

List of Covered Drugs (Formulary)

Senior Blue (HMO and HMO-POS)
Forever Blue Medicare (PPO)

If you have any questions, we're here to help!

bsneny.com/medicare

1-800-329-2792
(TTY 711)

October 1-February 14
8 a.m. to 8 p.m., 7 days a week

February 15-September 30
8 a.m. to 8 p.m., Monday-Friday

A division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association.

BlueShield of Northeastern New York is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal.



BlueShield
of Northeastern New York

BlueShield of Northeastern New York

2016 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00016255, Version Number 7

This formulary was updated on August 19, 2015. For more recent information or other questions, please contact BlueShield of Northeastern New York at 1-800-329-2792 (TTY 711) or visit us at bsneny.com/medicare. We're available:

October 1-February 14	8 a.m. to 8 p.m., 7 days a week
February 15-September 30	8 a.m. to 8 p.m., Monday-Friday

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 BlueShield of Northeastern New York. When it refers to “plan” or “our plan,” it means Senior Blue HMO, Senior Blue HMO-POS, Forever Blue Medicare PPO, Forever Blue Medicare PPO Value, and Forever Blue Medicare PPO 750.

This document includes a list of the drugs (formulary) for our plan, which is current as of August 19, 2015. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

What is the BlueShield of Northeastern New York Formulary?

A formulary is a list of covered drugs selected by BlueShield of Northeastern New York 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. BlueShield of Northeastern New York will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueShield of Northeastern New York 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?

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 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 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. The enclosed formulary is current as of August 19, 2015. To get updated information about the drugs covered by BlueShield of Northeastern New York, please contact us. Our contact information appears on the front and back cover pages.

In the event that our plan has made an error in the printed formulary during the year, we will notify you directly by mail. We will send you written notification explaining the error and a new formulary page reflecting the correct text and benefit.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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 2. 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 69. 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?

BlueShield of Northeastern New York 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:** BlueShield of Northeastern New York requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from BlueShield of Northeastern New York before you fill your prescriptions. If you don't get approval, BlueShield of Northeastern New York may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueShield of Northeastern New York limits the amount of the drug that BlueShield of Northeastern New York will cover. For example, BlueShield of Northeastern New York provides 30 tablets per 30 day per prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BlueShield of Northeastern New York 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, BlueShield of Northeastern New

York may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueShield of Northeastern New York 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask BlueShield of Northeastern New York 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 BlueShield of Northeastern New York’s formulary?” on page IV 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.

If you learn that BlueShield of Northeastern New York does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by BlueShield of Northeastern New York. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by BlueShield of Northeastern New York.
- You can ask BlueShield of Northeastern New York 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 BlueShield of Northeastern New York’s Formulary?

You can ask BlueShield of Northeastern New York 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, BlueShield of Northeastern New York limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, BlueShield of Northeastern New York will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization

restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with at least a 93 day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

If a member submits a prescription for a transition eligible drug and it is rejected at Point of Sale, a message will be relayed to the pharmacist to call for additional instructions if the member underwent a recent level of care change. After confirming the member had a level of care change, the pharmacist will be instructed to enter a series of override codes to allow the member to receive a one-time transition supply of his or her prescription. At that time, all transition supply procedures will apply including member notifications for transition supply fills.

For more information

For more detailed information about your BlueShield of Northeastern New York prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BlueShield of Northeastern New York, 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>.

BlueShield of Northeastern New York's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by BlueShield of Northeastern New York. If you have trouble finding your drug in the list, turn to the Index that begins on page 69.

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

The information in the Requirements/Limits column tells you if BlueShield of Northeastern New York has 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

*****: Diabetic test strips are not covered under Medicare Part D. The test strips listed in this document are those that may be covered under Medicare Part B if your Plan includes Part B coverage.

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.

If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-pay in this drug list. Please refer to Chapter 4 of your evidence of coverage for the cost of Part B drugs or contact customer service.

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	2	B/D PA; MO
CANCIDAS	5	B/D PA; MO
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	
CRESEMBA ORAL	5	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	3	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i>	2	
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole</i>	2	MO
<i>ketoconazole oral</i>	2	MO
LAMISIL ORAL GRANULES IN PACKET	3	MO
MYCAMINE	5	MO
NOXAFIL ORAL	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
SPORANOX ORAL SOLUTION	3	MO
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	2	MO
<i>voriconazole oral</i>	5	MO
ANTIVIRALS		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	2	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl oral</i>	2	MO
APTIVUS ORAL CAPSULE	5	MO
APTIVUS ORAL SOLUTION	5	
ATRIPLA	5	MO
BARACLUDGE ORAL SOLUTION	3	MO
<i>cidofovir</i>	5	B/D PA; MO
COMPLERA	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
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
<i>didanosine</i>	2	MO
EDURANT	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	5	MO
EPIVIR HBV ORAL SOLUTION	3	MO
EPZICOM	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>foscarnet</i>	2	B/D PA; MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	MO
HARVONI	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE ORAL CAPSULE	3	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS ORAL POWDER IN PACKET	3	MO
ISENTRESS ORAL TABLET	5	MO

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
KALETRA ORAL SOLUTION	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	5	MO
<i>moderiba</i>	2	MO
<i>moderiba dose pack oral tablets,dose pack 400 mg (7)-400 mg (7)</i>	2	MO
<i>moderiba dose pack oral tablets,dose pack 600 mg (7)-600 mg (7)</i>	5	MO
<i>nevirapine</i>	2	MO
NORVIR	3	MO
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 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
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
REBETOL ORAL SOLUTION	3	MO
RELENZA DISKHALER	3	MO
RESCRIPTOR	3	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribasphere oral capsule</i>	2	MO
<i>ribasphere oral tablet 200 mg, 400 mg</i>	2	MO
<i>ribasphere oral tablet 600 mg</i>	5	MO
<i>ribasphere ribapak oral tablets, dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
SELZENTRY	3	MO
SOVALDI	5	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>stavudine</i>	2	MO
STRIBILD	5	MO
SUSTIVA	3	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	MO; LA
TAMIFLU	3	MO
TIVICAY	5	MO
TRIUMEQ	5	MO
TRUVADA	5	MO
TYZEKA	5	MO
<i>valacyclovir</i>	2	MO; QL (30 per 30 days)
VALCYTE ORAL RECON SOLN	5	MO
<i>valganciclovir</i>	5	MO
VIDEX 2 GRAM PEDIATRIC	3	MO
VIEKIRA PAK	5	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	5	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO
VIRAZOLE	5	MO
VIREAD	5	MO
VITEKTA	5	MO
ZIAGEN ORAL SOLUTION	3	MO
<i>zidovudine</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	MO
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram</i>	2	
<i>cefdinir</i>	2	MO
<i>cefditoren pivoxil oral tablet 200 mg</i>	2	MO
<i>cefepime</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	2	
<i>cefotetan</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>cefoxitin in dextrose, iso-osm</i>	2	
<i>cefoxitin intravenous recon soln 1 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	2	
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone intravenous recon soln</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	2	MO
<i>cefuroxime sodium intravenous</i>	2	
<i>cephalexin</i>	2	MO
FORTAZ INTRAVENOUS RECON SOLN 1 GRAM	3	
SUPRAX ORAL CAPSULE	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
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
TEFLARO	4	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	2	MO
<i>azithromycin intravenous recon soln 500 mg (2 mg/ml)</i>	2	
<i>azithromycin oral</i>	2	MO
<i>clarithromycin</i>	2	MO
<i>e.e.s. 400 oral tablet</i>	2	MO
E.E.S. GRANULES	3	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral tablet</i>	2	MO
ZMAX	3	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	3	MO
ALINIA	3	MO
<i>amikacin injection solution 500 mg/2 ml</i>	2	MO
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	5	
<i>aztreonam injection recon soln 1 gram</i>	2	MO
<i>baciim</i>	2	
<i>bacitracin intramuscular</i>	2	MO
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAPASTAT	4	

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

Drug Name	Drug Tier	Requirements /Limits
CAYSTON	5	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate oral</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO
<i>clindamycin pediatric</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	2	MO
CUBICIN	5	MO
DAPSONE	3	MO
DARAPRIM	3	MO
<i>ethambutol</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin injection solution 40 mg/ml</i>	2	MO
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	2	
<i>hydroxychloroquine oral</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO
INVANZ INJECTION	4	MO
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	MO
KETEK	3	MO
<i>linezolid intravenous</i>	5	
<i>linezolid oral</i>	5	MO
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 500 mg</i>	2	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA; MO; QL (6 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	2	MO
PASER	3	MO
PENTAM	4	MO
<i>polymyxin b sulfata</i>	2	
PRIFTIN	3	MO
PRIMAQUINE	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>pyrazinamide</i>	2	MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO
<i>rifampin intravenous</i>	2	MO
<i>rifampin oral</i>	2	MO
SIRTURO	5	MO; LA
STREPTOMYCIN INTRAMUSCULAR	3	MO
SYNERCID	5	
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml</i>	2	MO
<i>tobramycin sulfate injection solution</i>	2	MO
TRECTOR	3	MO
TYGACIL	3	MO
XIFAXAN ORAL TABLET 200 MG	3	MO
XIFAXAN ORAL TABLET 550 MG	5	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	5	MO

PENICILLINS

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>nafcillin injection recon soln 1 gram</i>	2	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	5	MO
<i>oxacillin injection recon soln 10 gram</i>	5	MO
<i>oxacillin intravenous recon soln 2 gram</i>	2	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	
<i>penicillin g potassium injection recon soln 5 million unit</i>	2	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g sodium</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>penicillin v potassium</i>	2	MO
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	2	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
QUINOLONES		
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin (mixture)</i>	2	MO
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>levofloxacin intravenous</i>	2	MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ofloxacin oral tablet 400 mg</i>	2	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral</i>	2	MO
<i>sulfamethoxazole-trimethoprim</i>	2	MO
TETRACYCLINES		
<i>demeclocycline oral</i>	2	MO
<i>doxy-100</i>	2	MO
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet</i>	2	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	2	MO
<i>doxycycline monohydrate oral capsule</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral</i>	2	MO
<i>tetracycline</i>	2	MO
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		

Drug Name	Drug Tier	Requirements /Limits
MACRODANTIN ORAL CAPSULE 25 MG	3	MO
<i>methenamine hippurate</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>nitrofurantoin oral</i>	2	MO
PRIMSOL	4	MO
<i>trimethoprim</i>	2	MO
VANCOMYCIN		
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	2	MO
<i>vancomycin oral capsule</i>	5	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>amifostine crystalline</i>	5	MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	5	
FUSILEV	5	MO
KEPIVANCE	5	

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

Drug Name	Drug Tier	Requirements /Limits
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	2	MO
<i>leucovorin calcium oral</i>	2	MO
<i>mesna</i>	2	MO
MESNEX ORAL	5	MO
XGEVA	5	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	5	MO
<i>adrucil intravenous solution 500 mg/10 ml</i>	2	MO
AFINITOR DISPERZ	5	PA; MO
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA; MO
ALIMTA INTRAVENOUS RECON SOLN 500 MG	5	MO
<i>anastrozole</i>	2	MO
ARRANON	5	
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	5	B/D PA; MO
AVASTIN	3	MO
<i>azacitidine</i>	5	MO
<i>azathioprine</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
BELEODAQ	5	MO
<i>bicalutamide</i>	2	MO
BICNU	4	MO
<i>bleomycin injection recon soln 30 unit</i>	2	MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO
BOSULIF ORAL TABLET 500 MG	5	PA; MO; QL (30 per 30 days)
BUSULFEX	5	
CAPRELSA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	MO
CELLCEPT INTRAVENOUS	3	B/D PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>cisplatin</i>	2	MO
<i>cladribine</i>	5	MO
CLOLAR	5	MO
COMETRIQ	5	PA; MO
CYCLOPHOSPHAMID E ORAL CAPSULE	3	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
<i>cytarabine</i>	2	MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	2	MO
<i>dacarbazine intravenous recon soln 200 mg</i>	2	MO
<i>daunorubicin intravenous solution</i>	2	
DAUNOXOME	5	MO
<i>decitabine</i>	5	MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	5	
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	MO
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	2	MO
DROXIA	3	MO
EMCYT	3	MO
<i>epirubicin intravenous solution 50 mg/25 ml</i>	2	MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	5	MO

Drug Name	Drug Tier	Requirements /Limits
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERWINAZE	5	MO
ETOPOPHOS	4	MO
<i>etoposide intravenous</i>	2	MO
<i>exemestane</i>	2	MO
FARESTON	3	MO
FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	MO
FIRMAGON KIT W DILUENT SYRINGE	3	MO
<i>fludarabine intravenous recon soln</i>	2	MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	2	MO
<i>flutamide</i>	2	MO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	MO
<i>gemcitabine intravenous recon soln 1 gram</i>	5	MO
<i>gengraf</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
GILOTRIF ORAL TABLET 20 MG	5	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 30 MG	5	PA; MO; QL (40 per 30 days)
GILOTRIF ORAL TABLET 40 MG	5	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	5	PA; MO
GLEEVEC ORAL TABLET 400 MG	5	PA; MO; QL (60 per 30 days)
HALAVEN	5	MO
HERCEPTIN	5	MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (90 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)
<i>idarubicin</i>	2	
<i>ifosfamide intravenous recon soln 1 gram</i>	2	MO
IMBRUVICA	5	PA; MO; QL (120 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	MO
ISTODAX	5	MO
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	5	MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; MO
JAKAFI ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
JEVTANA	5	MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	5	MO
KEYTRUDA INTRAVENOUS RECON SOLN	5	MO
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide</i>	2	MO
LOMUSTINE	3	MO
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	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
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA; MO
LYNPARZA	5	PA; MO
LYSODREN	3	MO
MATULANE	5	MO
MEGACE ES	3	MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	MO
<i>megestrol oral tablet</i>	2	MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
<i>melphalan hcl</i>	5	
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium oral</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mitoxantrone</i>	2	MO
MUSTARGEN	4	MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium</i>	2	B/D PA; MO
NEORAL	4	B/D PA; MO
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
NILANDRON	3	MO
NIPENT	5	MO
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO
ONCASPAR	5	MO
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	5	MO
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	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
<i>paclitaxel</i>	2	MO
PERJETA	5	MO
POMALYST	5	MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PURIXAN	5	MO
RAPAMUNE ORAL SOLUTION	3	B/D PA; MO
REVLIMID	5	PA; MO; LA
RHEUMATREX ORAL TABLETS,DOSE PACK 2.5 MG	4	B/D PA; MO
RHEUMATREX ORAL TABLETS,DOSE PACK 2.5 MG (DOSE PACK 12), 2.5 MG (DOSE PACK 16), 2.5 MG (DOSE PACK 20), 2.5 MG (DOSE PACK 8)	4	B/D PA
RITUXAN	5	PA; MO
SANDIMMUNE INTRAVENOUS	4	B/D PA; MO
SANDIMMUNE ORAL CAPSULE	4	B/D PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	5	MO
SIGNIFOR	5	MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	5	MO
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	5	PA; MO
SPRYCEL ORAL TABLET 140 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PA; MO
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	5	PA; MO; QL (60 per 30 days)
SUTENT ORAL CAPSULE 50 MG	5	PA; MO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	5	MO
SYNRIBO	5	MO
TABLOID	3	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>tacrolimus oral capsule 5 mg</i>	5	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG	5	PA; MO; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; MO; QL (120 per 30 days)
<i>tamoxifen</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA; MO
TARCEVA ORAL TABLET 150 MG	5	PA; MO; QL (30 per 30 days)
TARGRETIN	5	MO
TASIGNA ORAL CAPSULE 150 MG	5	PA; MO
TASIGNA ORAL CAPSULE 200 MG	5	PA; MO; QL (112 per 28 days)
THALOMID	5	PA; MO
<i>toposar</i>	2	MO
<i>topotecan intravenous recon soln</i>	5	MO
TORISEL	5	MO
TREANDA INTRAVENOUS RECON SOLN 100 MG	5	MO
TREANDA INTRAVENOUS SOLUTION 45 MG/0.5 ML	5	MO

Drug Name	Drug Tier	Requirements /Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	MO
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	5	MO
<i>tretinoin (chemotherapy)</i>	5	MO
TRISENOX	5	MO
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	5	B/D PA; MO
VELCADE	5	MO
<i>vinblastine intravenous solution</i>	2	MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	
<i>vincristine intravenous solution 1 mg/ml</i>	2	MO
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	2	MO
VOTRIENT	5	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
XALKORI ORAL CAPSULE 250 MG	5	PA; MO; QL (60 per 30 days)
XTANDI	5	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	5	MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	5	MO
ZANOSAR	4	MO
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZOLINZA	5	MO
ZORTRESS ORAL TABLET 0.25 MG	3	B/D PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (90 per 30 days)
ZYKADIA	5	PA; MO; QL (150 per 30 days)
ZYTIGA	5	PA; MO; QL (120 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

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

Drug Name	Drug Tier	Requirements /Limits
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL ORAL SUSPENSION	3	MO
BANZEL ORAL TABLET 200 MG	3	MO
BANZEL ORAL TABLET 400 MG	5	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clonazepam</i>	2	PA; MO
<i>diazepam rectal</i>	2	PA; MO
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
<i>epitol</i>	1	MO
<i>ethosuximide</i>	2	MO
<i>felbamate</i>	2	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	2	MO
FYCOMPA	3	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	3	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	MO
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LYRICA	3	PA; MO
ONFI ORAL SUSPENSION	3	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; MO
<i>oxcarbazepine</i>	2	MO
PEGANONE	3	MO
<i>phenobarbital oral elixir</i>	2	MO
<i>phenobarbital oral tablet 100 mg</i>	2	
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
POTIGA	3	MO
<i>primidone</i>	2	MO
SABRIL	5	MO; LA
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	3	MO
<i>tiagabine</i>	2	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
VIMPAT INTRAVENOUS	3	
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
<i>zonisamide</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ANTIPARKINSONISM AGENTS		
APOKYN	5	MO; LA
AZILECT	3	MO
<i>benztropine</i>	2	MO
<i>bromocriptine</i>	2	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	2	MO
<i>entacapone</i>	2	MO
NEUPRO	3	MO
<i>pramipexole oral tablet</i>	2	MO
<i>pramipexole oral tablet extended release 24 hr 0.75 mg, 1.5 mg</i>	2	MO
<i>ropinirole</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
CAFERGOT	3	MO
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)
<i>migergot</i>	2	MO
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
RELPAK	3	MO; QL (18 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	2	MO; QL (16 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (16 per 28 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

AMPYRA	5	PA; MO; LA
AUBAGIO	5	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	2	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO
EXELON TRANSDERMAL	3	MO
<i>galantamine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
GILENYA	5	PA; MO
<i>glatopa</i>	5	PA; MO; QL (30 per 30 days)
NAMENDA ORAL SOLUTION	3	PA; MO
NAMENDA XR	3	PA; MO
NUEDEXTA	3	MO
<i>rivastigmine tartrate</i>	2	MO
TECFIDERA	5	PA; MO
TYSABRI	5	PA; MO; LA
XENAZINE	5	PA; MO; LA

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	2	PA; MO
<i>dantrolene</i>	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
MESTINON ORAL SYRUP	3	MO
MESTINON TIMESPAN	3	MO
<i>pyridostigmine bromide oral tablet</i>	2	MO
<i>tizanidine</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
BUPRENEX	3	MO; QL (267 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	QL (267 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	MO; QL (75 per 30 days)
BUTRANS	3	MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</i>	2	MO; QL (180 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	QL (2000 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>endodan</i>	2	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	5	PA; MO; QL (39 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	5	PA; MO; QL (29 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	5	PA; MO; QL (116 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	5	PA; MO; QL (77 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	5	PA; MO; QL (58 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	2	MO; QL (9 per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	2	MO; QL (120 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (1500 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	2	MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg</i>	5	MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	5	MO; QL (47 per 30 days)
<i>ibuprofen-oxycodone</i>	2	MO; QL (28 per 30 days)
<i>levorphanol tartrate</i>	2	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	2	MO; QL (360 per 30 days)
<i>lorcet hd</i>	2	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>lortab 10-325</i>	2	MO; QL (360 per 30 days)
<i>lortab 5-325</i>	2	MO; QL (360 per 30 days)
<i>lortab 7.5-325</i>	2	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methadone injection</i>	2	QL (160 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	MO; QL (240 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (300 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	2	MO; QL (50 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	2	MO; QL (90 per 30 days)
<i>morphine oral capsule, extend. release pellets 100 mg</i>	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral capsule, extend. release pellets 80 mg</i>	2	MO; QL (75 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	2	MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	MO; QL (120 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	2	MO; QL (30 per 30 days)
<i>morphine oral tablet extended release 60 mg</i>	2	MO; QL (100 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 30 mg</i>	2	MO; QL (134 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone-aspirin</i>	2	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	3	MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 60 MG	3	MO; QL (67 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 80 MG	5	MO; QL (50 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (200 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO; QL (90 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	2	MO; QL (67 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	2	MO; QL (50 per 30 days)
<i>reprexain</i>	2	MO; QL (50 per 30 days)
<i>vicodin es oral tablet 7.5-300 mg</i>	2	MO; QL (360 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	2	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>vicodin oral tablet 5-300 mg</i>	2	MO; QL (360 per 30 days)
<i>zamicet</i>	2	QL (5550 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	MO; QL (720 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; QL (360 per 30 days)
<i>butorphanol tartrate nasal</i>	2	MO; QL (5 per 28 days)
<i>celecoxib</i>	2	MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
<i>etodolac</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
FLECTOR	4	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>flurbiprofen</i>	2	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule</i>	2	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>meclofenamate oral</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral suspension</i>	2	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	2	MO
<i>naltrexone oral</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
<i>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	PA; MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	PA; MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	PA; MO; QL (90 per 30 days)
<i>sulindac oral</i>	1	MO
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet 600 mg</i>	2	MO
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VOLTAREN GEL TOPICAL GEL 1 %	3	MO

PSYCHOTHERAPEUTIC DRUGS

Drug Name	Drug Tier	Requirements /Limits
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 10 MG	4	MO; QL (90 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	5	MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	
<i>alprazolam oral tablet</i>	2	MO
<i>amitriptyline</i>	2	PA; MO
<i>amoxapine</i>	2	MO
<i>amphetamine salt combo</i>	2	MO
<i>aripiprazole oral tablet 10 mg</i>	2	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	2	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	MO; QL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg</i>	5	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	5	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
BRINTELLIX ORAL TABLET 10 MG	4	MO; QL (60 per 30 days)
BRINTELLIX ORAL TABLET 20 MG	4	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
BRINTELLIX ORAL TABLET 5 MG	4	MO; QL (120 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 100 mg</i>	2	MO; QL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 200 mg</i>	2	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (60 per 30 days)
<i>bupirone</i>	2	MO
<i>chlorpromazine</i>	2	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	2	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clorazepate dipotassium</i>	2	PA; MO
<i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO
<i>clozapine oral tablet 200 mg</i>	2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
<i>desipramine oral</i>	2	MO
<i>dexedrine</i>	2	MO
<i>dexmethylphenidate</i>	2	MO
<i>dextroamphetamine oral capsule, extended release</i>	2	MO
<i>dextroamphetamine oral tablet</i>	2	MO
<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr</i>	2	MO
<i>diazepam intensol</i>	2	PA; MO
<i>diazepam oral solution 5 mg/5 ml</i>	2	PA; MO
<i>diazepam oral tablet</i>	2	PA; MO
<i>doxepin oral</i>	2	PA; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	2	MO; QL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM	5	MO
<i>ergoloid</i>	2	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>eszopiclone</i>	2	ST; MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG	4	MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 8 MG	4	MO; QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	MO; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	4	MO; QL (120 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	4	MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
FAZACLO ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	4	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	3	ST; MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG	3	ST; MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG	3	ST; MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 40 MG	3	ST; MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 80 MG	3	ST; MO; QL (45 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (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
<i>fluoxetine oral tablet 20 mg</i>	2	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule,extended release 24hr 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral capsule,extended release 24hr 150 mg</i>	2	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
FORFIVO XL	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	4	MO
<i>guanidine</i>	2	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate</i>	2	MO
HETLIOZ	5	PA; MO
<i>imipramine hcl</i>	2	PA; MO
<i>imipramine pamoate</i>	2	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	4	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	4	MO; QL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	MO; QL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	4	MO; QL (41 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	4	MO
LATUDA ORAL TABLET 120 MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	3	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	3	MO; QL (120 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	3	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam intensol</i>	2	PA; MO
<i>lorazepam oral tablet</i>	2	PA; MO
<i>loxapine succinate</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>maprotiline</i>	2	MO
MARPLAN	3	MO
<i>metadate er</i>	2	MO
<i>methamphetamine</i>	2	MO
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg</i>	2	MO
<i>methylphenidate oral capsule,er biphasic 50-50</i>	2	MO
<i>methylphenidate oral solution</i>	2	MO
<i>methylphenidate oral tablet</i>	2	MO
<i>methylphenidate oral tablet extended release</i>	2	MO
<i>methylphenidate oral tablet extended release 24hr</i>	2	MO
<i>methylphenidate oral tablet, chewable</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet, disintegrating</i>	2	MO
<i>modafinil</i>	2	PA; MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral tablet 10 mg</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine oral tablet 15 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	2	MO; QL (240 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	2	MO; QL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	2	MO; QL (81 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	2	MO; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	2	MO; QL (120 per 30 days)
<i>olanzapine-fluoxetine</i>	2	MO
ORAP	3	MO
<i>oxazepam</i>	2	PA; MO
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	2	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	2	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	2	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine</i>	2	MO
<i>phenelzine</i>	2	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	ST; MO; QL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	ST; MO; QL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	ST; MO; QL (240 per 30 days)
<i>procentra</i>	2	MO
<i>protriptyline</i>	2	MO
<i>quetiapine oral tablet 100 mg</i>	2	MO; QL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; QL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	2	MO; QL (902 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; QL (81 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; QL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	2	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QL (161 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	2	MO; QL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	2	MO; QL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	2	MO; QL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	2	MO; QL (161 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet, disintegrating 4 mg</i>	2	MO; QL (120 per 30 days)
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	3	MO; QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	3	MO; QL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	3	MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (161 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (81 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
STRATTERA	3	MO
SURMONTIL	4	PA; MO
<i>temazepam</i>	2	PA; MO
<i>thioridazine</i>	2	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	2	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; QL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	2	MO; QL (270 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	2	MO; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral tablet 50 mg</i>	2	MO; QL (150 per 30 days)
VERSACLOZ	5	LA
VIIBRYD ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	3	MO; QL (30 per 30 days)
XYREM	5	MO; LA
<i>zaleplon oral capsule 10 mg</i>	2	ST; MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	ST; MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	MO
<i>ziprasidone hcl oral capsule 20 mg</i>	2	MO; QL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	2	MO; QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg</i>	2	MO; QL (80 per 30 days)
<i>ziprasidone hcl oral capsule 80 mg</i>	2	MO; QL (60 per 30 days)
<i>zolpidem</i>	2	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	5	LA

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone oral tablet 200 mg, 400 mg</i>	2	MO
<i>flecainide</i>	2	MO
<i>mexiletine</i>	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	
<i>propafenone</i>	2	MO
<i>quinidine gluconate</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af oral tablet 120 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	2	MO
SOTYLIZE	3	
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral</i>	2	MO
<i>afeditab cr</i>	2	MO
<i>amiloride oral</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	2	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazyd</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AZOR	3	ST; MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>bumetanide injection</i>	2	MO
<i>bumetanide oral</i>	1	MO
BYSTOLIC	3	MO
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	2	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg</i>	2	MO
COREG CR	3	MO
DEMSEER	3	MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI	4	ST; MO
EDARBYCLOR	4	ST; MO
EDECIN	3	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>epiphenone</i>	2	MO
<i>eprosartan</i>	2	MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	2	MO
<i>isradipine</i>	2	MO
<i>labetalol intravenous solution</i>	2	MO
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>matzim la</i>	2	MO
<i>methyclothiazide</i>	2	MO
<i>methyldopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>nicardipine</i>	2	MO
<i>nifedical xl</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	2	MO
<i>nisoldipine</i>	2	MO
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	2	MO
<i>prazosin oral</i>	1	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO
REMODULIN	5	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt</i>	2	MO
<i>telmisartan</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>timolol maleate oral</i>	1	MO
<i>toremide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRIBENZOR	3	ST; MO
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	2	MO
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil oral</i>	1	MO
CARDIAC GLYCOSIDES		
<i>digitek</i>	2	MO
<i>digoxin oral solution 50 mcg/ml</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3	MO
COAGULATION THERAPY		
AGGRENOX	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
BRILINTA	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole oral</i>	2	MO
EFFIENT	3	MO
ELIQUIS	3	MO
<i>enoxaparin</i>	2	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
PRADAXA	3	MO
PROMACTA	5	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>tranexamic acid intravenous</i>	2	MO
<i>warfarin</i>	1	MO
XARELTO	3	MO
ZONTIVITY	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine light oral powder in packet</i>	2	MO
<i>colestipol oral granules</i>	2	MO
<i>colestipol oral tablet</i>	2	MO
CRESTOR	3	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil oral</i>	1	MO
JUXTAPID	5	MO; LA
LIPOFEN	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	2	MO
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder</i>	2	MO
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
VASCEPA	3	MO
ZETIA	3	MO

MISCELLANEOUS CARDIOVASCULAR AGENTS

CORLANOR	3	PA; MO
RANEXA	3	MO
VECAMYL	5	

NITRATES

<i>isosorbide dinitrate oral</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
NITROSTAT	3	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg</i>	2	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO
<i>calcipotriene</i>	2	MO
<i>calcipotriene-betamethasone</i>	2	MO
<i>calcitriol topical</i>	2	MO
<i>selenium sulfide topical suspension</i>	2	MO

BURN THERAPY

<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO

MISCELLANEOUS DERMATOLOGICALS

8-MOP	3	MO
<i>ammonium lactate topical</i>	2	MO
CARAC	5	MO
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel</i>	2	PA; MO
FLUOROURACIL TOPICAL CREAM 0.5 %	5	ST; MO
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>imiquimod</i>	2	MO
<i>methoxsalen rapid</i>	5	MO
PANRETIN	5	MO
<i>podofilox</i>	2	MO
<i>prudoxin</i>	2	MO
REGRANEX	3	MO
<i>tacrolimus topical</i>	2	PA; MO
UVADEX	4	
VALCHLOR	5	MO

THERAPY FOR ACNE

<i>adapalene topical cream</i>	2	PA; MO
<i>adapalene topical gel</i>	2	PA; MO
<i>amnesteem</i>	2	MO
<i>avita topical cream</i>	2	PA; MO
AZELEX	3	MO
<i>claravis</i>	2	MO
<i>clindamycin phosphate topical</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	MO
<i>ery pads</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
<i>metronidazole topical cream</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole topical gel</i>	2	MO
<i>metronidazole topical lotion</i>	2	MO
<i>myorisan</i>	2	MO
<i>neuac</i>	2	MO
TAZORAC	3	PA; MO
<i>tretinoin microspheres topical gel with pump</i>	2	PA; MO
<i>tretinoin topical</i>	2	PA; MO
<i>zenatane</i>	2	MO

TOPICAL ANESTHETICS

<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	2	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	2	MO
<i>lidocaine hcl mucous membrane gel</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine hcl urethral</i>	2	
<i>lidocaine topical adhesive patch,medicated</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine topical ointment</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO
TOPICAL ANTIBACTERIALS		
ALTABAX	3	MO
<i>gentamicin topical</i>	2	MO
<i>mupirocin</i>	2	MO
<i>mupirocin calcium</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox</i>	2	MO
<i>clotrimazole topical</i>	2	MO
<i>clotrimazole- betamethasone</i>	2	MO
<i>econazole topical</i>	2	MO
<i>ketoconazole topical cream</i>	2	MO
<i>ketoconazole topical shampoo</i>	2	MO
NAFTIN	3	MO
<i>nyamyc</i>	2	MO
<i>nystatin topical</i>	2	MO
<i>nystatin- triamcinolone</i>	2	MO
<i>nystop</i>	2	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	2	MO
DENAVIR	3	MO

Drug Name	Drug Tier	Requirements /Limits
XERESE	4	MO
ZOVIRAX TOPICAL CREAM	4	MO
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	2	MO
<i>alclometasone</i>	2	MO
<i>amcinonide</i>	2	MO
<i>apexicon e</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
CAPEX	3	MO
<i>clobetasol topical foam</i>	2	MO
<i>clobetasol topical gel</i>	2	MO
<i>clobetasol topical lotion</i>	2	MO
<i>clobetasol topical ointment</i>	2	MO
<i>clobetasol topical shampoo</i>	2	MO
<i>clobetasol topical solution</i>	2	MO
<i>clobetasol topical spray, non-aerosol</i>	2	MO
<i>clobetasol-emollient topical cream</i>	2	MO
<i>clodan</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
CORDRAN TAPE LARGE ROLL	3	MO
<i>cormax topical solution</i>	2	MO
<i>desonide</i>	2	MO
<i>desoximetasone</i>	2	MO
<i>diflorasone</i>	2	MO
<i>fluocinolone</i>	2	MO
<i>fluocinonide topical cream 0.1 %</i>	2	MO
<i>fluocinonide topical gel</i>	2	MO
<i>fluocinonide topical ointment</i>	2	MO
<i>fluocinonide topical solution</i>	2	MO
<i>fluocinonide-e</i>	2	MO
<i>fluticasone topical</i>	2	MO
<i>halobetasol propionate</i>	2	MO
<i>hydrocortisone butyrate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone butyr-emollient</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
LOCOID TOPICAL LOTION	3	MO
<i>mometasone</i>	2	MO
PANDEL	3	MO
<i>prednicarbate</i>	2	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	2	MO
TOPICAL ENZYMES		
SANTYL	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX	4	MO
<i>lindane</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin topical cream</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
SKLICE	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	2	MO
<i>neomycin-polymyxin b gu</i>	2	MO
<i>ringers irrigation</i>	2	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	MO
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide</i>	2	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	MO; LA
CARBAGLU	5	MO; LA
<i>cevimeline</i>	2	MO
CHEMET	3	MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
<i>d10 % & 0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	2	MO
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	2	MO
<i>etidronate disodium</i>	2	MO
EXJADE	5	MO; LA
FERRIPROX	5	MO
INCRELEX	5	MO; LA
JADENU	5	MO
<i>kionex oral powder</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine intravenous</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
<i>midodrine</i>	2	MO
NORTHERA	5	MO
ORFADIN	5	LA

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

Drug Name	Drug Tier	Requirements /Limits
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C	5	MO; LA
RAVICTI	5	MO
REVELA	3	MO
<i>riluzole</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	MO
<i>sodium polystyrene (sorb free)</i>	2	
SYPRINE	5	MO
THIOLA	3	MO
<i>water for irrigation, sterile</i>	2	MO
<i>zoledronic acid-mannitol-water intravenous solution</i>	2	PA; MO
SMOKING DETERRENTS		
<i>buproban</i>	2	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO
NICOTROL NS	4	MO

Drug Name	Drug Tier	Requirements /Limits
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
BACTROBAN NASAL	3	MO
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>olopatadine</i>	2	MO; QL (30.5 per 30 days)
<i>perio gard</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
TYZINE NASAL DROPS 0.05 %	3	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetazol hc</i>	2	MO
<i>acetic acid otic</i>	2	MO
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	MO
COLY-MYCIN S	3	MO
CORTISPORIN-TC	3	MO
<i>neomycin-polymyxin-hc otic</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>a-hydrocort</i>	2	MO
<i>cortisone</i>	2	MO
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>millipred oral tablet</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	2	B/D PA; MO
<i>prednisone intensol</i>	2	B/D PA; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	3	MO
SOLU-MEDROL (PF) INJECTION	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	MO
<i>veripred 20</i>	2	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		

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

Drug Name	Drug Tier	Requirements /Limits
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
ACCU-CHEK ACTIVE TEST	3	MO; *
ACCU-CHEK AVIVA PLUS TEST STRP	3	MO; *
ACCU-CHEK COMPACT TEST	3	MO; *
ACCU-CHEK SMARTVIEW TEST STRIP	3	MO; *
ALCOHOL PADS	3	MO
APIDRA	4	ST; MO
APIDRA SOLOSTAR	4	ST; MO
BYDUREON	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
CYCLOSET	4	MO; QL (180 per 30 days)
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GAUZE PADS 2X2	3	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
HUMALOG KWIKPEN	3	MO
HUMALOG MIX 50-50	3	MO
HUMALOG MIX 50-50 KWIKPEN	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 MIX 75-25	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG SUBCUTANEOUS CARTRIDGE	3	MO
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (PREFILLED SYRINGE)	3	
HUMULIN 70/30	3	MO
HUMULIN 70/30 KWIKPEN	3	MO
HUMULIN N	3	MO
HUMULIN N KWIKPEN	3	MO
HUMULIN R	3	MO
HUMULIN R U-500 "CONCENTRATED"	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML, 1 ML	3	MO
INVOKAMET	3	MO; QL (60 per 30 days)
INVOKANA	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JENTADUETO	4	ST; MO; QL (60 per 30 days)
KAZANO	4	ST; MO; QL (60 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	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG MIX 70-30	3	MO
NOVOLOG MIX 70-30 FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
ONETOUCH ULTRA TEST	3	MO; *
ONETOUCH VERIO	3	MO; *
ONGLYZA	3	MO; QL (30 per 30 days)
<i>pioglitazone</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pioglitazone-glimepiride</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RIOMET	3	MO; QL (765 per 30 days)
SYMLINPEN 120	3	PA; MO; QL (18.9 per 30 days)
SYMLINPEN 60	3	PA; MO; QL (10.5 per 30 days)
<i>tolazamide oral tablet 250 mg</i>	2	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QL (180 per 30 days)
TOUJEO SOLOSTAR	3	MO
TRADJENTA	4	ST; MO; QL (30 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR & ER, BIPHASIC 24HR 10-1,000 MG	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 10-500 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)

MISCELLANEOUS HORMONES

ALDURAZYME	5	MO
ANADROL-50	5	PA; MO
ANDRODERM	3	PA; MO
ANDROGEL	3	PA; MO
AXIRON	4	PA; MO
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral</i>	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	MO
<i>chorionic gonadotropin, human</i>	2	PA; MO
<i>danazol oral</i>	2	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal solution</i>	2	MO
<i>desmopressin nasal spray, non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>doxercalciferol oral</i>	2	MO
ELAPRASE	5	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	MO
FORTESTA	4	PA; MO
<i>fortical</i>	2	MO
KORLYM	5	MO
KUVAN ORAL POWDER IN PACKET 500 MG	5	MO
KUVAN ORAL TABLET, SOLUBLE	5	MO; LA
LUMIZYME	5	MO
MIACALCIN INJECTION	4	MO
MYALEPT	5	PA; MO; LA
MYOZYME	5	MO
NAGLAZYME	5	MO; LA
NATPARA	5	PA; MO; LA
<i>novarel</i>	2	PA; MO
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol oral</i>	2	MO
SAMSCA	5	PA; MO
SENSIPAR ORAL TABLET 30 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
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	MO
SOMAVERT	5	MO
STIMATE	3	MO
SYNAREL	5	MO
TESTIM	4	PA; MO
testosterone cypionate	2	MO
testosterone enanthate	2	MO
ZAVESCA	5	MO; LA
ZEMPLAR INTRAVENOUS	3	MO
zoledronic acid intravenous solution	2	MO

THYROID HORMONES

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 oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

Drug Name	Drug Tier	Requirements /Limits
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	2	
dicyclomine oral capsule	2	MO
dicyclomine oral solution	2	MO
dicyclomine oral tablet	2	MO
diphenoxylate-atropine	2	MO
glycopyrrolate injection	2	MO
glycopyrrolate oral	2	MO
loperamide oral capsule	2	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

AKYNZEO	3	B/D PA; MO
alosetron	5	MO
ALOXI	3	MO
AMITIZA	3	MO
APRISO	4	MO
ASACOL HD	3	MO
balsalazide	2	MO
budesonide oral	5	MO
CANASA	3	MO
CHENODAL	5	PA; MO; LA
CIMZIA	5	PA; MO
CIMZIA POWDER FOR RECONST	5	PA; MO
colocort	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 - 30,000 UNIT	3	MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 36,000-114,000- 180,000 UNIT	5	MO
<i>cromolyn oral</i>	2	MO
CYSTADANE	5	MO
DELZICOL	3	MO
DIPENTUM	5	MO
<i>dronabinol oral capsule 10 mg</i>	5	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	2	B/D PA; MO
EMEND ORAL	3	B/D PA; MO
<i>enulose</i>	2	MO
GATTEX ONE-VIAL	5	MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal enema</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
LIALDA	3	MO
LINZESS	3	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine with cleansing wipe</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating</i>	2	MO
MOVANTIK	3	MO
MOVIPREP	4	MO
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
PENTASA	3	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	3	MO
RELISTOR SUBCUTANEOUS SYRINGE	3	MO
REMICADE	5	PA; MO
SANCUSO	5	MO
SUCLEAR	3	MO

Drug Name	Drug Tier	Requirements /Limits
SUCRAID	5	MO
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfazine ec</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
TRANSDERM-SCOP	4	MO
<i>trilyte with flavor packets</i>	2	MO
UCERIS ORAL	5	MO
<i>ursodiol</i>	2	MO
VIOKACE	3	MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000-16,000 UNIT	3	MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40,000-136,000-218,000 UNIT	5	MO
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	MO; QL (112 per 30 days)
<i>carafate oral suspension</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	4	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	4	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole sodium</i>	2	
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
<i>misoprostol</i>	2	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
<i>nizatidine</i>	2	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	2	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
PYLERA	3	MO
<i>rabeprazole</i>	2	MO
<i>ranitidine hcl injection solution 25 mg/ml</i>	2	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	5	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	5	PA; MO
ARCALYST	5	PA; MO
AVONEX (WITH ALBUMIN)	5	PA; MO; QL (4 per 28 days)
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)

Drug Name	Drug Tier	Requirements /Limits
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO
EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
ILARIS (PF)	5	PA; MO; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	3	MO
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	3	MO
LEUKINE INJECTION RECON SOLN	5	MO
MOZOBIL	5	MO
NEULASTA SUBCUTANEOUS SYRINGE	5	PA; MO
NEUMEGA	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
NEUPOGEN	5	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; MO
NORDITROPIN NORDIFLEX	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS	5	MO; QL (4 per 28 days)
PEGASYS PROCLICK	5	MO; QL (4 per 28 days)
PEGINTRON	5	MO; QL (4 per 28 days)
PEGINTRON REDIPEN	5	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	5	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 (12 per 28 days)
SYLATRON	5	MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(P F) INTRAMUSCULAR SUSPENSION	3	MO
BCG VACCINE, LIVE (PF)	3	
BEXSERO (PF)	3	
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
CERVARIX VACCINE (PF)	3	MO
COMVAX (PF)	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
<i>fomepizole</i>	2	MO
GAMASTAN S/D	3	MO
GARDASIL (PF)	3	MO
GARDASIL 9 (PF)	3	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO
IPOL	3	MO
IXIARO (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENOMUNE - A/C/Y/W-135 (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
TENIVAC (PF) INTRAMUSCULAR 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
TETANUS,DIPHThERIA TOX PED(PF)	3	MO
TETANUS-DIPHThERIA TOXOIDS-TD	3	MO
THYMOGLOBULIN	5	B/D PA
TRUMENBA	3	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	5	
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
<i>aloprim</i>	2	
<i>colchicine-probenecid</i>	2	MO
COLCRYS	3	MO
<i>probenecid</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
ULORIC	3	ST; MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FORTEO	5	PA; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)

OTHER RHEUMATOLOGICALS

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

Drug Name	Drug Tier	Requirements /Limits
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML)	5	PA; MO
ACTEMRA SUBCUTANEOUS	5	PA; MO
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	5	MO
CUPRIMINE	5	MO
DEPEN TITRATABS	4	MO
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	5	PA; MO; QL (4 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (4 per 28 days)
HUMIRA CROHN'S DIS START PCK	5	PA; MO; QL (4.8 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (3.2 per 28 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA	5	PA; MO
ORENCIA (WITH MALTOSE)	5	PA; MO
OTEZLA	5	PA; MO
OTEZLA STARTER	5	PA; MO
RIDAURA	5	MO
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
SIMPONI	5	PA; MO
SIMPONI ARIA	5	PA; MO
XELJANZ	5	PA; MO
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila</i>	2	MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	3	MO
DEPO-SUBQ PROVERA 104	4	MO
DUAVEE	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>errin</i>	2	MO
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	2	MO
<i>estradiol transdermal patch semiweekly</i>	2	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	MO; QL (4 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	MO
ESTRING	4	MO
<i>estropipate</i>	2	MO
<i>jolivette</i>	2	MO
<i>lyza</i>	2	MO
<i>medroxyprogesterone intramuscular suspension</i>	2	MO
<i>medroxyprogesterone oral</i>	2	MO
MENEST	4	MO
<i>mimvey</i>	2	MO
<i>mimvey lo</i>	2	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone acetate estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	MO
<i>norlyroc</i>	2	
PREMARIN ORAL	3	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
NUVARING	4	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>amethia</i>	2	MO
<i>amethyst</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>ashlyna</i>	2	MO
<i>aubra</i>	2	MO
<i>aviane</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>balziva (28)</i>	2	MO
<i>briellyn</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>delyla (28)</i>	2	
<i>desog-e.estradiol/e.estradiol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>falmina (28)</i>	2	MO
<i>gianvi (28)</i>	2	MO
<i>gildagia</i>	2	MO
<i>gildess 24 fe</i>	2	MO
<i>gildess oral tablet 1.5-30 mg-mcg</i>	2	MO
<i>introvale</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	2	MO
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30 (21)</i>	2	
<i>larin 1/20 (21)</i>	2	MO
<i>larin fe</i>	2	MO
<i>leena 28</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	MO
<i>levora-28</i>	2	MO
<i>lomedica 24 fe</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>lutera (28)</i>	2	MO
<i>marlissa</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mononessa (28)</i>	2	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>necon 1/35 (28)</i>	2	MO
<i>necon 1/50 (28)</i>	2	MO
<i>necon 10/11 (28)</i>	2	MO
<i>necon 7/7/7 (28)</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>ocella</i>	2	MO
<i>ogestrel (28)</i>	2	MO
<i>orsythia</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	MO
<i>portia</i>	2	MO
<i>previfem</i>	2	MO
<i>quasense</i>	2	MO
<i>reclipsen (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>tarina fe</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>trinessa (28)</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vyfemla (28)</i>	2	MO
<i>wymzya fe</i>	2	MO
<i>zenchent (28)</i>	2	MO
<i>zenchent fe</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zovia 1/50e (28)</i>	2	MO
OXYTOCICS		
<i>methylergonovine oral</i>	2	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic</i>	2	MO
BESIVANCE	3	MO
CILOXAN OPHTHALMIC OINTMENT	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin hcl ophthalmic</i>	2	MO
<i>erythromycin ophthalmic</i>	1	MO
<i>garamycin ophthalmic drops</i>	1	
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic ointment</i>	1	MO
<i>gentamicin ophthalmic</i>	1	MO
<i>levofloxacin ophthalmic</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>ofloxacin ophthalmic</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin</i>	1	MO
TOBREX OPHTHALMIC OINTMENT	3	MO
ANTIVIRALS		
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic</i>	2	MO
<i>carteolol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO
<i>metipranolol</i>	2	MO
<i>timolol maleate ophthalmic</i>	1	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	4	MO
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic drops</i>	2	MO
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic drops 1 % , 2 % , 4 %</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine ophthalmic</i>	2	MO
BEPREVE	3	MO
<i>cromolyn ophthalmic</i>	2	MO
CYSTARAN	5	MO
<i>epinastine</i>	2	MO
LACRISERT	3	MO
LASTACFT	3	MO
PATADAY	3	MO
PAZEO	3	MO
RESTASIS	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium ophthalmic</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic</i>	2	MO
NEVANAC	3	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide oral</i>	2	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPTHALMIC DROPS 0.01 %	3	MO
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
<i>travoprost (benzalkonium)</i>	2	MO
ZIOPTAN (PF)	4	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-hc ophthalmic</i>	2	MO
<i>tobramycin-dexamethasone</i>	2	MO
ZYLET	3	MO
STERIODS		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic</i>	2	MO
<i>fluorometholone</i>	2	MO
FML S.O.P.	3	MO
LOTEMAX	3	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic</i>	2	MO
STERIOD-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>sulfacetamide-prednisolone</i>	2	MO
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	2	MO
SYMPATHOMIMETICS		

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

Drug Name	Drug Tier	Requirements /Limits
ALPHAGAN P OPTHALMIC DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	1	MO
IOPIDINE OPTHALMIC DROPPERETTE	4	MO

VASOCONSTRICTOR DECONGESTANTS

<i>naphazoline</i>	2	MO
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RESPIRATORY AND ALLERGY

ANTIHISTAMINE / ANTIALLERGENIC AGENTS

<i>adrenalin injection solution 1 mg/ml (1:1,000) (1ml)</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>desloratadine</i>	2	MO; QL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
<i>epinephrine injection auto-injector</i>	2	MO; QL (4 per 30 days)
EPIPEN 2-PAK	3	MO; QL (4 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (4 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	2	MO
<i>promethazine oral</i>	2	PA; MO

PULMONARY AGENTS

<i>acetylcysteine solution</i>	2	B/D PA; MO
ADCIRCA	5	PA; MO; QL (60 per 30 days)
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
AEROSPAN	3	MO; QL (17.8 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	2	B/D PA; MO
<i>albuterol sulfate oral</i>	2	MO
<i>aminophylline intravenous solution 250 mg/10 ml</i>	2	
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	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
ARNUIITY ELLIPTA	3	MO; QL (30 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	3	MO; QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	3	MO; QL (240 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	3	MO; QL (60 per 30 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B/D PA; MO
<i>budesonide nasal</i>	2	MO; QL (17.2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP	3	PA; MO
DULERA	3	MO; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	MO
ESBRIET	5	PA; MO; QL (270 per 30 days)
FIRAZYR	5	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 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
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone nasal</i>	2	MO; QL (16 per 30 days)
FORADIL AEROLIZER	3	MO; QL (60 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium- albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
LETAIRIS	5	PA; MO; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml</i>	2	B/D PA; MO
<i>metaproterenol oral</i>	2	MO
<i>montelukast</i>	2	MO
NASONEX	3	MO; QL (34 per 30 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
PERFOROMIST	3	B/D PA; MO
PROAIR HFA	3	MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	MO; QL (17 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	B/D PA; MO
PULMOZYME	5	B/D PA; MO
QVAR	3	MO; QL (17.4 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil intravenous</i>	5	PA
<i>sildenafil oral</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STRIVERDI RESPIMAT	4	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
<i>terbutaline oral</i>	2	MO
<i>terbutaline subcutaneous</i>	2	MO
THEO-24	4	MO
<i>theophylline oral solution</i>	2	
<i>theophylline oral tablet extended release</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
TRACLEER	5	PA; MO; LA
<i>triamcinolone acetonide nasal</i>	2	MO; QL (16.5 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	MO; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	3	QL (1 per 30 days)
TYVASO	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
XOLAIR	5	PA; MO; LA; QL (6 per 28 days)
<i>zafirlukast</i>	2	MO
ZYFLO	5	MO
ZYFLO CR	5	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

ENABLEX	3	MO
<i>flavoxate</i>	2	MO
MYRBETRIQ	3	MO
<i>oxybutynin chloride oral</i>	2	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>trospium</i>	2	MO
VESICARE	3	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	MO
AVODART	3	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
JALYN	3	MO
RAPAFLO	3	ST; MO
<i>tamsulosin</i>	1	MO

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	2	MO
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MISCELLANEOUS UROLOGICALS

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

Drug Name	Drug Tier	Requirements /Limits
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; MO; QL (30 per 30 days); No coverage for sexual dysfunction
CYSTAGON	3	MO; LA
ELMIRON	3	MO
<i>potassium citrate</i>	2	MO

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate oral capsule</i>	2	MO
<i>dextrose-kcl-nacl</i>	2	
<i>eliphos</i>	2	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R IN 5 % DEXTROSE	3	

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral tablet extended release 8 meq</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>ringers intravenous</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 3 %</i>	2	MO
<i>sodium chloride 5 %</i>	2	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sodium lactate intravenous solution</i>	2	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN 7 % WITH ELECTROLYTES	3	B/D PA
AMINOSYN 8.5 %-ELECTROLYTES	3	B/D PA
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA
AMINOSYN II 7 %	3	B/D PA
AMINOSYN II 8.5 %	3	B/D PA
AMINOSYN II 8.5 %-ELECTROLYTES	3	B/D PA
AMINOSYN M 3.5 %	3	B/D PA
AMINOSYN-HBC 7%	3	B/D PA
AMINOSYN-PF 10 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
AMINOSYN-RF 5.2 %	3	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA
CLINIMIX 5%/D25W SULFITE-FREE	3	B/D PA
CLINIMIX 2.75%/D5W SULFIT FREE	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA
CLINIMIX 4.25%-D20W SULF-FREE	3	B/D PA
CLINIMIX 4.25%-D25W SULF-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
CLINIMIX 5%-D20W(SULFITE-FREE)	3	B/D PA
FREAMINE HBC 6.9 %	3	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
IONOSOL-B IN D5W	3	
IONOSOL-MB IN D5W	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	
PLASMA-LYTE-56 IN 5 % DEXTROSE	3	
<i>premasol 10 %</i>	2	B/D PA; MO
PREMASOL 6 %	3	B/D PA
<i>travasol 10 %</i>	2	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
TROPHAMINE 6%	3	B/D PA
VITAMINS / HEMATINICS		
<i>prenatal vitamin oral tablet</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>sodium fluoride oral tablet</i>	2	

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CELONTIN	17	claravis.....	38	COMETRIQ.....		11
cephalexin	5	clarithromycin	6	COMPLERA.....		2
CERDELGA.....	47	CLEOCIN.....	57	compro		49
CEREZYME	47	clindamycin hcl.....	7	COMVAX (PF)		53
CERVARIX VACCINE (PF)	53	clindamycin in 5 % dextrose...7		CONDYLOX.....		37
cetirizine	62	clindamycin pediatric	7	constulose.....		49
cevimeline	41	clindamycin phosphate ...7, 38,		COPAXONE.....		20
CHANTIX	42	57		CORDRAN TAPE LARGE ROLL		40
CHANTIX CONTINUING		clindamycin-benzoyl peroxide				
MONTH BOX.....	42	38			
CHANTIX STARTING MONTH		CLINIMIX 5%/D15W SULFITE				
BOX.....	42	FREE	67			
CHEMET	41	CLINIMIX 5%/D25W SULFITE-				
CHENODAL.....	48	FREE	67			

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COREG CR	33	deblitane.....	56	diclofenac potassium.....	24
CORLANOR	37	decitabine.....	12	diclofenac sodium.....	24, 37, 61
cormax.....	40	delyla (28).....	58	diclofenac-misoprostol.....	24
cortisone.....	43	DELZICOL.....	49	dicloxacillin	8
CORTISPORIN-TC	42	demeclocycline.....	10	dicyclomine.....	48
CREON	49	DEMSEER	33	didanosine	3
CRESEMBA.....	2	DENAVIR	39	diflorasone.....	40
CRESTOR.....	36	DEPEN TITRATABS	56	diflunisal	24
CRINONE.....	56	DEPO-MEDROL	43	digitek	35
CRIXIVAN	3	DEPO-PROVERA	56	digoxin	35
cromolyn.....	49, 60, 63	DEPO-SUBQ PROVERA 104...56		dihydroergotamine.....	19
cryselle (28)	58	desipramine.....	26	DILANTIN 30 MG.....	17
CUBICIN	7	desloratadine.....	62	diltiazem hcl.....	33, 34
CUPRIMINE.....	56	desmopressin	47	dilt-xr	34
cyclafem 1/35 (28)	58	desog-e.estradiol/e.estradiol		DIPENTUM	49
cyclafem 7/7/7 (28).....	58	.....	58	diphenhydramine hcl.....	62
cyclobenzaprine	20	desonide	40	diphenoxylate-atropine.....	48
CYCLOPHOSPHAMIDE.....	11	desoximetasone	40	dipyridamole.....	36
CYCLOSET.....	44	dexamethasone	43	disulfiram.....	41
cyclosporine	11, 12	dexamethasone intensol.....	43	divalproex	17, 18
cyclosporine modified.....	11	dexamethasone sodium		DOCEFREZ	12
CYSTADANE	49	phosphate.....	43, 61	docetaxel	12
CYSTAGON	66	dexedrine.....	26	donepezil	20
CYSTARAN.....	60	DEXILANT	51	dorzolamide.....	61
cytarabine.....	12	dexmethylphenidate	26	dorzolamide-timolol.....	61
cytarabine (pf).....	12	dexrazoxane hcl.....	10	doxazosin	34
D		dextroamphetamine.....	26	doxepin	26
d10 % & 0.45 % sodium		dextroamphetamine-		doxercalciferol.....	47
chloride.....	41	amphetamine	26	doxorubicin.....	12
d2.5 %-0.45 % sodium chloride		dextrose 10 % and 0.2 % nacl		doxy-100	10
.....	41	.....	41	doxycycline hyclate.....	10
d5 % and 0.9 % sodium		dextrose 10 % in water (d10w)		doxycycline monohydrate	10
chloride.....	41	.....	41	dronabinol	49
d5 %-0.45 % sodium chloride		dextrose 5 % in water (d5w)		drosiprenone-ethinyl estradiol	
.....	41	.....	41	.....	58
dacarbazine	12	dextrose 5 %-lactated ringers		DROXIA	12
DALIRESP	63	.....	41	DUAVEE.....	56
danazol	47	dextrose 5%-0.2 % sod		DULERA	63
dantrolene.....	20	chloride.....	41	duloxetine.....	26, 27
DAPSONE	7	dextrose 5%-0.3 %		duramorph (pf)	21
DAPTACEL (DTAP PEDIATRIC)		sod.chloride	41	DYMISTA	63
(PF).....	54	dextrose with sodium chloride		E	
DARAPRIM.....	7	.....	41	e.e.s. 400.....	6
daunorubicin	12	dextrose-kcl-nacl	66	E.E.S. GRANULES.....	6
DAUNOXOME	12	diazepam	17, 26	econazole.....	39
		diazepam intensol	26		

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EDARBI.....	34	ERIVEDGE.....	12	FARESTON.....	12
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EDECRIAN.....	34	ERWINAZE.....	12	FARYDAK.....	12
EDURANT.....	3	ery pads.....	38	FASLODEX.....	12
EFFIENT.....	36	ery-tab.....	6	FAZACLO.....	27
ELAPRASE.....	47	ERY-TAB.....	6	felbamate.....	18
eliphos.....	66	ERYTHROCIN.....	6	felodipine.....	34
ELIQUIS.....	36	erythrocin (as stearate).....	6	fenofibrate.....	36
ELITEK.....	10	erythromycin.....	6, 60	fenofibrate micronized.....	36
ELIXOPHYLLIN.....	63	erythromycin ethylsuccinate..	6	fenofibrate nanocrystallized.....	36
ELMIRON.....	66	erythromycin with ethanol...38		fenofibric acid (choline).....	36
EMCYT.....	12	erythromycin-benzoyl		fenopropfen.....	24
EMEND.....	49	peroxide.....	38	fenofibrin.....	21
emoquette.....	58	ESBRIET.....	63	fenofibrin citrate.....	21
EMSAM.....	27	escitalopram oxalate.....	27	FERRIPROX.....	41
EMTRIVA.....	3	esomeprazole magnesium...51		FETZIMA.....	27
ENABLEX.....	65	esomeprazole sodium.....	51	finasteride.....	65
enalapril maleate.....	34	ESTRACE.....	57	FIRAZYR.....	63
enalapril-hydrochlorothiazide		estradiol.....	57	FIRMAGON KIT W DILUENT	
.....	34	estradiol valerate.....	57	SYRINGE.....	12
ENBREL.....	56	estradiol-norethindrone acet		flavoxate.....	65
ENBREL SURECLICK.....	56	.....	57	flecainide.....	32
endocet.....	21	ESTRING.....	57	FLECTOR.....	24
endodan.....	21	estropipate.....	57	FLOVENT DISKUS.....	63
ENGERIX-B (PF).....	54	eszopiclone.....	27	FLOVENT HFA.....	63, 64
ENGERIX-B PEDIATRIC (PF)...54		ethambutol.....	7	fluconazole.....	2
enoxaparin.....	36	ethosuximide.....	18	fluconazole in dextrose(iso-o) 2	
enpresse.....	58	etidronate disodium.....	41	flucytosine.....	2
entacapone.....	19	etodolac.....	24	fludarabine.....	12
entecavir.....	3	ETOPOPHOS.....	12	fludrocortisone.....	43
enulose.....	49	etoposide.....	12	flunisolide.....	64
epinastine.....	60	EURAX.....	40	fluocinolone.....	40
epinephrine.....	62	EVOTAZ.....	3	fluocinolone acetonide oil...42	
EPIPEN 2-PAK.....	62	EXELON.....	20	fluocinonide.....	40
EPIPEN JR 2-PAK.....	62	exemestane.....	12	fluocinonide-e.....	40
epirubicin.....	12	EXJADE.....	41	fluorometholone.....	61
epitol.....	18	EXTAVIA.....	52	fluorouracil.....	12, 37
EPIVIR HBV.....	3	F		FLUOROURACIL.....	37
eplerenone.....	34	FABRAZYME.....	47	fluoxetine.....	27, 28
EPOGEN.....	52	falmina (28).....	58	fluphenazine decanoate.....	28
eprosartan.....	34	famciclovir.....	3	fluphenazine hcl.....	28
EPZICOM.....	3	famotidine.....	51	flurbiprofen.....	24
ERAXIS(WATER DILUENT).....	2	famotidine (pf).....	51	flurbiprofen sodium.....	61
ERBITUX.....	12	famotidine (pf)-nacl (iso-os) 51		flutamide.....	12
ergoloid.....	27	FANAPT.....	27	fluticasone.....	40, 64

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fluvastatin.....	36	gentamicin sulfate (pf)	7	HUMIRA	56
fluvoxamine.....	28	GEODON	28	HUMIRA CROHN'S DIS START	
FML S.O.P.	61	gianvi (28).....	58	PCK.....	56
FOLOTYN.....	12	gildagia	58	HUMULIN 70/30	45
fomepizole.....	54	gildess	58	HUMULIN 70/30 KWIKPEN ...	45
fondaparinux	36	gildess 24 fe	58	HUMULIN N	45
FORADIL AEROLIZER.....	64	GILENYA	20	HUMULIN N KWIKPEN	45
FORFIVO XL.....	28	GILOTRIF	13	HUMULIN R.....	45
FORTAZ.....	5	glatopa.....	20	HUMULIN R U-500.....	45
FORTEO.....	55	GLEEVEC	13	hydralazine	34
FORTESTA	47	glimepiride.....	44	hydrochlorothiazide	34
fortical	47	glipizide.....	44	hydrocodone-acetaminophen	
FOSAMAX PLUS D.....	55	glipizide-metformin	44	.....	21
foscarnet.....	3	GLUCAGEN HYPOKIT.....	44	hydrocodone-ibuprofen	22
fosinopril	34	GLUCAGON EMERGENCY KIT		hydrocortisone	40, 43, 49
fosinopril-hydrochlorothiazide		(HUMAN)	44	hydrocortisone butyrate	40
.....	34	glycopyrrolate.....	48	hydrocortisone butyr-	
fosphenytoin	18	granisetron (pf).....	49	emollient.....	40
FREAMINE HBC 6.9 %	68	granisetron hcl.....	49	hydrocortisone valerate	40
furosemide	34	GRASTEK	54	hydrocortisone-acetic acid ...	42
FUSILEV.....	10	griseofulvin microsize.....	2	hydromorphone	22
FUZEON	3	griseofulvin ultramicrosize	2	hydromorphone (pf).....	22
FYCOMPA	18	guanidine	28	hydroxychloroquine	7
G		H		hydroxyurea.....	13
gabapentin	18	HALAVEN	13	hydroxyzine hcl.....	62
GABITRIL.....	18	halobetasol propionate	40	I	
galantamine.....	20	haloperidol	28	ibandronate	55
GAMASTAN S/D.....	54	haloperidol decanoate	28	IBRANCE.....	13
ganciclovir sodium.....	3	haloperidol lactate	28	ibuprofen	24
garamycin	60	HARVONI	3	ibuprofen-oxycodone	22
GARDASIL (PF)	54	HAVRIX (PF)	54	ICLUSIG	13
GARDASIL 9 (PF)	54	heparin (porcine).....	36	idarubicin.....	13
gatifloxacin	60	heparin (porcine) in 5 % dex	36	ifosfamide	13
GATTEX ONE-VIAL	49	HEPATAMINE 8%	68	ILARIS (PF).....	52
GAUZE PAD.....	44	HERCEPTIN.....	13	ILEVRO	61
gavilyte-c	49	HETLIOZ	28	IMBRUVICA	13
gavilyte-g	49	HEXALEN	13	imipenem-cilastatin.....	7
gavilyte-n	49	HUMALOG	45	imipramine hcl.....	28
gemcitabine.....	12	HUMALOG KWIKPEN	44	imipramine pamoate	28
gemfibrozil.....	36	HUMALOG MIX 50-50.....	44	imiquimod.....	38
generlac.....	49	HUMALOG MIX 50-50		IMOVAX RABIES VACCINE (PF)	
gengraf	12	KWIKPEN.....	44	.....	54
gentak.....	60	HUMALOG MIX 75-25.....	45	INCRELEX.....	41
gentamicin.....	7, 39, 60	HUMALOG MIX 75-25		indapamide.....	34
gentamicin in nacl (iso-osm) ..	7	KWIKPEN.....	45	INFANRIX (DTAP) (PF)	54

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INLYTA	13	JENTADUETO	45	LANTUS	45
INSULIN PEN NEEDLE.....	45	JEVTANA	13	LANTUS SOLOSTAR	45
INSULIN SYRINGE (DISP) U-100	45	jolivette.....	57	larin 1.5/30 (21).....	58
INTELENCE	3	junel 1.5/30 (21).....	58	larin 1/20 (21).....	58
intralipid	68	junel 1/20 (21).....	58	larin fe.....	58
INTRALIPID.....	68	junel fe 1.5/30 (28).....	58	LASTACRAFT.....	60
INTRON A.....	52	junel fe 1/20 (28).....	58	latanoprost	61
introvale	58	junel fe 24.....	58	LATUDA.....	28
INVANZ	7	JUXTAPID	36	leena 28	58
INVEGA	28	K		leflunomide.....	56
INVEGA SUSTENNA.....	28	KADCYLA.....	13	LENVIMA.....	13
INVIRASE.....	3	KALETRA	3	lessina	58
INVOKAMET.....	45	KALYDECO.....	64	LETAIRIS	64
INVOKANA	45	kariva (28).....	58	letrozole.....	13
IONOSOL-B IN D5W	68	KAZANO	45	leucovorin calcium.....	11
IONOSOL-MB IN D5W.....	68	kelnor 1/35 (28).....	58	LEUKERAN	13
IOPIDINE	62	KEPIVANCE.....	10	LEUKINE	52
IPOL	54	KETEK.....	7	leuprolide.....	13
ipratropium bromide.....	42, 64	ketoconazole	2, 39	levabuterol hcl.....	64
ipratropium-albuterol	64	ketoprofen.....	24	LEVEMIR.....	45
irbesartan	34	ketorolac.....	61	LEVEMIR FLEXTOUCH	45
irbesartan-hydrochlorothiazide	34	KEYTRUDA.....	13	levetiracetam.....	18
irinotecan	13	kionex	41	LEVETIRACETAM IN NACL (ISO-OS)	18
ISENTRESS.....	3	klor-con 10.....	66	levobunolol.....	60
ISOLYTE-P IN 5 % DEXTROSE	68	klor-con 8.....	66	levocarnitine	41
ISOLYTE-S.....	68	klor-con m15	66	levocarnitine (with sugar)....	41
isoniazid.....	7	klor-con m20	66	levocetirizine	62
isosorbide dinitrate	37	KOMBIGLYZE XR	45	levofloxacin.....	9, 60
isosorbide mononitrate.....	37	KORLYM	47	levofloxacin in d5w	9
isradipine	34	k-tab.....	66	levonest (28).....	58
ISTODAX.....	13	K-TAB	66	levonorgestrel-ethinyl estrad	58
itraconazole.....	2	KUVAN	47	levora-28.....	58
ivermectin	7	L		levorphanol tartrate	22
IXEMPRA.....	13	l norgest/e.estradiol-e.estrad	58	levothyroxine.....	48
IXIARO (PF)	54	labetalol	34	levoxyl.....	48
J		LACRISERT.....	60	LEXIVA.....	3
JADENU.....	41	lactated ringers.....	41, 66	LIALDA.....	49
JAKAFI	13	lactulose	49	lidocaine	38, 39
JALYN	65	LAMISIL	2	lidocaine (pf).....	38
jantoven.....	36	lamivudine	3	lidocaine hcl.....	38
JANUMET.....	45	lamivudine-zidovudine	3	lidocaine-prilocaine	39
JANUMET XR.....	45	lamotrigine	18	lindane	40
JANUVIA.....	45	LANOXIN	35	linezolid.....	7
		lansoprazole	51		

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LINZESS.....	49	marlissa.....	58	methylprednisolone sodium	
LIORESAL.....	20	MARPLAN	29	succ	43
liothyronine	48	MATULANE	14	metipranolol	60
LIPOFEN	36	matzim la	34	metoclopramide hcl.....	49
lisinopril	34	meclizine.....	49	metolazone	34
lisinopril-hydrochlorothiazide		meclofenamate	24	metoprolol succinate.....	34
.....	34	medroxyprogesterone.....	57	metoprolol ta-	
lithium carbonate.....	28	mefenamic acid	24	hydrochlorothiaz	34
lithium citrate.....	28	mefloquine	7	metoprolol tartrate	34
LOCOID	40	MEGACE ES	14	metronidazole	7, 38, 57
lomedica 24 fe.....	58	megestrol.....	14	metronidazole in nacl (iso-os)	7
LOMUSTINE	13	MEKINIST	14	mexiletine	32
loperamide	48	meloxicam	24	MIACALCIN	47
lorazepam.....	28	melphalan hcl	14	miconazole-3	57
lorazepam intensol.....	28	MENACTRA (PF).....	54	microgestin 1.5/30 (21).....	58
lorcet (hydrocodone)	22	MENEST	57	microgestin 1/20 (21)	58
lorcet hd	22	MENOMUNE - A/C/Y/W-135		microgestin fe 1.5/30 (28)....	58
lorcet plus.....	22	(PF).....	54	microgestin fe 1/20 (28).....	59
lortab 10-325.....	22	MENVEO A-C-Y-W-135-DIP (PF)		midodrine	41
lortab 5-325.....	22	.....	54	migergot	19
lortab 7.5-325.....	22	mercaptopurine.....	14	millipred.....	43
loryna (28)	58	meropenem	7	mimvey	57
losartan.....	34	mesalamine with cleansing		mimvey lo	57
losartan-hydrochlorothiazide		wipe	49	minocycline.....	10
.....	34	mesna	11	minoxidil	34
LOTEMAX.....	61	MESNEX	11	mirtazapine.....	29
lovastatin.....	37	MESTINON	20	misoprostol.....	51
loxapine succinate.....	28	MESTINON TIMESPAN	20	mitomycin.....	14
LUMIGAN.....	61	metadate er.....	29	mitoxantrone.....	14
LUMIZYME	47	metaproterenol	64	M-M-R II (PF)	54
LUPRON DEPOT	13	metformin	45, 46	modafinil.....	29
LUPRON DEPOT (3 MONTH).13		methadone	22	moderiba	3
LUPRON DEPOT (4 MONTH).13		methamphetamine.....	29	moderiba dose pack	3
LUPRON DEPOT (6 MONTH).14		methazolamide.....	61	moexipril.....	34
LUPRON DEPOT-PED	14	methenamine hippurate	10	moexipril-hydrochlorothiazide	
lutera (28).....	58	methimazole.....	43	.....	34
LYNPARZA.....	14	methotrexate sodium.....	14	mometasone.....	40
LYRICA.....	18	methotrexate sodium (pf)....	14	mononessa (28)	59
LYSODREN.....	14	methoxsalen rapid.....	38	montelukast.....	64
lyza.....	57	methylclothiazide	34	morphine	22, 23
M		methylidopa	34	morphine concentrate.....	22
MACRODANTIN	10	methylergonovine	59	MOVANTIK.....	49
magnesium sulfate	66	methylphenidate	29	MOVIPREP	49
malathion	40	methylprednisolone	43	moxifloxacin.....	9
maprotiline	29	methylprednisolone acetate	43	MOZOBIL.....	52

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mupirocin	39	neomycin-polymyxin b gu	41	norethindrone ac-eth estradiol	57
mupirocin calcium	39	neomycin-polymyxin b-		.....	57
MUSTARGEN.....	14	dexameth.....	61	norethindrone-e.estradiol-iron	59
MYALEPT	47	neomycin-polymyxin-		.....	59
MYCAMINE	2	gramicidin	60	norlyroc.....	57
mycophenolate mofetil.....	14	neomycin-polymyxin-hc .	42, 61	NORMOSOL-R IN 5 %	
mycophenolate sodium.....	14	NEORAL.....	14	DEXTROSE	66
myorisan.....	38	NEPHRAMINE 5.4 %.....	68	NORMOSOL-R PH 7.4.....	68
MYOZYME.....	47	NESINA.....	46	NORTHERA.....	41
MYRBETRIQ	65	neuac	38	nortrel 0.5/35 (28).....	59
N		NEULASTA.....	52	nortrel 1/35 (21).....	59
nabumetone	24	NEUMEGA.....	52	nortrel 1/35 (28).....	59
nadolol.....	34	NEUPOGEN	53	nortrel 7/7/7 (28)	59
nadolol-bendroflumethiazide		NEUPRO	19	nortriptyline.....	29
.....	34	NEVANAC.....	61	NORVIR	3
nafcillin	9	nevirapine.....	3	novarel.....	47
nafcillin in dextrose iso-osm ..	9	NEXAVAR	14	NOVOLOG	46
NAFTIN.....	39	NEXIUM PACKET	51	NOVOLOG FLEXPEN	46
NAGLAZYME	47	niacin	37	NOVOLOG MIX 70-30	46
nalbuphine	24	nicardipine.....	35	NOVOLOG MIX 70-30 FLEXPEN	
naloxone.....	24	NICOTROL	42	.....	46
naltrexone	24	NICOTROL NS.....	42	NOVOLOG PENFILL	46
NAMENDA	20	nifedical xl.....	35	NOXAFIL.....	2
NAMENDA XR	20	nifedipine.....	35	NUDEXTA	20
naphazoline	62	nikki (28).....	59	NULOJIX	14
naproxen	24	NILANDRON	14	NUVARING	57
naproxen sodium	25	nimodipine	35	nyamyc.....	39
naratriptan	19	NIPENT.....	14	nystatin	2, 39
NASONEX.....	64	nisoldipine	35	nystatin-triamcinolone	39
NATACYN	60	nitro-bid.....	37	nystop	39
nateglinide.....	46	nitrofurantoin	10	O	
NATPARA	47	nitrofurantoin macrocrystal .	10	ocella.....	59
NEBUPENT.....	7	nitrofurantoin monohyd/m-		octreotide acetate	14
necon 0.5/35 (28).....	59	cryst	10	OFEV	64
necon 1/35 (28).....	59	nitroglycerin	37	ofloxacin	10, 42, 60
necon 1/50 (28).....	59	NITROSTAT.....	37	ogestrel (28).....	59
necon 10/11 (28).....	59	nizatidine	51	olanzapine	29
necon 7/7/7 (28)	59	nora-be	57	olanzapine-fluoxetine.....	29
NEEDLES, INSULIN		NORDITROPIN FLEXPRO	53	olopatadine.....	42
DISP.,SAFETY.....	46	NORDITROPIN NORDIFLEX ...	53	omeprazole.....	51
nefazodone.....	29	noreth-ethinyl estradiol-iron	59	omeprazole-sodium	
neomycin.....	7	norethindrone (contraceptive)		bicarbonate.....	51
neomycin-bacitracin-poly-hc	61	.....	57	OMNITROPE.....	53
neomycin-bacitracin-		norethindrone acetate	57	ONCASPAR	14
polymyxin	60			ondansetron	49

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ondansetron hcl	50	PEGASYS	53	portia	59
ondansetron hcl (pf).....	49	PEGASYS PROCLICK.....	53	potassium chlorid-d5-	
ONETOUCH ULTRA TEST.....	46	PEGINTRON	53	0.45%nacl.....	66
ONETOUCH VERIO	46	PEGINTRON REDIPEN	53	potassium chloride	66, 67
ONFI.....	18	PENICILLIN G POT IN		potassium chloride in 0.9%nacl	
ONGLYZA	46	DEXTROSE	9	66
OPDIVO.....	14	penicillin g potassium.....	9	potassium chloride in 5 % dex	
OPSUMIT	64	penicillin g procaine	9	66
ORAP.....	29	penicillin g sodium.....	9	potassium chloride in lr-d5...	66
ORENCIA	56	penicillin v potassium	9	potassium chloride-0.45 % nacl	
ORENCIA (WITH MALTOSE) ..	56	PENTAM.....	7	67
ORFADIN	41	PENTASA	50	potassium chloride-d5-	
orsythia.....	59	pentoxifylline.....	36	0.2%nacl.....	67
OTEZLA	56	PERFOROMIST	64	potassium chloride-d5-	
OTEZLA STARTER	56	perindopril erbumine	35	0.3%nacl.....	67
oxacillin.....	9	periogard	42	potassium chloride-d5-	
oxacillin in dextrose(iso-osm)	9	PERJETA	15	0.9%nacl.....	67
oxaliplatin	14	permethrin	40	potassium citrate.....	66
oxandrolone	47	perphenazine.....	30	POTIGA.....	19
oxaprozin	25	phenelzine	30	PRADAXA	36
oxazepam	29	phenobarbital	18	pramipexole.....	19
oxcarbazepine	18	phenytoin	19	pravastatin.....	37
oxybutynin chloride.....	65	phenytoin sodium	19	prazosin	35
oxycodone	23	phenytoin sodium extended	19	prednicarbate	40
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