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 18.

This formulary was updated on 11/30/2020. 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.

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 12/01/2020. 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 12/01/2020. 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 85. 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 85.

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.

Tier Number	Tier Name	Copay for a one-month supply filled at a network pharmacy with standard cost-sharing
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
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
amphotericin b	4	B/D PA; MO
caspofungin	5	B/D PA
clotrimazole mucous membrane	2	MO
CRESEMBA INTRAVENOUS	5	PA
CRESEMBA ORAL	5	MO
fluconazole	2	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	2	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	2	PA
flucytosine	5	MO
griseofulvin microsize	2	MO
griseofulvin ultramicrosize	2	MO
itraconazole	2	MO
ketoconazole oral	2	MO
micafungin	5	
MYCAMINE	5	MO
NOXAFIL ORAL	5	MO
nystatin oral suspension	2	MO
nystatin oral tablet	2	MO
posaconazole oral tablet,delayed release (dr/ec)	5	MO
terbinafine hcl oral	2	MO
voriconazole intravenous	2	PA; MO
voriconazole oral	5	MO
ANTIVIRALS		
abacavir	2	MO
abacavir-lamivudine	2	MO
abacavir-lamivudine-zidovudine	5	MO
acyclovir oral capsule	2	MO
acyclovir oral suspension 200 mg/5 ml	2	MO
acyclovir oral tablet	2	MO
acyclovir sodium intravenous solution	4	B/D PA; MO
adefovir	5	MO
amantadine hcl	2	MO
APTIVUS	5	MO
APTIVUS (WITH VITAMIN E)	5	
atazanavir oral capsule 150 mg, 200 mg	2	MO
atazanavir oral capsule 300 mg	5	MO
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	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
BIKTARVY	5	MO
cidofovir	5	B/D PA; MO
CIMDUO	5	MO
COMPLERA	5	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	2	MO
DOVATO	5	MO
EDURANT	5	MO
efavirenz oral capsule 200 mg	5	MO
efavirenz oral capsule 50 mg	2	MO
efavirenz oral tablet	5	MO
efavirenz-emtricitabin-tenofov	5	MO
efavirenz-lamivu-tenofov disop	5	MO
emtricitabine	2	MO
emtricitabine-tenofovir (tdf)	5	MO
EMTRIVA	3	MO
entecavir	2	MO
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	5	MO
famciclovir	2	MO
fosamprenavir	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
ganciclovir sodium	2	B/D PA; MO
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
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

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

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL 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
lamivudine	2	MO
lamivudine-zidovudine	2	MO
LEXIVA ORAL SUSPENSION	3	MO
lopinavir-ritonavir	2	MO
nevirapine oral suspension	2	
nevirapine oral tablet	2	MO
nevirapine oral tablet extended release 24 hr	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
ODEFSEY	5	MO
oseltamivir	2	MO
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	

Drug Name	Drug Tier	Requirements /Limits
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
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
ribavirin oral capsule	2	MO
ribavirin oral tablet 200 mg	2	MO
rimantadine	2	MO
ritonavir	2	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
stavudine oral capsule	2	MO
STRIBILD	5	MO
SYMFI	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
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
TEMIXYS	5	MO
tenofovir disoproxil fumarate	2	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO; LA
TRUVADA	5	MO
valacyclovir oral tablet 1 gram	2	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	2	MO; QL (60 per 30 days)
valganciclovir	5	MO
VEMLIDY	5	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
zidovudine	2	MO
CEPHALOSPORINS		
cefaclor oral capsule	2	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml	2	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml	2	
cefaclor oral tablet extended release 12 hr	2	MO
cefadroxil oral capsule	2	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	MO
cefadroxil oral tablet	2	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	2	MO
cefazolin injection recon soln 1 gram, 500 mg	2	MO
cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g	2	
cefazolin intravenous	2	
cefdinir	2	MO
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml	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
cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml	2	MO
cefepime injection	2	MO
cefixime	2	MO
cefotetan	2	
cefoxitin in dextrose, iso-osm	2	
cefoxitin intravenous recon soln 1 gram, 2 gram	2	MO
cefoxitin intravenous recon soln 10 gram	2	
cefpodoxime	2	MO
cefprozil	2	MO
ceftazidime injection recon soln 1 gram, 2 gram	2	MO
ceftazidime injection recon soln 6 gram	2	
ceftriaxone in dextrose,iso-os	2	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	2	MO
ceftriaxone injection recon soln 10 gram	2	
ceftriaxone intravenous	2	MO
cefuroxime axetil oral tablet	2	MO
cefuroxime sodium injection recon soln 750 mg	2	MO
cefuroxime sodium intravenous recon soln 1.5 gram	2	MO
cefuroxime sodium intravenous recon soln 7.5 gram	2	
cephalexin	2	MO
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
tazicef injection recon soln 1 gram	2	
tazicef injection recon soln 2 gram, 6 gram	2	MO
tazicef intravenous	2	
TEFLARO	5	MO
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin	2	MO
clarithromycin	2	MO
e.e.s. 400 oral tablet	2	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	2	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 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
erythrocin (as stearate) oral tablet 250 mg	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
erythromycin ethylsuccinate oral suspension for reconstitution	2	MO
erythromycin ethylsuccinate oral tablet	2	MO
erythromycin oral	2	MO
MISCELLANEOUS ANTIINFECTIVES		
albendazole	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	2	MO
ARIKAYCE	5	PA; MO; LA
atovaquone	5	MO
atovaquone-proguanil	2	MO
aztreonam	2	MO
bacitracin intramuscular	2	MO
BENZNIDAZOLE	3	MO
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
CAPASTAT	4	
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
chloramphenicol sod succinate	2	
chloroquine phosphate	2	MO
clindamycin hcl	2	MO
clindamycin in 5 % dextrose	2	MO
clindamycin pediatric	2	MO
clindamycin phosphate injection	2	MO
clindamycin phosphate intravenous solution 600 mg/4 ml	2	MO
COARTEM	3	MO
colistin (colistimethate na)	2	MO
dapsone oral	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
daptomycin intravenous recon soln 500 mg	5	MO
DARAPRIM	5	PA; MO
EMVERM	5	MO
ertapenem	2	MO
ethambutol	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
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	2	MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	2	
gentamicin injection solution 40 mg/ml	2	MO
gentamicin sulfate (ped) (pf)	2	MO
hydroxychloroquine	2	MO
imipenem-cilastatin	2	MO
IMPAVIDO	5	PA; MO
isoniazid injection	2	
isoniazid oral	2	MO
ivermectin oral	2	MO
lincomycin	2	
linezolid in dextrose 5%	5	
linezolid oral suspension for reconstitution	5	MO
linezolid oral tablet	2	MO
linezolid-0.9% sodium chloride	5	
mefloquine	2	MO
meropenem	2	MO
metro i.v.	2	MO
metronidazole in nacl (iso-os)	2	MO
metronidazole oral	2	MO
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
neomycin	2	MO
paromomycin	4	MO
PASER	3	MO
PENTAM	4	MO
pentamidine inhalation	2	B/D PA; MO; QL (1 per 28 days)
pentamidine injection	2	MO
polymyxin b sulfate	2	MO
praziquantel	2	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
pyrazinamide	2	MO
pyrimethamine	5	PA; MO
quinine sulfate	2	MO
rifabutin	2	MO
rifampin	2	MO
SIRTURO ORAL TABLET 100 MG	5	MO; LA
SIRTURO ORAL TABLET 20 MG	5	LA
STREPTOMYCIN	3	MO
SYNERCID	5	PA
tigecycline	5	
tinidazole	2	MO
tobramycin in 0.225 % nacl	5	B/D PA; MO; QL (280 per 28 days)
tobramycin inhalation	5	B/D PA; MO; QL (224 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
tobramycin sulfate injection recon soln	2	
tobramycin sulfate injection solution	2	MO
TRECATOR	3	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	2	MO
vancomycin oral capsule 125 mg	2	MO
vancomycin oral capsule 250 mg	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)
PENICILLINS		
amoxicillin oral capsule	2	MO
amoxicillin oral suspension for reconstitution	2	MO
amoxicillin oral tablet	2	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	2	MO
amoxicillin-pot clavulanate	2	MO
ampicillin oral capsule 500 mg	2	MO
ampicillin sodium injection	2	MO
ampicillin sodium intravenous	2	
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	2	MO
ampicillin-sulbactam injection recon soln 15 gram	2	
ampicillin-sulbactam intravenous recon soln 1.5 gram	2	
ampicillin-sulbactam intravenous recon soln 3 gram	2	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
dicloxacillin	2	MO
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	2	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	2	MO
nafcillin injection recon soln 1 gram, 2 gram	2	MO
nafcillin injection recon soln 10 gram	5	MO
nafcillin intravenous	2	MO
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	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
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	2	MO
oxacillin injection recon soln 1 gram	2	
oxacillin injection recon soln 10 gram	5	
oxacillin injection recon soln 2 gram	2	MO
penicillin g potassium	2	MO
penicillin g procaine	2	MO
penicillin g sodium	2	MO
penicillin v potassium	2	MO
pfizerpen-g	2	
piperacillin-tazobactam	2	MO
QUINOLONES		
ciprofloxacin	2	
ciprofloxacin hcl oral	2	MO
ciprofloxacin in 5 % dextrose	2	MO
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	2	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	2	MO
levofloxacin intravenous	2	MO
levofloxacin oral	2	MO
moxifloxacin oral	2	MO
moxifloxacin-sod.chloride(iso)	2	
ofloxacin oral tablet 300 mg	2	
ofloxacin oral tablet 400 mg	2	MO
SULFA'S / RELATED AGENTS		
sulfadiazine	4	MO
sulfamethoxazole-trimethoprim	2	MO
sulfatrim	2	MO
TETRACYCLINES		
demeclocycline	4	MO
doxy-100	2	MO
doxycycline hyclate intravenous	2	
doxycycline hyclate oral capsule	2	MO
doxycycline hyclate oral tablet	2	MO
doxycycline monohydrate oral capsule	2	MO
doxycycline monohydrate oral suspension for reconstitution	2	MO
doxycycline monohydrate oral tablet	2	MO
minocycline oral capsule	2	MO
minocycline oral tablet	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
mondoxyne nl oral capsule 100 mg, 75 mg	2	MO
morgidox	2	MO
tetracycline	2	MO
URINARY TRACT AGENTS		
methenamine hippurate	2	MO
methenamine mandelate	2	MO
nitrofurantoin	2	MO
nitrofurantoin macrocrystal	2	MO
nitrofurantoin monohyd/m-cryst	2	MO
trimethoprim	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
dexrazoxane hcl intravenous recon soln 250 mg	5	B/D PA
dexrazoxane hcl intravenous recon soln 500 mg	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE	5	MO
KHAPZORY	5	B/D PA
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg	2	B/D PA; MO
leucovorin calcium injection recon soln 500 mg	2	B/D PA
leucovorin calcium oral	2	MO
levoleucovorin calcium intravenous recon soln 50 mg	5	B/D PA
levoleucovorin calcium intravenous solution	5	B/D PA
mesna	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	PA; MO
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone	5	PA; MO; QL (120 per 30 days)
ABRAXANE	5	B/D PA; MO
ADCETRIS	5	B/D PA; MO
adriamycin intravenous recon soln 10 mg	2	B/D PA; MO
adriamycin intravenous solution	2	B/D PA
adrucil intravenous solution 2.5 gram/50 ml	2	B/D PA
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

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

Drug Name	Drug Tier	Requirements /Limits
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)
anastrozole	2	MO
ARRANON	5	B/D PA
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	5	B/D PA
arsenic trioxide intravenous solution 2 mg/ml	5	B/D PA; MO
ARZERRA	5	B/D PA; MO
AVASTIN	5	B/D PA; MO
AYVAKIT	5	PA; MO; LA
azacitidine	5	B/D PA; MO
azathioprine	2	B/D PA; MO
azathioprine sodium	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
bexarotene	5	PA; MO
bicalutamide	2	MO
BICNU	5	B/D PA; MO
BLENREP	5	PA; MO
bleomycin	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)
BRUKINSA	5	PA; MO; LA
busulfan	5	B/D PA
BYNFEZIA	5	MO
CABOMETYX	5	PA; MO; LA
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
carboplatin intravenous solution	2	B/D PA; MO
carmustine	5	B/D PA; MO
cisplatin intravenous solution	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
cladribine	5	B/D PA; MO
clofarabine	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)
cyclophosphamide intravenous recon soln	2	B/D PA; MO
cyclophosphamide oral capsule	2	B/D PA; MO
cyclosporine intravenous	2	B/D PA
cyclosporine modified	2	B/D PA; MO
cyclosporine oral capsule	2	B/D PA; MO
CYRAMZA	5	B/D PA; MO
cytarabine	2	B/D PA; MO
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	2	B/D PA; MO
cytarabine (pf) injection solution 20 mg/ml	2	B/D PA
dacarbazine	2	B/D PA; MO
dactinomycin	2	B/D PA
DARZALEX	5	B/D PA; MO; LA
daunorubicin intravenous solution	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)
decitabine	5	B/D PA; MO
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)	5	B/D PA
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)	5	B/D PA; MO
doxorubicin intravenous recon soln 50 mg	2	B/D PA; MO
doxorubicin intravenous solution	2	B/D PA; MO
doxorubicin, peg-liposomal	5	B/D PA; MO
DROXIA	3	MO
ELZONRIS	5	PA; MO; LA
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
epirubicin intravenous solution	2	B/D PA; MO
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	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
erlotinib oral tablet 100 mg, 150 mg	5	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	5	PA; MO; QL (60 per 30 days)
ERWINAZE	5	B/D PA; MO
ETOPOPHOS	4	B/D PA; MO
etoposide intravenous	2	B/D PA; MO
everolimus (antineoplastic)	5	PA; MO; QL (30 per 30 days)
everolimus (immunosuppressive)	5	B/D PA; MO
exemestane	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
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; MO
floxuridine	2	B/D PA
fludarabine intravenous recon soln	2	B/D PA; MO
fludarabine intravenous solution	2	B/D PA
fluorouracil intravenous	2	B/D PA; MO
flutamide	2	MO
FOLOTYN	5	B/D PA; MO
fulvestrant	5	B/D PA; MO
GAVRETO	5	PA; MO; LA
GAZYVA	5	B/D PA; MO
gemcitabine intravenous recon soln 1 gram, 200 mg	2	B/D PA; MO
gemcitabine intravenous recon soln 2 gram	2	B/D PA
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)	2	B/D PA
gengraf oral capsule 100 mg, 25 mg	2	B/D PA; MO
gengraf oral solution	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

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

Drug Name	Drug Tier	Requirements /Limits
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PA; MO
hydroxyurea	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)
idarubicin	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
ifosfamide intravenous recon soln	2	B/D PA; MO
ifosfamide intravenous solution 1 gram/20 ml	2	B/D PA; MO
ifosfamide intravenous solution 3 gram/60 ml	2	B/D PA
imatinib oral tablet 100 mg	5	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	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)
INQOVI	5	PA; MO
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
irinotecan intravenous solution 100 mg/5 ml	2	B/D PA; MO
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	5	B/D PA
irinotecan intravenous solution 40 mg/2 ml	5	B/D PA; MO
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
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

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

Drug Name	Drug Tier	Requirements /Limits
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
KYPROLIS	5	B/D PA; MO
lapatinib	5	PA; MO; QL (180 per 30 days)
LENVIMA	5	PA; MO
letrozole	2	MO
LEUKERAN	3	MO
leuprolide subcutaneous kit	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
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
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	2	PA; MO
megestrol oral tablet	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)
melphalan	2	B/D PA; MO
melphalan hcl	5	B/D PA
mercaptopurine	2	MO
methotrexate sodium	2	B/D PA; MO
methotrexate sodium (pf) injection recon soln	2	B/D PA
methotrexate sodium (pf) injection solution	2	B/D PA; MO
mitomycin intravenous recon soln 20 mg, 5 mg	2	B/D PA; MO
mitomycin intravenous recon soln 40 mg	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
mitoxantrone	2	B/D PA; MO
MONJUVI	5	PA; MO; LA
MVASI	5	B/D PA; MO
mycophenolate mofetil (hcl)	2	B/D PA
mycophenolate mofetil oral capsule	2	B/D PA; MO
mycophenolate mofetil oral suspension for reconstitution	5	B/D PA; MO
mycophenolate mofetil oral tablet	2	B/D PA; MO
mycophenolate sodium	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)
nilutamide	5	MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA
NULOJIX	5	B/D PA; MO
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	5	MO
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	2	MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	2	MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	5	MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OGIVRI	5	B/D PA; MO
ONCASPAR	5	B/D PA; MO
ONIVYDE	5	B/D PA; MO
ONUREG	5	PA; MO
OPDIVO	5	PA; MO
oxaliplatin intravenous recon soln 100 mg	2	B/D PA; MO
oxaliplatin intravenous recon soln 50 mg	2	B/D PA
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	2	B/D PA; MO
oxaliplatin intravenous solution 200 mg/40 ml	2	B/D PA
paclitaxel	2	B/D PA; MO
PADCEV	5	PA; MO
paraplatin	2	B/D PA
PEMAZYRE	5	PA; MO; LA
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

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

Drug Name	Drug Tier	Requirements /Limits
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; MO; LA
RETEVMO	5	PA; MO; LA
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
RITUXAN HYCELA	5	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)
RUXIENCE	5	PA; MO
RYDAPT	5	PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO
SARCLISA	5	PA; MO; LA
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
sirolimus oral solution	5	B/D PA; MO
sirolimus oral tablet 0.5 mg, 1 mg	2	B/D PA; MO
sirolimus oral tablet 2 mg	5	B/D PA; MO
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
TABRECTA	5	PA; MO
tacrolimus oral	2	B/D PA; MO
TAFINLAR	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.

Drug Name	Drug Tier	Requirements /Limits
TAGRISSO	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)
tamoxifen	2	MO
TARGRETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; MO; LA
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
temsirolimus	5	B/D PA; MO
THALOMID	5	PA; MO
thiotepa injection recon soln 100 mg	5	B/D PA
thiotepa injection recon soln 15 mg	5	B/D PA; MO
TIBSOVO	5	PA; MO
toposar	2	B/D PA; MO
topotecan intravenous recon soln	5	B/D PA
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	5	B/D PA; MO
toremifene	5	MO
TORISEL	5	B/D PA; MO
TRAZIMERA	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
tretinoin (antineoplastic)	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PA; MO
TRODELVY	5	PA; MO; LA
TRUXIMA	5	PA; MO
TUKYSA	5	PA; MO; LA
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO
valrubicin	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

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

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
vinblastine intravenous solution	2	B/D PA; MO
vincasar pfs intravenous solution 1 mg/ml	2	B/D PA; MO
vincristine	2	B/D PA; MO
vinorelbine	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
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)
ZEPZELCA	5	PA; MO
ZIRABEV	5	B/D PA; MO
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)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	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
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL	5	MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	5	MO
carbamazepine oral capsule, er multiphase 12 hr	2	MO
carbamazepine oral suspension 100 mg/5 ml	2	MO
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	2	MO
carbamazepine oral tablet,chewable	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
clobazam oral suspension	2	PA; MO; QL (480 per 30 days)
clobazam oral tablet 10 mg	2	PA; MO; QL (60 per 30 days)
clobazam oral tablet 20 mg	5	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	2	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	2	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	2	MO; QL (300 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
diazepam rectal	2	MO
DILANTIN 30 MG	3	MO
divalproex oral capsule, delayed rel sprinkle	2	MO
divalproex oral tablet extended release 24 hr	2	MO
divalproex oral tablet,delayed release (dr/ec)	1	MO
EPIDIOLEX	5	PA; MO; LA
epitol	2	MO
ethosuximide	2	MO
felbamate oral suspension	5	MO
felbamate oral tablet	2	MO
FINTEPLA	5	PA; MO; LA
fosphenytoin	2	MO
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET	3	MO
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	2	MO; QL (2160 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
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	2	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
lamotrigine oral tablet	1	MO
lamotrigine oral tablet disintegrating, dose pk	2	MO
lamotrigine oral tablet extended release 24hr	4	MO
lamotrigine oral tablet, chewable dispersible	2	MO
lamotrigine oral tablet,disintegrating	4	MO
lamotrigine oral tablets,dose pack	2	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml	2	
levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml	2	MO
levetiracetam intravenous	2	MO
levetiracetam oral solution 100 mg/ml	2	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	2	
levetiracetam oral tablet	2	MO
levetiracetam oral tablet extended release 24 hr	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)
oxcarbazepine	2	MO
PEGANONE	3	MO
phenobarbital	2	PA; MO
phenobarbital sodium injection solution 130 mg/ml	2	MO
phenobarbital sodium injection solution 65 mg/ml	2	
phenytoin oral suspension 100 mg/4 ml	2	
phenytoin oral suspension 125 mg/5 ml	2	MO
phenytoin oral tablet,chewable	2	MO
phenytoin sodium extended	2	MO
phenytoin sodium intravenous solution	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	2	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	2	MO; QL (60 per 30 days)
pregabalin oral solution	2	MO; QL (900 per 30 days)
primidone	2	MO
roweepra	2	MO
roweepra xr	2	
SPRITAM	4	MO
subvenite	1	MO
subvenite starter (blue) kit	2	MO
subvenite starter (green) kit	2	MO
subvenite starter (orange) kit	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)
tiagabine	4	MO
topiramate oral capsule, sprinkle	2	PA; MO
topiramate oral tablet	1	PA; MO
valproate sodium	2	MO
valproic acid	2	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml)	2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	2	MO
VALTOCO	5	PA; MO; QL (10 per 30 days)
vigabatrin	5	MO; LA
vigadrone	5	MO; LA
VIMPAT INTRAVENOUS	3	MO
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
XCOPRI MAINTENANCE PACK	5	MO
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	MO
XCOPRI ORAL TABLET 200 MG	5	MO
XCOPRI TITRATION PACK	4	MO
zonisamide	2	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	MO; LA
benztropine injection	2	MO
benztropine oral	2	PA; MO
bromocriptine	4	MO
carbidopa	2	MO
carbidopa-levodopa	2	MO
carbidopa-levodopa-entacapone	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
entacapone	2	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
NEUPRO	4	MO
pramipexole	2	MO
rasagiline	2	MO
ropinirole	2	MO
selegiline hcl	2	MO
tolcapone	5	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
dihydroergotamine injection	2	MO
dihydroergotamine nasal	2	MO; QL (8 per 28 days)
eletriptan	2	MO; QL (18 per 28 days)
ergotamine-caffeine	2	MO
migergot	2	MO
naratriptan	2	MO; QL (18 per 28 days)
rizatriptan	2	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	2	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	2	MO; QL (36 per 28 days)
sumatriptan succinate oral	2	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge	2	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector	2	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	2	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	2	MO; QL (8 per 28 days)
sumatriptan-naproxen	2	MO; QL (18 per 28 days)
zolmitriptan	2	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
dalfampridine	5	PA; MO
dimethyl fumarate	5	PA; MO
donepezil oral tablet 10 mg, 5 mg	1	MO
donepezil oral tablet 23 mg	4	MO
donepezil oral tablet,disintegrating	1	MO
FIRDAPSE	5	PA; MO; LA
galantamine	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO
glatiramer subcutaneous syringe 20 mg/ml	5	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
glatiramer subcutaneous syringe 40 mg/ml	5	PA; MO; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	5	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	5	PA; MO; QL (12 per 28 days)
LEMTRADA	5	PA; MO
memantine oral capsule,sprinkle,er 24hr	2	PA; MO
memantine oral solution	2	PA; MO
memantine oral tablet	2	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA; MO
rivastigmine	2	MO
rivastigmine tartrate	2	MO
TECFIDERA	5	PA; MO; LA
tetrabenazine oral tablet 12.5 mg	5	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg	2	MO
cyclobenzaprine oral tablet	4	PA; MO
dantrolene intravenous	2	
dantrolene oral	2	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
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
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	2	MO; QL (300 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
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)
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	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)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr	2	PA; MO; QL (10 per 30 days)
fentanyl transdermal patch 72 hour 87.5 mcg/hour	5	PA; MO; QL (10 per 30 days)
hydrocodone bitartrate	2	PA; MO; QL (90 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	2	QL (5550 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	2	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	2	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	MO; QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	2	MO; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
hydromorphone (pf) injection solution 2 mg/ml	2	QL (1200 per 30 days)
hydromorphone injection solution 1 mg/ml	2	QL (2400 per 30 days)
hydromorphone injection solution 2 mg/ml	2	MO; QL (1200 per 30 days)
hydromorphone injection syringe 1 mg/ml	2	MO; QL (2400 per 30 days)
hydromorphone injection syringe 2 mg/ml	2	QL (1200 per 30 days)
hydromorphone injection syringe 4 mg/ml	2	MO; QL (600 per 30 days)
hydromorphone oral liquid	2	MO; QL (2400 per 30 days)
hydromorphone oral tablet	2	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	2	PA; MO; QL (60 per 30 days)
hydromorphone oral tablet extended release 24 hr 32 mg	5	PA; MO; QL (60 per 30 days)
ibuprofen-oxycodone	2	MO; QL (28 per 30 days)
levorphanol tartrate oral tablet 2 mg	2	MO; QL (120 per 30 days)
lorcet hd	2	MO; QL (360 per 30 days)
methadone injection solution	2	QL (150 per 30 days)
methadone intensol	2	PA; MO; QL (90 per 30 days)
methadone oral concentrate	2	PA; MO; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	2	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	2	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	2	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	2	PA; MO; QL (240 per 30 days)
methadose oral concentrate	2	PA; MO; QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml	2	QL (4000 per 30 days)
morphine (pf) injection solution 1 mg/ml	2	MO; QL (2000 per 30 days)
morphine concentrate oral solution	2	MO; QL (900 per 30 days)
morphine injection solution 8 mg/ml	2	QL (250 per 30 days)
morphine injection syringe 10 mg/ml	2	MO; QL (200 per 30 days)
morphine injection syringe 2 mg/ml	2	MO; QL (1000 per 30 days)
morphine injection syringe 4 mg/ml	2	MO; QL (500 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
morphine injection syringe 5 mg/ml	2	QL (400 per 30 days)
morphine injection syringe 8 mg/ml	2	QL (250 per 30 days)
morphine intravenous solution 10 mg/ml	2	MO; QL (200 per 30 days)
morphine intravenous solution 4 mg/ml	2	MO; QL (500 per 30 days)
morphine intravenous syringe 10 mg/ml	2	QL (200 per 30 days)
morphine intravenous syringe 2 mg/ml	2	QL (1000 per 30 days)
morphine intravenous syringe 4 mg/ml	2	QL (500 per 30 days)
morphine oral capsule, er multiphase 24 hr	2	PA; MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets	2	PA; MO; QL (90 per 30 days)
morphine oral solution	2	MO; QL (900 per 30 days)
morphine oral tablet	2	MO; QL (180 per 30 days)
morphine oral tablet extended release	2	PA; MO; QL (120 per 30 days)
oxycodone oral capsule	2	MO; QL (360 per 30 days)
oxycodone oral concentrate	2	MO; QL (180 per 30 days)
oxycodone oral solution	2	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	2	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	2	MO; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	MO; QL (360 per 30 days)
oxycodone-aspirin	2	MO; QL (360 per 30 days)
oxymorphone oral tablet 10 mg	2	MO; QL (360 per 30 days)
oxymorphone oral tablet 5 mg	2	MO; QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg	2	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	2	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	2	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	2	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	2	MO; QL (90 per 30 days)
butorphanol injection solution 1 mg/ml	2	MO; QL (857 per 30 days)
butorphanol injection solution 2 mg/ml	2	MO; QL (428 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
butorphanol nasal	2	MO; QL (10 per 28 days)
celecoxib	2	MO
clonidine (pf) epidural solution 5,000 mcg/10 ml	2	
diclofenac potassium	2	MO
diclofenac sodium oral	2	MO
diclofenac sodium topical drops	2	MO; QL (300 per 28 days)
diclofenac sodium topical gel 1 %	2	MO; QL (1000 per 28 days)
diclofenac-misoprostol	2	MO
diflunisal	2	MO
ec-naproxen	2	MO
etodolac	2	MO
fenoprofen oral tablet	2	MO
flurbiprofen oral tablet 100 mg	2	MO
ibu	1	MO
ibuprofen oral suspension	2	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ketoprofen oral capsule 25 mg, 75 mg	2	MO
ketoprofen oral capsule 50 mg	2	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	2	MO
meclofenamate	2	MO
mefenamic acid	2	MO
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
nabumetone	2	MO
nalbuphine injection solution 10 mg/ml	2	MO; QL (200 per 30 days)
nalbuphine injection solution 20 mg/ml	2	MO; QL (100 per 30 days)
naloxone injection solution	2	MO
naloxone injection syringe	2	MO
naltrexone	2	MO
naproxen oral suspension	2	MO
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec)	2	MO
naproxen sodium oral tablet 275 mg, 550 mg	2	MO
naproxen sodium oral tablet, er multiphase 24 hr	2	MO
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	3	MO
oxaprozin	2	MO
piroxicam	2	MO
salsalate	1	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	4	MO; QL (90 per 30 days)
sulindac	1	MO
tolmetin	2	MO
tramadol oral tablet 50 mg	2	MO; QL (240 per 30 days)
tramadol-acetaminophen	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO
ADASUVE	3	LA
amitriptyline	2	MO
amoxapine	2	MO
aripiprazole oral solution	5	MO
aripiprazole oral tablet	2	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	5	MO; QL (60 per 30 days)
ARISTADA	5	MO
ARISTADA INITIO	5	MO
armodafinil	4	PA; MO
atomoxetine	2	MO
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	2	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	2	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	2	MO; QL (60 per 30 days)
buspirone	2	MO
CAPLYTA	5	MO
chlorpromazine	2	MO
citalopram oral solution	2	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	4	MO
clonidine hcl oral tablet extended release 12 hr	2	MO
clorazepate dipotassium oral tablet 15 mg	2	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	2	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	2	PA; MO; QL (360 per 30 days)
clozapine oral tablet	2	MO
clozapine oral tablet,disintegrating	2	
desipramine	2	MO
desvenlafaxine succinate	2	MO; QL (30 per 30 days)
dextroamphetamine oral solution	2	MO
dextroamphetamine-amphetamine	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
diazepam injection solution	2	PA
diazepam injection syringe	2	PA; MO
diazepam oral concentrate	2	PA; MO; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	PA; MO; QL (1200 per 30 days)
diazepam oral tablet	2	PA; MO; QL (120 per 30 days)
doxepin oral capsule	4	MO
doxepin oral concentrate	4	MO
doxepin oral tablet	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	2	MO; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	2	MO; QL (90 per 30 days)
EMSAM	5	MO
ergoloid	4	MO
escitalopram oxalate oral solution	2	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	4	MO; QL (30 per 30 days)
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)
flumazenil	2	MO
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	2	MO; QL (4 per 28 days)
fluoxetine oral solution	2	MO
fluoxetine oral tablet 10 mg	2	MO; QL (30 per 30 days)
fluoxetine oral tablet 20 mg, 60 mg	2	MO
fluphenazine decanoate	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
fluphenazine hcl	2	MO
fluvoxamine oral capsule,extended release 24hr	4	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	2	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	2	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	2	MO; QL (60 per 30 days)
GEODON INTRAMUSCULAR	4	MO
guanidine	2	MO
haloperidol	1	MO
haloperidol decanoate	2	MO
haloperidol lactate injection	2	MO
haloperidol lactate intramuscular	2	
haloperidol lactate oral	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
imipramine hcl	4	MO
imipramine pamoate	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
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)
lithium carbonate	1	MO
lithium citrate oral solution 8 meq/5 ml	2	MO
lorazepam injection solution	2	PA; MO
lorazepam injection syringe 2 mg/ml	2	PA; MO
lorazepam injection syringe 4 mg/ml	2	PA
lorazepam intensol	2	PA; MO; QL (150 per 30 days)
lorazepam oral concentrate	2	PA; MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	2	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	2	PA; MO; QL (150 per 30 days)
loxapine succinate	2	MO
maprotiline	2	MO
MARPLAN	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
methylphenidate hcl oral capsule,er biphasic 50-50	2	MO
methylphenidate hcl oral solution	2	MO
methylphenidate hcl oral tablet	2	MO
methylphenidate hcl oral tablet extended release	2	MO
methylphenidate hcl oral tablet,chewable	2	MO
mirtazapine oral tablet	1	MO
mirtazapine oral tablet,disintegrating	2	MO
modafinil	2	PA; MO
molindone	2	MO
nefazodone	2	MO
nortriptyline	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)
olanzapine intramuscular	2	MO
olanzapine oral	2	MO; QL (30 per 30 days)
olanzapine-fluoxetine	2	MO
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg	2	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	2	MO; QL (60 per 30 days)
paliperidone oral tablet extended release 24hr 9 mg	5	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	2	MO; QL (60 per 30 days)
paroxetine mesylate(menop.sym)	2	MO; QL (30 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
perphenazine	2	MO
PERSERIS	5	MO
phenelzine	2	MO
pimozide	2	MO
procentra	2	MO
protriptyline	2	MO
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	2	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	2	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
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	2	MO; QL (60 per 30 days)
ramelteon	2	MO; QL (30 per 30 days)
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO
risperidone oral solution	2	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	2	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	2	MO; QL (120 per 30 days)
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS	5	MO; QL (60 per 30 days)
SECUADO	5	MO; QL (30 per 30 days)
sertraline oral concentrate	2	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
thioridazine	4	MO
thiothixene	1	MO
tranylcypromine	4	MO
trazodone	1	MO
trifluoperazine	2	MO
trimipramine	4	MO
TRINTELLIX	3	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	2	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	2	MO; QL (90 per 30 days)
venlafaxine oral tablet	2	MO; QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr	2	MO; QL (30 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)

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

Drug Name	Drug Tier	Requirements /Limits
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)
zaleplon oral capsule 10 mg	4	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	4	MO; QL (30 per 30 days)
ziprasidone hcl	2	MO; QL (60 per 30 days)
ziprasidone mesylate	2	
zolpidem oral tablet	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine	2	
amiodarone intravenous solution	2	B/D PA; MO
amiodarone intravenous syringe	2	B/D PA
amiodarone oral	2	MO
dofetilide	2	MO
flecainide	2	MO
ibutilide fumarate	2	MO
lidocaine (pf) in d7.5w	2	MO
lidocaine (pf) intravenous solution	2	MO
lidocaine (pf) intravenous syringe	2	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	2	
mexiletine	2	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	MO
procainamide injection solution 100 mg/ml	2	MO
procainamide injection solution 500 mg/ml	2	
propafenone	2	MO
quinidine gluconate oral	2	MO
quinidine sulfate oral tablet	2	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	2	MO
sorine oral tablet 240 mg	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
sotalol af	2	MO
sotalol oral	2	MO
SOTYLIZE	3	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	2	MO
aliskiren	2	MO
amiloride	2	MO
amiloride-hydrochlorothiazide	2	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	2	MO
amlodipine-valsartan	2	MO
amlodipine-valsartan-hcthiazid	2	MO
atenolol	1	MO
atenolol-chlorthalidone	2	MO
benazepril	1	MO
benazepril-hydrochlorothiazide	2	MO
betaxolol oral	2	MO
bisoprolol fumarate	2	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	2	MO
candesartan	2	MO
candesartan-hydrochlorothiazid	2	MO
captopril	2	MO
captopril-hydrochlorothiazide	2	MO
cartia xt	2	MO
carvedilol	1	MO
carvedilol phosphate	2	MO
chlorothiazide oral tablet 500 mg	2	MO
chlorothiazide sodium	2	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine	4	MO; QL (4 per 28 days)
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	2	
clonidine hcl oral tablet	1	MO
DEMSER	5	PA; MO
diltiazem hcl intravenous recon soln	2	
diltiazem hcl intravenous solution	2	MO
diltiazem hcl oral capsule,ext.rel 24h degradable	2	
diltiazem hcl oral capsule,extended release 12 hr	2	MO
diltiazem hcl oral capsule,extended release 24 hr	2	MO
diltiazem hcl oral capsule,extended release 24hr	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
diltiazem hcl oral tablet	1	MO
diltiazem hcl oral tablet extended release 24 hr	2	MO
dilt-xr	2	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
enalapril maleate	1	MO
enalaprilat intravenous solution	2	
enalapril-hydrochlorothiazide	1	MO
eplerenone	2	MO
epoprostenol (glycine)	2	B/D PA; MO
eprosartan	2	MO
esmolol intravenous solution	2	
ethacrynate sodium	5	MO
ethacrynic acid	5	MO
felodipine	2	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	2	MO
furosemide injection	2	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	MO
furosemide oral tablet	1	MO
hydralazine	2	MO
hydrochlorothiazide	1	MO
indapamide	2	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isradipine	2	MO
labetalol intravenous solution	2	MO
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	2	
labetalol oral	2	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
mannitol 20 %	2	
mannitol 25 % intravenous solution	2	MO
matzim la	2	MO
methyldopa	2	MO
metolazone	2	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	2	MO
metoprolol tartrate intravenous solution	2	MO
metoprolol tartrate oral	1	MO
metyrosine	5	PA; MO
minoxidil oral	2	MO
moexipril	1	MO
nadolol	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
nadolol-bendroflumethiazide oral tablet 80-5 mg	2	MO
nicardipine intravenous solution	2	MO
nicardipine oral	2	MO
nifedipine oral tablet extended release	2	MO
nifedipine oral tablet extended release 24hr	2	MO
nimodipine	2	MO
nisoldipine	2	MO
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	2	MO
olmesartan-hydrochlorothiazide	1	MO
osmitrol 15 %	2	
osmitrol 20 %	2	
perindopril erbumine	1	MO
phenoxybenzamine	5	PA; MO
phentolamine injection recon soln	2	
pindolol	2	MO
prazosin	2	MO
propranolol intravenous	2	
propranolol oral capsule,extended release 24 hr	2	MO
propranolol oral solution	2	MO
propranolol oral tablet	1	MO
propranolol-hydrochlorothiazid	2	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	2	MO
ramipril	1	MO
REMODULIN	5	PA; MO; LA
spironolactone	1	MO
spironolacton-hydrochlorothiaz	2	MO
taztia xt	2	MO
TEKTURNA HCT	3	MO
telmisartan	2	MO
telmisartan-amlodipine	2	MO
telmisartan-hydrochlorothiazid	2	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er	2	MO
timolol maleate oral	2	MO
torsemide oral	2	MO
trandolapril	1	MO
trandolapril-verapamil	2	MO
treprostinil sodium	5	PA; MO; LA
triamterene	2	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	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
triamterene-hydrochlorothiazid oral tablet	1	MO
UPTRAVI	5	PA; MO; LA
valsartan	1	MO
valsartan-hydrochlorothiazide	1	MO
veletri	2	B/D PA; MO
verapamil intravenous solution	2	MO
verapamil intravenous syringe	2	
verapamil oral capsule, 24 hr er pellet ct	2	MO
verapamil oral capsule,ext rel. pellets 24 hr	2	MO
verapamil oral tablet	1	MO
verapamil oral tablet extended release	2	MO
COAGULATION THERAPY		
AMICAR	3	MO
aminocaproic acid	2	MO
aspirin-dipyridamole	2	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; MO; LA
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
cilostazol	2	MO
clopidogrel oral tablet 300 mg	2	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dipyridamole intravenous	2	PA
dipyridamole oral	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
enoxaparin	2	MO
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	MO
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	2	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	2	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	2	MO
heparin (porcine) in nacl (pf)	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
heparin (porcine) injection cartridge	2	MO
heparin (porcine) injection solution	2	MO
heparin (porcine) injection syringe 5,000 unit/ml	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	2	MO
heparin, porcine (pf) injection solution	2	MO
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
jantoven	1	MO
MULPLETA	5	PA; MO
NPLATE	5	MO
pentoxifylline	2	MO
PRADAXA	4	MO
prasugrel	2	MO
PROMACTA	5	PA; MO; LA
protamine	2	
warfarin	1	MO
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	2	MO; QL (30 per 30 days)
atorvastatin	1	MO; QL (30 per 30 days)
cholestyramine (with sugar)	2	MO
cholestyramine light	2	MO
colesevelam	2	MO
colestipol	2	MO
ezetimibe	2	MO
ezetimibe-simvastatin	2	MO; QL (30 per 30 days)
fenofibrate micronized	2	MO
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	2	MO
fenofibrate oral tablet	2	MO
fenofibric acid	2	MO
fenofibric acid (choline)	2	MO
fluvastatin oral capsule 20 mg	2	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	2	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
fluvastatin oral tablet extended release 24 hr	2	MO; QL (30 per 30 days)
gemfibrozil	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; MO; LA
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
niacin oral tablet 500 mg	2	MO
niacin oral tablet extended release 24 hr	2	MO
PRALUENT PEN	3	PA; MO; QL (2 per 28 days)
pravastatin	1	MO; QL (30 per 30 days)
prevalite	2	MO
REPATHA	3	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; MO; QL (3 per 28 days)
rosuvastatin	1	MO; QL (30 per 30 days)
simvastatin oral tablet	1	MO; QL (30 per 30 days)
VASCEPA	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
cardioplegic soln	2	
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA; MO
digitek	2	MO
digox	2	MO
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	2	MO
digoxin oral tablet	2	MO
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)	2	B/D PA; MO
dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)	2	B/D PA
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	2	B/D PA
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)	2	B/D PA
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	2	B/D PA
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	MO
milrinone	2	B/D PA; MO
milrinone in 5 % dextrose	2	B/D PA; MO
norepinephrine bitartrate	2	
ranolazine	2	MO
sodium nitroprusside	2	B/D PA
VECAMYL	5	
VYNDAMAX	5	PA; MO
VYNDAQEL	5	PA; MO
NITRATES		
isosorbide dinitrate oral tablet	2	MO
isosorbide mononitrate	1	MO
nitro-bid	2	MO
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)	2	B/D PA
nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)	2	B/D PA; MO
nitroglycerin intravenous	2	B/D PA
nitroglycerin sublingual	2	MO
nitroglycerin transdermal patch 24 hour	2	MO
nitroglycerin translingual spray,non-aerosol	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 25 mg	2	MO
acitretin oral capsule 17.5 mg	5	MO
calcipotriene scalp	2	MO; QL (120 per 30 days)
calcipotriene topical cream	4	MO; QL (120 per 30 days)
calcipotriene topical ointment	2	MO; QL (120 per 30 days)
calcipotriene-betamethasone topical ointment	2	MO; QL (400 per 30 days)
calcipotriene-betamethasone topical suspension	4	MO; QL (400 per 30 days)
calcitriol topical	4	MO
selenium sulfide topical lotion	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
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA	5	PA; MO
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate	2	MO
carbocaine (pf) injection solution 15 mg/ml (1.5 %)	2	
chloroprocaine (pf)	2	
diclofenac sodium topical gel 3 %	2	PA; MO; QL (100 per 28 days)
doxepin topical	5	MO; QL (45 per 30 days)
DUPIXENT PEN	5	PA; MO
DUPIXENT SYRINGE	5	PA; MO
fluorouracil topical cream 5 %	2	MO
fluorouracil topical solution	2	MO
glydo	2	MO; QL (60 per 30 days)
imiquimod topical cream in packet	2	MO
lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	2	MO
lidocaine (pf) injection solution 15 mg/ml (1.5 %)	2	
lidocaine hcl injection solution	2	MO
lidocaine hcl laryngotracheal	2	MO
lidocaine hcl mucous membrane jelly	2	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane jelly in applicator	2	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	2	MO
lidocaine topical adhesive patch,medicated 5 %	2	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	4	MO; QL (36 per 30 days)
lidocaine viscous	2	MO
lidocaine-epinephrine (pf)	2	
lidocaine-epinephrine injection solution 0.5 %-1:200,000	2	
lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000	2	MO
lidocaine-prilocaine topical cream	2	MO; QL (30 per 30 days)
methoxsalen	5	MO
PANRETIN	5	MO
pimecrolimus	2	PA; MO; QL (100 per 30 days)
podofilox	2	MO
polocaine injection solution 1 % (10 mg/ml)	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
polocaine-mpf	2	
prudoxin	2	MO; QL (45 per 30 days)
REGRANEX	5	MO
SANTYL	3	MO
silver sulfadiazine	2	MO
ssd	2	MO
tacrolimus topical	2	PA; MO; QL (100 per 30 days)
UVADEX	4	B/D PA
VALCHLOR	5	MO
THERAPY FOR ACNE		
amnesteem	2	MO
avita topical cream	2	PA; MO
azelaic acid	2	MO
claravis	4	MO
clindamycin phosphate topical gel	2	MO; QL (120 per 30 days)
clindamycin phosphate topical lotion	2	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	2	MO; QL (120 per 30 days)
dapsone topical gel	2	MO
ery pads	2	MO
erythromycin with ethanol topical solution	2	MO
isotretinoin	2	MO
metronidazole topical	2	MO
myorisan	2	MO
rosadan topical cream	2	MO
rosadan topical gel	2	MO
tazarotene	2	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
TAZORAC TOPICAL GEL	3	PA; MO
tretinoin topical	2	PA; MO
zenatane	4	MO
TOPICAL ANTIBACTERIALS		
gentamicin topical	2	MO
mafenide acetate	2	MO
mupirocin	2	MO; QL (44 per 30 days)
mupirocin calcium	2	MO; QL (30 per 30 days)
sulfacetamide sodium (acne)	2	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
ciclodan topical solution	2	MO
ciclopirox topical cream	2	MO; QL (90 per 28 days)
ciclopirox topical gel	2	MO; QL (45 per 28 days)
ciclopirox topical shampoo	2	MO; QL (120 per 28 days)
ciclopirox topical solution	2	MO
ciclopirox topical suspension	2	MO; QL (60 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
clotrimazole topical cream	2	MO; QL (45 per 28 days)
clotrimazole topical solution	2	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	2	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	2	MO; QL (60 per 28 days)
econazole	2	MO; QL (85 per 28 days)
ketoconazole topical cream	2	MO; QL (60 per 28 days)
ketoconazole topical foam	2	MO; QL (100 per 28 days)
ketoconazole topical shampoo	2	MO; QL (120 per 28 days)
ketodan	2	MO; QL (100 per 28 days)
naftifine	2	MO; QL (60 per 28 days)
nyamyc	2	MO
nystatin topical cream	2	MO; QL (30 per 28 days)
nystatin topical ointment	2	MO; QL (30 per 28 days)
nystatin topical powder	2	MO
nystatin-triamcinolone	2	MO; QL (60 per 28 days)
nystop	2	MO
oxiconazole	2	MO
TOPICAL ANTIVIRALS		
acyclovir topical cream	2	PA; MO; QL (5 per 30 days)
acyclovir topical ointment	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	2	MO
alclometasone	2	MO
betamethasone dipropionate	2	MO
betamethasone valerate	2	MO
betamethasone, augmented	2	MO
clobetasol scalp	2	MO; QL (100 per 28 days)
clobetasol topical cream	2	MO; QL (120 per 28 days)
clobetasol topical foam	2	MO; QL (100 per 28 days)
clobetasol topical gel	2	MO; QL (120 per 28 days)
clobetasol topical lotion	2	MO; QL (118 per 28 days)
clobetasol topical ointment	2	MO; QL (120 per 28 days)
clobetasol topical shampoo	2	MO; QL (236 per 28 days)
clobetasol topical spray,non-aerosol	2	MO; QL (125 per 28 days)
clobetasol-emollient topical cream	2	MO; QL (120 per 28 days)
clobetasol-emollient topical foam	2	MO; QL (100 per 28 days)
clodan	2	MO; QL (236 per 28 days)
desonide	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
fluocinolone	2	MO
fluocinolone and shower cap	2	MO
fluocinonide	2	MO; QL (120 per 30 days)
fluocinonide-e	2	MO; QL (120 per 30 days)
halobetasol propionate topical cream	2	MO
halobetasol propionate topical ointment	2	MO
hydrocortisone butyrate topical lotion	2	MO
hydrocortisone topical cream 1 %, 2.5 %	2	MO
hydrocortisone topical lotion 2.5 %	2	MO
hydrocortisone topical ointment 1 %, 2.5 %	2	MO
mometasone topical	2	MO
nolix topical cream	2	MO; QL (120 per 30 days)
prednicarbate	2	MO
tovet emollient	2	MO; QL (100 per 28 days)
triamcinolone acetonide topical aerosol	2	MO; QL (126 per 28 days)
triamcinolone acetonide topical cream	2	MO
triamcinolone acetonide topical lotion	2	MO
triamcinolone acetonide topical ointment	2	MO
trianex	2	MO
triderm topical cream	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	2	MO
lindane topical shampoo	2	MO
malathion	2	MO
permethrin topical cream	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine intravenous	2	MO
IRRIGATING SOLUTIONS		
lactated ringers irrigation	2	MO
neomycin-polymyxin b gu	2	MO
ringer's irrigation	2	MO
MISCELLANEOUS AGENTS		
acamprosate	4	MO
acetic acid irrigation	2	MO
anagrelide	2	MO
ARALAST NP	5	MO; LA
caffeine citrate intravenous	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
caffeine citrate oral	2	MO
CARBAGLU	5	PA; MO; LA
cevimeline	2	MO
CHEMET	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
clovique	5	PA
d10 %-0.45 % sodium chloride	2	
d2.5 %-0.45 % sodium chloride	2	
d5 % and 0.9 % sodium chloride	2	MO
d5 %-0.45 % sodium chloride	2	MO
deferasirox	5	PA; MO
deferiprone	5	PA; MO
deferoxamine	2	B/D PA; MO
dextrose 10 % and 0.2 % nacl	2	
dextrose 10 % in water (d10w)	2	MO
dextrose 25 % in water (d25w)	2	
dextrose 30 % in water (d30w)	2	
dextrose 40 % in water (d40w)	2	
dextrose 5 % in water (d5w)	2	MO
dextrose 5 %-lactated ringers	2	MO
dextrose 5%-0.2 % sod chloride	2	
dextrose 5%-0.3 % sod.chloride	2	
dextrose 50 % in water (d50w)	2	MO
dextrose 70 % in water (d70w)	2	MO
disulfiram	2	MO
FERRIPROX	5	PA; MO
FERRIPROX (2 TIMES A DAY)	5	PA
INCRELEX	5	MO; LA
kionex (with sorbitol)	2	MO
lanthanum	2	MO
levocarnitine (with sugar)	2	MO
levocarnitine oral solution 100 mg/ml	2	MO
levocarnitine oral tablet	2	MO
LOKELMA	3	MO
midodrine	2	MO
nitisinone	5	PA; MO
NORTHERA	5	PA; MO
ORFADIN	5	PA; MO; LA
pilocarpine hcl oral	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
riluzole	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
risedronate oral tablet 30 mg	2	MO; QL (30 per 30 days)
sevelamer carbonate oral powder in packet	5	MO
sevelamer carbonate oral tablet	2	MO
sevelamer hcl	2	MO
sodium benzoate-sod phenylacet	5	
sodium chloride 0.9 % intravenous	2	MO
sodium chloride irrigation	2	MO
sodium phenylbutyrate	5	PA; MO
sodium polystyrene (sorb free)	2	MO
sodium polystyrene sulfonate oral powder	2	MO
SOLIRIS	5	PA; MO
sps (with sorbitol) oral	2	MO
sps (with sorbitol) rectal	2	
THIOLA	5	MO
THIOLA EC	5	MO
trientine	5	PA; MO
VELTASSA	3	MO
water for irrigation, sterile	2	MO
XIAFLEX	5	PA; MO
XURIDEN	5	MO
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	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		
azelastine nasal	2	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	2	MO
denta 5000 plus	2	MO
dentagel	2	MO
fluoride (sodium) dental cream	2	
fluoride (sodium) dental gel	2	
fluoride (sodium) dental paste	2	MO
ipratropium bromide nasal	2	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
olopatadine nasal	2	MO; QL (30.5 per 30 days)
oralone	2	MO
paroex oral rinse	2	MO
periogard	2	MO
sf	2	MO
sf 5000 plus	2	MO
sodium fluoride 5000 plus	2	
sodium fluoride-pot nitrate	2	MO
triamcinolone acetonide dental	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	2	MO
ciprofloxacin hcl otic (ear)	2	MO
flac otic oil	2	
fluocinolone acetonide oil	2	MO
hydrocortisone-acetic acid	2	MO
ofloxacin otic (ear)	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	MO
ciprofloxacin-dexamethasone	2	MO
neomycin-polymyxin-hc otic (ear)	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
betamethasone acet,sod phos	2	MO
cortisone	2	MO
decadron oral tablet	1	
dexamethasone intensol	2	MO
dexamethasone oral elixir	2	MO
dexamethasone oral solution	2	MO
dexamethasone oral tablet	1	MO
dexamethasone oral tablets,dose pack	2	MO
dexamethasone sodium phos (pf) injection solution	2	MO
dexamethasone sodium phosphate injection	2	MO
fludrocortisone	2	MO
hydrocortisone oral	2	MO
methylprednisolone acetate	2	MO
methylprednisolone oral tablet	2	B/D PA; MO
methylprednisolone oral tablets,dose pack	2	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	2	MO
methylprednisolone sodium succ intravenous recon soln 1,000 mg	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
methylprednisolone sodium succ intravenous recon soln 500 mg	2	
millipred oral tablet	4	B/D PA; MO
prednisolone oral solution 15 mg/5 ml	2	MO
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)	2	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	2	
prednisolone sodium phosphate oral tablet,disintegrating	2	B/D PA; MO
prednisone intensol	2	B/D PA; MO
prednisone oral solution	2	MO
prednisone oral tablet	1	B/D PA; MO
prednisone oral tablets,dose pack	1	MO
triamcinolone acetonide injection	2	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	2	MO
propylthiouracil	2	MO
DIABETES THERAPY		

Drug Name	Drug Tier	Requirements /Limits
acarbose oral tablet 100 mg	2	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	2	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	2	MO; QL (180 per 30 days)
ALCOHOL PADS	3	MO
BAQSIMI	3	MO
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)
diazoxide	2	MO
DROPLET INSULIN SYR HALF UNIT	3	
DROPLET INSULIN SYRINGE	3	

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

Drug Name	Drug Tier	Requirements /Limits
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	MO
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 LIBRE 14 DAY READER	3	MO
FREESTYLE LIBRE 2 READER	3	MO
FREESTYLE LITE METER	3	MO
FREESTYLE LITE STRIPS	3	MO
FREESTYLE PRECISION NEO STRIPS	3	MO
FREESTYLE TEST	3	MO
GAUZE PADS 2 X 2	3	MO
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE	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
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
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)
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

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

Drug Name	Drug Tier	Requirements /Limits
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
metformin oral solution	2	MO; QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
miglitol oral tablet 100 mg	2	MO; QL (90 per 30 days)
miglitol oral tablet 25 mg	2	MO; QL (360 per 30 days)
miglitol oral tablet 50 mg	2	MO; QL (180 per 30 days)
nateglinide oral tablet 120 mg	2	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	2	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOFINE 32	3	MO
NOVOFINE PLUS	3	MO
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	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 IQ METER	3	MO
ONETOUCH VERIO METER	3	MO
ONETOUCH VERIO TEST STRIPS	3	MO
ONGLYZA	3	MO; QL (30 per 30 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	2	MO; QL (30 per 30 days)
pioglitazone-metformin	2	MO; QL (90 per 30 days)
PRECISION PCX PLUS TEST	3	
PRECISION PCX TEST	3	MO
PRECISION POINT OF CARE 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
PRECISION Q-I-D TEST	3	MO
PRECISION XTRA MONITOR	3	MO
PROGLYCEM	3	MO
repaglinide oral tablet 0.5 mg	2	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	2	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	2	MO; QL (240 per 30 days)
repaglinide-metformin	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)
TECHLITE INSULIN SYR HALF UNIT	3	
TECHLITE INSULIN SYRINGE	3	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	MO
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	3	
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)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
cabergoline	2	MO
calcitonin (salmon)	2	MO
calcitriol intravenous solution 1 mcg/ml	2	MO
calcitriol oral	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
cinacalcet oral tablet 30 mg	2	MO
cinacalcet oral tablet 60 mg, 90 mg	5	MO
clomiphene citrate	2	PA; MO
CRYSVITA	5	PA; MO; LA
danazol	4	MO
DDAVP NASAL SOLUTION	3	MO
desmopressin injection	2	MO
desmopressin nasal spray with pump	2	MO
desmopressin nasal spray,non-aerosol	2	MO
desmopressin oral	2	MO
doxercalciferol intravenous	2	
doxercalciferol oral	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
methyltestosterone oral capsule	5	MO
MIACALCIN INJECTION	4	MO
miglustat	5	MO; LA
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
NATPARA	5	PA; MO; LA
oxandrolone oral tablet 10 mg	5	PA; MO
oxandrolone oral tablet 2.5 mg	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)
pamidronate	2	MO
paricalcitol intravenous solution 2 mcg/ml	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
paricalcitol intravenous solution 5 mcg/ml	2	MO
paricalcitol oral	4	MO
SAMSCA	5	PA; MO
sapropterin	5	PA; MO
SOMAVERT	5	MO
STIMATE	3	MO
STRENSIQ	5	PA; MO; LA
SYNAREL	5	MO
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	2	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	2	PA
testosterone enanthate	2	PA; MO
testosterone transdermal gel	2	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	2	PA; MO; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	2	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	2	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	2	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	2	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	2	PA; MO; QL (180 per 30 days)
tolvaptan oral tablet 30 mg	5	PA; MO
VIMIZIM	5	PA; MO; LA
zoledronic acid intravenous solution	2	B/D PA; MO
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	2	B/D PA; MO
THYROID HORMONES		
euthyrox	1	MO
levo-t	1	
levothyroxine intravenous recon soln	2	MO
levothyroxine oral	1	MO
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	1	MO
liothyronine	2	MO
unithroid	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
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection solution 0.4 mg/ml	2	MO
atropine injection syringe 0.05 mg/ml	2	
atropine injection syringe 0.1 mg/ml	2	MO
dicyclomine intramuscular	2	MO
dicyclomine oral capsule	2	MO
dicyclomine oral solution	2	MO
dicyclomine oral tablet	2	MO
diphenoxylate-atropine	2	MO
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	2	
glycopyrrolate injection	2	MO
glycopyrrolate oral tablet 1 mg, 2 mg	2	MO
glycopyrrolate oral tablet 1.5 mg	2	
loperamide oral capsule	2	MO
opium tincture	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	5	MO
aprepitant	2	B/D PA; MO
balsalazide	2	MO
budesonide oral capsule,delayed,extend.release	2	MO
budesonide oral tablet,delayed and ext.release	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
compro	2	MO
constulose	2	MO
CORTIFOAM	3	MO
CREON	3	MO
cromolyn oral	2	MO
CYSTADANE	5	MO
dimenhydrinate injection solution	2	MO
DIPENTUM	5	MO
doxylamine-pyridoxine (vit b6)	2	MO
dronabinol oral capsule 10 mg	2	B/D PA; MO
dronabinol oral capsule 2.5 mg, 5 mg	4	B/D PA; MO
droperidol injection solution	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
enulose	2	MO
fosaprepitant	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
gavilyte-c	2	MO
gavilyte-g	2	MO
gavilyte-n	2	MO
generlac	2	MO
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	2	MO
granisetron hcl intravenous	2	MO
granisetron hcl oral	2	B/D PA; MO
hydrocortisone rectal	2	MO
hydrocortisone topical cream with perineal applicator	2	MO
hydrocortisone-pramoxine rectal cream 1-1 %	2	MO
lactulose oral solution	2	MO
meclizine oral tablet 12.5 mg, 25 mg	2	MO
mesalamine	2	MO
mesalamine with cleansing wipe	2	MO
metoclopramide hcl injection solution	2	MO
metoclopramide hcl injection syringe	2	
metoclopramide hcl oral solution	2	MO
metoclopramide hcl oral tablet	1	MO
metoclopramide hcl oral tablet,disintegrating	2	MO
MOVANTIK	3	MO
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
ondansetron	2	B/D PA; MO
ondansetron hcl (pf)	2	MO
ondansetron hcl intravenous	2	MO
ondansetron hcl oral solution	2	B/D PA; MO
ondansetron hcl oral tablet 24 mg	2	B/D PA
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA; MO
palonosetron intravenous solution 0.25 mg/5 ml	2	MO
palonosetron intravenous syringe	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	2	MO
peg-electrolyte	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	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
polyethylene glycol 3350 oral powder	2	MO
prochlorperazine	2	MO
prochlorperazine edisylate	2	MO
prochlorperazine maleate oral	1	MO
procto-med hc	2	MO
procto-pak	2	MO
proctosol hc topical	2	MO
proctozone-hc	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA; MO
scopolamine base	2	MO
SUCRAID	5	PA; MO
sulfasalazine	2	MO
trilyte with flavor packets	2	MO
TRULANCE	3	MO
ursodiol	2	MO
VARUBI ORAL	3	B/D PA; MO
VIBERZI	5	MO
VIOKACE	3	MO
ULCER THERAPY		
amoxicil-clarithromy-lansopraz	2	MO; QL (112 per 30 days)
cimetidine	2	MO
cimetidine hcl oral	2	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	2	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	2	MO
esomeprazole sodium	2	
famotidine (pf)	2	MO
famotidine (pf)-nacl (iso-os)	2	MO
famotidine intravenous solution	2	MO
famotidine oral suspension	2	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	2	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	2	MO
misoprostol	2	MO
nizatidine	2	MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
pantoprazole intravenous	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
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
sucralfate	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
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
NEULASTA ONPRO	5	PA; MO
NEUPOGEN	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	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)
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)

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

Drug Name	Drug Tier	Requirements /Limits
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)
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
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
fomepizole	2	
GAMASTAN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
GAMASTAN S/D	3	
GARDASIL 9 (PF)	3	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL	3	
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
ODACTRA	3	PA; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
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 TOX PED(PF)	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
allopurinol sodium	2	
aloprim	2	
colchicine oral tablet	2	MO
COLCRYS	4	ST; MO
febuxostat	2	MO
KRYSTEXXA	5	MO
MITIGARE	3	MO
probenecid	2	MO
probenecid-colchicine	2	MO
ULORIC	3	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution	2	MO; QL (1286 per 30 days)
alendronate oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
FORTEO	5	PA; MO; QL (2.4 per 28 days)
ibandronate intravenous	2	PA; MO
ibandronate oral	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO
raloxifene	2	MO
risedronate oral tablet 150 mg	2	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	2	MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
risedronate oral tablet 5 mg	2	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	2	MO; QL (4 per 28 days)
TERIPARATIDE	5	PA; MO; QL (2.48 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 SOLUTION	5	PA; MO; QL (8 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 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)
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)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
leflunomide	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
penicillamine	5	MO
RIDAURA	5	MO
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		
camila	2	MO
deblitane	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	MO
dotti	2	PA; MO; QL (8 per 28 days)
errin	2	MO
estradiol oral	4	PA; MO
estradiol transdermal patch semiweekly	2	PA; MO; QL (8 per 28 days)
estradiol transdermal patch weekly	2	PA; MO; QL (4 per 28 days)
estradiol vaginal	2	MO
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	2	MO
estradiol-norethindrone acet	2	PA; MO
heather	2	MO
hydroxyprogesterone caproate	5	MO
incassia	2	MO
jencycla	2	MO
lyza	2	MO
medroxyprogesterone	2	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; MO
nora-be	2	MO
norethindrone (contraceptive)	2	MO
norethindrone acetate	2	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	PA; MO
norlyda	2	MO

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Drug Name	Drug Tier	Requirements /Limits
progesterone	2	MO
progesterone micronized	2	MO
sharobel	2	MO
tulana	2	MO
yuvafem	2	MO
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal	2	MO
eluryng	2	MO
etonogestrel-ethinyl estradiol	2	MO
metronidazole vaginal	2	MO
miconazole-3 vaginal suppository	2	MO
mifepristone	2	LA
MIRENA	3	MO; LA
NEXPLANON	3	MO
terconazole	2	MO
tranexamic acid oral	2	MO
vandazole	2	MO
xulane	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	2	MO
alyacen 1/35 (28)	2	MO
alyacen 7/7/7 (28)	2	MO
amethyst (28)	2	MO
apri	2	MO
aranelle (28)	2	MO
aubra	2	MO
aubra eq	2	MO

Drug Name	Drug Tier	Requirements /Limits
aviane	2	MO
azurette (28)	2	MO
bekyree (28)	2	MO
camrese	2	MO
caziant (28)	2	MO
cryselle (28)	2	MO
cyclafem 1/35 (28)	2	MO
cyclafem 7/7/7 (28)	2	MO
cyred	2	MO
cyred eq	2	MO
dasetta 1/35 (28)	2	MO
dasetta 7/7/7 (28)	2	MO
daysee	2	MO
desog-e.estradiol/e.estradiol	2	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	2	MO
drospirenone-ethinyl estradiol	2	MO
elinest	2	MO
emoquette	2	MO
enpresse	2	MO
enskyce	2	MO
estarylla	2	MO
ethynodiol diac-eth estradiol	2	
falmina (28)	2	MO
fayosim	2	MO
femynor	2	MO
gianvi (28)	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
introvale	2	MO
isibloom	2	MO
jasmiel (28)	2	MO
jolessa	2	MO
juleber	2	MO
kalliga	2	
kariva (28)	2	MO
kelnor 1/35 (28)	2	MO
kelnor 1-50	2	MO
kurvelo (28)	2	MO
l norgest/e.estradiol-e.estrad	2	MO
larin 1.5/30 (21)	2	MO
larin 1/20 (21)	2	MO
larin 24 fe	2	MO
larin fe 1.5/30 (28)	2	MO
larin fe 1/20 (28)	2	MO
larissia	2	MO
lessina	2	MO
levonest (28)	2	MO
levonorgestrel-ethinyl estrad	2	MO
levonorg-eth estrad triphasic	2	MO
levora-28	2	MO
lillow (28)	2	MO
loryna (28)	2	MO
low-ogestrel (28)	2	MO
lo-zumandimine (28)	2	MO
lutera (28)	2	MO
marlissa (28)	2	MO
microgestin 1.5/30 (21)	2	MO
microgestin 1/20 (21)	2	MO
microgestin fe 1.5/30 (28)	2	MO
microgestin fe 1/20 (28)	2	MO
mili	2	MO
mono-linyah	2	MO
nikki (28)	2	MO
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	2	MO
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	MO
norgestimate-ethinyl estradiol	2	MO
nortrel 0.5/35 (28)	2	MO
nortrel 1/35 (21)	2	MO
nortrel 1/35 (28)	2	MO
nortrel 7/7/7 (28)	2	MO
orsythia	2	MO
philith	2	MO
pimtrea (28)	2	MO
pirmella	2	MO
portia 28	2	MO
previfem	2	MO
reclipsen (28)	2	MO
setlakin	2	MO
sprintec (28)	2	MO
sronyx	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
syeda	2	MO
tarina 24 fe	2	MO
tarina fe 1/20 (28)	2	MO
tarina fe 1-20 eq (28)	2	MO
tilia fe	2	MO
tri femynor	2	MO
tri-estarylla	2	MO
tri-legest fe	2	MO
tri-linyah	2	MO
tri-lo-estarylla	2	MO
tri-lo-marzia	2	MO
tri-lo-sprintec	2	MO
tri-previfem (28)	2	MO
tri-sprintec (28)	2	MO
trivora (28)	2	MO
velivet triphasic regimen (28)	2	MO
vienva	2	MO
viorele (28)	2	MO
wera (28)	2	MO
zarah	2	MO
zovia 1/35e (28)	2	MO
zumandimine (28)	2	MO
OXYTOCICS		
methergine	2	PA
methylergonovine injection	2	PA
methylergonovine oral	2	PA; MO
oxytocin injection solution	2	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
ak-poly-bac	2	MO
bacitracin ophthalmic (eye)	2	MO
bacitracin-polymyxin b ophthalmic (eye)	2	MO
ciprofloxacin hcl ophthalmic (eye)	2	MO
erythromycin ophthalmic (eye)	2	MO
gatifloxacin	2	MO
gentak ophthalmic (eye) ointment	2	MO
gentamicin ophthalmic (eye) drops	2	MO
levofloxacin ophthalmic (eye)	2	MO
moxifloxacin ophthalmic (eye)	2	MO
NATACYN	3	MO
neomycin-bacitracin-polymyxin	2	MO
neomycin-polymyxin-gramicidin	2	MO
neo-polycin	2	MO
ofloxacin ophthalmic (eye)	2	MO
polycin	2	MO
polymyxin b sulf-trimethoprim	2	MO
tobramycin ophthalmic (eye)	2	MO
ANTIVIRALS		

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

Drug Name	Drug Tier	Requirements /Limits
trifluridine	2	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	2	MO
carteolol	2	MO
levobunolol ophthalmic (eye) drops 0.5 %	2	MO
timolol maleate ophthalmic (eye) drops	1	MO
timolol maleate ophthalmic (eye) drops, once daily	2	MO
timolol maleate ophthalmic (eye) gel forming solution	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops	2	MO
azelastine ophthalmic (eye)	2	MO
balanced salt	2	
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
bss	2	MO
cromolyn ophthalmic (eye)	2	MO
CYSTARAN	5	PA; MO
epinastine	2	MO
EYLEA	5	PA; MO
LUCENTIS	5	PA; MO
olopatadine ophthalmic (eye)	2	MO
OXERVATE	5	PA; MO
PHOSPHOLINE IODIDE	4	MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	2	MO
sulfacetamide sodium ophthalmic (eye)	2	MO
sulfacetamide-prednisolone	2	MO
XIIDRA	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac	2	MO
diclofenac sodium ophthalmic (eye)	2	MO
flurbiprofen sodium	2	MO
ketorolac ophthalmic (eye)	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	2	MO
acetazolamide sodium	2	MO
methazolamide	2	MO
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye)	2	MO
dorzolamide	2	MO
dorzolamide-timolol	2	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	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
latanoprost	2	MO
miostat	2	
travoprost	2	MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc	2	MO
neomycin-polymyxin b-dexameth	2	MO
neomycin-polymyxin-hc ophthalmic (eye)	2	MO
neo-polycin hc	2	MO
tobramycin-dexamethasone	2	MO
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye)	2	MO
fluorometholone	2	MO
loteprednol etabonate	2	MO
OZURDEX	5	MO
prednisolone acetate	2	MO
prednisolone sodium phosphate ophthalmic (eye)	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
apraclonidine	2	MO
brimonidine	2	MO

Drug Name	Drug Tier	Requirements /Limits
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection	2	MO
cetirizine oral solution 1 mg/ml	2	MO
diphenhydramine hcl injection solution 50 mg/ml	2	MO
diphenhydramine hcl injection syringe	2	MO
diphenhydramine hcl oral elixir	2	PA
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	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)
hydroxyzine hcl oral tablet	2	PA; MO
levocetirizine oral solution	2	MO
levocetirizine oral tablet	2	MO; QL (30 per 30 days)
promethazine injection solution	4	MO
promethazine oral	4	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
SYMJEPI	4	MO; QL (2 per 30 days)
PULMONARY AGENTS		
acetylcysteine	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	2	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	2	MO; QL (13.4 per 30 days)
albuterol sulfate inhalation solution for nebulization	2	B/D PA; MO
albuterol sulfate oral syrup	2	MO
albuterol sulfate oral tablet	4	MO
albuterol sulfate oral tablet extended release 12 hr	4	MO
alyq	5	PA; MO; QL (60 per 30 days)
ambrisentan	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)
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)
bosentan	5	PA; MO; LA
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	2	B/D PA; MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
budesonide inhalation suspension for nebulization 1 mg/2 ml	2	B/D PA; MO; QL (60 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
cromolyn inhalation	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)
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
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	2	MO; QL (50 per 30 days)
fluticasone propionate nasal	2	MO; QL (16 per 30 days)
HAEGARDA	5	PA; MO; LA
icatibant	5	PA; MO
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
ipratropium bromide inhalation	2	B/D PA; MO
ipratropium-albuterol	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)
levalbuterol hcl	2	B/D PA; MO
metaproterenol oral syrup	2	MO
mometasone nasal	2	MO; QL (34 per 30 days)
montelukast	2	MO
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
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

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

Drug Name	Drug Tier	Requirements /Limits
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)
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	5	PA
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	5	PA; MO; QL (224 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	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)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	5	PA; MO; QL (60 per 30 days)
terbutaline	2	MO
THEO-24	3	MO
theophylline oral elixir	2	
theophylline oral solution	2	MO
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	2	MO
theophylline oral tablet extended release 24 hr	2	MO
TRIKAFTA	5	PA; MO
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)

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

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
zafirlukast	2	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
flavoxate	2	MO
MYRBETRIQ	3	MO
oxybutynin chloride	2	MO
solifenacin	2	MO
tolterodine	2	MO
trospium	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	2	MO
dutasteride	2	MO
dutasteride-tamsulosin	2	MO
finasteride oral tablet 5 mg	2	MO
silodosin	2	MO
tamsulosin	1	MO
MISCELLANEOUS UROLOGICALS		
alprostadil	2	MO
bethanechol chloride	2	MO
CYSTAGON	3	PA; MO; LA
ELMIRON	3	MO
glycine urologic	2	
glycine urologic solution	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
potassium citrate	2	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
tadalafil oral tablet 2.5 mg, 5 mg	2	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
albumin, human 25 %	2	
albuminar 25 %	2	MO
alburx (human) 25 %	2	MO
alburx (human) 5 %	2	
albutein 25 %	2	
albutein 5 %	2	
plasbumin 25 %	2	MO
plasbumin 5 %	2	
ELECTROLYTES		
calcium acetate(phosphat bind)	2	MO
calcium chloride	2	
calcium gluconate intravenous	2	MO
effer-k oral tablet, effervescent 25 meq	2	MO
klor-con 10	1	MO
klor-con 8	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
klor-con m10	1	MO
klor-con m15	2	MO
klor-con m20	1	MO
klor-con oral packet 20	2	MO
klor-con/ef	2	MO
k-tab oral tablet extended release 8 meq	1	MO
lactated ringers intravenous	2	MO
magnesium chloride injection	2	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
magnesium sulfate in water intravenous parenteral solution	2	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)	2	
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)	2	MO
magnesium sulfate injection solution	2	MO
magnesium sulfate injection syringe	2	
NORMOSOL-R	3	MO
potassium acetate intravenous solution 2 meq/ml	2	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	2	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	2	MO
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	2	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	2	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	2	MO
potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l	2	
potassium chloride in water intravenous piggyback 10 meq/100 ml	2	MO
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml	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
potassium chloride intravenous	2	MO
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	2	MO
potassium chloride oral packet	2	MO
potassium chloride oral tablet extended release	1	MO
potassium chloride oral tablet,er particles/crystals	1	MO
potassium chloride-0.45 % nacl	2	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	2	MO
potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l	2	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	2	
potassium chloride-d5-0.9%nacl	2	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	2	
ringer's intravenous	2	
sodium acetate	2	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)	2	MO
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)	2	MO
sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)	2	
sodium chloride 0.45 % intravenous parenteral solution	2	MO
sodium chloride 3 %	2	MO
sodium chloride 5 %	2	MO
sodium chloride intravenous	2	MO
sodium phosphate	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
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

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

Drug Name	Drug Tier	Requirements /Limits
electrolyte-48 in d5w	2	
freamine iii 10 %	2	B/D PA
HEPATAMINE 8%	3	B/D PA
intralipid intravenous emulsion 20 %	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	
plasmanate	2	
plenamine	2	B/D PA
premasol 10 %	2	B/D PA; MO
travasol 10 %	4	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet	2	MO
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	2	MO
prenatal vitamin oral tablet	2	MO

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

Index

A

abacavir 9
abacavir-lamivudine 9
abacavir-lamivudine-zidovudine 9
ABELCET 9
ABILIFY MAINTENA 37
abiraterone 18
ABRAXANE 18
acamprosate 53
acarbose 57
acebutolol 43
acetaminophen-caff-dihydrocod 32
acetaminophen-codeine 33
acetazolamide 76
acetazolamide sodium 76
acetic acid 53, 56
acetylcysteine 53, 78
acitretin 49
ACTEMRA 71
ACTEMRA ACTPEN 71
ACTHIB (PF) 68
ACTIMMUNE 67
acyclovir 9, 52
acyclovir sodium 9
ADACEL(TDAP ADOLESN/ADULT)(PF) 68
ADASUVE 37
ADCETRIS 18
adefovir 9
ADEMPAS 78
adenosine 42
adrenalin 77
adriamycin 18
adrucil 18
ADVAIR DISKUS 78
AFINITOR 18
AFINITOR DISPERZ 18
ak-poly-bac 75
ala-cort 52
albendazole 14
albumin, human 25 % 81
albuminar 25 % 81
alburx (human) 25 % 81
alburx (human) 5 % 81
albutein 25 % 81
albutein 5 % 81
albuterol sulfate 78
alclometasone 52
ALCOHOL PADS 57
ALDURAZYME 62
ALECENSA 18
alendronate 70
alfuzosin 81
ALIMTA 18
ALINIA 14
ALIQOPA 19
aliskiren 43
allopurinol 70
allopurinol sodium 70
aloprim 70
alosetron 64
ALPHAGAN P 77
alprostadil 81
altavera (28) 73
ALUNBRIG 19
alyacen 1/35 (28) 73
alyacen 7/7/7 (28) 73
alyq 78
amantadine hcl 9
AMBISOME 9
ambrisentan 78
amethyst (28) 73
AMICAR 46
amikacin 14
amiloride 43
amiloride-hydrochlorothiazide 43
aminocaproic acid 46
AMINOSYN II 10 % 83
AMINOSYN II 15 % 83
AMINOSYN-PF 7 % (SULFITE-FREE) 83
amiodarone 42
amitriptyline 37
amlodipine 43
amlodipine-atorvastatin 47
amlodipine-benazepril 43
amlodipine-olmesartan 43
amlodipine-valsartan 43
amlodipine-valsartan-hcthiazid 43
ammonium lactate 50
amnesteem 51
amoxapine 37
amoxicil-clarithromy-lansopraz 66
amoxicillin 16
amoxicillin-pot clavulanate ..16
amphotericin b 9
ampicillin 16
ampicillin sodium 16
ampicillin-sulbactam 16
anagrelide 53
anastrozole 19
APOKYN 30
apraclonidine 77
aprepitant 64
apri 73
APTIOM 27, 28
APTIVUS 9
APTIVUS (WITH VITAMIN E) 9
ARALAST NP 53
aranelle (28) 73
ARCALYST 67
ARIKAYCE 14
aripiprazole 37
ARISTADA 37
ARISTADA INITIO 37
armodafinil 37
ARRANON 19
arsenic trioxide 19
ARSENIC TRIOXIDE 19
ARZERRA 19
ASMANEX HFA 78
ASMANEX TWISTHALER 78
aspirin-dipyridamole 46
atazanavir 9
atenolol 43
atenolol-chlorthalidone 43
atomoxetine 37
atorvastatin 47
atovaquone 14

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

atovaquone-proguanil.....14
ATRIPLA.....9
atropine.....64, 76
ATROVENT HFA.....78
aubra.....73
aubra eq.....73
AVASTIN.....19
aviane.....73
avita.....51
AVONEX.....67
AYVAKIT.....19
azacitidine.....19
azathioprine.....19
azathioprine sodium.....19
azelaic acid.....51
azelastine.....55, 76
azithromycin.....13
aztreonam.....14
azurette (28).....73
B
bacitracin.....14, 75
bacitracin-polymyxin b.....75
baclofen.....32
balanced salt.....76
balsalazide.....64
BALVERSA.....19
BANZEL.....28
BAQSIMI.....57
BARACLUDE.....9
BAVENCIO.....19
BCG VACCINE, LIVE (PF)68
bekyree (28).....73
BELEODAQ.....19
benazepril.....43
benazepril-hydrochlorothiazide.....43
BENDEKA.....19
BENLYSTA.....71
BENZNIDAZOLE.....14
benztropine.....30
BESPONSA.....19
betamethasone acet,sod phos56
betamethasone dipropionate.52
betamethasone valerate.....52
betamethasone, augmented...52
betaxolol.....43, 76
bethanechol chloride.....81
BETHKIS.....14
bexarotene.....19
BEXSERO.....68
bicalutamide.....19
BICILLIN C-R.....16
BICILLIN L-A.....16
BICNU.....19
BIKTARVY.....10
bimatoprost.....76
bisoprolol fumarate.....43
bisoprolol-hydrochlorothiazide.....43
BLENREP.....19
bleomycin.....19
BLEPHAMIDE.....76
BLEPHAMIDE S.O.P.....76
BLINCYTO.....19
BOOSTRIX TDAP.....68
BORTEZOMIB.....19
bosentan.....78
BOSULIF.....19
BOTOX.....68
BRAFTOVI.....19
BREZTRI AEROSPHERE...78
BRILINTA.....46
brimonidine.....77
BRIVIACT.....28
bromfenac.....76
bromocriptine.....30
BRUKINSA.....19
bss.....76
budesonide.....64, 78, 79
bumetanide.....43
buprenorphine hcl.....33
buprenorphine transdermal patch.....33
buprenorphine-naloxone.....35
bupropion hcl.....37
bupropion hcl (smoking deter).....55
buspirone.....37
busulfan.....19
butorphanol.....35, 36
BYDUREON.....57
BYDUREON BCISE.....57
BYETTA.....57
BYNFEZIA.....19
C
cabergoline.....62
CABLIVI.....46
CABOMETYX.....19
caffeine citrate.....53, 54
calcipotriene.....49
calcipotriene-betamethasone 49
calcitonin (salmon).....62
calcitriol.....49, 62
calcium acetate(phosphat bind).....81
calcium chloride.....81
calcium gluconate.....81
CALQUENCE.....19
camila.....72
camrese.....73
candesartan.....43
candesartan-hydrochlorothiazid.....43
CAPASTAT.....14
CAPLYTA.....37
CAPRELSA.....19
captopril.....43
captopril-hydrochlorothiazide.....43
CARBAGLU.....54
carbamazepine.....28
carbidopa.....30
carbidopa-levodopa.....30
carbidopa-levodopa-entacapone.....30
carbocaine (pf).....50
carboplatin.....19
cardioplegic soln.....48
carmustine.....19
carteolol.....76
cartia xt.....43
carvedilol.....43
carvedilol phosphate.....43
caspofungin.....9
CAYSTON.....14
caziant (28).....73
cefaclor.....12
cefadroxil.....12
cefazolin.....12
cefazolin in dextrose (iso-os)12
cefdinir.....12
cefepime.....13
cefepime in dextrose,iso-osm.....12, 13

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

cefixime 13
cefotetan 13
cefoxitin 13
cefoxitin in dextrose, iso-osm 13
cefpodoxime 13
cefprozil 13
ceftazidime 13
ceftriaxone 13
ceftriaxone in dextrose,iso-os 13
cefuroxime axetil 13
cefuroxime sodium 13
celecoxib 36
CELONTIN 28
cephalexin 13
CEPROTIN (BLUE BAR) ... 46
CEPROTIN (GREEN BAR) 46
CERDELGA 62
CEREZYME 62
cetirizine 77
cevimeline 54
CHANTIX 55
CHANTIX CONTINUING MONTH BOX 55
CHANTIX STARTING MONTH BOX 55
CHEMET 54
CHENODAL 64
chloramphenicol sod succinate 14
chlorhexidine gluconate 55
chloroprocaine (pf) 50
chloroquine phosphate 14
chlorothiazide 43
chlorothiazide sodium 43
chlorpromazine 37
chlorthalidone 43
CHOLBAM 64
cholestyramine (with sugar) . 47
cholestyramine light 47
ciclodan 51
ciclopirox 51
cidofovir 10
cilostazol 46
CIMDUO 10
cimetidine 66
cimetidine hcl 66
cinacalcet 62
CINRYZE 79
CINVANTI 64
CIPRODEX 56
ciprofloxacin 17
ciprofloxacin hcl 17, 56, 75
ciprofloxacin in 5 % dextrose 17
ciprofloxacin-dexamethasone 56
cisplatin 19
citalopram 37
cladribine 20
claravis 51
clarithromycin 13
clindamycin hcl 14
clindamycin in 5 % dextrose 14
clindamycin pediatric 14
clindamycin phosphate .. 14, 51, 73
CLINIMIX 5%/D15W SULFITE FREE 83
CLINIMIX 4.25%/D10W SULF FREE 83
CLINIMIX 4.25%/D5W SULFIT FREE 54
CLINIMIX 5%-D20W(SULFITE-FREE) .. 83
clobazam 28
clobetasol 52
clobetasol-emollient 52
clodan 52
clofarabine 20
clomiphene citrate 62
clomipramine 37
clonazepam 28
clonidine 43
clonidine (pf) 36, 43
clonidine hcl 37, 43
clopidogrel 46
clorazepate dipotassium 37
clotrimazole 9, 52
clotrimazole-betamethasone . 52
clovique 54
clozapine 37
COARTEM 14
colchicine 70
COLCRYS 70
colesevelam 47
colestipol 47
colistin (colistimethate na) ... 14
COMBIVENT RESPIMAT .. 79
COMETRIQ 20
COMPLERA 10
compro 64
constulose 64
COPIKTRA 20
CORLANOR 48
CORTIFOAM 64
cortisone 56
COSMEGEN 20
COTELLIC 20
CREON 64
CRESEMBA 9
CRIXIVAN 10
cromolyn 64, 76, 79
crotan 53
cryselle (28) 73
CRYSVITA 62
cyclafem 1/35 (28) 73
cyclafem 7/7/7 (28) 73
cyclobenzaprine 32
cyclophosphamide 20
CYCLOSET 57
cyclosporine 20
cyclosporine modified 20
CYRAMZA 20
cyred 73
cyred eq 73
CYSTADANE 64
CYSTAGON 81
CYSTARAN 76
cytarabine 20
cytarabine (pf) 20

D

d10 %-0.45 % sodium chloride 54
d2.5 %-0.45 % sodium chloride 54
d5 % and 0.9 % sodium chloride 54
d5 %-0.45 % sodium chloride 54
dacarbazine 20
dactinomycin 20
dalfampridine 31

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

DALIRESP 79
danazol 62
dantrolene 32
dapsone 14, 51
DAPTACEL (DTAP PEDIATRIC) (PF) 68
daptomycin 14
DAPTOMYCIN 14
DARAPRIM 14
DARZALEX 20
dasetta 1/35 (28) 73
dasetta 7/7/7 (28) 73
daunorubicin 20
DAURISMO 20
daysee 73
DDAVP 62
deblitane 72
decadron 56
decitabine 20
deferasirox 54
deferiprone 54
deferoxamine 54
DELSTRIGO 10
demeclocycline 17
DEMSER 43
DENAVIR 52
denta 5000 plus 55
dentagel 55
DEPEN TITRATABS 71
DEPO-PROVERA 72
DESCOVY 10
desipramine 37
desmopressin 62
desog-e.estradiol/e.estradiol 73
desonide 52
desvenlafaxine succinate 37
dexamethasone 56
dexamethasone intensol 56
dexamethasone sodium phos (pf) 56
dexamethasone sodium phosphate 56, 77
dexrazoxane hcl 18
dextroamphetamine 37
dextroamphetamine-amphetamine 37
dextrose 10 % and 0.2 % nacl 54
dextrose 10 % in water (d10w) 54
dextrose 25 % in water (d25w) 54
dextrose 30 % in water (d30w) 54
dextrose 40 % in water (d40w) 54
dextrose 5 % in water (d5w) 54
dextrose 5 %-lactated ringers 54
dextrose 5%-0.2 % sod chloride 54
dextrose 5%-0.3 % sod.chloride 54
dextrose 50 % in water (d50w) 54
dextrose 70 % in water (d70w) 54
DIASTAT 28
DIASTAT ACUDIAL 28
diazepam 28, 38
diazoxide 57
diclofenac potassium 36
diclofenac sodium 36, 50, 76
diclofenac-misoprostol 36
dicloxacillin 16
dicyclomine 64
didanosine 10
diflunisal 36
digitek 48
digox 48
digoxin 48
dihydroergotamine 31
DILANTIN 30 MG 28
diltiazem hcl 43, 44
dilt-xr 44
dimenhydrinate 64
dimethyl fumarate 31
DIPENTUM 64
diphenhydramine hcl 77
diphenoxylate-atropine 64
dipyridamole 46
disulfiram 54
divalproex 28
dobutamine 48
dobutamine in d5w 48
docetaxel 20
dofetilide 42
donepezil 31
dopamine 49
dopamine in 5 % dextrose 48
DOPTELET (10 TAB PACK) 46
DOPTELET (15 TAB PACK) 46
DOPTELET (30 TAB PACK) 46
dorzolamide 76
dorzolamide-timolol 76
dorzolamide-timolol (pf) 76
dotti 72
DOVATO 10
doxazosin 44
doxepin 38, 50
doxercalciferol 62
doxorubicin 20
doxorubicin, peg-liposomal 20
doxy-100 17
doxycycline hyclate 17
doxycycline monohydrate 17
doxylamine-pyridoxine (vit b6) 64
DRIZALMA SPRINKLE 38
dronabinol 64
droperidol 64
DROPLET INSULIN SYR HALF UNIT 57
DROPLET INSULIN SYRINGE 57
DROPLET PEN NEEDLE 58
drospirenone-e.estradiol-lm.fa 73
drospirenone-ethinyl estradiol 73
DROXIA 20
DULERA 79
duloxetine 38
DUPIXENT PEN 50
DUPIXENT SYRINGE 50
duramorph (pf) 33
dutasteride 81
dutasteride-tamsulosin 81

E

e.e.s. 400 13
ec-naproxen 36
econazole 52

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

EDURANT....10
efavirenz....10
efavirenz-emtricitabin-tenofov....10
efavirenz-lamivu-tenofov disop....10
effer-k....81
ELAPRASE....62
electrolyte-48 in d5w....84
eletriptan....31
elinest....73
ELIQUIS....46
ELIQUIS DVT-PE TREAT 30D START....46
ELITEK....18
ELMIRON....81
eluryng....73
ELZONRIS....20
EMCYT....20
EMEND....64
emoquette....73
EMPLICITI....20
EMSAM....38
emtricitabine....10
emtricitabine-tenofovir (tdf)....10
EMTRIVA....10
EMVERM....14
enalapril maleate....44
enalaprilat....44
enalapril-hydrochlorothiazide....44
ENBREL....71
ENBREL MINI....71
ENBREL SURECLICK....71
endocet....33
ENGERIX-B (PF)....68
ENGERIX-B PEDIATRIC (PF)....68
enoxaparin....46
enpresse....73
enskyce....73
entacapone....31
entecavir....10
ENTRESTO....49
ENTYVIO....64
enulose....65
EPCLUSA....10
EPIDIOLEX....28
epinastine....76
epinephrine....77
EPIPEN....77
EPIPEN 2-PAK....77
EPIPEN JR....77
EPIPEN JR 2-PAK....77
epirubicin....20
epitol....28
EPIVIR HBV....10
eplerenone....44
epoprostenol (glycine)....44
eprosartan....44
ERBITUX....20
ergoloid....38
ergotamine-caffeine....31
ERIVEDGE....20
ERLEADA....20
erlotinib....21
errin....72
ertapenem....14
ERWINAZE....21
ery pads....51
ery-tab....13
ERY-TAB....13
ERYTHROCIN....14
erythrocin (as stearate)....14
erythromycin....14, 75
erythromycin ethylsuccinate....14
erythromycin with ethanol....51
ESBRIET....79
escitalopram oxalate....38
esmolol....44
esomeprazole magnesium....66
esomeprazole sodium....66
estarylla....73
estradiol....72
estradiol valerate....72
estradiol-norethindrone acet....72
eszopiclone....38
ethacrynate sodium....44
ethacrynic acid....44
ethambutol....14
ethosuximide....28
ethynodiol diac-eth estradiol 73
etodolac....36
etonogestrel-ethinyl estradiol73
ETOPOPHOS....21
etoposide....21
euthyrox....63
everolimus (antineoplastic)....21
everolimus (immunosuppressive)....21
EVOTAZ....10
exemestane....21
EYLEA....76
ezetimibe....47
ezetimibe-simvastatin....47
F
FABRAZYME....62
falmina (28)....73
famciclovir....10
famotidine....66
famotidine (pf)....66
famotidine (pf)-nacl (iso-os)66
FANAPT....38
FARXIGA....58
FARYDAK....21
FASENRA....79
FASENRA PEN....79
FASLODEX....21
fayosim....73
febuxostat....70
felbamate....28
felodipine....44
femynor....73
fenofibrate....47
fenofibrate micronized....47
fenofibrate nanocrystallized....47
fenofibric acid....47
fenofibric acid (choline)....47
fenoprofen....36
fentanyl....33
fentanyl citrate....33
fentanyl citrate (pf)....33
FERRIPROX....54
FERRIPROX (2 TIMES A DAY)....54
FETZIMA....38
finasteride....81
FINTEPLA....28
FIRAZYR....79
FIRDAPSE....31
FIRMAGON KIT W DILUENT SYRINGE....21
flac otic oil....56
flavoxate....81

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

flecainide 42
floxuridine 21
fluconazole 9
fluconazole in nacl (iso-osm) . 9
flucytosine 9
fludarabine 21
fludrocortisone 56
flumazenil 38
flunisolide 79
fluocinolone 53
fluocinolone acetonide oil 56
fluocinolone and shower cap 53
fluocinonide 53
fluocinonide-e 53
fluoride (sodium) 55, 84
fluorometholone 77
fluorouracil 21, 50
fluoxetine 38
fluphenazine decanoate 38
fluphenazine hcl 39
flurbiprofen 36
flurbiprofen sodium 76
flutamide 21
fluticasone propionate 79
fluvastatin 47, 48
fluvoxamine 39
FOLOTYN 21
fomepizole 68
fondaparinux 46
FORTEO 70
fosamprenavir 10
fosaprepitant 65
fosinopril 44
fosinopril-hydrochlorothiazide 44
fosphenytoin 28
freamine iii 10 % 84
FREESTYLE FREEDOM ... 58
FREESTYLE FREEDOM LITE 58
FREESTYLE INSULINX 58
FREESTYLE INSULINX TEST STRIPS 58
FREESTYLE LIBRE 14 DAY READER 58
FREESTYLE LIBRE 2 READER 58
FREESTYLE LITE METER 58
FREESTYLE LITE STRIPS 58
FREESTYLE PRECISION NEO STRIPS 58
FREESTYLE TEST 58
FULPHILA 67
fulvestrant 21
furosemide 44
FUZEON 10
FYCOMPA 28

G

gabapentin 28, 29
galantamine 31
GAMASTAN 68
GAMASTAN S/D 69
ganciclovir sodium 10
GARDASIL 9 (PF) 69
gatifloxacin 75
GATTEX 30-VIAL 65
GATTEX ONE-VIAL 65
GAUZE PAD 58
gavilyte-c 65
gavilyte-g 65
gavilyte-n 65
GAVRETO 21
GAZYVA 21
gemcitabine 21
GEMCITABINE 21
gemfibrozil 48
generlac 65
gengraf 21
gentak 75
gentamicin 15, 51, 75
gentamicin in nacl (iso-osm) 15
gentamicin sulfate (ped) (pf) 15
GENVOYA 10
GEODON 39
gianvi (28) 73
GILENYA 31
GILOTRIF 21
glatiramer 31, 32
glatopa 32
GLEOSTINE 21
glimepiride 58
glipizide 58
glipizide-metformin 58
GLUCAGEN HYPOKIT 58
GLUCAGON EMERGENCY KIT (HUMAN) 58
glycine urologic 81
glycine urologic solution 81
glycopyrrolate 64
glycopyrrolate (pf) in water .. 64
glydo 50
granisetron (pf) 65
granisetron hcl 65
GRANIX 67
GRASTEK 69
griseofulvin microsize 9
griseofulvin ultramicrosize 9
guanidine 39
GVOKE HYPOPEN 1-PACK 58
GVOKE HYPOPEN 2-PACK 58
GVOKE PFS 1-PACK SYRINGE 58
GVOKE PFS 2-PACK SYRINGE 58

H

HAEGARDA 79
HALAVEN 21
halobetasol propionate 53
haloperidol 39
haloperidol decanoate 39
haloperidol lactate 39
HARVONI 10
HAVRIX (PF) 69
heather 72
heparin (porcine) 47
heparin (porcine) in 5 % dex 46
heparin (porcine) in nacl (pf) 46
heparin(porcine) in 0.45% nacl 47
HEPARIN(PORCINE) IN 0.45% NACL 47
heparin, porcine (pf) 47
HEPARIN, PORCINE (PF) .. 47
HEPATAMINE 8% 84
HERCEPTIN 22
HERCEPTIN HYLECTA 21
HETLIOZ 39
HIBERIX (PF) 69
HIZENTRA 69
HUMALOG JUNIOR KWIKPEN U-100 59

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

HUMALOG KWIKPEN INSULIN 59
HUMALOG MIX 50-50 INSULN U-100 59
HUMALOG MIX 50-50 KWIKPEN 59
HUMALOG MIX 75-25 KWIKPEN 59
HUMALOG MIX 75-25(U-100)INSULN 59
HUMALOG U-100 INSULIN 59
HUMIRA 71
HUMIRA PEN 71
HUMIRA PEN CROHNS-UC-HS START 71
HUMIRA PEN PSOR-UVEITS-ADOL HS 71
HUMIRA(CF) 71, 72
HUMIRA(CF) PEDI CROHNS STARTER 71
HUMIRA(CF) PEN 71
HUMIRA(CF) PEN CROHNS-UC-HS 71
HUMIRA(CF) PEN PSOR-UV-ADOL HS 71
HUMULIN 70/30 U-100 INSULIN 59
HUMULIN 70/30 U-100 KWIKPEN 59
HUMULIN N NPH INSULIN KWIKPEN 59
HUMULIN N NPH U-100 INSULIN 59
HUMULIN R REGULAR U-100 INSULN 59
HUMULIN R U-500 (CONC) INSULIN 59
HUMULIN R U-500 (CONC) KWIKPEN 59
hydralazine 44
hydrochlorothiazide 44
hydrocodone bitartrate 33
hydrocodone-acetaminophen 33
hydrocodone-ibuprofen 33
hydrocortisone 53, 56, 65
hydrocortisone butyrate 53
hydrocortisone-acetic acid 56
hydrocortisone-pramoxine 65
hydromorphone 34
hydromorphone (pf) 33, 34
hydroxychloroquine 15
hydroxyprogesterone caproate 72
hydroxyurea 22
hydroxyzine hcl 77
HYPERHEP B S/D 69
HYPERHEP B S-D NEONATAL 69
HYQVIA 69

I

ibandronate 70
IBRANCE 22
ibu 36
ibuprofen 36
ibuprofen-oxycodone 34
ibutilide fumarate 42
icatibant 79
ICLUSIG 22
idarubicin 22
IDHIFA 22
ifosfamide 22
ILARIS (PF) 67
imatinib 22
IMBRUVICA 22
IMFINZI 22
imipenem-cilastatin 15
imipramine hcl 39
imipramine pamoate 39
imiquimod 50
IMOVAX RABIES VACCINE (PF) 69
IMPAVIDO 15
incassia 72
INCRELEX 54
INCRUSE ELLIPTA 79
indapamide 44
INFANRIX (DTAP) (PF) 69
INFUGEM 22
INLYTA 22
INQOVI 22
INREBIC 22
INSULIN PEN NEEDLE 59
INSULIN SYRINGE-NEEDLE U-100 59
INTELENCE 10
intralipid 84
INTRON A 67
introvale 74
INVEGA SUSTENNA 39
INVEGA TRINZA 39
INVIRASE 10
INVOKAMET 59
INVOKAMET XR 59
INVOKANA 59
IONOSOL-MB IN D5W 84
IPOL 69
ipratropium bromide 55, 79
ipratropium-albuterol 79
irbesartan 44
irbesartan-hydrochlorothiazide 44
IRESSA 22
irinotecan 22
ISENTRESS 10, 11
ISENTRESS HD 10
isibloom 74
ISOLYTE S PH 7.4 84
ISOLYTE-P IN 5 % DEXTROSE 84
ISOLYTE-S 84
isoniazid 15
isosorbide dinitrate 49
isosorbide mononitrate 49
isotretinoin 51
isradipine 44
ISTODAX 22
itraconazole 9
ivermectin 15
IXEMPRA 22
IXIARO (PF) 69

J

JAKAFI 22
jantoven 47
JANUMET 59
JANUMET XR 59
JANUVIA 59
jasmiel (28) 74
jencycla 72
JEVTANA 22
jolessa 74
juleber 74
JULUCA 11
JUXTAPID 48

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

K
KADCYLA 22
KALETRA 11
kalliga 74
KALYDECO 79
KANJINTI 22
KANUMA 62
kariva (28) 74
kelnor 1/35 (28) 74
kelnor 1-50 74
KEPIVANCE 18
ketoconazole 9, 52
ketodan 52
ketoprofen 36
ketorolac 76
KEYTRUDA 23
KHAPZORY 18
KINRIX (PF) 69
kionex (with sorbitol) 54
KISQALI 23
KISQALI FEMARA CO-PACK 23
klor-con 10 81
klor-con 8 81
klor-con m10 82
klor-con m15 82
klor-con m20 82
klor-con oral packet 20 82
klor-con/ef 82
KOMBIGLYZE XR 59
KORLYM 62
K-PHOS NO 2 81
K-PHOS ORIGINAL 81
KRYSTEXXA 70
k-tab 82
kurvelo (28) 74
KUVAN 62
KYNMOBI 31
KYPROLIS 23
L
l norgest/e.estradiol-e.estrad. 74
labetalol 44
lactated ringers 53, 82
lactulose 65
lamivudine 11
lamivudine-zidovudine 11
lamotrigine 29
LANOXIN 49
lansoprazole 66
lanthanum 54
LANTUS SOLOSTAR U-100 INSULIN 59
LANTUS U-100 INSULIN 59
lapatinib 23
larin 1.5/30 (21) 74
larin 1/20 (21) 74
larin 24 fe 74
larin fe 1.5/30 (28) 74
larin fe 1/20 (28) 74
larissia 74
latanoprost 77
LATUDA 39
leflunomide 72
LEMTRADA 32
LENVIMA 23
lessina 74
letrozole 23
leucovorin calcium 18
LEUKERAN 23
LEUKINE 67
leuprolide 23
levalbuterol hcl 79
levetiracetam 29
levetiracetam in nacl (iso-os) 29
levobunolol 76
levocarnitine 54
levocarnitine (with sugar) 54
levocetirizine 77
levofloxacin 17, 75
levofloxacin in d5w 17
levoleucovorin calcium 18
levonest (28) 74
levonorgestrel-ethinyl estrad 74
levonorg-eth estrad triphasic 74
levora-28 74
levorphanol tartrate 34
levo-t 63
levothyroxine 63
levoxyl 63
LEXIVA 11
LIBTAYO 23
lidocaine 50
lidocaine (pf) in d7.5w 42
lidocaine (pf) 42, 50
lidocaine hcl 50
lidocaine in 5 % dextrose (pf) 42
lidocaine viscous 50
lidocaine-epinephrine 50
lidocaine-epinephrine (pf) 50
lidocaine-prilocaine 50
lillow (28) 74
lincomycin 15
lindane 53
linezolid 15
linezolid in dextrose 5% 15
linezolid-0.9% sodium chloride 15
LIORESAL 32
liothyronine 63
lisinopril 44
lisinopril-hydrochlorothiazide 44
lithium carbonate 39
lithium citrate 39
LOKELMA 54
LONSURF 23
loperamide 64
lopinavir-ritonavir 11
lorazepam 39
lorazepam intensol 39
LORBRENA 23
lorcet hd 34
loryna (28) 74
losartan 44
losartan-hydrochlorothiazide 44
loteprednol etabonate 77
lovastatin 48
low-ogestrel (28) 74
loxapine succinate 39
lo-zumandimine (28) 74
LUCENTIS 76
LUMIZYME 62
LUMOXITI 23
LUPRON DEPOT 23
LUPRON DEPOT (3 MONTH) 23
LUPRON DEPOT (4 MONTH) 23
LUPRON DEPOT (6 MONTH) 23
LUPRON DEPOT-PED 23

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

LUPRON DEPOT-PED (3 MONTH) 23
lutera (28) 74
LYNPARZA 23
LYRICA 29
LYSODREN 23
LYUMJEV KWIKPEN U-100 INSULIN 60
LYUMJEV KWIKPEN U-200 INSULIN 60
LYUMJEV U-100 INSULIN 60
lyza 72
M
mafenide acetate 51
magnesium chloride 82
magnesium sulfate 82
MAGNESIUM SULFATE IN D5W 82
magnesium sulfate in water 82
malathion 53
mannitol 20 % 44
mannitol 25 % 44
maprotiline 39
marlissa (28) 74
MARPLAN 39
MARQIBO 23
MATULANE 23
matzim la 44
meclizine 65
meclofenamate 36
medroxyprogesterone 72
mefenamic acid 36
mefloquine 15
megestrol 23
MEKINIST 23
MEKTOVI 23
meloxicam 36
melphalan 23
melphalan hcl 23
memantine 32
MENACTRA (PF) 69
MENEST 72
MENVEO A-C-Y-W-135-DIP (PF) 69
MEPSEVII 62
mercaptopurine 23
meropenem 15
mesalamine 65
mesalamine with cleansing wipe 65
mesna 18
MESNEX 18
metaproterenol 79
metformin 60
methadone 34
methadone intensol 34
methadose 34
methazolamide 76
methenamine hippurate 18
methenamine mandelate 18
methergine 75
methimazole 57
methotrexate sodium 23
methotrexate sodium (pf) 23
methoxsalen 50
methyldopa 44
methylergonovine 75
methylphenidate hcl 40
methylprednisolone 56
methylprednisolone acetate 56
methylprednisolone sodium succ 56, 57
methyltestosterone 62
metoclopramide hcl 65
metolazone 44
metoprolol succinate 44
metoprolol ta-hydrochlorothiaz 44
metoprolol tartrate 44
metro i.v 15
metronidazole 15, 51, 73
metronidazole in nacl (iso-os) 15
metyrosine 44
mexiletine 42
MIACALCIN 62
micafungin 9
miconazole-3 73
microgestin 1.5/30 (21) 74
microgestin 1/20 (21) 74
microgestin fe 1.5/30 (28) 74
microgestin fe 1/20 (28) 74
midodrine 54
mifepristone 73
migergot 31
miglitol 60
miglustat 62
mili 74
millipred 57
milrinone 49
milrinone in 5 % dextrose 49
minocycline 17
minoxidil 44
miostat 77
MIRENA 73
mirtazapine 40
misoprostol 66
MITIGARE 70
mitomycin 23
mitoxantrone 24
M-M-R II (PF) 69
modafinil 40
moexipril 44
molindone 40
mometasone 53, 79
mondoxyne nl 18
MONJUVI 24
mono-linyah 74
montelukast 79
morgidox 18
morphine 34, 35
morphine (pf) 34
morphine concentrate 34
MOVANTIK 65
moxifloxacin 17, 75
moxifloxacin-sod.chloride(iso) 17
MOZOBIL 67
MULPLETA 47
mupirocin 51
mupirocin calcium 51
MVASI 24
MYALEPT 62
MYCAMINE 9
mycophenolate mofetil 24
mycophenolate mofetil (hcl) 24
mycophenolate sodium 24
MYLOTARG 24
myorisan 51
MYRBETRIQ 81
N
nabumetone 36
nadolol 44

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

nadolol-bendroflumethiazide 45
nafcillin 16
nafcillin in dextrose iso-osm 16
naftifine 52
NAGLAZYME 62
nalbuphine 36
naloxone 36
naltrexone 36
NAMZARIC 32
naproxen 36
naproxen sodium 36
naratriptan 31
NARCAN 36
NATACYN 75
nateglinide 60
NATPARA 62
NAYZILAM 29
NEBUPENT 15
NEEDLES, INSULIN DISP.,SAFETY 60
nefazodone 40
neomycin 15
neomycin-bacitracin-poly-hc 77
neomycin-bacitracin-polymyxin 75
neomycin-polymyxin b gu 53
neomycin-polymyxin b-dexameth 77
neomycin-polymyxin-gramicidin 75
neomycin-polymyxin-hc 56, 77
neo-polycin 75
neo-polycin hc 77
neostigmine methylsulfate 32
NEPHRAMINE 5.4 % 84
NERLYNX 24
NEULASTA 67
NEULASTA ONPRO 67
NEUPOGEN 67
NEUPRO 31
nevirapine 11
NEXAVAR 24
NEXPLANON 73
niacin 48
nicardipine 45
NICOTROL 55
NICOTROL NS 55
nifedipine 45
nikki (28) 74
nilutamide 24
nimodipine 45
NINLARO 24
nisoldipine 45
nitisinone 54
nitro-bid 49
nitrofurantoin 18
nitrofurantoin macrocrystal 18
nitrofurantoin monohyd/m-cryst 18
nitroglycerin 49
nitroglycerin in 5 % dextrose 49
nizatidine 66
nolix 53
nora-be 72
norepinephrine bitartrate 49
norethindrone (contraceptive) 72
norethindrone acetate 72
norethindrone ac-eth estradiol 72, 74
norethindrone-e.estradiol-iron 74
norgestimate-ethinyl estradiol 74
norlyda 72
NORMOSOL-R 82
NORMOSOL-R PH 7.4 84
NORTHERA 54
nortrel 0.5/35 (28) 74
nortrel 1/35 (21) 74
nortrel 1/35 (28) 74
nortrel 7/7/7 (28) 74
nortriptyline 40
NORVIR 11
NOVOFINE 32 60
NOVOFINE PLUS 60
NOVOTWIST 60
NOXAFIL 9
NPLATE 47
NUBEQA 24
NUEDEXTA 32
NULOJIX 24
NUPLAZID 40
nyamyc 52
nystatin 9, 52
nystatin-triamcinolone 52
nystop 52
O
OCALIVA 65
OCREVUS 32
octreotide acetate 24
ODACTRA 69
ODEFSEY 11
ODOMZO 24
OFEV 79
ofloxacin 17, 56, 75
OGIVRI 24
olanzapine 40
olanzapine-fluoxetine 40
olmesartan 45
olmesartan-amlodipin-hcthiazid 45
olmesartan-hydrochlorothiazide 45
olopatadine 56, 76
omeprazole 66
OMNIPOD DASH 5 PACK POD 60
OMNIPOD INSULIN MANAGEMENT 60
OMNIPOD INSULIN REFILL 60
OMNITROPE 67
ONCASPAR 24
ondansetron 65
ondansetron hcl 65
ondansetron hcl (pf) 65
ONETOUCH ULTRA BLUE TEST STRIP 60
ONETOUCH ULTRA2 METER 60
ONETOUCH ULTRAMINI 60
ONETOUCH VERIO IQ METER 60
ONETOUCH VERIO METER 60
ONETOUCH VERIO TEST STRIPS 60
ONGLYZA 60
ONIVYDE 24
ONUREG 24
OPDIVO 24
opium tincture 64
OPSUMIT 79

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

oralone 56
ORENCIA 72
ORENCIA (WITH MALTOSE) 72
ORENCIA CLICKJECT 72
ORFADIN 54
ORKAMBI 79
orsythia 74
oseltamivir 11
osmitrol 15 % 45
osmitrol 20 % 45
OTEZLA 72
OTEZLA STARTER 72
oxacillin 17
oxacillin in dextrose(iso-osm) 16, 17
oxaliplatin 24
oxandrolone 62
oxaprozin 36
oxcarbazepine 29
OXERVATE 76
oxiconazole 52
oxybutynin chloride 81
oxycodone 35
oxycodone-acetaminophen 35
oxycodone-aspirin 35
oxymorphone 35
oxytocin 75
OZURDEX 77

P

pacerone 42
paclitaxel 24
PADCEV 24
paliperidone 40
palonosetron 65
PALYNZIQ 62
pamidronate 62
PANRETIN 50
pantoprazole 66, 67
paraplatin 24
paricalcitol 62, 63
paroex oral rinse 56
paromomycin 15
paroxetine hcl 40
paroxetine mesylate(menop.sym) 40
PASER 15
PAXIL 40
PEDIARIX (PF) 69
PEDVAX HIB (PF) 69
peg 3350-electrolytes 65
PEGANONE 29
PEGASYS 67
PEGASYS PROCLICK 67
peg-electrolyte 65
PEGINTRON 67
PEMAZYRE 24
penicillamine 72
penicillin g potassium 17
penicillin g procaine 17
penicillin g sodium 17
penicillin v potassium 17
PENTACEL (PF) 69
PENTAM 15
pentamidine 15
PENTASA 65
pentoxifylline 47
PERFOROMIST 79
perindopril erbumine 45
periogard 56
PERJETA 24
permethrin 53
perphenazine 40
PERSERIS 40
pfizerpen-g 17
phenelzine 40
phenobarbital 29
phenobarbital sodium 29
phenoxybenzamine 45
phentolamine 45
phenytoin 29
phenytoin sodium 29
phenytoin sodium extended 29
philith 74
PHOSPHOLINE IODIDE 76
PIFELTRO 11
pilocarpine hcl 54, 76
pimecrolimus 50
pimozide 40
pimtrea (28) 74
pindolol 45
pioglitazone 60
pioglitazone-glimepiride 60
pioglitazone-metformin 60
piperacillin-tazobactam 17
PIQRAY 24
pirmella 74
piroxicam 36
plasbumin 25 % 81
plasbumin 5 % 81
PLASMA-LYTE 148 84
PLASMA-LYTE A 84
plasmanate 84
PLEGRIDY 67, 68
plenamine 84
podofilox 50
POLIVY 24
polocaine 50
polocaine-mpf 51
polycin 75
polyethylene glycol 3350 66
polymyxin b sulfate 15
polymyxin b sulf-trimethoprim 75
POMALYST 24
portia 28 74
PORTRAZZA 24
posaconazole 9
potassium acetate 82
potassium chlorid-d5-0.45%nacl 82
potassium chloride 83
potassium chloride in 0.9%nacl 82
potassium chloride in 5 % dex 82
potassium chloride in lr-d5 82
potassium chloride in water 82
potassium chloride-0.45 % nacl 83
potassium chloride-d5-0.2%nacl 83
potassium chloride-d5-0.3%nacl 83
potassium chloride-d5-0.9%nacl 83
potassium citrate 81
potassium phosphate m-/d-basic 83
POTELIGEO 24
PRADAXA 47
PRALUENT PEN 48
pramipexole 31
prasugrel 47

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

pravastatin 48
praziquantel 15
prazosin 45
PRECISION PCX PLUS TEST 60
PRECISION PCX TEST 60
PRECISION POINT OF CARE TEST 60
PRECISION Q-I-D TEST 61
PRECISION XTRA MONITOR 61
prednicarbate 53
prednisolone 57
prednisolone acetate 77
prednisolone sodium phosphate 57, 77
prednisone 57
prednisone intensol 57
pregabalin 30
premasol 10 % 84
prenatal vitamin oral tablet 84
prevalite 48
previfem 74
PREVYMIS 11
PREZCOBIX 11
PREZISTA 11
PRIFTIN 15
PRIMAQUINE 15
primidone 30
PRIVIGEN 69
PROAIR HFA 79
PROAIR RESPICLICK 79
probenecid 70
probenecid-colchicine 70
procainamide 42
procentra 40
prochlorperazine 66
prochlorperazine edisylate 66
prochlorperazine maleate oral 66
PROCRIT 68
procto-med hc 66
procto-pak 66
proctosol hc 66
proctozone-hc 66
progesterone 73
progesterone micronized 73
PROGLYCEM 61
PROGRAF 24, 25
PROLASTIN-C 54
PROLEUKIN 68
PROLIA 70
PROMACTA 47
promethazine 77
propafenone 42
propranolol 45
propranolol-hydrochlorothiazid 45
propylthiouracil 57
PROQUAD (PF) 69
protamine 47
protriptyline 40
prudoxin 51
PULMOZYME 79
PURIXAN 25
pyrazinamide 15
pyridostigmine bromide 32
pyrimethamine 15

Q

QINLOCK 25
QUADRACEL (PF) 69
quetiapine 40, 41
quinapril 45
quinapril-hydrochlorothiazide 45
quinidine gluconate 42
quinidine sulfate 42
quinine sulfate 15
QVAR REDIHALER 80

R

RABAVERT (PF) 69
RADICAVA 32
RAGWITEK 69
raloxifene 70
ramelteon 41
ramipril 45
ranolazine 49
rasagiline 31
RAVICTI 54
REBIF (WITH ALBUMIN) 68
REBIF REBIDOSE 68
REBIF TITRATION PACK 68
reclipsen (28) 74
RECOMBIVAX HB (PF) 69, 70
RECTIV 66
regonol 32
REGRANEX 51
RELENZA DISKHALER 11
RELISTOR 66
REMICADE 66
REMODULIN 45
RENACIDIN 81
repaglinide 61
repaglinide-metformin 61
REPATHA 48
REPATHA PUSHTRONEX 48
REPATHA SURECLICK 48
RETACRIT 68
RETEVMO 25
RETROVIR 11
REVCOVI 54
REVLIMID 25
revonto 32
REXULTI 41
REYATAZ 11
ribavirin 11
RIDAURA 72
rifabutin 15
rifampin 15
riluzole 54
rimantadine 11
ringer's 53, 83
RINVOQ 72
RIOMET 61
risedronate 55, 70, 71
RISPERDAL CONSTA 41
risperidone 41
ritonavir 11
RITUXAN 25
RITUXAN HYCELA 25
rivastigmine 32
rivastigmine tartrate 32
rizatriptan 31
ropinirole 31
rosadan 51
rosuvastatin 48
ROTARIX 70
ROTATEQ VACCINE 70
roweepra 30
roweepra xr 30
ROZEREM 41
ROZLYTREK 25
RUBRACA 25

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

RUKOBIA....11
RUXIENCE....25
RYDAPT....25
S
salsalate....36
SAMSCA....63
SANDIMMUNE....25
SANDOSTATIN LAR DEPOT....25
SANTYL....51
SAPHRIS....41
sapropterin....63
SARCLISA....25
scopolamine base....66
SECUADO....41
selegiline hcl....31
selenium sulfide....49
SELZENTRY....11
SEREVENT DISKUS....80
sertraline....41
setlakin....74
sevelamer carbonate....55
sevelamer hcl....55
sf 56
sf 5000 plus....56
sharobel....73
SHINGRIX (PF)....70
SIGNIFOR....25
SIKLOS....25
sildenafil (pulmonary arterial hypertension)....80
silodosin....81
silver sulfadiazine....51
SIMULECT....25
simvastatin....48
sirolimus....25
SIRTURO....15
SKYRIZI....50
sodium acetate....83
sodium benzoate-sod phenylacet....55
sodium bicarbonate....83
sodium chloride....55, 83
sodium chloride 0.45 %....83
sodium chloride 0.9 %....55
sodium chloride 3 %....83
sodium chloride 5 %....83
sodium fluoride 5000 plus....56
sodium fluoride-pot nitrate....56
sodium nitroprusside....49
sodium phenylbutyrate....55
sodium phosphate....83
sodium polystyrene (sorb free)....55
sodium polystyrene sulfonate....55
solifenacin....81
SOLIRIS....55
SOLTAMOX....25
SOMATULINE DEPOT....25
SOMAVERT....63
sorine....42
sotalol....43
sotalol af....43
SOTYLIZE....43
SPIRIVA RESPIMAT....80
SPIRIVA WITH HANDIHALER....80
spironolactone....45
spironolacton-hydrochlorothiaz....45
sprintec (28)....74
SPRITAM....30
SPRYCEL....25
sps (with sorbitol)....55
sronyx....74
ssd....51
STAMARIL (PF)....70
stavudine....11
STELARA....50
STIMATE....63
STIOLTO RESPIMAT....80
STIVARGA....25
STRENSIQ....63
STREPTOMYCIN....15
STRIBILD....11
STRIVERDI RESPIMAT....80
SUBOXONE....36, 37
subvenite....30
subvenite starter (blue) kit....30
subvenite starter (green) kit....30
subvenite starter (orange) kit 30
SUCRAID....66
sucralfate....67
sulfacetamide sodium....76
sulfacetamide sodium (acne) 51
sulfacetamide-prednisolone....76
sulfadiazine....17
sulfamethoxazole-trimethoprim....17
SULFAMYLON....51
sulfasalazine....66
sulfatrim....17
sulindac....37
sumatriptan....31
sumatriptan succinate....31
sumatriptan-naproxen....31
SUPRAX....13
SUTENT....25
syeda....75
SYLATRON....68
SYLVANT....25
SYMBICORT....80
SYMDEKO....80
SYMFI....11
SYMFI LO....12
SYMJEPI....78
SYMLINPEN 120....61
SYMLINPEN 60....61
SYMPAZAN....30
SYMTUZA....12
SYNAGIS....12
SYNAREL....63
SYNERCID....15
SYNRIBO....25
T
TABLOID....25
TABRECTA....25
tacrolimus....25, 51
tadalafil....81
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg....80
TAFINLAR....25
TAGRISSO....26
TALZENNA....26
tamoxifen....26
tamsulosin....81
TARGRETIN....26
tarina 24 fe....75
tarina fe 1/20 (28)....75
tarina fe 1-20 eq (28)....75
TASIGNA....26
tazarotene....51

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

tazicef 13
TAZORAC 51
taztia xt 45
TAZVERIK 26
TDVAX 70
TECENTRIQ 26
TECFIDERA 32
TECHLITE INSULIN SYR HALF UNIT 61
TECHLITE INSULIN SYRINGE 61
TECHLITE PEN NEEDLE 61
TEFLARO 13
TEKTURNA HCT 45
telmisartan 45
telmisartan-amlodipine 45
telmisartan-hydrochlorothiazid 45
TEMIXYS 12
TEMODAR 26
temsirolimus 26
TENIVAC (PF) 70
tenofovir disoproxil fumarate 12
terazosin 45
terbinafine hcl 9
terbutaline 80
terconazole 73
TERIPARATIDE 71
testosterone 63
testosterone cypionate 63
testosterone enanthate 63
TETANUS,DIPHTHERIA TOX PED(PF) 70
tetrabenazine 32
tetracycline 18
THALOMID 26
THEO-24 80
theophylline 80
THIOLA 55
THIOLA EC 55
thioridazine 41
thiotepa 26
thiothixene 41
tiadylt er 45
tiagabine 30
TIBSOVO 26
TICE BCG 70
tigecycline 15
tilia fe 75
timolol maleate 45, 76
tinidazole 15
TIVICAY 12
TIVICAY PD 12
tizanidine 32
tobramycin 15, 75
tobramycin in 0.225 % nacl 15
tobramycin sulfate 16
tobramycin-dexamethasone 77
tolcapone 31
tolmetin 37
tolterodine 81
tolvaptan 63
topiramate 30
toposar 26
topotecan 26
toremifene 26
TORISEL 26
torsemide 45
TOUJEO MAX U-300 SOLOSTAR 61
TOUJEO SOLOSTAR U-300 INSULIN 61
tovet emollient 53
tramadol 37
tramadol-acetaminophen 37
trandolapril 45
trandolapril-verapamil 45
tranexamic acid 73
tranylcypromine 41
travasol 10 % 84
travoprost 77
TRAZIMERA 26
trazodone 41
TREANDA 26
TRECATOR 16
TRELSTAR 26
treprostinil sodium 45
tretinoin (antineoplastic) 26
tretinoin topical 51
tri femynor 75
triamcinolone acetonide 53, 56, 57
triamterene 45
triamterene-hydrochlorothiazid 45, 46
trianex 53
triderm 53
trientine 55
tri-estarylla 75
trifluoperazine 41
trifluridine 76
TRIKAFTA 80
tri-legest fe 75
tri-linyah 75
tri-lo-estarylla 75
tri-lo-marzia 75
tri-lo-sprintec 75
trilyte with flavor packets 66
trimethoprim 18
trimipramine 41
TRINTELLIX 41
tri-previfem (28) 75
TRISENOX 26
tri-sprintec (28) 75
TRIUMEQ 12
trivora (28) 75
TRODELVY 26
TROGARZO 12
TROPHAMINE 10 % 84
trospium 81
TRUEPLUS INSULIN 61
TRUEPLUS PEN NEEDLE 61
TRULANCE 66
TRULICITY 61
TRUMENBA 70
TRUVADA 12
TRUXIMA 26
TUKYSA 26
tulana 73
TWINRIX (PF) 70
TYKERB 26
TYMLOS 71
TYPHIM VI 70
TYSABRI 32
TYVASO 80
TYVASO INSTITUTIONAL START KIT 80
TYVASO REFILL KIT 80
TYVASO STARTER KIT 80

U

ULORIC 70
unithroid 63
UNITUXIN 26

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

UPTRAVI....46
ursodiol....66
UVADEX....51
V
valacyclovir....12
VALCHLOR....51
valganciclovir....12
valproate sodium....30
valproic acid....30
valproic acid (as sodium salt)....30
valrubicin....26
valsartan....46
valsartan-hydrochlorothiazide....46
VALSTAR....26
VALTOCO....30
vancomycin....16
VANCOMYCIN IN 0.9 % SODIUM CHL....16
vandazole....73
VANTAS....26
VAQTA (PF)....70
VARIVAX (PF)....70
VARIZIG....70
VARUBI....66
VASCEPA....48
VECAMYL....49
VECTIBIX....26
VELCADE....26
veletri....46
velivet triphasic regimen (28)....75
VELTASSA....55
VEMLIDY....12
VENCLEXTA....26
VENCLEXTA STARTING PACK....27
venlafaxine....41
verapamil....46
VERSACLOZ....41
VERZENIO....27
V-GO 20....61
V-GO 30....61
V-GO 40....61
VIBERZI....66
vienva....75
vigabatrin....30
vigadrone....30
VIIBRYD....41
VIMIZIM....63
VIMPAT....30
vinblastine....27
vincasar pfs....27
vincristine....27
vinorelbine....27
VIOKACE....66
viorele (28)....75
VIRACEPT....12
VIREAD....12
VISTOGARD....18
VITRAKVI....27
VIVITROL....37
VIZIMPRO....27
voriconazole....9
VOTRIENT....27
VRAYLAR....42
VYNDAMAX....49
VYNDAQEL....49
VYXEOS....27
W
warfarin....47
water for irrigation, sterile....55
wera (28)....75
X
XALKORI....27
XARELTO....47
XARELTO DVT-PE TREAT 30D START....47
XATMEP....27
XCOPRI....30
XCOPRI MAINTENANCE PACK....30
XCOPRI TITRATION PACK....30
XELJANZ....72
XELJANZ XR....72
XERMELO....27
XGEVA....18
XIAFLEX....55
XIFAXAN....16
XIGDUO XR....61, 62
XIIDRA....76
XOFLUZA....12
XOLAIR....80, 81
XOSPATA....27
XPOVIO....27
XTANDI....27
xulane....73
XURIDEN....55
XYREM....42
Y
YERVOY....27
YF-VAX (PF)....70
YONDELIS....27
YONSA....27
yuvafem....73
Z
zafirlukast....81
zaleplon....42
ZALTRAP....27
ZANOSAR....27
zarah....75
ZARXIO....68
ZEJULA....27
ZELBORAF....27
zenatane....51
ZEPZELCA....27
zidovudine....12
ZIEXTENZO....68
ziprasidone hcl....42
ziprasidone mesylate....42
ZIRABEV....27
ZIRGAN....76
ZOLADEX....27
zoledronic acid....63
zoledronic acid-mannitol-water....55, 63
ZOLINZA....27
zolmitriptan....31
zolpidem....42
zonisamide....30
ZORTRESS....27
ZOSTAVAX (PF)....70
zovia 1/35e (28)....75
zumandimine (28)....75
ZYDELIG....27
ZYKADIA....27
ZYPREXA RELPREVV....42
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 11/30/2020. 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.