

**CHRISTUS Health Plan Generations (HMO)**  
**CHRISTUS Health Plan Generations Plus (HMO)**  
**2020 Formulary**  
**List of Covered Drugs**

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

HPMS Approved Formulary File Submission ID 00020074, Version Number 8.

This formulary was updated on 01/30/2020. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) Member Services, at 1-844-282-3026 or, for TTY users, 711, 8 a.m. – 8 p.m. local time, seven days a week, from October 1 – March 31, and 8 a.m. – 8 p.m. local time, Monday – Friday, from April 1- September 30, or visit [christushealthplan.org](http://christushealthplan.org).

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO). When it refers to “plan” or “our plan,” it means CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO).

This document includes a partial list of the drugs (formulary) for our plan which is current as of 02/01/2020. For a complete updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **What is the CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) Formulary?**

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

## **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.
  - If we make other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) Formulary?”

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

The enclosed formulary is current as of 02/01/2020. To get updated information about the drugs covered by CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO), please contact us. Our contact information appears on the front and back cover pages.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “antihypertensive therapy”. If you know what your drug is used for, look for the category name in the list that begins on page number 9. Then look under the category name for your drug.

### **Alphabetical Listing**

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

## What are generic drugs?

CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) may not cover the drug.
- **Quantity Limits:** For certain drugs, CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) limits the amount of the drug that we will cover. For example, we provide 31 tablets per prescription for AFINITOR. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) formulary?" on page 5 for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that we do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) to make an exception and cover your drug. See below for information about how to request an exception

## How do I request an exception to the CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) Formulary?

You can ask CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

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

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

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

Enrollees whose transition window has expired and are either being admitted to a LTC setting or being discharged from a long term care setting are provided an additional transition fill due to that level of care change. While the claim will initially reject as the member is no longer transition eligible according to plan enrollment dates, the pharmacist is instructed to enter an override code to allow the transition supply to process accordingly. Early refill edits are not applied in a long term care setting.

### **For more information**

For more detailed information about your CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

## **CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) Formulary**

The formulary that begins on the next page provides coverage information about some of the drugs covered by CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 83.

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

The information in the Requirements/Limits column tells you if CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) have any special requirements for coverage of your drug.

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.

<b>Tier Number</b>	<b>Tier Name</b>	<b>Copay for a one-month supply filled at a network pharmacy with standard cost-sharing</b>
1	Preferred Generic	\$4
2	Generic	\$10
3	Preferred Brand	\$35
4	Non-Preferred Brand	\$90
5	Specialty Drug Tier	You pay 29% of the total cost



Drug Name	Drug Tier	Requirements /Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	PA
CRESEMBA ORAL	5	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	PA
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole</i>	2	MO
<i>ketoconazole oral</i>	2	MO
MYCAMINE	5	MO
NOXAFIL ORAL	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	MO
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	2	PA; MO
<i>voriconazole oral</i>	5	MO
<b>ANTIVIRALS</b>		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	2	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS	5	MO
APTIVUS (WITH VITAMIN E)	5	
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO
<i>atazanavir oral capsule 300 mg</i>	5	MO
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
<i>cidofovir</i>	5	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
CIMDUO	5	MO
COMPLERA	5	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	2	MO
EPCLUSA	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	B/D PA; MO
GENVOYA	5	MO
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
<i>lopinavir-ritonavir</i>	2	MO
<i>nevirapine oral suspension</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	2	MO
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER	3	MO
RESCRIPTOR ORAL TABLET	3	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribasphere oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ribasphere oral tablet 600 mg</i>	5	MO
<i>ribasphere ribapak oral tablets,dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	
<i>ribasphere ribapak oral tablets,dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
TEMIXYS	5	MO
<i>tenofovir disoproxil fumarate</i>	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
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO; LA
TRUVADA	5	MO
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
VIDEX 2 GRAM PEDIATRIC	3	MO
VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 125 MG	4	MO
VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 200 MG	3	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
XOFLUZA	3	MO
<i>zidovudine</i>	2	MO
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	2	
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	2	

You can find information 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>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>cefepime injection</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefotaxime injection recon soln 1 gram</i>	2	
<i>cefotetan</i>	2	
<i>cefoxitin in dextrose, iso-osm</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone in dextrose,iso-os</i>	2	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>ceftriaxone intravenous</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	
<i>cephalexin</i>	2	MO
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
<i>tazicef injection recon soln 1 gram</i>	2	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	2	MO
<i>tazicef intravenous</i>	2	
TEFLARO	5	MO
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin</i>	2	MO
<i>clarithromycin</i>	2	MO
<i>e.e.s. 400 oral tablet</i>	2	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	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
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral</i>	2	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole</i>	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	MO
ARIKAYCE	5	PA; MO; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam</i>	2	MO
<i>bacitracin intramuscular</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
BENZNIDAZOLE	3	
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
CAPASTAT	4	
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sodium succinate</i>	2	
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	2	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	MO
COARTEM	3	MO
<i>colistin (colistimethate sodium)</i>	2	MO
<i>dapsone oral</i>	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
<i>daptomycin intravenous reconstruction solution 500 mg</i>	5	MO
DARAPRIM	5	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
EMVERM	5	MO
<i>ertapenem</i>	2	MO
<i>ethambutol</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	MO
<i>gentamicin sulfate (ped) (pf)</i>	2	MO
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO
IMPAVIDO	5	PA; MO
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	MO
<i>lincomycin</i>	2	
<i>linezolid in dextrose 5%</i>	5	
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	2	MO
<i>linezolid-0.9% sodium chloride</i>	5	
<i>mefloquine</i>	2	MO
<i>meropenem</i>	2	MO
<i>metro i.v.</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	4	MO
PASER	3	MO
PENTAM	4	MO
<i>pentamidine injection</i>	2	MO
<i>polymyxin b sulfate</i>	2	MO
<i>praziquantel</i>	2	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	2	MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO
<i>rifampin</i>	2	MO
SIRTURO	5	MO; LA
STREPTOMYCIN	3	MO
SYNERCID	5	PA
<i>tigecycline</i>	5	
<i>tinidazole</i>	2	MO
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	
<i>tobramycin sulfate injection solution</i>	2	MO
TRECTOR	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
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	MO
<i>vancomycin oral capsule 125 mg</i>	2	MO
<i>vancomycin oral capsule 250 mg</i>	5	MO
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	2	MO
<i>ampicillin sodium intravenous</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	MO
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</i>	2	MO

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



Drug Name	Drug Tier	Requirements /Limits
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	2	MO
<i>oxacillin injection recon soln 1 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	
<i>oxacillin injection recon soln 2 gram</i>	2	MO
<i>penicillin g potassium</i>	2	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	
<i>penicillin g sodium</i>	2	MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	2	
<i>piperacillin-tazobactam</i>	2	MO
<b>QUINOLONES</b>		
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous</i>	2	MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>moxifloxacin-sod.chloride(iso)</i>	2	
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim</i>	2	MO
<i>sulfatrim</i>	2	MO
<b>TETRACYCLINES</b>		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	2	MO
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet</i>	2	MO
<i>doxycycline monohydrate oral capsule</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	2	MO
<i>morgidox</i>	2	MO
<i>okebo oral capsule 75 mg</i>	2	MO
<i>tetracycline</i>	2	MO
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin</i>	2	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE	5	MO
KHAPZORY	5	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B/D PA
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	PA; MO
XGEVA	5	B/D PA; MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone</i>	5	PA; MO; QL (120 per 30 days)
ABRAXANE	5	B/D PA; MO
ADCETRIS	5	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PA; MO
<i>adriamycin intravenous solution</i>	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
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	2	B/D PA; MO
AFINITOR	5	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	5	PA; MO
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIMTA	5	B/D PA; MO
ALIQOPA	5	B/D PA; MO; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARRANON	5	B/D PA
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA
ARZERRA	5	B/D PA; MO
AVASTIN	5	B/D PA; MO

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

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

Drug Name	Drug Tier	Requirements /Limits
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COMETRIQ	5	PA; MO
COPIKTRA	5	PA; MO; LA; QL (60 per 30 days)
COSMEGEN	5	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified</i>	2	B/D PA; MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA
DARZALEX	5	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; MO
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
<i>epirubicin intravenous solution</i>	2	B/D PA; MO
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINAZE	5	B/D PA; MO
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>everolimus (antineoplastic)</i>	5	PA; MO; QL (30 per 30 days)
<i>exemestane</i>	2	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous</i>	2	B/D PA; MO
<i>flutamide</i>	2	MO
FOLOTYN	5	B/D PA; MO
<i>fulvestrant</i>	5	B/D PA; MO
GAZYVA	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	B/D PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>gengraf oral solution</i>	2	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	MO
HALAVEN	5	B/D PA; MO
HERCEPTIN HYLECTA	5	B/D PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
INFUGEM	5	B/D PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	5	B/D PA
ISTODAX	5	B/D PA; MO
IXEMPRA	5	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
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEVTANA	5	B/D PA; MO
KADCYLA	5	PA; MO
KANJINTI	5	B/D PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
KYPROLIS	5	B/D PA; MO
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO	5	PA; MO; LA
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMOXITI	5	PA; MO; LA
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	3	B/D PA; MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	2	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	2	B/D PA; MO
<i>melphalan hcl</i>	5	B/D PA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MVASI	5	B/D PA; MO
<i>mycophenolate mofetil (hcl)</i>	2	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium</i>	2	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	5	MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONCASPAR	5	B/D PA; MO
ONIVYDE	5	B/D PA; MO
OPDIVO	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA
<i>oxaliplatin intravenous solution</i>	2	B/D PA; MO
<i>paclitaxel</i>	2	B/D PA; MO
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA; MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	5	
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)

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



Drug Name	Drug Tier	Requirements /Limits
RITUXAN	5	PA; MO
RITUXAN HYCELA	5	PA; MO
ROMIDEPSIN	5	B/D PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RYDAPT	5	PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MO
SIGNIFOR	5	MO
SIKLOS	5	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
SOLTAMOX	3	MO
SOMATULINE DEPOT	5	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYLVANT	5	B/D PA; MO
SYNRIBO	5	B/D PA; MO
TABLOID	4	MO
<i>tacrolimus oral</i>	2	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARGETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
THALOMID	5	PA; MO
<i>thiotepa</i>	5	B/D PA; MO
TIBSOVO	5	PA; MO
<i>toposar</i>	2	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA
<i>topotecan intravenous solution</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
TORISEL	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin (chemotherapy)</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PA; MO
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>valrubicin</i>	5	B/D PA; MO
VALSTAR	5	B/D PA; MO
VANTAS	4	PA; MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; MO; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XOSPATA	5	PA; MO; LA
XPOVIO	5	PA; MO; LA
XTANDI	5	PA; MO; QL (120 per 30 days)
YERVOY	5	B/D PA; MO
YONDELIS	5	B/D PA; MO
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	5	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZOLADEX	4	PA; MO
ZOLINZA	5	MO
ZORTRESS	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL	5	MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	5	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clobazam oral suspension</i>	2	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>clobazam oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	2	MO
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	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 (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
<i>roweepra</i>	2	MO
<i>roweepra xr</i>	2	MO
SPRITAM	4	MO
<i>subvenite</i>	2	MO
<i>subvenite starter (blue) kit</i>	2	MO
<i>subvenite starter (green) kit</i>	2	MO
<i>subvenite starter (orange) kit</i>	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>vigabatrin</i>	5	MO; LA
<i>vigadrone</i>	5	MO; LA
VIMPAT INTRAVENOUS	3	MO
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
<i>zonisamide</i>	2	PA; MO
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	5	MO; LA
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	2	MO
NEUPRO	4	MO
<i>pramipexole</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>rasagiline</i>	2	MO
<i>ropinirole</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	MO
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)
<i>eletriptan</i>	2	MO; QL (18 per 28 days)
<i>ergotamine-caffeine</i>	2	MO
<i>migergot</i>	2	MO
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	2	MO; QL (18 per 28 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)

### MISCELLANEOUS NEUROLOGICAL THERAPY

<i>dalfampridine</i>	5	PA; MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
FIRDAPSE	5	PA; MO; LA
<i>galantamine</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
LEMTRADA	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA; MO
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
TECFIDERA	5	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA

### MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	2	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	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
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
neostigmine methylsulfate intravenous solution 0.5 mg/ml	2	MO
neostigmine methylsulfate intravenous solution 1 mg/ml	2	
pyridostigmine bromide oral syrup	5	MO
pyridostigmine bromide oral tablet 60 mg	2	MO
pyridostigmine bromide oral tablet extended release	2	MO
regonol	2	
revonto	2	
tizanidine	2	MO
<b>NARCOTIC ANALGESICS</b>		
acetaminophen-caff-dihydrocod oral capsule	2	MO; QL (300 per 30 days)
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	2	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
acetaminophen-codeine oral tablet 300-60 mg	2	MO; QL (180 per 30 days)
buprenorphine hcl injection solution	2	MO
buprenorphine hcl injection syringe	2	
buprenorphine hcl sublingual	2	MO
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour	2	PA; MO; QL (4 per 28 days)
duramorph (pf) injection solution 0.5 mg/ml	2	MO; QL (4000 per 30 days)
duramorph (pf) injection solution 1 mg/ml	2	QL (2000 per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	MO; QL (360 per 30 days)
fentanyl citrate (pf) injection solution	2	MO; QL (400 per 30 days)
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	2	QL (400 per 30 days)
fentanyl citrate buccal lozenge on a handle	5	PA; MO; QL (120 per 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr</i>	2	PA; MO; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hr</i>	5	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	MO; QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	2	QL (1200 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	2	QL (2400 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>hydromorphone injection solution 2 mg/ml</i>	2	MO; QL (1200 per 30 days)
<i>hydromorphone injection solution 4 mg/ml</i>	2	MO; QL (600 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	2	QL (150 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	2	MO; QL (600 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>ibuprofen-oxycodone</i>	2	MO; QL (28 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	2	MO; QL (360 per 30 days)
<i>lorcet hd</i>	2	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>methadone injection solution</i>	2	QL (150 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>methadone intensol</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; QL (2000 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	2	B/D PA; MO; QL (400 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	2	B/D PA; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	2	QL (250 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine injection syringe 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	2	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	2	QL (400 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>morphine intravenous solution 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine intravenous syringe 10 mg/ml</i>	2	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule,extend.release pellets</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	MO; QL (857 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol tartrate nasal</i>	2	MO; QL (10 per 28 days)
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
<i>ec-naproxen</i>	2	
<i>etodolac</i>	2	MO
<i>fenopofen oral tablet</i>	2	MO
<i>flurbiprofen</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule 25 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	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)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
<i>naloxone</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
<i>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tolmetin</i>	2	MO
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA	5	MO
ADASUVE	3	LA
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	2	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	5	MO; QL (60 per 30 days)
ARISTADA	5	MO
ARISTADA INITIO	5	MO
<i>armodafinil</i>	4	PA; MO
<i>atomoxetine</i>	2	MO
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>bupirone</i>	2	MO
<i>chlorpromazine</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	4	
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine oral solution</i>	2	MO
<i>dextroamphetamine-amphetamine</i>	2	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	MO; QL (90 per 30 days)
EMSAM	5	MO
<i>ergoloid</i>	4	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	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
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	MO
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
GEODON INTRAMUSCULAR	4	MO
<i>guanidine</i>	2	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	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
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe</i>	2	PA
<i>lorazepam intensol</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
MARPLAN	3	MO
<i>metadate er</i>	2	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	MO
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral tablet extended release</i>	2	MO
<i>methylphenidate hcl oral tablet,chewable</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil</i>	2	PA; MO
<i>molindone</i>	2	MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	2	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	2	MO; QL (30 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine</i>	2	MO
PERSERIS	5	MO
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
<i>procentra</i>	2	MO
<i>protriptyline</i>	2	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
<i>ramelteon</i>	2	MO; QL (30 per 30 days)
REXULTI	5	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	2	MO; QL (120 per 30 days)
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS	5	MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	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>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
XYREM	5	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral</i>	2	MO
<i>dofetilide</i>	2	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	MO
<i>lidocaine (pf) in d7.5w</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	MO
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	2	

You can find information 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>mexiletine</i>	2	MO
<i>pacerone oral tablet</i> 100 mg, 200 mg, 400 mg	2	MO
<i>procainamide injection solution</i> 100 mg/ml	2	MO
<i>procainamide injection solution</i> 500 mg/ml	2	
<i>propafenone</i>	2	MO
<i>quinidine gluconate oral</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet</i> 120 mg, 160 mg, 80 mg	2	MO
<i>sorine oral tablet</i> 240 mg	2	
<i>sotalol af</i>	2	MO
<i>sotalol oral</i>	2	MO
SOTYLIZE	3	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>betaxolol oral</i>	2	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	2	MO
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	2	MO
<i>chlorothiazide</i>	2	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet</i> 25 mg, 50 mg	1	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution</i> 1,000 mcg/10 ml (100 mcg/ml)	2	
<i>clonidine hcl oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
DEMSER	5	PA; MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>enalapril maleate</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	2	MO
<i>epoprostenol (glycine)</i>	2	B/D PA; MO
<i>eprosartan</i>	2	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	MO
<i>ethacrynic acid</i>	5	MO
<i>felodipine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	2	MO
<i>labetalol intravenous solution</i>	2	MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	2	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>methyl dopa</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate intravenous syringe</i>	2	
<i>metoprolol tartrate oral</i>	1	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	2	MO
<i>nisoldipine</i>	2	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>phenoxybenzamine</i>	5	PA; MO
<i>phentolamine injection recon soln</i>	2	
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO
REMODULIN	5	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	2	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)

You can find information 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>tiadylt er</i>	2	
<i>timolol maleate oral</i>	2	MO
<i>torse mide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene</i>	2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
<b>COAGULATION THERAPY</b>		
AMICAR	3	MO
<i>aminocaproic acid</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aspirin-dipyridamole</i>	2	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; MO; LA
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole intravenous</i>	2	PA
<i>dipyridamole oral</i>	2	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin</i>	2	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) in nacl (pf)</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution</i>	2	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	MO
MULPLETA	5	PA; MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
PRADAXA	4	MO
<i>prasugrel</i>	2	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO	3	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>colesevelam</i>	2	MO
<i>colestipol</i>	2	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MO
<i>fenofibrate oral tablet</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
JUXTAPID	5	PA; MO; LA
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	2	MO
PRALUENT PEN	3	PA; MO; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
REPATHA	3	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; MO; QL (3.5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
REPATHA SURECLICK	3	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
VASCEPA	3	MO
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
<i>cardioplegic soln</i>	2	
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA; MO
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
<i>dobutamine</i>	2	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	2	B/D PA; MO
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	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
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	MO
<i>milrinone</i>	2	B/D PA; MO
<i>milrinone in 5 % dextrose</i>	2	B/D PA; MO
<i>norepinephrine bitartrate</i>	2	
<i>ranolazine</i>	2	MO
<i>sodium nitroprusside</i>	2	B/D PA
VECAMYL	5	
VYNDAMAX	5	PA; MO
VYNDAQEL	5	PA; MO
<b>NITRATES</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	2	
<i>isosorbide dinitrate oral tablet extended release</i>	2	
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	2	B/D PA; MO
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i>	2	MO

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



Drug Name	Drug Tier	Requirements /Limits
<i>acitretin oral capsule 17.5 mg</i>	5	MO
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	2	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	4	MO
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA	5	PA; MO
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate</i>	2	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chloroprocaine (pf)</i>	2	
<i>diclofenac sodium topical gel 3 %</i>	2	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	5	MO; QL (45 per 30 days)
DUPIXENT	5	PA; MO
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>imiquimod topical cream in packet</i>	2	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>lidocaine hcl injection solution</i>	2	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	MO
<i>pimecrolimus</i>	2	PA; MO; QL (100 per 30 days)
<i>podofilox</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>prudoxin</i>	2	MO; QL (45 per 30 days)
REGRANEX	5	MO
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
UVADEX	4	B/D PA
VALCHLOR	5	MO
<b>THERAPY FOR ACNE</b>		
<i>amnesteem</i>	2	MO
<i>azelaic acid</i>	2	MO
<i>claravis</i>	4	MO
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>dapsone topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin</i>	2	MO
<i>ivermectin topical</i>	2	MO
<i>metronidazole topical</i>	2	MO
<i>myorisan</i>	2	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
<i>tazarotene</i>	2	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
TAZORAC TOPICAL GEL	3	PA; MO
<i>tretinoin topical</i>	2	PA; MO
<i>zenatane</i>	4	MO
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical</i>	2	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO; QL (30 per 30 days)
<i>mupirocin calcium</i>	2	MO; QL (30 per 30 days)
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON TOPICAL CREAM	3	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	2	MO; QL (60 per 28 days)
<i>econazole</i>	2	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ketodan</i>	2	MO; QL (100 per 28 days)
<i>naftifine</i>	2	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin topical powder</i>	2	MO
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO
<i>oxiconazole</i>	2	MO

### TOPICAL ANTIVIRALS

<i>acyclovir topical cream</i>	2	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)

DENAVIR 3 MO

### TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream</i>	2	MO
<i>alclometasone</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
<i>clobetasol scalp</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	2	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	2	MO; QL (120 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>clobetasol topical shampoo</i>	2	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	2	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 28 days)
<i>desonide</i>	4	MO
<i>fluocinolone</i>	2	MO
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinonide</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	2	MO
<i>halobetasol propionate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical lotion</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>nolix topical cream</i>	2	QL (120 per 30 days)
<i>prednicarbate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical aerosol</i>	2	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	2	MO
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan</i>	2	
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin topical cream</i>	2	MO
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>ANTIDOTES</b>		
<i>acetylcysteine intravenous</i>	2	MO
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	2	MO
<i>neomycin-polymyxin b gu</i>	2	MO
<i>ringer's irrigation</i>	2	MO
<b>MISCELLANEOUS AGENTS</b>		

You can find information 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>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide</i>	2	MO
ARALAST NP	5	MO; LA
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
CARBAGLU	5	PA; MO; LA
<i>cevimeline</i>	2	MO
CHEMET	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
<i>clovique</i>	5	PA
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferasirox oral tablet 360 mg, 90 mg</i>	5	PA; MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	MO
<i>dextrose 20 % in water (d20w)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 30 % in water (d30w)</i>	2	
<i>dextrose 40 % in water (d40w)</i>	2	
<i>dextrose 5 % in water (d5w)</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose 50 % in water (d50w)</i>	2	MO
<i>dextrose 70 % in water (d70w)</i>	2	MO
<i>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	2	MO
FERRIPROX	5	PA; MO
INCRELEX	5	MO; LA
<i>kionex (with sorbitol)</i>	2	MO
<i>lanthanum</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral solution 100 mg/ml</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
LOKELMA	5	MO
<i>midodrine</i>	2	MO
<i>nitisinone</i>	5	PA; MO; LA
NORTHERA	5	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
ORFADIN	5	PA; MO; LA
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	MO; LA
RAVICTI	5	PA; MO
REVCOVI	5	PA; MO; LA
<i>riluzole</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sevelamer hcl</i>	2	MO
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	PA; MO
<i>sodium polystyrene sulfonate oral</i>	2	MO
SOLIRIS	5	PA; MO
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
THIOLA	5	MO
THIOLA EC	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>trientine</i>	5	PA; MO
VELTASSA	3	MO
<i>water for irrigation, sterile</i>	2	MO
XIAFLEX	5	PA; MO
XURIDEN	5	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO

### SMOKING DETERRENTS

<i>bupropion hcl (smoking deter)</i>	2	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO
NICOTROL NS	4	MO

### EAR, NOSE / THROAT MEDICATIONS

#### MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	

You can find information 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>fluoride (sodium) dental gel</i>	2	
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	2	MO; QL (30.5 per 30 days)
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	2	MO
<i>periogard</i>	2	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>triamcinolone acetonide dental</i>	2	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	2	MO
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
<b>CIPRODEX</b>	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>betamethasone acet,sod phos</i>	2	MO
<i>cortisone</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>decadron oral tablet</i>	2	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	2	

You can find information 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>millipred oral tablet</i>	4	B/D PA; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/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>	2	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	B/D PA; MO
<i>prednisone intensol</i>	2	B/D PA; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets, dose pack</i>	1	MO
<i>triamcinolone acetonide injection</i>	2	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
ALCOHOL PADS	3	MO
BAQSIMI	3	MO

Drug Name	Drug Tier	Requirements /Limits
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
CYCLOSET	4	MO; QL (180 per 30 days)
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
FREESTYLE FREEDOM	3	
FREESTYLE FREEDOM LITE	3	MO
FREESTYLE INSULINX	3	MO
FREESTYLE INSULINX TEST STRIPS	3	MO
FREESTYLE LITE METER	3	MO
FREESTYLE LITE STRIPS	3	MO
FREESTYLE PRECISION NEO STRIPS	3	MO
FREESTYLE TEST	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
GAUZE PADS 2 X 2	3	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	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
GVOKE SYRINGE	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO

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

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>migliitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>migliitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>migliitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOFINE 32	3	MO
OMNIPOD DASH 5 PACK POD	3	MO
OMNIPOD INSULIN MANAGEMENT	3	MO
OMNIPOD INSULIN REFILL	3	MO
ONETOUCH ULTRA BLUE TEST STRIP	3	MO
ONETOUCH ULTRA2 METER	3	MO
ONETOUCH ULTRAMINI	3	MO
ONETOUCH VERIO	3	MO
ONETOUCH VERIO IQ METER	3	MO
ONETOUCH VERIO SYSTEM	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
ONGLYZA	3	MO; QL (30 per 30 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)
PRECISION PCX PLUS TEST	3	
PRECISION PCX TEST	3	MO
PRECISION POINT OF CARE TEST	3	MO
PRECISION Q-I-D TEST	3	MO
PRECISION XTRA MONITOR	3	MO
PROGLYCEM	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
<i>repaglinide-metformin</i>	2	MO; QL (150 per 30 days)
RIOMET	3	MO; QL (765 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
<i>tolbutamide</i>	2	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	MO
TRUEPLUS PEN NEEDLE	3	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	5	PA; MO
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral</i>	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	2	MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	MO
<i>clomiphene citrate</i>	2	PA; MO
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
DDAVP NASAL SOLUTION	3	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray, non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	2	

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

You can find information 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>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>paricalcitol oral</i>	4	MO
SAMSCA	5	PA; MO
SOMAVERT	5	MO
STIMATE	3	MO
STRENSIQ	5	PA; MO; LA
SYNAREL	5	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate</i>	2	PA; MO
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)
VIMIZIM	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA; MO

**THYROID HORMONES**

<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO

**GASTROENTEROLOGY**

**ANTIDIARRHEALS / ANTISPASMODICS**

You can find information 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>atropine injection solution 0.4 mg/ml</i>	2	MO
<i>atropine injection syringe 0.05 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	MO
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine</i>	2	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	2	
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
<i>paregoric</i>	2	MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron</i>	5	MO
<i>aprepitant</i>	2	B/D PA; MO
<i>balsalazide</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>budesonide oral capsule, delayed, extended release</i>	2	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO
CHENODAL	5	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
CINVANTI	3	MO
<i>colocort</i>	2	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	2	MO
CYSTADANE	5	MO
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM	5	MO
<i>doxylamine-pyridoxine (vit b6)</i>	2	MO
<i>dronabinol oral capsule 10 mg</i>	2	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO
ENTYVIO	5	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>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous</i>	2	MO
<i>granisetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	MO
<i>lactulose oral solution</i>	2	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine</i>	2	MO
<i>mesalamine with cleansing wipe</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating</i>	2	MO
MOVANTIK	3	MO
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte</i>	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA; MO
<i>scopolamine base</i>	2	MO
SUCRAID	5	PA; MO
<i>sulfasalazine</i>	2	MO
<i>trilyte with flavor packets</i>	2	MO
TRULANCE	3	MO
<i>ursodiol</i>	2	MO
VARUBI INTRAVENOUS	3	
VARUBI ORAL	3	B/D PA; MO
VIBERZI	5	MO
VIOKACE	3	MO

Drug Name	Drug Tier	Requirements /Limits
<b>ULCER THERAPY</b>		
<i>amoxicil-clarithromy-lansopraz</i>	2	MO; QL (112 per 30 days)
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	2	MO
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous solution</i>	2	MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	MO
<i>misoprostol</i>	2	MO
<i>nizatidine</i>	2	MO

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



Drug Name	Drug Tier	Requirements /Limits
<i>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>pantoprazole intravenous</i>	2	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
<i>ranitidine hcl injection</i>	2	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate</i>	2	MO
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
FULPHILA	5	PA; MO
GRANIX	5	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA
INTRON A INJECTION RECON SOLN	5	B/D PA; MO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	3	B/D PA; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL	5	B/D PA; MO
NEULASTA	5	PA; MO
NEUPOGEN	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	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
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	5	B/D PA; MO
REBIF (WITH ALBUMIN)	5	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	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	MO
SYLATRON SUBCUTANEOUS KIT 600 MCG	5	
ZARXIO	5	PA; MO
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT ) (PF)	3	MO
BCG VACCINE, LIVE (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
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	MO
GARDASIL 9 (PF)	3	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO

Drug Name	Drug Tier	Requirements /Limits
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL	3	
HYQVIA	5	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
IPOL	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF)	3	MO
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO

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

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

Drug Name	Drug Tier	Requirements /Limits
ZOSTAVAX (PF)	3	MO
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
COLCRYS	4	ST; MO
<i>febuxostat</i>	2	MO
KRYSTEXXA	5	MO
MITIGARE	3	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
ULORIC	3	MO
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral solution</i>	2	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)
FORTEO	5	PA; MO; QL (2.4 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)

### OTHER RHEUMATOLOGICALS

ACTEMRA	5	PA; MO
ACTEMRA ACTPEN	5	PA; MO; QL (4 per 28 days)
BENLYSTA	5	PA; MO
DEPEN TITRATABS	5	MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)

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

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

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA	5	PA; MO
ORENCIA (WITH MALTOSE)	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO
OTEZLA	5	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	5	PA
<i>penicillamine oral capsule</i>	5	MO
RIDAURA	5	MO

Drug Name	Drug Tier	Requirements /Limits
RINVOQ	5	PA; MO; QL (30 per 30 days)
XELJANZ	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	MO
<i>dotti</i>	2	PA; MO; QL (8 per 28 days)
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>incassia</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>jencycla</i>	2	MO
<i>lyza</i>	2	MO
<i>medroxyprogesterone</i>	2	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
<i>norlyda</i>	2	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
<i>tulana</i>	2	MO
<i>yuvafem</i>	2	MO
<b>MISCELLANEOUS OB/GYN</b>		
<i>clindamycin phosphate vaginal</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
<i>mifepristone</i>	2	LA
MIRENA	3	MO; LA
NEXPLANON	3	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethyst (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
<i>camrese</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>desog-e.estradiol/e.estradiol</i>	2	MO
<i>desogestrel-ethinyl estradiol</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>elinest</i>	2	MO
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>fayosim</i>	2	MO
<i>femynor</i>	2	MO
<i>gianvi (28)</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estrad</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levora-28</i>	2	MO
<i>lillow (28)</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lutra (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO

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



Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	MO
<i>norgestimate-ethinyl estradiol</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>orsythia</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella</i>	2	MO
<i>portia 28</i>	2	MO
<i>previfem</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina 24 fe</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri femynor</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zarah</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zumandimine (28)</i>	2	

### OXYTOCICS

<i>methergine</i>	2	PA
<i>methylergonovine injection</i>	2	PA
<i>methylergonovine oral</i>	2	PA; MO
<i>oxytocin injection solution</i>	2	MO

### OPHTHALMOLOGY

#### ANTIBIOTICS

<i>ak-poly-bac</i>	2	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>levofloxacin ophthalmic (eye)</i>	2	MO
<i>moxifloxacin ophthalmic (eye)</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin</i>	2	MO
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	2	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>balanced salt</i>	2	
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>bss</i>	2	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	PA; MO
<i>epinastine</i>	2	MO
EYLEA INTRAVITREAL SOLUTION	5	PA; MO
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	5	MO; LA
LUCENTIS	5	PA; MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
OXERVATE	5	PA; MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
XIIDRA	3	MO; QL (60 per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac</i>	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	2	MO
<b>OTHER GLAUCOMA DRUGS</b>		
<i>bimatoprost ophthalmic (eye)</i>	2	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	MO
<i>latanoprost</i>	2	MO
<i>miostat</i>	2	
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>neo-polycin hc</i>	2	MO
<i>tobramycin-dexamethasone</i>	2	MO
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	2	MO
<i>loteprednol etabonate</i>	2	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	2	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>adrenalin injection</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (2 per 30 days)
EPIPEN	3	MO; QL (2 per 30 days)
EPIPEN 2-PAK	3	MO; QL (2 per 30 days)
EPIPEN JR	3	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
SYMJEPI	4	MO; QL (2 per 30 days)
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	MO
<i>alyq</i>	5	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
<i>bosentan</i>	5	PA; MO; LA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	B/D PA; MO; QL (60 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP ORAL TABLET 250 MCG	4	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500 MCG	4	PA; MO
DULERA	3	MO; QL (13 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO
FASENRA PEN	5	PA; MO
FIRAZYR	5	PA; MO
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
HAEGARDA	5	PA; MO; LA
<i>icatibant</i>	5	PA; MO
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl</i>	2	B/D PA; MO
<i>metaproterenol oral syrup</i>	2	MO
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast</i>	2	MO
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	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
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO
PROAIR HFA	3	MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)
PULMOZYME	5	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>terbutaline</i>	2	MO
THEO-24	3	MO
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	2	
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRIKAFTA	5	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
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	2	MO

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

<i>flavoxate</i>	2	MO
MYRBETRIQ	3	MO
<i>oxybutynin chloride</i>	2	MO
<i>solifenacin</i>	2	MO
<i>tolterodine</i>	2	MO
<i>trospium</i>	2	MO

### BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>silodosin</i>	2	MO
<i>tamsulosin</i>	1	MO

## MISCELLANEOUS UROLOGICALS

<i>alprostadil</i>	2	MO
<i>bethanechol chloride</i>	2	MO
CYSTAGON	3	PA; MO; LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate</i>	2	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; MO; QL (30 per 30 days)

## VITAMINS, HEMATINICS / ELECTROLYTES

### BLOOD DERIVATIVES

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

You can find information 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>plasbumin 25 %</i>	2	MO
<i>plasbumin 5 %</i>	2	
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind)</i>	2	MO
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	2	MO
<i>klor-con/ef</i>	2	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	MO
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium chloride injection</i>	2	MO
<b>MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML</b>	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
<b>NORMOSOL-R</b>	3	MO
<b>NORMOSOL-R IN 5 % DEXTROSE</b>	3	
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	

You can find information 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 in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	2	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium phosphate m-/d-basic</i>	2	
<i>ringer's intravenous</i>	2	
<i>sodium acetate</i>	2	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	2	

You can find information 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>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3 %</i>	2	MO
<i>sodium chloride 5 %</i>	2	MO
<i>sodium chloride intravenous</i>	2	MO
<i>sodium lactate intravenous</i>	2	
<i>sodium phosphate</i>	2	MO
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA
AMINOSYN-PF 10 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	B/D PA
<i>cysteine (l-cysteine) intravenous solution</i>	2	B/D PA
<i>electrolyte-48 in d5w</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>freamine iii 10 %</i>	2	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA
IONOSOL-MB IN D5W	3	
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
NEPHRAMINE 5.4 %	3	B/D PA
NORMOSOL-R PH 7.4	3	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<i>plasmanate</i>	2	
<i>plenamine</i>	2	B/D PA
<i>premasol 10 %</i>	2	B/D PA; MO
PREMASOL 6 %	3	B/D PA
<i>travasol 10 %</i>	4	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
TROPHAMINE 6%	3	B/D PA
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	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 .....	9	
abacavir-lamivudine .....	9	
abacavir-lamivudine- zidovudine .....	9	
ABELCET .....	9	
ABILIFY MAINTENA .....	36	
abiraterone .....	18	
ABRAXANE .....	18	
acamprosate .....	53	
acarbose .....	56	
acebutolol .....	42	
acetaminophen-caff- dihydrocod .....	32	
acetaminophen-codeine .....	32	
acetazolamide .....	75	
acetazolamide sodium .....	75	
acetic acid .....	53, 55	
acetylcysteine .....	52, 76	
acitretin .....	48, 49	
ACTEMRA .....	69	
ACTEMRA ACTPEN .....	69	
ACTHIB (PF) .....	66	
ACTIMMUNE .....	65	
acyclovir .....	9, 51	
acyclovir sodium .....	9	
ADACEL(TDAP ADOLESN/ADULT)(PF) .....	66	
ADASUVE .....	36	
ADCETRIS .....	18	
adefovir .....	9	
ADEMPAS .....	76	
adenosine .....	41	
adrenalin .....	75	
adriamycin .....	18	
adrucil .....	19	
ADVAIR DISKUS .....	76	
AFINITOR .....	19	
AFINITOR DISPERZ .....	19	
ak-poly-bac .....	73	
ala-cort .....	51	
albendazole .....	14	
albumin, human 25 % .....	79	
albuminar 25 % .....	79	
alburx (human) 25 % .....	79	
alburx (human) 5 % .....	79	
albutein 25 % .....	79	
albutein 5 % .....	79	
albuterol sulfate .....	76	
alclometasone .....	51	
ALCOHOL PADS .....	56	
ALDURAZYME .....	60	
ALECENSA .....	19	
alendronate .....	53, 68	
alfuzosin .....	79	
ALIMTA .....	19	
ALINIA .....	14	
ALIQOPA .....	19	
aliskiren .....	42	
allopurinol .....	68	
allopurinol sodium .....	68	
aloprim .....	68	
alosetron .....	62	
ALPHAGAN P .....	75	
alprostadil .....	79	
altavera (28) .....	71	
ALUNBRIG .....	19	
alyacen 1/35 (28) .....	71	
alyacen 7/7/7 (28) .....	71	
alyq .....	76	
amantadine hcl .....	9	
AMBISOME .....	9	
ambrisentan .....	76	
amethyst (28) .....	71	
AMICAR .....	45	
amikacin .....	14	
amiloride .....	42	
amiloride-hydrochlorothiazide .....	42	
aminocaproic acid .....	45	
AMINOSYN II 10 % .....	82	
AMINOSYN II 15 % .....	82	
AMINOSYN-PF 10 % .....	82	
AMINOSYN-PF 7 % (SULFITE-FREE) .....	82	
amiodarone .....	41	
amitriptyline .....	36	
amlodipine .....	42	
amlodipine-atorvastatin .....	46	
amlodipine-benazepril .....	42	
amlodipine-olmesartan .....	42	
amlodipine-valsartan .....	42	
amlodipine-valsartan-hcthiazyd .....	42	
ammonium lactate .....	49	
amnesteem .....	50	
amoxapine .....	36	
amoxicil-clarithromy-lansopraz .....	64	
amoxicillin .....	16	
amoxicillin-pot clavulanate ..	16	
amphotericin b .....	9	
ampicillin .....	16	
ampicillin sodium .....	16	
ampicillin-sulbactam .....	16	
anagrelide .....	53	
anastrozole .....	19	
APOKYN .....	30	
apraclonidine .....	75	
aprepitant .....	62	
apri .....	71	
APTIOM .....	27	
APTIVUS .....	9	
APTIVUS (WITH VITAMIN E) .....	9	
ARALAST NP .....	53	
aranelle (28) .....	71	
ARCALYST .....	65	
ARIKAYCE .....	14	
aripiprazole .....	36	
ARISTADA .....	36	
ARISTADA INITIO .....	36	
armodafinil .....	36	
ARRANON .....	19	
arsenic trioxide .....	19	
ARSENIC TRIOXIDE .....	19	
ARZERRA .....	19	
ASMANEX HFA .....	76	
ASMANEX TWISTHALER .....	76, 77	
aspirin-dipyridamole .....	45	
atazanavir .....	9	
atenolol .....	42	
atenolol-chlorthalidone .....	42	
atomoxetine .....	36	

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

atorvastatin .....	46	BETHKIS .....	14	calcipotriene-betamethasone	49
atovaquone .....	14	bexarotene .....	19	calcitonin (salmon) .....	60
atovaquone-proguanil.....	14	BEXSERO.....	67	calcitriol.....	49, 60
ATRIPLA .....	9	bicalutamide .....	19	calcium acetate(phosphat bind)	.....80
atropine.....	62, 74	BICILLIN C-R .....	16	calcium chloride .....	80
ATROVENT HFA .....	77	BICILLIN L-A .....	16	calcium gluconate .....	80
aubra .....	71	BICNU.....	19	CALQUENCE.....	19
aubra eq .....	71	BIKTARVY .....	9	camila .....	70
AUGMENTIN.....	16	bimatoprost.....	75	camrese .....	71
AVASTIN .....	19	bisoprolol fumarate.....	42	candesartan .....	42
aviane .....	71	bisoprolol-hydrochlorothiazide	.....42	candesartan-hydrochlorothiazid	.....42
AVONEX .....	65	bleomycin .....	19	CAPASTAT .....	14
azacitidine.....	19	BLEPHAMIDE .....	74	CAPRELSA.....	20
azathioprine .....	19	BLEPHAMIDE S.O.P.....	74	captopril .....	42
azathioprine sodium .....	19	BLINCYTO.....	19	captopril-hydrochlorothiazide	.....42
azelaic acid .....	50	BOOSTRIX TDAP.....	67	CARBAGLU .....	53
azelastine .....	54, 74	BORTEZOMIB .....	19	carbamazepine .....	27
azithromycin.....	13	bosentan.....	77	carbidopa .....	30
aztreonam .....	14	BOSULIF .....	19	carbidopa-levodopa .....	30
azurette (28).....	71	BOTOX .....	67	carbidopa-levodopa-	.....30
<b>B</b>		BRAFTOVI.....	19	entacapone .....	30
bacitracin .....	14, 73	BRILINTA .....	45	carbocaine (pf).....	49
bacitracin-polymyxin b .....	73	brimonidine .....	75	carboplatin .....	20
baclofen .....	31	BRIVIACT .....	27	cardioplegic soln.....	47
balanced salt .....	74	bromfenac .....	75	carmustine.....	20
balsalazide .....	62	bromocriptine .....	30	carteolol .....	74
BALVERSA.....	19	bss.....	74	cartia xt .....	42
BANZEL .....	27	budesonide.....	62, 77	carvedilol .....	42
BAQSIMI.....	56	bumetanide .....	42	carvedilol phosphate .....	42
BARACLUDE .....	9	buprenorphine.....	32	casprofungin.....	9
BAVENCIO .....	19	buprenorphine hcl.....	32	CAYSTON .....	14
BCG VACCINE, LIVE (PF) 66		buprenorphine-naloxone.....	35	caziant (28) .....	71
bekyree (28).....	71	bupropion hcl.....	36	cefaclor .....	12
BELEODAQ .....	19	bupropion hcl (smoking deter)	.....54	cefadroxil.....	12
benazepril .....	42	buspirone .....	36	cefazolin .....	12
benazepril-hydrochlorothiazide	.....42	busulfan .....	19	cefazolin in dextrose (iso-os)12	
BENDEKA.....	19	butorphanol tartrate .....	35	cefdinir.....	12
BENLYSTA .....	69	BYDUREON.....	56	cefepime .....	13
BENZNIDAZOLE .....	14	BYDUREON BCISE .....	56	cefepime in dextrose,iso-osm	.....12, 13
benztropine .....	30	BYETTA .....	56	cefixime .....	13
BESPONSA .....	19	<b>C</b>		cefotaxime .....	13
betamethasone acet,sod phos55		cabergoline .....	60	cefotetan .....	13
betamethasone dipropionate .51		CABLIVI.....	45	cefoxitin.....	13
betamethasone valerate .....	51	CABOMETYX.....	19		
betamethasone, augmented...51		caffeine citrate .....	53		
betaxolol.....	42, 74	calcipotriene .....	49		
bethanechol chloride .....	79				

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

cefoxitin in dextrose, iso-osm ..... 13	CIPRODEX ..... 55	COMETRIQ ..... 20
cefepodoxime ..... 13	ciprofloxacin ..... 17	COMPLERA ..... 10
cefprozil ..... 13	ciprofloxacin hcl ..... 17, 55, 73	compro ..... 62
ceftazidime ..... 13	ciprofloxacin in 5 % dextrose ..... 17	constulose ..... 62
ceftriaxone ..... 13	cisplatin ..... 20	COPIKTRA ..... 20
ceftriaxone in dextrose, iso-os ..... 13	citalopram ..... 37	CORLANOR ..... 47
cefuroxime axetil ..... 13	cladribine ..... 20	CORTIFOAM ..... 62
cefuroxime sodium ..... 13	claravis ..... 50	cortisone ..... 55
celecoxib ..... 35	clarithromycin ..... 13	COSMEGEN ..... 20
CELONTIN ..... 27	clindamycin ..... 14	COTELLIC ..... 20
cephalexin ..... 13	clindamycin hcl ..... 14	CREON ..... 62
CEPROTIN (BLUE BAR) ... 45	clindamycin in 5 % dextrose 14	CRESEMBA ..... 9
CEPROTIN (GREEN BAR) 45	clindamycin palmitate hcl ... 14	CRIXIVAN ..... 10
CERDELGA ..... 60	clindamycin pediatric ..... 14	cromolyn ..... 62, 74, 77
CEREZYME ..... 60	clindamycin phosphate .. 14, 50, 71	crotan ..... 52
cetirizine ..... 75	CLINIMIX 5%/D15W SULFITE FREE ..... 82	cryselle (28) ..... 71
cevimeline ..... 53	CLINIMIX 4.25%/D10W SULF FREE ..... 82	CRYSVITA ..... 60
CHANTIX ..... 54	CLINIMIX 4.25%/D5W SULFIT FREE ..... 53	cyclafem 1/35 (28) ..... 71
CHANTIX CONTINUING MONTH BOX ..... 54	CLINIMIX 5% - D20W(SULFITE-FREE).. 82	cyclafem 7/7/7 (28) ..... 71
CHANTIX STARTING MONTH BOX ..... 54	clobazam ..... 27	cyclobenzaprine ..... 31
CHEMET ..... 53	clobetasol ..... 51, 52	cyclophosphamide ..... 20
CHENODAL ..... 62	clobetasol-emollient ..... 52	CYCLOSET ..... 56
chloramphenicol sod succinate ..... 14	clofarabine ..... 20	cyclosporine ..... 20
chlorhexidine gluconate ..... 54	clomiphene citrate ..... 60	cyclosporine modified ..... 20
chloroprocaine (pf) ..... 49	clomipramine ..... 37	CYRAMZA ..... 20
chloroquine phosphate ..... 14	clonazepam ..... 28	cyred ..... 71
chlorothiazide ..... 42	clonidine ..... 42	cyred eq ..... 71
chlorothiazide sodium ..... 42	clonidine (pf) ..... 35, 42	CYSTADANE ..... 62
chlorpromazine ..... 36	clonidine hcl ..... 37, 42	CYSTAGON ..... 79
chlorthalidone ..... 42	clopidogrel ..... 45	CYSTARAN ..... 74
CHOLBAM ..... 62	clorazepate dipotassium ..... 37	cysteine (l-cysteine) ..... 82
cholestyramine (with sugar) . 46	clotrimazole ..... 9, 51	cytarabine ..... 20
cholestyramine light ..... 46	clotrimazole-betamethasone . 51	cytarabine (pf) ..... 20
ciclodan ..... 50	clovique ..... 53	<b>D</b>
ciclopirox ..... 51	clozapine ..... 37	d10 %-0.45 % sodium chloride ..... 53
cidofovir ..... 9	CLOZAPINE ..... 37	d2.5 %-0.45 % sodium chloride ..... 53
cilostazol ..... 45	COARTEM ..... 14	d5 % and 0.9 % sodium chloride ..... 53
CIMDUO ..... 10	COLCRYS ..... 68	d5 %-0.45 % sodium chloride ..... 53
cimetidine ..... 64	colesevelam ..... 46	dacarbazine ..... 20
cimetidine hcl ..... 64	colestipol ..... 46	dactinomycin ..... 20
cinacalcet ..... 60	colistin (colistimethate na) ... 14	dalfampridine ..... 31
CINRYZE ..... 77	colocort ..... 62	DALIRESP ..... 77
CINVANTI ..... 62	COMBIVENT RESPIMAT . 77	danazol ..... 60
		dantrolene ..... 31

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

dapsone.....	14, 50	dextrose 20 % in water (d20w)	.....53	dofetilide.....	41
DAPTACEL (DTAP		.....	53	donepezil.....	31
PEDIATRIC) (PF).....	67	dextrose 25 % in water (d25w)	.....53	dopamine .....	48
daptomycin .....	14	.....	53	dopamine in 5 % dextrose ....	48
DAPTOMYCIN .....	14	dextrose 30 % in water (d30w)	.....53	DOPTELET (10 TAB PACK)	
DARAPRIM.....	14	.....	53	.....	45
DARZALEX .....	20	dextrose 40 % in water (d40w)	.....53	DOPTELET (15 TAB PACK)	
dasetta 1/35 (28).....	71	.....	53	.....	45
dasetta 7/7/7 (28).....	71	dextrose 5 % in water (d5w).	53	DOPTELET (30 TAB PACK)	
daunorubicin.....	20	dextrose 5 %-lactated ringers	53	.....	45
DAURISMO.....	20	dextrose 5%-0.2 % sod		dorzolamide .....	75
daysee .....	71	chloride.....	53	dorzolamide-timolol .....	75
DDAVP .....	60	dextrose 5%-0.3 %		dorzolamide-timolol (pf) .....	75
deblitane .....	70	sod.chloride .....	53	dotti.....	70
decadron .....	55	dextrose 50 % in water (d50w)	.....53	DOVATO .....	10
decitabine .....	20	.....	53	doxazosin.....	43
deferasirox.....	53	dextrose 70 % in water (d70w)	.....53	doxepin .....	37, 49
deferroxamine.....	53	.....	53	doxercalciferol.....	60
DELSTRIGO.....	10	dextrose with sodium chloride	.....53	doxorubicin.....	20, 21
demeclocycline.....	17	.....	53	doxorubicin, peg-liposomal ..	21
DEMSER.....	43	DIASTAT.....	28	doxy-100.....	17
DENAVIR.....	51	DIASTAT ACUDIAL.....	28	doxycycline hyclate.....	17
denta 5000 plus.....	54	diazepam.....	28, 37	doxycycline monohydrate ...	17,
dentagel .....	54	diclofenac potassium .....	35	18	
DEPEN TITRATABS .....	69	diclofenac sodium.....	35, 49, 75	doxylamine-pyridoxine (vit b6)	
DEPO-PROVERA .....	70	diclofenac-misoprostol .....	35	.....	62
DESCOVY .....	10	dicloxacillin.....	16	DRIZALMA SPRINKLE.....	37
desipramine .....	37	dicyclomine .....	62	dronabinol.....	62
desmopressin .....	60	didanosine.....	10	droperidol .....	62
desog-e.estradiol/e.estradiol.	71	diflunisal.....	35	drospirenone-e.estradiol-1m.fa	
desogestrel-ethinyl estradiol.	71	digitek.....	47	.....	72
desonide.....	52	digox.....	47	drospirenone-ethinyl estradiol	
desvenlafaxine succinate .....	37	digoxin.....	47	.....	72
dexamethasone .....	55	dihydroergotamine.....	30	DROXIA.....	21
dexamethasone intensol.....	55	DILANTIN 30 MG .....	28	DULERA.....	77
dexamethasone sodium phos		diltiazem hcl .....	43	duloxetine .....	37
(pf).....	55	dilt-xr.....	43	DUPIXENT .....	49
dexamethasone sodium		dimenhydrinate.....	62	duramorph (pf).....	32
phosphate.....	55, 75	DIPENTUM .....	62	dutasteride.....	79
dexrazoxane hcl.....	18	diphenhydramine hcl .....	76	dutasteride-tamsulosin.....	79
dextroamphetamine .....	37	diphenoxylate-atropine.....	62	<b>E</b>	
dextroamphetamine-		dipyridamole.....	45	e.e.s. 400.....	13
amphetamine .....	37	disulfiram.....	53	ec-naproxen .....	35
dextrose 10 % and 0.2 % nacl		divalproex.....	28	econazole .....	51
.....	53	dobutamine .....	47	EDURANT .....	10
dextrose 10 % in water (d10w)		dobutamine in d5w .....	47	efavirenz .....	10
.....	53	docetaxel.....	20	effer-k .....	80
		DOCETAXEL.....	20	ELAPRASE.....	60

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

electrolyte-48 in d5w.....	82	ERBITUX.....	21	FARXIGA.....	56
eletriptan.....	30	ergoloid.....	37	FARYDAK.....	21
elinest.....	72	ergotamine-caffeine.....	30	FASENRA.....	77
ELIQUIS.....	45	ERIVEDGE.....	21	FASENRA PEN.....	77
ELIQUIS DVT-PE TREAT		ERLEADA.....	21	FASLODEX.....	21
30D START.....	45	erlotinib.....	21	fayosim.....	72
ELITEK.....	18	errin.....	70	febuxostat.....	68
ELMIRON.....	79	ertapenem.....	15	felbamate.....	28
EMCYT.....	21	ERWINAZE.....	21	felodipine.....	43
EMEND.....	62	ery-tab.....	13	femynor.....	72
emoquette.....	72	ERY-TAB.....	14	fenofibrate.....	47
EMPLICITI.....	21	ERYTHROCIN.....	14	fenofibrate micronized.....	46
EMSAM.....	37	erythrocin (as stearate).....	14	fenofibrate nanocrystallized.....	47
EMTRIVA.....	10	erythromycin.....	14, 73	fenofibric acid.....	47
EMVERM.....	15	erythromycin ethylsuccinate.....	14	fenofibric acid (choline).....	47
enalapril maleate.....	43	erythromycin with ethanol.....	50	fenopropfen.....	35
enalaprilat.....	43	ESBRIET.....	77	fentanyl.....	33
enalapril-hydrochlorothiazide		escitalopram oxalate.....	37	fentanyl citrate.....	32
.....	43	esmolol.....	43	fentanyl citrate (pf).....	32
ENBREL.....	69	esomeprazole magnesium.....	64	FERRIPROX.....	53
ENBREL MINI.....	69	esomeprazole sodium.....	64	FETZIMA.....	38
ENBREL SURECLICK.....	69	estarylla.....	72	finasteride.....	79
endocet.....	32	estradiol.....	70	FIRAZYR.....	77
ENGERIX-B (PF).....	67	estradiol valerate.....	70	FIRDAPSE.....	31
ENGERIX-B PEDIATRIC		estradiol-norethindrone acet.....	70	FIRMAGON KIT W	
(PF).....	67	eszopiclone.....	37	DILUENT SYRINGE.....	21
enoxaparin.....	45	ethacrynate sodium.....	43	flavoxate.....	79
enpresse.....	72	ethacrynic acid.....	43	flecainide.....	41
enskyce.....	72	ethambutol.....	15	floxuridine.....	21
entacapone.....	30	ethosuximide.....	28	fluconazole.....	9
entecavir.....	10	ethynodiol diac-eth estradiol.....	72	fluconazole in nacl (iso-osm).....	9
ENTRESTO.....	48	etodolac.....	35	flucytosine.....	9
ENTYVIO.....	62	ETOPOPHOS.....	21	fludarabine.....	21
enulose.....	63	etoposide.....	21	fludrocortisone.....	55
EPCLUSA.....	10	everolimus (antineoplastic).....	21	flumazenil.....	38
EPIDIOLEX.....	28	EVOTAZ.....	10	flunisolide.....	77
epinastine.....	74	exemestane.....	21	fluocinolone.....	52
epinephrine.....	76	EYLEA.....	74	fluocinolone acetonide oil.....	55
EPIPEN.....	76	ezetimibe.....	46	fluocinolone and shower cap.....	52
EPIPEN 2-PAK.....	76	ezetimibe-simvastatin.....	46	fluocinonide.....	52
EPIPEN JR.....	76	<b>F</b>		fluocinonide-e.....	52
EPIPEN JR 2-PAK.....	76	FABRAZYME.....	60	fluoride (sodium).....	54, 55, 82
epirubicin.....	21	falmina (28).....	72	fluorometholone.....	75
epitol.....	28	famciclovir.....	10	fluorouracil.....	21, 49
EPIVIR HBV.....	10	famotidine.....	64	fluoxetine.....	38
eplerenone.....	43	famotidine (pf).....	64	fluphenazine decanoate.....	38
epoprostenol (glycine).....	43	famotidine (pf)-nacl (iso-os).....	64	fluphenazine hcl.....	38
eprosartan.....	43	FANAPT.....	38	flurbiprofen.....	35

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

flurbiprofen sodium.....	75	GEMCITABINE .....	21	heparin(porcine) in 0.45% nacl	46
flutamide.....	21	gemfibrozil .....	47	.....	46
fluticasone propionate .....	77	generlac .....	63	HEPARIN(PORCINE) IN	
fluvastatin .....	47	gengraf.....	21, 22	0.45% NACL.....	46
fluvoxamine.....	38	gentak .....	73	heparin, porcine (pf) .....	46
FOLOTYN .....	21	gentamicin .....	15, 50, 74	HEPARIN, PORCINE (PF)..	46
fomepizole.....	67	gentamicin in nacl (iso-osm) 15		HEPATAMINE 8% .....	82
fondaparinux.....	45	gentamicin sulfate (ped) (pf) 15		HERCEPTIN .....	22
FORTEO .....	68	GENVOYA .....	10	HERCEPTIN HYLECTA ...	22
fosamprenavir.....	10	GEODON .....	38	HETLIOZ .....	38
fosaprepitant .....	63	gianvi (28) .....	72	HIBERIX (PF).....	67
fosinopril .....	43	GILENYA .....	31	HIZENTRA .....	67
fosinopril-hydrochlorothiazide		GILOTRIF.....	22	HUMALOG JUNIOR	
.....	43	glatiramer.....	31	KWIKPEN U-100 .....	57
fosphenytoin .....	28	glatopa .....	31	HUMALOG KWIKPEN	
freamine iii 10 % .....	82	GLEOSTINE.....	22	INSULIN .....	57
FREESTYLE FREEDOM ...	56	glimepiride.....	57	HUMALOG MIX 50-50	
FREESTYLE FREEDOM		glipizide .....	57	INSULN U-100 .....	57
LITE .....	56	glipizide-metformin.....	57	HUMALOG MIX 50-50	
FREESTYLE INSULINX....	56	GLUCAGEN HYPOKIT ....	57	KWIKPEN.....	57
FREESTYLE INSULINX		GLUCAGON EMERGENCY		HUMALOG MIX 75-25	
TEST STRIPS .....	56	KIT (HUMAN).....	57	KWIKPEN.....	57
FREESTYLE LITE METER	56	glycine urologic.....	79	HUMALOG MIX 75-25(U-	
FREESTYLE LITE STRIPS	56	glycine urologic solution .....	79	100)INSULN .....	57
FREESTYLE PRECISION		glycopyrrolate.....	62	HUMALOG U-100 INSULIN	
NEO STRIPS.....	56	glycopyrrolate (pf) in water..	62	.....	57
FREESTYLE TEST .....	56	glydo.....	49	HUMIRA .....	69
FULPHILA.....	65	granisetron (pf) .....	63	HUMIRA PEDIATRIC	
fulvestrant.....	21	granisetron hcl .....	63	CROHNS START .....	69
furosemide.....	43	GRANIX .....	65	HUMIRA PEN .....	69
FUZEON .....	10	GRASTEK.....	67	HUMIRA PEN CROHNS-UC-	
FYCOMPA .....	28	griseofulvin microsize .....	9	HS START .....	69
<b>G</b>		griseofulvin ultramicrosize.....	9	HUMIRA PEN PSOR-	
gabapentin .....	28	guanidine .....	38	UVEITS-ADOL HS .....	69
galantamine .....	31	GVOKE SYRINGE.....	57	HUMIRA(CF) .....	70
GAMASTAN .....	67	<b>H</b>		HUMIRA(CF) PEDI	
GAMASTAN S/D.....	67	HAEGARDA.....	77	CROHNS STARTER .....	69
ganciclovir sodium .....	10	HALAVEN.....	22	HUMIRA(CF) PEN.....	70
GARDASIL 9 (PF).....	67	halobetasol propionate.....	52	HUMIRA(CF) PEN	
gatifloxacin.....	73	haloperidol.....	38	CROHNS-UC-HS.....	69
GATTEX 30-VIAL.....	63	haloperidol decanoate.....	38	HUMIRA(CF) PEN PSOR-	
GATTEX ONE-VIAL.....	63	haloperidol lactate .....	38	UV-ADOL HS.....	70
GAUZE PAD .....	57	HARVONI.....	10	HUMULIN 70/30 U-100	
gavilyte-c.....	63	HAVRIX (PF) .....	67	INSULIN .....	57
gavilyte-g.....	63	heather .....	70	HUMULIN 70/30 U-100	
gavilyte-n.....	63	heparin (porcine) .....	46	KWIKPEN.....	57
GAZYVA .....	21	heparin (porcine) in 5 % dex	46	HUMULIN N NPH INSULIN	
gemcitabine .....	21	heparin (porcine) in nacl (pf)46		KWIKPEN.....	57

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



HUMULIN N NPH U-100	IMOVAX RABIES VACCINE	IXEMPRA .....	22
INSULIN.....	(PF).....	IXIARO (PF).....	67
HUMULIN R REGULAR U-	IMPAVIDO .....	<b>J</b>	
100 INSULN .....	incassia .....	JAKAFI .....	23
HUMULIN R U-500 (CONC)	INCRELEX .....	jantoven .....	46
INSULIN.....	INCRUSE ELLIPTA.....	JANUMET .....	58
HUMULIN R U-500 (CONC)	indapamide .....	JANUMET XR.....	58
KWIKPEN .....	INFANRIX (DTAP) (PF).....	JANUVIA.....	58
hydralazine .....	INFUGEM.....	jasmiel (28).....	72
hydrochlorothiazide.....	INLYTA .....	jencycla.....	71
hydrocodone-acetaminophen	INREBIC .....	JETREA (PF).....	74
33	INSULIN PEN NEEDLE.....	JEVTANA .....	23
hydrocodone-ibuprofen .....	INSULIN SYRINGE-	jolessa .....	72
33	NEEDLE U-100 .....	juleber .....	72
hydrocortisone .....	INTELENCE .....	JULUCA .....	10
52, 55, 63	intralipid .....	JUXTAPID .....	47
hydrocortisone butyrate.....	INTRON A .....	<b>K</b>	
52	introvale.....	KADCYLA.....	23
hydrocortisone-acetic acid....	INVEGA SUSTENNA.....	KALETRA .....	10
55	INVEGA TRINZA .....	kalliga .....	72
hydrocortisone-pramoxine ...	INVIRASE .....	KALYDECO .....	77
63	INVOKAMET.....	KANJINTI.....	23
hydromorphone .....	INVOKAMET XR .....	KANUMA .....	60
33	INVOKANA .....	kariva (28) .....	72
hydromorphone (pf) .....	IONOSOL-MB IN D5W .....	kelnor 1/35 (28).....	72
33	IPOL .....	kelnor 1-50.....	72
hydroxychloroquine .....	ipratropium bromide.....	KEPIVANCE .....	18
15	55, 77	ketoconazole .....	9, 51
hydroxyprogesterone caproate	ipratropium-albuterol.....	ketodan .....	51
.....	irbesartan .....	ketoprofen.....	35, 36
70	irbesartan-hydrochlorothiazide	ketorolac .....	75
hydroxyurea.....	.....	KEYTRUDA .....	23
22	IRESSA .....	KHAPZORY .....	18
hydroxyzine hcl.....	irinotecan .....	KINRIX (PF).....	67
76	22	kionex (with sorbitol) .....	53
HYPERHEP B S/D .....	ISENTRESS .....	KISQALI .....	23
67	ISENTRESS HD .....	KISQALI FEMARA CO-	
HYPERHEP B S-D	isibloom.....	PACK .....	23
NEONATAL .....	ISOLYTE S PH 7.4.....	klor-con.....	80
67	82	klor-con 10.....	80
<b>H</b>	ISOLYTE-P IN 5 %	klor-con 8.....	80
	DEXTROSE.....	klor-con m10 .....	80
ibandronate .....	82	klor-con m15 .....	80
68	ISOLYTE-S.....	klor-con m20 .....	80
IBRANCE .....	isoniazid.....	klor-con sprinkle.....	80
22	15	klor-con/ef .....	80
ibu.....	isosorbide dinitrate .....	KOMBIGLYZE XR .....	58
35	48	KORLYM.....	60
ibuprofen .....	isosorbide mononitrate .....		
35	48		
ibuprofen-oxycodone .....	isotretinoin.....		
33	50		
ibutilide fumarate .....	isradipine .....		
41	43		
icatibant .....	ISTODAX .....		
77	22		
ICLUSIG .....	itraconazole .....		
22	9		
idarubicin.....	ivermectin.....		
22	15, 50		
IDHIFA .....			
22			
ifosfamide.....			
22			
ILARIS (PF).....			
65			
imatinib.....			
22			
IMBRUVICA .....			
22			
IMFINZI.....			
22			
imipenem-cilastatin .....			
15			
imipramine hcl.....			
38			
imipramine pamoate.....			
38			
imiquimod .....			
49			

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

K-PHOS NO 2.....	79	levonest (28).....	72	loxapine succinate .....	39
K-PHOS ORIGINAL .....	79	levonorgestrel-ethinyl estrad	72	lo-zumandimine (28) .....	72
KRYSTEXXA.....	68	levonorg-eth estrad triphasic	72	LUCENTIS .....	74
k-tab.....	80	levora-28.....	72	LUMIZYME.....	60
kurvelo (28).....	72	levorphanol tartrate.....	33	LUMOXITI .....	23
KUVAN .....	60	levothyroxine.....	61	LUPRON DEPOT .....	23
KYPROLIS .....	23	levoxyl .....	61	LUPRON DEPOT (3	
<b>L</b>		LEXIVA .....	10	MONTH) .....	23
l norgest/e.estradiol-e.estrad.	72	LIBTAYO .....	23	LUPRON DEPOT (4	
labetalol .....	43	lidocaine .....	49	MONTH) .....	23
lactated ringers .....	52, 80	lidocaine (pf) in d7.5w .....	41	LUPRON DEPOT (6	
lactulose.....	63	lidocaine (pf) .....	41, 49	MONTH) .....	23
lamivudine.....	10	lidocaine hcl .....	49	LUPRON DEPOT-PED .....	23
lamivudine-zidovudine.....	10	lidocaine in 5 % dextrose (pf)		LUPRON DEPOT-PED (3	
lamotrigine .....	28	.....	41	MONTH) .....	23
LANOXIN.....	48	lidocaine viscous .....	49	lutura (28) .....	72
lansoprazole.....	64	lidocaine-epinephrine .....	49	LYNPARZA .....	23
lanthanum .....	53	lidocaine-prilocaine .....	50	LYRICA .....	29
LANTUS SOLOSTAR U-100		lillow (28).....	72	LYSODREN.....	23
INSULIN.....	58	lincomycin .....	15	lyza .....	71
LANTUS U-100 INSULIN..	58	lindane .....	52	<b>M</b>	
larin 1.5/30 (21).....	72	linezolid.....	15	mafenide acetate .....	50
larin 1/20 (21).....	72	linezolid in dextrose 5% .....	15	magnesium chloride.....	80
larin 24 fe .....	72	linezolid-0.9% sodium chloride		magnesium sulfate .....	80
larin fe 1.5/30 (28).....	72	.....	15	MAGNESIUM SULFATE IN	
larin fe 1/20 (28).....	72	LIORESAL.....	31, 32	D5W .....	80
larissia.....	72	liothyronine .....	61	magnesium sulfate in water ..	80
latanoprost .....	75	lisinopril.....	43	malathion .....	52
LATUDA .....	39	lisinopril-hydrochlorothiazide		mannitol 20 %.....	43
leflunomide.....	70	.....	43	mannitol 25 %.....	43
LEMTRADA.....	31	lithium carbonate.....	39	maprotiline.....	39
LENVIMA .....	23	lithium citrate .....	39	marlissa (28) .....	72
lessina .....	72	LOKELMA .....	53	MARPLAN.....	39
letrozole.....	23	LONSURF.....	23	MARQIBO .....	23
leucovorin calcium .....	18	loperamide .....	62	MATULANE.....	23
LEUKERAN .....	23	lopinavir-ritonavir .....	10	matzim la .....	43
LEUKINE.....	65	lorazepam .....	39	meclizine.....	63
leuprolide.....	23	lorazepam intensol.....	39	meclofenamate.....	36
levabuterol hcl.....	77	LORBRENA .....	23	medroxyprogesterone .....	71
levetiracetam .....	29	lorcet (hydrocodone) .....	33	mefenamic acid.....	36
levetiracetam in nacl (iso-os)	28	lorcet hd.....	33	mefloquine .....	15
levobunolol.....	74	lorcet plus .....	33	megestrol .....	23
levocarnitine .....	53	loryna (28) .....	72	MEKINIST .....	23
levocarnitine (with sugar)....	53	losartan .....	43	MEKTOVI.....	23
levocetirizine .....	76	losartan-hydrochlorothiazide	43	meloxicam .....	36
levofloxacin.....	17, 74	loteprednol etabonate .....	75	melphalan .....	23
levofloxacin in d5w .....	17	lovastatin .....	47	melphalan hcl.....	23
levoleucovorin calcium .....	18	low-gestrel (28) .....	72	memantine .....	31

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

MENACTRA (PF) .....	67	microgestin 1/20 (21) .....	72	myorisan .....	50
MENEST .....	71	microgestin fe 1.5/30 (28) ....	72	MYRBETRIQ.....	79
MENVEO A-C-Y-W-135-DIP (PF).....	67	microgestin fe 1/20 (28) .....	72	<b>N</b>	
MEPSEVII .....	60	midodrine.....	53	nabumetone.....	36
mercaptapurine.....	23	mifepristone.....	71	nadolol .....	44
meropenem .....	15	migergot.....	30	nadolol-bendroflumethiazide	44
mesalamine.....	63	miglitol .....	58	nafcillin.....	16
mesalamine with cleansing wipe .....	63	miglustat .....	60	nafcillin in dextrose iso-osm	16
mesna.....	18	mili.....	72	naftifine.....	51
MESNEX .....	18	millipred .....	56	NAGLAZYME.....	60
metadate er .....	39	milrinone .....	48	nalbuphine .....	36
metaproterenol.....	77	milrinone in 5 % dextrose ...	48	naloxone .....	36
metformin .....	58	minocycline .....	18	naltrexone .....	36
methadone .....	33, 34	minoxidil .....	44	NAMZARIC.....	31
methadone intensol.....	34	miostat .....	75	naproxen .....	36
methadose.....	34	MIRENA .....	71	naproxen sodium .....	36
methazolamide .....	75	mirtazapine .....	39	naratriptan .....	30
methenamine hippurate .....	18	misoprostol .....	64	NARCAN .....	36
methenamine mandelate .....	18	MITIGARE .....	68	NATACYN.....	74
methergine.....	73	mitomycin.....	23, 24	nateglinide .....	58
methimazole .....	56	mitoxantrone.....	24	NATPARA .....	60
methotrexate sodium .....	23	M-M-R II (PF).....	67	NAYZILAM.....	29
methotrexate sodium (pf) .....	23	modafinil .....	39	NEBUPENT .....	15
methoxsalen.....	50	moexipril .....	44	NEEDLES, INSULIN DISP.,SAFETY .....	58
methyldopa .....	43	molindone.....	39	nefazodone.....	39
methylergonovine.....	73	mometasone.....	52, 77	neomycin .....	15
methylphenidate hcl .....	39	mondoxyne nl .....	18	neomycin-bacitracin-poly-hc	75
methylprednisolone .....	55	mono-lynyah.....	72	neomycin-bacitracin- polymyxin.....	74
methylprednisolone acetate ..	55	montelukast .....	77	neomycin-polymyxin b gu....	52
methylprednisolone sodium succ.....	55	morgidox .....	18	neomycin-polymyxin b- dexameth.....	75
methyltestosterone.....	60	morphine.....	34	neomycin-polymyxin- gramicidin.....	74
metoclopramide hcl .....	63	morphine (pf).....	34	neomycin-polymyxin-hc.55, 75	
metolazone .....	44	morphine concentrate .....	34	neo-polycin .....	74
metoprolol succinate .....	44	MOVANTIK .....	63	neo-polycin hc .....	75
metoprolol ta-hydrochlorothiaz .....	44	moxifloxacin.....	17, 74	neostigmine methylsulfate....	32
metoprolol tartrate .....	44	moxifloxacin-sod.chloride(iso) .....	17	NEPHRAMINE 5.4 %.....	82
metro i.v. ....	15	MOZOBIL.....	65	NERLYNX .....	24
metronidazole .....	15, 50, 71	MULPLETA.....	46	NEULASTA .....	65
metronidazole in nacl (iso-os) .....	15	mupirocin.....	50	NEUPOGEN.....	65
mexiletine .....	42	mupirocin calcium.....	50	NEUPRO .....	30
MIACALCIN .....	60	MVASI.....	24	nevirapine .....	10, 11
miconazole-3 .....	71	MYALEPT .....	60	NEXAVAR.....	24
microgestin 1.5/30 (21) .....	72	MYCAMINE.....	9	NEXPLANON.....	71
		mycophenolate mofetil .....	24	niacin .....	47
		mycophenolate mofetil (hcl)	24		
		mycophenolate sodium.....	24		
		MYLOTARG .....	24		

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

nicardipine.....	44	NUPLAZID .....	39	OPSUMIT.....	77
NICOTROL.....	54	nyamyc .....	51	oralone .....	55
NICOTROL NS.....	54	nystatin .....	9, 51	ORENCIA .....	70
nifedipine.....	44	nystatin-triamcinolone.....	51	ORENCIA (WITH	
nikki (28).....	72	nystop .....	51	MALTOSE).....	70
nilutamide.....	24	<b>O</b>		ORENCIA CLICKJECT .....	70
nimodipine.....	44	OCALIVA .....	63	ORFADIN .....	54
NINLARO.....	24	OCREVUS .....	31	ORKAMBI .....	78
nisoldipine .....	44	octreotide acetate.....	24	orsythia .....	73
nitisinone .....	53	ODEFSEY .....	11	oseltamivir .....	11
nitro-bid.....	48	ODOMZO .....	24	osmitrol 15 % .....	44
nitrofurantoin.....	18	OFEV.....	77	osmitrol 20 % .....	44
nitrofurantoin macrocrystal ..	18	ofloxacin.....	17, 55, 74	OTEZLA.....	70
nitrofurantoin monohyd/m-		okebo .....	18	OTEZLA STARTER.....	70
cryst .....	18	olanzapine.....	39	oxacillin .....	17
nitroglycerin .....	48	olanzapine-fluoxetine .....	39	oxacillin in dextrose(iso-osm)	
nitroglycerin in 5 % dextrose	48	olmesartan .....	44	.....	17
nizatidine .....	64	olmesartan-amlodipin-		oxaliplatin .....	24
nolix.....	52	hcthiazyd .....	44	oxandrolone .....	60
nora-be.....	71	olmesartan-		oxaprozin .....	36
norepinephrine bitartrate .....	48	hydrochlorothiazide.....	44	oxcarbazepine .....	29
norethindrone (contraceptive)		olopatadine .....	55, 74	OXERVATE.....	74
.....	71	omeprazole .....	65	oxiconazole.....	51
norethindrone acetate .....	71	OMNIPOD DASH 5 PACK		oxybutynin chloride.....	79
norethindrone ac-eth estradiol		POD.....	58	oxycodone.....	35
.....	71, 72	OMNIPOD INSULIN		oxycodone-acetaminophen ...	35
norethindrone-e.estradiol-iron		MANAGEMENT .....	58	oxycodone-aspirin .....	35
.....	73	OMNIPOD INSULIN REFILL		oxymorphone.....	35
norgestimate-ethinyl estradiol		.....	58	oxytocin .....	73
.....	73	OMNITROPE.....	65	OZURDEX .....	75
norlyda.....	71	ONCASPAR.....	24	<b>P</b>	
NORMOSOL-R .....	80	ondansetron .....	63	pacerone.....	42
NORMOSOL-R IN 5 %		ondansetron hcl.....	63	paclitaxel.....	24
DEXTROSE .....	80	ondansetron hcl (pf).....	63	paliperidone .....	39
NORMOSOL-R PH 7.4 .....	82	ONETOUCH ULTRA BLUE		palonosetron .....	63
NORTHERA .....	53	TEST STRIP.....	58	PALYNZIQ .....	60
nortrel 0.5/35 (28) .....	73	ONETOUCH ULTRA2		pamidronate .....	60
nortrel 1/35 (21) .....	73	METER .....	58	PANRETIN .....	50
nortrel 1/35 (28) .....	73	ONETOUCH ULTRAMINI.	58	pantoprazole .....	65
nortrel 7/7/7 (28) .....	73	ONETOUCH VERIO.....	58	paregoric .....	62
nortriptyline.....	39	ONETOUCH VERIO IQ		paricalcitol .....	60, 61
NORVIR.....	11	METER .....	58	paroex oral rinse .....	55
NOVOFINE 32 .....	58	ONETOUCH VERIO		paromomycin .....	15
NOXAFIL .....	9	SYSTEM .....	58	paroxetine hcl .....	39, 40
NPLATE.....	46	ONGLYZA.....	59	paroxetine	
NUBEQA .....	24	ONIVYDE.....	24	mesylate(menop.sym).....	40
NUEDEXTA .....	31	OPDIVO.....	24	PASER.....	15
NULOJIX .....	24	opium tincture.....	62	PAXIL .....	40

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

PEDIARIX (PF).....	67	piroxicam.....	36	praziquantel .....	15
PEDVAX HIB (PF).....	67	plasbumin 25 % .....	80	prazosin.....	44
peg 3350-electrolytes .....	63	plasbumin 5 % .....	80	PRECISION PCX PLUS TEST .....	59
PEGANONE .....	29	PLASMA-LYTE 148 .....	82	PRECISION PCX TEST .....	59
PEGASYS .....	65	PLASMA-LYTE A .....	82	PRECISION POINT OF CARE TEST .....	59
PEGASYS PROCLICK .....	65	plasmanate.....	82	PRECISION Q-I-D TEST ...	59
peg-electrolyte.....	63	PLEGRIDY .....	66	PRECISION XTRA MONITOR .....	59
PEGINTRON .....	66	plenamine .....	82	prednicarbate .....	52
penicillamine .....	70	podofilox .....	50	prednisolone .....	56
penicillin g potassium.....	17	POLIVY .....	24	prednisolone acetate .....	75
penicillin g procaine .....	17	polocaine .....	50	prednisolone sodium phosphate .....	56, 75
penicillin g sodium.....	17	polocaine-mpf.....	50	prednisone.....	56
penicillin v potassium.....	17	polycin.....	74	prednisone intensol .....	56
PENTACEL (PF) .....	67	polyethylene glycol 3350 .....	64	pregabalin .....	29
PENTAM .....	15	polymyxin b sulfate .....	15	premasol 10 % .....	82
pentamidine .....	15	polymyxin b sulf-trimethoprim .....	74	PREMASOL 6 % .....	82
PENTASA.....	63, 64	POMALYST .....	24	prenatal vitamin oral tablet ...	82
pentoxifylline .....	46	portia 28.....	73	prevalite .....	47
PERFOROMIST .....	78	PORTRAZZA .....	24	previfem.....	73
perindopril erbumine.....	44	posaconazole .....	9	PREVYMIS .....	11
periogard.....	55	potassium acetate.....	80	PREZCOBIX .....	11
PERJETA .....	24	potassium chlorid-d5-0.45% nacl .....	80	PREZISTA .....	11
permethrin .....	52	potassium chloride.....	81	PRIFTIN .....	15
perphenazine.....	40	potassium chloride in 0.9% nacl .....	80	PRIMAQUINE .....	15
PERSERIS.....	40	potassium chloride in 5 % dex .....	80	primidone.....	29
pfizerpen-g .....	17	potassium chloride in lr-d5... 81		PRIVIGEN .....	67
phenelzine.....	40	potassium chloride in water.. 81		PROAIR HFA .....	78
phenobarbital.....	29	potassium chloride-0.45 % nacl .....	81	PROAIR RESPICLICK.....	78
phenobarbital sodium .....	29	potassium chloride-d5-0.2% nacl .....	81	probenecid .....	68
phenoxybenzamine.....	44	potassium chloride-d5-0.3% nacl .....	81	probenecid-colchicine.....	68
phentolamine .....	44	potassium chloride-d5-0.9% nacl .....	81	procainamide .....	42
phenytoin.....	29	potassium citrate.....	79	procentra .....	40
phenytoin sodium .....	29	potassium phosphate m-/d-basic.....	81	prochlorperazine .....	64
philitth .....	73	POTELIGEO .....	24	prochlorperazine edisylate... 64	
PHOSPHOLINE IODIDE....	74	PRADAXA.....	46	prochlorperazine maleate oral .....	64
PIFELTRO .....	11	PRALUENT PEN.....	47	PROCRIT .....	66
pilocarpine hcl .....	54, 74	pramipexole.....	30	procto-med hc .....	64
pimecrolimus.....	50	prasugrel .....	46	procto-pak .....	64
pimozide .....	40	pravastatin .....	47	proctosol hc .....	64
pimtree (28).....	73			proctozone-hc .....	64
pindolol.....	44			progesterone .....	71
pioglitazone .....	59			progesterone micronized .....	71
pioglitazone-glimepiride .....	59			PROGLYCEM .....	59
pioglitazone-metformin .....	59				
piperacillin-tazobactam .....	17				
PIQRAY .....	24				
pirmella.....	73				

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

PROGRAF .....	24	REGRANEX .....	50	ROZLYTREK .....	25
PROLASTIN-C .....	54	RELENZA DISKHALER ...	11	RUBRACA .....	25
PROLEUKIN .....	66	RELISTOR .....	64	RYDAPT .....	25
PROLIA .....	68	REMICADE .....	64	<b>S</b>	
PROMACTA .....	46	REMODULIN .....	44	salsalate .....	36
promethazine .....	76	RENACIDIN .....	79	SAMSCA .....	61
propafenone .....	42	repaglinide .....	59	SANDIMMUNE .....	25
propranolol .....	44	repaglinide-metformin .....	59	SANDOSTATIN LAR	
propranolol-hydrochlorothiazid		REPATHA .....	47	DEPOT .....	25
.....	44	REPATHA PUSHTRONEX	47	SANTYL .....	50
propylthiouracil .....	56	REPATHA SURECLICK ...	47	SAPHRIS .....	40
PROQUAD (PF) .....	67	RESCRIPTOR .....	11	scopolamine base .....	64
protamine .....	46	RETACRIT .....	66	selegiline hcl .....	30
protriptyline .....	40	RETROVIR .....	11	selenium sulfide .....	49
prudoxin .....	50	REVCOVI .....	54	SELZENTRY .....	11
PULMOZYME .....	78	REVLIMID .....	24	SEREVENT DISKUS .....	78
PURIXAN .....	24	revonto .....	32	sertraline .....	40
pyrazinamide .....	15	REXULTI .....	40	setlakin .....	73
pyridostigmine bromide .....	32	REYATAZ .....	11	sevelamer carbonate .....	54
<b>Q</b>		ribasphere .....	11	sevelamer hcl .....	54
QUADRACEL (PF) .....	67	ribasphere ribapak .....	11	sf 55	
quetiapine .....	40	ribavirin .....	11	sf 5000 plus .....	55
quinapril .....	44	RIDAURA .....	70	sharobel .....	71
quinapril-hydrochlorothiazide		rifabutin .....	15	SHINGRIX (PF) .....	68
.....	44	rifampin .....	15	SIGNIFOR .....	25
quinidine gluconate .....	42	riluzole .....	54	SIKLOS .....	25
quinidine sulfate .....	42	rimantadine .....	11	sildenafil (pulmonary arterial	
quinine sulfate .....	15	ringer's .....	52, 81	hypertension) .....	78
QVAR REDIHALER .....	78	RINVOQ .....	70	silodosin .....	79
<b>R</b>		RIOMET .....	59	silver sulfadiazine .....	50
RABAVERT (PF) .....	67	risedronate .....	54, 68, 69	SIMULECT .....	25
RADICAVA .....	31	RISPERDAL CONSTA .....	40	simvastatin .....	47
RAGWITEK .....	67	risperidone .....	40	sirolimus .....	25
raloxifene .....	68	ritonavir .....	11	SIRTURO .....	15
ramelteon .....	40	RITUXAN .....	25	SKYRIZI .....	49
ramipril .....	44	RITUXAN HYCELA .....	25	sodium acetate .....	81
ranitidine hcl .....	65	rivastigmine .....	31	sodium benzoate-sod	
ranolazine .....	48	rivastigmine tartrate .....	31	phenylacet .....	54
rasagiline .....	30	rizatriptan .....	30	sodium bicarbonate .....	81
RAVICTI .....	54	ROMIDEPSIN .....	25	sodium chloride .....	54, 82
REBIF (WITH ALBUMIN) .....	66	ropinirole .....	30	sodium chloride 0.45 % .....	82
REBIF REBIDOSE .....	66	rosadan .....	50	sodium chloride 0.9 % .....	54
REBIF TITRATION PACK .....	66	rosuvastatin .....	47	sodium chloride 3 % .....	82
reclipsen (28) .....	73	ROTARIX .....	68	sodium chloride 5 % .....	82
RECOMBIVAX HB (PF) ...	67,	ROTATEQ VACCINE .....	68	sodium fluoride 5000 plus .....	55
68		roweepra .....	29	sodium lactate intravenous ...	82
RECTIV .....	64	roweepra xr .....	29	sodium nitroprusside .....	48
regonol .....	32	ROZEREM .....	40	sodium phenylbutyrate .....	54

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

sodium phosphate.....	82	sulfatrim.....	17	TEKTURNA HCT.....	44
sodium polystyrene sulfonate		sulindac.....	36	telmisartan .....	44
.....	54	sumatriptan .....	30	telmisartan-amlodipine .....	44
solifenacin .....	79	sumatriptan succinate .....	30, 31	telmisartan-hydrochlorothiazid	
SOLIRIS.....	54	sumatriptan-naproxen.....	31	.....	44
SOLTAMOX.....	25	SUPRAX .....	13	TEMIXYS .....	11
SOMATULINE DEPOT .....	25	SUTENT.....	25	TEMODAR .....	26
SOMAVERT.....	61	syeda.....	73	temsirolimus .....	26
sorine .....	42	SYLATRON.....	66	TENIVAC (PF) .....	68
sotalol .....	42	SYLVANT .....	25	tenofovir disoproxil fumarate	
sotalol af .....	42	SYMBICORT.....	78	.....	11
SOTYLIZE.....	42	SYMDEKO .....	78	terazosin.....	44
SPIRIVA RESPIMAT .....	78	SYMFI.....	11	terbinafine hcl.....	9
SPIRIVA WITH		SYMFI LO .....	11	terbutaline .....	78
HANDIHALER.....	78	SYMJEPI.....	76	terconazole.....	71
spironolactone .....	44	SYMLINPEN 120 .....	59	testosterone .....	61
spironolacton-hydrochlorothiaz		SYMLINPEN 60 .....	59	testosterone cypionate .....	61
.....	44	SYMPAZAN .....	29	testosterone enanthate.....	61
sprintec (28).....	73	SYMTUZA.....	11	TETANUS,DIPHThERIA	
SPRITAM.....	29	SYNAGIS.....	11	TOX PED(PF) .....	68
SPRYCEL .....	25	SYNAREL.....	61	tetrabenazine.....	31
sps (with sorbitol).....	54	SYNERCID .....	15	tetracycline .....	18
sronyx .....	73	SYNRIBO .....	25	THALOMID .....	26
ssd.....	50	<b>T</b>		THEO-24 .....	78
STAMARIL (PF) .....	68	TABLOID .....	25	theophylline .....	78
stavudine.....	11	tacrolimus .....	25, 50	theophylline in dextrose 5 %	78
STELARA .....	49	tadalafil .....	79	THIOLA .....	54
STIMATE.....	61	tadalafil (pulmonary arterial		THIOLA EC .....	54
STIOLTO RESPIMAT .....	78	hypertension) oral tablet 20		thioridazine .....	40
STIVARGA.....	25	mg.....	78	thiotepa .....	26
STRENSIQ.....	61	TAFINLAR .....	25	thiothixene .....	40
STREPTOMYCIN .....	15	TAGRISSO .....	25	tiadylt er.....	45
STRIBILD.....	11	TALZENNA.....	25	tiagabine .....	29
STRIVERDI RESPIMAT ...	78	tamoxifen.....	25	TIBSOVO.....	26
subvenite.....	29	tamsulosin.....	79	TICE BCG .....	68
subvenite starter (blue) kit....	29	TARGRETIN .....	25	tigecycline.....	15
subvenite starter (green) kit..	29	tarina 24 fe.....	73	tilia fe.....	73
subvenite starter (orange) kit	29	tarina fe 1/20 (28).....	73	timolol maleate .....	45, 74
SUCRAID .....	64	tarina fe 1-20 eq (28).....	73	tinidazole .....	15
sucrafate .....	65	TASIGNA .....	25, 26	TIVICAY.....	12
sulfacetamide sodium.....	75	tazarotene.....	50	tizanidine .....	32
sulfacetamide sodium (acne) 50		tazicef .....	13	tobramycin.....	74
sulfacetamide-prednisolone..	75	TAZORAC .....	50	tobramycin in 0.225 % nacl..	15
sulfadiazine.....	17	taztia xt .....	44	tobramycin sulfate .....	15
sulfamethoxazole-trimethoprim		TDVAX .....	68	tobramycin-dexamethasone..	75
.....	17	TECENTRIQ.....	26	tolbutamide .....	59
SULFAMYLON.....	50	TECFIDERA .....	31	tolcapone.....	30
sulfasalazine .....	64	TEFLARO .....	13	tolmetin.....	36

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

tolterodine.....	79	TRISENOX .....	26	vandazole.....	71
topiramate.....	30	tri-sprintec (28).....	73	VANTAS.....	26
toposar .....	26	TRIUMEQ.....	12	VAQTA (PF).....	68
topotecan .....	26	trivora (28).....	73	VARIVAX (PF).....	68
toremifene.....	26	TROGARZO .....	12	VARIZIG.....	68
TORISEL .....	26	TROPHAMINE 10 % .....	82	VARUBI.....	64
torsemide.....	45	TROPHAMINE 6% .....	82	VASCEPA.....	47
TOUJEO MAX U-300		tropium.....	79	VECAMYL .....	48
SOLOSTAR .....	59	TRUEPLUS INSULIN.....	59	VECTIBIX .....	26
TOUJEO SOLOSTAR U-300		TRUEPLUS PEN NEEDLE.....	59	VELCADE .....	26
INSULIN.....	59	TRULANCE.....	64	veletri.....	45
tramadol.....	36	TRULICITY.....	59	velivet triphasic regimen (28)	
tramadol-acetaminophen .....	36	TRUMENBA.....	68	.....	73
trandolapril .....	45	TRUVADA .....	12	VELTASSA.....	54
trandolapril-verapamil .....	45	tulana .....	71	VEMLIDY.....	12
tranexamic acid .....	71	TWINRIX (PF).....	68	VENCLEXTA .....	26
tranlycypromine .....	41	TYKERB .....	26	VENCLEXTA STARTING	
travasol 10 % .....	82	TYMLOS.....	69	PACK .....	26
trazodone .....	41	TYPHIM VI .....	68	venlafaxine .....	41
TREANDA.....	26	TYSABRI.....	31	verapamil .....	45
TRECTOR.....	15	TYVASO.....	79	VERSACLOZ.....	41
TRELSTAR.....	26	TYVASO INSTITUTIONAL		VERZENIO .....	26
treprostinil sodium.....	45	START KIT.....	79	V-GO 20 .....	59
tretinoin (chemotherapy).....	26	TYVASO REFILL KIT.....	79	V-GO 30 .....	59
tretinoin topical .....	50	TYVASO STARTER KIT ...	79	V-GO 40 .....	59
tri femynor.....	73	U		VIBERZI .....	64
triamcinolone acetonide 52, 55,		ULORIC .....	68	VIDEX 2 GRAM PEDIATRIC	
56		unithroid .....	61	.....	12
triamterene.....	45	UNITUXIN .....	26	VIDEX EC.....	12
triamterene-hydrochlorothiazid		UPTRAVI.....	45	vienva .....	73
.....	45	ursodiol.....	64	vigabatrin.....	30
trianex.....	52	UVADEX.....	50	vigadrone .....	30
triderm .....	52	V		VIIBRYD .....	41
trientine.....	54	valacyclovir .....	12	VIMIZIM.....	61
tri-estarylla .....	73	VALCHLOR .....	50	VIMPAT .....	30
trifluoperazine .....	41	valganciclovir .....	12	vinblastine.....	26
trifluridine.....	74	valproate sodium .....	30	vincristine .....	26
TRIKAFTA .....	78	valproic acid .....	30	vinorelbine.....	26
tri-legest fe.....	73	valproic acid (as sodium salt)		VIOKACE .....	64
tri-linyah .....	73	.....	30	viorele (28) .....	73
tri-lo-estarylla.....	73	valrubicin.....	26	VIRACEPT.....	12
tri-lo-marzia.....	73	valsartan.....	45	VIREAD .....	12
tri-lo-sprintec.....	73	valsartan-hydrochlorothiazide		VISTOGARD .....	18
trilyte with flavor packets.....	64	.....	45	VITRAKVI.....	26
trimethoprim.....	18	VALSTAR.....	26	VIVITROL .....	36
trimipramine.....	41	vancomycin .....	16	VIZIMPRO.....	26
TRINTELLIX.....	41	VANCOMYCIN IN 0.9 %		voriconazole .....	9
tri-previfem (28).....	73	SODIUM CHL .....	16	VOTRIENT .....	26

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



VRAYLAR.....	41	XOLAIR.....	79	ZELBORAF .....	27
VYNDAMAX .....	48	XOSPATA.....	27	zenatane .....	50
VYNDAQEL.....	48	XPOVIO.....	27	zidovudine .....	12
VYXEOS.....	26	XTANDI.....	27	ziprasidone hcl.....	41
<b>W</b>		xulane .....	71	ZIRGAN .....	74
warfarin .....	46	XURIDEN .....	54	ZOLADEX .....	27
water for irrigation, sterile....	54	XYREM.....	41	zoledronic acid.....	61
wera (28) .....	73	<b>Y</b>		zoledronic acid-mannitol-water	
<b>X</b>		YERVOY .....	27	.....	54, 61
XALKORI.....	27	YF-VAX (PF).....	68	ZOLINZA .....	27
XARELTO .....	46	YONDELIS .....	27	zolmitriptan.....	31
XATMEP .....	27	YONSA .....	27	zolpidem .....	41
XELJANZ .....	70	yuvafem .....	71	zonisamide.....	30
XELJANZ XR.....	70	<b>Z</b>		ZORTRESS .....	27
XERMELO.....	27	zafirlukast .....	79	ZOSTAVAX (PF) .....	68
XGEVA.....	18	zaleplon .....	41	zovia 1/35e (28).....	73
XIAFLEX.....	54	ZALTRAP .....	27	zumandimine (28).....	73
XIFAXAN.....	16	ZANOSAR .....	27	ZYDELIG.....	27
XIGDUO XR.....	59, 60	zarah .....	73	ZYKADIA.....	27
XIIDRA.....	75	ZARXIO.....	66	ZYPREXA RELPREVV .....	41
XOFLUZA .....	12	ZEJULA .....	27	ZYTIGA .....	27

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

This formulary was updated on 01/30/2020. For more recent information or other questions, please contact CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) Member Services, at 1-844-282-3026 or, for TTY users, 711, 8 a.m. – 8 p.m. local time, seven days a week, from October 1 – March 31, and 8 a.m. – 8 p.m. local time, Monday – Friday, from April 1- September 30, or visit [christushealthplan.org](http://christushealthplan.org).

