



EmblemHealth 2020 HMO Formulary

PLEASE READ:

**THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THESE PLANS
20081, V7**

This formulary was updated on 08/27/2019. For more recent information or other questions, please contact EmblemHealth Medicare HMO at **877-344-7364** or Medicare PDP at **877-444-7241** or, for TTY users, **711**, Monday to Sunday, 8 am to 8 pm, or visit emblemhealth.com/medicare.

List of Covered Drugs for:

- EmblemHealth VIP Value (HMO)
- EmblemHealth VIP Part B Saver (HMO)
- EmblemHealth VIP Essential (HMO)
- EmblemHealth VIP Rx Saver (HMO)
- EmblemHealth VIP Go (HMO-POS)
- EmblemHealth VIP Gold (HMO)
- EmblemHealth VIP Gold Plus (HMO)
- EmblemHealth VIP Passport (HMO)
- EmblemHealth VIP Passport NYC (HMO)
- EmblemHealth VIP Rx (PDP)
- EmblemHealth VIP Rx Plus (PDP)
- EmblemHealth VIP Premier (HMO) Group



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 HIP Health Plan of New York (HIP)/EmblemHealth. When it refers to “plan” or “our plan,” it means EmblemHealth VIP Value (HMO), EmblemHealth VIP Part B Saver (HMO), EmblemHealth VIP Essential (HMO), EmblemHealth VIP Rx Saver (HMO), EmblemHealth VIP Go (HMO-POS), EmblemHealth VIP Gold (HMO), EmblemHealth VIP Gold Plus (HMO), EmblemHealth VIP Passport (HMO), EmblemHealth VIP Passport NYC (HMO), EmblemHealth VIP Rx (PDP), EmblemHealth VIP Rx Plus (PDP), and EmblemHealth VIP Premier (HMO) Group.

This document includes list of the drugs (formulary) for our plan, which is current as of 08/27/2019. 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 Jan. 1, 2021, and from time to time during the year.

What is the EmblemHealth VIP Value, EmblemHealth VIP Part B Saver, EmblemHealth VIP Essential, EmblemHealth VIP Rx Saver, EmblemHealth VIP Go, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Passport, EmblemHealth VIP Passport NYC, EmblemHealth VIP Rx, EmblemHealth VIP Rx Plus, and EmblemHealth VIP Premier Group formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but our plan may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes

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

- **New generic drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the EmblemHealth VIP Value, EmblemHealth VIP Part B Saver, EmblemHealth VIP Essential, EmblemHealth VIP Rx Saver, EmblemHealth VIP Go, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Passport, EmblemHealth VIP Passport NYC, EmblemHealth VIP Rx, EmblemHealth VIP Rx Plus, and EmblemHealth VIP Premier Group formulary?”.
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the EmblemHealth VIP Value, EmblemHealth VIP Part B Saver, EmblemHealth VIP Essential, EmblemHealth VIP Rx Saver, EmblemHealth VIP Go, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Passport, EmblemHealth VIP Passport NYC, EmblemHealth VIP Rx, EmblemHealth VIP Rx Plus, and EmblemHealth VIP Premier Group formulary?”.

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

The enclosed formulary is current as of 08/27/2019. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

Note: In the event of a mid-year, non-maintenance formulary change, the change is added to a comprehensive list of changes that have been made since the formulary was printed. The list of changes is included with the formulary booklet that is mailed to new members with their welcome kit. Existing

members can view the updated formulary by visiting us on the web at emblemhealth.com/medicare. The formulary that is posted on our website is updated.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 01. 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, “Cardiovascular Hypertensive/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 01. 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 86. The index provides an alphabetical list of all of the drugs included in this document. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for JANUVIA®. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the EmblemHealth VIP Value, EmblemHealth VIP Part B Saver, EmblemHealth VIP Essential, EmblemHealth VIP Rx Saver, EmblemHealth VIP Go, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Passport, EmblemHealth VIP Passport NYC, EmblemHealth VIP Rx, EmblemHealth VIP Rx Plus, and EmblemHealth VIP Premier Group formulary?” on page v 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 Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the EmblemHealth VIP Value, EmblemHealth VIP Part B Saver, EmblemHealth VIP Essential, EmblemHealth VIP Rx Saver, EmblemHealth VIP Go, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Passport, EmblemHealth VIP Passport NYC, EmblemHealth VIP Rx, EmblemHealth VIP Rx Plus, and EmblemHealth VIP Premier Group formulary?

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to

provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are a current member in our plan and you experience a change in the level of care, such as an admission or discharge from the long-term care facility, we will provide you with one-time temporary supply of your medications, as needed, to assist with your transition to the new level of care.

For more information

For more detailed information about your EmblemHealth VIP Value, EmblemHealth VIP Part B Saver, EmblemHealth VIP Essential, EmblemHealth VIP Rx Saver, EmblemHealth VIP Go, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Passport, EmblemHealth VIP Passport NYC, EmblemHealth VIP Rx, EmblemHealth VIP Rx Plus, and EmblemHealth VIP Premier Group prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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, seven days a week. TTY users should call **1-877-486-2048**. Or, visit medicare.gov.

EmblemHealth VIP Value, EmblemHealth VIP Part B Saver, EmblemHealth VIP Essential, EmblemHealth VIP Rx Saver, EmblemHealth VIP Go, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Passport, EmblemHealth VIP Passport NYC, EmblemHealth VIP Rx, EmblemHealth VIP Rx Plus, and EmblemHealth VIP Premier Group formulary

The formulary that begins on page 01 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 86.

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

The information in the Requirements/Limits column tells you if our plan 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

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

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

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

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

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

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

LDS: Limited Day Supply. For certain drugs, the plan limits the days' supply we will cover to one month at a time.

Please refer to the tables below for information about how the plan's cost-sharing relates to the different tier levels listed in this formulary for a one-month supply of a drug. If you are eligible for "Extra Help" or "Low-Income Subsidy" (LIS), some of the information in these tables about the cost of Part D prescription drugs may not apply to you. We will send you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS rider), which tells you about your drug coverage. If you don't have this insert, please call Customer Service at the numbers listed above and ask for the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS rider).

This drug list is applicable to EmblemHealth VIP Premier (HMO) Group plans with prescription drug coverage that has 5 tiers. Please see your Cost Sharing Guide for more information.

Part D Prescription Drug Coverage Cost Sharing for EmblemHealth VIP Value and EmblemHealth VIP Essential

Tier Level	Deductible	Initial Coverage \$0-\$3,880/ 30-day supply		Coverage Gap Over \$3,880	Catastrophic Over \$6,350
	You Pay	At Preferred Pharmacies	At Standard Pharmacies	You Pay	You Pay
Tier 1: Preferred Generic	\$0	\$0	\$4	25% of the cost	\$3.60 or 5% of the cost
Tier 2: Generic	\$0	\$18	\$20	25% of the cost	\$3.60 or 5% of the cost
Tier 3: Preferred Brand	\$295	\$45	\$47	25% of the cost	\$8.95 or 5% of the cost
Tier 4: Non- Preferred Drug	\$295	\$95	\$100	25% of the cost	\$3.60, \$8.95 or 5% of the cost
Tier 5: Specialty	\$295	27%	27%	25% of the cost	\$3.60, \$8.95 or 5% of the cost

Part D Prescription Drug Coverage Cost Sharing for EmblemHealth VIP Go

Tier Level	Deductible	Initial Coverage \$0-\$3,835/ 30-day supply		Coverage Gap Over \$3,835	Catastrophic Over \$6,350
	You Pay	At Preferred Pharmacies	At Standard Pharmacies	You Pay	You Pay
Tier 1: Preferred Generic	\$0	\$0	\$4	25% of the cost	\$3.60 or 5% of the cost
Tier 2: Generic	\$0	\$18	\$20	25% of the cost	\$3.60 or 5% of the cost
Tier 3: Preferred Brand	\$250	\$45	\$47	25% of the cost	\$8.95 or 5% of the cost
Tier 4: Non- Preferred Drug	\$250	\$95	\$100	25% of the cost	\$3.60, \$8.95 or 5% of the cost
Tier 5: Specialty	\$250	28%	28%	25% of the cost	\$3.60, \$8.95 or 5% of the cost

Part D Prescription Drug Coverage Cost Sharing for EmblemHealth VIP Gold and EmblemHealth VIP Gold Plus

Tier Level	Deductible	Initial Coverage \$0-\$3,785/ 30-day supply		Coverage Gap Over \$3,785	Catastrophic Over \$6,350
	You Pay	At Preferred Pharmacies	At Standard Pharmacies	You Pay	You Pay
Tier 1: Preferred Generic	\$0	\$0	\$3	25% of the cost	\$3.60 or 5% of the cost
Tier 2: Generic	\$0	\$10	\$20	25% of the cost	\$3.60 or 5% of the cost
Tier 3: Preferred Brand	\$200	\$40	\$47	25% of the cost	\$8.95 or 5% of the cost
Tier 4: Non- Preferred Drug	\$200	\$95	\$100	25% of the cost	\$3.60, \$8.95 or 5% of the cost
Tier 5: Specialty	\$200	29%	29%	25% of the cost	\$3.60, \$8.95 or 5% of the cost

**Part D Prescription Drug Coverage Cost Sharing for EmblemHealth VIP Passport and
EmblemHealth VIP Passport NYC**

Tier Level	Deductible	Initial Coverage \$0-\$3,880/ 30-day supply		Coverage Gap Over \$3,880	Catastrophic Over \$6,350
	You Pay	At Preferred Pharmacies	At Standard Pharmacies	You Pay	You Pay
Tier 1: Preferred Generic	\$0	\$0	\$4	25% of the cost	\$3.60 or 5% of the cost
Tier 2: Generic	\$0	\$18	\$20	25% of the cost	\$3.60 or 5% of the cost
Tier 3: Preferred Brand	\$295	\$45	\$47	25% of the cost	\$8.95 or 5% of the cost
Tier 4: Non- Preferred Drug	\$295	\$95	\$100	25% of the cost	\$3.60, \$8.95 or 5% of the cost
Tier 5: Specialty	\$295	27%	27%	25% of the cost	\$3.60, \$8.95 or 5% of the cost

Part D Prescription Drug Coverage Cost Sharing for EmblemHealth VIP Rx Saver

Tier Level	Deductible	Initial Coverage \$0-\$3,980/ 30-day supply		Coverage Gap Over \$3,980	Catastrophic Over \$6,350
	You Pay	At Preferred Pharmacies	At Standard Pharmacies	You Pay	You Pay
Tier 1: Preferred Generic	\$0	\$0	\$4	25% of the cost	\$3.60 or 5% of the cost
Tier 2: Generic	\$0	\$18	\$20	25% of the cost	\$3.60 or 5% of the cost
Tier 3: Preferred Brand	\$0	\$45	\$47	25% of the cost	\$8.95 or 5% of the cost
Tier 4: Non- Preferred Drug	\$395	\$95	\$100	25% of the cost	\$3.60, \$8.95 or 5% of the cost
Tier 5: Specialty	\$395	25%	25%	25% of the cost	\$3.60, \$8.95 or 5% of the cost

Part D Prescription Drug Coverage Cost Sharing for EmblemHealth VIP Part B Saver

Tier Level	Deductible	Initial Coverage \$0-\$4,020/ 30-day supply		Coverage Gap Over \$4,020	Catastrophic Over \$6,350
	You Pay	At Preferred Pharmacies	At Standard Pharmacies	You Pay	You Pay
Tier 1: Preferred Generic	\$0	\$0	\$4	25% of the cost	\$3.60 or 5% of the cost
Tier 2: Generic	\$435	\$18	\$20	25% of the cost	\$3.60 or 5% of the cost
Tier 3: Preferred Brand	\$435	\$45	\$47	25% of the cost	\$8.95 or 5% of the cost
Tier 4: Non- Preferred Drug	\$435	\$95	\$100	25% of the cost	\$3.60, \$8.95 or 5% of the cost
Tier 5: Specialty	\$435	25%	25%	25% of the cost	\$3.60, \$8.95 or 5% of the cost

Part D Prescription Drug Coverage Cost Sharing for EmblemHealth VIP Rx

Tier Level	Deductible	Initial Coverage \$0-\$4,020/ 30-day supply		Coverage Gap Over \$4,020	Catastrophic Over \$6,350
	You Pay	At Preferred Pharmacies	At Standard Pharmacies	You Pay	You Pay
Tier 1: Preferred Generic	\$435	\$0	\$4	25% of the cost	\$3.60 or 5% of the cost
Tier 2: Generic	\$435	\$15	\$20	25% of the cost	\$3.60 or 5% of the cost
Tier 3: Preferred Brand	\$435	\$45	\$47	25% of the cost	\$8.95 or 5% of the cost
Tier 4: Non- Preferred Drug	\$435	35%	35%	25% of the cost	\$3.60, \$8.95 or 5% of the cost
Tier 5: Specialty	\$435	25%	25%	25% of the cost	\$3.60, \$8.95 or 5% of the cost

Part D Prescription Drug Coverage Cost Sharing for EmblemHealth VIP Rx Plus

Tier Level	Deductible	Initial Coverage \$0-\$3,800/ 30-day supply		Coverage Gap Over \$3,800	Catastrophic Over \$6,350
	You Pay	At Preferred Pharmacies	At Standard Pharmacies	You Pay	You Pay
Tier 1: Preferred Generic	\$0	\$0	\$4	25% of the cost	\$3.60 or 5% of the cost
Tier 2: Generic	\$0	\$8	\$12	25% of the cost	\$3.60 or 5% of the cost
Tier 3: Preferred Brand	\$0	\$40	\$47	25% of the cost	\$8.95 or 5% of the cost
Tier 4: Non- Preferred Drug	\$275	\$95	\$100	25% of the cost	\$3.60, \$8.95 or 5% of the cost
Tier 5: Specialty	\$275	28%	28%	25% of the cost	\$3.60, \$8.95 or 5% of the cost



ATTENTION: Language assistance services, free of charge, are available to you. Call **1-877-411-3625** (TTY/TDD: **711**).

Español (Spanish)

ATENCIÓN: Usted tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

中文 (Traditional Chinese)

注意：我們免費提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

Русский (Russian)

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона TTY/TDD: **711**).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

한국어 (Korean)

주의: 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)번으로 전화하십시오.

Italiano (Italian)

ATTENZIONE: sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero **1-877-411-3625** (TTY/TDD: **711**).

אידיש (Yiddish)

אַכְטָוְנָג: שפֿראָך הַילְּפָן עֲרוֹויָסְעָד, אַהֲן קִיְּין פֿרִיאַז, זִיְּנָעַן דָּא צָו באַקְוּמָעַן פֿאָר אַיְּר. רַופְט **1-877-411-3625** (TTY/TDD: **711**).

বাংলা (Bengali)

মনোযোগ দিন: ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূলে উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

Polski (Polish)

UWAGA: dostępna jest bezpłatna pomoc językowa. Prosimy zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

العربية (Arabic)

يرجى الانتباه: تتوفر لك خدمات المساعدة اللغوية مجاناً، اتصل على الرقم **1-877-411-3625**-**1-711** أو (TTY/TDD: **711**).

Français (French)

ATTENTION : une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (TTY/TDD : **711**).

(Urdu) اردو

وجہ دین: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ (TTY/TDD: 711) پر کال کریں۔

Tagalog (Tagalog)

NANANAWAGAN NG PANSIN: Mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-877-411-3625** (TTY/TDD: 711).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε το **1-877-411-3625** (για άτομα με προβλήματα ακοής (TTY/TDD): 711).

Shqip (Albanian)

VINI RE: Shërbime ndihmore për gjuhën, falas, janë në dispozicionin tuaj. Telefononi në **1-877-411-3625** (TTY/TDD: 711).

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Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	4	B/D PA; MO
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>amphotericin b injection recon soln</i>	2	B/D PA; MO
<i>caspofungin intravenous recon soln</i>	5	B/D PA; LDS
<i>clotrimazole mucous membrane troche</i>	2	MO
<i>fluconazole in dextrose (iso-osm) intravenous piggyback</i>	2	B/D PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	B/D PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	B/D PA
<i>fluconazole oral suspension for reconstitution</i>	2	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine oral capsule</i>	2	MO
<i>griseofulvin microsize oral suspension</i>	2	MO
<i>griseofulvin microsize oral tablet</i>	2	MO
<i>griseofulvin ultramicrosize oral tablet</i>	2	MO
<i>itraconazole oral capsule</i>	2	MO; QL (120 per 30 days)
<i>ketoconazole oral tablet</i>	2	MO
NOXAFIL ORAL SUSPENSION	5	MO; LDS
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>terbinafine hcl oral tablet</i>	2	MO; QL (90 per 365 days)
TOLSURA ORAL CAPSULE, SOLID DISPERSION	5	PA; MO; LDS; QL (120 per 30 days)
<i>voriconazole intravenous recon soln</i>	2	B/D PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	MO; LDS
<i>voriconazole oral tablet</i>	5	MO; LDS
ANTIVIRALS		
<i>abacavir oral solution</i>	2	MO; QL (960 per 30 days)
<i>abacavir oral tablet</i>	2	MO; QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet</i>	4	MO; QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	MO; LDS; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<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 oral tablet</i>	5	MO; LDS
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	2	MO
APTIVUS ORAL CAPSULE	5	MO; LDS; QL (120 per 30 days)
APTIVUS ORAL SOLUTION	5	LDS; QL (285 per 28 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	2	MO; QL (30 per 30 days)
ATRIPLA ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION	3	MO
BIKTARVY ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
<i>cidofovir intravenous solution</i>	2	B/D PA; MO
CIMDUO ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
COMPLERA ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	MO; QL (270 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	3	MO; QL (180 per 30 days)
DELSTRIGO ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
DESCOVY ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	2	QL (60 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	2	QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	MO; QL (30 per 30 days)
DOVATO ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
EDURANT ORAL TABLET	4	MO; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	2	MO; QL (90 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	2	MO; QL (360 per 30 days)
<i>efavirenz oral tablet</i>	2	MO; QL (30 per 30 days)
EMTRIVA ORAL CAPSULE	3	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	MO; QL (680 per 28 days)
<i>entecavir oral tablet</i>	4	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL TABLET	5	PA; MO; LDS; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	4	MO
EVOTAZ ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg</i>	2	MO
<i>famciclovir oral tablet 250 mg</i>	2	MO; QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	MO; QL (21 per 7 days)
<i>fosamprenavir oral tablet</i>	5	MO; LDS; QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; LDS; QL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
GENVOYA ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
HARVONI ORAL TABLET	5	PA; MO; LDS; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG	3	MO; QL (60 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; LDS; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	3	MO; QL (120 per 30 days)
INVIRASE ORAL TABLET	5	MO; LDS; QL (120 per 30 days)
ISENTRESS HD ORAL TABLET	5	MO; LDS; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	3	MO; QL (180 per 30 days)
ISENTRESS ORAL TABLET	3	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE	3	MO; QL (180 per 30 days)
JULUCA ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	MO; QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	MO; LDS; QL (120 per 30 days)
<i>lamivudine oral solution</i>	2	MO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	2	MO; QL (30 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	2	MO; QL (60 per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	4	MO; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION	3	MO; QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution</i>	5	MO; LDS; QL (480 per 30 days)
<i>nevirapine oral suspension</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	MO; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	MO; QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	MO; QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET	3	MO; QL (360 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL SOLUTION	3	MO; QL (480 per 30 days)
ODEFSEY ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
<i>oseltamivir oral capsule 30 mg</i>	2	MO; QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	MO; QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	2	MO
PIFELTRO ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
PREVYMIS INTRAVENOUS SOLUTION	5	PA; LDS
PREVYMIS ORAL TABLET	5	PA; MO; LDS
PREZCOBIX ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; LDS; QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	3	MO; QL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG	5	MO; LDS; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	MO; QL (210 per 30 days)
PREZISTA ORAL TABLET 800 MG	5	MO; LDS; QL (30 per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	MO; QL (60 per 180 days)
RESCRIPTOR ORAL TABLET	3	MO; QL (180 per 30 days)
RETROVIR INTRAVENOUS SOLUTION	3	MO
REYATAZ ORAL POWDER IN PACKET	3	MO; QL (180 per 30 days)
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine oral tablet</i>	2	MO
<i>ritonavir oral tablet</i>	2	MO; QL (360 per 30 days)
SELZENTRY ORAL SOLUTION	3	MO; QL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG	5	MO; LDS; QL (60 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	MO; QL (240 per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	MO; LDS; QL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	MO; QL (60 per 30 days)
<i>stavudine oral capsule</i>	2	MO; QL (60 per 30 days)
STRIBILD ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
SYMFI LO ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
SYMFI ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
SYMTUZA ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
SYNAGIS INTRAMUSCULAR SOLUTION	5	PA; MO; LDS
<i>tenofovir disoproxil fumarate oral tablet</i>	2	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 10 MG	4	MO; QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; LDS; QL (60 per 30 days)
TRIUMEQ ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
TROGARZO INTRAVENOUS SOLUTION	5	PA; MO; LDS
TRUVADA ORAL TABLET	5	MO; LDS; QL (30 per 30 days)
TYBOST ORAL TABLET	3	MO; QL (30 per 30 days)
<i>valacyclovir oral tablet</i>	2	MO
<i>valganciclovir oral recon soln</i>	5	MO; LDS
<i>valganciclovir oral tablet</i>	5	MO; LDS
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	3	MO
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN	3	MO
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG	4	MO; QL (60 per 30 days)
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 200 MG	4	MO; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG	3	MO; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	3	MO; QL (120 per 30 days)
VIREAD ORAL POWDER	3	MO; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO; QL (30 per 30 days)
XOFLUZA ORAL TABLET	4	MO; QL (2 per 180 days)
<i>zidovudine oral capsule</i>	2	MO; QL (180 per 30 days)
<i>zidovudine oral syrup</i>	2	MO; QL (1680 per 28 days)
<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	B/D PA; MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	2	B/D PA
<i>cefazolin intravenous recon soln</i>	2	B/D PA
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	1	MO
<i>cefepime in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	B/D PA
<i>cefepime in dextrose (iso-osm) intravenous piggyback 2 gram/100 ml</i>	2	B/D PA; MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	2	B/D PA; MO
<i>cefepime injection recon soln</i>	2	B/D PA; MO
<i>cefixime oral capsule</i>	4	MO
<i>cefixime oral suspension for reconstitution</i>	2	MO
<i>cefotaxime injection recon soln 1 gram</i>	2	
CEFOTETAN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	2	
<i>cefotetan injection recon soln</i>	2	
<i>cefotetan intravenous recon soln</i>	2	
<i>cefoxitin in dextrose (iso-osm) intravenous piggyback</i>	2	B/D PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	B/D PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	B/D PA
<i>cefpodoxime oral suspension for reconstitution</i>	2	MO
<i>cefpodoxime oral tablet</i>	2	MO
<i>cefprozil oral suspension for reconstitution</i>	2	MO
<i>cefprozil oral tablet</i>	2	MO
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone in dextrose (iso-osm) intravenous piggyback</i>	2	B/D PA; MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	B/D PA; MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	2	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone intravenous recon soln</i>	2	B/D PA; MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	B/D PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	B/D PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	B/D PA
<i>cephalexin oral capsule</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>cephalexin oral tablet</i>	1	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
TEFLARO INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	2	B/D PA; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	2	MO
<i>azithromycin oral tablet 500 mg (3 pack)</i>	2	
<i>clarithromycin oral suspension for reconstitution</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<i>clarithromycin oral tablet extended release 24 hr e.e.s. 400 oral tablet</i>	2	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	B/D PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	2	MO
<i>erythromycin oral tablet</i>	2	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	4	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; MO; LDS; QL (236 per 28 days)
<i>atovaquone oral suspension</i>	5	MO; LDS
<i>atovaquone-proguanil oral tablet</i>	2	MO
<i>aztreonam injection recon soln</i>	2	MO
<i>baciim intramuscular recon soln</i>	2	
<i>bacitracin intramuscular recon soln</i>	2	MO
CAPASTAT INJECTION RECON SOLN	4	B/D PA
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	MO; LA; LDS; QL (84 per 28 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	2	B/D PA
<i>chloroquine phosphate oral tablet</i>	2	MO
<i>clindamycin hcl oral capsule</i>	2	MO
<i>clindamycin palmitate hcl oral recon soln</i>	2	MO
<i>clindamycin pediatric oral recon soln</i>	2	MO
<i>clindamycin phosphate injection solution</i>	2	B/D PA; MO
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	2	B/D PA
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	B/D PA; MO
COARTEM ORAL TABLET	4	MO
<i>colistin (colistimethate na) injection recon soln</i>	4	B/D PA; MO
<i>dapsone oral tablet</i>	4	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO; LDS
DARAPRIM ORAL TABLET	5	PA; MO; LDS
<i>ethambutol oral tablet</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	4	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	
<i>gentamicin injection solution 40 mg/ml</i>	2	B/D PA; MO
<i>hydroxychloroquine oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous recon soln</i>	2	B/D PA; MO
<i>isoniazid injection solution</i>	2	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral tablet</i>	2	MO
<i>linezolid in dextrose 5% intravenous piggyback</i>	5	PA; LDS
<i>linezolid oral suspension for reconstitution</i>	4	PA; MO
<i>linezolid oral tablet</i>	4	PA; MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	5	PA; LDS
<i>mefloquine oral tablet</i>	2	MO
<i>meropenem intravenous recon soln</i>	2	B/D PA; MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	2	B/D PA; MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	2	B/D PA
<i>metro i.v. intravenous piggyback</i>	2	MO
<i>metronidazole in nacl (iso-osm) intravenous piggyback</i>	2	MO
<i>metronidazole oral capsule</i>	2	MO
<i>metronidazole oral tablet</i>	2	MO
NEBUPENT INHALATION RECON SOLN	4	B/D PA; MO
<i>neomycin oral tablet</i>	2	MO
<i>paromomycin oral capsule</i>	2	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET	4	MO
PENTAM INJECTION RECON SOLN	4	B/D PA; MO
<i>pentamidine injection recon soln</i>	4	B/D PA
<i>polymyxin b sulfate injection recon soln</i>	2	MO
PRIFTIN ORAL TABLET	4	MO
<i>primaquine oral tablet</i>	2	MO
<i>pyrazinamide oral tablet</i>	2	MO
<i>quinine sulfate oral capsule</i>	2	PA; MO
<i>rifabutin oral capsule</i>	2	MO
<i>rifampin intravenous recon soln</i>	2	B/D PA; MO
<i>rifampin oral capsule</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
SIRTURO ORAL TABLET	5	MO; LA; LDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	4	MO
SYNERCID INTRAVENOUS RECON SOLN	4	B/D PA
<i>tigecycline intravenous recon soln</i>	5	LDS
<i>tinidazole oral tablet</i>	2	MO
TOBI PODHALER INHALATION CAPSULE	5	LDS; QL (224 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; LDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	B/D PA; MO; LDS
<i>tobramycin sulfate injection recon soln</i>	2	B/D PA
<i>tobramycin sulfate injection solution</i>	2	B/D PA; MO
TRECATOR ORAL TABLET	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	B/D PA
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	4	B/D PA; MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4	B/D PA
VANCOMYCIN INJECTION RECON SOLN	2	B/D PA
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	B/D PA; MO
<i>vancomycin oral capsule 125 mg</i>	4	MO
<i>vancomycin oral capsule 250 mg</i>	5	MO; LDS
XIFAXAN ORAL TABLET 550 MG	5	MO; LDS
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO
<i>ampicillin oral capsule 250 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln</i>	2	B/D PA; MO
<i>ampicillin sodium intravenous recon soln</i>	2	B/D PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	B/D PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	B/D PA
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	B/D PA
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	B/D PA; MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	4	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	MO
<i>dicloxacillin oral capsule</i>	2	MO
<i>nafcillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	B/D PA
<i>nafcillin in dextrose (iso-osm) intravenous piggyback 2 gram/100 ml</i>	2	B/D PA; MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	B/D PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	B/D PA; MO; LDS
<i>nafcillin intravenous recon soln</i>	2	B/D PA; 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>	4	MO
<i>oxacillin injection recon soln 1 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	LDS
<i>oxacillin injection recon soln 2 gram</i>	2	MO
<i>penicillin g potassium injection recon soln</i>	2	B/D PA; MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	B/D PA
<i>penicillin g sodium injection recon soln</i>	2	B/D PA; MO
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	2	B/D PA; MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	B/D PA; MO
QUINOLONES		
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr</i>	2	MO
<i>ciprofloxacin hcl oral tablet</i>	2	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>ciprofloxacin oral suspension,microcapsule recon</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous solution</i>	2	B/D PA; MO
<i>levofloxacin oral solution</i>	2	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral tablet</i>	2	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	4	B/D PA
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	4	B/D PA
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	2	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	B/D PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclacycline oral tablet</i>	2	MO
<i>doxy-100 intravenous recon soln</i>	2	MO
<i>doxycycline hyclate intravenous recon soln</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	4	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	4	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	2	MO
<i>morgidox oral capsule 50 mg</i>	2	MO
<i>okebo oral capsule 75 mg</i>	2	MO
<i>tetracycline oral capsule</i>	2	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	2	MO
<i>methenamine mandelate oral tablet 1 gram</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	2	MO
<i>trimethoprim oral tablet</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	2	B/D PA
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	2	B/D PA; MO
ELITEK INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral tablet</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	4	B/D PA
<i>levoleucovorin calcium intravenous solution</i>	4	B/D PA
<i>mesna intravenous solution</i>	2	B/D PA; MO
MESNEX ORAL TABLET	5	MO; LDS

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

Drug Name	Drug Tier	Requirements/Limits
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; MO; LDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	5	MO; LDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PA
<i>adriamycin intravenous solution</i>	2	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	2	B/D PA; MO
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; MO; LDS; QL (150 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	5	PA; MO; LDS; QL (90 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	5	PA; MO; LDS; QL (60 per 30 days)
AFINITOR ORAL TABLET	5	PA; MO; LDS; QL (30 per 30 days)
ALECensa ORAL CAPSULE	5	PA; MO; LDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
ALIQOPA INTRAVENOUS RECON SOLN	5	PA; MO; LDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; LDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; LDS; QL (180 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; LDS; QL (30 per 30 days)
<i>anastrozole oral tablet</i>	2	MO; QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	4	B/D PA; MO
AVASTIN INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
<i>azacitidine injection recon soln</i>	5	MO; LDS
AZASAN ORAL TABLET	3	B/D PA; MO
<i>azathioprine oral tablet</i>	1	B/D PA; MO
<i>azathioprine sodium injection recon soln</i>	2	B/D PA
BALVERSA ORAL TABLET	5	PA; MO; LA; LDS
BAVENCIO INTRAVENOUS SOLUTION	5	PA; MO; LDS
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
BENDEKA INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
BESPONSA INTRAVENOUS RECON SOLN	5	PA; MO; LDS
<i>bexarotene oral capsule</i>	5	PA; MO; LDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide oral tablet</i>	2	MO; QL (30 per 30 days)
<i>bleomycin injection recon soln</i>	2	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; LDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; LDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA; MO; LDS; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; LDS; QL (180 per 30 days)
CABOMETYX ORAL TABLET	5	PA; MO; LA; LDS; QL (30 per 30 days)
CALQUENCE ORAL CAPSULE	5	PA; MO; LA; LDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	LA; LDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	MO; LA; LDS; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln</i>	3	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine intravenous solution</i>	2	B/D PA; MO
<i>clofarabine intravenous solution</i>	5	B/D PA; LDS
COMETRIQ ORAL CAPSULE	5	PA; MO; LDS
COPIKTRA ORAL CAPSULE	5	PA; MO; LA; LDS; QL (60 per 30 days)
COTELLIC ORAL TABLET	5	PA; MO; LA; LDS; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	4	B/D PA; MO
<i>cyclosporine intravenous solution</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	2	B/D PA; MO
<i>cyclosporine modified oral solution</i>	2	B/D PA; MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>cytarabine injection solution</i>	2	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	2	B/D PA; MO
DARZALEX INTRAVENOUS SOLUTION	3	PA; MO
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; LDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DAURISMO ORAL TABLET 25 MG	5	PA; MO; LDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln</i>	5	B/D PA; MO; LDS
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO
<i>doxorubicin, peg-liposomal intravenous suspension</i>	5	B/D PA; MO; LDS
DROXIA ORAL CAPSULE	3	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; MO
EMCYT ORAL CAPSULE	3	MO
EMPLICITI INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	4	B/D PA; MO
ERIVEDGE ORAL CAPSULE	5	PA; MO; LDS; QL (30 per 30 days)
ERLEADA ORAL TABLET	5	MO; LDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; LDS; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; LDS; QL (90 per 30 days)
ERWINAZE INJECTION RECON SOLN	5	PA; MO; LDS
<i>etoposide intravenous solution</i>	2	B/D PA; MO
<i>exemestane oral tablet</i>	2	MO
FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; LDS; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; MO; LDS; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE	5	B/D PA; MO; LDS
<i>fludarabine intravenous recon soln</i>	4	B/D PA; MO
<i>fludarabine intravenous solution</i>	4	B/D PA
<i>fluorouracil intravenous solution</i>	2	B/D PA; MO
<i>flutamide oral capsule</i>	2	MO
GAZYVA INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	5	B/D PA; MO; LDS
<i>gemcitabine intravenous recon soln 2 gram</i>	5	B/D PA; LDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	B/D PA; MO; LDS
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	5	B/D PA; LDS
<i>genraf oral capsule 100 mg, 25 mg</i>	2	B/D PA; MO
<i>genraf oral solution</i>	2	B/D PA; MO
GILOTRIF ORAL TABLET	5	PA; MO; LDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PA; MO; LDS
<i>hydroxyurea oral capsule</i>	2	MO
IBRANCE ORAL CAPSULE	5	PA; MO; LDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; LDS; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; LDS; QL (30 per 30 days)
<i>idarubicin intravenous solution</i>	2	B/D PA
IDHIFA ORAL TABLET	5	PA; MO; LA; LDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; LDS; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; LDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE	5	PA; MO; LDS; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; LDS; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION	5	PA; MO; LDS
INLYTA ORAL TABLET 1 MG	5	PA; MO; LDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; LDS; QL (120 per 30 days)
IRESSA ORAL TABLET	5	PA; MO; LDS; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	B/D PA
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
JAKAFI ORAL TABLET	5	PA; MO; LDS; QL (60 per 30 days)
KADCYLA INTRAVENOUS RECON SOLN	5	PA; MO; LDS
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO; LDS

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; LDS; QL (49 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; LDS; QL (70 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; LDS; QL (91 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; LDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; LDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; LDS; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN	5	PA; MO; LDS
LEVKIMA ORAL CAPSULE	5	PA; MO; LDS
<i>letrozole oral tablet</i>	2	MO; QL (30 per 30 days)
LEUKERAN ORAL TABLET	3	MO
<i>leuprolide subcutaneous kit</i>	2	PA; MO
LONSURF ORAL TABLET	5	PA; MO; LDS
LORBRENA ORAL TABLET	5	PA; MO; LDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO; LDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO; LDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO; LDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	3	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA; MO; LDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO; LDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; MO; LDS
LYNPARZA ORAL TABLET	5	PA; MO; LDS; QL (120 per 30 days)
LYSODREN ORAL TABLET	3	MO
MATULANE ORAL CAPSULE	5	MO; LDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	4	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	4	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; LDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; LDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET	5	PA; MO; LA; LDS; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln</i>	2	B/D PA
<i>mercaptopurine oral tablet</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 injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln</i>	2	B/D PA; MO
<i>mitoxantrone intravenous concentrate</i>	2	B/D PA; MO
<i>mycophenolate mofetil hcl intravenous recon soln</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	2	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	5	PA; MO; LDS
NERLYNX ORAL TABLET	5	PA; MO; LA; LDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET	5	PA; MO; LA; LDS; QL (120 per 30 days)
<i>nilutamide oral tablet</i>	2	MO; QL (30 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; LDS; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; MO; LDS; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; MO; LDS; QL (3 per 28 days)
NULOJIX INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO; LDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO; LDS

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

Drug Name	Drug Tier	Requirements/Limits
ODOMZO ORAL CAPSULE	5	PA; MO; LA; LDS; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION	5	PA; MO; LDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	5	PA; MO; LDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	4	B/D PA
<i>oxaliplatin intravenous solution</i>	4	B/D PA; MO
<i>paclitaxel intravenous concentrate</i>	2	B/D PA; MO
PERJETA INTRAVENOUS SOLUTION	5	PA; MO; LDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; LDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; MO; LDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE	5	PA; MO; LA; LDS
PORTRAZZA INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
POTELIGEO INTRAVENOUS SOLUTION	5	PA; MO; LDS
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN ORAL SUSPENSION	4	
REVLIMID ORAL CAPSULE	5	PA; MO; LA; LDS; QL (28 per 28 days)
RITUXAN INTRAVENOUS CONCENTRATE	5	PA; MO; LDS
RUBRACA ORAL TABLET	5	PA; MO; LA; LDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE	5	PA; MO; LDS
SANDIMMUNE ORAL SOLUTION	4	B/D PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; MO; LDS
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	2	B/D PA; MO
<i>sirolimus oral tablet</i>	2	B/D PA; MO
SOLTAMOX ORAL SOLUTION	4	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	B/D PA; MO; LDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; LDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL ORAL TABLET 20 MG	5	PA; MO; LDS; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; LDS; QL (60 per 30 days)
STIVARGA ORAL TABLET	5	PA; MO; LDS; QL (84 per 28 days)
SUTENT ORAL CAPSULE	5	PA; MO; LDS; QL (30 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN	5	B/D PA; MO; LDS
TABLOID ORAL TABLET	3	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>tacrolimus oral capsule 5 mg</i>	4	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; LDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET	5	PA; MO; LA; LDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; LDS; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; LDS; QL (30 per 30 days)
<i>tamoxifen oral tablet</i>	2	MO
TARGETIN TOPICAL GEL	5	PA; MO; LDS; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; LDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; LDS; QL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; LDS; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; LDS; QL (60 per 30 days)
<i>thiotepa injection recon soln</i>	5	PA; MO; LDS
TIBSOVO ORAL TABLET	5	PA; MO; LDS; QL (60 per 30 days)
<i>toposar intravenous solution</i>	2	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA; LDS
<i>topotecan intravenous solution</i>	5	B/D PA; MO; LDS
<i>toremifene oral tablet</i>	5	MO; LDS; QL (30 per 30 days)
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO; LDS
<i>tretinoin (chemotherapy) oral capsule</i>	5	MO; LDS
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	3	B/D PA; MO
TYKERB ORAL TABLET	5	PA; MO; LA; LDS; QL (180 per 30 days)
VELCADE INJECTION RECON SOLN	5	B/D PA; MO; LDS
VENCLEXTA ORAL TABLET 10 MG	3	PA; MO; LA; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA; LDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA; MO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; MO; LA; LDS; QL (42 per 180 days)
VERZENIO ORAL TABLET	5	PA; MO; LA; LDS; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincristine intravenous solution</i>	2	B/D PA; MO
<i>vinorelbine intravenous solution</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; LDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; LDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; LDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET	5	PA; MO; LDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET	5	PA; MO; LDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE	5	PA; MO; LDS; QL (60 per 30 days)
XATMEP ORAL SOLUTION	4	PA; MO
XERMELO ORAL TABLET	5	PA; MO; LDS; QL (84 per 28 days)
XOSPATA ORAL TABLET	5	PA; MO; LA; LDS; QL (90 per 30 days)
XTANDI ORAL CAPSULE	5	MO; LDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION	5	PA; MO; LDS
YONDELIS INTRAVENOUS RECON SOLN	5	PA; MO; LDS
YONSA ORAL TABLET	5	MO; LDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION	5	PA; MO; LDS
ZEJULA ORAL CAPSULE	5	PA; MO; LA; LDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET	5	PA; MO; LDS; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE	5	PA; MO; LDS; QL (120 per 30 days)
ZORTRESS ORAL TABLET	5	B/D PA; MO; LDS
ZYDELIG ORAL TABLET	5	PA; MO; LDS; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE	5	PA; MO; LDS; QL (150 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; LDS; QL (90 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	MO; LDS; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET	4	PA; MO
BANZEL ORAL SUSPENSION	5	PA; MO; LDS
BANZEL ORAL TABLET	5	PA; MO; LDS
BRIVIACT INTRAVENOUS SOLUTION	4	PA
BRIVIACT ORAL SOLUTION	5	PA; MO; LDS
BRIVIACT ORAL TABLET	5	PA; MO; LDS
<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	4	MO
<i>clobazam oral suspension</i>	4	PA; MO
<i>clobazam oral tablet</i>	4	PA; MO
<i>clonazepam oral tablet</i>	2	MO
<i>clonazepam oral tablet,disintegrating</i>	2	PA; MO
DIASTAT RECTAL KIT	4	MO
DILANTIN 30 MG ORAL CAPSULE	4	MO
<i>divalproex oral capsule, delayed release sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet,delayed release (dr/ec)</i>	2	MO
EPIDIOLEX ORAL SOLUTION	5	PA; MO; LA; LDS
<i>epitol oral tablet</i>	1	MO
<i>ethosuximide oral capsule</i>	2	MO
<i>ethosuximide oral solution</i>	2	MO
<i>felbamate oral suspension</i>	2	MO
<i>felbamate oral tablet</i>	2	MO
<i>fosphenytoin injection solution</i>	2	B/D PA; MO
FYCOMPA ORAL SUSPENSION	4	PA; MO
FYCOMPA ORAL TABLET	4	PA; MO
<i>gabapentin oral capsule 100 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral capsule 300 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	2	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
<i>lamotrigine oral tablets,dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>levetiracetam intravenous solution</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
<i>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</i>	4	MO; QL (90 per 30 days)
<i>LYRICA ORAL CAPSULE 225 MG, 300 MG</i>	4	MO; QL (60 per 30 days)
<i>LYRICA ORAL SOLUTION</i>	4	MO; QL (900 per 30 days)
<i>oxcarbazepine oral suspension</i>	2	MO
<i>oxcarbazepine oral tablet</i>	2	MO
<i>PEGANONE ORAL TABLET</i>	4	MO
<i>phenobarbital oral elixir</i>	2	PA; MO
<i>phenobarbital oral tablet</i>	2	PA; MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet,chewable</i>	2	MO
<i>phenytoin sodium extended release oral capsule</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	B/D PA; MO
<i>primidone oral tablet</i>	2	MO
<i>roweepra oral tablet</i>	4	MO
<i>roweepra xr oral tablet extended release 24 hr</i>	4	MO
<i>SPRITAM ORAL TABLET FOR SUSPENSION</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; LDS
SYMPAZAN ORAL FILM 5 MG	4	PA; MO
<i>tiagabine oral tablet</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium intravenous solution</i>	2	B/D PA; MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule</i>	2	MO
<i>vigabatrin oral powder in packet</i>	5	PA; MO; LA; LDS
<i>vigabatrin oral tablet</i>	5	PA; MO; LA; LDS
VIMPAT INTRAVENOUS SOLUTION	4	PA
VIMPAT ORAL SOLUTION	4	PA; MO
VIMPAT ORAL TABLET	4	PA; MO
<i>zonisamide oral capsule</i>	2	PA; MO

ANTIPARKINSONISM AGENTS

APOKYN SUBCUTANEOUS CARTRIDGE	5	PA; MO; LA; LDS
<i>benztropine injection solution</i>	2	B/D PA; MO
<i>benztropine oral tablet</i>	2	MO
<i>bromocriptine oral capsule</i>	2	MO
<i>bromocriptine oral tablet</i>	2	MO
<i>carbidopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	2	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	MO
<i>entacapone oral tablet</i>	2	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>pramipexole oral tablet extended release 24 hr</i>	2	MO
<i>rasagiline oral tablet</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet extended release 24 hr</i>	2	MO
<i>selegiline hcl oral capsule</i>	2	MO
<i>selegiline hcl oral tablet</i>	2	MO
<i>tolcapone oral tablet</i>	2	MO
<i>trihexyphenidyl oral elixir</i>	2	MO
<i>trihexyphenidyl oral tablet</i>	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine injection solution</i>	2	MO
<i>dihydroergotamine nasal spray,non-aerosol</i>	2	MO
<i>migergot rectal suppository</i>	2	MO
<i>naratriptan oral tablet</i>	2	MO; QL (18 per 28 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 30 days)
<i>rizatriptan oral tablet,disintegrating</i>	2	MO; QL (36 per 30 days)
<i>sumatriptan nasal spray,non-aerosol</i>	2	MO
<i>sumatriptan succinate oral tablet</i>	2	MO; QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (10 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (10 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (10 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	MO; QL (10 per 30 days)
<i>zolmitriptan oral tablet</i>	2	MO; QL (12 per 30 days)
<i>zolmitriptan oral tablet,disintegrating</i>	2	MO; QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO ORAL TABLET	5	MO; LDS
<i>dalfampridine oral tablet extended release 12 hr</i>	5	PA; MO; LDS
<i>donepezil oral tablet</i>	2	MO; QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating</i>	2	MO; QL (30 per 30 days)
<i>galantamine oral solution</i>	2	MO
<i>galantamine oral tablet</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	MO; LDS
<i>glatiramer subcutaneous syringe</i>	5	MO; LDS
<i>glatopa subcutaneous syringe</i>	5	MO; LDS
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	5	PA; MO; LA; LDS; QL (28 per 180 days)
INGREZZA ORAL CAPSULE	5	PA; MO; LA; LDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
KEVEYIS ORAL TABLET	5	PA; MO; LDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	MO
<i>memantine oral solution</i>	2	MO
<i>memantine oral tablet</i>	2	MO
MEMANTINE ORAL TABLETS,DOSE PACK	4	MO
NUEDEXTA ORAL CAPSULE	4	PA; MO; QL (60 per 30 days)
RADICAVA INTRAVENOUS PIGGYBACK	5	PA; MO; LDS
<i>rivastigmine tartrate oral capsule 1.5 mg</i>	2	MO; QL (240 per 30 days)
<i>rivastigmine tartrate oral capsule 3 mg</i>	2	MO; QL (120 per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	2	MO; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	4	MO; QL (30 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	MO; LA; LDS
TEGSEDI SUBCUTANEOUS SYRINGE	5	PA; MO; LDS
<i>tetrabenazine oral tablet</i>	5	PA; MO; LDS
TYSABRI INTRAVENOUS SOLUTION	5	PA; MO; LDS

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	2	PA; MO
<i>dantrolene oral capsule</i>	2	MO
<i>metaxalone oral tablet</i>	2	PA; MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>regonol injection solution</i>	3	B/D PA
<i>tizanidine oral capsule</i>	2	MO
<i>tizanidine oral tablet</i>	2	MO

NARCOTIC ANALGESICS

<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)
<i>buprenorphine hcl injection solution</i>	2	B/D PA; MO
<i>buprenorphine hcl injection syringe</i>	2	B/D PA
<i>buprenorphine hcl sublingual tablet</i>	2	MO
<i>butalbital-acetaminop-caf-cod oral capsule</i>	4	PA; MO; QL (360 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	PA; MO; QL (360 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff oral capsule</i>	4	PA; MO; QL (360 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	4	PA; MO; QL (360 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	4	PA; MO; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet</i>	4	PA; MO; QL (180 per 30 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	MO; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	5	PA; MO; LDS; QL (39 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	5	PA; MO; LDS; QL (29 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	5	PA; MO; LDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	5	PA; MO; LDS; QL (116 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	5	PA; MO; LDS; QL (77 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	5	PA; MO; LDS; QL (58 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	B/D PA; MO; QL (120 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	2	B/D PA
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	2	B/D PA; MO
<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>ibuprofen-oxycodone oral tablet</i>	2	MO; QL (28 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
KADIAN ORAL CAPSULE, EXTENDED RELEASE PELLETS 200 MG	4	PA; MO; QL (60 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	MO; QL (120 per 30 days)
<i>methadone injection solution</i>	2	B/D PA
<i>methadone intensol oral concentrate</i>	2	MO
<i>methadone oral concentrate</i>	2	MO
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	B/D PA
<i>morphine (pf) injection solution 1 mg/ml</i>	2	B/D PA; MO
<i>morphine concentrate oral solution</i>	2	MO; QL (300 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	4	B/D PA; MO; QL (200 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	4	B/D PA; QL (200 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	4	B/D PA; QL (250 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	2	PA; 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	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	PA; MO; QL (60 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	PA; MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	2	PA; MO; QL (30 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)
OXYCODONE ORAL SYRINGE	2	QL (180 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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet</i>	2	MO; QL (360 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	PA; MO; QL (90 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	2	PA; MO; QL (67 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	2	PA; MO; QL (50 per 30 days)

NON-NARCOTIC ANALGESICS

<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i>	2	MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution</i>	2	MO
<i>butorphanol tartrate nasal spray, non-aerosol</i>	2	MO; QL (5 per 30 days)
<i>celecoxib oral capsule</i>	2	MO
<i>diclofenac potassium oral tablet</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical drops</i>	4	MO; QL (600 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	4	MO; QL (1000 per 30 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed release, biphasic</i>	2	MO
<i>diflunisal oral tablet</i>	2	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>etodolac oral tablet extended release 24 hr</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>flurbiprofen oral tablet</i>	2	MO
<i>ibu oral tablet</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule</i>	2	MO
<i>indomethacin oral capsule, extended release</i>	2	MO
<i>ketoprofen oral capsule 25 mg</i>	2	MO
<i>ketoprofen oral capsule, extended release pellets 24 hr 200 mg</i>	2	MO
LUCEMYRA ORAL TABLET	5	PA; MO; LDS
<i>meclofenamate oral capsule</i>	2	MO
<i>mefenamic acid oral capsule</i>	2	MO
<i>meloxicam oral tablet</i>	1	MO
<i>nabumetone oral tablet</i>	2	MO
<i>nalbuphine injection solution</i>	2	B/D PA; MO
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naltrexone oral tablet</i>	2	MO
<i>naproxen oral suspension</i>	4	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	MO
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	4	MO
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; MO
NUCYNTA ORAL TABLET	3	MO
<i>oxaprozin oral tablet</i>	2	MO
<i>piroxicam oral capsule</i>	2	MO
<i>sulindac oral tablet</i>	2	MO
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet</i>	2	MO
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	MO; QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	MO; QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	MO

PSYCHOTHERAPEUTIC DRUGS

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

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	5	MO; LDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE	5	MO; LDS
<i>alprazolam oral tablet</i>	2	MO
<i>alprazolam oral tablet extended release 24 hr</i>	2	PA; MO
<i>alprazolam oral tablet,disintegrating</i>	2	MO
<i>amitriptyline oral tablet</i>	2	PA; MO
<i>amoxapine oral tablet</i>	2	MO
<i>ariPIPrazole oral solution</i>	4	MO
<i>ariPIPrazole oral tablet</i>	4	MO; QL (30 per 30 days)
<i>ariPIPrazole oral tablet,disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	MO; LDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE	5	MO; LDS
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	4	PA; MO; QL (90 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	MO
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO
<i>buspirone oral tablet</i>	2	MO
<i>chlorpromazine injection solution</i>	2	MO
<i>chlorpromazine oral tablet</i>	2	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO
<i>clomipramine oral capsule</i>	2	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO; QL (120 per 30 days)
<i>clorazepate dipotassium oral tablet</i>	2	PA; MO
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
<i>desipramine oral tablet</i>	2	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	MO
<i>dexamphetamine oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 5 mg</i>	2	MO; QL (60 per 30 days)
<i>dexamphetamine oral capsule,er biphasic 50-50 30 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>dexamphetamine oral tablet 10 mg</i>	2	MO; QL (60 per 30 days)
<i>dexamphetamine oral tablet 2.5 mg, 5 mg</i>	2	MO; QL (120 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	2	MO; QL (180 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	2	MO; QL (120 per 30 days)
<i>dextroamphetamine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	4	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO; QL (90 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO
<i>diazepam oral tablet</i>	2	PA; MO
<i>doxepin oral capsule</i>	2	PA; MO
<i>doxepin oral concentrate</i>	2	PA; MO
<i>duloxetine oral capsule,delayed release(dr/ec)</i>	2	MO
EMSAM TRANSDERMAL PATCH 24 HOUR	4	PA; MO; QL (30 per 30 days)
<i>ergoloid oral tablet</i>	2	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	2	MO
<i>eszopiclone oral tablet</i>	2	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR DOSE PACK	4	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral capsule</i>	2	MO
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	MO
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	MO
<i>fluoxetine oral tablet 60 mg</i>	4	MO
<i>fluphenazine decanoate injection solution</i>	2	MO
<i>fluphenazine hcl injection solution</i>	2	MO
<i>fluphenazine hcl oral concentrate</i>	2	MO
<i>fluphenazine hcl oral elixir</i>	2	MO
<i>fluphenazine hcl oral tablet</i>	2	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	MO
<i>fluvoxamine oral tablet</i>	2	MO
GEODON INTRAMUSCULAR RECON SOLN	4	MO
<i>guanfacine oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>guanidine oral tablet</i>	2	MO
<i>haloperidol decanoate intramuscular solution</i>	2	MO
<i>haloperidol lactate injection solution</i>	2	MO
<i>haloperidol lactate oral concentrate</i>	1	MO
<i>haloperidol oral tablet</i>	2	MO
HETLIOZ ORAL CAPSULE	5	PA; MO; LDS; QL (30 per 30 days)
<i>imipramine hcl oral tablet</i>	2	PA; MO
<i>imipramine pamoate oral capsule</i>	2	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	5	MO; LDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	4	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR	4	MO
LATUDA ORAL TABLET	4	MO
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam intensol oral concentrate</i>	2	PA; MO
<i>lorazepam oral concentrate</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam oral tablet</i>	2	PA; MO
<i>loxapine succinate oral capsule</i>	2	MO
<i>maprotiline oral tablet</i>	2	MO
MARPLAN ORAL TABLET	4	MO
<i>metadate oral tablet extended release</i>	2	MO; QL (90 per 30 days)
<i>methamphetamine oral tablet</i>	2	PA; MO; QL (150 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	2	MO; QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	2	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg</i>	2	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg</i>	2	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	2	MO; QL (60 per 30 days)
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	2	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	2	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	2	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg</i>	2	MO; QL (120 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating)</i>	2	QL (120 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	MO; QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 54 mg</i>	2	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 54 mg (bx rating)</i>	2	QL (30 per 30 days)
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet,disintegrating 30 mg, 45 mg</i>	2	MO
<i>modafinil oral tablet</i>	2	PA; MO
<i>molindone oral tablet</i>	2	
<i>nefazodone oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	2	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; LDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; MO; LDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i>	2	MO
<i>olanzapine oral tablet</i>	2	MO
<i>olanzapine oral tablet,disintegrating</i>	2	MO
<i>olanzapine-fluoxetine oral capsule</i>	2	MO
<i>oxazepam oral capsule</i>	2	PA; MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; LDS; QL (30 per 30 days)
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO
<i>paroxetine mesylate(menop.sym) oral capsule</i>	2	MO
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine oral tablet</i>	2	MO
<i>perphenazine-amitriptyline oral tablet</i>	2	PA; MO
<i>phenelzine oral tablet</i>	2	MO
<i>pimozide oral tablet</i>	2	MO
<i>protriptyline oral tablet</i>	2	MO
<i>quetiapine oral tablet</i>	2	MO
<i>quetiapine oral tablet extended release 24 hr</i>	4	MO
REXULTI ORAL TABLET	5	MO; LDS
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; LDS
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet</i>	2	MO
<i>risperidone oral tablet,disintegrating</i>	2	MO
ROZEREM ORAL TABLET	4	MO; QL (30 per 30 days)
SAPHRIS SUBLINGUAL TABLET	4	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet</i>	1	MO
<i>temazepam oral capsule</i>	2	MO
<i>thioridazine oral tablet</i>	2	MO
<i>thiothixene oral capsule</i>	1	MO
<i>tranylcypromine oral tablet</i>	2	MO
<i>trazodone oral tablet</i>	2	MO
<i>trifluoperazine oral tablet</i>	2	MO
<i>trimipramine oral capsule</i>	2	PA; MO
TRINTELLIX ORAL TABLET	4	MO
<i>venlafaxine oral capsule, extended release 24hr</i>	2	MO
<i>venlafaxine oral tablet</i>	2	MO
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	MO
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	4	MO
VERSACLOZ ORAL SUSPENSION	5	LDS
VIIBRYD ORAL TABLET	3	MO
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	PA; MO; LDS; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	5	PA; MO; LDS; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	5	PA; MO; LDS; QL (40 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	5	PA; MO; LDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PA; MO; QL (7 per 180 days)
XYREM ORAL SOLUTION	5	PA; MO; LA; LDS; QL (540 per 30 days)
<i>ziprasidone hcl oral capsule</i>	2	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
<i>zolpidem oral tablet, extended release multiphase</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide oral capsule</i>	2	MO
<i>flecainide oral tablet</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	B/D PA; MO
<i>mexiletine oral capsule</i>	2	MO
MULTAQ ORAL TABLET	3	MO; QL (60 per 30 days)
<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 oral capsule, extended release 12 hr</i>	2	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine gluconate oral tablet extended release</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</i>	2	MO
<i>sotalol oral tablet</i>	2	MO

ANTIHYPERTENSIVE THERAPY

<i>acebutolol oral capsule</i>	1	MO
<i>aliskiren oral tablet</i>	4	MO
<i>amiloride oral tablet</i>	2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-olmesartan oral tablet</i>	2	MO
<i>amlodipine-valsartan oral tablet</i>	2	MO
<i>amlodipine-valsartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>benazepril oral tablet</i>	1	MO; QL (60 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	MO
<i>betaxolol oral tablet</i>	2	MO
<i>bisoprolol fumarate oral tablet</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	MO
<i>bumetanide injection solution</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide oral tablet</i>	2	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	MO; QL (30 per 30 days)
BYSTOLIC ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)
<i>candesartan oral tablet</i>	2	MO
<i>candesartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>captopril oral tablet</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	2	MO
<i>cartia xt oral capsule,extended release 24hr</i>	2	MO
<i>carvedilol oral tablet</i>	1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	4	ST; MO
<i>chlorothiazide oral tablet</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	4	MO
DEM SER ORAL CAPSULE	5	PA; MO; LDS
<i>diltiazem hcl intravenous recon soln</i>	2	B/D PA
<i>diltiazem hcl intravenous solution</i>	2	B/D PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg, 240 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO
<i>dilt-xr oral capsule, extended release 24h degradable</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>eplerenone oral tablet</i>	2	MO
<i>eprosartan oral tablet</i>	2	MO
<i>felodipine oral tablet extended release 24 hr</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril oral tablet</i>	1	MO; QL (60 per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO; QL (120 per 30 days)
<i>furosemide injection syringe</i>	2	B/D PA; MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection solution</i>	2	B/D PA; MO
<i>hydralazine oral tablet</i>	2	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO
<i>indapamide oral tablet</i>	1	MO
<i>irbesartan oral tablet</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>isradipine oral capsule</i>	2	MO
<i>labetalol intravenous solution</i>	2	B/D PA; MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	B/D PA
<i>labetalol oral tablet</i>	2	MO
<i>lisinopril oral tablet</i>	1	MO; QL (60 per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>losartan oral tablet 100 mg</i>	1	MO; QL (45 per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>losartan-hydrochlorothiazide oral tablet</i>	1	MO; QL (30 per 30 days)
<i>matzim la oral tablet extended release 24 hr</i>	2	MO
<i>methyclothiazide oral tablet</i>	2	MO
<i>methyldopa-hydrochlorothiazide oral tablet</i>	2	PA; MO
<i>metolazone oral tablet</i>	2	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	1	B/D PA; MO
<i>metoprolol tartrate intravenous syringe</i>	1	B/D PA
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide oral tablet</i>	2	MO
<i>minoxidil oral tablet</i>	2	MO
<i>moexipril oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol oral tablet</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral capsule</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine oral capsule</i>	2	MO
<i>olmesartan oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olmesartanamlodipinehydrochlorothiazide oral tablet</i>	2	MO
<i>olmesartanhydrochlorothiazide oral tablet</i>	1	MO; QL (30 per 30 days)
<i>perindopril erbumine oral tablet</i>	2	MO
<i>phenoxybenzamine oral capsule</i>	5	PA; MO; LDS
<i>pindolol oral tablet</i>	2	MO
<i>prazosin oral capsule</i>	2	MO
<i>propranolol intravenous solution</i>	2	B/D PA
<i>propranolol oral capsule,extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	2	MO
<i>propranololhydrochlorothiazide oral tablet</i>	2	MO
<i>quinapril oral tablet</i>	1	MO
<i>quinaprilhydrochlorothiazide oral tablet</i>	1	MO
<i>ramipril oral capsule</i>	1	MO
<i>spironolactone oral tablet</i>	2	MO
<i>spironolactonehydrochlorothiazide oral tablet</i>	2	MO
<i>taztia xt oral capsule,extended release 24 hr</i>	2	MO
TEKTURNA HCT ORAL TABLET	4	MO
<i>telmisartan oral tablet</i>	2	MO
<i>telmisartanhydrochlorothiazide oral tablet</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>timolol maleate oral tablet</i>	2	MO
<i>torsemide oral tablet</i>	2	MO
<i>trandolapril oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	MO
<i>treprostinil sodium injection solution</i>	5	B/D PA; MO; LDS
<i>triamterene-hydrochlorothiazide oral capsule</i>	2	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	2	MO
UPTRAVI ORAL TABLET	5	PA; MO; LA; LDS; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; LDS
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	MO; QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO; QL (30 per 30 days)
<i>verapamil intravenous solution</i>	1	B/D PA; MO
<i>verapamil intravenous syringe</i>	2	B/D PA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, extended release pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	MO
BRILINTA ORAL TABLET	3	MO
<i>cilostazol oral tablet</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO; QL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	2	MO
COUMADIN ORAL TABLET	3	MO
ELIQUIS ORAL TABLET	3	MO
ELIQUIS ORAL TABLETS,DOSE PACK	3	MO
<i>enoxaparin subcutaneous solution</i>	4	MO; QL (180 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO; LDS; QL (24 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO; LDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	MO; LDS; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	5	MO; LDS; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	5	MO; LDS; QL (15 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	5	MO; LDS; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	5	MO; LDS; QL (21.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	4	MO; QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	5	MO; LDS; QL (9 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	B/D PA
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	B/D PA; MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	2	B/D PA
<i>heparin (porcine) injection cartridge</i>	2	B/D PA; MO
<i>heparin (porcine) injection solution</i>	2	B/D PA; MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	B/D PA
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	B/D PA; MO
<i>heparin, porcine (pf) injection solution</i>	2	B/D PA; MO
<i>heparin, porcine (pf) injection syringe</i>	2	B/D PA; MO
<i>jantoven oral tablet</i>	3	MO
MULPLETA ORAL TABLET	5	PA; MO; LDS; QL (7 per 14 days)
<i>pentoxifylline oral tablet extended release</i>	2	MO
PRADAXA ORAL CAPSULE	4	MO
<i>prasugrel oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL TABLET	5	PA; MO; LA; LDS
<i>warfarin oral tablet</i>	1	MO
XARELTO ORAL TABLET	3	MO
XARELTO ORAL TABLETS,DOSE PACK	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin oral tablet</i>	1	MO; QL (45 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	2	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	2	MO
<i>cholestyramine light oral powder in packet</i>	2	MO
<i>colesevelam oral powder in packet</i>	2	MO
<i>colesevelam oral tablet</i>	2	MO
<i>colestipol oral granules</i>	2	MO
<i>colestipol oral packet</i>	2	MO
<i>colestipol oral tablet</i>	2	MO
<i>ezetimibe oral tablet</i>	2	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec)</i>	2	MO
<i>fenofibric acid oral tablet</i>	2	MO
<i>gemfibrozil oral tablet</i>	1	MO
JUXTAPID ORAL CAPSULE	5	PA; MO; LA; LDS
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1	MO; QL (45 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	2	MO
<i>omega-3 acid ethyl esters oral capsule</i>	2	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; MO; QL (2 per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	4	PA; MO; QL (4 per 28 days)
<i>pravastatin oral tablet</i>	1	MO; QL (45 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>prevelite oral powder</i>	2	MO
<i>prevelite oral powder in packet</i>	2	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	4	PA; MO; QL (3.5 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (3 per 28 days)
<i>rosuvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

CORLANOR ORAL TABLET	4	PA; MO
<i>digitek oral tablet 125 mcg</i>	1	MO
<i>digitek oral tablet 250 mcg</i>	1	PA; MO
<i>digox oral tablet 125 mcg</i>	1	MO
<i>digox oral tablet 250 mcg</i>	1	PA; MO
<i>digoxin injection solution</i>	2	PA; MO
<i>digoxin oral solution 50 mcg/ml</i>	2	PA; MO
<i>digoxin oral tablet 125 mcg</i>	1	MO
<i>digoxin oral tablet 250 mcg</i>	1	PA; MO
ENTRESTO ORAL TABLET	3	MO
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	4	MO
LANOXIN ORAL TABLET 250 MCG	4	PA; MO
<i>ranolazine oral tablet extended release 12 hr</i>	4	MO
VECAMYL ORAL TABLET	4	

NITRATES

ISORDIL ORAL TABLET	3	MO
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	2	
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	2	MO
<i>nitroglycerin intravenous solution</i>	2	B/D PA
<i>nitroglycerin sublingual tablet</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin translingual spray,non-aerosol</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	MO
<i>acitretin oral capsule 17.5 mg</i>	5	MO; LDS
<i>calcipotriene scalp solution</i>	2	MO; QL (60 per 30 days)
<i>calcipotriene topical cream</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone topical ointment</i>	4	MO
<i>calcitrene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>calcitriol topical ointment</i>	2	MO
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	5	PA; MO; LDS; QL (2 per 28 days)
COSENTYX (2 PENS) SUBCUTANEOUS PEN INJECTOR	5	PA; MO; LDS; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS PEN INJECTOR	5	PA; MO; LDS; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE	5	PA; MO; LDS; QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; LDS; QL (1 per 84 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; LDS; QL (1 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; LDS; QL (1 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; LDS; QL (3 per 84 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	2	MO
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE	5	PA; MO; LDS
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>imiquimod topical cream in packet</i>	2	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	B/D PA; MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl injection solution</i>	2	B/D PA; MO
<i>lidocaine hcl laryngotracheal solution</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch,medicated</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	2	MO; QL (50 per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>methoxsalen oral capsule, liquid-filled, rapid release</i>	2	MO
PANRETIN TOPICAL GEL	5	MO; LDS
<i>pimecrolimus topical cream</i>	4	ST; MO
<i>podofilox topical solution</i>	2	MO
REGRANEX TOPICAL GEL	5	PA; MO; LDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT	4	MO
<i>silver sulfadiazine topical cream</i>	2	MO
<i>ssd topical cream</i>	2	MO
<i>tacrolimus topical ointment</i>	4	MO
VALCHLOR TOPICAL GEL	5	PA; MO; LDS

THERAPY FOR ACNE

<i>adapalene topical cream</i>	2	PA; MO
<i>adapalene topical gel</i>	2	PA; MO
<i>adapalene topical gel with pump</i>	2	PA; MO
<i>adapalene topical solution</i>	2	PA
<i>amnesteem oral capsule</i>	2	MO
<i>claravis oral capsule</i>	4	MO
<i>clindamycin phosphate topical foam</i>	2	MO
<i>clindamycin phosphate topical gel</i>	2	MO
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	2	MO
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	MO
<i>ery pads topical swab</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin with ethanol topical swab</i>	2	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	2	MO
<i>metronidazole topical cream</i>	2	MO
<i>metronidazole topical gel</i>	2	MO
<i>metronidazole topical gel with pump</i>	2	MO
<i>metronidazole topical lotion</i>	2	MO
<i>tazarotene topical cream</i>	4	MO
<i>tretinoin microspheres topical gel</i>	2	PA; MO
<i>tretinoin microspheres topical gel with pump</i>	2	PA; MO
<i>tretinoin topical cream</i>	2	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA; MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	2	MO
<i>gentamicin topical ointment</i>	2	MO
<i>mupirocin calcium topical cream</i>	2	MO
<i>mupirocin topical ointment</i>	2	MO
<i>sulfacetamide sodium (acne) topical suspension</i>	2	MO
SULFAMYLYON TOPICAL CREAM	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	2	MO
<i>ciclopirox topical gel</i>	2	MO
<i>ciclopirox topical shampoo</i>	2	MO
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO
<i>clotrimazole topical cream</i>	2	MO
<i>clotrimazole-betamethasone topical cream</i>	2	MO
<i>clotrimazole-betamethasone topical lotion</i>	2	MO
<i>econazole topical cream</i>	2	MO
<i>ketoconazole topical cream</i>	2	MO
<i>ketoconazole topical foam</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole topical shampoo</i>	2	MO
<i>nyamyc topical powder</i>	2	MO
<i>nystatin topical cream</i>	2	MO
<i>nystatin topical ointment</i>	2	MO
<i>nystatin topical powder</i>	2	MO
<i>nystatin-triamcinolone topical cream</i>	2	MO
<i>nystatin-triamcinolone topical ointment</i>	2	MO
<i>nystop topical powder</i>	2	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	2	MO
DENAVIR TOPICAL CREAM	5	MO; LDS; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	2	MO
<i>alclometasone topical cream</i>	2	MO
<i>alclometasone topical ointment</i>	2	MO
<i>amcinonide topical cream</i>	2	MO
<i>amcinonide topical lotion</i>	2	MO
<i>amcinonide topical ointment</i>	2	
<i>betamethasone dipropionate topical cream</i>	2	MO
<i>betamethasone dipropionate topical lotion</i>	2	MO
<i>betamethasone dipropionate topical ointment</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical foam</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	2	MO
<i>betamethasone, augmented topical lotion</i>	2	MO
<i>desoximetasone topical cream</i>	2	MO
<i>desoximetasone topical gel</i>	2	MO
<i>desoximetasone topical ointment</i>	2	MO
<i>diflorasone topical cream</i>	2	MO
<i>diflorasone topical ointment</i>	2	MO
<i>fluocinolone and shower cap scalp oil</i>	2	MO
<i>fluocinolone topical oil</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone topical ointment</i>	2	MO
<i>fluocinolone topical solution</i>	2	MO
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical lotion</i>	2	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical cream</i>	2	MO
<i>hydrocortisone butyrate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone butyr-emollient topical cream</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 2.5 %</i>	2	MO
<i>hydrocortisone valerate topical cream</i>	2	MO
<i>hydrocortisone valerate topical ointment</i>	2	MO
<i>mometasone topical cream</i>	2	MO
<i>mometasone topical ointment</i>	2	MO
<i>mometasone topical solution</i>	2	MO
<i>prednicarbate topical ointment</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 topical ointment</i>	2	MO
<i>triderm topical cream 0.1 %</i>	2	MO

TOPICAL SCABICIDES / PEDICULICIDES

<i>lindane topical shampoo</i>	2	MO
<i>malathion topical lotion</i>	2	MO
<i>permethrin topical cream</i>	2	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS

IRRIGATING SOLUTIONS

<i>neomycin-polymyxin b gu irrigation solution</i>	2	MO
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MISCELLANEOUS AGENTS

<i>acamprostate oral tablet, delayed release (dr/ec)</i>	2	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide oral capsule</i>	2	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	B/D PA; MO; LA; LDS
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	B/D PA; MO; LDS
AURYXIA ORAL TABLET	5	PA; MO; LDS
<i>cevimeline oral capsule</i>	2	MO
CHEMET ORAL CAPSULE	4	MO
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 2.75%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX N9G20E 2.75%-D10W(SF) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	B/D PA
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	B/D PA; MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	B/D PA; MO
<i>deferasirox oral tablet, dispersible</i>	5	MO; LDS
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 20 % in water (d20w) intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	2	B/D PA
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 40 % in water (d40w) intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	B/D PA; MO
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose with sodium chloride intravenous parenteral solution</i>	2	B/D PA
<i>disulfiram oral tablet</i>	2	MO
ENDARI ORAL POWDER IN PACKET	5	PA; MO; LA; LDS; QL (180 per 30 days)
FERRIPROX ORAL TABLET 500 MG	5	PA; MO; LDS
INCRELEX SUBCUTANEOUS SOLUTION	5	B/D PA; MO; LA; LDS
<i>kionex (with sorbitol) oral suspension</i>	4	MO
<i>lanthanum oral tablet, chewable</i>	5	MO; LDS
<i>levocarnitine (with sugar) oral solution</i>	2	B/D PA; MO
<i>levocarnitine oral tablet</i>	2	B/D PA; MO
<i>midodrine oral tablet</i>	2	MO
NORTHERA ORAL CAPSULE	5	PA; MO; LDS
<i>pilocarpine hcl oral tablet</i>	2	MO
RAVICTI ORAL LIQUID	5	PA; MO; LDS
<i>riluzole oral tablet</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO
<i>sevelamer carbonate oral powder in packet</i>	5	MO; LDS
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	MO
<i>sodium chloride irrigation solution</i>	2	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sodium polystyrene sulfonate oral suspension</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	2	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	2	
sps (with sorbitol) oral suspension	2	MO
sps (with sorbitol) rectal enema	2	
trientine oral capsule	5	PA; MO; LDS
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	B/D PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	2	MO
CHANTIX CONTINUING MONTH BOX ORAL TABLET	4	MO
CHANTIX ORAL TABLET	4	MO
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	4	MO
NICOTROL INHALATION CARTRIDGE	3	MO
NICOTROL NS NASAL SPRAY,NON-AEROSOL	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray, aerosol	2	MO; QL (60 per 30 days)
azelastine nasal spray,non-aerosol	2	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane mouthwash	2	MO
denta 5000 plus dental cream	2	MO
dentagel dental gel	2	MO
ipratropium bromide nasal spray,non-aerosol 0.03 %	2	MO; QL (60 per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	2	MO; QL (30 per 30 days)
olopatadine nasal spray,non-aerosol	4	MO; QL (30.5 per 30 days)
paroex oral rinse mucous membrane mouthwash	2	MO
periogard mucous membrane mouthwash	2	MO
sf 5000 plus dental cream	2	MO
sf dental gel	2	MO
triamcinolone acetonide dental paste	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	2	MO
<i>fluocinolone acetonide oil otic (ear) drops</i>	2	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	2	MO
<i>ofloxacin otic (ear) drops</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	4	MO
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	5	PA; MO; LDS
<i>cortisone oral tablet</i>	2	MO
<i>dexamethasone intensol oral drops</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	B/D PA; MO
<i>dexamethasone sodium phosphate injection solution</i>	2	B/D PA; MO
<i>dexamethasone sodium phosphate injection syringe</i>	2	B/D PA; MO
<i>fludrocortisone oral tablet</i>	2	MO
<i>hydrocortisone oral tablet</i>	2	MO
KENALOG INJECTION SUSPENSION	4	MO
<i>methylprednisolone acetate injection suspension</i>	2	B/D PA; MO
<i>methylprednisolone oral tablet</i>	2	MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	B/D PA; MO
<i>methylprednisolone sodium succ intravenous recon soln</i>	2	B/D PA; MO
<i>millipred oral tablet</i>	2	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	2	MO
<i>prednisone intensol oral concentrate</i>	2	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
SOLU-CORTEF (PF) INJECTION RECON SOLN	3	B/D PA; MO
<i>triamcinolone acetonide injection suspension</i>	2	MO
<i>veripred 20 oral solution</i>	2	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil oral tablet</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet</i>	2	MO
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	4	ST; MO; QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	4	ST; MO; QL (30 per 30 days)
<i>alcohol pads topical pads, medicated</i>	3	MO
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS PEN	4	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-Injector	3	MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN Injector	3	MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; QL (1.2 per 30 days)
CYCLOSET ORAL TABLET	4	ST; MO
FARXIGA ORAL TABLET	3	MO; QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS PEN	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet</i>	1	MO
<i>glipizide oral tablet</i>	1	MO
<i>glipizide oral tablet extended release 24hr</i>	1	MO
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg</i>	2	MO; QL (60 per 30 days)
<i>glipizide-metformin oral tablet 5-500 mg</i>	2	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	MO
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	3	MO
<i>glyburide micronized oral tablet</i>	2	ST; MO
<i>glyburide oral tablet</i>	2	ST; MO
<i>glyburide-metformin oral tablet</i>	2	ST; MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
JANUMET ORAL TABLET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	3	MO
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	3	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
<i>metformin oral tablet</i>	1	MO
<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 (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide oral tablet</i>	2	MO
NEEDLES, INSULIN DISP., SAFETY	3	MO
NOVOFINE NEEDLE	3	MO
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS PEN	3	MO
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	3	MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	MO
NOVOTWIST NEEDLE	3	MO
ONGLYZA ORAL TABLET	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	MO; QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	2	MO
<i>pioglitazone-glimepiride oral tablet</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet</i>	2	MO; QL (90 per 30 days)
PROGLYCEM ORAL SUSPENSION	4	MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (930 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>repaglinide-metformin oral tablet</i>	2	MO
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	4	MO
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	4	MO

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY ORAL TABLET	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
<i>tolazamide oral tablet</i>	2	MO
<i>tolbutamide oral tablet</i>	1	MO
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN	3	MO
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	3	MO
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	MO; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5- 500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
ANADROL-50 ORAL TABLET	3	MO
<i>cabergoline oral tablet</i>	2	MO; QL (20 per 30 days)
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule</i>	2	B/D PA; MO
<i>calcitriol oral solution</i>	2	B/D PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	B/D PA; MO; LDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	5	B/D PA; MO; LDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	5	B/D PA; MO; LDS; QL (120 per 30 days)
<i>danazol oral capsule</i>	2	MO
<i>desmopressin injection solution</i>	2	MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray,non-aerosol</i>	2	MO
<i>desmopressin oral tablet</i>	2	MO
ELAPRASE INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
ELELYSO INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
FABRAZYME INTRAVENOUS RECON SOLN	5	PA; MO; LDS
GALAFOLD ORAL CAPSULE	5	PA; MO; LDS; QL (15 per 30 days)
JYNARQUE ORAL TABLET	5	PA; LA; LDS
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; MO; LA; LDS; QL (56 per 28 days)
KORLYM ORAL TABLET	5	PA; MO; LDS
KUVAN ORAL TABLET,SOLUBLE	5	PA; MO; LDS
<i>methyltestosterone oral capsule</i>	2	MO
MIACALCIN INJECTION SOLUTION	3	B/D PA; MO
<i>miglustat oral capsule</i>	5	MO; LA; LDS
NAGLAZYME INTRAVENOUS SOLUTION	5	B/D PA; MO; LDS
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; MO; LA; LDS
ORILISSA ORAL TABLET	5	PA; MO; LDS
<i>oxandrolone oral tablet 10 mg</i>	5	MO; LDS
<i>oxandrolone oral tablet 2.5 mg</i>	2	MO
<i>pamidronate intravenous recon soln</i>	2	B/D PA; MO
<i>pamidronate intravenous solution</i>	2	B/D PA; MO
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	B/D PA
<i>paricalcitol intravenous solution 2 mcg/ml</i>	3	B/D PA
<i>paricalcitol intravenous solution 5 mcg/ml</i>	3	B/D PA; MO
<i>paricalcitol oral capsule</i>	4	B/D PA; MO
PREGNYL INTRAMUSCULAR RECON SOLN	4	PA; MO
SAMSCA ORAL TABLET 15 MG	5	PA; MO; LDS; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PA; MO; LDS; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS RECON SOLN	5	B/D PA; MO; LDS
SYNAREL NASAL SPRAY, NON-AEROSOL	5	MO; LDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	B/D PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	B/D PA
<i>testosterone enanthate intramuscular oil</i>	2	B/D PA; MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	MO
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	2	MO
VPRIV INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	5	B/D PA; LDS

THYROID HORMONES

<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	4	MO
<i>liothyronine intravenous solution</i>	2	MO
<i>liothyronine oral tablet</i>	2	MO
SYNTHROID ORAL TABLET	4	MO
<i>unithroid oral tablet</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	2	MO
<i>atropine injection syringe 0.05 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>glycopyrrolate injection solution</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>loperamide oral capsule</i>	2	MO
<i>methscopolamine oral tablet</i>	2	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
<i>alosetron oral tablet</i>	5	PA; MO; LDS; QL (60 per 30 days)
AMITIZA ORAL CAPSULE	3	MO; QL (60 per 30 days)
<i>aprepitant oral capsule</i>	4	B/D PA; MO
<i>aprepitant oral capsule,dose pack</i>	4	B/D PA; MO
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
<i>balsalazide oral capsule</i>	2	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
CHOLBAM ORAL CAPSULE	5	PA; MO; LDS
<i>compro rectal suppository</i>	2	MO
<i>constulose oral solution</i>	2	MO
<i>cromolyn oral concentrate</i>	2	MO
CYSTADANE ORAL POWDER	5	LDS
DIPENTUM ORAL CAPSULE	4	MO
<i>dronabinol oral capsule</i>	4	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>enulose oral solution</i>	2	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MO; LDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; MO; LDS
<i>gavilyte-c oral recon soln</i>	2	MO
<i>gavilyte-g oral recon soln</i>	2	MO
<i>gavilyte-n oral recon soln</i>	2	MO
<i>generlac oral solution</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	B/D PA; MO
<i>granisetron hcl intravenous solution</i>	2	B/D PA; MO
<i>granisetron hcl oral tablet</i>	2	B/D PA; MO
<i>hydrocortisone rectal enema</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution</i>	2	MO
LINZESS ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	2	MO
<i>mesalamine rectal enema</i>	2	MO
<i>mesalamine rectal suppository</i>	4	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	B/D PA; MO
<i>metoclopramide hcl injection syringe</i>	2	B/D PA
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK ORAL TABLET	3	MO
MOVIPREP ORAL POWDER IN PACKET	3	MO
<i>ondansetron hcl (pf) injection solution</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection syringe</i>	2	B/D PA; MO
<i>ondansetron hcl intravenous solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet,disintegrating</i>	2	B/D PA; MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	4	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74- 6.74 -5.86 gram</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72- 6.72 -5.84 gram</i>	1	
<i>peg-electrolyte oral recon soln</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE	4	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine edisylate injection solution</i>	2	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	2	MO
<i>proto-pak topical cream with perineal applicator</i>	2	MO
<i>proctosol hc topical cream with perineal applicator</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>proctozone-hc topical cream with perineal applicator</i>	2	MO
RECTIV RECTAL OINTMENT	4	MO; QL (30 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; LDS
RELISTOR SUBCUTANEOUS SYRINGE	5	MO; LDS
REMICADE INTRAVENOUS RECON SOLN	5	PA; MO; LDS
SANCUSO TRANSDERMAL PATCH WEEKLY	5	MO; LDS; QL (2 per 15 days)
<i>scopolamine base transdermal patch 3 day</i>	4	MO; QL (10 per 30 days)
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	2	MO
<i>trilyte with flavor packets oral recon soln</i>	2	MO
<i>ursodiol oral capsule</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI ORAL TABLET	4	B/D PA; MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO
ULCER THERAPY		
<i>amoxicillin-clarithromycin-lansoprazole oral combo pack</i>	2	MO
CARAFATE ORAL SUSPENSION	3	MO
<i>cimetidine hcl oral solution</i>	2	MO
<i>cimetidine oral tablet</i>	2	MO
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE	3	MO
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	B/D PA
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	B/D PA; MO
<i>famotidine (pf) intravenous solution</i>	2	B/D PA; MO
<i>famotidine (pf)-nacl (iso-osm) intravenous piggyback</i>	2	B/D PA; MO
<i>famotidine intravenous solution</i>	2	B/D PA; MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	2	MO
<i>misoprostol oral tablet</i>	2	MO
<i>nizatidine oral capsule</i>	2	MO
<i>nizatidine oral solution</i>	2	MO
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	2	MO
<i>ranitidine hcl injection solution 25 mg/ml</i>	2	B/D PA; MO
<i>ranitidine hcl oral capsule</i>	2	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	MO
<i>sucralfate oral tablet</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; MO; LDS
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; MO; LDS
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	5	MO; LDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	MO; LDS
AVONEX INTRAMUSCULAR SYRINGE KIT	5	MO; LDS
BETASERON SUBCUTANEOUS KIT	5	MO; LDS
EXTAVIA SUBCUTANEOUS KIT	5	MO; LDS
EXTAVIA SUBCUTANEOUS RECON SOLN	5	LDS
GRANIX SUBCUTANEOUS SOLUTION	5	PA; MO; LDS
GRANIX SUBCUTANEOUS SYRINGE	5	PA; MO; LDS
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	B/D PA; MO; LDS
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML)	4	B/D PA; MO
INTRON A INJECTION SOLUTION	5	B/D PA; MO; LDS
LEUKINE INJECTION RECON SOLN	5	PA; MO; LDS
MOZOBIL SUBCUTANEOUS SOLUTION	5	B/D PA; MO; LDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	5	PA; MO; LDS
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; LDS; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; LDS; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	5	MO; LDS
PLEGRIDY SUBCUTANEOUS SYRINGE	5	MO; LDS
PROCIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO; QL (24 per 30 days)
PROCIT INJECTION SOLUTION 20,000 UNIT/2 ML	3	B/D PA; MO; QL (24 per 30 days)
PROCIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO; LDS; QL (24 per 30 days)
PROCIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; LDS; QL (6 per 30 days)
PROLEUKIN INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	5	MO; LDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	5	MO; LDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	5	MO; LDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO; QL (24 per 30 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; LDS; QL (6 per 30 days)
SYLATRON SUBCUTANEOUS KIT	5	MO; LDS
ZARXIO INJECTION SYRINGE	5	PA; MO; LDS

VACCINES / MISCELLANEOUS IMMUNOLOGICALS

ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	MO
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
BEXSERO INTRAMUSCULAR SYRINGE	4	MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	MO
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
<i>fomepizole intravenous solution</i>	2	B/D PA
GAMMAGARD LIQUID INJECTION SOLUTION	5	PA; MO; LDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	5	B/D PA; MO; LDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	3	B/D PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	MO
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	4	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOP INJECTION SUSPENSION	3	MO
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	

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

Drug Name	Drug Tier	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	MO
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	MO
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	4	
ROTAQUE VACCINE ORAL SOLUTION	3	MO
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	MO
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TDVAX INTRAMUSCULAR SUSPENSION	4	B/D PA; MO
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	4	B/D PA; MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	4	MO
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	4	MO
TRUMENBA INTRAMUSCULAR SYRINGE	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	MO
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	4	MO
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO; QL (1 per 365 days)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet</i>	1	MO
<i>allopurinol sodium intravenous recon soln</i>	2	B/D PA
COLCRYS ORAL TABLET	3	MO
<i>probenecid oral tablet</i>	2	MO
<i>probenecid-colchicine oral tablet</i>	2	MO
ULORIC ORAL TABLET	3	ST; MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (375 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 (5 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR	5	MO; LDS; QL (2.4 per 28 days)
<i>ibandronate oral tablet</i>	2	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	4	PA; MO
<i>raloxifene oral tablet</i>	2	MO
<i>risedronate oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	2	MO
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO
TYMLOS SUBCUTANEOUS PEN INJECTOR	5	MO; LDS; QL (1.56 per 30 days)

OTHER RHEUMATOLOGICALS

BENLYSTA INTRAVENOUS RECON SOLN	4	B/D PA; MO
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LDS
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MO; LDS
DEPEN TITRATABS ORAL TABLET	4	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MO; LDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; LDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	5	PA; MO; LDS; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	PA; MO; LDS; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MO; LDS; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; LDS; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; LDS; QL (6 per 180 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS INJECTOR KIT	5	PA; MO; LDS; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS INJECTOR KIT	5	PA; MO; LDS; QL (4 per 180 days)
HUMIRA PEN SUBCUTANEOUS INJECTOR KIT	5	PA; MO; LDS; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT	5	PA; MO; LDS; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; LDS; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; LDS; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS INJECTOR KIT	5	PA; MO; LDS; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS INJECTOR KIT	5	PA; MO; LDS; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; LDS; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	5	PA; MO; LDS; QL (2 per 28 days)
<i>leflunomide oral tablet</i>	2	MO; QL (30 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; LDS; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; LDS; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; LDS; QL (2.8 per 28 days)
OTEZLA ORAL TABLET	5	PA; MO; LDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; LDS; QL (55 per 180 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; LDS; QL (55 per 180 days)
<i>penicillamine oral capsule</i>	5	PA; MO; LDS
XELJANZ ORAL TABLET	5	PA; MO; LDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MO; LDS; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila oral tablet</i>	2	MO
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	4	MO
CRINONE VAGINAL GEL	4	PA; MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	B/D PA; MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	MO
<i>errin oral tablet</i>	2	MO
<i>estradiol oral tablet</i>	2	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	MO
<i>estradiol transdermal patch weekly</i>	2	MO
<i>estradiol vaginal cream</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>heather oral tablet</i>	2	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	4	PA; MO
<i>jencycla oral tablet</i>	2	MO
<i>jinteli oral tablet</i>	4	MO
<i>jolivette oral tablet</i>	2	MO
<i>lyza oral tablet</i>	2	MO
<i>medroxyprogesterone intramuscular suspension</i>	2	MO; QL (1 per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular syringe</i>	2	MO; QL (1 per 90 days)
<i>medroxyprogesterone oral tablet</i>	2	MO
<i>norethindrone (contraceptive) oral tablet</i>	2	MO
<i>norethindrone acetate oral tablet</i>	2	MO
PREMARIN INJECTION RECON SOLN	4	B/D PA; MO
PREMARIN VAGINAL CREAM	4	MO
<i>progesterone micronized oral capsule</i>	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	4	MO
<i>clindamycin phosphate vaginal cream</i>	2	MO
<i>metronidazole vaginal gel</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	2	MO
<i>tranexamic acid oral tablet</i>	2	MO
<i>vandazole vaginal gel</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet</i>	2	MO
<i>alyacen 1/35 (28) oral tablet</i>	2	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	2	MO
<i>amethia lo oral tablets,dose pack,3 month</i>	2	MO
<i>amethia oral tablets,dose pack,3 month</i>	2	MO
<i>amethyst (28) oral tablet</i>	2	MO
<i>apri oral tablet</i>	2	MO
<i>aranelle (28) oral tablet</i>	2	MO
<i>ashlyna oral tablets,dose pack,3 month</i>	2	MO
<i>aubra eq oral tablet</i>	2	MO
<i>aubra oral tablet</i>	2	MO
<i>aviane oral tablet</i>	2	MO
<i>azurette (28) oral tablet</i>	2	MO
<i>balziva (28) oral tablet</i>	2	MO
<i>blisovi 24 fe oral tablet</i>	2	MO
<i>blisovi fe 1.5/30 (28) oral tablet</i>	2	MO
<i>brielllyn oral tablet</i>	2	MO
<i>camrese lo oral tablets,dose pack,3 month</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>camrese oral tablets,dose pack,3 month</i>	2	MO
<i>caziant (28) oral tablet</i>	2	MO
<i>chateal (28) oral tablet</i>	2	MO
<i>cryselle (28) oral tablet</i>	2	MO
<i>cyclafem 1/35 (28) oral tablet</i>	2	MO
<i>cyclafem 7/7/7 (28) oral tablet</i>	2	MO
<i>dasetta 1/35 (28) oral tablet</i>	2	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	2	MO
<i>daysee oral tablets,dose pack,3 month</i>	2	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	2	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	MO
<i>elinest oral tablet</i>	2	MO
ELLA ORAL TABLET	3	
<i>emoquette oral tablet</i>	2	MO
<i>enpresse oral tablet</i>	2	MO
<i>enskyce oral tablet</i>	2	MO
<i>estarylla oral tablet</i>	2	MO
<i>falmina (28) oral tablet</i>	2	MO
<i>gianvi (28) oral tablet</i>	2	MO
<i>introvale oral tablets,dose pack,3 month</i>	2	MO
<i>jolessa oral tablets,dose pack,3 month</i>	2	MO
<i>junel 1.5/30 (21) oral tablet</i>	2	MO
<i>junel 1/20 (21) oral tablet</i>	2	MO
<i>junel fe 1.5/30 (28) oral tablet</i>	2	MO
<i>junel fe 1/20 (28) oral tablet</i>	2	MO
<i>junel fe 24 oral tablet</i>	2	MO
<i>kariva (28) oral tablet</i>	2	MO
<i>kelnor 1/35 (28) oral tablet</i>	2	MO
<i>kurvelo (28) oral tablet</i>	2	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month</i>	2	MO
<i>larissia oral tablet</i>	2	MO
<i>layolis fe oral tablet,chewable</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lessina oral tablet</i>	2	MO
<i>levonest (28) oral tablet</i>	2	MO
<i>levonorgestrel oral tablet 1.5 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	2	MO
<i>levora-28 oral tablet</i>	2	MO
<i>loryna (28) oral tablet</i>	2	MO
<i>low-ogestrel (28) oral tablet</i>	2	MO
<i>lutera (28) oral tablet</i>	2	MO
<i>marlissa (28) oral tablet</i>	2	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	2	MO
<i>microgestin 1/20 (21) oral tablet</i>	2	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	2	MO
<i>mono-linyah oral tablet</i>	2	MO
<i>necon 0.5/35 (28) oral tablet</i>	2	MO
<i>nikki (28) oral tablet</i>	2	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	2	MO
<i>nortrel 1/35 (21) oral tablet</i>	2	MO
<i>nortrel 1/35 (28) oral tablet</i>	2	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	2	MO
<i>ocella oral tablet</i>	2	MO
<i>orsythia oral tablet</i>	2	MO
<i>philith oral tablet</i>	2	MO
<i>pimtrea (28) oral tablet</i>	2	MO
<i>pirmella oral tablet</i>	2	MO
<i>portia 28 oral tablet</i>	2	MO
<i>previfem oral tablet</i>	2	MO
<i>reclipsen (28) oral tablet</i>	2	MO
<i>sprintec (28) oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sronyx oral tablet</i>	2	MO
<i>syeda oral tablet</i>	2	MO
<i>tilia fe oral tablet</i>	2	MO
<i>tri-estarrylla oral tablet</i>	2	MO
<i>tri-legest fe oral tablet</i>	2	MO
<i>tri-linyah oral tablet</i>	2	MO
<i>tri-previfem (28) oral tablet</i>	2	MO
<i>tri-sprintec (28) oral tablet</i>	2	MO
<i>trivora (28) oral tablet</i>	2	MO
<i>velivet triphasic regimen (28) oral tablet</i>	2	MO
<i>viorele (28) oral tablet</i>	2	MO
<i>wera (28) oral tablet</i>	2	MO
<i>wymzya fe oral tablet, chewable</i>	2	MO
<i>zarah oral tablet</i>	2	MO
<i>zovia 1/35e (28) oral tablet</i>	2	MO
OXYTOCICS		
METHYLERGONOVINE INJECTION SOLUTION	4	B/D PA
<i>methylergonovine oral tablet</i>	2	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	2	MO
AZASITE OPHTHALMIC (EYE) DROPS	3	MO
<i>bacitracin ophthalmic (eye) ointment</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	4	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	MO
<i>erythromycin ophthalmic (eye) ointment</i>	2	MO
<i>gatifloxacin ophthalmic (eye) drops</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	2	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	2	MO
<i>ofloxacin ophthalmic (eye) drops</i>	2	MO
<i>polycin ophthalmic (eye) ointment</i>	2	MO
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	MO
<i>tobramycin ophthalmic (eye) drops</i>	1	MO
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	2	MO
ZIRGAN OPHTHALMIC (EYE) GEL	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	2	MO
BETIMOL OPHTHALMIC (EYE) DROPS	4	MO
<i>carteolol ophthalmic (eye) drops</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine ophthalmic (eye) drops</i>	2	MO
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	3	MO
<i>cromolyn ophthalmic (eye) drops</i>	2	MO
CYSTARAN OPHTHALMIC (EYE) DROPS	4	MO
<i>epinastine ophthalmic (eye) drops</i>	2	MO
LASTACAFT OPHTHALMIC (EYE) DROPS	3	MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	4	MO
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	2	MO
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; MO; LA; LDS; QL (112 per 365 days)
PAZEO OPHTHALMIC (EYE) DROPS	3	MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	MO; QL (1 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	2	MO
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>ketorolac ophthalmic (eye) drops</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>acetazolamide sodium injection recon soln</i>	2	MO
<i>methazolamide oral tablet</i>	2	MO
OTHER GLAUCOMA DRUGS		
COMBIGAN OPHTHALMIC (EYE) DROPS	3	MO
<i>dorzolamide ophthalmic (eye) drops</i>	2	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	MO
<i>latanoprost ophthalmic (eye) drops</i>	2	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO; QL (2.5 per 30 days)
TRAVATAN Z OPHTHALMIC (EYE) DROPS	3	MO; QL (2.5 per 30 days)
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	MO
TOBRADEX ST OPTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	MO
DUREZOL OPHTHALMIC (EYE) DROPS	3	MO
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine ophthalmic (eye) drops</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>clemastine oral tablet 2.68 mg</i>	2	PA; MO
<i>cyproheptadine oral syrup</i>	2	PA; MO
<i>cyproheptadine oral tablet</i>	2	PA; MO
<i>desloratadine oral tablet</i>	2	MO
<i>desloratadine oral tablet,disintegrating</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	B/D PA; MO
<i>diphenhydramine hcl injection syringe</i>	2	B/D PA; MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	MO; QL (4 per 2 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (4 per 2 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
EPIPEN INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)

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

Drug Name	Drug Tier	Requirements/Limits
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
EPIPEN JR INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
<i>hydroxyzine hcl intramuscular solution</i>	2	B/D PA; MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	MO
<i>hydroxyzine hcl oral tablet</i>	4	MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine oral tablet</i>	2	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	2	B/D PA; MO
ADEMPAS ORAL TABLET	5	PA; MO; LA; LDS; QL (90 per 30 days)
ADVAIR HFA AEROSOL INHALER	3	MO; QL (24 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 %)</i>	2	B/D PA; MO; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	2	B/D PA; MO; QL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	2	MO
<i>albuterol sulfate oral tablet extended release 12 hr alyq oral tablet</i>	2	MO
<i>ambrisentan oral tablet</i>	5	PA; MO; LDS; QL (60 per 30 days)
<i>ambrisentan oral tablet</i>	5	PA; MO; LA; LDS; QL (30 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (30 per 30 days)
ASMANEX HFA AEROSOL INHALER	3	MO; QL (26 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 30 days)
ATROVENT HFA AEROSOL INHALER	4	MO; QL (26 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BEVESPI AEROSPHERE HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	5	PA; MO; LA; LDS; QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	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; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	B/D PA; MO
<i>budesonide nasal spray,non-aerosol</i>	2	MO
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MO; LDS
COMBIVENT RESPIMAT INHALATION MIST	4	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	2	B/D PA; MO; QL (240 per 30 days)
DALIRESP ORAL TABLET	4	MO
DULERA INHALATION HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO; LDS
ESBRIET ORAL TABLET	5	PA; MO; LDS
FIRAZYR SUBCUTANEOUS SYRINGE	5	PA; MO; LDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (36 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (21 per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray,suspension</i>	2	MO; QL (16 per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D PA; MO; QL (315 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D PA; MO; QL (540 per 30 days)
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; LDS; QL (60 per 30 days)
KALYDECO ORAL TABLET	5	PA; MO; LDS; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml</i>	2	B/D PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B/D PA; MO; QL (90 per 30 days)
<i>metaproterenol oral syrup</i>	2	MO
<i>metaproterenol oral tablet</i>	2	MO
<i>mometasone nasal spray,non-aerosol</i>	4	MO; QL (51 per 30 days)
<i>montelukast oral granules in packet</i>	2	MO
<i>montelukast oral tablet</i>	2	MO
<i>montelukast oral tablet,chewable</i>	2	MO
OFEV ORAL CAPSULE	5	PA; MO; LDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET	5	PA; MO; LA; LDS; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; LDS
ORKAMBI ORAL TABLET	5	PA; MO; LDS
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO; LDS; QL (120 per 30 days)
PULMOZYME INHALATION SOLUTION	5	B/D PA; MO; LDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	MO; QL (120 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	MO; QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SYMBICORT HFA AEROSOL INHALER	3	MO; QL (20 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	5	PA; MO; LA; LDS; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; MO; LDS; QL (60 per 30 days)
<i>terbutaline oral tablet</i>	2	MO
<i>terbutaline subcutaneous solution</i>	2	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; MO; LA; LDS; QL (120 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
VENTOLIN HFA AEROSOL INHALER <i>wixela inhale inhalation blister with device</i>	3	MO; QL (36 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	MO; QL (60 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; LDS; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML <i>zafirlukast oral tablet</i>	5	PA; MO; LA; LDS; QL (4 per 28 days)
	2	PA; MO; LA; LDS; QL (2 per 28 days)
	MO	

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>flavoxate oral tablet</i>	2	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	ST; MO; QL (30 per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST; MO; QL (30 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	2	MO; QL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	MO; QL (30 per 30 days)
<i>solifenacin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO; QL (30 per 30 days)
<i>tolterodine oral tablet</i>	2	MO; QL (60 per 30 days)
<i>trospium oral capsule, extended release 24hr</i>	2	MO; QL (30 per 30 days)
<i>trospium oral tablet</i>	2	MO; QL (60 per 30 days)

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>dutasteride oral capsule</i>	2	MO; QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	2	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>tamsulosin oral capsule</i>	2	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet</i>	2	MO
CYSTAGON ORAL CAPSULE	3	MO; LA
ELMIRON ORAL CAPSULE	4	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	4	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>klor-con 10 oral tablet extended release</i>	2	MO
<i>klor-con 8 oral tablet extended release</i>	2	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con oral packet</i>	2	MO
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	2	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	MO
<i>lactated ringers intravenous parenteral solution</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	B/D PA; MO
<i>magnesium sulfate injection syringe</i>	2	B/D PA
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA; MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	B/D PA
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	2	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	B/D PA
<i>ringer's intravenous parenteral solution</i>	2	B/D PA
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 5 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride intravenous parenteral solution</i>	2	MO
<i>sodium lactate intravenous solution</i>	2	

MISCELLANEOUS NUTRITION PRODUCTS

AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
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You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN-PF 7 % SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%-D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX N14G30E 4.25%-D15W SF INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX N9G15E 2.75%-D7.5W SF INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	2	B/D PA
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	4	
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ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA

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NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>plenamine intravenous parenteral solution</i>	2	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	4	B/D PA; MO
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA; MO
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA; MO
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA; MO
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO

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tri-sprintec (28).....	74	VERSACLOZ	37	Y	
TRIUMEQ.....	5	VERZENIO	22	YERVOY	22
trivora (28).....	74	VICTOZA 2-PAK	58	YF-VAX (PF)	68
TROGARZO	5	VICTOZA 3-PAK	58	YONDELIS	22
TROPHAMINE 10 %	85	VIDEX 2 GRAM PEDIATRIC	5	YONSA	22
TROPHAMINE 6%	85	VIDEX 4 GRAM PEDIATRIC	5	Z	
trospium.....	81	VIDEX EC	5	zafirlukast	81
TRUMENBA	67	vigabatrin.....	25	ZALTRAP	22
TRUVADA	5	VIIBRYD	37	zarah	74
TWINRIX (PF)	67	VIMPAT.....	25	ZARXIO	65
TYBOST	5	vinblastine	22	ZEJULA	22
TYKERB	21	vincristine	22	ZELBORA.....	22
TYMLOS	68	vinorelbine.....	22	ZENPEP	63
TYPHIM VI	67	viorele (28)	74	zidovudine	5
TYSABRI.....	27			ziprasidone hcl.....	37
U				ZIRGAN	75
ULORIC	68			zoledronic acid.....	60
unithroid	60			zoledronic acid-mannitol-water	53, 60

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

zonisamide.....	25	zovia 1/35e (28).....	74	ZYPREXA RELPREVV	37
ZORTRESS	22	ZYDELIG.....	22	ZYTIGA	22
ZOSTAVAX (PF)	68	ZYKADIA.....	22		

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

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