 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
STRENSIQ	4	MO; LA
STRIANT	3	PA; MO
SYNAREL	4	MO
TESTIM	3	PA; MO
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	MO
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO
<i>testosterone transdermal gel in packet</i>	1	PA; MO
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO
TESTRED	4	MO
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; MO
VPRIV	4	MO
ZAVESCA	4	MO; LA
ZEMPLAR INTRAVENOUS	3	MO
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
ZOMETA	4	B/D PA; MO
<b>THYROID HORMONES</b>		
CYTOMEL	3	MO
LEVO-T	3	
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	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>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
<i>liothyronine</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
TRIOSTAT	3	MO
<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
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>atropine injection</i> <i>syringe 0.05 mg/ml</i>	1	
BENTYL INTRAMUSCULAR	3	MO
CUVPOSA	3	MO
<i>dicyclomine</i> <i>intramuscular</i>	1	MO
<i>dicyclomine oral</i> <i>capsule</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dicyclomine oral</i> <i>solution</i>	1	MO
<i>dicyclomine oral</i> <i>tablet</i>	1	MO
<i>diphenoxylate-</i> <i>atropine</i>	1	MO
<i>glycopyrrolate</i> <i>injection</i>	1	MO
<i>glycopyrrolate oral</i> <i>tablet 1 mg, 2 mg</i>	1	MO
LOMOTIL	3	MO
<i>loperamide oral</i> <i>capsule</i>	1	MO
<i>methscopolamine</i>	1	MO
MYTESI	3	MO
ROBINUL FORTE	3	MO
ROBINUL ORAL	3	MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
ACTIGALL	3	MO
AKYNZEO (FOSNETUPITANT )	3	
<i>alosetron</i>	4	MO
ALOXI	4	MO
AMITIZA	2	MO
ANUSOL-HC TOPICAL	3	MO
ANZEMET ORAL	3	B/D PA; MO
<i>aprepitant</i>	1	B/D PA; MO
APRISO	3	MO
ASACOL HD	2	MO
AZULFIDINE	3	MO
AZULFIDINE EN- TABS	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>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; 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
CINVANTI	3	
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 ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	2	MO

Drug Name	Drug Tier	Requirements /Limits
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 36,000-114,000-180,000 UNIT	4	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	4	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	2	MO
DIPENTUM	4	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 (FOSAPREPITANT )	2	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	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</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
GIAZO	4	MO
GOLYTELY	3	ST; MO
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	MO
<i>granisetron hcl intravenous</i>	1	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
INFLECTRA	4	PA; MO
KRISTALOSE	3	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
LIALDA	2	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 oral tablet, delayed release (dr/ec) 1.2 gram</i>	1	MO
MESALAMINE ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine rectal</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating</i>	1	MO
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	ST; MO
MOVANTIK	2	MO
MOVIPREP	3	MO
NULYTELY WITH FLAVOR PACKS	3	ST; MO
OCALIVA	4	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	1	B/D PA; MO
<i>ondansetron hcl (pf)</i>	1	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
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</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
PANCREAZE ORAL CAPSULE,DELAY ED 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
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT	4	ST; MO

Drug Name	Drug Tier	Requirements /Limits
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 4,000-14,375-15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST; MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
PREPOPIK	3	ST; MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</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
RENFLIXIS	4	PA; MO
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	4	MO
<i>scopolamine base</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
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 ORAL	2	B/D PA; MO
VIBERZI	4	MO
VIOKACE	2	MO

Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 5,000- 17,000 -27,000 UNIT, 5,000- 17,000- 24,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40,000-126,000- 168,000 UNIT	4	MO
ZOFRAN ODT	3	B/D PA; MO
ZOFRAN ORAL	3	B/D PA; MO
ZUPLENZ	3	B/D PA; MO
<b>ULCER THERAPY</b>		
ACIPHEX	3	MO
ACIPHEX SPRINKLE	3	MO; QL (30 per 30 days)
<i>amoxicil-clarithromy-lansopraz</i>	1	MO; QL (112 per 30 days)
CARAFATE	3	MO
<i>cimetidine</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>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
<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
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	1	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 49.3 MG	3	MO
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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 IV INTRAVENOUS RECON SOLN 40 MG	3	MO
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	3	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
<i>nizatidine</i>	1	MO
OMECLAMOX-PAK	3	MO; QL (80 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>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>	3	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	3	MO
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	3	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	3	MO
<i>pantoprazole intravenous</i>	1	MO
<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	3	MO
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 15 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO
PREVACID SOLUTAB ORAL TABLET, DISINTEGRATED, DELAYED RELEASE 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRATED, DELAYED RELEASE 30 MG	3	MO
PREVPAC	3	MO; QL (112 per 30 days)
PRIOSEC ORAL SUSPENSION, DELAYED RELEASE FOR RECONSTITUTION	3	MO
PROTONIX INTRAVENOUS	3	MO
PROTONIX ORAL GRANULES DR FOR SUSPENSION IN PACKET	3	MO
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</i>	1	MO
<i>ranitidine hcl injection solution 50 mg/2 ml (25 mg/ml)</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>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
ZANTAC INJECTION SOLUTION 25 MG/ML	3	MO
ZANTAC ORAL TABLET 300 MG	3	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO
ZEGERID ORAL PACKET 20-1,680 MG	3	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	3	MO

## IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

ACTIMMUNE	4	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
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)
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)

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
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)
GENOTROPIN	4	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO
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

Drug Name	Drug Tier	Requirements /Limits
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; MO; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	2	B/D PA; MO
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	B/D PA; MO
INTRON A INJECTION SOLUTION	2	B/D PA; MO
LEUKINE INJECTION RECON SOLN	4	MO
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	3	PA; MO
MOZOBIL	4	MO
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; MO
NEUPOGEN	4	PA; MO
NORDITROPIN FLEXPRO	4	PA; MO
NUTROPIN AQ NUSPIN	4	PA; MO
OMNITROPE	4	PA; MO
PEGASYS PROCLICK	4	MO; QL (2 per 28 days)

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



Drug Name	Drug Tier	Requirements /Limits
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
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
PROLEUKIN	4	B/D PA; MO
REBIF (WITH ALBUMIN)	4	PA; MO; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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)
SAIZEN	4	PA; MO
SAIZEN CLICK.EASY	4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO
SYLATRON	4	MO
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
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT )(PF)	2	MO
ATGAM	4	B/D 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
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BIVIGAM	4	PA; MO
BOOSTRIX TDAP	2	MO
BOTOX	2	PA; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	4	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT	3	PA; 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
<i>fomepizole</i>	1	
GAMASTAN S/D	2	MO
GAMMAGARD LIQUID	4	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GAMMAPLEX	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
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
HYPERRAB S/D (PF)	3	
IMOGAM RABIES-HT (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	
KINRIX (PF) INTRAMUSCULAR SYRINGE	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
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
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
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	B/D PA; MO
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

Drug Name	Drug Tier	Requirements /Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
TETANUS,DIPHTHERIA TOX PED(PF)	2	MO
TETANUS-DIPHTHERIA TOXOIDS-TD	2	MO
THYMOGLOBULIN	4	B/D PA
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
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	3	PA; MO
YF-VAX (PF)	2	MO
ZINPLAVA	4	MO
ZOSTAVAX (PF)	2	MO
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol</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>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
COLCHICINE	3	ST; MO
COLCRYS	3	ST; MO
DUZALLO	3	ST; MO
MITIGARE	2	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
ULORIC	2	ST; MO
ZURAMPIC	3	MO
ZYLOPRIM	3	MO
<b>OSTEOPOROSIS THERAPY</b>		
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)
BINOSTO	3	ST; MO; QL (4 per 28 days)
BONIVA INTRAVENOUS	3	PA; MO
BONIVA ORAL	3	ST; MO; QL (1 per 30 days)
EVISTA	3	MO

Drug Name	Drug Tier	Requirements /Limits
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 intravenous solution</i>	1	PA; MO
<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)
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA	4	PA; MO
ARAVA	4	MO; QL (30 per 30 days)
BENLYSTA	4	MO
CUPRIMINE	4	MO
DEPEN TITRATABS	4	MO
ENBREL MINI	4	PA; MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
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 CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	4	PA; MO; QL (6 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML	4	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; MO; QL (2 per 180 days)
HUMIRA PEN	4	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	4	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSORIASIS- UVEITIS	4	PA; MO; QL (4 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; MO
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/0.4 ML, 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2.28 per 28 days)
KINERET <i>leflunomide</i>	4 1	PA; MO 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
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
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
SIMPONI ARIA	4	PA; MO
XELJANZ	4	PA; MO
XELJANZ XR	4	PA; MO
<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
ACTIVELLA	3	PA; MO
ALORA	3	PA; MO; QL (8 per 28 days)
<i>amabelz</i>	1	PA; MO
ANGELIQ	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
AYGESTIN	3	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)
DUAVEE	2	MO
ELESTRIN	3	PA; MO; QL (52 per 30 days)
<i>errin</i>	1	MO
ESTRACE ORAL	3	PA; MO
ESTRACE VAGINAL	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>estropipate</i>	1	PA; 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
<i>hydroxyprogesterone caproate</i>	4	MO
<i>jinteli</i>	1	PA; MO
<i>jolivette</i>	1	MO
<i>lyza</i>	1	MO
MAKENA (PF)	4	MO
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	4	MO
<i>medroxyprogesterone</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
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 INJECTION	3	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
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

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Drug Name	Drug Tier	Requirements /Limits
<b>MISCELLANEOUS OB/GYN</b>		
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>	3	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	1	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>amethia</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>bekyree (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>blisovi fe 1/20 (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>delyla (28)</i>	1	
<i>desog-e.estradiol/e.estradiol</i>	1	MO
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-e.estradiol-lm.f.a oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</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>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>introvale</i>	1	MO
<i>isibloom</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>kimidess (28)</i>	1	MO
<i>kurvelo</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>larin 1.5/30 (21)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>larin 1/20 (21)</i>	1	MO
<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</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

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>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
MINASTRIN 24 FE	3	MO
<i>mononessa (28)</i>	1	MO
NATAZIA	3	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>necon 7/7/7 (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 (28)	3	MO
ORTHO TRI-CYCLEN LO (28)	3	MO

Drug Name	Drug Tier	Requirements /Limits
ORTHO-CYCLEN (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
<i>pimtrea (28)</i>	1	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	1	MO
<i>portia</i>	1	MO
<i>previfem</i>	1	MO
QUARTETTE	3	MO
<i>quasense</i>	1	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 fe 1/20 (28)</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>trinessa (28)</i>	1	MO
TRI-NORINYL (28)	3	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	
<i>tydemy</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>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>vyfemla (28)</i>	1	MO
<i>vylibra</i>	1	
<i>wymzya fe</i>	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
<i>zarah</i>	1	MO
<i>zenchent (28)</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO
<i>zovia 1/50e (28)</i>	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

Drug Name	Drug Tier	Requirements /Limits
<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
<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 OPTHALMIC (EYE) DROPS	3	MO
TOBREX OPTHALMIC (EYE) OINTMENT	2	MO
VIGAMOX	3	MO
ZYMAXID	3	MO

### ANTIVIRALS

<i>trifluridine</i>	1	MO
VIROPTIC	3	MO
ZIRGAN	3	MO

### BETA-BLOCKERS

BETAGAN OPTHALMIC (EYE) DROPS 0.5 %	3	MO
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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>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>metipranolol</i>	1	
<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
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE OPTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %	3	MO
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE	2	MO
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic (eye) drops</i>	1	MO
<b>DIRECT ACTING MIOTICS</b>		
ISOPTO CARPINE	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<b>MISCELLANEOUS OPTHALMOLOGICS</b>		
ALOCRIAL	3	MO
ALOMIDE	3	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
BEPREVE	3	MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	4	MO
ELESTAT	3	MO
EMADINE	3	MO
<i>epinastine</i>	1	MO
LACRISERT	3	MO
LASTACAFT	3	MO
<i>olopatadine ophthalmic (eye)</i>	1	MO
PATADAY	3	MO
PATANOL	3	MO
PAZEO	2	MO
RESTASIS	2	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
XIIDRA	3	MO; QL (60 per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL (PF)	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
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
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT	3	MO
<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>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
RHOPRESSA	3	MO
SIMBRINZA	3	MO
TRAVATAN Z	2	MO
TRUSOPT	3	MO
VYZULTA	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
XALATAN	3	ST; MO
ZIOPTAN (PF)	3	ST; MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
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
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
<b>STERIODS</b>		
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.	2	MO
LOTEMAX	2	MO
MAXIDEX	3	MO
OMNIPRED	3	MO
PRED FORTE	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
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>sulfacetamide-prednisolone</i>	1	MO
<b>SULFONAMIDES</b>		
BLEPH-10	3	MO
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<b>SYMPATHOMIMETICS</b>		
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	3	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI HISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	4	ST; QL (4 per 30 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	4	ST; MO; QL (4 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CLARINEX ORAL SYRUP	3	MO
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)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 % not made by Mylan	3	ST; MO; QL (4 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (manufactured by Mylan Specialty)	2	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

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>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
PHENERGAN INJECTION	3	MO
<i>promethazine injection solution</i>	3	MO
<i>promethazine oral</i>	3	PA; MO
SEMPREX-D	3	MO
XYZAL ORAL SOLUTION	3	MO
<b>PULMONARY AGENTS</b>		
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)
AEROSPAN	2	MO; QL (17.8 per 30 days)
AIRDUO RESPICLICK	3	MO; QL (60 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

Drug Name	Drug Tier	Requirements /Limits
<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)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA	2	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	2	MO; QL (30 per 30 days)
ARMONAIR RESPICLICK	3	MO; QL (60 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION	2	MO; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 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 110 MCG (30 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	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)
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)

Drug Name	Drug Tier	Requirements /Limits
DYMISTA	2	MO; QL (23 per 30 days)
ESBRIET ORAL CAPSULE	4	PA; MO; QL (270 per 30 days)
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)

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>fluticasone nasal</i>	1	MO; QL (16 per 30 days)
FLUTICASONE-SALMETEROL	3	MO; QL (60 per 30 days)
HAEGARDA	4	PA; MO; LA
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	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	MO; QL (30 per 30 days)
LONHALA MAGNAIR REFILL	4	MO; QL (60 per 30 days)
LONHALA MAGNAIR STARTER	4	MO; QL (60 per 30 days)
<i>metaproterenol</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 (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
OFEV	4	PA; MO; QL (60 per 30 days)
OMNARIS	3	MO; QL (12.5 per 30 days)
OPSUMIT	4	PA; MO; LA
ORKAMBI	4	PA; MO; QL (112 per 28 days)
PERFOROMIST	2	B/D PA; MO
PROAIR HFA	2	MO; QL (17 per 30 days)
PROAIR RESPICLICK	2	MO; QL (2 per 30 days)
PROVENTIL HFA	3	MO; QL (13.4 per 30 days)
PULMICORT	3	B/D PA; MO
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)

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
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (8.7 per 30 days)
QVAR	2	MO; QL (17.4 per 30 days)
QVAR REDIHALER	2	MO
REVATIO INTRAVENOUS	4	PA; MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (224 per 30 days)
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) intravenous solution 10 mg/12.5 ml</i>	4	PA
<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)

Drug Name	Drug Tier	Requirements /Limits
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>terbutaline</i>	1	MO
THEO-24	2	MO
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRACLEER	4	PA; MO; LA
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
<i>triamcinolone acetonide nasal</i>	1	MO; QL (16.5 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)
XHANCE	3	MO; QL (32 per 30 days)
XOLAIR	4	PA; MO; LA; QL (6 per 28 days)
XOPENEX CONCENTRATE	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
XOPENEX HFA	3	MO; QL (30 per 30 days)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML	3	B/D PA
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML, 1.25 MG/3 ML	3	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
ZYFLO CR	4	MO
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>darifenacin</i>	1	MO
DETROL	3	MO
DETROL LA	3	MO
DITROPAN XL	3	MO
ENABLEX	3	MO
<i>flavoxate</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; QL (30 per 30 days)
MYRBETRIQ	2	MO
<i>oxybutynin chloride</i>	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
<i>tolterodine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
TOVIAZ	2	MO
<i>trospium</i>	1	MO
VESICARE	2	MO
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<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>tamsulosin</i>	1	MO
UROXATRAL	3	ST; MO
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride</i>	1	MO
URECHOLINE	3	MO
<b>MISCELLANEOUS UROLOGICALS</b>		
CIALIS ORAL TABLET 2.5 MG, 5 MG	2	PA; MO; QL (30 per 30 days)
CYSTAGON	2	MO; LA
ELMIRON	2	MO
<i>potassium citrate</i>	1	MO
PROCYSBI	4	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	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
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<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</i>	1	MO
<b>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ</b>	3	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	MO
<i>lactated ringers intravenous</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
<b>NORMOSOL-R IN 5 % DEXTROSE</b>	2	
<b>PHOSLYRA</b>	3	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals</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>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>ringer's intravenous</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	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	MO
<i>sodium lactate intravenous</i>	1	
TPN ELECTROLYTES	3	
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN 7 % WITH ELECTROLYTES	2	B/D PA
AMINOSYN 8.5 %-ELECTROLYTES	2	B/D PA
AMINOSYN II 10 %	2	B/D PA
AMINOSYN II 15 %	2	B/D PA
AMINOSYN II 8.5 %	2	B/D PA
AMINOSYN II 8.5 %-ELECTROLYTES	2	B/D PA
AMINOSYN-HBC 7%	2	B/D PA
AMINOSYN-PF 10 %	2	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	B/D PA
AMINOSYN-RF 5.2 %	2	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	2	B/D PA
CLINIMIX 5%/D25W SULFITE-FREE	2	B/D PA
CLINIMIX 2.75%/D5W SULFIT FREE	2	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	2	B/D PA
CLINIMIX 4.25%-D20W SULF-FREE	2	B/D PA
CLINIMIX 4.25%-D25W SULF-FREE	2	B/D 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
CLINIMIX 5%-D20W(SULFITE-FREE)	2	B/D PA
CLINIMIX E 4.25%/D10W SULF FREE	3	B/D PA
CLINIMIX E 4.25%/D25W SULF 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
CLINIMIX E 5%/D25W SULFIT FREE	3	B/D PA
CLINISOL SF 15 %	3	B/D PA; MO
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	

Drug Name	Drug Tier	Requirements /Limits
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
<b>VITAMINS / HEMATINICS</b>		
FLUORIDE (SODIUM) ORAL TABLET	3	MO
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.

## Index

<b>A</b>		
abacavir .....	2	
abacavir-lamivudine .....	3	
abacavir-lamivudine- zidovudine .....	3	
ABELCET .....	2	
ABILIFY .....	38, 39	
ABILIFY MAINTENA.....	38	
ABRAXANE.....	14	
ABSORICA.....	61	
ABSTRAL.....	31	
acamprosate .....	66	
ACANYA.....	61	
acarbose.....	70	
ACCOLATE.....	102	
ACCUPRIL .....	51	
ACCURETIC .....	51	
acebutolol .....	51	
acetaminophen-codeine.....	31	
acetazolamide .....	100	
acetazolamide sodium .....	100	
acetic acid.....	69	
acetylcysteine .....	102	
ACIPHEX.....	83	
ACIPHEX SPRINKLE .....	83	
acitretin.....	60	
ACTEMRA .....	91	
ACTHAR H.P. ....	69	
ACTHIB (PF).....	88	
ACTIGALL.....	79	
ACTIMMUNE .....	86	
ACTIQ.....	31	
ACTIVELLA .....	93	
ACTONEL .....	66, 91	
ACTOPLUS MET.....	70	
ACTOPLUS MET XR .....	70	
ACTOS.....	70	
ACULAR .....	99	
ACULAR LS.....	99	
ACUVAIL (PF).....	99	
acyclovir .....	3, 64	
acyclovir sodium .....	3	
ACZONE.....	61	
ADACEL(TDAP ADOLESN/ADULT)(PF) 88		
ADAGEN .....	66	
ADALAT CC .....	51	
adapalene .....	61	
adapalene-benzoyl peroxide .61		
ADCIRCA .....	102	
ADDERALL .....	39	
ADDERALL XR.....	39	
adefovir.....	3	
ADEMPAS.....	102	
ADLYXIN.....	71	
ADMELOG SOLOSTAR U- 100 INSULIN.....	71	
ADMELOG U-100 INSULIN LISPRO .....	71	
adrenalin .....	101	
adriamycin .....	14	
adrucil.....	14	
ADVAIR DISKUS .....	102	
ADVAIR HFA .....	102	
ADZENYS ER .....	39	
ADZENYS XR-ODT .....	39	
AEROSPAN.....	102	
afeditab cr.....	51	
AFINITOR .....	15	
AFINITOR DISPERZ .....	14	
AFREZZA .....	71	
AGGRENOLX.....	56	
AGRYLIN .....	67	
AIRDUO RESPICLICK.....	102	
AKTIPAK .....	61	
AKYNZEO (FOSNETUPITANT).....	79	
ala-cort.....	64	
ALA-SCALP .....	64	
ALBENZA .....	8	
albuterol sulfate .....	102	
alclometasone .....	64	
ALCOHOL PADS.....	71	
ALDACTAZIDE.....	51	
ALDACTONE.....	51	
ALDARA .....	60	
ALDURAZYME .....	76	
ALECENSA .....	15	
alendronate .....	67, 91	
alfuzosin .....	106	
ALIMTA.....	15	
ALINIA .....	8	
ALIQOPA.....	15	
ALKERAN .....	15	
allopurinol.....	90	
allopurinol sodium.....	91	
almotriptan malate .....	28	
ALOCRIAL.....	99	
ALOGLIPTIN .....	71	
ALOGLIPTIN-METFORMIN .....	71	
ALOGLIPTIN- PIOGLITAZONE .....	71	
ALOMIDE.....	99	
aloprim.....	91	
ALORA .....	93	
alosetron .....	79	
ALOXI.....	79	
ALPHAGAN P .....	101	
ALREX.....	100	
ALTACE .....	51	
altavera (28).....	95	
ALTOPREV .....	57	
ALUNBRIG .....	15	
ALVESCO.....	102	
alyacen 1/35 (28).....	95	
amabelz.....	93	
amantadine hcl.....	3	
AMARYL.....	71	
AMBIEN .....	39	
AMBIEN CR .....	39	
AMBISOME.....	2	
amcinonide .....	64	
AMERGE .....	28	
amethia .....	95	
amethia lo .....	95	
amikacin .....	8	
amiloride.....	51	
amiloride-hydrochlorothiazide .....	51	
aminophylline .....	102	
AMINOSYN 7 % WITH ELECTROLYTES.....	108	
AMINOSYN 8.5 % - ELECTROLYTES.....	108	

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

AMINOSYN II 10 % .....	108	APIDRA SOLOSTAR U-100		atenolol .....	52
AMINOSYN II 15 % .....	108	INSULIN .....	71	atenolol-chlorthalidone .....	52
AMINOSYN II 8.5 % .....	108	APIDRA U-100 INSULIN ..	71	ATGAM .....	88
AMINOSYN II 8.5 %-		APLENZIN .....	39	ATIVAN .....	39
ELECTROLYTES .....	108	APOKYN .....	27	atomoxetine .....	39
AMINOSYN-HBC 7% .....	108	apraclonidine .....	101	atorvastatin .....	57
AMINOSYN-PF 10 % .....	108	aprepitant .....	79	atovaquone .....	8
AMINOSYN-PF 7 %		apri .....	95	atovaquone-proguanil .....	8
(SULFITE-FREE) .....	108	APRISO .....	79	ATRALIN .....	61
AMINOSYN-RF 5.2 % .....	108	APTENSIO XR .....	39	ATRIPLA .....	3
amiodarone .....	51	APTIOM .....	23	atropine .....	79, 99
AMITIZA .....	79	APTIVUS .....	3	ATROVENT HFA .....	103
amitriptyline .....	39	ARALAST NP .....	67	AUBAGIO .....	29
amlodipine .....	51	aranelle (28) .....	95	aubra .....	95
amlodipine-atorvastatin .....	57	ARANESP (IN		AUGMENTIN .....	11
amlodipine-benazepril .....	51	POLYSORBATE) .....	86	AURYXIA .....	67
amlodipine-olmesartan .....	52	ARAVA .....	91	AUSTEDO .....	29, 30
amlodipine-valsartan .....	52	ARCALYST .....	86	AUVI-Q .....	101
amlodipine-valsartan-hcthiazid		ARCAPTA NEOHALER ..	102	AVALIDE .....	52
.....	52	ARGATROBAN .....	56	AVANDIA .....	71
ammonium lactate .....	60	ARGATROBAN IN 0.9 %		AVAPRO .....	52
amnesteem .....	61	SOD CHLOR .....	56	AVASTIN .....	15
amoxapine .....	39	ARICEPT .....	29	AVC .....	95
amoxicil-clarithromy-lansopraz		ARIMIDEX .....	15	AVEED .....	77
.....	83	aripiprazole .....	39	AVELOX .....	12
amoxicillin .....	11	ARISTADA .....	39	AVELOX IN NAACL (ISO-	
amoxicillin-pot clavulanate ..	11	ARIXTRA .....	56	OSMOTIC) .....	12
amphotericin b .....	2	armodafinil .....	39	aviane .....	95
ampicillin .....	11	ARMONAIR RESPICLICK		avita .....	61
ampicillin sodium .....	11	.....	102	AVITA .....	61
ampicillin-sulbactam .....	11	ARNUITY ELLIPTA .....	102	AVODART .....	106
AMPYRA .....	29	AROMASIN .....	15	AVONEX .....	86
ANADROL-50 .....	76	ARRANON .....	15	AVONEX (WITH ALBUMIN)	
ANAFRANIL .....	39	ARTHROTEC 50 .....	36	.....	86
anagrelide .....	67	ARTHROTEC 75 .....	36	AVYCAZ .....	6
anastrozole .....	15	ARYMO ER .....	31	AXERT .....	28
ANCOBON .....	2	ASACOL HD .....	79	AYGESTIN .....	93
ANDRODERM .....	76	ashlyna .....	95	azacitidine .....	15
ANDROGEL .....	76, 77	ASMANEX HFA .....	102	AZACTAM .....	8
ANDROID .....	77	ASMANEX TWISTHALER		AZASAN .....	15
ANGELIQ .....	93	.....	103	AZASITE .....	98
ANORO ELLIPTA .....	102	aspirin-dipyridamole .....	56	azathioprine .....	15
ANTABUSE .....	67	ASTAGRAF XL .....	15	azathioprine sodium .....	15
ANTARA .....	57	ASTEPRO .....	69	azelastine .....	69, 99
ANUSOL-HC .....	79	ATACAND .....	52	AZELEX .....	61
ANZEMET .....	79	ATACAND HCT .....	52	AZILECT .....	27
apexicon e .....	64	atazanavir .....	3	azithromycin .....	7
		ATELVIA .....	91	AZOPT .....	100

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



AZOR.....	52	bethanechol chloride.....	106	BUPRENEX.....	31
aztreonam.....	8	BETHKIS.....	8	BUPRENORPHINE.....	32
AZULFIDINE.....	79	BETIMOL.....	99	buprenorphine hcl.....	31
AZULFIDINE EN-TABS....	79	BETOPTIC S.....	99	buprenorphine-naloxone.....	36
<b>B</b>		BEVESPI AEROSPHERE.....	103	bupropion hcl.....	39, 40
baciim.....	8	BEVYXXA.....	56	bupropion hcl (smoking deter)	
bacitracin.....	8, 98	bexarotene.....	15	.....	68
bacitracin-polymyxin b.....	98	BEXSERO.....	89	buspirone.....	40
baclofen.....	31	BEYAZ.....	95	busulfan.....	15
BACTRIM.....	13	bicalutamide.....	15	BUSULFEX.....	15
BACTRIM DS.....	13	BICILLIN C-R.....	11	butorphanol tartrate.....	36
BACTROBAN.....	63	BICILLIN L-A.....	11	BUTRANS.....	32
BACTROBAN NASAL.....	69	BICNU.....	15	BYDUREON.....	71
balsalazide.....	80	BIDIL.....	52	BYDUREON BCISE.....	71
balziva (28).....	95	BIKTARVY.....	3	BYETTA.....	71
BANZEL.....	23	BILTRICIDE.....	8	BYSTOLIC.....	52
BARACLUDE.....	3	bimatoprost.....	100	BYVALSON.....	52
BASAGLAR KWIKPEN U-		BINOSTO.....	91	<b>C</b>	
100 INSULIN.....	71	bisoprolol fumarate.....	52	cabergoline.....	77
BAVENCIO.....	15	bisoprolol-hydrochlorothiazide		CABOMETYX.....	15
BAXDELA.....	12	.....	52	CADUET.....	58
BCG VACCINE, LIVE (PF)	89	BIVIGAM.....	89	CAFERGOT.....	28
BECONASE AQ.....	103	bleomycin.....	15	CALAN.....	52
bekyree (28).....	95	BLEPH-10.....	101	CALAN SR.....	52
BELBUCA.....	31	BLEPHAMIDE.....	101	calcipotriene.....	60
BELEODAQ.....	15	BLEPHAMIDE S.O.P.....	101	calcipotriene-betamethasone	60
BELSOMRA.....	39	blisovi 24 fe.....	95	calcitonin (salmon).....	77
benazepril.....	52	blisovi fe 1.5/30 (28).....	95	calcitriol.....	60, 77
benazepril-hydrochlorothiazide		blisovi fe 1/20 (28).....	95	calcium acetate.....	107
.....	52	BONIVA.....	91	CALQUENCE.....	15
BENICAR.....	52	BONJESTA.....	80	CAMBIA.....	36
BENICAR HCT.....	52	BOOSTRIX TDAP.....	89	camila.....	93
BENLYSTA.....	91	BORTEZOMIB.....	15	CAMPTOSAR.....	15
BENTYL.....	79	BOSULIF.....	15	camrese lo.....	95
BENZACLIN PUMP.....	61	BOTOX.....	89	CANASA.....	80
BENZAMYCIN.....	61	BREO ELLIPTA.....	103	CANCIDAS.....	2
BENZNIDAZOLE.....	8	briellyn.....	95	candesartan.....	52
benztropine.....	27	BRILINTA.....	56	candesartan-hydrochlorothiazid	
BEPREVE.....	99	brimonidine.....	101	.....	52
BERINERT.....	103	BRISDELLE.....	39	CAPASTAT.....	8
BESIVANCE.....	98	BRIVIACT.....	23	CAPEX.....	64
BETAGAN.....	98	bromocriptine.....	27	CAPRELSA.....	15
betamethasone dipropionate.	64	BROMSITE.....	100	captopril.....	52
betamethasone valerate.....	64	BROVANA.....	103	captopril-hydrochlorothiazide	
betamethasone, augmented... <td>64</td> <td>budesonide.....</td> <td>80, 103</td> <td>.....</td> <td>52</td>	64	budesonide.....	80, 103	.....	52
BETAPACE AF.....	51	bumetanide.....	52	CARAC.....	60
BETASERON.....	86	BUNAVAIL.....	36	CARAFATE.....	83
betaxolol.....	52, 99	BUPHENYL.....	67	CARBAGLU.....	67

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

carbamazepine.....	24	celecoxib.....	36	CIPRO HC.....	69
CARBATROL.....	24	CELEXA.....	40	CIPRO IN D5W.....	12
carbidopa.....	27	CELLCEPT.....	15, 16	CIPRODEX.....	69
carbidopa-levodopa.....	27	CELLCEPT INTRAVENOUS.....	15	ciprofloxacin.....	12
carbidopa-levodopa-entacapone.....	27	CELONTIN.....	24	ciprofloxacin (mixture).....	12
carboplatin.....	15	cephalexin.....	7	ciprofloxacin hcl.....	12, 98
CARDENE IV IN SODIUM CHLORIDE.....	52	CERDELGA.....	77	ciprofloxacin in 5 % dextrose.....	12
CARDIZEM.....	52	CEREBYX.....	24	ciprofloxacin lactate.....	12
CARDIZEM CD.....	52	CEREZYME.....	77	cisplatin.....	16
CARDIZEM LA.....	52	CESAMET.....	80	citalopram.....	40
CARDURA.....	52	cetirizine.....	101	cladribine.....	16
CARDURA XL.....	52	CETRAXAL.....	69	claravis.....	61
CARIMUNE NF NANOFILTERED.....	89	cevimeline.....	67	CLARINEX.....	101
CARNITOR.....	67	CHANTIX.....	68	CLARINEX-D 12 HOUR.....	101
CAROSPIR.....	52	CHANTIX CONTINUING MONTH BOX.....	68	clarithromycin.....	8
carteolol.....	99	CHANTIX STARTING MONTH BOX.....	68	CLENPIQ.....	80
cartia xt.....	52	CHEMET.....	67	CLEOCIN.....	9, 95
carvedilol.....	52	CHENODAL.....	80	CLEOCIN HCL.....	8
carvedilol phosphate.....	52	chloramphenicol sod succinate.....	8	CLEOCIN IN 5 % DEXTROSE.....	9
CASODEX.....	15	chlorhexidine gluconate.....	69	CLEOCIN PEDIATRIC.....	9
casopofungin.....	2	chloroquine phosphate.....	8	CLEOCIN T.....	61
CASPOFUNGIN.....	2	chlorothiazide.....	53	CLIMARA.....	93
CATAPRES.....	52	chlorothiazide sodium.....	53	CLIMARA PRO.....	93
CATAPRES-TTS-1.....	52	chlorpromazine.....	40	clindacin p.....	61
CATAPRES-TTS-2.....	52	chlorthalidone.....	53	CLINDAGEL.....	61
CATAPRES-TTS-3.....	53	CHOLBAM.....	80	clindamycin hcl.....	9
CAYSTON.....	8	cholestyramine (with sugar).....	58	clindamycin in 5 % dextrose.....	9
caziant (28).....	95	cholestyramine light.....	58	clindamycin palmitate hcl.....	9
cefaclor.....	6	CHORIONIC GONADOTROPIN, HUMAN.....	77	clindamycin phosphate.....	9, 61, 95
cefadroxil.....	6	CIALIS.....	106	clindamycin-benzoyl peroxide.....	61
cefazolin.....	7	ciclopirox.....	63	clindamycin-tretinoin.....	62
cefdinir.....	7	cidofovir.....	3	CLINDESSE.....	95
cefepime.....	7	cilostazol.....	56	CLINIMIX 5%/D15W SULFITE FREE.....	108
cefixime.....	7	CILOXAN.....	98	CLINIMIX 5%/D25W SULFITE-FREE.....	108
cefotaxime.....	7	cimetidine.....	83	CLINIMIX 2.75%/D5W SULFIT FREE.....	108
cefotetan.....	7	cimetidine hcl.....	84	CLINIMIX 4.25%/D10W SULF FREE.....	108
cefoxitin.....	7	CIMZIA.....	80	CLINIMIX 4.25%/D5W SULFIT FREE.....	67
cefpodoxime.....	7	CIMZIA POWDER FOR RECONST.....	80	CLINIMIX 4.25%-D20W SULF-FREE.....	108
cefprozil.....	7	CINRYZE.....	103		
ceftazidime.....	7	CINVANTI.....	80		
CEFTIN.....	7	CIPRO.....	12		
ceftriaxone.....	7				
cefuroxime axetil.....	7				
cefuroxime sodium.....	7				
CELEBREX.....	36				

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

CLINIMIX 4.25%-D25W	colocort.....80	cyclafem 1/35 (28).....95
SULF-FREE.....108	COLY-MYCIN S.....69	cyclafem 7/7/7 (28).....95
CLINIMIX 5%-	COLYTE WITH FLAVOR	cyclobenzaprine.....31
D20W(SULFITE-FREE)109	PACKS.....80	cyclophosphamide.....16
CLINIMIX E 2.75%/D10W	COMBIGAN.....100	CYCLOSET.....71
SUL FREE.....67	COMBIPATCH.....93	cyclosporine.....16
CLINIMIX E 2.75%/D5W	COMBIVENT RESPIMAT103	cyclosporine modified.....16
SULF FREE.....67	COMBIVIR.....3	CYKLOKAPRON.....56
CLINIMIX E 4.25%/D10W	COMETRIQ.....16	CYMBALTA.....40
SUL FREE.....109	COMPLERA.....3	CYRAMZA.....16
CLINIMIX E 4.25%/D25W	compro.....80	CYSTADANE.....80
SUL FREE.....109	COMTAN.....27	CYSTAGON.....106
CLINIMIX E 4.25%/D5W	CONCERTA.....40	CYSTARAN.....99
SULF FREE.....109	CONDYLOX.....60	cytarabine.....16
CLINIMIX E 5%/D15W	constulose.....80	cytarabine (pf).....16
SULFIT FREE.....109	CONZIP.....36	CYTOMEL.....78
CLINIMIX E 5%/D20W	COPAXONE.....30	CYTOTEC.....84
SULFIT FREE.....109	CORDRAN TAPE LARGE	CYTOVENE.....3
CLINIMIX E 5%/D25W	ROLL.....64	<b>D</b>
SULFIT FREE.....109	COREG.....53	d10 %-0.45 % sodium chloride
CLINISOL SF 15 %.....109	COREG CR.....53	.....67
clobetasol.....64	CORGARD.....53	d2.5 %-0.45 % sodium
clobetasol-emollient.....64	CORLANOR.....59	chloride.....67
CLOBEX.....64	CORTEF.....69	d5 % and 0.9 % sodium
clodan.....64	CORTIFOAM.....80	chloride.....67
CLODERM.....64	cortisone.....69	d5 %-0.45 % sodium chloride
clofarabine.....16	CORTISPORIN.....63	.....67
CLOLAR.....16	CORZIDE.....53	dacarbazine.....16
clomipramine.....40	COSENTYX (2 SYRINGES)	DACOGEN.....16
clonazepam.....24	.....60	dactinomycin.....16
clonidine.....53	COSENTYX PEN (2 PENS)60	DAKLINZA.....3
clonidine hcl.....40, 53	COSMEGEN.....16	DALIRESP.....103
clopidogrel.....56	COSOPT.....100	DALVANCE.....9
clorazepate dipotassium.....40	COSOPT (PF).....100	danazol.....77
clotrimazole.....2, 63	COTELLIC.....16	DANTRIUM.....31
clotrimazole-betamethasone.63	COUMADIN.....56	dantrolene.....31
clozapine.....40	COZAAR.....53	dapsone.....9, 62
CLOZAPINE.....40	CREON.....80	DAPTACEL (DTAP
CLOZARIL.....40	CRESEMBA.....2	PEDIATRIC) (PF).....89
COARTEM.....9	CRESTOR.....58	daptomycin.....9
codeine sulfate.....32	CRINONE.....93	DARAPRIM.....9
COGENTIN.....27	CRIXIVAN.....3	darifenacin.....106
COLAZAL.....80	cromolyn.....80, 99, 103	DARZALEX.....16
COLCHICINE.....91	cryselle (28).....95	daunorubicin.....16
COLCRYS.....91	CUBICIN.....9	DAYPRO.....36
COLESTID.....58	CUPRIMINE.....91	DAYTRANA.....40
colestipol.....58	CUTIVATE.....64	DDAVP.....77
colistin (colistimethate na).....9	CUVPOSA.....79	deblitane.....93

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

decitabine .....	16	dextrose 10 % and 0.2 % nacl .....	67	dipyridamole.....	56
DELESTROGEN .....	93	dextrose 10 % in water (d10w) .....	67	disulfiram.....	67
delyla (28) .....	95	dextrose 5 % in water (d5w).67		DITROPAN XL.....	106
DELZICOL .....	80	dextrose 5 %-lactated ringers67		DIURIL.....	53
DEMADEX.....	53	dextrose 5%-0.2 % sod chloride.....	67	DIURIL IV .....	53
demeclocycline.....	13	dextrose 5%-0.3 % sod.chloride .....	67	divalproex .....	24
DEMSER.....	53	dextrose with sodium chloride .....	67	DIVIGEL.....	93
DENAVIR.....	64	DIASTAT .....	24	docetaxel.....	16
DEPACON.....	24	DIASTAT ACUDIAL.....	24	dofetilide.....	51
DEPAKENE.....	24	diazepam.....	41	DOLOPHINE .....	32
DEPAKOTE.....	24	diazepam intensol.....	41	donepezil.....	30
DEPAKOTE ER.....	24	DIBENZYLINE .....	53	DORIPENEM.....	9
DEPAKOTE SPRINKLES ..	24	diclofenac potassium .....	36	DORYX.....	13
DEPEN TITRATABS .....	91	diclofenac sodium...36, 60, 100		DORYX MPC .....	13
DEPO-ESTRADIOL.....	93	diclofenac-misoprostol .....	36	dorzolamide .....	100
DEPO-MEDROL .....	69	dicloxacillin.....	11	dorzolamide-timolol .....	100
DEPO-PROVERA .....	93	dicyclomine .....	79	DOVONEX .....	60
DEPO-SUBQ PROVERA	104	didanosine.....	3	doxazosin.....	53
.....	93	DIFFERIN .....	62	doxepin .....	41, 60
DEPO-TESTOSTERONE... 77		DIFICID .....	8	doxercalciferol .....	77
DESCOVY .....	3	diflorasone .....	65	DOXIL.....	16
desipramine .....	40	DIFLUCAN.....	2	doxorubicin.....	16
desloratadine.....	101	diflunisal.....	36	doxorubicin, peg-liposomal ..	16
desmopressin .....	77	digitek.....	56	doxy-100.....	13
desog-e.estradiol/e.estradiol .95		digox.....	56	doxycycline hyclate .....	13
desogestrel-ethinyl estradiol.95		digoxin.....	56	doxycycline monohydrate ....	13
DESONATE.....	65	dihydroergotamine.....	28	dronabinol.....	80
desonide.....	65	DILANTIN 30 MG .....	24	drospirenone-e.estradiol-lm.fa	
DESOWEN .....	65	DILANTIN EXTENDED 100		.....	95
desoximetasone .....	65	MG.....	24	drospirenone-ethinyl estradiol	
DESOXYN.....	40	DILANTIN INFATABS 50		.....	95
DESVENLAFAXINE .....	40	MG.....	24	DROXIA.....	16
desvenlafaxine succinate 40, 41		DILANTIN-125 125 MG/5		DUAC.....	62
DETROL .....	106	ML.....	24	DUAVEE.....	93
DETROL LA.....	106	DILAUDID .....	32	DUETACT .....	71
dexamethasone .....	69	diltiazem hcl .....	53	DUEXIS .....	36
dexamethasone intensol.....	69	dilt-xr.....	53	DULERA .....	103
dexamethasone sodium		DIOVAN .....	53	duloxetine .....	41
phosphate.....	69, 100	DIOVAN HCT .....	53	DUOPA .....	27
DEXEDRINE SPANSULE..	41	DIPENTUM .....	80	DUPIXENT .....	60
DEXILANT.....	84	diphenhydramine hcl .....	101	DURAGESIC .....	32
dexmethylphenidate .....	41	diphenoxylate-atropine.....	79	duramorph (pf).....	32
DEXPAK 13 DAY .....	69	DIPROLENE.....	65	DUREZOL .....	100
dexrazoxane hcl.....	14			dutasteride.....	106
dextroamphetamine .....	41			dutasteride-tamsulosin .....	106
dextroamphetamine-				DUTOPROL.....	53
amphetamine .....	41			DUZALLO .....	91
				DYANAVEL XR .....	41

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

DYAZIDE.....	53	enalapril maleate.....	53	erygel.....	62
DYMISTA.....	103	enalapril-hydrochlorothiazide		ERYPED 200.....	8
DYRENIUM.....	53	.....	53	ERYPED 400.....	8
DYSPORT.....	89	ENBREL.....	92	ery-tab.....	8
<b>E</b>		ENBREL MINI.....	91	ERY-TAB.....	8
e.e.s. 400.....	8	ENBREL SURECLICK.....	92	ERYTHROCIN.....	8
E.E.S. GRANULES.....	8	ENDARI.....	67	erythrocin (as stearate).....	8
EC-NAPROSYN.....	36	endocet.....	32	erythromycin.....	8, 98
econazole.....	63	ENGERIX-B (PF).....	89	erythromycin ethylsuccinate...8	
EDARBI.....	53	ENGERIX-B PEDIATRIC		erythromycin with ethanol....62	
EDARBYCLOR.....	53	(PF).....	89	erythromycin-benzoyl peroxide	
EDECIN.....	53	enoxaparin.....	57	.....	62
EDURANT.....	3	enpresse.....	95	ESBRIET.....	103
efavirenz.....	3	enskyce.....	95	escitalopram oxalate.....	41
EFFEXOR XR.....	41	ENSTILAR.....	60	esomeprazole magnesium....84	
EFFIENT.....	56	entacapone.....	27	esomeprazole sodium.....	84
EFUDEX.....	60	entecavir.....	3	ESOMEPRAZOLE	
EGRIFTA.....	87	ENTOCORT EC.....	80	STRONTIUM.....	84
ELAPRASE.....	77	ENTRESTO.....	59	ESTRACE.....	93
ELDEPRYL.....	27	enulose.....	80	estradiol.....	94
ELELYSO.....	77	ENVARUSUS XR.....	16	estradiol valerate.....	94
ELESTAT.....	99	EPCLUSA.....	3	estradiol-norethindrone acet.94	
ELESTRIN.....	93	EPIDUO.....	62	ESTRING.....	94
eletriptan.....	28	EPIDUO FORTE.....	62	estropipate.....	94
ELIDEL.....	61	epinastine.....	99	eszopiclone.....	41
ELIGARD.....	16	EPINEPHRINE.....	101	ethacrynate sodium.....	53
ELIGARD (3 MONTH).....	16	EPIPEN 2-PAK.....	101	ethacrynic acid.....	53
ELIGARD (4 MONTH).....	16	EPIPEN JR 2-PAK.....	101	ethambutol.....	9
ELIGARD (6 MONTH).....	16	epirubicin.....	16	ethosuximide.....	24
ELIMITE.....	66	epitol.....	24	ethynodiol diac-eth estradiol 96	
ELIQUIS.....	57	EPIVIR.....	3	etidronate disodium.....	67
ELITEK.....	14	EPIVIR HBV.....	3	etodolac.....	36
ELLENCÉ.....	16	eplerenone.....	53	ETOPOPHOS.....	17
ELMIRON.....	106	EPOGEN.....	87	etoposide.....	17
ELOCON.....	65	eprosartan.....	53	EUCRISA.....	61
EMADINE.....	99	EPZICOM.....	3	EURAX.....	66
EMBEDA.....	32	EQUETRO.....	24	EVAMIST.....	94
EMCYT.....	16	ERAXIS(WATER DILUENT)		EVISTA.....	91
EMEND.....	80	.....	2	EVOCLIN.....	62
EMEND (FOSAPREPITANT)		ERBITUX.....	17	EVOTAZ.....	3
.....	80	ergoloid.....	41	EVOXAC.....	67
EMFLAZA.....	69	ergotamine-caffeine.....	28	EVZIO.....	36
emoquette.....	95	ERIVEDGE.....	17	EXALGO ER.....	32
EMPLICITI.....	16	ERLEADA.....	17	EXELDERM.....	63
EMSAM.....	41	errin.....	93	EXELON.....	30
EMTRIVA.....	3	ERTACZO.....	63	exemestane.....	17
EMVERM.....	9	ERWINAZE.....	17	EXFORGE.....	53
ENABLEX.....	106	ery pads.....	62	EXFORGE HCT.....	53

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

EXJADE.....	67	FIASP U-100 INSULIN.....	71	FML S.O.P.....	100
EXONDYS 51.....	30	FIBRICOR.....	58	FOCALIN.....	42
EXTAVIA.....	87	FINACEA.....	62	FOCALIN XR.....	42
EXTINA.....	63	finasteride.....	106	FOLOTYN.....	17
ezetimibe.....	58	FIRAZYR.....	103	fomepizole.....	89
ezetimibe-simvastatin.....	58	FIRMAGON KIT W		fondaparinux.....	57
<b>F</b>		DILUENT SYRINGE.....	17	FORFIVO XL.....	42
FABIOR.....	62	FLAGYL.....	9	FORTAMET.....	71
FABRAZYME.....	77	FLAREX.....	100	FORTEO.....	91
falmina (28).....	96	flavoxate.....	106	FORTESTA.....	77
famciclovir.....	3	FLEBOGAMMA DIF.....	89	FOSAMAX.....	91
famotidine.....	84	flecainide.....	51	FOSAMAX PLUS D.....	91
famotidine (pf).....	84	FLECTOR.....	37	fosamprenavir.....	3
famotidine (pf)-nacl (iso-os).....	84	FLOLIPID.....	58	fosinopril.....	53
FANAPT.....	41, 42	FLOMAX.....	106	fosinopril-hydrochlorothiazide	
FARESTON.....	17	FLOVENT DISKUS.....	103	.....	53
FARXIGA.....	71	FLOVENT HFA.....	103	fosphenytoin.....	24
FARYDAK.....	17	floxin.....	69	FOSRENOL.....	67
FASENRA.....	103	fluconazole.....	2	FRAGMIN.....	57
FASLODEX.....	17	fluconazole in nacl (iso-osm).....	2	FREAMINE HBC 6.9 %.....	109
fayosim.....	96	flucytosine.....	2	FROVA.....	28
FAZACLO.....	42	fludarabine.....	17	frovatriptan.....	28
felbamate.....	24	fludrocortisone.....	69	FURADANTIN.....	14
FELBATOL.....	24	FLUMADINE.....	3	furosemide.....	53, 54
FELDENE.....	36	flunisolide.....	103	FUSILEV.....	14
felodipine.....	53	fluocinolone.....	65	FUZEON.....	3
FEMARA.....	17	fluocinolone acetonide oil.....	69	fyavolv.....	94
FEMHRT LOW DOSE.....	94	fluocinolone and shower cap.....	65	FYCOMPA.....	24
FEMRING.....	94	fluocinonide.....	65	<b>G</b>	
femynor.....	96	fluocinonide-e.....	65	gabapentin.....	24
fenofibrate.....	58	FLUORIDE (SODIUM).....	109	GABITRIL.....	25
FENOFIBRATE.....	58	fluorometholone.....	100	GABLOFEN.....	31
fenofibrate micronized.....	58	fluorouracil.....	17, 61	galantamine.....	30
fenofibrate nanocrystallized.....	58	FLUOROURACIL.....	61	GAMASTAN S/D.....	89
fenofibric acid.....	58	fluoxetine.....	42	GAMMAGARD LIQUID.....	89
fenofibric acid (choline).....	58	fluphenazine decanoate.....	42	GAMMAGARD S-D (IGA < 1	
FENOGLIDE.....	58	fluphenazine hcl.....	42	MCG/ML).....	89
fenoprofen.....	37	flurandrenolide.....	65	GAMMAKED.....	89
FENOPROFEN.....	36	flurbiprofen.....	37	GAMMAPLEX.....	89
fentanyl.....	32	flurbiprofen sodium.....	100	GAMMAPLEX (WITH	
FENTANYL.....	32	flutamide.....	17	SORBITOL).....	89
fentanyl citrate.....	32	fluticasone.....	65, 104	GAMUNEX-C.....	89
FENTORA.....	32	FLUTICASONE-		ganciclovir sodium.....	3
FERRIPROX.....	67	SALMETEROL.....	104	GARDASIL 9 (PF).....	89
FETZIMA.....	42	fluvastatin.....	58	GASTROCROM.....	80
FEXMID.....	31	fluvoxamine.....	42	gatifloxacin.....	98
FIASP FLEXTOUCH U-100		FML FORTE.....	100	GATTEX 30-VIAL.....	80
INSULIN.....	71	FML LIQUIFILM.....	100	GAUZE PAD.....	72

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

gavilyte-c.....	80	granisetron hcl.....	81	HUMIRA PEDIATRIC	
gavilyte-g.....	80	GRANIX.....	87	CROHN'S START.....	92
gavilyte-n.....	80	griseofulvin microsize.....	2	HUMIRA PEN.....	92
GELNIQUE.....	106	griseofulvin ultramicrosize.....	2	HUMIRA PEN CROHN'S-	
gemcitabine.....	17	GRIS-PEG		UC-HS START.....	92
gemfibrozil.....	58	(ULTRAMICROSIZE).....	2	HUMIRA PEN PSORIASIS-	
GEMZAR.....	17	guanidine.....	43	UVEITIS.....	92
GENERESS FE.....	96	GYNAZOLE-1.....	95	HUMULIN 70/30 U-100	
generlac.....	80	<b>H</b>		INSULIN.....	73
gengraf.....	17	HAEGARDA.....	104	HUMULIN 70/30 U-100	
GENOTROPIN.....	87	HALAVEN.....	17	KWIKPEN.....	73
GENOTROPIN MINIQUICK		HALDOL.....	43	HUMULIN N NPH INSULIN	
.....	87	HALDOL DECANOATE.....	43	KWIKPEN.....	73
gentak.....	98	halobetasol propionate.....	65	HUMULIN N NPH U-100	
gentamicin.....	9, 63, 98	HALOG.....	65	INSULIN.....	73
gentamicin in nacl (iso-osm) ..	9	haloperidol.....	43	HUMULIN R REGULAR U-	
GENVOYA.....	4	haloperidol decanoate.....	43	100 INSULN.....	73
GEODON.....	42, 43	haloperidol lactate.....	43	HUMULIN R U-500 (CONC)	
gianvi (28).....	96	HARVONI.....	4	INSULIN.....	73
GIAZO.....	81	HAVRIX (PF).....	89	HUMULIN R U-500 (CONC)	
GILENYA.....	30	HECTOROL.....	77	KWIKPEN.....	73
GILOTRIF.....	17	heparin (porcine).....	57	HYCAMTIN.....	18
GLASSIA.....	67	heparin (porcine) in 5 % dex	57	HYCET.....	33
glatiramer.....	30	HEPATAMINE 8%.....	109	hydralazine.....	54
glatopa.....	30	HEPSERA.....	4	HYDREA.....	18
GLEEVEC.....	17	HERCEPTIN.....	17	hydrochlorothiazide.....	54
GLEOSTINE.....	17	HETLIOZ.....	43	hydrocodone-acetaminophen	33
glimepiride.....	72	HEXALEN.....	17	hydrocodone-ibuprofen.....	33
glipizide.....	72	HIBERIX (PF).....	89	hydrocortisone.....	65, 69, 81
glipizide-metformin.....	72	HIPREX.....	14	hydrocortisone butyrate.....	65
GLUCAGEN HYPOKIT.....	72	HORIZANT.....	30	hydrocortisone valerate.....	65
GLUCAGON EMERGENCY		HUMALOG JUNIOR		hydrocortisone-acetic acid.....	69
KIT (HUMAN).....	72	KWIKPEN U-100.....	73	hydrocortisone-pramoxine.....	81
GLUCOPHAGE.....	72	HUMALOG KWIKPEN		hydromorphone.....	33
GLUCOPHAGE XR.....	72	INSULIN.....	73	hydromorphone (pf).....	33
GLUCOTROL.....	72	HUMALOG MIX 50-50		hydroxychloroquine.....	9
GLUCOTROL XL.....	72	INSULN U-100.....	73	hydroxyprogesterone caproate	
GLUMETZA.....	72, 73	HUMALOG MIX 50-50		.....	94
glycopyrrolate.....	79	KWIKPEN.....	73	hydroxyurea.....	18
GLYSET.....	73	HUMALOG MIX 75-25		hydroxyzine hcl.....	101
GLYXAMBI.....	73	KWIKPEN.....	73	HYPERRAB S/D (PF).....	89
GOCOVRI.....	28	HUMALOG MIX 75-25(U-		HYSINGLA ER.....	33
GOLYTELY.....	81	100)INSULN.....	73	HYZAAR.....	54
GONITRO.....	59	HUMALOG U-100 INSULIN		<b>I</b>	
GRALISE.....	25	.....	73	ibandronate.....	91
GRALISE 30-DAY STARTER		HUMATROPE.....	87	IBRANCE.....	18
PACK.....	25	HUMIRA.....	92	ibu.....	37
granisetron (pf).....	81			IBUDONE.....	33

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

ibuprofen .....	37	INVEGA SUSTENNA.....	43	jinteli.....	94
ibuprofen-oxycodone .....	33	INVEGA TRINZA.....	43	jolivette .....	94
ICLUSIG .....	18	INVIRASE .....	4	JUBLIA .....	63
IDAMYCIN PFS.....	18	INVOKAMET.....	73	juleber .....	96
idarubicin.....	18	INVOKAMET XR .....	73	JULUCA.....	4
IDHIFA .....	18	INVOKANA .....	73	junel 1.5/30 (21) .....	96
IFEX .....	18	IONOSOL-MB IN D5W ....	109	junel 1/20 (21) .....	96
ifosfamide.....	18	IOPIDINE.....	101	junel fe 1.5/30 (28) .....	96
ILARIS (PF).....	87	IPOL .....	89	junel fe 1/20 (28) .....	96
ILEVRO .....	100	ipratropium bromide.....	69, 104	junel fe 24.....	96
imatinib.....	18	ipratropium-albuterol.....	104	JUXTAPID .....	58
IMBRUVICA .....	18	irbesartan .....	54	<b>K</b>	
IMFINZI.....	18	irbesartan-hydrochlorothiazide		KADCYLA.....	18
imipenem-cilastatin .....	9	.....	54	KADIAN .....	33
imipramine hcl.....	43	IRESSA .....	18	kaitlib fe.....	96
imipramine pamoate.....	43	irinotecan .....	18	KALBITOR.....	104
imiquimod .....	61	ISENTRESS .....	4	KALETRA .....	4
IMITREX .....	28, 29	ISENTRESS HD .....	4	KALYDECO .....	104
IMITREX STATDOSE KIT		isibloom.....	96	KANUMA .....	77
REFILL .....	28	ISOLYTE-P IN 5 %		KAPVAY .....	43
IMITREX STATDOSE PEN29		DEXTROSE .....	109	kariva (28) .....	96
IMOGAM RABIES-HT (PF)		ISOLYTE-S.....	109	KAZANO .....	74
.....	89	isoniazid.....	9	kelnor 1/35 (28) .....	96
IMOVAX RABIES VACCINE		ISOPTO CARPINE.....	99	kelnor 1-50.....	96
(PF).....	89	ISORDIL .....	59	KENALOG.....	65, 69
IMPOYZ.....	65	ISORDIL TITRADOSE.....	59	KEPIVANCE .....	14
IMURAN.....	18	isosorbide dinitrate .....	59	KEPPRA.....	25
INCRELEX .....	67	isosorbide mononitrate .....	59	KEPPRA XR .....	25
INCRUSE ELLIPTA.....	104	isotretinoin.....	62	KERYDIN .....	63
indapamide .....	54	isradipine .....	54	ketoconazole .....	2, 63
INDERAL LA .....	54	ISTALOL .....	99	ketoprofen.....	37
INFANRIX (DTAP) (PF).....	89	ISTODAX .....	18	ketorolac .....	100
INFLECTRA.....	81	itraconazole .....	2	KEVEYIS .....	30
INGREZZA.....	30	ivermectin.....	9	KEVZARA .....	92
INLYTA .....	18	IXIARO (PF).....	89	KEYTRUDA .....	18
INNOPRAN XL.....	54	<b>J</b>		KHEDEZLA.....	43
INSPIRA.....	54	JADENU .....	67	kimidess (28) .....	96
INSULIN PEN NEEDLE.....	73	JADENU SPRINKLE .....	67	KINERET .....	92
INSULIN SYRINGE (DISP)		JAKAFI .....	18	KINRIX (PF).....	89
U-100.....	73	JALYN .....	106	kionex (with sorbitol) .....	67
INTELENCE.....	4	jantoven .....	57	KISQALI .....	19
intralipid .....	109	JANUMET .....	73	KISQALI FEMARA CO-	
INTRALIPID .....	109	JANUMET XR.....	74	PACK .....	19
INTRAROSA .....	95	JANUVIA.....	74	KITABIS PAK .....	9
INTRON A.....	87	JARDIANCE.....	74	KLARON .....	63
introvale.....	96	JENTADUETO .....	74	KLONOPIN.....	25
INVANZ.....	9	JENTADUETO XR.....	74	klor-con.....	107
INVEGA.....	43	JEVTANA .....	18	klor-con 10.....	107

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



klor-con 8 .....	107	larin fe 1/20 (28).....	96	lidocaine .....	63
klor-con m10 .....	107	larissia.....	96	lidocaine (pf) .....	63
klor-con m15 .....	107	LARTRUVO .....	19	lidocaine hcl.....	63
klor-con m20 .....	107	LASIX .....	54	lidocaine viscous .....	63
klor-con sprinkle .....	107	LASTACRAFT.....	99	lidocaine-prilocaine .....	63
KOMBIGLYZE XR.....	74	latanoprost .....	100	LIDODERM .....	63
KORLYM.....	77	LATUDA.....	43	LINCOCIN .....	9
KRISTALOSE .....	81	layolis fe .....	96	lincomycin .....	9
k-tab.....	107	LAZANDA.....	33	lindane .....	66
K-TAB.....	107	leena 28.....	96	linezolid .....	9
kurvelo.....	96	leflunomide.....	92	linezolid in dextrose 5% .....	9
KUVAN .....	77	LENVIMA.....	19	LINZESS .....	81
KYNAMRO .....	58	LESCOL XL.....	58	LIORESAL.....	31
KYPROLIS .....	19	lessina .....	96	liothyronine.....	79
<b>L</b>		LETAIRIS .....	104	LIPITOR .....	58
l norgest/e.estradiol-e.estrad.	96	letrozole .....	19	LIPOFEN.....	58
labetalol .....	54	leucovorin calcium .....	14	lisinopril.....	54
LACRISERT .....	99	LEUKERAN .....	19	lisinopril-hydrochlorothiazide	
lactated ringers .....	66, 107	LEUKINE.....	87	.....	54
lactulose.....	81	leuprolide.....	19	lithium carbonate .....	44
LAMICTAL .....	25	levabuterol hcl.....	104	lithium citrate.....	44
LAMICTAL ODT.....	25	LEVALBUTEROL		LITHOBID .....	44
LAMICTAL STARTER		TARTRATE .....	104	LITHOSTAT .....	67
(BLUE) KIT .....	25	LEVAQUIN .....	12	LIVALO .....	58
LAMICTAL STARTER		LEVEMIR FLEXTOUCH U-		LO LOESTRIN FE.....	96
(GREEN) KIT .....	25	100 INSULN .....	74	LOCOID .....	65
LAMICTAL STARTER		LEVEMIR U-100 INSULIN	74	LOCOID LIPOCREAM.....	65
(ORANGE) KIT .....	25	levetiracetam .....	25	LODINE .....	37
LAMICTAL XR.....	25	levetiracetam in nacl (iso-os)	25	LODOSYN .....	28
LAMICTAL XR STARTER		levobunolol.....	99	LOESTRIN 1.5/30 (21).....	96
(BLUE).....	25	levocarnitine .....	67	LOESTRIN 1/20 (21).....	96
LAMICTAL XR STARTER		levocarnitine (with sugar)....	67	LOESTRIN FE 1.5/30 (28-	
(GREEN).....	25	levocetirizine .....	102	DAY) .....	96
LAMICTAL XR STARTER		levofloxacin .....	12, 98	LOESTRIN FE 1/20 (28-DAY)	
(ORANGE).....	25	levofloxacin in d5w .....	12	.....	96
LAMISIL.....	2	levoleucovorin .....	14	LOMOTIL .....	79
lamivudine.....	4	levonest (28).....	96	LONHALA MAGNAIR	
lamivudine-zidovudine.....	4	levonorgestrel-ethinyl estrad	96	REFILL.....	104
lamotrigine .....	25	levonorg-eth estrad triphasic	96	LONHALA MAGNAIR	
LANOXIN.....	56	levora-28.....	96	STARTER .....	104
lansoprazole.....	84	levorphanol tartrate.....	34	LONSURF .....	19
lanthanum .....	67	LEVO-T.....	78	loperamide .....	79
LANTUS SOLOSTAR U-100		levothyroxine.....	79	LOPID .....	58
INSULIN.....	74	LEVOTHYROXINE .....	78	lopinavir-ritonavir.....	4
LANTUS U-100 INSULIN..	74	levoxyl .....	79	LOPRESSOR .....	54
larin 1.5/30 (21).....	96	LEXAPRO.....	44	LOPRESSOR HCT .....	54
larin 1/20 (21).....	96	LEXIVA .....	4	LOPROX .....	63
larin fe 1.5/30 (28).....	96	LIALDA .....	81	LOPROX (AS OLAMINE)..	63

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

lorazepam .....	44	MAKENA (PF) .....	94	MESTINON TIMESPAN ....	31
lorcet (hydrocodone) .....	34	MALARONE .....	9	metadate er.....	44
lorcet hd.....	34	MALARONE PEDIATRIC ...	9	metaproterenol .....	104
lorcet plus .....	34	malathion .....	66	metformin .....	74
loryna (28).....	96	maprotiline.....	44	methadone.....	34
losartan .....	54	MARINOL .....	81	methamphetamine.....	44
losartan-hydrochlorothiazide	54	marlissa.....	96	methazolamide.....	100
LOSEASONIQUE .....	96	MARPLAN .....	44	methenamine hippurate .....	14
LOTEMAX .....	100	MATULANE.....	19	methimazole .....	70
LOTENSIN .....	54	matzim la .....	54	METHITEST .....	77
LOTREL.....	54	MAVYRET .....	4	methotrexate sodium .....	19
LOTRISONE.....	63	MAXALT .....	29	methotrexate sodium (pf) ....	19
LOTRONEX .....	81	MAXALT-MLT .....	29	methoxsalen.....	61
lovastatin .....	58	MAXIDEX .....	100	methscopolamine.....	79
LOVAZA .....	58	MAXIPIME.....	7	methyclothiazide.....	54
LOVENOX.....	57	MAXITROL.....	100	methyl dopa .....	54
low-ogestrel (28) .....	96	MAXZIDE.....	54	METHYLIN .....	44
loxapine succinate .....	44	MAXZIDE-25MG.....	54	methylphenidate hcl.....	44
LUMIGAN.....	100	meclizine .....	81	METHYLPHENIDATE HCL	
LUMIZYME .....	77	meclofenamate.....	37	.....	44
LUNESTA.....	44	MEDROL .....	69	methylprednisolone .....	69
LUPANETA PACK (1		MEDROL (PAK) .....	69	methylprednisolone acetate ..	69
MONTH).....	95	medroxyprogesterone .....	94	methylprednisolone sodium	
LUPANETA PACK (3		mefenamic acid.....	37	succ .....	70
MONTH).....	95	mefloquine.....	9	methyltestosterone .....	77
LUPRON DEPOT .....	19	MEGACE ES .....	19	metipranolol.....	99
LUPRON DEPOT (3		megestrol .....	19	metoclopramide hcl .....	81
MONTH).....	19	MEKINIST .....	19	metolazone.....	54
LUPRON DEPOT (4		melodetta 24 fe .....	96	metoprolol succinate.....	54
MONTH).....	19	meloxicam .....	37	metoprolol ta-hydrochlorothiaz	
LUPRON DEPOT (6		melphalan hcl .....	19	.....	54
MONTH).....	19	memantine .....	30	metoprolol tartrate .....	54
LUPRON DEPOT-PED .....	19	MEMANTINE.....	30	METROCREAM.....	62
LUPRON DEPOT-PED (3		MENACTRA (PF) .....	90	METROGEL .....	62
MONTH).....	19	MENEST .....	94	METROGEL VAGINAL ....	95
luteru (28) .....	96	MENOSTAR .....	94	METROLOTION .....	62
LUZU .....	63	MENTAX.....	63	metronidazole .....	10, 62, 95
LYNPARZA.....	19	MENVEO A-C-Y-W-135-DIP		metronidazole in nacl (iso-os)	
LYRICA .....	26	(PF).....	90	.....	10
LYRICA CR.....	26	MEPRON .....	9	mexiletine .....	51
LYSODREN.....	19	mercaptapurine.....	19	MIACALCIN .....	77
LYSTEDA.....	95	meropenem .....	9	mibelas 24 fe.....	96
lyza .....	94	MERREM.....	10	MICARDIS.....	54
<b>M</b>		mesalamine.....	81	MICARDIS HCT.....	54
MACROBID .....	14	MESALAMINE .....	81	miconazole-3 .....	95
MACRODANTIN.....	14	mesna.....	14	MICORT-HC.....	81
magnesium sulfate.....	107	MESNEX.....	14	microgestin 1.5/30 (21) .....	96
MAKENA .....	94	MESTINON .....	31	microgestin 1/20 (21) .....	96

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

microgestin fe 1.5/30 (28) ....	97	MOXIFLOXACIN-		NATPARA .....	77
microgestin fe 1/20 (28) .....	97	SOD.ACE,SUL-WATER.	12	NATROBA .....	66
MICROZIDE.....	54	MOZOBIL.....	87	NEBUPENT .....	10
midodrine .....	68	MS CONTIN .....	34	necon 0.5/35 (28).....	97
migergot .....	29	MULTAQ.....	51	necon 7/7/7 (28).....	97
miglitol .....	74, 75	mupirocin.....	63	NEEDLES, INSULIN	
MIGRANAL .....	29	mupirocin calcium.....	63	DISP.,SAFETY .....	75
millipred .....	70	MUSTARGEN .....	19	nefazodone.....	44
MILLIPRED.....	70	MYALEPT .....	77	neomycin .....	10
mimvey.....	94	MYAMBUTOL.....	10	neomycin-bacitracin-poly-hc	
mimvey lo.....	94	MYCAMINE.....	2	.....	100
MINASTRIN 24 FE .....	97	MYCOBUTIN.....	10	neomycin-bacitracin-	
MINIPRESS .....	54	mycophenolate mofetil .....	19	polymyxin.....	98
MINITRAN.....	59	mycophenolate mofetil hcl ...	19	neomycin-polymyxin b gu....	66
MINIVELLE .....	94	mycophenolate sodium.....	19	neomycin-polymyxin b-	
MINOCIN .....	13	MYDAYIS .....	44	dexameth.....	100
minocycline .....	13	MYFORTIC .....	19	neomycin-polymyxin-	
minoxidil .....	54	MYLOTARG .....	20	gramicidin.....	98
MIRAPEX.....	28	myorisan .....	62	neomycin-polymyxin-hc.....	69,
MIRAPEX ER.....	28	MYRBETRIQ .....	106	100	
MIRCERA.....	87	MYSOLINE .....	26	NEORAL.....	20
mirtazapine .....	44	MYTESI.....	79	NEO-SYNALAR.....	63
MIRVASO .....	62	<b>N</b>		NEPHRAMINE 5.4 %.....	109
misoprostol .....	84	nabumetone .....	37	NERLYNX .....	20
MITIGARE .....	91	nadolol .....	54	NESINA .....	75
mitomycin.....	19	nadolol-bendroflumethiazide	54	neuac.....	62
mitoxantrone.....	19	nafcilin.....	11	NEULASTA .....	87
M-M-R II (PF).....	90	naftifine .....	63	NEUPOGEN.....	87
MOBIC.....	37	NAFTIN .....	63	NEUPRO .....	28
modafinil .....	44	NAGLAZYME.....	77	NEURONTIN.....	26
moderiba.....	4	nalbuphine .....	37	NEVANAC.....	100
moderiba dose pack.....	4	naloxone .....	37	nevirapine .....	4
moexipril .....	54	naltrexone .....	37	NEXAVAR.....	20
moexipril-hydrochlorothiazide		NAMENDA.....	30	NEXIUM .....	84
.....	54	NAMENDA TITRATION		NEXIUM IV .....	84
mometasone.....	65, 104	PAK.....	30	NEXIUM PACKET.....	84
mononessa (28) .....	97	NAMENDA XR .....	30	NEXTERONE .....	51
montelukast .....	104	NAMZARIC.....	30	niacin .....	58
MONUROL.....	14	NAPRELAN CR .....	37	NIACOR.....	58
morgidox .....	13	naproxen .....	37	NIASPAN EXTENDED-	
morphine.....	34	naproxen sodium .....	37	RELEASE.....	58
MORPHINE .....	34	naratriptan.....	29	nicardipine .....	54
morphine concentrate .....	34	NARCAN .....	37	NICOTROL.....	68
MOVANTIK .....	81	NARDIL.....	44	NICOTROL NS.....	68
MOVIPREP.....	81	NASONEX.....	104	nifedipine.....	54
MOXEZA.....	98	NATACYN .....	98	nikki (28).....	97
moxifloxacin.....	12, 98	NATAZIA .....	97	NILANDRON .....	20
		nateglinide .....	75	nilutamide .....	20

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

nimodipine.....	54	NOVOLIN 70/30 U-100		olmesartan.....	55
NINLARO.....	20	INSULIN.....	75	olmesartan-amlodipin-	
NIPENT.....	20	NOVOLIN N NPH U-100		hcthiazid.....	55
nisoldipine.....	55	INSULIN.....	75	olmesartan-	
nitro-bid.....	59	NOVOLIN R REGULAR U-		hydrochlorothiazide.....	55
NITRO-DUR.....	59	100 INSULN.....	75	olopatadine.....	69, 99
nitrofurantoin.....	14	NOVOLOG FLEXPEN U-100		OLUX.....	66
nitrofurantoin macrocrystal..	14	INSULIN.....	75	OLYSIO.....	4
nitrofurantoin monohyd/m-		NOVOLOG MIX 70-30 U-100		OMECLAMOX-PAK.....	84
cryst.....	14	INSULN.....	75	omega-3 acid ethyl esters.....	58
nitroglycerin.....	60	NOVOLOG MIX 70-		omeprazole.....	85
NITROSTAT.....	60	30FLEXPEN U-100.....	75	omeprazole-sodium	
nizatidine.....	84	NOVOLOG PENFILL U-100		bicarbonate.....	85
NIZORAL.....	64	INSULIN.....	75	OMNARIS.....	104
NOCTIVA.....	77	NOVOLOG U-100 INSULIN		OMNIPOD INSULIN	
nolix.....	66	ASPART.....	75	MANAGEMENT.....	75
nora-be.....	94	NOXAFIL.....	2	OMNIPOD INSULIN REFILL	
NORCO.....	34	NUCALA.....	104	.....	75
NORDITROPIN FLEXPEN	87	NUCYNTA.....	37	OMNIPRED.....	100
noreth-ethinyl estradiol-iron.	97	NUCYNTA ER.....	37	OMNITROPE.....	87
norethindrone (contraceptive)		NUEDEXTA.....	30	ondansetron.....	81
.....	94	NULOJIX.....	20	ondansetron hcl.....	81
norethindrone acetate.....	94	NULYTELY WITH FLAVOR		ondansetron hcl (pf).....	81
norethindrone ac-eth estradiol		PACKS.....	81	ONEXTON.....	62
.....	94, 97	NUPLAZID.....	44	ONFI.....	26
norethindrone-e.estradiol-iron		NUTRESTORE.....	68	ONGLYZA.....	75
.....	97	NUTRILIPID.....	109	ONZETRA XSAIL.....	29
norgestimate-ethinyl estradiol		NUTROPIN AQ NUSPIN...87		OPANA.....	34
.....	97	NUVARING.....	95	OPDIVO.....	20
NORITATE.....	62	NUVIGIL.....	44	OPSUMIT.....	104
norlyroc.....	94	nyamyc.....	64	ORACEA.....	13
NORMOSOL-M IN 5 %		NYMALIZE.....	55	ORALAIR.....	90
DEXTROSE.....	109	nystatin.....	2, 64	ORAP.....	45
NORMOSOL-R IN 5 %		nystatin-triamcinolone.....	64	ORAPRED ODT.....	70
DEXTROSE.....	107	nystop.....	64	ORAVIG.....	2
NORMOSOL-R PH 7.4.....	109	<b>O</b>		ORBACTIV.....	10
NORPRAMIN.....	44	OALIVA.....	81	ORENCIA.....	92
NORTHERA.....	68	ocella.....	97	ORENCIA (WITH	
nortrel 0.5/35 (28).....	97	OCTAGAM.....	90	MALTOSE).....	92
nortrel 1/35 (21).....	97	octreotide acetate.....	20	ORENCIA CLICKJECT.....	92
nortrel 1/35 (28).....	97	OCUFLOX.....	98	ORENITRAM.....	55
nortrel 7/7/7 (28).....	97	ODEFSEY.....	4	ORFADIN.....	68
nortriptyline.....	44	ODOMZO.....	20	ORKAMBI.....	104
NORVASC.....	55	OFEV.....	104	orsythia.....	97
NORVIR.....	4	ofloxacin.....	13, 69, 98	ORTHO MICRONOR.....	94
NOVAREL.....	77	ogestrel (28).....	97	ORTHO TRI-CYCLEN (28)	97
NOVOFINE 32.....	75	olanzapine.....	44, 45	ORTHO TRI-CYCLEN LO	
		olanzapine-fluoxetine.....	45	(28).....	97

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

ORTHO-CYCLEN (28).....	97	paricalcitol.....	78	phenytoin sodium.....	27
ORTHO-NOVUM 1/35 (28)	97	PARLODEL.....	28	phenytoin sodium extended..	27
ORTHO-NOVUM 7/7/7 (28)		PARNATE.....	45	PHOSLYRA.....	107
.....	97	paromomycin.....	10	PHOSPHOLINE IODIDE....	99
oseltamivir.....	4	paroxetine hcl.....	45	PHYSIOLYTE.....	66
OSENI.....	75	paroxetine		PHYSIOSOL IRRIGATION	66
OSMOPREP.....	81	mesylate(menop.sym).....	45	PICATO.....	61
OSPHERA.....	95	PASER.....	10	pilocarpine hcl.....	68, 99
OTEZLA.....	92	PATADAY.....	99	pimozide.....	46
OTEZLA STARTER.....	92	PATANASE.....	69	pimtree (28).....	97
OTOVEL.....	69	PATANOL.....	99	pindolol.....	55
OTREXUP (PF).....	93	PAXIL.....	45	pioglitazone.....	75
OVIDE.....	66	PAXIL CR.....	45	pioglitazone-glimepiride.....	75
oxacillin.....	11	PAZEO.....	99	pioglitazone-metformin.....	75
oxacillin in dextrose(iso-osm)		PCE.....	8	piperacillin-tazobactam.....	12
.....	11	PEDIARIX (PF).....	90	pirmella.....	97
oxaliplatin.....	20	PEDVAX HIB (PF).....	90	piroxicam.....	37
oxandrolone.....	77, 78	peg 3350-electrolytes.....	82	PLAQUENIL.....	10
oxaprozin.....	37	PEGANONE.....	26	PLASMA-LYTE 148.....	109
OXAYDO.....	34	PEGASYS.....	88	PLASMA-LYTE A.....	109
oxcarbazepine.....	26	PEGASYS PROCLICK.....	87	PLAVIX.....	57
oxiconazole.....	64	peg-electrolyte.....	82	PLEGRIDY.....	88
OXISTAT.....	64	PENICILLIN G POT IN		plenamine.....	109
OXSORALEN ULTRA.....	61	DEXTROSE.....	11	PLIAGLIS.....	63
OXTELLAR XR.....	26	penicillin g potassium.....	11	podofilox.....	61
oxybutynin chloride.....	106	penicillin g procaine.....	11	polyethylene glycol 3350.....	82
oxycodone.....	35	penicillin g sodium.....	11	polymyxin b sulfate.....	10
OXYCODONE.....	35	penicillin v potassium.....	11	polymyxin b sulf-trimethoprim	
oxycodone-acetaminophen...	35	PENNSAID.....	37	.....	98
oxycodone-aspirin.....	35	PENTAM.....	10	POLYTRIM.....	98
OXYCONTIN.....	35	PENTASA.....	82	POMALYST.....	20
oxymorphone.....	35	pentoxifylline.....	57	portia.....	97
OXYTROL.....	106	PEPCID.....	85	potassium chlorid-d5-	
OZEMPIC.....	75	PERCOCET.....	35	0.45%nacl.....	107
<b>P</b>		PERFOROMIST.....	104	potassium chloride.....	107
pacerone.....	51	perindopril erbumine.....	55	potassium chloride in 0.9%nacl	
paclitaxel.....	20	periogard.....	69	.....	107
paliperidone.....	45	PERJETA.....	20	potassium chloride in 5 % dex	
palonosetron.....	81	permethrin.....	66	.....	107
PALONOSETRON.....	81	perphenazine.....	45	potassium chloride in lr-d5..	107
PAMELOR.....	45	PERTZYE.....	82	potassium chloride in water	107
pamidronate.....	78	PEXEVA.....	46	potassium chloride-0.45 % nacl	
PANCREAZE.....	82	phenelzine.....	46	.....	108
PANDEL.....	66	PHENERGAN.....	102	potassium chloride-d5-	
panlor(acetam-caff-		phenobarbital.....	26	0.2%nacl.....	108
dihydrocod).....	35	phenoxybenzamine.....	55	potassium chloride-d5-	
PANRETIN.....	61	PHENYTEK.....	26	0.3%nacl.....	108
pantoprazole.....	85	phenytoin.....	26		

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

potassium chloride-d5- 0.9%nacl.....	108	PRISTIQ.....	46	PULMICORT.....	104
potassium citrate.....	106	PRIVIGEN.....	90	PULMICORT FLEXHALER .....	104
PRADAXA.....	57	PROAIR HFA.....	104	PULMOZYME.....	104
PRALUENT PEN.....	59	PROAIR RESPICLICK.....	104	PURIXAN.....	20
pramipexole.....	28	probenecid.....	91	PYLERA.....	85
PRANDIN.....	75	probenecid-colchicine.....	91	pyrazinamide.....	10
prasugrel.....	57	procainamide.....	51	pyridostigmine bromide.....	31
PRAVACHOL.....	59	PROCALAMINE 3%.....	109	<b>Q</b>	
pravastatin.....	59	PROCARDIA XL.....	55	QBRELIS.....	55
prazosin.....	55	procentra.....	46	QNASL.....	104, 105
PRECOSE.....	75	prochlorperazine.....	82	QTERN.....	75
PRED FORTE.....	100	prochlorperazine edisylate....	82	QUADRACEL (PF).....	90
PRED MILD.....	101	prochlorperazine maleate oral .....	82	QUALAQUIN.....	10
PRED-G.....	100	PROCRIT.....	88	QUARTETTE.....	97
PRED-G S.O.P.....	100	procto-med hc.....	82	quasense.....	97
prednicarbate.....	66	procto-pak.....	82	QUDEXY XR.....	27
prednisolone.....	70	proctosol hc.....	82	QUESTRAN.....	59
prednisolone acetate.....	101	proctozone-hc.....	82	QUESTRAN LIGHT.....	59
prednisolone sodium phosphate .....	70, 101	PROCYSBI.....	106	quetiapine.....	46
prednisone.....	70	profeno.....	37	QUILLICHEW ER.....	46
prednisone intensol.....	70	progesterone micronized.....	94	QUILLIVANT XR.....	46
PREFEST.....	94	PROGLYCEM.....	75	quinapril.....	55
PREGNYL.....	78	PROGRAF.....	20	quinapril-hydrochlorothiazide .....	55
PREMARIN.....	94	PROLASTIN-C.....	68	quinidine gluconate.....	51
premasol 10 %.....	109	PROLENSA.....	100	quinidine sulfate.....	51
PREMASOL 6 %.....	109	PROLEUKIN.....	88	quinine sulfate.....	10
PREMPHASE.....	94	PROLIA.....	91	QVAR.....	105
PREMPRO.....	94	PROMACTA.....	57	QVAR REDIHALER.....	105
PRENATAL VITAMIN ORAL TABLET.....	109	promethazine.....	102	<b>R</b>	
PREPOPIK.....	82	PROMETRIUM.....	94	RABAVERT (PF).....	90
PREVACID.....	85	propafenone.....	51	rabeprazole.....	85
PREVACID SOLUTAB.....	85	propranolol.....	55	RADICAVA.....	30
prevalite.....	59	propranolol-hydrochlorothiazid .....	55	raloxifene.....	91
previfem.....	97	propylthiouracil.....	70	ramipril.....	55
PREVPAC.....	85	PROQUAD (PF).....	90	RANEXA.....	59
PREVYMIS.....	4	PROSCAR.....	106	ranitidine hcl.....	85, 86
PREZCOBIX.....	4	PROSOL 20 %.....	109	RAPAFLO.....	106
PREZISTA.....	5	PROTONIX.....	85	RAPAMUNE.....	20
PRIFTIN.....	10	PROTOPIC.....	61	rasagiline.....	28
PRILOSEC.....	85	protriptyline.....	46	RASUVO (PF).....	93
PRIMAQUINE.....	10	PROVENTIL HFA.....	104	RAVICTI.....	68
PRIMAXIN IV.....	10	PROVERA.....	94	RAYALDEE.....	78
primidone.....	27	PROVIGIL.....	46	RAYOS.....	70
PRIMLEV.....	35	PROZAC.....	46	RAZADYNE.....	30
PRINIVIL.....	55	prudoxin.....	61	RAZADYNE ER.....	30
		PSORCON.....	66	REBETOL.....	5

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

REBIF (WITH ALBUMIN).....88	riluzole.....68	SAPHRIS (BLACK
REBIF REBIDOSE.....88	rimantadine.....5	CHERRY).....47, 48
REBIF TITRATION PACK 88	ringer's .....66, 108	SARAFEM .....48
RECLAST .....68	RIOMET.....75	SAVAYSA .....57
reclipsen (28).....97	risedronate .....68, 91	SAVELLA .....93
RECOMBIVAX HB (PF) ....90	RISPERDAL .....47	scopolamine base.....82
RECTIV .....82	RISPERDAL CONSTA .....47	SEASONIQUE .....97
REGLAN.....82	risperidone .....47	SEEBRI NEOHALER.....105
REGRANEX.....61	RITALIN .....47	SEGLUROMET .....75
RELENZA DISKHALER.....5	RITALIN LA.....47	selegiline hcl.....28
RELISTOR.....82	ritonavir .....5	selenium sulfide.....60
RELPAK .....29	RITUXAN .....20	SELZENTRY .....5
REMERON .....46	rivastigmine .....30	SEMPREX-D .....102
REMERON SOLTAB.....46	rivastigmine tartrate.....30	SENSIPAR .....78
REMICADE.....82	rivelsa .....97	SEREVENT DISKUS .....105
REMODULIN.....55	rizatriptan.....29	SERNIVO.....66
RENAGEL .....68	ROBINUL .....79	SEROQUEL .....48
RENFLEXIS .....82	ROBINUL FORTE.....79	SEROQUEL XR.....48
REVELA .....68	ROCALTROL .....78	SEROSTIM .....88
repaglinide.....75	ropinirole .....28	sertraline .....48
repaglinide-metformin.....75	rosuvastatin.....59	setlakin.....97
REPATHA .....59	ROTARIX .....90	sevelamer carbonate .....68
REPATHA PUSHTRONEX 59	ROTATEQ VACCINE.....90	sharobel.....94
REPATHA SURECLICK ....59	ROWASA.....82	SHINGRIX (PF).....90
REQUIP .....28	roweepra .....27	SIGNIFOR.....21
REQUIP XL.....28	roweepra xr.....27	SIGNIFOR LAR.....21
RESCRIPTOR.....5	ROXICODONE.....35	sildenafil (pulmonary arterial hypertension) .....105
RESTASIS .....99	ROZEREM.....47	SILENOR .....48
RESTASIS MULTIDOSE ...99	RUBRACA.....20	SILIQ.....60
RETIN-A.....62	RUCONEST.....105	SILVADENE.....60
RETIN-A MICRO.....62	RYDAPT .....20	silver sulfadiazine.....60
RETROVIR.....5	RYTARY.....28	SIMBRINZA .....100
REVATIO .....105	RYTHMOL SR .....51	SIMPONI.....93
REVLIMID .....20	<b>S</b>	SIMPONI ARIA .....93
REXULTI.....46, 47	SABRIL.....27	SIMULECT .....21
REYATAZ .....5	SAFYRAL.....97	simvastatin.....59
RHOFADE.....62	SAIZEN.....88	SINEMET .....28
RHOPRESSA.....100	SAIZEN CLICK.EASY .....88	SINEMET CR .....28
ribasphere .....5	SALAGEN (PILOCARPINE) .....68	SINGULAIR.....105
ribasphere ribapak .....5	SAMSCA.....78	sirolimus .....21
ribavirin .....5	SANCUSO .....82	SIRTURO .....10
RIDAURA.....93	SANDIMMUNE .....20, 21	SIVEXTRO .....10
rifabutin .....10	SANDOSTATIN .....21	SKLICE .....66
RIFADIN.....10	SANDOSTATIN LAR DEPOT .....21	sodium chloride .....68, 108
RIFAMATE .....10	SANTYL .....66	sodium chloride 0.45 % .....108
rifampin .....10		sodium chloride 0.9 % .....68
RIFATER .....10		sodium chloride 3 % .....108
RILUTEK.....68		

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

sodium chloride 5 %.....	108	STIMATE.....	78	SYNERCID.....	10
sodium lactate intravenous .	108	STIOLTO RESPIMAT.....	105	SYNJARDY.....	76
sodium phenylbutyrate .....	68	STIVARGA.....	21	SYNRIBO.....	21
sodium polystyrene sulfonate		STRATTERA.....	48	SYNTHROID .....	79
.....	68	STRENSIQ.....	78	SYPRINE .....	68
SOLARAZE.....	61	STREPTOMYCIN .....	10	<b>T</b>	
SOLQUA 100/33 .....	75	STRIANT .....	78	TABLOID.....	21
SOLODYN.....	13	STRIBILD .....	5	TACLONEX.....	60
SOLTAMOX.....	21	STRIVERDI RESPIMAT ..	105	tacrolimus .....	21, 61
SOLU-CORTEF (PF).....	70	STROMECTOL .....	10	TAFINLAR .....	21
SOLU-MEDROL .....	70	SUBOXONE .....	38	TAGRISSE.....	21
SOLU-MEDROL (PF) .....	70	SUBSYS.....	35	TALTZ AUTOINJECTOR ..	60
SOMATULINE DEPOT .....	21	SUCRAID .....	83	TALTZ SYRINGE .....	60
SOMAVERT.....	78	sucralfate .....	86	TAMIFLU .....	5
SONATA.....	48	SULAR.....	55	tamoxifen.....	21
SOOLANTRA.....	62	sulfacetamide sodium.....	101	tamsulosin.....	106
SORIATANE .....	60	sulfacetamide sodium (acne)	63	TANZEUM.....	76
SORILUX.....	60	sulfacetamide-prednisolone	101	TAPAZOLE .....	70
sorine .....	51	sulfadiazine.....	13	TAPERDEX .....	70
sotalol .....	51	sulfamethoxazole-trimethoprim		TARCEVA .....	21, 22
sotalol af.....	51	.....	13	TARGADOX.....	13
SOTYLIZE.....	51	SULFAMYLON.....	63	TARGRETIN .....	22
SOVALDI .....	5	sulfasalazine .....	83	tarina fe 1/20 (28) .....	97
SPIRIVA RESPIMAT .....	105	sulindac.....	38	TARKA .....	55
SPIRIVA WITH		sumatriptan .....	29	TASIGNA.....	22
HANDIHALER.....	105	sumatriptan succinate .....	29	TASMAR .....	28
spironolactone .....	55	sumatriptan-naproxen.....	29	TAXOTERE .....	22
spironolacton-hydrochlorothiaz		SUMAVEL DOSEPRO .....	29	tazarotene.....	62
.....	55	SUPRAX .....	7	TAZICEF.....	7
SPORANOX .....	2	SUPREP BOWEL PREP KIT		TAZORAC .....	62
sprintec (28).....	97	.....	83	taztia xt .....	55
SPRITAM.....	27	SURMONTIL.....	48	TECENTRIQ.....	22
SPRIX.....	37	SUSTIVA .....	5	TECFIDERA .....	30
SPRYCEL .....	21	SUTENT.....	21	TECHNIVIE.....	5
sps (with sorbitol).....	68	syeda.....	97	TEFLARO .....	7
sronyx .....	97	SYLATRON.....	88	TEGRETOL .....	27
ssd.....	60	SYLVANT .....	21	TEGRETOL XR.....	27
STALEVO 100.....	28	SYMBICORT.....	105	TEKTURNA.....	55
STALEVO 125.....	28	SYMBYAX .....	48	TEKTURNA HCT.....	55
STALEVO 150.....	28	SYMDEKO .....	105	telmisartan .....	55
STALEVO 200.....	28	SYMFI LO .....	5	telmisartan-amlodipine .....	55
STALEVO 50.....	28	SYMLINPEN 120 .....	76	telmisartan-hydrochlorothiazid	
STALEVO 75.....	28	SYMLINPEN 60 .....	76	.....	55
STARLIX .....	76	SYMPROIC.....	83	TENIVAC (PF) .....	90
stavudine.....	5	SYNAGIS.....	5	tenofovir disoproxil fumarate .	5
STEGLATRO.....	76	SYNALAR.....	66	TENORETIC 100.....	55
STEGLUJAN .....	76	SYNAREL.....	78	TENORETIC 50.....	55
STELARA.....	60	SYNDROS .....	83	TENORMIN .....	55

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



terazosin .....	56	tobramycin in 0.225 % nacl..	10	TRESIBA FLEXTOUCH U-	
terbinafine hcl.....	2	tobramycin sulfate .....	10	200 .....	76
terbutaline.....	105	tobramycin-dexamethasone	100	tretinoin (chemotherapy) .....	22
terconazole .....	95	TOBREX .....	98	tretinoin microspheres .....	62
TESTIM .....	78	TOFRANIL .....	48	tretinoin topical.....	63
testosterone.....	78	TOLAK .....	61	TREXALL.....	22
TESTOSTERONE .....	78	tolazamide .....	76	TREXIMET .....	29
testosterone cypionate .....	78	tolbutamide.....	76	TREZIX.....	35
testosterone enanthate .....	78	tolcapone .....	28	triamcinolone acetonide.66, 69,	
TESTRED .....	78	tolmetin.....	38	70, 105	
TETANUS,DIPHThERIA		tolterodine.....	106	triamterene-hydrochlorothiazid	
TOX PED(PF).....	90	TOPAMAX .....	27	.....	56
TETANUS-DIPHThERIA		TOPICORT .....	66	trianex .....	66
TOXOIDS-TD.....	90	topiramate.....	27	TRIBENZOR.....	56
tetrabenazine.....	31	TOPIRAMATE .....	27	TRICOR .....	59
tetracycline .....	13	toposar .....	22	triderm .....	66
THALOMID.....	22	topotecan .....	22	TRIDESILON.....	66
THEO-24.....	105	TOPROL XL .....	56	trientine.....	68
theophylline.....	105	TORISEL.....	22	trifluoperazine.....	49
THIOLA .....	68	torse mide .....	56	trifluridine.....	98
thioridazine.....	48	TOUJEO MAX SOLOSTAR		TRIGLIDE.....	59
thiotepa.....	22	.....	76	tri-legest fe.....	97
thiothixene.....	48	TOUJEO SOLOSTAR U-300		TRILEPTAL.....	27
THYMOGLOBULIN.....	90	INSULIN .....	76	TRILIPIX .....	59
THYROLAR-1 .....	79	TOVIAZ.....	106	tri-lo-estarylla .....	97
THYROLAR-1/2.....	79	TPN ELECTROLYTES .....	108	tri-lo-sprintec .....	97
THYROLAR-1/4.....	79	TRACLEER .....	105	trilyte with flavor packets.....	83
THYROLAR-2.....	79	TRADJENTA.....	76	trimethoprim .....	14
THYROLAR-3.....	79	tramadol.....	38	trimipramine .....	49
tiagabine .....	27	TRAMADOL .....	38	trinessa (28) .....	97
TIAZAC .....	56	tramadol-acetaminophen .....	38	TRI-NORINYL (28).....	97
TIGECYCLINE .....	10	trandolapril .....	56	TRINTELLIX.....	49
TIKOSYN .....	51	trandolapril-verapamil .....	56	TRIOSTAT .....	79
timolol maleate.....	56, 99	tranexamic acid.....	57, 95	tri-previfem (28) .....	97
TIMOPTIC OCUDOSE (PF)		TRANSDERM-SCOP .....	83	TRISENOX .....	22
.....	99	TRANXENE T-TAB.....	48	tri-sprintec (28).....	97
TIMOPTIC-XE .....	99	tranylcypro mine.....	48	TRIUMEQ.....	6
TINDAMAX .....	10	travasol 10 % .....	109	trivora (28).....	97
tinidazole .....	10	TRAVATAN Z.....	100	tri-vylibra.....	97
TIROSINT.....	79	trazodone .....	48	TRIZIVIR .....	6
TIVICAY .....	5, 6	TREANDA.....	22	TROKENDI XR .....	27
TIVORBEX.....	38	TRECTOR.....	10	TROPHAMINE 10 %.....	109
tizanidine .....	31	TRELEGY ELLIPTA.....	105	TROPHAMINE 6%.....	109
TOBI.....	10	TRELSTAR.....	22	trospium.....	106
TOBI PODHALER .....	10	TREMFYA.....	60	TRULANCE.....	83
TOBRADEX .....	100	TRESIBA FLEXTOUCH U-		TRULICITY .....	76
TOBRADEX ST .....	100	100 .....	76	TRUMENBA.....	90
tobramycin.....	98			TRUSOPT .....	100

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

TRUVADA .....	6	vancomycin .....	14	VIDEX 4 GRAM PEDIATRIC .....	6
TUDORZA PRESSAIR .....	105	vandazole.....	95	VIDEX EC.....	6
TWINRIX (PF) .....	90	VANOS .....	66	VIEKIRA PAK.....	6
TWYNSTA .....	56	VAQTA (PF).....	90	VIEKIRA XR .....	6
TYBOST .....	6	VARIVAX (PF) .....	90	vienna .....	98
tydemy .....	97	VARIZIG.....	90	vigabatrin.....	27
TYGACIL .....	10	VARUBI.....	83	VIGAMOX.....	98
TYKERB .....	22	VASCEPA.....	59	VIIBRYD .....	49
TYLENOL-CODEINE #3....	36	VASERETIC .....	56	VIMOVO.....	38
TYLENOL-CODEINE #4....	36	VASOTEC.....	56	VIMPAT .....	27
TYMLOS .....	91	VECAMYL .....	59	vinblastine.....	22
TYPHIM VI .....	90	VECTIBIX .....	22	vincasar pfs .....	23
TYSABRI.....	31	VECTICAL .....	60	vincristine .....	23
<b>U</b>		VELCADE .....	22	vinorelbine .....	23
UCERIS.....	83	velivet triphasic regimen (28) .....	98	VIOKACE .....	83
ULORIC .....	91	VELPHORO.....	68	VIRACEPT .....	6
ULTRACET .....	38	VELTASSA.....	68	VIRAMUNE.....	6
ULTRAM .....	38	VEMLIDY.....	6	VIRAMUNE XR.....	6
ULTRAVATE.....	66	VENCLEXTA .....	22	VIREAD .....	6
UNASYN .....	12	VENCLEXTA STARTING .....		VIROPTIC.....	98
unithroid .....	79	PACK .....	22	VIVELLE-DOT.....	94
UPTRAVI.....	56	venlafaxine .....	49	VIVITROL .....	38
URECHOLINE .....	106	VENLAFAXINE.....	49	VIVLODEX .....	38
UROCIT-K 10.....	106	VENTAVIS .....	105	VOGELXO.....	78
UROCIT-K 15.....	106	VENTOLIN HFA.....	105	VOLTAREN.....	38
UROCIT-K 5.....	106	verapamil .....	56	voriconazole .....	2
UROXATRAL .....	106	VEREGEN .....	61	VOSEVI .....	6
URSO 250 .....	83	VERELAN .....	56	VOTRIENT .....	23
URSO FORTE.....	83	VERELAN PM.....	56	VPRIV .....	78
ursodiol.....	83	veripred 20.....	70	VRAYLAR.....	49
UTIBRON NEOHALER....	105	VERSACLOZ .....	49	vyfemla (28) .....	98
<b>V</b>		VERZENIO .....	22	vylibra.....	98
VABOMERE .....	10	VESICARE .....	106	VYTORIN 10-10.....	59
VAGIFEM.....	94	vestura (28).....	98	VYTORIN 10-20.....	59
valacyclovir .....	6	VFEND.....	2	VYTORIN 10-40.....	59
VALCHLOR .....	61	VFEND IV .....	2	VYTORIN 10-80.....	59
VALCYTE .....	6	VGO 20 .....	76	VYVANSE .....	49
valganciclovir .....	6	VGO 30 .....	76	VYXEOS.....	23
VALIUM.....	49	VGO 40 .....	76	VYZULTA .....	100
valproate sodium .....	27	VIBERZI .....	83	<b>W</b>	
valproic acid .....	27	VIBRAMYCIN .....	13, 14	warfarin.....	57
valproic acid (as sodium salt) .....	27	vicodin .....	36	water for irrigation, sterile....	68
valsartan .....	56	vicodin es.....	36	WELCHOL.....	59
valsartan-hydrochlorothiazide .....	56	vicodin hp .....	36	WELLBUTRIN SR .....	49, 50
VALTRESX .....	6	VICTOZA 3-PAK .....	76	WELLBUTRIN XL.....	50
VANCOCIN.....	14	VIDAZA.....	22	wymzya fe .....	98

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

<b>X</b>		
XALATAN.....	100	ZANOSAR.....23
XALKORI.....	23	ZANTAC.....86
XARELTO.....	57	zarah.....98
XATMEP.....	23	ZARONTIN.....27
XELJANZ.....	93	ZARXIO.....88
XELJANZ XR.....	93	ZAVESCA.....78
XENAZINE.....	31	ZEGERID.....86
XEOMIN.....	90	ZEJULA.....23
XERESE.....	64	ZELAPAR.....28
XERMELO.....	23	ZELBORAF.....23
XGEVA.....	14	ZEMAIRA.....68
XHANCE.....	105	ZEMBRACE SYMTOUCH.....29
XIFAXAN.....	10	ZEMPLAR.....78
XIGDUO XR.....	76	zenatane.....63
XIIDRA.....	99	zenchent (28).....98
XIMINO.....	14	ZENPEP.....83
XOLAIR.....	105	zenzedi.....50
XOPENEX.....	106	ZENZEDI.....50
XOPENEX CONCENTRATE		ZEPATIER.....6
.....	105	ZERBAXA.....7
XOPENEX HFA.....	106	ZERIT.....6
XTAMPZA ER.....	36	ZESTORETIC.....56
XTANDI.....	23	ZESTRIL.....56
xulane.....	95	ZETIA.....59
XULTOPHY 100/3.6.....	76	ZETONNA.....106
XURIDEN.....	68	ZIAC.....56
XYLOCAINE.....	63	ZIAGEN.....6
XYREM.....	50	ZIANA.....63
XYZAL.....	102	zidovudine.....6
<b>Y</b>		zileuton.....106
YASMIN (28).....	98	ZINECARD (AS HCL).....14
YAZ (28).....	98	ZINPLAVA.....90
YERVOY.....	23	ZIOPTAN (PF).....100
YF-VAX (PF).....	90	ziprasidone hcl.....50
YONDELIS.....	23	ZIPSOR.....38
YOSPRALA.....	57	ZIRGAN.....98
yuvaferm.....	94	ZITHROMAX.....8
<b>Z</b>		ZITHROMAX TRI-PAK.....8
zafirlukast.....	106	ZITHROMAX Z-PAK.....8
zaleplon.....	50	ZOCOR.....59
ZALTRAP.....	23	ZOFRAN.....83
ZANAFLEX.....	31	ZOFRAN ODT.....83
		ZOHYDRO ER.....36
		zoledronic acid.....78
		zoledronic acid-mannitol-water
		.....68
		ZOLINZA.....23
		zolmitriptan.....29
		ZOLOFT.....50
		zolpidem.....50
		ZOMACTON.....88
		ZOMETA.....78
		ZOMIG.....29
		ZOMIG ZMT.....29
		ZONALON.....61
		ZONEGRAN.....27
		zonisamide.....27
		ZONTIVITY.....57
		ZORBTIVE.....88
		ZORTRESS.....23
		ZORVOLEX.....38
		ZOSTAVAX (PF).....90
		ZOSYN.....12
		ZOSYN IN DEXTROSE (ISO-
		OSM).....12
		zovia 1/35e (28).....98
		zovia 1/50e (28).....98
		ZOVIRAX.....6, 64
		ZUBSOLV.....38
		ZUPLENZ.....83
		ZURAMPIC.....91
		ZYBAN.....68
		ZYCLARA.....61
		ZYDELIG.....23
		ZYFLO.....106
		ZYFLO CR.....106
		ZYKADIA.....23
		ZYLET.....100
		ZYLOPRIM.....91
		ZYMAXID.....98
		ZYPREXA.....50
		ZYPREXA RELPREVV.....50
		ZYPREXA ZYDIS.....50, 51
		ZYTIGA.....23
		ZYVOX.....10, 11

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