

# **BlueCross BlueShield of Western New York**

## **2019 Formulary**

### **List of Covered Drugs**

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

HPMS Approved Formulary File Submission ID 0019243, Version Number 5

This formulary was updated on 10/9/18 For more recent information or other questions, please contact BlueCross BlueShield of Western New York at 1-877-461-9218 or, for TTY users, (TTY 711), October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week and April 1 – September 30, 8 a.m. to 8 p.m., Monday – Friday, or visit [www.bcbswny.com/pharmacy](http://www.bcbswny.com/pharmacy).

**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 BlueCross BlueShield of Western New York. When it refers to “plan” or “our plan,” it means BlueCross BlueShield Retiree Pharmacy PDP.

This document includes list of the drugs (formulary) for our plan which is current as of 10/9/18. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020 and from time to time during the year.

## **What is the BlueCross BlueShield of Western New York Formulary?**

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

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

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60 day supply of the drug.

The enclosed formulary is current as of 10/9/18. To get updated information about the drugs covered by BlueCross BlueShield of Western New York please contact us. Our contact information appears on the front and back cover pages. In the event our plan makes a mid-year, non-maintenance change to the formulary we will notify you directly by mail. We will send you a written notification explaining the change and a new formulary page reflecting the correct text and benefit.

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

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

### **Medical Condition**

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Anti-hypertensive Therapy". If you know what your drug is used for, look for the category name in the list that begins on page number 2. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 142. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

BlueCross BlueShield of Western New York covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** BlueCross BlueShield of Western New York requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from BlueCross BlueShield of Western New York before you fill your prescriptions. If you don't get approval, BlueCross BlueShield of Western New York may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueCross BlueShield of Western New York limits the amount of the drug that BlueCross BlueShield of Western New York will cover. For example, BlueCross

BlueShield of Western New York provides 30 units per prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, BlueCross BlueShield of Western New York requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, BlueCross BlueShield of Western New York may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueCross BlueShield of Western New York will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask BlueCross BlueShield of Western New York to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the BlueCross BlueShield of Western New York formulary?” on page v for information about how to request an exception.

### **What are over-the counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. BlueCross BlueShield of Western New York pays for certain OTC drugs. The cost to BlueCross BlueShield of Western New York will not count toward your total Part D drug costs (that is, the amount you pay does not count for the coverage gap).

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

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

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

- You can ask Member Services for a list of similar drugs that are covered by BlueCross BlueShield of Western New York. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by BlueCross BlueShield of Western New York.
- You can ask BlueCross BlueShield of Western New York to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the BlueCross BlueShield of Western New York Formulary?

You can ask BlueCross BlueShield of Western New York to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. 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 submit a prescription for a transition eligible drug and it is rejected at Point of Sale, a message will be relayed to the pharmacists to call for additional instructions if you underwent a recent level of care change. After confirming that you had a level of care change, the pharmacist will be instructed to enter a series of override codes to allow you to receive a one-time transition supply of your prescription. At that time, all transition supply procedures will apply including member notifications for transition supply fills.

## **For more information**

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

If you have questions about BlueCross BlueShield of Western New York, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **BlueCross BlueShield of Western New York Formulary**

The formulary below provides coverage information about the drugs covered by BlueCross BlueShield of Western New York. If you have trouble finding your drug in the list, turn to the Index that begins on page 142.

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

The information in the Requirements/Limits column tells you if BlueCross BlueShield of Western New York has any special requirements for coverage of your drug.

BlueCross BlueShield of Western New York is a Medicare Advantage Prescription Drug Plan with a Medicare contract and enrollment depends on contract renewal. A division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association. Enrollees can get prescription drugs shipped to their homes through the network mail order delivery program. Enrollees should expect to receive their mail order prescriptions 14-21 calendar days after the pharmacy initially receives the order. Please call the Pharmacy Services number located on the back of your member ID card if you do not receive your prescription within the appropriate amount of days.



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.

**EXCL:** We offer additional coverage of some prescription drugs not normally covered under a Medicare prescription drug plan (enhanced drug coverage). The amount you pay when you fill a prescription for these excluded drugs will not count towards any True out-of-pocket (TROOP) cost calculation. In addition, if you are receiving “Extra Help” from Medicare to pay for your prescriptions, the “Extra Help” program will not pay for these drugs. Please see your evidence of coverage (EOC) for further details.

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

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

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

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

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



Drug Name	Drug Tier	Requirements /Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	5	B /D PA; EXCL; MO
AMBISOME	5	B /D PA; EXCL; MO
<i>amphotericin b</i>	4	B /D PA; EXCL; MO
ANCOBON	5	MO
CANCIDAS	5	B /D PA; EXCL; MO
<i>caspofungin</i>	5	B /D PA; EXCL
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	
CRESEMBA ORAL	5	MO
DIFLUCAN	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	5	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	4	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in dextrose(iso-o)</i>	2	
FLUCONAZOLE IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	4	

Drug Name	Drug Tier	Requirements /Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole oral capsule</i>	2	MO
<i>ketoconazole oral</i>	2	MO
MYCAMINE	5	MO
NOXAFIL INTRAVENOUS	5	
NOXAFIL ORAL	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
ORAVIG	4	MO
SPORANOX ORAL CAPSULE	4	MO
SPORANOX ORAL SOLUTION	3	MO
SPORANOX PULSEPAK	4	MO
<i>terbinafine hcl oral</i>	2	MO
VFEND	5	MO
VFEND IV	4	MO
<i>voriconazole intravenous</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>voriconazole oral</i>	5	MO
<b>ANTIVIRALS</b>		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	5	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous recon soln 500 mg</i>	2	B /D PA; EXCL
<i>acyclovir sodium intravenous solution</i>	4	B /D PA; EXCL; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS ORAL CAPSULE	5	MO
APTIVUS ORAL SOLUTION	5	
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO
<i>atazanavir oral capsule 300 mg</i>	5	MO
ATRIPLA	5	MO
BARACLUDGE	5	MO
BIKTARVY	5	MO
<i>cidofovir</i>	5	B /D PA; EXCL; MO
CIMDUO	5	MO
COMBIVIR	5	MO

Drug Name	Drug Tier	Requirements /Limits
COMPLERA	5	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
CYTOVENE	4	B /D PA; EXCL; MO
DAKLINZA	5	PA; MO; QL (28 per 28 days)
DESCOVY	5	MO
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	2	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	5	MO
EPCLUSA	5	PA; MO; QL (28 per 28 days)
EPIVIR	4	MO
EPIVIR HBV ORAL SOLUTION	3	MO
EPIVIR HBV ORAL TABLET	4	MO
EPZICOM	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
FLUMADINE ORAL TABLET	4	MO
<i>fosamprenavir</i>	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	B /D PA; EXCL; MO
GENVOYA	5	MO
HARVONI	5	PA; MO; QL (28 per 28 days)
HEPSERA	5	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE ORAL CAPSULE	5	
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL SOLUTION	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	5	MO
<i>lopinavir-ritonavir</i>	2	MO
MAVYRET	5	PA; MO; QL (84 per 28 days)
<i>moderiba</i>	2	MO
<i>moderiba oral tablets,dose pack 200 mg (28)- 400 mg (28), 400-400 mg (28)-mg (28)</i>	2	MO
<i>moderiba oral tablets,dose pack 400 mg (7)- 400 mg (7)</i>	2	
<i>moderiba oral tablets,dose pack 600 mg (7)- 600 mg (7)</i>	5	
<i>moderiba oral tablets,dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine 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 the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
NORVIR ORAL CAPSULE	3	
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	4	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	2	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
REBETOL ORAL SOLUTION	3	MO
RELENZA DISKHALER	3	MO
RESCRIPTOR	3	MO
RETROVIR INTRAVENOUS	3	MO
RETROVIR ORAL CAPSULE	4	MO
RETROVIR ORAL SYRUP	4	MO

Drug Name	Drug Tier	Requirements /Limits
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribasphere oral capsule</i>	2	MO
<i>ribasphere oral tablet 200 mg, 400 mg</i>	2	MO
<i>ribasphere oral tablet 600 mg</i>	5	MO
<i>ribasphere ribapak oral tablets,dose pack 200 mg (28)-400 mg (28)</i>	2	MO
<i>ribasphere ribapak oral tablets,dose pack 200 mg (7)-400 mg (7)</i>	2	
<i>ribasphere ribapak oral tablets,dose pack 400 mg (7)-400 mg (7), 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	
<i>ribasphere ribapak oral tablets,dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
SELZENTRY	3	MO
SOVALDI	5	PA; MO; QL (28 per 28 days)
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO
SUSTIVA ORAL CAPSULE 200 MG	5	MO
SUSTIVA ORAL CAPSULE 50 MG	4	MO
SUSTIVA ORAL TABLET	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
TAMIFLU	4	MO
TECHNIVIE	5	PA; MO; QL (56 per 28 days)
<i>tenofovir disoproxil fumarate</i>	5	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TRIUMEQ	5	MO
TRIZIVIR	5	MO
TROGARZO	5	MO
TRUVADA	5	MO
TYBOST	4	MO
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
VALCYTE	5	MO
<i>valganciclovir</i>	5	MO
VALTREX ORAL TABLET 1 GRAM	4	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	4	MO; QL (60 per 30 days)
VEMLIDY	5	MO
VIDEX 2 GRAM PEDIATRIC	3	MO
VIDEX 4 GRAM PEDIATRIC	3	MO
VIDEX EC	4	MO
VIEKIRA PAK	5	PA; MO; QL (112 per 28 days)
VIEKIRA XR	5	PA; MO; QL (84 per 28 days)
VIRACEPT ORAL TABLET	5	MO
VIRAMUNE	4	MO
VIRAMUNE XR	4	MO
VIREAD	5	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
ZEPATIER	5	PA; MO; QL (28 per 28 days)
ZERIT	4	MO
ZIAGEN	4	MO
<i>zidovudine</i>	2	MO
ZOVIRAX ORAL	4	MO

### CEPHALOSPORINS

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

Drug Name	Drug Tier	Requirements /Limits
AVYCAZ	5	MO
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	MO
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	4	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime</i>	2	MO
CEFEPIME IN DEXTROSE 5 %	4	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>cefixime</i>	2	MO
CEFOTAN INJECTION RECON SOLN 1 GRAM	4	
CEFOTAN INJECTION RECON SOLN 2 GRAM	5	
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	2	
<i>cefotetan</i>	2	
CEFOTETAN IN DEXTROSE, ISO-OSM	4	
<i>cefoxitin in dextrose, iso-osm</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
CEFTAZIDIME IN D5W	4	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone in dextrose, iso-os</i>	2	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriaxone intravenous</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	
<i>cephalexin</i>	2	MO
MAXIPIME INJECTION	4	MO

Drug Name	Drug Tier	Requirements /Limits
MAXIPIME INTRAVENOUS	4	
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET, CHEWABLE	4	MO
TAZICEF INJECTION RECON SOLN 1 GRAM	4	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	4	MO
TAZICEF INTRAVENOUS	4	
TEFLARO	5	MO
ZERBAXA	5	
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	2	MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>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</i>	2	MO
DIFICID	5	MO
<i>e.e.s. 400 oral tablet</i>	2	MO
E.E.S. GRANULES	4	MO
ERYPED 200	4	MO
ERYPED 400	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin oral tablet</i>	2	MO
ZITHROMAX INTRAVENOUS	4	MO
ZITHROMAX ORAL PACKET	4	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	MO
ZITHROMAX ORAL TABLET 600 MG	4	
ZITHROMAX TRI-PAK	4	MO
ZITHROMAX Z-PAK	4	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
ALBENZA	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	MO
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
AZACTAM	4	MO

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



Drug Name	Drug Tier	Requirements /Limits
AZACTAM IN DEXTROSE (ISO-OSM)	4	
<i>aztreonam</i>	2	MO
<i>baciim</i>	2	
<i>bacitracin intramuscular</i>	2	MO
BENZNIDAZOLE	3	
BETHKIS	5	B /D PA; EXCL; MO; QL (224 per 28 days)
BILTRICIDE	5	MO
CAPASTAT	4	
CAYSTON	5	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate</i>	2	MO
CLEOCIN HCL	4	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML	4	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 900 MG/50 ML	4	
CLEOCIN INJECTION	4	MO
<i>cleocin intravenous solution 300 mg/2 ml</i>	2	

Drug Name	Drug Tier	Requirements /Limits
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML	4	MO
CLEOCIN INTRAVENOUS SOLUTION 900 MG/6 ML	4	
CLEOCIN PEDIATRIC	4	MO
<i>clindamycin hcl</i>	2	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR	4	
<i>clindamycin in 5 % dextrose</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	2	MO
<i>clindamycin phosphate intravenous</i>	2	
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	2	MO
COLY-MYCIN M PARENTERAL	4	MO
CUBICIN	5	MO
CUBICIN RF	5	
CYCLOSERINE	4	MO
DALVANCE	4	MO
<i>dapsone oral</i>	2	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
DARAPRIM	5	PA; MO
DORIPENEM	4	
EMVERM	5	MO
<i>ertapenem</i>	2	
<i>ethambutol</i>	2	MO
FLAGYL	4	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, 120 MG/100 ML	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	
<i>gentamicin injection</i>	2	MO
<i>gentamicin sulfate (ped) (pf)</i>	2	MO
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO
IMPAVIDO	5	MO
INVANZ INJECTION	4	MO
INVANZ INTRAVENOUS	4	
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin</i>	2	MO
KITABIS PAK	5	MO

Drug Name	Drug Tier	Requirements /Limits
LINCOCIN	4	MO
<i>lincomycin</i>	2	
<i>linezolid</i>	5	MO
<i>linezolid in dextrose 5%</i>	5	
<i>linezolid-0.9% sodium chloride</i>	5	
MALARONE	4	MO
MALARONE PEDIATRIC	4	MO
<i>mefloquine</i>	2	MO
MEPRON	5	MO
<i>meropenem</i>	2	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	4	
MERREM INTRAVENOUS RECON SOLN 1 GRAM	5	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	4	MO
<i>metro i.v.</i>	2	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
MYAMBUTOL ORAL TABLET 400 MG	4	MO
MYCOBUTIN	4	MO
NEBUPENT	3	B /D PA; EXCL; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
ORBACTIV	5	MO
<i>paromomycin</i>	4	MO
PASER	3	MO
PENTAM	4	MO
PLAQUENIL	4	MO
<i>polymyxin b sulfate</i>	2	MO
<i>praziquantel</i>	2	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	4	MO
<i>pyrazinamide</i>	2	MO
QUALAQUIN	4	MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO
RIFADIN	4	MO
RIFAMATE	4	MO
<i>rifampin</i>	2	MO
RIFATER	4	MO
RIMSO-50	4	MO
SIRTURO	5	MO; LA
SIVEXTRO INTRAVENOUS	5	

Drug Name	Drug Tier	Requirements /Limits
SIVEXTRO ORAL	5	MO
SOLOSEC	4	MO
STREPTOMYCIN	3	MO
STROMECTOL	4	MO
SYNERCID	5	
<i>tigecycline</i>	5	
TINDAMAX ORAL TABLET 500 MG	4	MO
<i>tinidazole</i>	2	MO
TOBI	5	B /D PA; EXCL; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE	5	QL (224 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	B /D PA; EXCL; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	
<i>tobramycin sulfate injection solution</i>	2	MO
TRECTOR	3	MO
TYGACIL	5	MO
VABOMERE	4	
VANCOCIN	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	4	MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4	
VANCOMYCIN INJECTION	3	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	MO
<i>vancomycin oral capsule 125 mg</i>	2	MO
<i>vancomycin oral capsule 250 mg</i>	5	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
ZEMDRI	5	
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	5	

Drug Name	Drug Tier	Requirements /Limits
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	5	MO
ZYVOX ORAL	5	MO
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate</i>	2	MO
<i>ampicillin oral capsule 250 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	2	MO
<i>ampicillin sodium intravenous</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	4	MO
AUGMENTIN XR	4	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</i>	2	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>oxacillin injection recon soln 1 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	
<i>oxacillin injection recon soln 2 gram</i>	2	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	3	MO
<i>penicillin g potassium</i>	2	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	
<i>penicillin g sodium</i>	2	MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	2	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	

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

Drug Name	Drug Tier	Requirements /Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	MO
UNASYN INJECTION RECON SOLN 1.5 GRAM, 3 GRAM	4	MO
UNASYN INJECTION RECON SOLN 15 GRAM	4	
ZOSYN	4	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	4	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	4	MO
<b>QUINOLONES</b>		
AVELOX	4	MO
BAXDELA INTRAVENOUS	5	
BAXDELA ORAL	5	MO
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	4	

Drug Name	Drug Tier	Requirements /Limits
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	MO
CIPRO ORAL TABLET 250 MG, 500 MG	4	MO
CIPRO XR	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin (mixture)</i>	2	MO
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	2	MO
LEVAQUIN ORAL TABLET 500 MG, 750 MG	4	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous</i>	2	MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin in nacl (iso-osm)</i>	2	
<i>moxifloxacin oral</i>	2	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER	4	
<i>ofloxacin oral tablet 300 mg</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>ofloxacin oral tablet 400 mg</i>	2	MO
<b>SULFA'S / RELATED AGENTS</b>		
BACTRIM	4	MO
BACTRIM DS	4	MO
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim</i>	2	MO
<i>sulfatrim</i>	2	MO
<b>TETRACYCLINES</b>		
<i>demeclocycline</i>	4	MO
DORYX MPC	4	ST; MO
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	4	ST; MO
<i>doxy-100</i>	2	MO
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 50 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	2	MO
<i>doxycycline monohydrate oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE, IR - DELAY REL, BIPHASE	4	ST; MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
MINOCIN INTRAVENOUS	4	MO
MINOCIN ORAL CAPSULE 100 MG, 50 MG	4	ST; MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>minocycline oral tablet extended release 24 hr 115 mg, 65 mg</i>	5	MO
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	2	MO
<i>mondoxyne nl</i>	2	MO
<i>morgidox</i>	2	MO
<i>okebo oral capsule 75 mg</i>	2	MO
ORACEA	4	ST; MO

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

Drug Name	Drug Tier	Requirements /Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	5	ST; MO
<i>soloxide</i>	2	
TARGADOX	4	ST; MO
<i>tetracycline</i>	2	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	4	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	4	MO
VIBRAMYCIN ORAL SYRUP	3	MO
XIMINO	4	ST; MO
<b>URINARY TRACT AGENTS</b>		
FURADANTIN	4	
HIPREX	4	MO
MACROBID	4	MO
MACRODANTIN	4	MO
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
MONUROL	4	MO
<i>nitrofurantoin</i>	2	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	B /D PA; EXCL
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	B /D PA; EXCL; MO
ELITEK	5	MO
ETHYOL	5	B /D PA; EXCL; MO
FUSILEV	5	B /D PA; EXCL; MO
KEPIVANCE	5	MO
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B /D PA; EXCL; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B /D PA; EXCL
<i>leucovorin calcium oral</i>	2	MO
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	5	B /D PA; EXCL
<i>levoleucovorin intravenous recon soln 50 mg</i>	5	B /D PA; EXCL
<i>levoleucovorin intravenous solution</i>	5	B /D PA; EXCL
<i>mesna</i>	2	B /D PA; EXCL; MO
MESNEX INTRAVENOUS	4	B /D PA; EXCL; MO

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



Drug Name	Drug Tier	Requirements /Limits
MESNEX ORAL	5	MO
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	B /D PA; EXCL
VISTOGARD	5	MO
XGEVA	5	B /D PA; EXCL; MO
ZINECARD (AS HCL)	5	B /D PA; EXCL; MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
ABRAXANE	5	B /D PA; EXCL; MO
<i>adriamycin intravenous solution</i>	2	B /D PA; EXCL
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B /D PA; EXCL
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	2	B /D PA; EXCL; MO
AFINITOR	5	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	5	PA; MO
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIMTA	5	B /D PA; EXCL; MO
ALIQOPA	5	B /D PA; EXCL; MO; LA
ALKERAN INTRAVENOUS	5	B /D PA; EXCL

Drug Name	Drug Tier	Requirements /Limits
ALKERAN ORAL	4	B /D PA; EXCL; MO
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARIMIDEX	4	MO
AROMASIN	4	MO
ARRANON	5	B /D PA; EXCL
ARZERRA	5	B /D PA; EXCL; MO
ASTAGRAF XL	4	B /D PA; EXCL; MO
AVASTIN	5	B /D PA; EXCL; MO
<i>azacitidine</i>	5	B /D PA; EXCL; MO
AZASAN	4	B /D PA; EXCL; MO
<i>azathioprine</i>	2	B /D PA; EXCL; MO
<i>azathioprine sodium</i>	2	B /D PA; EXCL
BAVENCIO	5	B /D PA; EXCL; MO; LA
BELEODAQ	5	B /D PA; EXCL; MO
BENDEKA	5	B /D PA; EXCL; MO

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

Drug Name	Drug Tier	Requirements /Limits
BESPONSA	5	B /D PA; EXCL; MO
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BICNU	5	B /D PA; EXCL; MO
<i>bleomycin</i>	2	B /D PA; EXCL; MO
BLINCYTO INTRAVENOUS KIT	5	B /D PA; EXCL; MO
BORTEZOMIB	5	B /D PA; EXCL; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; QL (180 per 30 days)
<i>busulfan</i>	5	B /D PA; EXCL
BUSULFEX	5	B /D PA; EXCL
CABOMETYX	5	PA; MO; LA
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	4	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	4	B /D PA; EXCL
<i>capecitabine</i>	1	MO; EXCL
CAPRELSA ORAL TABLET 100 MG	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B /D PA; EXCL; MO
CASODEX	4	MO
CELLCEPT INTRAVENOUS	4	B /D PA; EXCL; MO
CELLCEPT ORAL CAPSULE	4	B /D PA; EXCL; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTIO N	5	B /D PA; EXCL; MO
CELLCEPT ORAL TABLET	5	B /D PA; EXCL; MO
<i>cisplatin</i>	2	B /D PA; EXCL; MO
<i>cladribine</i>	5	B /D PA; EXCL; MO
<i>clofarabine</i>	5	B /D PA; EXCL
CLOLAR	5	B /D PA; EXCL
COMETRIQ	5	PA; MO
COSMEGEN	5	B /D PA; EXCL; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>cyclophosphamide intravenous</i>	2	B /D PA; EXCL; MO
<i>cyclophosphamide oral capsule</i>	2	B /D PA; EXCL; MO
<i>cyclosporine intravenous</i>	2	B /D PA; EXCL
<i>cyclosporine modified</i>	2	B /D PA; EXCL; MO
<i>cyclosporine oral capsule</i>	2	B /D PA; EXCL; MO
CYRAMZA	5	B /D PA; EXCL; MO
<i>cytarabine</i>	2	B /D PA; EXCL; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B /D PA; EXCL; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B /D PA; EXCL
<i>dacarbazine</i>	2	B /D PA; EXCL; MO
DACOGEN	5	B /D PA; EXCL; MO
<i>dactinomycin</i>	2	B /D PA; EXCL
DARZALEX	5	B /D PA; EXCL; MO; LA
<i>daunorubicin intravenous solution</i>	2	B /D PA; EXCL
<i>decitabine</i>	5	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	B /D PA; EXCL
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B /D PA; EXCL; MO
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B /D PA; EXCL
DOXIL	5	B /D PA; EXCL; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B /D PA; EXCL
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B /D PA; EXCL; MO
<i>doxorubicin intravenous solution</i>	2	B /D PA; EXCL; MO
<i>doxorubicin, peg-liposomal</i>	5	B /D PA; EXCL; MO
DROXIA	3	MO
ELIGARD	4	PA; MO
ELIGARD (3 MONTH)	4	PA; MO
ELIGARD (4 MONTH)	4	PA; MO
ELIGARD (6 MONTH)	4	PA; MO
ELLENC	4	B /D PA; EXCL; MO
EMCYT	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
EMPLICITI	5	B /D PA; EXCL; MO
ENVARBUS XR	4	B /D PA; EXCL; MO
<i>epirubicin intravenous solution</i>	2	B /D PA; EXCL; MO
ERBITUX	5	B /D PA; EXCL; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO
ERWINAZE	5	B /D PA; EXCL; MO
ETOPOPHOS	4	B /D PA; EXCL; MO
<i>etoposide intravenous</i>	2	B /D PA; EXCL; MO
<i>etoposide oral</i>	1	MO; EXCL
EVOMELA	4	B /D PA; EXCL; MO
<i>exemestane</i>	2	MO
FARESTON	5	MO
FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	B /D PA; EXCL; MO
FEMARA	4	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B /D PA; EXCL; MO

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

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

Drug Name	Drug Tier	Requirements /Limits
GEMZAR INTRAVENOUS RECON SOLN 1 GRAM	4	B /D PA; EXCL; MO
GEMZAR INTRAVENOUS RECON SOLN 200 MG	5	B /D PA; EXCL; MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B /D PA; EXCL; MO
<i>gengraf oral solution</i>	2	B /D PA; EXCL; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	5	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	5	PA; MO; QL (60 per 30 days)
GLEOSTINE	3	MO
HALAVEN	5	B /D PA; EXCL; MO
HERCEPTIN	5	B /D PA; EXCL; MO
HEXALEN	5	MO
HYCANTIN INTRAVENOUS	5	B /D PA; EXCL; MO
HYCANTIN ORAL	3	MO; EXCL
HYDREA	4	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)
IDAMYCIN PFS	4	B /D PA; EXCL; MO
<i>idarubicin</i>	2	B /D PA; EXCL
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
IFEX	4	B /D PA; EXCL; MO
<i>ifosfamide intravenous recon soln</i>	2	B /D PA; EXCL; MO
<i>ifosfamide intravenous solution</i>	2	B /D PA; EXCL
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
IMFINZI	5	B /D PA; EXCL; MO; LA
IMURAN	4	B /D PA; EXCL; MO

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

Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B /D PA; EXCL; MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B /D PA; EXCL; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	5	B /D PA; EXCL
ISTODAX	5	B /D PA; EXCL; MO
IXEMPRA	5	B /D PA; EXCL; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEVTANA	5	B /D PA; EXCL; MO
KADCYLA	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	5	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
LARTRUVO	5	B /D PA; EXCL; MO; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	MO
LONSURF	5	PA; MO
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL CAPSULE	5	PA; MO; QL (480 per 30 days)
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	MO

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>mitomycin intravenous recon soln 40 mg</i>	5	B /D PA; EXCL; MO
<i>mitoxantrone</i>	2	B /D PA; EXCL; MO
MUSTARGEN	4	B /D PA; EXCL; MO
MUTAMYCIN	4	B /D PA; EXCL
<i>mycophenolate mofetil hcl</i>	2	B /D PA; EXCL
<i>mycophenolate mofetil oral capsule</i>	2	B /D PA; EXCL; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B /D PA; EXCL; MO
<i>mycophenolate mofetil oral tablet</i>	2	B /D PA; EXCL; MO
<i>mycophenolate sodium</i>	2	B /D PA; EXCL; MO
MYFORTIC	4	B /D PA; EXCL; MO
MYLERAN	3	MO; EXCL
MYLOTARG	5	B /D PA; EXCL; MO; LA
NAVELBINE	4	B /D PA; EXCL; MO
NEORAL	4	B /D PA; EXCL; MO
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
NILANDRON	5	MO
<i>nilutamide</i>	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; MO; QL (3 per 28 days)
NIPENT	5	B /D PA; EXCL; MO
NULOJIX	5	B /D PA; EXCL; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONCASPAR	5	B /D PA; EXCL; MO
ONIVYDE	5	B /D PA; EXCL; MO
OPDIVO	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B /D PA; EXCL; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B /D PA; EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous solution</i>	2	B /D PA; EXCL; MO
<i>paclitaxel</i>	2	B /D PA; EXCL; MO
PERJETA	5	B /D PA; EXCL; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B /D PA; EXCL; MO
PROGRAF INTRAVENOUS	3	B /D PA; EXCL; MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	4	B /D PA; EXCL; MO
PROGRAF ORAL CAPSULE 5 MG	5	B /D PA; EXCL; MO
PURIXAN	5	MO
RAPAMUNE ORAL SOLUTION	5	B /D PA; EXCL; MO
RAPAMUNE ORAL TABLET 0.5 MG	4	B /D PA; EXCL; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	5	B /D PA; EXCL; MO
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
RITUXAN HYCELA	5	PA; MO
ROMIDEPSIN	5	B /D PA; EXCL
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RYDAPT	5	PA; MO

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



Drug Name	Drug Tier	Requirements /Limits
SANDIMMUNE INTRAVENOUS	4	B /D PA; EXCL; MO
SANDIMMUNE ORAL CAPSULE	4	B /D PA; EXCL; MO
SANDIMMUNE ORAL SOLUTION	3	B /D PA; EXCL; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	5	MO
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	4	MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MO
SIGNIFOR	5	MO
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG	5	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B /D PA; EXCL
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B /D PA; EXCL; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
<i>sirolimus oral tablet 2 mg</i>	5	B /D PA; EXCL; MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	5	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; MO; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUPPRELIN LA	5	MO
SUTENT	5	PA; MO; QL (30 per 30 days)
SYLVANT	5	B /D PA; EXCL; MO
SYNRIBO	5	B /D PA; EXCL; MO
TABLOID	3	MO
<i>tacrolimus oral</i>	2	B /D PA; EXCL; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISSE	5	PA; MO; LA; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
TARGRETIN	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	5	B /D PA; EXCL; MO
TECENTRIQ	5	B /D PA; EXCL; MO; LA
TEMODAR INTRAVENOUS	5	B /D PA; EXCL; MO
TEMODAR ORAL	3	MO; EXCL
<i>temozolomide</i>	1	MO; EXCL
THALOMID	5	PA; MO
<i>thiotepa</i>	5	B /D PA; EXCL; MO
TIBSOVO	5	PA; MO
<i>toposar</i>	2	B /D PA; EXCL; MO
<i>topotecan intravenous recon soln</i>	5	B /D PA; EXCL
<i>topotecan intravenous solution</i>	5	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
TORISEL	5	B /D PA; EXCL; MO
TREANDA INTRAVENOUS RECON SOLN	5	B /D PA; EXCL; MO
TRELSTAR	5	B /D PA; EXCL; MO
<i>tretinoin (chemotherapy)</i>	5	MO
TREXALL	4	B /D PA; EXCL; MO
TRIPTODUR	5	PA; MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B /D PA; EXCL; MO
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B /D PA; EXCL; MO
VALSTAR	5	B /D PA; EXCL; MO
VANTAS	4	B /D PA; EXCL; MO
VECTIBIX	5	B /D PA; EXCL; MO
VELCADE	5	B /D PA; EXCL; MO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; MO; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 180 days)

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

Drug Name	Drug Tier	Requirements /Limits
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
VIDAZA	5	B /D PA; EXCL; MO
<i>vinblastine intravenous solution</i>	2	B /D PA; EXCL; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	B /D PA; EXCL
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	2	B /D PA; EXCL; MO
<i>vincristine</i>	2	B /D PA; EXCL; MO
<i>vinorelbine</i>	2	B /D PA; EXCL; MO
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B /D PA; EXCL; MO
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	5	B /D PA; EXCL; MO
XELODA	3	MO; EXCL
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XTANDI	5	PA; MO; QL (120 per 30 days)
YERVOY	5	B /D PA; EXCL; MO
YONDELIS	5	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	5	B /D PA; EXCL; MO
ZANOSAR	4	B /D PA; EXCL; MO
ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZOLADEX	4	B /D PA; EXCL; MO
ZOLINZA	5	MO
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	5	B /D PA; EXCL; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL	5	MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	5	MO
<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
CARBATROL	4	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
CEREBYX	4	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	PA; MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	PA; MO; QL (300 per 30 days)
DEPAKOTE	4	MO
DEPAKOTE ER	4	MO

Drug Name	Drug Tier	Requirements /Limits
DEPAKOTE SPRINKLES	4	MO
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	3	MO
DILANTIN EXTENDED 100 MG	4	MO
DILANTIN INFATABS 50 MG	4	MO
DILANTIN-125 125 MG/5 ML	4	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
<i>epitol</i>	2	MO
EQUETRO	4	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	2	MO
FELBATOL	5	MO
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral capsule 100 mg</i>	1	PA; MO; QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	PA; MO; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	PA; MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	PA; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	PA; MO; QL (120 per 30 days)
GABITRIL	4	MO
GRALISE 30-DAY STARTER PACK	3	PA; MO; QL (78 per 180 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
KEPPRA	4	MO
KEPPRA XR	4	MO

Drug Name	Drug Tier	Requirements /Limits
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	4	PA; MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	4	PA; MO; QL (300 per 30 days)
LAMICTAL ODT	4	MO
LAMICTAL ODT STARTER (BLUE)	4	MO
LAMICTAL ODT STARTER (GREEN)	4	MO
LAMICTAL ODT STARTER (ORANGE)	4	MO
LAMICTAL ORAL TABLET	4	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	4	MO
LAMICTAL STARTER (BLUE) KIT	4	MO
LAMICTAL STARTER (GREEN) KIT	4	MO
LAMICTAL STARTER (ORANGE) KIT	4	MO
LAMICTAL XR	4	MO
LAMICTAL XR STARTER (BLUE)	4	MO
LAMICTAL XR STARTER (GREEN)	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
LAMICTAL XR STARTER (ORANGE)	4	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	4	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	4	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	PA; MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	PA; MO; QL (900 per 30 days)
MYSOLINE	5	MO
NEURONTIN ORAL CAPSULE 100 MG	4	PA; MO; QL (1080 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	4	PA; MO; QL (360 per 30 days)
NEURONTIN ORAL CAPSULE 400 MG	4	PA; MO; QL (270 per 30 days)
NEURONTIN ORAL SOLUTION	4	PA; MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	4	PA; MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	4	PA; MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ONFI ORAL SUSPENSION	5	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine</i>	2	MO
OXTELLAR XR	4	MO
PEGANONE	3	MO
<i>phenobarbital</i>	2	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
PHENYTEK	4	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</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>primidone</i>	2	MO
QUDEXY XR	4	PA; MO
<i>roweepira</i>	2	MO
<i>roweepira xr</i>	2	MO
SABRIL	5	MO; LA
SPRITAM	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>subvenite oral tablet 100 mg, 200 mg, 25 mg</i>	2	
<i>subvenite oral tablet 150 mg</i>	2	MO
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
TEGRETOL ORAL SUSPENSION	4	MO
TEGRETOL ORAL TABLET	4	MO
TEGRETOL XR	4	MO
<i>tiagabine</i>	4	MO
TOPAMAX	4	PA; MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
TOPIRAMATE ORAL CAPSULE, SPRINKLE, ER 24HR	4	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL	4	MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	4	PA; MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>vigabatrin</i>	5	MO; LA
<i>vigadrone</i>	5	MO
VIMPAT INTRAVENOUS	3	
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
ZARONTIN	4	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	PA; MO
<i>zonisamide</i>	2	PA; MO
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	5	MO; LA
AZILECT	4	MO
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
COGENTIN	4	MO
COMTAN	4	MO

Drug Name	Drug Tier	Requirements /Limits
DUOPA	4	B /D PA; EXCL; MO
ELDEPRYL	4	
<i>entacapone</i>	2	MO
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	5	PA; MO; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG	5	PA; MO; QL (30 per 30 days)
LODOSYN	4	MO
MIRAPEX	4	MO
MIRAPEX ER	4	MO
NEUPRO	3	MO
OSMOLEX ER	4	PA
PARLODEL	4	MO
<i>pramipexole</i>	2	MO
<i>rasagiline</i>	2	MO
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 4 MG, 6 MG, 8 MG	4	MO
<i>ropinirole</i>	2	MO
RYTARY	4	MO
<i>selegiline hcl</i>	2	MO
SINEMET	4	MO
SINEMET CR	4	MO
STALEVO 100	4	MO
STALEVO 125	4	MO
STALEVO 150	4	MO
STALEVO 200	4	MO

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



Drug Name	Drug Tier	Requirements /Limits
STALEVO 50	4	MO
STALEVO 75	4	MO
TASMAR ORAL TABLET 100 MG	5	MO
<i>tolcapone</i>	5	MO
XADAGO	4	MO
ZELAPAR	4	MO
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	4	PA; MO; QL (2 per 30 days)
AIMOVIG AUTOINJECTOR (2 PACK)	4	PA; MO; QL (2 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	2	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	2	MO; QL (18 per 28 days)
AMERGE	4	MO; QL (18 per 28 days)
CAFERGOT	4	MO
D.H.E.45	5	MO
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)
<i>eletriptan</i>	2	MO; QL (18 per 28 days)
ERGOMAR	4	MO
<i>ergotamine-caffeine</i>	2	MO
FROVA	4	MO; QL (27 per 28 days)
<i>frovatriptan</i>	2	MO; QL (27 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	4	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	4	MO; QL (36 per 28 days)
IMITREX ORAL	4	MO; QL (18 per 28 days)
IMITREX STATDOSE PEN	4	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL	4	MO; QL (8 per 28 days)
IMITREX SUBCUTANEOUS	4	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	4	MO; QL (36 per 28 days)
MAXALT-MLT	4	MO; QL (36 per 28 days)
<i>migergot</i>	2	MO
MIGRANAL	4	MO; QL (8 per 28 days)
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
ONZETRA XSAIL	4	MO; QL (32 per 28 days)
RELPAK	4	MO; QL (18 per 28 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	MO; QL (36 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	2	MO; QL (18 per 28 days)
TREXIMET ORAL TABLET 10-60 MG	4	MO; QL (9 per 28 days)
TREXIMET ORAL TABLET 85-500 MG	4	MO; QL (18 per 28 days)
ZEMBRACE SYMTOUCH	5	MO; QL (8 per 28 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)
ZOMIG	4	MO; QL (18 per 28 days)
ZOMIG ZMT	4	MO; QL (18 per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA	5	PA; MO; LA
ARICEPT	4	MO
AUBAGIO	5	PA; MO
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; LA; QL (60 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
EXELON TRANSDERMAL	4	MO
EXONDYS 51	5	PA; MO
<i>galantamine</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	4	PA; MO; QL (60 per 30 days)
INGREZZA	5	PA; MO; LA; QL (30 per 30 days)
KEVEYIS	5	PA; MO
LEMTRADA	5	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
MEMANTINE ORAL TABLETS, DOSE PACK	4	PA; MO
NAMENDA ORAL TABLET	4	PA; MO
NAMENDA TITRATION PAK	4	PA; MO
NAMENDA XR	4	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	3	PA; MO
OCREVUS	5	PA; MO
RADICAVA	5	PA; MO
RAZADYNE ER	4	MO
RAZADYNE ORAL TABLET	4	MO
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
TECFIDERA	5	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA
XENAZINE ORAL TABLET 12.5 MG	5	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	5	PA; MO; LA; QL (120 per 30 days)
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
BACLOFEN ORAL TABLET 5 MG	4	MO
BLOXIVERZ	4	
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
DANTRIUM INTRAVENOUS	4	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	4	MO
<i>dantrolene</i>	2	MO
FEXMID	4	PA
GABLOFEN INTRATHECAL SOLUTION 40,000 MCG/20ML (2,000 MCG/ML)	5	B /D PA; EXCL; MO

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

Drug Name	Drug Tier	Requirements /Limits
GABLOFEN INTRATHECAL SYRINGE 40,000 MCG/20ML (2,000 MCG/ML)	4	B /D PA; EXCL; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B /D PA; EXCL; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B /D PA; EXCL
MESTINON ORAL	5	MO
MESTINON TIMESPAN	5	MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	2	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2	
<i>pyridostigmine bromide</i>	2	MO
<i>regonol</i>	2	
<i>revonto</i>	2	
<i>tizanidine</i>	2	MO
ZANAFLEX	4	MO
<b>NARCOTIC ANALGESICS</b>		
ABSTRAL	5	PA; MO; QL (120 per 30 days)
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ACETAMINOPHE N-CAFF-DIHYDROCOD ORAL TABLET 325-30-16 MG	4	MO; QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
ACTIQ	5	PA; MO; QL (120 per 30 days)
ARYMO ER	4	PA; MO; QL (120 per 30 days)
BELBUCA	4	PA; MO; QL (60 per 30 days)
BUPRENEX	4	MO; QL (266 per 30 days)
BUPRENORPHINE	4	PA; MO; QL (4 per 28 days)
<i>buprenorphine hcl injection solution</i>	2	MO; QL (266 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	QL (266 per 30 days)
<i>buprenorphine hcl sublingual</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
BUTRANS	4	PA; MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</i>	2	MO; QL (180 per 30 days)
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML	4	QL (2400 per 30 days)
DILAUDID (PF) INJECTION SYRINGE 2 MG/ML	4	MO; QL (1200 per 30 days)
DILAUDID ORAL LIQUID	4	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	4	MO; QL (180 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	4	PA; MO; QL (120 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	4	PA; MO; QL (240 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 75 MCG/HR	5	PA; MO; QL (10 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR, 50 MCG/HR	4	PA; MO; QL (10 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	QL (2000 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 60-2.4 MG, 80-3.2 MG	5	PA; MO; QL (90 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 20-0.8 MG, 30-1.2 MG, 50-2 MG	4	PA; MO; QL (90 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)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 8 MG	4	PA; MO; QL (60 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG, 32 MG	5	PA; MO; QL (60 per 30 days)
<i>fentanyl citrate</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate (pf) injection</i>	2	MO; QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	QL (400 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr</i>	2	PA; MO; QL (10 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	5	PA; MO; QL (10 per 30 days)
FENTORA	5	PA; MO; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML	4	QL (2400 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	MO; QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	2	QL (1200 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 4 MG/ML	4	QL (600 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone injection solution 1 mg/ml</i>	2	QL (2400 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	2	MO; QL (1200 per 30 days)
<i>hydromorphone injection solution 4 mg/ml</i>	2	MO; QL (600 per 30 days)
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	4	QL (2400 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	2	QL (2400 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	2	QL (1200 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	2	MO; QL (600 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg</i>	5	PA; MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	5	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	4	PA; MO; QL (60 per 30 days)
IBUDONE	4	MO; QL (50 per 30 days)
<i>ibuprofen-oxycodone</i>	2	MO; QL (28 per 30 days)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML	4	B /D PA; EXCL; MO; QL (200 per 30 days)
INFUMORPH P/F INJECTION SOLUTION 25 MG/ML	4	B /D PA; EXCL; MO; QL (80 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	4	PA; MO; QL (90 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 200 MG	5	PA; MO; QL (90 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	5	PA; MO; QL (45 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 300 MCG/SPRAY	5	PA; QL (23 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>levorphanol tartrate</i>	2	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	2	MO; QL (360 per 30 days)
<i>lorcet hd</i>	2	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	4	MO; QL (6000 per 30 days)
<i>methadone injection solution</i>	2	QL (150 per 30 days)
<i>methadone intensol</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML	4	QL (200 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
MITIGO (PF) INJECTION SOLUTION 25 MG/ML	4	QL (80 per 30 days)
MORPHABONDER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 100 MG, 60 MG	5	PA; MO; QL (120 per 30 days)
MORPHABONDER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG	4	PA; MO; QL (120 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; QL (2000 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	2	B /D PA; EXCL; MO; QL (400 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	2	B /D PA; EXCL; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
MORPHINE INJECTION SOLUTION 10 MG/ML	4	MO; QL (200 per 30 days)
MORPHINE INJECTION SOLUTION 2 MG/ML	4	QL (1000 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
MORPHINE INJECTION SOLUTION 4 MG/ML	4	QL (500 per 30 days)
MORPHINE INJECTION SOLUTION 5 MG/ML	4	MO; QL (400 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	2	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	2	QL (400 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine intravenous cartridge 10 mg/ml</i>	2	QL (200 per 30 days)
<i>morphine intravenous cartridge 2 mg/ml</i>	2	QL (1000 per 30 days)
<i>morphine intravenous cartridge 4 mg/ml</i>	2	QL (500 per 30 days)
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	4	QL (250 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)

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



Drug Name	Drug Tier	Requirements /Limits
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML	4	MO; QL (500 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	4	MO; QL (250 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	4	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (500 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	4	QL (250 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	2	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</i>	2	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	5	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	4	PA; MO; QL (120 per 30 days)
NALOCET	4	QL (390 per 30 days)
NORCO	4	MO; QL (360 per 30 days)
OPANA ORAL TABLET 10 MG	4	MO; QL (360 per 30 days)
OPANA ORAL TABLET 5 MG	4	MO; QL (180 per 30 days)
OXAYDO	5	MO; QL (360 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	4	QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	4	PA; MO; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG	4	PA; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	2	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; MO; QL (90 per 30 days)
<i>panlor(acetam-caff-dihydrocod)</i>	2	QL (300 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	4	MO; QL (360 per 30 days)
PRIMLEV	4	MO; QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	4	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	4	QL (360 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	4	QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	4	QL (360 per 30 days)
SUBSYS	5	PA; MO; QL (120 per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	4	MO; QL (300 per 30 days)
TYLENOL-CODEINE #3	4	MO; QL (360 per 30 days)
TYLENOL-CODEINE #4	4	MO; QL (180 per 30 days)
<i>vicodin</i>	2	MO; QL (390 per 30 days)
<i>vicodin es</i>	2	MO; QL (390 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>vicodin hp</i>	2	MO; QL (390 per 30 days)
XTAMPZA ER	4	PA; MO; QL (90 per 30 days)
ZOHYDRO ER CAPSULE, ORAL ONLY, ER 12HR	4	PA; MO; QL (90 per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen</i>	1	EXCL
ARTHROTEC 50	4	ST; MO
ARTHROTEC 75	4	ST; MO
<i>aspir-81</i>	1	EXCL
<i>aspirin childrens</i>	1	EXCL
<i>aspirin low dose</i>	1	MO; EXCL
<i>aspirin oral tablet</i>	1	MO; EXCL
<i>aspirin oral tablet, chewable</i>	1	MO; EXCL
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	1	MO; EXCL
<i>aspir-low</i>	1	MO; EXCL
<i>aspir-trin</i>	1	MO; EXCL
<i>bayer aspirin</i>	1	MO; EXCL
<i>bufferin</i>	1	MO; EXCL
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	4	ST; MO; QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	4	ST; MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	MO; QL (857 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol tartrate nasal</i>	2	MO; QL (10 per 28 days)
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	4	MO
CAMBIA	4	ST; MO; QL (9 per 30 days)
CELEBREX	4	MO
<i>celecoxib</i>	2	MO
<i>children's aspirin</i>	1	MO; EXCL
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
CONZIP	4	PA; MO; QL (30 per 30 days)
DAYPRO	4	ST; MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
DUEXIS	4	ST; MO
<i>e.c. prin</i>	1	EXCL
<i>ecotrin</i>	1	MO; EXCL
<i>ecotrin low strength</i>	1	MO; EXCL
<i>enteric coated aspirin</i>	1	EXCL
<i>etodolac</i>	2	MO
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	4	MO; QL (0.8 per 30 days)
FELDENE	4	ST; MO
FENOPROFEN ORAL CAPSULE 400 MG	4	ST; MO
<i>fenopropfen oral tablet</i>	2	MO
FLECTOR	4	PA; MO; QL (60 per 30 days)
<i>flurbiprofen</i>	2	MO
HYMOVIS	4	MO; EXCL
<i>ibu</i>	1	MO
<i>ibuprofen lysine (pf)</i>	2	
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
INDOCIN RECTAL	4	MO
<i>ketoprofen oral capsule 25 mg</i>	2	
<i>ketoprofen oral capsule 50 mg</i>	2	MO
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lite coat aspirin</i>	1	EXCL
LODINE ORAL TABLET	4	ST
LUCEMYRA	5	
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
MOBIC ORAL TABLET 15 MG	4	ST; MO
MOBIC ORAL TABLET 7.5 MG	4	ST; MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
NALFON ORAL CAPSULE 400 MG	4	ST; MO
<i>naloxone</i>	2	MO
<i>naltrexone</i>	2	MO
NAPRELAN CR	4	ST; MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO; QL (2 per 28 days)
NEOPROFEN (IBUPROFEN LYSN)(PF)	4	
NUCYNTA ER	4	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	4	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	4	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	4	MO; QL (242 per 30 days)
<i>oxaprozin</i>	2	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	5	ST; MO; QL (224 per 28 days)
<i>piroxicam</i>	2	MO
PRIALT	4	B /D PA; EXCL; MO
<i>profeno</i>	2	
<i>salsalate</i>	1	MO
SPRIX	4	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
<i>sulindac</i>	1	MO
TIVORBEX	4	ST; MO; QL (90 per 30 days)
<i>tolmetin</i>	2	MO
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	4	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	4	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; MO; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
<i>tri-buffered aspirin</i>	1	MO; EXCL
ULTRACET	4	MO; QL (240 per 30 days)
ULTRAM	4	MO; QL (240 per 30 days)
VIMOVO	5	ST; MO
VIVITROL	5	MO
VIVLODEX ORAL CAPSULE 10 MG	4	ST; MO

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

Drug Name	Drug Tier	Requirements /Limits
VIVLODEX ORAL CAPSULE 5 MG	4	ST; MO; QL (30 per 30 days)
VOLTAREN TOPICAL	4	ST; MO; QL (1000 per 28 days)
ZIPSOR	4	ST; MO
ZORVOLEX	4	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	4	ST; MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	4	ST; MO; QL (60 per 30 days)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA	5	MO
ABILIFY ORAL TABLET	5	MO; QL (30 per 30 days)
ADASUVE	3	
ADDERALL	4	MO
ADDERALL XR	4	MO
ADZENYS ER	4	
ADZENYS XR-ODT	4	MO
AMBIEN	4	ST; MO; QL (30 per 30 days)
AMBIEN CR	4	ST; MO; QL (30 per 30 days)
<i>amitriptyline</i>	2	PA; MO
<i>amoxapine</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ANAFRANIL	4	PA; MO
APLENZIN	4	MO; QL (30 per 30 days)
APTENSIO XR	4	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
ARISTADA	5	MO
ARISTADA INITIO	5	
<i>armodafinil</i>	4	PA; MO
ATIVAN INJECTION	4	PA; MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	4	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	4	PA; MO; QL (150 per 30 days)
<i>atomoxetine</i>	2	MO
BELSOMRA	4	ST; MO; QL (30 per 30 days)
BRISDELLE	4	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>buspirone</i>	2	MO
CELEXA ORAL TABLET	4	MO; QL (30 per 30 days)
<i>chlorpromazine</i>	2	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	4	
CLOZARIL	4	
CONCERTA	4	MO
COTEMPLA XR-ODT	4	MO

Drug Name	Drug Tier	Requirements /Limits
CYMBALTA	4	MO; QL (60 per 30 days)
DAYTRANA	4	MO
<i>desipramine</i>	2	PA; MO
DESOXYN	4	PA; MO
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QL (120 per 30 days)
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QL (30 per 30 days)
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QL (120 per 30 days)
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE	4	MO
<i>dexmethylphenidate</i>	2	MO
<i>dextroamphetamine</i>	2	MO
<i>dextroamphetamine-amphetamine</i>	2	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
DOPRAM	4	
<i>doxepin oral</i>	4	PA; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	MO; QL (90 per 30 days)
DYANA VEL XR	4	MO
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	4	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	4	MO; QL (90 per 30 days)
EMSAM	5	MO
<i>ergoloid</i>	4	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>eszopiclone</i>	4	ST; MO; QL (30 per 30 days)
EVEKEO	4	PA; MO
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	4	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET, DISINTEGRATING 100 MG	5	
FAZACLO ORAL TABLET, DISINTEGRATING 12.5 MG, 150 MG, 200 MG, 25 MG	4	
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR DOSE PACK	3	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	MO
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)

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



Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
FOCALIN	4	MO
FOCALIN XR	4	MO
FORFIVO XL	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	4	MO
GEODON ORAL	5	MO; QL (60 per 30 days)
<i>guanidine</i>	2	MO
HALDOL	4	MO
HALDOL DECANOATE	4	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	PA; MO
<i>imipramine pamoate</i>	4	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	5	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	5	MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO
KAPVAY	4	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	4	MO; QL (30 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
LITHOBID	4	MO
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe</i>	2	PA
<i>lorazepam intensol</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
LUNESTA	4	ST; MO; QL (30 per 30 days)
<i>maprotiline</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
MARPLAN	3	MO
<i>metadate er</i>	2	MO
<i>methamphetamine</i>	2	PA; MO
METHYLIN ORAL SOLUTION	4	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	2	MO
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	2	MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	4	MO
<i>methylphenidate hcl oral tablet, chewable</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet, disintegrating</i>	2	MO
<i>modafinil</i>	2	PA; MO
MYDAYIS	4	MO
NARDIL	4	MO
<i>nefazodone</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
NEMBUTAL SODIUM	4	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	4	PA; MO
<i>nortriptyline</i>	2	PA; MO
NUPLAZID	5	PA; MO
NUVIGIL	4	PA; MO
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	2	MO
ORAP	4	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	2	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
PAMELOR	4	PA; MO
PARNATE	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym )</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PAXIL CR	4	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	4	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	2	
<i>perphenazine</i>	2	MO
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO; QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	4	MO; QL (60 per 30 days)
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
PRISTIQ	4	MO; QL (30 per 30 days)
<i>procentra</i>	2	MO
<i>protriptyline</i>	2	MO
PROVIGIL	5	PA; MO
PROZAC ORAL CAPSULE 10 MG	4	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	4	MO
PROZAC ORAL CAPSULE 40 MG	4	MO; QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
QUILLICHEW ER	4	MO
QUILLIVANT XR	4	MO
RELEXXII	4	
REMERON ORAL TABLET 15 MG, 30 MG	4	MO
REMERON SOLTAB	4	MO
REXULTI	5	MO; QL (30 per 30 days)
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
RISPERDAL ORAL SOLUTION	4	MO
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	4	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	2	MO; QL (120 per 30 days)
RITALIN	4	MO
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	4	MO
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS (BLACK CHERRY)	3	QL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	3	MO; QL (60 per 30 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	4	MO
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	4	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	4	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	4	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	4	MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SILENOR	4	MO; QL (30 per 30 days)
SONATA ORAL CAPSULE 10 MG	4	ST; MO; QL (60 per 30 days)
SONATA ORAL CAPSULE 5 MG	4	ST; MO; QL (30 per 30 days)
STRATTERA	4	MO
SURMONTIL	4	PA; MO
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	4	MO
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	1	MO
TOFRANIL	4	PA; MO
TRANXENE T-TAB ORAL TABLET 7.5 MG	4	PA; MO; QL (360 per 30 days)
<i>tranlycypromine</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	4	PA; MO
TRINTELLIX	3	MO; QL (30 per 30 days)
VALIUM	4	PA; MO; QL (120 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR	4	MO; QL (30 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
VYVANSE	4	MO
WELLBUTRIN SR	4	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; QL (30 per 30 days)
XYREM	5	PA; MO; LA
<i>zaleplon oral capsule 10 mg</i>	4	ST; MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	ST; MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	MO
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
ZOLOFT ORAL CONCENTRATE	4	MO
ZOLOFT ORAL TABLET 100 MG, 50 MG	4	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	4	MO; QL (30 per 30 days)
<i>zolpidem oral</i>	2	ST; MO; QL (30 per 30 days)
ZYPREXA INTRAMUSCULAR	4	MO

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	5	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 5 MG	4	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 15 MG, 20 MG	5	MO; QL (30 per 30 days)
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
ADENOCARD	4	MO
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B /D PA; EXCL; MO
<i>amiodarone intravenous syringe</i>	2	B /D PA; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>amiodarone oral</i>	2	MO
BETAPACE AF	4	MO
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	4	MO
CORVERT	4	MO
<i>dofetilide</i>	2	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	MO
<i>lidocaine (pf) in d7.5w</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	MO
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	2	
<i>mexiletine</i>	2	MO
MULTAQ	4	MO
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML)	4	B /D PA; EXCL
NEXTERONE INTRAVENOUS SOLUTION 360 MG/200 ML (1.8 MG/ML)	4	B /D PA; EXCL; MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	
PROCAINAMIDE INTRAVENOUS	4	
<i>propafenone</i>	2	MO
<i>quinidine gluconate</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
RYTHMOL SR	4	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</i>	2	MO
<i>sotalol oral</i>	2	MO
SOTYLIZE	3	MO
TIKOSYN	4	MO
XYLOCAINE (CARDIAC) (PF)	4	
<b>ANTIHYPERTENSIVE THERAPY</b>		
ACCUPRIL	4	MO
ACCURETIC	4	MO
<i>acebutolol</i>	2	MO
ADALAT CC	4	MO
<i>afeditab cr</i>	2	MO
ALDACTAZIDE	4	MO
ALDACTONE	4	MO
ALTACE	4	MO
<i>amiloride</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiazyd</i>	2	MO
ATACAND	4	ST; MO
ATACAND HCT	4	ST; MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
AVALIDE	4	ST; MO
AVAPRO	4	ST; MO
AZOR	4	ST; MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
BENICAR	4	ST; MO
BENICAR HCT	4	ST; MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BREVIBLOC IN NAACL (ISO-OSM)	4	

Drug Name	Drug Tier	Requirements /Limits
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	4	
<i>bumetanide</i>	2	MO
BYSTOLIC	3	MO
BYVALSON	3	MO
CALAN ORAL TABLET 120 MG	4	MO
CALAN ORAL TABLET 80 MG	4	
CALAN SR	4	MO
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML	4	
CARDENE IV IN SODIUM CHLORIDE	4	
CARDIZEM CD	4	MO
CARDIZEM LA	4	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	4	ST; MO; QL (60 per 30 days)

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



Drug Name	Drug Tier	Requirements /Limits
CARDURA XL	4	ST; MO; QL (30 per 30 days)
CAROSPIR	4	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	2	MO
CATAPRES	4	MO
CATAPRES-TTS-1	4	MO; QL (4 per 28 days)
CATAPRES-TTS-2	4	MO; QL (4 per 28 days)
CATAPRES-TTS-3	4	MO; QL (4 per 28 days)
<i>chlorothiazide</i>	2	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
CLEVIPREX	4	
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
COREG	4	MO
COREG CR	4	MO
CORGARD	4	MO
CORLOPAM	4	
CORZIDE	4	MO
COZAAR	4	ST; MO
DEMSER	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
DIBENZYLINE	5	PA; MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</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>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO
<i>dilt-xr</i>	2	MO
DIOVAN	4	ST; MO
DIOVAN HCT	4	ST; MO
DIURIL	4	MO
DIURIL IV	5	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
DUTOPROL	4	MO
DYAZIDE	4	MO
DYRENIUM	4	MO
EDARBI	3	MO
EDARBYCLOR	3	MO
EDECIN	5	MO
<i>enalapril maleate</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
EPANED ORAL SOLUTION	4	MO
<i>eplerenone</i>	2	MO
<i>epoprostenol (glycine)</i>	2	B /D PA; EXCL; MO
<i>eprosartan</i>	2	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	
<i>ethacrynic acid</i>	5	MO
EXFORGE	4	ST; MO
EXFORGE HCT	4	ST; MO
<i>felodipine</i>	2	MO
FLOLAN	4	B /D PA; EXCL; MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
HEMANGEOL	4	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	4	ST; MO
<i>indapamide</i>	2	MO
INDERAL LA	4	MO

Drug Name	Drug Tier	Requirements /Limits
INDERAL XL	4	MO
INNOPRAN XL	4	MO
INSPRA	4	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	2	MO
KAPSPARGO SPRINKLE	4	MO
<i>labetalol intravenous solution</i>	2	MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
LASIX	4	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPRESSOR HCT	4	
LOPRESSOR ORAL	4	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN HCT	4	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	4	MO
<i>mannitol 20 %</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
MAXZIDE	4	MO
MAXZIDE-25MG	4	MO
<i>methyclothiazide</i>	2	MO
<i>methyl dopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate intravenous syringe</i>	2	
<i>metoprolol tartrate oral</i>	1	MO
MICARDIS	4	ST; MO
MICARDIS HCT	4	ST; MO
MICROZIDE	4	MO
MINIPRESS	4	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	2	MO
<i>nisoldipine</i>	2	MO
NORVASC	4	MO
NYMALIZE ORAL SOLUTION 30 MG/10 ML	5	
NYMALIZE ORAL SOLUTION 60 MG/20 ML	5	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; MO
OSMITROL 10 %	4	
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
OSMITROL 5 %	4	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	PA; MO
<i>phentolamine injection recon soln</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	MO
PRESTALIA	4	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	4	MO
PROCARDIA XL	4	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol- hydrochlorothiazid</i>	2	MO
QBRELIS	4	MO
<i>quinapril</i>	1	MO
<i>quinapril- hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO
REMODULIN	5	PA; MO; LA
RESECTISOL	4	
SODIUM EDECRIN	5	
<i>spironolactone</i>	1	MO
<i>spironolacton- hydrochlorothiaz</i>	2	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	MO

Drug Name	Drug Tier	Requirements /Limits
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2- 180 MG, 2-240 MG, 4-240 MG	4	MO
<i>taztia xt</i>	2	MO
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	2	MO
<i>telmisartan- amlodipine</i>	2	MO
<i>telmisartan- hydrochlorothiazid</i>	2	MO
TENORETIC 100	4	MO
TENORETIC 50	4	MO
TENORMIN	4	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)
TIAZAC	4	MO
<i>timolol maleate oral</i>	2	MO
TOPROL XL	4	MO
<i>torse mide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril- verapamil</i>	2	MO
<i>triamterene- hydrochlorothiazid</i>	1	MO
TRIBENZOR	4	ST; MO
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	4	ST; MO
UPTRAVI	5	PA; MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASERETIC	4	MO
VASOTEC	4	MO
<i>veletri</i>	2	B /D PA; EXCL; MO
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
VERELAN	4	MO
VERELAN PM	4	MO
ZESTORETIC	4	MO
ZESTRIL	4	MO
ZIAC	4	MO
<b>COAGULATION THERAPY</b>		
AGGRASTAT CONCENTRATE	4	B /D PA; EXCL
AGGRASTAT IN SODIUM CHLORIDE	4	B /D PA; EXCL
AGGRENOX	4	MO

Drug Name	Drug Tier	Requirements /Limits
AMICAR	3	MO
<i>aminocaproic acid intravenous</i>	2	MO
ANDEXXA	5	
ARGATROBAN	5	
ARGATROBAN IN 0.9 % SOD CHLOR	5	
ARGATROBAN IN NACL (ISO-OS)	4	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	5	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	MO
<i>aspirin-dipyridamole</i>	2	MO
BEVYXXA	4	
BRILINTA	3	MO
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO
COUMADIN ORAL	4	MO
<i>dipyridamole intravenous</i>	2	PA
<i>dipyridamole oral</i>	2	MO
DOPTELET	5	PA; MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
EFFIENT	4	MO
ELIQUIS	3	MO
<i>enoxaparin</i>	2	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO
FRAGMIN SUBCUTANEOUS SOLUTION	5	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	5	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) in nacl (pf)</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection</i>	2	MO
<i>jantoven</i>	1	MO
LOVENOX	4	MO
MEPHYTON	3	MO; EXCL
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
PHYTONADIONE (VITAMIN K1) INJECTION	3	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	MO; EXCL
PLAVIX	4	MO
PRADAXA	4	MO
<i>prasugrel</i>	2	MO
PRAXBIND	5	
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
REOPRO	4	MO
SAVAYSA	4	MO
TAVALISSE	5	PA; MO; LA; QL (60 per 30 days)
THROMBATE III	4	
<i>vitamin k</i>	1	MO; EXCL
<i>vitamin k1 injection</i>	1	MO; EXCL
<i>warfarin</i>	1	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	MO
XARELTO ORAL TABLETS,DOSE PACK	3	MO
YOSPRALA	4	MO
ZONTIVITY	3	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ALTOPREV	4	ST; MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	4	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>colesevelam</i>	2	MO
COLESTID	4	MO
COLESTID FLAVORED	4	MO
<i>colestipol</i>	2	MO
CRESTOR	4	ST; MO; QL (30 per 30 days)
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
FENOFIBRATE ORAL CAPSULE	4	MO
<i>fenofibrate oral tablet</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO
FENOGLIDE	4	MO
FIBRICOR	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
FLOLIPID	4	ST; MO; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
JUXTAPID	5	PA; MO; LA
KYNAMRO	5	PA; MO; LA
LESCOL XL	4	ST; MO; QL (30 per 30 days)
LIPITOR	4	ST; MO; QL (30 per 30 days)
LIPOFEN	4	MO
LIVALO	3	MO; QL (30 per 30 days)
LOPID	4	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA	4	ST; MO
<i>niacin oral tablet extended release 24 hr</i>	2	MO
NIACOR	4	MO
NIASPAN EXTENDED-RELEASE	4	MO
<i>omega-3 acid ethyl esters</i>	4	ST; MO

Drug Name	Drug Tier	Requirements /Limits
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; QL (4 per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	4	ST; MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
QUESTRAN	4	MO
QUESTRAN LIGHT ORAL POWDER	4	MO
REPATHA	5	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	5	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	5	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
TRICOR	4	MO
TRIGLIDE ORAL TABLET 160 MG	4	MO
TRILIPIX	4	MO
VASCEPA	3	MO
VYTORIN 10-10	4	ST; MO; QL (30 per 30 days)

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



Drug Name	Drug Tier	Requirements /Limits
VYTORIN 10-20	4	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	4	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	4	ST; MO; QL (30 per 30 days)
WELCHOL	4	MO
ZETIA	4	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	4	ST; MO; QL (30 per 30 days)
ZYPITAMAG	4	ST; MO; QL (30 per 30 days)
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
<i>cardioplegic soln</i>	2	
CORLANOR	3	PA; MO
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution 50 mcg/ml</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
<i>dobutamine</i>	2	B /D PA; EXCL
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	2	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	2	B /D PA; EXCL
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B /D PA; EXCL
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B /D PA; EXCL; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 800 mg/5 ml (160 mg/ml)</i>	2	B /D PA; EXCL
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml)</i>	2	B /D PA; EXCL; MO
ENTRESTO	3	MO; QL (60 per 30 days)
EPHEDRINE SULFATE INTRAVENOUS	4	
<i>isoproterenol hcl</i>	2	
ISUPREL	4	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3	MO
LEVOPHED (BITARTRATE)	4	MO
<i>milrinone</i>	2	B /D PA; EXCL; MO
<i>milrinone in 5 % dextrose</i>	2	B /D PA; EXCL; MO
NATRECOR	4	MO
NITROPRESS	4	MO
<i>norepinephrine bitartrate</i>	2	
PLEGISOL	4	
RANEXA	3	MO
<i>sodium nitroprusside</i>	2	
VECAMYL	5	
<b>NITRATES</b>		
DILATRATE-SR	4	MO
GONITRO	4	MO
ISORDIL	4	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	MO
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	2	
<i>isosorbide mononitrate</i>	1	MO
MINITRAN	4	MO
<i>nitro-bid</i>	2	MO
NITRO-DUR	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B /D PA; EXCL
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	2	B /D PA; EXCL; MO
<i>nitroglycerin intravenous</i>	2	B /D PA; EXCL
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
NITROLINGUAL	4	MO
NITROSTAT	4	MO
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin oral capsule 10 mg</i>	2	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO
ANALPRAM-HC TOPICAL	4	MO
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	2	MO; QL (400 per 30 days)
<i>calcitrene</i>	2	MO; QL (120 per 30 days)
<i>calcitriol topical</i>	4	MO
COSENTYX	5	PA; MO
COSENTYX (2 SYRINGES)	5	PA; MO
COSENTYX PEN	5	PA; MO
COSENTYX PEN (2 PENS)	5	PA; MO
DOVONEX TOPICAL	4	MO; QL (120 per 30 days)
ENSTILAR	5	MO; QL (400 per 30 days)
EPIFOAM	4	MO
PRAMOSONE TOPICAL CREAM 1-1 %	4	MO
PRAMOSONE TOPICAL LOTION	4	MO
<i>selenium sulfide topical lotion</i>	2	MO
SILIQ	5	PA; MO
SORIATANE ORAL CAPSULE 10 MG, 25 MG	5	MO
SORILUX	4	MO; QL (120 per 30 days)
STELARA	5	PA; MO
TACLONEX	4	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO
TALTZ SYRINGE	5	PA; MO
TREMFYA	5	PA; MO
VECTICAL	4	MO
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ALDARA	4	ST; MO
<i>ammonium lactate</i>	2	MO
ARTICADENT DENTAL	4	
CARAC	5	MO
CARBOCAINE	4	
CARBOCAINE (PF) INJECTION SOLUTION 10 MG/ML (1 %)	4	
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
CARBOCAINE (PF) INJECTION SOLUTION 20 MG/ML (2 %)	4	MO
<i>chloroprocaine (pf)</i>	2	
CITANEST PLAIN DENTAL	4	
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PA; MO; QL (100 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>doxepin topical</i>	5	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO
EFUDEX TOPICAL CREAM	4	ST; MO
ELIDEL	4	PA; MO; QL (100 per 30 days)
EUCRISA	4	PA; MO; QL (120 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	5	ST; MO
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet</i>	2	MO
LEVULAN	4	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>lidocaine hcl injection solution</i>	2	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch,medicated</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
LIDODERM	4	PA; MO; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO
NESACAINE	4	
NESACAINE-MPF	4	
OXSORALEN ULTRA	5	MO
PANRETIN	5	MO
PICATO	5	MO
PLIAGLIS	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>podofilox</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
POLOCAINE INJECTION SOLUTION 2 %	4	
<i>polocaine-mpf</i>	2	
PROTOPIC	4	PA; MO; QL (100 per 30 days)
<i>prudoxin</i>	2	MO; QL (45 per 30 days)
REGRANEX	5	MO
SANTYL	3	MO
SILVADENE	4	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
SYNERA	4	MO
<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
TOLAK	4	MO
UVADEX	4	B /D PA; EXCL
VALCHLOR	5	MO
VEREGEN	4	MO
<i>xylocaine dental-epinephrine</i>	2	
XYLOCAINE INJECTION	4	
XYLOCAINE WITH EPINEPHRINE	4	

Drug Name	Drug Tier	Requirements /Limits
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	4	MO
XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	4	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 1.5 %-1:200,000	4	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 2 %-1:200,000	4	MO
ZONALON	4	MO; QL (45 per 30 days)
ZYCLARA	5	ST; MO
<b>THERAPY FOR ACNE</b>		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 35 MG, 40 MG	5	MO
ABSORICA ORAL CAPSULE 25 MG	5	
ACANYA TOPICAL GEL WITH PUMP	4	MO
ACZONE	4	MO
<i>adapalene topical cream</i>	2	PA; MO
<i>adapalene topical gel</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>adapalene topical gel with pump</i>	2	PA; MO
<i>adapalene-benzoyl peroxide</i>	2	PA; MO
AKTIPAK	4	MO
<i>amnesteem</i>	2	MO
ATRALIN	4	PA; MO
<i>avita topical cream</i>	2	PA; MO
AVITA TOPICAL GEL	4	PA; MO
AZELEX	4	MO
BENZAACLIN	4	MO
BENZAACLIN PUMP	4	MO
BENZAMYCIN	4	MO
<i>claravis</i>	4	MO
CLEOCIN T TOPICAL GEL	4	MO
CLEOCIN T TOPICAL LOTION	4	MO
CLEOCIN T TOPICAL SOLUTION	4	
CLEOCIN T TOPICAL SWAB	4	MO
<i>clindacin etz topical swab</i>	2	MO
<i>clindacin p</i>	2	MO
CLINDAGEL	4	MO
<i>clindamycin phosphate topical foam</i>	2	MO
<i>clindamycin phosphate topical gel</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	4	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</i>	2	MO
<i>clindamycin-tretinoin</i>	2	PA; MO
<i>dapsone topical</i>	2	MO
DIFFERIN TOPICAL CREAM	4	PA; MO
DIFFERIN TOPICAL GEL 0.1 %	4	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	4	PA; MO
DIFFERIN TOPICAL LOTION	4	PA; MO
DUAC	4	MO
EPIDUO FORTE	4	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	4	PA; MO
<i>ery pads</i>	2	MO
<i>erygel</i>	2	MO
<i>erythromycin with ethanol</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
EVOCLIN	4	MO
FABIOR	4	MO
FINACEA	4	ST; MO
<i>isotretinoin</i>	2	
METROCREAM	4	ST; MO
METROGEL TOPICAL GEL 1 %	4	ST; MO
METROGEL TOPICAL GEL WITH PUMP	4	ST; MO
METROLOTION	4	ST; MO
<i>metronidazole topical</i>	2	MO
MIRVASO	4	PA; MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	2	MO
<i>myorisan oral capsule 30 mg</i>	2	
<i>neuac</i>	2	MO
NORITATE	5	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	4	MO
RETIN-A	4	PA; MO
RETIN-A MICRO	4	PA; MO
RHOFADE	4	PA; MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
SOOLANTRA	4	ST; MO
<i>tazarotene</i>	2	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
TAZORAC TOPICAL CREAM 0.1 %	4	PA; MO
TAZORAC TOPICAL GEL	3	PA; MO
<i>tretinoin microspheres</i>	2	PA; MO
<i>tretinoin topical</i>	2	PA; MO
<i>zenatane</i>	4	MO
ZIANA	4	PA; MO
<b>TOPICAL ANTIBACTERIALS</b>		
BACTROBAN TOPICAL CREAM	4	
CENTANY	4	MO
CORTISPORIN TOPICAL	4	MO
<i>gentamicin topical</i>	2	MO
KLARON	4	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO
<i>mupirocin calcium</i>	2	MO
NEO-SYNALAR	4	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON TOPICAL CREAM	3	MO
SULFAMYLON TOPICAL PACKET	5	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (45 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	2	MO; QL (60 per 28 days)
<i>econazole</i>	2	MO; QL (85 per 28 days)
ERTACZO	4	MO; QL (60 per 28 days)
EXELDERM	4	MO
EXTINA	4	MO; QL (100 per 28 days)
JUBLIA	4	MO
KERYDIN	4	MO
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
LOPROX (AS OLAMINE) TOPICAL CREAM	4	QL (90 per 28 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	4	QL (60 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
LOPROX TOPICAL SHAMPOO	4	MO; QL (120 per 28 days)
LOTRISONE TOPICAL CREAM	4	MO; QL (45 per 28 days)
LULICONAZOLE	4	QL (60 per 28 days)
LUZU	4	MO; QL (60 per 28 days)
MENTAX	4	MO
<i>naftifine</i>	2	MO; QL (60 per 28 days)
NAFTIN TOPICAL CREAM 2 %	4	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
NIZORAL TOPICAL SHAMPOO	4	MO; QL (120 per 28 days)
<i>nyamyc</i>	2	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO
<i>oxiconazole</i>	2	MO
OXISTAT	4	MO
PENLAC	4	MO
VUSION	4	MO; QL (50 per 28 days)

### TOPICAL ANTIVIRALS

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



Drug Name	Drug Tier	Requirements /Limits
<i>acyclovir topical</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
XERESE	4	MO
ZOVIRAX TOPICAL CREAM	5	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	5	PA; MO; QL (30 per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream</i>	2	MO
ALA-SCALP	4	MO
<i>alclometasone</i>	2	MO
<i>amcinonide topical cream</i>	2	MO
<i>amcinonide topical lotion</i>	2	MO
<i>amcinonide topical ointment</i>	2	
<i>apexicon e</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
CAPEX	3	MO
<i>clobetasol scalp</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	2	MO; QL (100 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical gel</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	2	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	2	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	2	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	4	MO; QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	4	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	4	MO; QL (125 per 28 days)
CLOCORTOLONE PIVALATE	4	MO
<i>clodan</i>	2	MO; QL (236 per 28 days)
CLODERM	4	MO
CORDRAN TAPE LARGE ROLL	4	MO
CUTIVATE TOPICAL CREAM	4	MO
CUTIVATE TOPICAL LOTION	4	MO
DERMA-SMOOTHIE/FS BODY OIL	4	MO
DERMA-SMOOTHIE/FS SCALP OIL	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
DESONATE	4	MO
<i>desonide</i>	4	MO
DESOWEN	4	MO
<i>desoximetasone</i>	2	MO
<i>diflorasone</i>	2	MO
DIPROLENE TOPICAL OINTMENT	4	MO
ELOCON TOPICAL CREAM	4	MO
ELOCON TOPICAL OINTMENT	4	MO
<i>fluocinolone</i>	2	MO
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinonide</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	2	QL (120 per 30 days)
<i>flurandrenolide</i>	2	MO
<i>fluticasone topical</i>	2	MO
<i>halobetasol propionate</i>	2	MO
HALOG	4	MO
<i>hydrocortisone butyrate</i>	2	MO
<i>hydrocortisone butyr-emollient</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
IMPOYZ	4	MO; QL (120 per 28 days)
KENALOG TOPICAL	4	MO
LOCOID LIPOCREAM	4	MO
LOCOID TOPICAL CREAM	4	MO
LOCOID TOPICAL LOTION	4	MO
LOCOID TOPICAL SOLUTION	4	MO
LUXIQ	4	MO
<i>mometasone topical</i>	2	MO
<i>nolix topical cream</i>	2	
<i>nolix topical lotion</i>	2	MO
OLUX	4	MO; QL (100 per 28 days)
OLUX-E	4	MO; QL (100 per 28 days)
PANDEL	4	MO
<i>prednicarbate</i>	2	MO
PROCTOCORT TOPICAL	4	MO
PSORCON	4	
SERNIVO	5	MO
SYNALAR TOPICAL CREAM	4	MO
SYNALAR TOPICAL OINTMENT	4	

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

Drug Name	Drug Tier	Requirements /Limits
SYNALAR TOPICAL SOLUTION	4	MO
TEMOVATE TOPICAL CREAM	4	MO; QL (120 per 28 days)
TEMOVATE TOPICAL OINTMENT	4	MO; QL (120 per 28 days)
TEXACORT	4	MO
TOPICORT	4	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	2	MO
TRIDESILON	4	MO
ULTRAVATE TOPICAL CREAM	4	MO
ULTRAVATE TOPICAL LOTION	5	MO
ULTRAVATE TOPICAL OINTMENT	4	MO
ULTRAVATE X	4	MO; EXCL
VANOS	5	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
CROTAN	4	
ELIMITE	4	
EURAX	4	MO
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
NATROBA	4	MO
OVIDE	4	MO
<i>permethrin topical cream</i>	2	MO
SKLICE	3	MO
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>ANOREXIANTS</b>		
ADIPEX-P	3	MO; EXCL
BELVIQ	3	MO; EXCL
BELVIQ XR	3	MO; EXCL
<i>benzphetamine</i>	1	MO; EXCL
CONTRAVE	3	MO; EXCL
<i>diethylpropion</i>	1	MO; EXCL
LOMAIRA	3	MO; EXCL
<i>phendimetrazine tartrate</i>	1	MO; EXCL
<i>phentermine</i>	1	MO; EXCL
QSYMIA	3	MO; EXCL
REGIMEX	3	MO; EXCL
SAXENDA	3	MO; EXCL
XENICAL	4	PA; MO
<b>ANTIDOTES</b>		
ACETADOTE	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>acetylcysteine intravenous</i>	2	MO
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM	5	
CETYLEV ORAL TABLET, EFFERVESCENT 500 MG	4	MO
PROTOPAM CHLORIDE	4	
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	2	MO
<i>neomycin-polymyxin b gu</i>	2	MO
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
<i>ringer's irrigation</i>	2	MO
SORBITOL IRRIGATION	4	
SORBITOL-MANNITOL	4	
<i>tis-u-sol pentalyte</i>	2	MO
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
ACTONEL ORAL TABLET 30 MG	4	ST; MO; QL (30 per 30 days)
ADAGEN	5	MO
AGRYLIN	4	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AMMONUL	5	
<i>anagrelide</i>	2	MO
ANTABUSE	4	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	MO; LA
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	MO
AURYXIA	5	PA; MO
BUPHENYL	5	MO
CAFCIT INTRAVENOUS	4	
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
CARBAGLU	5	MO; LA
CARNITOR	4	MO
CARNITOR (SUGAR-FREE)	4	MO
<i>cevimeline</i>	2	MO
CHEMET	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B /D PA; EXCL
CLINIMIX E 2.75%/D10W SUL FREE	4	B /D PA; EXCL
CLINIMIX E 2.75%/D5W SULF FREE	4	B /D PA; EXCL
CLINIMIX N9G20E 2.75%-D10W(SF)	4	B /D PA; EXCL
<i>d10 %-0.45 % sodium chloride</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferoxamine</i>	2	B /D PA; EXCL; MO
DESFERAL INJECTION RECON SOLN 500 MG	5	B /D PA; EXCL; MO
<i>dex4 glucose bits</i>	1	EXCL
<i>dex4 glucose oral gel</i>	1	MO; EXCL
DEX4 GLUCOSE ORAL GEL IN PACKET	1	MO; EXCL
DEX4 GLUCOSE ORAL LIQUID	1	MO; EXCL
<i>dex4 glucose oral tablet, chewable</i>	1	MO; EXCL
<i>dex4 glucose pouch pack</i>	1	EXCL
<i>dex4 glucose quick dissolve</i>	1	EXCL
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	MO
<i>dextrose 20 % in water (d20w)</i>	2	
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 30 % in water (d30w)</i>	2	
<i>dextrose 40 % in water (d40w)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 5 % in water (d5w)</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	
<i>dextrose 70 % in water (d70w)</i>	2	MO
DEXTROSE ORAL LIQUID	1	EXCL
<i>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	2	MO
ENDARI	5	PA; MO
<i>etidronate disodium</i>	2	MO
EVOXAC	4	MO
EXJADE	5	PA; MO; LA
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET	5	PA; MO
FERRLECIT	3	MO; EXCL
FOSRENOL	4	MO
GLASSIA	5	MO; LA
<i>gluco burst</i>	1	EXCL
GLUCO SHOT	1	EXCL
<i>glucose bits</i>	1	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>glucose gel</i>	1	EXCL
<i>glucose oral tablet, chewable 4 gram</i>	1	MO; EXCL
GLUTOSE 15	1	MO; EXCL
GLUTOSE 45	1	MO; EXCL
INCRELEX	5	MO; LA
JADENU	5	PA; MO
JADENU SPRINKLE	5	PA; MO
<i>kionex (with sorbitol)</i>	2	MO
<i>lanthanum</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
LITHOSTAT	4	MO
LOKELMA	4	
<i>midodrine</i>	2	MO
NORTHERA	5	PA; MO
NUTRESTORE	4	MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA
ORFADIN ORAL CAPSULE 20 MG	5	MO; LA
ORFADIN ORAL SUSPENSION	5	MO; LA
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	5	
<i>pilocarpine hcl oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
PROLASTIN-C INTRAVENOUS RECON SOLN	5	LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	MO; LA
RAVICTI	5	MO
RECLAST	4	PA; MO
RENAGEL ORAL TABLET 800 MG	4	MO
REVELA	5	MO
RILUTEK	5	MO
<i>riluzole</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE)	4	MO
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium ferric gluconat-sucrose</i>	1	MO; EXCL
<i>sodium phenylbutyrate</i>	5	MO
<i>sodium polystyrene (sorb free)</i>	2	MO
<i>sodium polystyrene sulfonate oral</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	2	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	4	
SOLIRIS	5	PA; MO
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
SURVANTA	4	
SYPRINE	5	PA; MO
THIOLA	5	MO
<i>trientine</i>	5	PA; MO
TRUEPLUS GLUCOSE ORAL GEL IN PACKET	1	MO; EXCL
TRUEPLUS GLUCOSE ORAL LIQUID	1	EXCL
TRUEPLUS GLUCOSE ORAL TABLET,CHEWABLE	1	MO; EXCL
VELPHORO	5	MO
VELTASSA	3	MO
<i>water for irrigation, sterile</i>	2	MO
XIAFLEX	5	MO
XURIDEN	5	MO
ZEMAIRA	5	MO; LA

Drug Name	Drug Tier	Requirements /Limits
ZOLEDRONIC ACID-MANNITOL-WATER	2	PA; MO
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	2	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICODERM CQ	1	MO; EXCL
<i>nicorelief</i>	1	MO; EXCL
NICORETTE	1	MO; EXCL
<i>nicotine (polacrilex) buccal gum</i>	1	MO; EXCL
NICOTINE (POLACRILEX) BUCCAL LOZENGE	1	MO; EXCL
NICOTINE (POLACRILEX) BUCCAL MINI LOZENGE	1	EXCL
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	MO; EXCL
<i>nicotine transdermal patch, td daily, sequential</i>	1	MO; EXCL
NICOTROL	4	MO
NICOTROL NS	4	MO
<i>quit 2 buccal gum</i>	1	EXCL
QUIT 2 BUCCAL LOZENGE	1	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>quit 4 buccal gum</i>	1	EXCL
QUIT 4 BUCCAL LOZENGE	1	EXCL
<i>stop smoking aid</i>	1	EXCL
ZYBAN	4	MO

## EAR, NOSE / THROAT MEDICATIONS

### MISCELLANEOUS AGENTS

ARESTIN	4	MO
ASTEPRO NASAL SPRAY, NON-AEROSOL	4	MO; QL (60 per 30 days)
<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
BACTROBAN NASAL	3	MO
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
CLINPRO 5000	4	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
FLUORIDEX DAILY DEFENSE DENTAL PASTE	4	
GELCLAIR	4	MO; EXCL
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	2	MO; QL (30.5 per 30 days)
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	2	MO
PATANASE	4	MO; QL (30.5 per 30 days)
<i>periogard</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
PREVIDENT	4	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
PREVIDENT 5000 DRY MOUTH	4	MO
PREVIDENT 5000 ENAMEL PROTECT	4	MO
PREVIDENT 5000 PLUS	4	MO
PREVIDENT 5000 SENSITIVE	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO

### MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear)</i>	2	MO
CETRAXAL	4	MO
<i>ciprofloxacin hcl otic (ear)</i>	2	MO
DERMOTIC OIL	4	MO
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO

### OTIC STEROID / ANTIBIOTIC

CIPRO HC	4	MO
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO

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



Drug Name	Drug Tier	Requirements /Limits
OTOVEL	3	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR H.P.	5	PA; MO
<i>betamethasone acet,sod phos</i>	2	MO
CELESTONE SOLUSPAN	4	MO
CORTEF	4	MO
<i>cortisone</i>	2	MO
<i>decadron</i>	2	
<i>deltasone oral tablet 20 mg</i>	2	B /D PA; EXCL; MO
DEPO-MEDROL	4	MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	2	
<i>dexamethasone sodium phos (pf)</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
DEXPAK 10 DAY	4	MO
DEXPAK 13 DAY	4	MO
DEXPAK 6 DAY	4	MO
EMFLAZA	5	PA; MO; LA
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
KENALOG INJECTION	4	MO
MEDROL	4	B /D PA; EXCL; MO
MEDROL (PAK)	4	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B /D PA; EXCL; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>millipred dp</i>	2	MO
MILLIPRED ORAL SOLUTION	4	MO
<i>millipred oral tablet</i>	4	B /D PA; EXCL; MO
ORAPRED ODT	4	B /D PA; EXCL; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	B /D PA; EXCL; MO
<i>prednisone intensol</i>	2	B /D PA; EXCL; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B /D PA; EXCL; MO
<i>prednisone oral tablets, dose pack</i>	1	MO
RAYOS	5	B /D PA; EXCL; MO
SOLU-CORTEF	4	MO
SOLU-CORTEF (PF)	4	MO
SOLU-MEDROL	4	MO
SOLU-MEDROL (PF)	4	MO
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS)	4	MO
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (49 TABS)	4	
<i>triamcinolone acetonide injection</i>	2	MO
TRIESENCE (PF)	4	MO
<i>veripred 20</i>	2	
ZILRETTA	4	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
TAPAZOLE	4	MO

Drug Name	Drug Tier	Requirements /Limits
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
ACCU-CHEK AVIVA PLUS TEST STRP	1	MO; EXCL
ACCU-CHEK COMPACT PLUS TEST	1	MO; EXCL
ACCU-CHEK GUIDE	1	MO; EXCL
ACCU-CHEK SMARTVIEW TEST STRIP	1	MO; EXCL
ACCUTREND GLUCOSE	1	MO; EXCL
ACTOPLUS MET	4	MO; QL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	4	MO; QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	4	MO; QL (30 per 30 days)
ACTOS	4	MO; QL (30 per 30 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML	4	PA; MO; QL (6 per 180 days)

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

Drug Name	Drug Tier	Requirements /Limits
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	4	PA; MO; QL (6 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	4	ST; MO
ADMELOG U-100 INSULIN LISPRO	4	ST; MO
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT	4	MO
ALCOHOL PADS	3	MO
ALOGLIPTIN	4	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	4	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE	4	MO; QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	4	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	4	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	4	MO; QL (60 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	4	ST; MO
APIDRA U-100 INSULIN	4	ST; MO

Drug Name	Drug Tier	Requirements /Limits
AVANDIA ORAL TABLET 2 MG, 4 MG	4	MO; QL (60 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN	4	ST; MO
BYDUREON	3	PA; MO; QL (4 per 28 days)
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
CHEK-STIX CONTROL	1	EXCL
CHEMSTRIP 10 MD	1	MO; EXCL
CHEMSTRIP 10/SG	1	MO; EXCL
CHEMSTRIP 2 GP	1	MO; EXCL
CHEMSTRIP 50B	1	EXCL
CHEMSTRIP 7	1	MO; EXCL
CHEMSTRIP 9	1	MO; EXCL
COMBISTIX REAGENT	1	EXCL
CYCLOSET	4	MO; QL (180 per 30 days)
DUETACT	4	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	4	ST; MO
FIASP U-100 INSULIN	4	ST; MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	5	MO; QL (75 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	5	MO; QL (150 per 30 days)
FREESTYLE FREEDOM	3	EXCL
FREESTYLE FREEDOM LITE	3	MO; EXCL
FREESTYLE INSULINX	3	MO; EXCL
FREESTYLE LITE METER	3	MO; EXCL
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	4	MO; QL (75 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	4	MO; QL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	4	MO; QL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	4	MO; QL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	4	MO; QL (75 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
GLUCOTROL ORAL TABLET 10 MG	4	MO; QL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	4	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	4	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	4	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	4	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	5	MO; QL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	4	MO; QL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	4	MO; QL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	4	MO; QL (180 per 30 days)
GLYXAMBI	3	MO; QL (30 per 30 days)
HEMA-COMBISTIX	1	EXCL
HUMALOG JUNIOR KWIKPEN U-100	3	MO

Drug Name	Drug Tier	Requirements /Limits
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INSTA-GLUCOSE (WITH DEXTRIN)	1	MO; EXCL
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	MO; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	MO; QL (120 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	MO; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	3	MO; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	4	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; MO; QL (30 per 30 days)
KAZANO	4	ST; MO; QL (60 per 30 days)
KETO-DIASTIX	1	MO; EXCL
KETONE CARE	1	EXCL
KETONE URINE TEST	1	MO; EXCL
KETOSTIX	1	MO; EXCL
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
LABSTIX REAGENT	1	MO; EXCL
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LEVEMIR FLEXTOUCH U-100 INSULN	4	ST; MO
LEVEMIR U-100 INSULIN	4	ST; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	5	MO; QL (75 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	2	MO; QL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	5	MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	5	MO; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
MULTISTIX	1	EXCL
MULTISTIX 10 SG	1	MO; EXCL
MULTISTIX 5	1	EXCL
MULTISTIX 7	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
MULTISTIX 8 SG	1	EXCL
MULTISTIX 9	1	EXCL
MULTISTIX 9 SG	1	EXCL
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOFINE 32	3	MO; EXCL
NOVOFINE AUTOCOVER	3	MO; EXCL
NOVOLIN 70/30 U-100 INSULIN	4	ST; MO
NOVOLIN N NPH U-100 INSULIN	4	ST; MO
NOVOLIN R REGULAR U-100 INSULN	4	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
NOVOLOG U-100 INSULIN ASPART	4	ST; MO

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

Drug Name	Drug Tier	Requirements /Limits
OMNIPOD INSULIN MANAGEMENT	4	MO; EXCL
OMNIPOD INSULIN REFILL	4	MO; EXCL
ONETOUCH ULTRA BLUE TEST STRIP	3	MO; EXCL
ONETOUCH ULTRA2	3	MO; EXCL
ONETOUCH ULTRAMINI	3	MO; EXCL
ONETOUCH VERIO	1	MO; EXCL
ONETOUCH VERIO IQ METER	3	MO; EXCL
ONETOUCH VERIO SYSTEM	3	MO; EXCL
ONGLYZA	3	MO; QL (30 per 30 days)
OSENI	4	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/0.75 ML (2 MG/1.5 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PRANDIN ORAL TABLET 1 MG	4	MO; QL (480 per 30 days)
PRANDIN ORAL TABLET 2 MG	4	MO; QL (240 per 30 days)
PRECISION XTRA B-KETONE	4	MO; EXCL
PRECISION XTRA MONITOR	3	MO; EXCL
PRECOSE ORAL TABLET 100 MG	4	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	4	MO; QL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	4	MO; QL (180 per 30 days)
PROGLYCEM	3	MO
QTERN	4	MO; QL (30 per 30 days)
<i>relion glucose</i>	1	EXCL
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
<i>repaglinide-metformin</i>	2	MO; QL (150 per 30 days)
RIOMET	3	MO; QL (765 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33	3	MO

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



Drug Name	Drug Tier	Requirements /Limits
STARLIX ORAL TABLET 120 MG	4	MO; QL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	4	MO; QL (180 per 30 days)
STEGLATRO	3	MO; QL (30 per 30 days)
STEGLUJAN	4	MO; QL (30 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	MO; QL (120 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TANZEUM	4	PA; MO; QL (4 per 28 days)
<i>tolazamide oral tablet 250 mg</i>	2	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO

Drug Name	Drug Tier	Requirements /Limits
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	4	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	4	ST; MO
TRESIBA FLEXTOUCH U-200	4	ST; MO
TRUEPLUS KETONE	1	MO; EXCL
TRULICITY	4	PA; MO; QL (2 per 28 days)
URISTIX 4	1	MO; EXCL
URISTIX REAGENT	1	MO; EXCL
VGO 20	3	MO; EXCL
VGO 30	3	MO; EXCL
VGO 40	3	MO; EXCL
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	5	MO; QL (15 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	5	MO
ANADROL-50	5	PA; MO
ANDRODERM	3	PA; MO; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	4	PA; MO; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; MO; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO; QL (150 per 30 days)
AVEED	4	PA; MO; LA
BRAVELLE	3	MO; EXCL
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral</i>	2	MO
CERDELGA	5	MO

Drug Name	Drug Tier	Requirements /Limits
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	MO
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3	MO; EXCL
CHORIONIC GONADOTROPIN, HUMAN	4	PA; MO
<i>clomiphene citrate</i>	2	PA; MO
<i>danazol</i>	4	MO
DDAVP	4	MO
DEPO- TESTOSTERONE	4	PA; MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray,non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	2	MO
ELAPRASE	5	MO
ELELYSO	5	MO
FABRAZYME	5	MO
FOLLISTIM AQ SUBCUTANEOUS	3	MO; EXCL
FORTESTA	4	PA; MO; QL (120 per 30 days)
GANIRELIX	3	MO; EXCL
GONAL-F	3	MO; EXCL
GONAL-F RFF	3	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
GONAL-F RFF REDI-JECT	3	MO; EXCL
HECTOROL INTRAVENOUS	4	MO
JYNARQUE	5	PA; MO; LA
KANUMA	5	MO
KORLYM	5	PA; MO
KUVAN	5	PA; MO
LUMIZYME	5	MO
MENOPUR	3	MO; EXCL
METHITEST	4	MO
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION	4	MO
<i>miglustat</i>	5	MO; LA
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	MO; LA
NATESTO	4	PA; MO; QL (21.96 per 30 days)
NATPARA	5	PA; MO; LA
NOCTIVA	4	PA; MO; QL (3.8 per 30 days)
NOVAREL	4	PA; MO
ORILISSA	3	MO
OVIDREL	3	MO; EXCL
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate</i>	2	MO
PARICALCITOL HEMODIALYSIS PORT INJECTION	4	
<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>paricalcitol oral</i>	4	MO
PARSABIV	5	MO
PREGNYL	4	PA; MO
RAYALDEE	5	MO
ROCALTROL	4	MO
SAMSCA	5	PA; MO
SENSIPAR ORAL TABLET 30 MG	3	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	MO
SOMAVERT	5	MO
STIMATE	3	MO
STRENSIQ	5	MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
STRIANT	4	PA; MO; QL (60 per 30 days)
SYNAREL	5	MO
TESTIM	4	PA; MO; QL (300 per 30 days)
TESTOPEL	4	PA
<i>testosterone cypionate</i>	2	PA; MO
<i>testosterone enanthate</i>	2	PA; MO
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	4	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)
VASOSTRICT	4	MO
VIMIZIM	5	MO

Drug Name	Drug Tier	Requirements /Limits
VOGELXO	4	PA; MO; QL (300 per 30 days)
VPRIV	5	MO
ZAVESCA	5	MO; LA
ZEMPLAR INTRAVENOUS	4	MO
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	MO
<i>zoledronic acid intravenous solution</i>	2	B /D PA; EXCL; MO
ZOLEDRONIC AC-MANNITOL-0.9NACL	4	
ZOMETA	5	B /D PA; EXCL; MO
<b>THYROID HORMONES</b>		
CYTOMEL	4	MO
LEVO-T	4	
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	4	MO
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	2	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
SYNTHROID	4	MO
THYROLAR-1	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
THYROLAR-1/2	4	MO
THYROLAR-1/4	4	MO
THYROLAR-2	4	MO
THYROLAR-3	4	MO
TIROSINT	4	MO
TRIOSTAT	4	MO
<i>unithroid</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, 0.1 mg/ml</i>	2	
BENTYL INTRAMUSCULAR	4	MO
<i>chlordiazepoxide-clidinium</i>	2	MO
CUVPOSA	4	MO
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine</i>	2	MO
GLYCATE	4	MO
<i>glycopyrrolate injection</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
LIBRAX (WITH CLIDINIUM)	5	MO
LOMOTIL	4	MO
<i>loperamide oral capsule</i>	2	MO
<i>methscopolamine</i>	2	MO
MOTOFEN	4	MO
MYTESI	4	MO
<i>opium tincture</i>	2	MO
<i>paregoric</i>	2	MO
ROBINUL FORTE	4	MO
ROBINUL ORAL	4	MO

### MISCELLANEOUS GASTROINTESTINAL AGENTS

ACTIGALL	4	MO
AKYNZEO (FOSNETUPITANT)	4	
<i>alophen</i>	1	EXCL
<i>alose tron</i>	5	MO
ALOXI	5	MO
AMITIZA	3	MO
ANALPRAM-HC RECTAL CREAM 1-1 %	4	MO
ANUSOL-HC TOPICAL	4	MO
ANZEMET ORAL	4	B /D PA; EXCL; MO
<i>aprepitant</i>	2	B /D PA; EXCL; MO
APRISO	4	MO
ASACOL HD	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
AZULFIDINE	4	MO
AZULFIDINE EN-TABS	4	MO
<i>balsalazide</i>	2	MO
<i>bisacodyl oral</i>	1	MO; EXCL
<i>bisa-lax</i>	1	EXCL
BONJESTA	4	MO
<i>budesonide oral</i>	5	MO
CANASA	4	MO
CESAMET	5	B /D PA; EXCL; MO
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
CIMZIA	5	PA; MO
CIMZIA POWDER FOR RECONST	5	PA; MO
CIMZIA STARTER KIT	5	PA; MO
CINVANTI	4	MO
<i>citrate of magnesia</i>	1	EXCL
<i>citroma</i>	1	MO; EXCL
<i>clearlax oral powder</i>	1	MO; EXCL
<i>clearlax oral powder in packet</i>	1	EXCL
CLENPIQ	4	ST; MO
COLAZAL	5	MO
<i>colocort</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	4	ST; MO
COMPAZINE RECTAL	4	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CORTENEMA	4	MO
CORTIFOAM	3	MO
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	3	MO
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 36,000-114,000-180,000 UNIT	5	MO
<i>cromolyn oral</i>	2	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
DICLEGIS	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>dronabinol oral capsule 10 mg</i>	5	B /D PA; EXCL; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B /D PA; EXCL; MO
<i>droperidol injection solution</i>	2	MO
<i>ducodyl</i>	1	EXCL
EMEND (FOSAPREPITANT )	4	MO
EMEND ORAL CAPSULE	4	B /D PA; EXCL; MO
EMEND ORAL CAPSULE,DOSE PACK	4	B /D PA; EXCL; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B /D PA; EXCL; MO
ENTEREG	4	MO
ENTOCORT EC	5	MO
ENTYVIO	5	PA; MO
<i>enulose</i>	2	MO
<i>fleet laxative</i>	1	EXCL
GASTROCROM	4	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilax oral powder</i>	1	MO; EXCL
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>gentle laxative oral</i>	1	EXCL
<i>gentlelax</i>	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
GIALAX	3	EXCL
GIAZO	5	MO
<i>glycolax oral powder</i>	1	EXCL
GOLYTELY	4	ST; MO
<i>granisetron (pf)</i>	2	MO
<i>granisetron hcl intravenous</i>	2	MO
<i>granisetron hcl oral</i>	2	B /D PA; EXCL; MO
<i>healthylax</i>	1	EXCL
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	MO
INFLECTRA	5	PA; MO
KRISTALOSE	4	MO
<i>lactulose oral solution</i>	2	MO
<i>laxaclear</i>	1	EXCL
<i>laxative (bisacodyl) oral</i>	1	EXCL
<i>laxative feminine</i>	1	EXCL
<i>laxative peg 3350 oral powder</i>	1	EXCL
LIALDA	4	MO
LINZESS	3	MO
LOTRONEX	5	MO
<i>magnesium citrate oral solution</i>	1	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
MARINOL ORAL CAPSULE 10 MG, 5 MG	5	B /D PA; EXCL; MO
MARINOL ORAL CAPSULE 2.5 MG	4	B /D PA; EXCL; MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine</i>	2	MO
<i>mesalamine with cleansing wipe</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating</i>	2	MO
MICORT-HC	4	MO
<i>milk of magnesia</i>	1	MO; EXCL
<i>milk of magnesia concentrated</i>	1	MO; EXCL
<i>miralax oral powder in packet</i>	1	MO; EXCL
MOVANTIK	3	MO
MOVIPREP	4	MO
<i>natura-lax</i>	1	EXCL
NULYTELY WITH FLAVOR PACKS	4	ST; MO
OALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B /D PA; EXCL; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B /D PA; EXCL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B /D PA; EXCL; MO
<i>oral saline laxative liquid</i>	1	EXCL
OSMOPREP	4	MO
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	4	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	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	ST; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO

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



Drug Name	Drug Tier	Requirements /Limits
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte</i>	2	
<i>peg-prep</i>	1	EXCL
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250-90,750 UNIT	5	ST; MO
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 4,000-14,375-15,125 UNIT, 8,000-28,750- 30,250 UNIT	4	ST; MO
<i>phosphate laxative oral liquid</i>	1	EXCL
PLENVU	4	ST; MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>polyethylene glycol 3350 oral powder in packet</i>	1	MO; EXCL
<i>powderlax</i>	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
PREPOPIK	4	ST; MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
PROCTOFOAM HC	4	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
<i>purelax</i>	1	EXCL
RECTIV	3	MO
REGLAN ORAL	4	MO
RELISTOR ORAL	5	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA; MO
RENFLEXIS	5	PA; MO
ROWASA RECTAL ENEMA KIT	4	MO
SANCUSO	5	MO
<i>scopolamine base</i>	2	MO
SFROWASA	4	MO
<i>smoothlax</i>	1	EXCL
SUCRAID	5	MO
<i>sulfasalazine</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
SUPREP BOWEL PREP KIT	3	MO
SUSTOL	4	
SYMPROIC	3	MO
SYNDROS	5	B /D PA; EXCL; MO
TRANSDERM-SCOP	4	MO
<i>trilyte with flavor packets</i>	2	MO
TRULANCE	4	MO
UCERIS ORAL	5	MO
UCERIS RECTAL	4	MO
URSO 250	4	MO
URSO FORTE	4	MO
<i>ursodiol</i>	2	MO
VARUBI INTRAVENOUS	3	
VARUBI ORAL	3	B /D PA; EXCL; MO
VIBERZI	5	MO
VIOKACE	3	MO
<i>woman's laxative</i>	1	EXCL
<i>women's gentle laxative(bisac)</i>	1	EXCL
<i>women's laxative (bisacodyl)</i>	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAY ED 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, 5,000-17,000-24,000 UNIT	3	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40,000-126,000-168,000 UNIT	5	MO
ZOFRAN ODT	4	B /D PA; EXCL; MO
ZOFRAN ORAL TABLET	4	B /D PA; EXCL; MO
ZUPLENZ	4	B /D PA; EXCL; MO
<b>ULCER THERAPY</b>		
<i>acid reducer (omeprazole)</i>	1	EXCL
ACIPHEX	4	MO
<i>amoxicil-clarithromy-lansopraz</i>	2	MO; QL (112 per 30 days)
CARAFATE	4	MO
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO
CYTOTEC	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	4	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	4	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 49.3 MG	4	MO
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous solution</i>	2	MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>heartburn treatment 24 hour</i>	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	2	MO
<i>misoprostol</i>	2	MO
NEXIUM 24HR	1	MO; EXCL
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	4	MO
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	4	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	4	MO
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
<i>nizatidine</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
OMECLAMOX-PAK	4	MO; QL (80 per 28 days)
<i>omeprazole magnesium</i>	1	EXCL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<i>omeprazole oral tablet, delayed release (dr/ec)</i>	1	MO; EXCL
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	5	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	5	MO
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	5	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	5	MO
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
PEPCID	4	MO

Drug Name	Drug Tier	Requirements /Limits
PREVACID 24HR	1	MO; EXCL
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 15 MG	4	MO; QL (30 per 30 days)
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	4	MO
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAYED REL 15 MG	4	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAYED REL 30 MG	4	MO
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	4	MO
PRILOSEC OTC	1	MO; EXCL
PROTONIX INTRAVENOUS	4	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	4	MO
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	4	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
PYLERA	3	MO
<i>rabeprazole</i>	2	MO
<i>ranitidine hcl injection</i>	2	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	2	MO
ZANTAC INJECTION	4	MO
ZANTAC ORAL TABLET 300 MG	4	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	5	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	5	MO
ZEGERID ORAL PACKET 20-1,680 MG	5	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	5	MO
ZEGERID OTC	1	MO; EXCL
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE	5	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 150 MCG/0.75 ML	5	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; MO
ARCALYST	5	PA; MO
AVONEX (WITH ALBUMIN)	5	PA; MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	PA; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO
EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PA; QL (15 per 28 days)
FULPHILA	5	PA; MO
GENOTROPIN	5	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; MO
GRANIX	5	PA; MO
HUMATROPE	5	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA
INTRON A INJECTION RECON SOLN	5	B /D PA; EXCL; MO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	3	B /D PA; EXCL; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	B /D PA; EXCL; MO
LEUKINE INJECTION RECON SOLN	5	MO
MOZOBIL	5	B /D PA; EXCL; MO
NEULASTA	5	PA; MO
NEUPOGEN	5	PA; MO
NORDITROPIN FLEXPRO	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
NUTROPIN AQ NUSPIN	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	5	B /D PA; EXCL; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
SAIZEN	5	PA; MO
SAIZEN SAIZENPREP	5	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; MO
SYLATRON	5	MO
ZARXIO	5	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA; MO
ZORBTIVE	5	PA; MO
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT ) (PF)	3	MO
AFLURIA 2018- 2019	3	EXCL
AFLURIA 2018- 2019 (PF)	3	EXCL
AFLURIA QUAD 2018-2019	3	EXCL
AFLURIA QUAD 2018-2019 (PF)	3	EXCL
ATGAM	5	B /D PA; EXCL
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO

Drug Name	Drug Tier	Requirements /Limits
BIVIGAM	5	PA; MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	5	PA; MO
CUVITRU	5	B /D PA; EXCL; MO
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	5	B /D PA; EXCL; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
DYSPORT	4	PA; MO
ENGERIX-B (PF)	3	B /D PA; EXCL; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULA R SYRINGE	3	B /D PA; EXCL; MO
FLEBOGAMMA DIF	5	PA; MO
FLUAD 2018-2019 (65 YR UP)(PF)	3	EXCL
FLUARIX QUAD 2018-2019 (PF)	3	MO; EXCL
FLUBLOK QUAD 2018-2019 (PF)	3	MO; EXCL
FLUCELVAX QUAD 2018-2019	3	EXCL
FLUCELVAX QUAD 2018-2019 (PF)	3	EXCL
FLULAVAL QUAD 2018-2019	3	EXCL

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



Drug Name	Drug Tier	Requirements /Limits
FLULAVAL QUAD 2018-2019 (PF)	3	MO; EXCL
FLUZONE HIGH-DOSE 2018-19 (PF)	3	MO; EXCL
FLUZONE QUAD 2018-2019	3	EXCL
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION	3	EXCL
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	3	MO; EXCL
FLUZONE QUAD PEDI 2018-19 (PF)	3	MO; EXCL
<i>fomepizole</i>	2	
GAMASTAN	4	
GAMASTAN S/D	3	MO
GAMMAGARD LIQUID	5	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; MO
GAMMAKED INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	4	PA; MO
GAMMAPLEX	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GAMMAPLEX (WITH SORBITOL)	5	PA; MO
GAMUNEX-C	5	PA; MO
GARDASIL 9 (PF)	3	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML	4	
HEPAGAM B INJECTION SOLUTION GREATER THAN 312 UNIT/ML (5 ML)	4	MO
HIBERIX (PF)	3	MO
HIZENTRA	5	B /D PA; EXCL; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL	3	
HYQVIA	5	B /D PA; EXCL; MO
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
IPOL	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
MYOBLOC	4	MO
NABI-HB	4	MO
OCTAGAM	5	PA; MO
ODACTRA	4	MO; EXCL
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
PNEUMOVAX 23	3	MO; EXCL
PREVNAR 13 (PF)	3	MO; EXCL
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B /D PA; EXCL; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B /D PA; EXCL; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B /D PA; EXCL
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
TENIVAC (PF)	3	MO
TETANUS,DIPHTEERIA TOX PED(PF)	3	MO
TETANUS-DIPHTEERIA TOXOIDS-TD	3	MO
THYMOGLOBULIN	5	B /D PA; EXCL
TICE BCG	3	B /D PA; EXCL; MO

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

Drug Name	Drug Tier	Requirements /Limits
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	4	PA; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	5	PA; MO
YF-VAX (PF)	3	MO
ZINPLAVA	5	MO
ZOSTAVAX (PF)	3	MO
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
COLCHICINE	4	ST; MO
COLCRYS	3	MO
DUZALLO	4	ST; MO
KRYSTEXXA	5	MO

Drug Name	Drug Tier	Requirements /Limits
MITIGARE	3	MO
<i>probenecid</i>	2	MO
<i>probenecid- colchicine</i>	2	MO
ULORIC	3	ST; MO
ZURAMPIC	4	ST; MO
ZYLOPRIM	4	MO
<b>OSTEOPOROSIS THERAPY</b>		
ACTONEL ORAL TABLET 150 MG	4	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	4	ST; MO; QL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	4	ST; MO; QL (30 per 30 days)
<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
ATEL VIA	4	ST; MO; QL (4 per 28 days)
BINOSTO	4	ST; MO; QL (4 per 28 days)
BONIVA INTRAVENOUS	4	PA; MO
BONIVA ORAL	4	ST; MO; QL (1 per 30 days)
EVISTA	4	MO
FORTEO	5	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	4	ST; MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA INTRAVENOUS	5	PA; MO
ACTEMRA SUBCUTANEOUS	5	PA; MO
ARAVA	5	MO; QL (30 per 30 days)
BENLYSTA	5	PA; MO
CUPRIMINE	5	MO
DEPEN TITRATABS	5	MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (6 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MO; QL (6 per 180 days)

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

Drug Name	Drug Tier	Requirements /Limits
HUMIRA CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA PSORIASIS- UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 180 days)
HUMIRA PSORIASIS- UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
KEVZARA	5	PA; MO; QL (2.28 per 28 days)
KINERET	5	PA; MO
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
OLUMIANT	5	PA; MO; QL (30 per 30 days)
ORENCIA	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ORENCIA (WITH MALTOSE)	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO
OTEZLA	5	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	5	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG(19)	5	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	4	MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	MO
RIDAURA	5	MO
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
SIMPONI	5	PA; MO
SIMPONI ARIA	5	PA; MO
XELJANZ	5	PA; MO
XELJANZ XR	5	PA; MO

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

ACTIVELLA	4	PA; MO
ALORA	4	PA; MO; QL (8 per 28 days)
<i>amabelz</i>	2	PA; MO
ANGELIQ	4	PA; MO
AYGESTIN	4	MO
<i>camila</i>	2	MO
CLIMARA	4	PA; MO; QL (4 per 28 days)
CLIMARA PRO	4	PA; MO
COMBIPATCH	4	PA; MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DELESTROGEN	4	MO
DEPO-ESTRADIOL	4	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	MO

Drug Name	Drug Tier	Requirements /Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	MO
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	MO
DEPO-SUBQ PROVERA 104	4	MO
DIVIGEL	4	PA; MO; QL (30 per 30 days)
DUAVEE	3	MO
ELESTRIN	4	PA; MO
ENDOMETRIN	3	MO; EXCL
<i>errin</i>	2	MO
ESTRACE ORAL	4	PA; MO
ESTRACE VAGINAL	4	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
ESTRING	3	MO
<i>estropipate oral tablet 0.75 mg</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
EVAMIST	4	PA; MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	4	PA; MO
FEMRING	4	MO
<i>fyavolv</i>	2	PA; MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	MO
IMVEXXY	4	MO
IMVEXXY MAINTENANCE PACK	4	
<i>incassia</i>	2	
<i>jencycla</i>	2	MO
<i>jevantique lo</i>	2	PA; MO
<i>jinteli</i>	2	PA; MO
<i>jolivette</i>	2	MO
<i>lopreeza</i>	2	PA; MO
<i>lyza</i>	2	MO
<i>medroxyprogesterone</i>	2	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; MO
MENOSTAR	4	PA; MO; QL (4 per 28 days)
<i>mimvey</i>	2	PA; MO
<i>mimvey lo</i>	2	PA; MO
MINIVELLE	4	PA; MO; QL (8 per 28 days)
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
<i>norlyda</i>	2	MO
<i>norlyroc</i>	2	
ORTHO MICRONOR	4	MO
PREFEST	4	PA; MO
PREMARIN INJECTION	4	MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	4	PA; MO
PREMPRO	4	PA; MO
<i>progesterone</i>	2	MO
<i>progesterone in oil</i>	2	MO
<i>progesterone micronized</i>	2	MO
PROMETRIUM	4	MO
PROVERA	4	MO
<i>sharobel</i>	2	MO
<i>tulana</i>	2	
VAGIFEM	4	MO
VIVELLE-DOT	4	PA; MO; QL (8 per 28 days)
<i>yuvafem</i>	2	MO
<b>MISCELLANEOUS OB/GYN</b>		
AVC	4	MO
CLEOCIN VAGINAL CREAM	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
CLINDESSE	4	MO
CONCEPTROL	1	MO; EXCL
GYNAZOLE-1	4	MO
<i>gynol ii</i>	1	MO; EXCL
INTRAROSA	4	MO
KYLEENA	4	MO
LILETTA	4	MO
LUPANETA PACK (1 MONTH)	5	MO
LUPANETA PACK (3 MONTH)	5	MO
LYSTEDA	4	MO
METROGEL VAGINAL	4	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
MIRENA	3	MO; EXCL
NEXPLANON	3	MO
NUVARING	4	MO
NUVESSA	4	MO
OSPHENA	4	MO
SKYLA	4	MO
<i>terconazole</i>	2	MO
TODAY CONTRACEPTIVE SPONGE	1	MO; EXCL
<i>tranexamic acid oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
VAGINAL CONTRACEPTIVE FILM	1	MO; EXCL
<i>vaginal contraceptive foam</i>	1	EXCL
<i>vandazole</i>	2	MO
VCF CONTRACEPTIVE GEL	1	EXCL
<i>xulane</i>	2	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
AFTERA	1	EXCL
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethia</i>	2	MO
<i>amethia lo</i>	2	MO
<i>amethyst</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>ashlyna</i>	2	MO
<i>aubra</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>balziva (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
BEYAZ	4	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>blisovi fe 1/20 (28)</i>	2	MO
<i>briellyn</i>	2	MO
<i>camrese</i>	2	MO

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



Drug Name	Drug Tier	Requirements /Limits
<i>camrese lo</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>chateal</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>delyla (28)</i>	2	
<i>desog-e.estradiol/e.estradiol</i>	2	MO
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-e.estradiol-lm.fa</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>econtra ez</i>	1	EXCL
<i>econtra one-step</i>	1	EXCL
<i>elinest</i>	2	MO
ELLA	4	
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
ESTROSTEP FE-28	4	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>fayosim</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>femynor</i>	2	MO
GENERESS FE	4	MO
<i>gianvi (28)</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	2	MO
<i>kaitlib fe</i>	2	MO
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50</i>	2	MO
<i>kimidess (28)</i>	2	MO
<i>kurvelo</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>layolis fe</i>	2	MO
<i>leena 28</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estrad</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levora-28</i>	2	MO
<i>lillow</i>	2	MO
LO LOESTRIN FE	4	MO
LOESTRIN 1.5/30 (21)	4	MO
LOESTRIN 1/20 (21)	4	MO
LOESTRIN FE 1.5/30 (28-DAY)	4	MO
LOESTRIN FE 1/20 (28-DAY)	4	MO
<i>loryna (28)</i>	2	MO
LOSEASONIQUE	4	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lutra (28)</i>	2	MO
<i>marlissa</i>	2	MO
<i>melodetta 24 fe</i>	2	MO
<i>mibelas 24 fe</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	
MINASTRIN 24 FE	4	MO
MIRCETTE (28)	4	MO
<i>mono-linyah</i>	2	MO
<i>mononessa (28)</i>	2	MO
<i>my choice</i>	1	EXCL
<i>my way</i>	1	EXCL
<i>myzilra</i>	2	MO
NATAZIA	4	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>necon 7/7/7 (28)</i>	2	MO
<i>new day</i>	1	EXCL
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron</i>	2	MO
<i>norgestimate-ethinyl estradiol</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>ocella</i>	2	MO
<i>ogestrel (28)</i>	2	MO
<i>opcicon one-step</i>	1	EXCL
<i>option-2</i>	1	EXCL
<i>orsythia</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
ORTHO TRI-CYCLEN (28)	4	MO
ORTHO TRI-CYCLEN LO (28)	4	MO
ORTHO-CYCLEN (28)	4	MO
ORTHO-NOVUM 1/35 (28)	4	MO
ORTHO-NOVUM 7/7/7 (28)	4	MO
<i>philith</i>	2	MO
<i>pimtrea</i> (28)	2	MO
<i>pirmella</i>	2	MO
PLAN B ONE-STEP	3	EXCL
<i>portia</i>	2	MO
<i>previfem</i>	2	MO
QUARTETTE	4	MO
<i>quasense</i>	2	MO
<i>rajani</i>	2	MO
<i>reclipsen</i> (28)	2	MO
<i>rivelsa</i>	2	MO
SAFYRAL	4	MO
SEASONIQUE	4	MO
<i>setlakin</i>	2	MO
<i>sprintec</i> (28)	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
TAKE ACTION	1	EXCL
<i>tarina fe 1/20</i> (28)	2	MO
TAYTULLA	4	MO
<i>tilia fe</i>	2	MO
<i>tri femynor</i>	2	MO
<i>tri-estarylla</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tri-legest fe</i>	2	MO
<i>tri-lynyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	
<i>trinessa</i> (28)	2	MO
TRI-NORINYL (28)	4	MO
<i>tri-previfem</i> (28)	2	MO
<i>tri-sprintec</i> (28)	2	MO
<i>trivora</i> (28)	2	MO
<i>tri-vylibra</i>	2	
<i>tydemy</i>	2	MO
<i>velivet triphasic regimen</i> (28)	2	MO
<i>vienva</i>	2	MO
<i>viorele</i> (28)	2	MO
<i>vyfemla</i> (28)	2	MO
<i>vylibra</i>	2	
<i>wera</i> (28)	2	MO
<i>wymzya fe</i>	2	MO
YASMIN (28)	4	MO
YAZ (28)	4	MO
<i>zarah</i>	2	MO
<i>zenchent</i> (28)	2	MO
<i>zovia 1/35e</i> (28)	2	MO
<b>OXYTOCICS</b>		
HEMABATE	4	
<i>methergine</i>	2	
<i>methylergonovine injection</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>methylergonovine oral</i>	2	MO
<i>oxytocin injection solution</i>	2	MO
PITOCIN	4	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac</i>	2	MO
AZASITE	3	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
BESIVANCE	3	MO
CILOXAN	4	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>levofloxacin ophthalmic (eye)</i>	2	MO
MOXEZA	4	MO
<i>moxifloxacin ophthalmic (eye)</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
OCUFLOX	4	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
POLYTRIM	4	MO
<i>tobramycin</i>	2	MO
TOBREX	4	MO
VIGAMOX	4	MO
ZYMAXID	4	MO
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	2	MO
VIROPTIC	4	MO
ZIRGAN	4	MO
<b>BETA-BLOCKERS</b>		
BETAGAN OPHTHALMIC (EYE) DROPS 0.5 %	4	MO
<i>betaxolol ophthalmic (eye)</i>	2	MO
BETIMOL	4	MO
BETOPTIC S	4	MO
<i>carteolol</i>	2	MO
ISTALOL	4	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>metipranolol</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
TIMOPTIC	4	MO
TIMOPTIC OCUDOSE (PF)	4	MO
TIMOPTIC-XE	4	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
ALOCRIAL	4	MO
ALOMIDE	4	MO
<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>balanced salt</i>	2	
BEPREVE	4	MO
BLEPH-10	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>bss</i>	2	MO
BSS PLUS	4	
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	MO
ELESTAT	4	MO
EMADINE	4	MO
<i>epinastine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
EYLEA	5	MO
ISOPTO ATROPINE	4	
ISOPTO CARPINE	4	MO
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	5	MO
LACRISERT	4	MO
LASTACAFT	4	MO
LUCENTIS	5	MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
PATADAY	4	MO
PATANOL	4	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
XIIDRA	4	MO; QL (60 per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
ACULAR LS	4	MO
ACUVAIL (PF)	4	MO
<i>bromfenac</i>	2	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
NEVANAC	4	MO
PROLENSA	3	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	2	MO
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT	4	MO
<i>bimatoprost ophthalmic (eye)</i>	2	MO
COMBIGAN	3	MO
COSOPT	4	MO
COSOPT (PF)	4	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>miostat</i>	2	
RHOPRESSA	3	MO
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
TRUSOPT	4	MO
VYZULTA	4	MO
XALATAN	4	ST; MO
ZIOPTAN (PF)	4	ST; MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
MAXITROL	4	MO
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>neo-polycin hc</i>	2	MO
PRED-G	4	MO
PRED-G S.O.P.	4	MO
TOBRADEX	4	MO
TOBRADEX ST	4	MO
<i>tobramycin-dexamethasone</i>	2	MO
ZYLET	3	MO
<b>STEROIDS</b>		
ALREX	4	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
DUREZOL	4	MO
FLAREX	4	MO
<i>fluorometholone</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
FML FORTE	4	MO
FML LIQUIFILM	4	MO
FML S.O.P.	4	MO
LOTEMAX	3	MO
MAXIDEX	4	MO
OMNIPRED	4	MO
OZURDEX	5	MO
PRED FORTE	4	MO
PRED MILD	4	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
RETISERT	4	MO
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	4	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	2	MO
IOPIDINE	4	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<i>24hour allergy</i>	1	EXCL
<i>24hr allergy relief</i>	1	EXCL
<i>adrenalin injection</i>	2	
<i>alavert</i>	1	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>alavert d-12 allergy-sinus</i>	1	MO; EXCL
<i>all day allergy (cetirizine) oral capsule</i>	1	EXCL
<i>all day allergy (cetirizine) oral solution</i>	1	EXCL
<i>all day allergy (cetirizine) oral tablet</i>	1	EXCL
<i>all day allergy relief(cetir)</i>	1	EXCL
<i>all day allergy-d</i>	1	MO; EXCL
ALLEGRA ALLERGY	1	MO; EXCL
ALLEGRA-D 12 HOUR	1	MO; EXCL
ALLEGRA-D 24 HOUR	1	MO; EXCL
<i>allerclear</i>	1	EXCL
<i>allerclear d-12hr</i>	1	EXCL
<i>allerclear d-24hr</i>	1	MO; EXCL
<i>aller-ease oral tablet</i>	1	EXCL
<i>aller-fex</i>	1	EXCL
<i>allergy and congestion relief</i>	1	EXCL
<i>allergy complete-d</i>	1	EXCL
<i>allergy d-12</i>	1	EXCL
<i>allergy relief (cetirizine)</i>	1	EXCL
<i>allergy relief (fexofenadine)</i>	1	EXCL
<i>allergy relief (levocetirizin)</i>	1	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>allergy relief (loratadine) oral solution</i>	1	EXCL
<i>allergy relief (loratadine) oral tablet</i>	1	MO; EXCL
<i>allergy relief (loratadine) oral tablet, disintegrating</i>	1	EXCL
<i>allergy relief d12</i>	1	EXCL
<i>allergy relief d-24hr</i>	1	EXCL
<i>allergy relief, nasal decongest</i>	1	MO; EXCL
<i>allergy relief-d (cetirizine)</i>	1	EXCL
<i>allergy relief-d (loratadine)</i>	1	EXCL
<i>allergy relief-d (fexofenadine)</i>	1	EXCL
<i>allergy-congest relief-d (cet)</i>	1	EXCL
<i>allergy-congestion relief-d oral tablet extended release 24 hr</i>	1	EXCL
<i>aller-tec</i>	1	EXCL
<i>aller-tec d</i>	1	EXCL
AUVI-Q	5	ST; MO; QL (4 per 30 days)
<i>benzonatate</i>	1	MO; EXCL
BROMFED DM	3	MO; EXCL
BROMPHENIRAMINE MALEATE (BULK)	3	EXCL
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
CAPCOF	3	MO; EXCL
<i>cetiri-d</i>	1	EXCL
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>cetirizine oral solution 5 mg/5 ml</i>	1	EXCL
<i>cetirizine oral tablet 10 mg</i>	1	MO; EXCL
CETIRIZINE ORAL TABLET 5 MG	1	MO; EXCL
<i>cetirizine oral tablet, chewable</i>	1	MO; EXCL
<i>cetirizine-pseudoephedrine</i>	1	MO; EXCL
<i>cheratussin ac</i>	1	MO; EXCL
<i>child allergy relief (cetirizine) oral solution</i>	1	EXCL
<i>children's allegra allergy</i>	1	MO; EXCL
CHILDREN'S ALLERGY RELIEF(FEX)	1	EXCL
<i>children's allergy relief (lor) oral solution</i>	1	EXCL
CHILDREN'S ALLERGY RELIEF(LOR) ORAL TABLET, CHEWABLE	1	EXCL
<i>children's allergy (cetirizine)</i>	1	EXCL
<i>children's aller-tec</i>	1	EXCL
<i>children's cetirizine oral solution</i>	1	EXCL

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



Drug Name	Drug Tier	Requirements /Limits
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE	1	MO; EXCL
CHILDREN'S CLARITIN	1	MO; EXCL
CHILDREN'S LORATADINE	1	EXCL
CHILDREN'S WAL-FEX	1	EXCL
<i>children's wal-zyr oral solution</i>	1	EXCL
CHILDREN'S WAL-ZYR ORAL TABLET,CHEWABLE	1	EXCL
CHILDREN'S ZYRTEC ALLERGY ORAL SOLUTION	1	EXCL
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,DISINTEGRATING	1	MO; EXCL
<i>child's all day allergy(cetir)</i>	1	EXCL
CHLORPHENIRAMINE MALEATE(BULK)	3	MO; EXCL
CLARINEX ORAL SYRUP	4	MO
CLARINEX ORAL TABLET	4	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	4	MO; QL (60 per 30 days)
CLARITIN LIQUIGEL	1	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
CLARITIN ORAL SOLUTION	1	EXCL
CLARITIN ORAL TABLET	1	MO; EXCL
CLARITIN REDITABS	1	MO; EXCL
CLARITIN-D 12 HOUR	1	MO; EXCL
CLARITIN-D 24 HOUR	1	MO; EXCL
CLEMASTINE FUMARATE (BULK)	3	EXCL
CODEINE-GUAIFENESIN	3	MO; EXCL
CODITUSSIN AC	3	MO; EXCL
CODITUSSIN DAC	3	EXCL
CYPROHEPTADINE (BULK)	3	EXCL
<i>desloratadine</i>	2	MO; QL (30 per 30 days)
DIPHENHYDRAMINE (BULK)	3	MO; EXCL
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	4	ST; MO; QL (4 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	MO; QL (4 per 30 days)
EPIPEN	3	MO; QL (4 per 30 days)
EPIPEN 2-PAK	3	MO; QL (4 per 30 days)
EPIPEN JR	3	MO; QL (4 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (4 per 30 days)
FEXOFENADINE (BULK)	3	EXCL
FEXOFENADINE ORAL SUSPENSION	1	EXCL
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	1	MO; EXCL
<i>fexofenadine-pseudoephedrine</i>	1	EXCL
<i>g tussin ac</i>	1	EXCL
<i>guaiaatussin ac</i>	1	MO; EXCL
<i>guaifenesin ac</i>	1	EXCL
<i>guaifenesin dac</i>	1	MO; EXCL
HISTEX-AC	3	EXCL
<i>hydrocodone-cpm-pseudoephed</i>	1	MO; EXCL
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	MO; EXCL
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5 ML (5 ML)	3	EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-homatropine oral tablet</i>	1	MO; EXCL
<i>hydromet</i>	1	MO; EXCL
HYDROXYZINE HCL (BULK)	3	MO; EXCL
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
HYDROXYZINE PAMOATE (BULK)	3	MO; EXCL
LEVOCETIRIZINE (BULK)	3	MO; EXCL
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>loradamed</i>	1	MO; EXCL
<i>lorata-d</i>	1	EXCL
LORATADINE (BULK)	3	EXCL
<i>lorata-dine d</i>	1	EXCL
<i>loratadine oral capsule</i>	1	EXCL
<i>loratadine oral solution</i>	1	MO; EXCL
<i>loratadine oral tablet</i>	1	MO; EXCL
<i>loratadine oral tablet, disintegrating</i>	1	EXCL
LORATADINE, MICRONIZED (BULK)	3	EXCL
<i>loratadine-d</i>	1	MO; EXCL
<i>loratadine oral syrup</i>	1	EXCL
MAR-COF CG	3	MO; EXCL
<i>m-clear wc</i>	1	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
M-END PE	3	MO; EXCL
NINJACOF-XG	3	MO; EXCL
<i>non-drowsy allergy</i>	1	EXCL
OBREDON	3	MO; EXCL
PHENERGAN INJECTION	4	MO
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	MO; EXCL
PROMETHAZINE (BULK)	3	MO; EXCL
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
<i>promethazine-dm</i>	1	MO; EXCL
PRO-RED AC (W/ DEXCHLORPHENIR)	3	MO; EXCL
PYRILAMINE MALEATE (BULK)	3	EXCL
RESPA-AR	3	MO; EXCL
<i>robafen ac</i>	1	EXCL
<i>rydex</i>	1	EXCL
SEMPREX-D	4	MO
TESSALON PERLES	3	MO; EXCL
TRIPLENNAMINE (BULK)	3	EXCL
TRIPROLIDINE HCL (BULK)	3	EXCL
<i>tusnel c</i>	1	EXCL
TUSNEL PEDIATRIC ORAL LIQUID	3	EXCL
TUZISTRA XR	3	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>virtussin ac</i>	1	MO; EXCL
<i>virtussin dac</i>	1	MO; EXCL
<i>wal-fex allergy</i>	1	EXCL
<i>wal-fex d 12 hour</i>	1	EXCL
<i>wal-fex d 24 hour</i>	1	EXCL
<i>wal-itin d</i>	1	EXCL
<i>wal-itin d 12 hour</i>	1	EXCL
<i>wal-itin oral solution</i>	1	EXCL
<i>wal-itin oral tablet</i>	1	EXCL
<i>wal-zyr (cetirizine)</i>	1	EXCL
<i>wal-zyr d</i>	1	EXCL
XYZAL	1	MO; EXCL
ZODRYL AC 25	3	EXCL
ZODRYL AC 30	3	EXCL
ZODRYL AC 35	3	EXCL
ZODRYL AC 40	3	EXCL
ZODRYL AC 50	3	EXCL
ZODRYL AC 60	3	EXCL
ZODRYL AC 80	3	EXCL
ZODRYL DAC 25	3	EXCL
ZODRYL DAC 30	3	EXCL
ZODRYL DAC 35	3	EXCL
ZODRYL DAC 40	3	EXCL
ZODRYL DAC 50	3	EXCL
ZODRYL DAC 60	3	EXCL
ZODRYL DAC 80	3	EXCL
ZODRYL DEC 25	3	EXCL
ZODRYL DEC 30	3	EXCL
ZODRYL DEC 35	3	EXCL
ZODRYL DEC 40	3	EXCL
ZODRYL DEC 50	3	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
ZODRYL DEC 60	3	EXCL
ZODRYL DEC 80	3	EXCL
Z-TUSS AC	3	MO; EXCL
ZYRTEC ORAL CAPSULE	1	MO; EXCL
ZYRTEC ORAL TABLET	1	MO; EXCL
ZYRTEC ORAL TABLET,DISINTEGRATING	1	MO; EXCL
ZYRTEC-D	1	MO; EXCL
<b>PULMONARY AGENTS</b>		
ACCOLATE	4	MO
<i>acetylcysteine</i>	2	B /D PA; EXCL; MO
ADCIRCA	5	PA; MO; QL (60 per 30 days)
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
AIRDUO RESPICLICK	4	MO; QL (60 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B /D PA; EXCL; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	4	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	4	MO; QL (6.1 per 30 days)
<i>aminophylline intravenous</i>	2	
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	3	MO; QL (30 per 30 days)
ARMONAIR RESPICLICK	4	MO; QL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES)	3	QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (14 DOSES)	3	QL (2 per 28 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
BECONASE AQ	4	MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	5	PA; MO
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)
BROVANA	4	B /D PA; EXCL; MO
<i>budesonide inhalation</i>	2	B /D PA; EXCL; MO
CINQAIR	5	PA; MO
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B /D PA; EXCL; MO
CUROSURF	4	
DALIRESP	4	PA; MO
DULERA	3	MO; QL (13 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DYMISTA	3	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	MO
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO
FIRAZYR	5	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone nasal</i>	2	MO; QL (16 per 30 days)
FLUTICASONE-SALMETEROL	4	MO; QL (60 per 30 days)
HAEGARDA	5	PA; MO; LA
INCRUSE ELLIPTA	4	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B /D PA; EXCL; MO
<i>ipratropium-albuterol</i>	2	B /D PA; EXCL; MO
KALBITOR	5	MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
LETAIRIS	5	PA; MO; LA
<i>levalbuterol hcl</i>	2	B /D PA; EXCL; MO
LEVALBUTEROL TARTRATE	4	ST; MO; QL (30 per 30 days)
LONHALA MAGNAIR REFILL	5	MO; QL (60 per 30 days)
LONHALA MAGNAIR STARTER	5	MO; QL (60 per 30 days)
<i>metaproterenol</i>	2	MO
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
NASONEX	4	MO; QL (34 per 30 days)
NUCALA	5	PA; MO; LA; QL (1 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OMNARIS	4	MO; QL (12.5 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B /D PA; EXCL; MO
PROAIR HFA	4	ST; MO; QL (17 per 30 days)
PROAIR RESPICLICK	4	ST; MO; QL (2 per 30 days)
PROVENTIL HFA	4	ST; MO; QL (13.4 per 30 days)
PULMICORT	4	B /D PA; EXCL; MO
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
PULMOZYME	5	B /D PA; EXCL; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
REVATIO INTRAVENOUS	5	PA; MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	5	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	5	PA; MO; QL (90 per 30 days)
RUCONEST	5	PA; MO
SEEBRI NEOHALER	4	ST; MO; QL (60 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SINGULAIR	4	MO
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>terbutaline</i>	2	MO
THEO-24	3	MO
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	2	
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER	5	PA; MO; LA
TRELEGY ELLIPTA	4	PA; MO; QL (60 per 30 days)
<i>triamcinolone acetonide nasal</i>	2	MO; QL (16.5 per 30 days)
TUDORZA PRESSAIR	3	MO; QL (1 per 30 days)
TYVASO	5	B /D PA; EXCL; MO
TYVASO INSTITUTIONAL START KIT	5	B /D PA; EXCL
TYVASO REFILL KIT	5	B /D PA; EXCL; MO
TYVASO STARTER KIT	5	B /D PA; EXCL; MO
UTIBRON NEOHALER	4	MO; QL (60 per 30 days)
VENTAVIS	5	B /D PA; EXCL; MO
VENTOLIN HFA	3	MO; QL (36 per 30 days)
XHANCE	4	MO; QL (32 per 30 days)
XOLAIR	5	PA; MO; LA; QL (6 per 28 days)
XOPENEX CONCENTRATE	4	B /D PA; EXCL; MO
XOPENEX HFA	4	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML	4	B /D PA; EXCL
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML, 1.25 MG/3 ML	4	B /D PA; EXCL; MO
<i>zafirlukast</i>	2	MO
ZETONNA	4	MO; QL (6.1 per 30 days)
<i>zileuton</i>	5	MO
ZYFLO	5	MO
ZYFLO CR	5	MO
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>darifenacin</i>	2	MO
DETROL	4	MO
DETROL LA	4	MO
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	4	MO
ENABLEX	4	MO
<i>flavoxate</i>	2	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	4	MO; QL (30 per 30 days)

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



Drug Name	Drug Tier	Requirements /Limits
GELNIQUE TRANSDERMAL GEL IN PACKET	4	MO; QL (30 per 30 days)
MYRBETRIQ	3	MO
<i>oxybutynin chloride</i>	2	MO
OXYTROL	4	MO; QL (8 per 28 days)
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>trospium</i>	2	MO
VESICARE	3	MO
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin</i>	2	MO
AVODART	4	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
FLOMAX	4	ST; MO
JALYN	4	MO
PROSCAR	4	MO
RAPAFLO	3	ST; MO
<i>tamsulosin</i>	1	MO
UROXATRAL	4	ST; MO
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>alprostadil</i>	2	MO
<i>bethanechol chloride</i>	2	MO
CAVERJECT	3	MO; EXCL
CAVERJECT IMPULSE	3	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
CIALIS ORAL TABLET 10 MG, 20 MG	3	MO; EXCL
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PA; MO; QL (30 per 30 days)
CYSTAGON	3	MO; LA
EDEX	3	MO; EXCL
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
IFE-BIMIX 30/1	3	EXCL
IFE-PG20	3	EXCL
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
LEVITRA	3	MO; EXCL
MUSE	3	MO; EXCL
PAPAV-PHENTOLAM-ALPROST-WATER	3	EXCL
PAPAV-PHENTOLAMINE IN WATER	3	EXCL
<i>potassium citrate</i>	2	MO
PROCYSBI	5	MO
PROSTIN VR PEDIATRIC	4	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
<i>sildenafil</i>	1	MO; EXCL
STAXYN	3	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
STENDRA	3	MO; EXCL
URECHOLINE	4	MO
UROCIT-K 10	4	MO
UROCIT-K 15	4	MO
UROCIT-K 5	4	MO
VIAGRA	3	MO; EXCL
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	MO; EXCL
PYRIDIUM	3	MO; EXCL
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>BLOOD DERIVATIVES</b>		
ALBUKED-25	4	
ALBUKED-5	4	
<i>albumin, human 25 %</i>	2	
ALBUMIN, HUMAN 5 %	4	
<i>alburx (human) 25 %</i>	2	MO
ALBURX (HUMAN) 5 %	4	
<i>albutein 25 %</i>	2	
<i>albutein 5 %</i>	2	
<i>buminate 5 %</i>	2	
FLEXBUMIN 25 %	4	
FLEXBUMIN 5 %	4	
KEDBUMIN	4	
<i>plasbumin 25 %</i>	2	MO
<i>plasbumin 5 %</i>	2	
<b>ELECTROLYTES</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>calcium 500 + d (d3)</i>	1	EXCL
<i>calcium 500 + d oral tablet 500 mg(1,250mg) -200 unit</i>	1	MO; EXCL
<i>calcium 500 with d</i>	1	MO; EXCL
<i>calcium 600 + d(3) oral capsule</i>	1	MO; EXCL
<i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit</i>	1	MO; EXCL
<i>calcium 600 with vitamin d3 oral capsule</i>	1	EXCL
<i>calcium 600 with vitamin d3 oral tablet, chewable</i>	1	MO; EXCL
<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>calcium carb and citrate-vitd3</i>	1	EXCL
<i>calcium carbonate-vitamin d3 oral capsule 600 mg(1,500mg) -400 unit</i>	1	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>calcium carbonate-vitamin d3 oral tablet 250-125 mg-unit, 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit, 600 mg(1,500mg) -800 unit</i>	1	MO; EXCL
<i>calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -125 unit, 500mg (1,250mg) -600 unit</i>	1	EXCL
<i>calcium carbonate-vitamin d3 oral tablet, chewable</i>	1	MO; EXCL
<i>calcium chloride</i>	2	
<i>calcium citrate + d</i>	1	EXCL
<i>calcium citrate-vitamin d2</i>	1	EXCL
<i>calcium citrate-vitamin d3 oral tablet 200 mg calcium -250 unit, 200-125 mg-unit, 250 mg calcium- 200 unit</i>	1	EXCL
<i>calcium citrate-vitamin d3 oral tablet 315-200 mg-unit, 315-250 mg-unit</i>	1	MO; EXCL
<i>calcium gluconate intravenous</i>	2	MO
<i>calcium with vitamin d</i>	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>citrus calcium oral tablet 200 mg calcium -250 unit</i>	1	EXCL
<i>citrus calcium oral tablet 315-250 mg-unit</i>	1	MO; EXCL
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	4	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
GLYCOPHOS	4	
<i>hi-cal plus vit d</i>	1	EXCL
HYPERLYTE CR	4	
<i>k-effervescent</i>	2	MO
<i>klor-con</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con sprinkle</i>	2	MO
<i>klor-con/ef</i>	2	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	4	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	MO
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium chloride injection</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R	3	MO
NORMOSOL-R IN 5 % DEXTROSE	3	
<i>oysco 500/d oral tablet</i>	1	MO; EXCL
<i>oyster shell + d3</i>	1	EXCL
<i>oyster shell calcium-vit d3</i>	1	MO; EXCL
<i>oystercal-d</i>	1	EXCL
PHOSLYRA	4	MO
POTABA ORAL CAPSULE	3	MO; EXCL
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	
<i>potassium bicarb and chloride</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>potassium bicarb-citric acid</i>	2	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in 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>	1	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium phosphate m-/d-basic</i>	2	
<i>ringer's intravenous</i>	2	
<i>sodium acetate</i>	2	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3 %</i>	2	MO
<i>sodium chloride 5 %</i>	2	
<i>sodium chloride intravenous</i>	2	MO
<i>sodium lactate intravenous</i>	2	
<i>sodium phosphate</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
TPN ELECTROLYTES	4	
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
AMINOSYN 10 %	3	B /D PA; EXCL
AMINOSYN 7 % WITH ELECTROLYTES	3	B /D PA; EXCL
AMINOSYN 8.5 %	3	B /D PA; EXCL
AMINOSYN 8.5 %- ELECTROLYTES	3	B /D PA; EXCL
AMINOSYN II 10 %	3	B /D PA; EXCL
AMINOSYN II 15 %	3	B /D PA; EXCL
AMINOSYN II 8.5 %	3	B /D PA; EXCL
AMINOSYN II 8.5 %- ELECTROLYTES	3	B /D PA; EXCL
AMINOSYN M 3.5 %	3	B /D PA; EXCL
AMINOSYN-HBC 7%	3	B /D PA; EXCL
AMINOSYN-PF 10 %	3	B /D PA; EXCL
AMINOSYN-PF 7 % (SULFITE- FREE)	3	B /D PA; EXCL
AMINOSYN-RF 5.2 %	3	B /D PA; EXCL
BAL IN OIL	4	
CALCIUM DISODIUM VERSENATE	5	

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 5%/D15W SULFITE FREE	3	B /D PA; EXCL
CLINIMIX 5%/D25W SULFITE-FREE	3	B /D PA; EXCL
CLINIMIX 2.75%/D5W SULFIT FREE	3	B /D PA; EXCL
CLINIMIX 4.25%/D10W SULF FREE	3	B /D PA; EXCL
CLINIMIX 4.25%- D20W SULF-FREE	3	B /D PA; EXCL
CLINIMIX 4.25%- D25W SULF-FREE	3	B /D PA; EXCL
CLINIMIX 5%- D20W(SULFITE- FREE)	3	B /D PA; EXCL
CLINIMIX E 4.25%/D10W SUL FREE	4	B /D PA; EXCL
CLINIMIX E 4.25%/D25W SUL FREE	4	B /D PA; EXCL
CLINIMIX E 4.25%/D5W SULF FREE	4	B /D PA; EXCL
CLINIMIX E 5%/D15W SULFIT FREE	4	B /D PA; EXCL
CLINIMIX E 5%/D20W SULFIT FREE	4	B /D PA; EXCL
CLINIMIX E 5%/D25W SULFIT FREE	4	B /D PA; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX N14G30E 4.25%-D15W SF	4	B /D PA; EXCL
CLINIMIX N9G15E 2.75%-D7.5W SF	4	B /D PA; EXCL
CLINISOL SF 15 %	4	B /D PA; EXCL; MO
<i>cysteine (l-cysteine) intravenous solution</i>	2	B /D PA; EXCL
<i>electrolyte-48 in d5w</i>	2	
FORTAVIT	3	EXCL
FREAMINE HBC 6.9 %	4	B /D PA; EXCL
<i>freamine iii 10 %</i>	2	B /D PA; EXCL
HEPATAMINE 8%	3	B /D PA; EXCL
<i>intralipid intravenous emulsion 20 %</i>	2	B /D PA; EXCL
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B /D PA; EXCL
IONOSOL-MB IN D5W	3	
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
KABIVEN	4	B /D PA; EXCL
NEPHRAMINE 5.4 %	3	B /D PA; EXCL
NORMOSOL-M IN 5 % DEXTROSE	4	
NORMOSOL-R PH 7.4	3	

Drug Name	Drug Tier	Requirements /Limits
NUTRILIPID	4	B /D PA; EXCL
PERIKABIVEN	4	B /D PA; EXCL
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<i>plasmanate</i>	2	
<i>plenamine</i>	2	B /D PA; EXCL
<i>premasol 10 %</i>	2	B /D PA; EXCL; MO
PREMASOL 6 %	3	B /D PA; EXCL
PROCALAMINE 3%	4	B /D PA; EXCL
PROSOL 20 %	4	B /D PA; EXCL; MO
SMOFLIPID	4	B /D PA; EXCL
SYNTHAMIN 17 WITHOUT ELYTE	4	B /D PA; EXCL
<i>travasol 10 %</i>	4	B /D PA; EXCL; MO
TROPHAMINE 10 %	3	B /D PA; EXCL; MO
TROPHAMINE 6%	3	B /D PA; EXCL
<b>VITAMINS / HEMATINICS</b>		
ACTIVE FE	3	MO; EXCL
ANIMI-3 WITH VITAMIN D	3	MO; EXCL
AQUASOL A	3	MO; EXCL
ASCOR	3	EXCL
<i>ascorbic acid (vitamin c) injection</i>	1	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>b complex 1</i>	1	MO; EXCL
<i>b complex 100 injection</i>	1	MO; EXCL
<i>b complex 100 oral</i>	1	EXCL
<i>b complex-vitamin b12</i>	1	MO; EXCL
<i>b complex-vitamin c-folic acid</i>	1	MO; EXCL
<i>b-100 complex oral tablet extended release</i>	1	EXCL
B-12 COMPLIANCE	3	MO; EXCL
BACMIN	3	MO; EXCL
<i>balance b-100</i>	1	EXCL
<i>balance b-50</i>	1	MO; EXCL
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	1	MO; EXCL
<i>balanced b-100 oral tablet 0.4 mg</i>	1	EXCL
<i>balanced b-50 oral tablet</i>	1	EXCL
<i>b-complex with vitamin c oral tablet</i>	1	MO; EXCL
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	1	EXCL
BIFERA RX	3	MO; EXCL
CARDIOTEK-RX (BIOPERINE)	3	MO; EXCL
<i>centratex</i>	1	MO; EXCL
<i>cholecalciferol (vitamin d3) oral capsule 1,000 unit</i>	1	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>cholecalciferol (vitamin d3) oral capsule 400 unit</i>	1	EXCL
<i>cholecalciferol (vitamin d3) oral drops 400 unit/ml</i>	1	MO; EXCL
<i>cholecalciferol (vitamin d3) oral tablet 1,000 unit</i>	1	MO; EXCL
<i>cholecalciferol (vitamin d3) oral tablet 400 unit</i>	1	EXCL
<i>cholecalciferol (vitamin d3) oral tablet, chewable 1,000 unit</i>	1	EXCL
<i>ciferex</i>	1	MO; EXCL
CITRANATAL BLOOM	4	MO
<i>complex b-100 oral tablet extended release</i>	1	MO; EXCL
<i>corvita</i>	1	MO; EXCL
<i>corvita 150</i>	1	MO; EXCL
CORVITE	3	MO; EXCL
CORVITE 150 ORAL TABLET 150 MG IRON- 1 MG	3	MO; EXCL
CORVITE FE ORAL TABLET 150 MG IRON- 1 MG	3	MO; EXCL
CORVITE FREE	3	MO; EXCL
<i>cyanocobalamin (vitamin b-12) injection</i>	1	MO; EXCL
<i>delta d3</i>	1	MO; EXCL

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



Drug Name	Drug Tier	Requirements /Limits
DERMACINRX PUREFOLIX	3	MO; EXCL
<i>dialyvite</i>	1	MO; EXCL
DIALYVITE 3000	3	MO; EXCL
DIALYVITE 5000	3	MO; EXCL
<i>dialyvite 800</i>	1	MO; EXCL
DIALYVITE 800 WITH IRON	3	MO; EXCL
DIALYVITE SUPREME D	3	MO; EXCL
DRISDOL ORAL CAPSULE	3	EXCL
DURACHOL	3	MO; EXCL
<i>d-vi-sol</i>	1	MO; EXCL
ENLYTE	3	MO; EXCL
<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>	1	MO; EXCL
FERAHEME	3	MO; EXCL
FERIVA 21-7 TABLET	3	MO; EXCL
FERIVA FA (SUMALATE)	3	MO; EXCL
<i>ferocon</i>	1	MO; EXCL
FERRALET 90 DUAL-IRON DELIVERY	3	MO; EXCL
<i>ferraplus 90</i>	1	MO; EXCL
<i>ferrex 150 forte</i>	1	MO; EXCL
<i>ferrex 150 forte plus</i>	1	MO; EXCL
<i>ferrex 28</i>	1	MO; EXCL
<i>ferrocite plus</i>	1	MO; EXCL
FLUORIDE (SODIUM) ORAL TABLET	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>folbee</i>	1	MO; EXCL
<i>folbee plus</i>	1	MO; EXCL
<i>folbic</i>	1	MO; EXCL
FOLGARD RX	3	MO; EXCL
<i>folic acid injection</i>	1	MO; EXCL
<i>folic acid oral tablet</i>	1	MO; EXCL
<i>folic acid-vit b6-vit b12 oral tablet 2.2- 25-0.5 mg</i>	1	MO; EXCL
FOLIKA-D	3	EXCL
<i>folivane-f</i>	1	MO; EXCL
<i>folivane-plus</i>	1	MO; EXCL
FOLIXAPURE	3	EXCL
<i>folplex 2.2</i>	1	MO; EXCL
<i>foltabs 800</i>	1	MO; EXCL
FOLTRATE	3	MO; EXCL
<i>full spectrum b- vitamin c</i>	1	EXCL
FUSION PLUS	3	MO; EXCL
FUSION SPRINKLES	3	MO; EXCL
<i>hematinic plus vit/minerals</i>	1	MO; EXCL
<i>hematinic/folic acid</i>	1	MO; EXCL
<i>hematogen</i>	1	MO; EXCL
<i>hematogen fa</i>	1	MO; EXCL
<i>hematogen forte</i>	1	MO; EXCL
HEMATRON-AF	3	MO; EXCL
<i>hemetab</i>	1	MO; EXCL
HEMOCYTE-F	3	MO; EXCL
HEMOCYTE-PLUS	3	MO; EXCL
<i>hydroxocobalamin</i>	1	MO; EXCL
ICAR-C PLUS	3	MO; EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>iferex 150 forte</i>	1	MO; EXCL
<i>infed</i>	1	MO; EXCL
INFUVITE ADULT	3	MO; EXCL
INJECTAFER	3	MO; EXCL
INTEGRA F	3	MO; EXCL
INTEGRA PLUS	3	MO; EXCL
IROSPAN 24/6	3	MO; EXCL
<i>kobee</i>	1	EXCL
<i>m.v.i. adult</i>	1	EXCL
MACUVEX	3	MO; EXCL
MACUZIN	3	EXCL
MAXFE (FOLATE-DOCUSATE)	3	MO; EXCL
MEBOLIC	3	MO; EXCL
METHAVER	3	EXCL
<i>multigen folic</i>	1	MO; EXCL
<i>multigen plus</i>	1	MO; EXCL
<i>myferon 150 forte</i>	1	MO; EXCL
<i>mynephrocaps</i>	1	MO; EXCL
<i>mynephron</i>	1	EXCL
NASCOBAL	3	MO; EXCL
<i>natural b-100 complex</i>	1	EXCL
<i>nephlex rx</i>	1	MO; EXCL
NEPHROCAPS	3	MO; EXCL
NEPHROCAPS QT	3	MO; EXCL
NEPHRON FA	3	MO; EXCL
<i>nephro-vite rx</i>	1	MO; EXCL
NEURIN-SL	3	MO; EXCL
NICOMIDE (SELENIUM-CHROMIUM)	3	MO; EXCL
NIVA-FOL	3	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
NOXIFOL-D3	3	EXCL
NUFERA	3	MO; EXCL
NUTRICAP	3	EXCL
OMNIVEX	3	EXCL
<i>ortho d</i>	1	MO; EXCL
ORTHO DF	3	EXCL
<i>oyster shell calcium-vit d2 oral tablet 250 (625)-125 mg-unit</i>	1	EXCL
PHYSICIANS EZ USE B-12	3	MO; EXCL
<i>poly-iron 150 forte</i>	1	MO; EXCL
PRENATAL VITAMIN ORAL TABLET	4	MO
PROFERRIN-FORTE	3	MO; EXCL
PROTECT IRON	3	MO; EXCL
PURALOR CI	3	MO; EXCL
<i>purevit dualfe plus</i>	1	MO; EXCL
<i>pyridoxine (vitamin b6) injection</i>	1	MO; EXCL
<i>renal caps</i>	1	MO; EXCL
<i>rena-vite</i>	1	MO; EXCL
<i>rena-vite rx</i>	1	MO; EXCL
<i>reno caps</i>	1	MO; EXCL
REQ49+	3	MO; EXCL
REVESTA	3	EXCL
<i>risacal-d</i>	1	MO; EXCL
ROXIFOL-D	3	EXCL
<i>se-tan plus</i>	1	MO; EXCL
<i>stress formula</i>	1	EXCL
<i>stress formula 600 c</i>	1	EXCL

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

Drug Name	Drug Tier	Requirements /Limits
<i>stress formula with iron</i>	1	MO; EXCL
<i>stress formula with iron(sulf)</i>	1	EXCL
STROVITE FORTE	3	MO; EXCL
STROVITE ONE	3	MO; EXCL
<i>super b complex-vitamin c</i>	1	EXCL
<i>super b maxi complex</i>	1	EXCL
<i>super b-50 complex plus</i>	1	EXCL
<i>super quints</i>	1	EXCL
<i>super quints b-50</i>	1	EXCL
<i>superplex-t</i>	1	EXCL
SUPERVITE	3	EXCL
TANDEM PLUS	3	MO; EXCL
<i>taron forte</i>	1	MO; EXCL
<i>thiamine hcl (vitamin b1) injection</i>	1	MO; EXCL
<i>tl gard rx</i>	1	MO; EXCL
<i>tl icon</i>	1	MO; EXCL
<i>total b/c</i>	1	EXCL
<i>tricon</i>	1	MO; EXCL
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	EXCL
<i>trigels-f forte</i>	1	MO; EXCL
<i>triphrocaps</i>	1	MO; EXCL
UDAMIN SP	3	MO; EXCL
<i>ultra b-100 complex oral tablet</i>	1	EXCL
<i>v-c forte</i>	1	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML	3	MO; EXCL
VENOFER INTRAVENOUS SOLUTION 50 MG IRON/2.5 ML	3	EXCL
<i>vic-forte</i>	1	EXCL
VIRT-CAPS	3	MO; EXCL
<i>virt-gard</i>	1	MO; EXCL
<i>virt-vite</i>	1	MO; EXCL
VIRT-VITE PLUS	3	MO; EXCL
<i>vit 3</i>	1	MO; EXCL
VITAFOL	3	MO; EXCL
<i>vitajoy daily d</i>	1	EXCL
VITAL-D RX	3	MO; EXCL
<i>vitamin b complex oral tablet</i>	1	EXCL
<i>vitamin b complex-folic acid oral tablet</i>	1	EXCL
<i>vitamin d2</i>	1	MO; EXCL
<i>vitamin d3 oral capsule 1,000 unit, 400 unit</i>	1	MO; EXCL
<i>vitamin d3 oral tablet 1,000 unit, 400 unit</i>	1	MO; EXCL
<i>vitamin d3 oral tablet, chewable</i>	1	MO; EXCL
<i>vitamins b complex oral tablet</i>	1	EXCL
VITA-RESPA	3	MO; EXCL
<i>vp-vite rx</i>	1	MO; EXCL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
XYZBAC	3	MO; EXCL
<i>zavara</i>	1	EXCL
ZYVIT	3	EXCL

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

## Index

<b>2</b>		
24hour allergy .....	120	
24hr allergy relief .....	120	
<b>A</b>		
abacavir .....	3	
abacavir-lamivudine .....	3	
abacavir-lamivudine- zidovudine .....	3	
ABELCET .....	2	
ABILIFY .....	47	
ABILIFY MAINTENA.....	47	
ABRAXANE.....	18	
ABSORICA.....	70	
ABSTRAL.....	37	
acamprosate .....	77	
ACANYA.....	70	
acarbose.....	83	
ACCOLATE.....	125	
ACCU-CHEK AVIVA PLUS TEST STRP.....	83	
ACCU-CHEK COMPACT PLUS TEST .....	83	
ACCU-CHEK GUIDE .....	83	
ACCU-CHEK SMARTVIEW TEST STRIP .....	83	
ACCUPRIL .....	56	
ACCURETIC .....	56	
ACCUTREND GLUCOSE..	83	
acebutolol .....	56	
ACETADOTE.....	76	
acetaminophen-caff- dihydrocod.....	37	
ACETAMINOPHEN-CAFF- DIHYDROCOD .....	37	
acetaminophen-codeine.....	37	
acetazolamide .....	119	
acetazolamide sodium .....	119	
acetic acid.....	77, 81	
acetylcysteine .....	77, 125	
acid reducer (omeprazole)....	99	
ACIPHEX .....	99	
acitretin.....	67	
ACTEMRA .....	109	
ACTHAR H.P. ....	82	
ACTHIB (PF).....	105	
ACTIGALL.....	94	
ACTIMMUNE .....	102	
ACTIQ.....	37	
ACTIVE FE.....	136	
ACTIVELLA.....	111	
ACTONEL .....	77, 108	
ACTOPLUS MET .....	83	
ACTOPLUS MET XR .....	83	
ACTOS.....	83	
ACULAR.....	118	
ACULAR LS.....	119	
ACUVAIL (PF).....	119	
acyclovir .....	3, 74	
acyclovir sodium .....	3	
ACZONE.....	70	
ADACEL(TDAP ADOLESN/ADULT)(PF) .....	105	
ADAGEN .....	77	
ADALAT CC .....	56	
adapalene .....	70, 71	
adapalene-benzoyl peroxide.	71	
ADASUVE.....	47	
ADCIRCA .....	125	
ADDERALL .....	47	
ADDERALL XR.....	47	
adefovir.....	3	
ADEMPAS.....	125	
ADENOCARD.....	55	
adenosine .....	55	
ADIPEX-P.....	76	
ADLYXIN.....	83, 84	
ADMELOG SOLOSTAR U- 100 INSULIN.....	84	
ADMELOG U-100 INSULIN LISPRO .....	84	
adrenalin .....	120	
adriamycin .....	18	
adrucil.....	18	
adult aspirin regimen.....	44	
ADVAIR DISKUS .....	125	
ADVAIR HFA .....	125	
ADZENYS ER .....	47	
ADZENYS XR-ODT .....	47	
afeditab cr .....	56	
AFINITOR .....	18	
AFINITOR DISPERZ .....	18	
AFLURIA 2018-2019 .....	105	
AFLURIA 2018-2019 (PF)	105	
AFLURIA QUAD 2018-2019 .....	105	
AFLURIA QUAD 2018-2019 (PF).....	105	
AFREZZA .....	84	
AFTERA.....	113	
AGGRASTAT CONCENTRATE.....	62	
AGGRASTAT IN SODIUM CHLORIDE.....	62	
AGGRENEX.....	62	
AGRYLIN .....	77	
AIMOVIG AUTOINJECTOR .....	34	
AIMOVIG AUTOINJECTOR (2 PACK).....	34	
AIRDUO RESPICLICK.....	125	
ak-poly-bac .....	117	
AKTIPAK.....	71	
AKYNZEO (FOSNETUPITANT) .....	94	
ala-cort.....	74	
ALA-SCALP .....	74	
alavert .....	120	
alavert d-12 allergy-sinus ...	120	
ALBENZA .....	9	
ALBUKED-25.....	131	
ALBUKED-5.....	131	
albumin, human 25 % .....	131	
ALBUMIN, HUMAN 5 % .	131	
alburx (human) 25 % .....	131	
ALBURX (HUMAN) 5 %..	131	
albutein 25 % .....	131	
albutein 5 % .....	131	
albuterol sulfate .....	125	
alclometasone .....	74	
ALCOHOL PADS.....	84	
ALDACTAZIDE.....	56	
ALDACTONE.....	56	
ALDARA .....	68	
ALDURAZYME .....	91	
ALECENSA .....	18	
alendronate .....	77, 108	
alfuzosin .....	130	

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

ALIMTA .....	18	aloprim.....	108	AMINOSYN-RF 5.2 % .....	135
ALINIA .....	9	ALORA .....	111	amiodarone .....	55, 56
ALIQOPA .....	18	alose tron .....	94	AMITIZA .....	94
ALKERAN.....	18	ALOXI.....	94	amitriptyline .....	47
all day allergy (cetirizine) ..	120	ALPHAGAN P.....	120	amlodipine .....	57
all day allergy relief(cetir)..	120	alprostadil .....	130	amlodipine-atorvastatin .....	64
all day allergy-d.....	120	ALREX.....	119	amlodipine-benazepril .....	57
ALLEGRA ALLERGY.....	120	ALTACE .....	56	amlodipine-olmesartan .....	57
ALLEGRA-D 12 HOUR....	120	altavera (28).....	113	amlodipine-valsartan .....	57
ALLEGRA-D 24 HOUR....	120	ALTOPREV .....	64	amlodipine-valsartan-hcthiiazid	
allerclear .....	120	ALUNBRIG .....	18	.....	57
allerclear d-12hr .....	120	ALVESCO.....	125	ammonium lactate .....	68
allerclear d-24hr .....	120	alyacen 1/35 (28).....	113	AMMONUL .....	77
aller-ease.....	120	alyacen 7/7/7 (28).....	113	amnestem .....	71
aller-fex .....	120	amabelz.....	111	amoxapine.....	47
allergy and congestion relief		amantadine hcl.....	3	amoxicil-clarithromy-lansopraz	
.....	120	AMARYL.....	84	.....	99
allergy complete-d.....	120	AMBIEN .....	47	amoxicillin.....	13
allergy d-12 .....	120	AMBIEN CR.....	47	amoxicillin-pot clavulanate ..	13
allergy relief (cetirizine)....	120	AMBISOME .....	2	amphotericin b .....	2
allergy relief (fexofenadine)		amcinonide .....	74	ampicillin.....	13
.....	120	AMERGE .....	34	ampicillin sodium .....	13
allergy relief (levocetirizin)	120	amethia .....	113	ampicillin-sulbactam .....	13
allergy relief (loratadine)....	121	amethia lo .....	113	AMPYRA .....	35
allergy relief d12 .....	121	amethyst.....	113	ANADROL-50 .....	91
allergy relief d-24hr.....	121	AMICAR .....	62	ANAFRANIL.....	47
allergy relief,nasal decongest		amikacin .....	9	anagrelide .....	77
.....	121	amiloride.....	56	ANALPRAM-HC.....	67, 94
allergy relief-d (cetirizine) .	121	amiloride-hydrochlorothiazide		anastrozole.....	18
allergy relief-d (loratadine)	121	.....	57	ANCOBON .....	2
allergy relief-d(fexofenadine)		aminocaproic acid.....	62	ANDEXXA .....	62
.....	121	aminophylline.....	125	ANDRODERM .....	91
allergy-congest relief-d (cet)		AMINOSYN 10 % .....	135	ANDROGEL .....	91
.....	121	AMINOSYN 7 % WITH		ANGELIQ .....	111
allergy-congestion relief-d .	121	ELECTROLYTES.....	135	ANIMI-3 WITH VITAMIN D	
aller-tec.....	121	AMINOSYN 8.5 % .....	135	.....	136
aller-tec d.....	121	AMINOSYN 8.5 %-		ANORO ELLIPTA.....	125
allopurinol .....	108	ELECTROLYTES.....	135	ANTABUSE.....	77
allopurinol sodium.....	108	AMINOSYN II 10 % .....	135	ANTARA .....	64
almotriptan malate.....	34	AMINOSYN II 15 % .....	135	ANUSOL-HC .....	94
ALOCRIIL .....	118	AMINOSYN II 8.5 % .....	135	ANZEMET .....	94
ALOGLIPTIN .....	84	AMINOSYN II 8.5 %-		apexicon e.....	74
ALOGLIPTIN-METFORMIN		ELECTROLYTES.....	135	APIDRA SOLOSTAR U-100	
.....	84	AMINOSYN M 3.5 %.....	135	INSULIN .....	84
ALOGLIPTIN-		AMINOSYN-HBC 7%.....	135	APIDRA U-100 INSULIN ...	84
PIOGLITAZONE.....	84	AMINOSYN-PF 10 % .....	135	APLENZIN.....	47
ALOMIDE .....	118	AMINOSYN-PF 7 %		APOKYN .....	33
alophen .....	94	(SULFITE-FREE) .....	135	apraclonidine .....	120

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

aprepitant.....	94	aspirin-dipyridamole .....	62	AZASAN.....	18
apri.....	113	aspir-low .....	44	AZASITE .....	117
APRISO.....	94	aspir-trin .....	44	azathioprine .....	18
APTENSIO XR.....	47	ASTAGRAF XL.....	18	azathioprine sodium.....	18
APTIOM .....	28, 29	ASTEPRO .....	81	azelastine .....	81, 118
APTIVUS.....	3	ATACAND .....	57	AZELEX.....	71
AQUASOL A.....	136	ATACAND HCT .....	57	AZILECT .....	33
ARALAST NP .....	77	atazanavir.....	3	azithromycin .....	8, 9
aranelle (28).....	113	ATELVIA.....	108	AZOPT .....	119
ARANESP (IN		atenolol .....	57	AZOR .....	57
POLYSORBATE).....	102	atenolol-chlorthalidone.....	57	aztreonam .....	10
ARAVA.....	109	ATGAM .....	105	AZULFIDINE .....	95
ARCALYST.....	102	ATIVAN.....	47	AZULFIDINE EN-TABS ...	95
ARCAPTA NEOHALER...	125	atomoxetine .....	47	azurette (28).....	113
ARESTIN .....	81	atorvastatin .....	64	<b>B</b>	
ARGATROBAN .....	62	atovaquone.....	9	b complex 1 .....	137
ARGATROBAN IN 0.9 %		atovaquone-proguanil.....	9	b complex 100 .....	137
SOD CHLOR .....	62	ATRALIN .....	71	b complex-vitamin b12.....	137
ARGATROBAN IN NACL		ATRIPLA .....	3	b complex-vitamin c-folic acid	
(ISO-OS) .....	62	atropine.....	94, 118	.....	137
ARICEPT .....	35	ATROVENT HFA .....	126	b-100 complex.....	137
ARIMIDEX.....	18	AUBAGIO.....	35	B-12 COMPLIANCE .....	137
aripiprazole.....	47	aubra .....	113	baciiim .....	10
ARISTADA.....	47	AUGMENTIN.....	14	bacitracin .....	10, 117
ARISTADA INITIO .....	47	AUGMENTIN XR .....	14	bacitracin-polymyxin b.....	117
ARIXTRA .....	62	AURYXIA.....	77	baclofen .....	36
armodafinil .....	47	AUSTEDO .....	35	BACLOFEN .....	36
ARMONAIR RESPICLICK		AUVI-Q.....	121	BACMIN .....	137
.....	125	AVALIDE .....	57	BACTRIM.....	16
ARNUNITY ELLIPTA.....	125	AVANDIA .....	84	BACTRIM DS.....	16
AROMASIN.....	18	AVAPRO.....	57	BACTROBAN .....	72
ARRANON.....	18	AVASTIN .....	18	BACTROBAN NASAL .....	81
ARTHROTEC 50.....	44	AVC.....	112	BAL IN OIL .....	135
ARTHROTEC 75.....	44	AVEED .....	91	balance b-100.....	137
ARTICADENT DENTAL ...	68	AVELOX.....	15	balance b-50.....	137
ARYMO ER.....	37	aviane.....	113	balanced b-100.....	137
ARZERRA .....	18	avita .....	71	balanced b-100 complex.....	137
ASACOL HD .....	94	AVITA.....	71	balanced b-50.....	137
ASCOR .....	136	AVODART .....	130	balanced salt .....	118
ascorbic acid (vitamin c) ...	136	AVONEX .....	103	balsalazide .....	95
ashlyna.....	113	AVONEX (WITH ALBUMIN)		balziva (28).....	113
ASMANEX HFA .....	125	.....	102	BANZEL .....	29
ASMANEX TWISTHALER		AVYCAZ .....	7	BARACLUDGE.....	3
.....	125, 126	AYGESTIN .....	111	BASAGLAR KWIKPEN U-	
aspir-81 .....	44	azacitidine.....	18	100 INSULIN .....	84
aspirin.....	44	AZACTAM .....	9	BAVENCIO .....	18
aspirin childrens .....	44	AZACTAM IN DEXTROSE		BAXDELA .....	15
aspirin low dose.....	44	(ISO-OSM).....	10	bayer aspirin .....	44

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

BCG VACCINE, LIVE (PF)	BICILLIN C-R .....	14	BROMSITE.....	119
.....	BICILLIN L-A .....	14	BROVANA .....	126
b-complex with vitamin c...	BICNU.....	19	bss .....	118
BECONASE AQ.....	BIDIL .....	57	BSS PLUS .....	118
bekyree (28).....	BIFERA RX .....	137	budesonide.....	95, 126
BELBUCA .....	BIKTARVY .....	3	bufferin .....	44
BELEODAQ .....	BILTRICIDE.....	10	bumetanide .....	57
BELSOMRA .....	bimatoprost.....	119	buminate 5 % .....	131
BELVIQ .....	BINOSTO.....	108	BUNAVAIL .....	44
BELVIQ XR.....	bisacodyl.....	95	BUPHENYL.....	77
benazepril .....	bisa-lax .....	95	BUPRENEX .....	37
benazepril-hydrochlorothiazide	bisoprolol fumarate.....	57	BUPRENORPHINE .....	37
.....	bisoprolol-hydrochlorothiazide	57	buprenorphine hcl.....	37
BENDEKA.....	.....	57	buprenorphine-naloxone.....	44
BENICAR .....	BIVIGAM .....	105	bupropion hcl.....	47, 48
BENICAR HCT .....	bleomycin .....	19	bupropion hcl (smoking deter)	80
BENLYSTA .....	BLEPH-10.....	118	.....	80
BENTYL .....	BLEPHAMIDE .....	118	buspirone .....	48
BENZAACLIN .....	BLEPHAMIDE S.O.P.....	118	busulfan .....	19
BENZAACLIN PUMP .....	BLINCYTO.....	19	BUSULFEX .....	19
BENZAMYCIN .....	blisovi 24 fe.....	113	butorphanol tartrate .....	44
BENZNIDAZOLE .....	blisovi fe 1.5/30 (28) .....	113	BUTRANS .....	38
benzonatate.....	blisovi fe 1/20 (28) .....	113	BYDUREON.....	84
benzphetamine.....	BLOXIVERZ .....	36	BYDUREON BCISE.....	84
benztropine .....	BONIVA .....	108	BYETTA .....	84
BEPREVE.....	BONJESTA .....	95	BYSTOLIC.....	57
BERINERT .....	BOOSTRIX TDAP.....	105	BYVALSON .....	57
BESIVANCE .....	BORTEZOMIB .....	19	<b>C</b>	
BESPONSA .....	BOSULIF .....	19	cabergoline .....	91
BETAGAN.....	BOTOX .....	105	CABOMETYX.....	19
betamethasone acet,sod phos	BRAFTOVI.....	19	CADUET.....	64
82	BRAVELLE .....	91	CAFECIT.....	77
betamethasone dipropionate. 74	BREO ELLIPTA .....	126	CAFERGOT .....	34
betamethasone valerate .....	BREVIBLOC .....	57	caffeine citrate .....	77
74	BREVIBLOC IN NAACL (ISO-	57	CALAN .....	57
betamethasone, augmented... 74	OSM).....	57	CALAN SR .....	57
BETAPACE .....	briellyn.....	113	calcipotriene .....	67, 68
BETAPACE AF .....	BRILINTA .....	62	calcipotriene-betamethasone	68
BETASERON .....	brimonidine .....	120	calcitonin (salmon).....	91
betaxolol .....	BRISDELLE .....	47	calcitrene.....	68
57, 117	BRIVIACT .....	29	calcitriol.....	68, 91
bethanechol chloride .....	BROMFED DM.....	121	calcium 500 + d .....	131
130	bromfenac .....	119	calcium 500 + d (d3).....	131
BETHKIS .....	bromocriptine .....	33	calcium 500 with d .....	131
BETIMOL .....	BROMPHENIRAMINE		calcium 600 + d(3).....	131
BETOPTIC S .....	MALEATE (BULK) .....	121	calcium 600 with vitamin d3	
BEVESPI AEROSPHERE. 126	brompheniramine-pseudoeph-		.....	131
BEVYXXA .....	dm.....	121	calcium acetate .....	131
62				
bexarotene .....				
19				
BEXSERO.....				
105				
BEYAZ .....				
113				
bicalutamide .....				
19				

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



calcium carb and citrate-vitd3	CARDENE IV IN SODIUM	cefoxitin in dextrose, iso-osm.7
..... 131	CHLORIDE.....57	cefepime .....8
calcium carbonate-vitamin d3	cardioplegic soln.....66	cefprozil.....8
..... 131, 132	CARDIOTEK-RX	ceftazidime .....8
calcium chloride ..... 132	(BIOPERINE) ..... 137	CEFTAZIDIME IN D5W.....8
calcium citrate + d..... 132	CARDIZEM.....57	ceftriaxone .....8
calcium citrate-vitamin d2.. 132	CARDIZEM CD .....57	CEFTRIAZONE .....8
calcium citrate-vitamin d3.. 132	CARDIZEM LA.....57	ceftriaxone in dextrose,iso-os.8
CALCIUM DISODIUM	CARDURA .....57	cefuroxime axetil.....8
VERSENATE..... 135	CARDURA XL .....58	cefuroxime sodium .....8
calcium gluconate..... 132	CARIMUNE NF	CELEBREX .....44
calcium with vitamin d..... 132	NANOFILTERED..... 105	celecoxib.....44
CALDOLOR .....44	CARNITOR.....77	CELESTONE SOLUSPAN..82
CALQUENCE..... 19	CARNITOR (SUGAR-FREE)	CELEXA .....48
CAMBIA.....44	.....77	CELLCEPT .....19
camila ..... 111	CAROSPIR .....58	CELLCEPT INTRAVENOUS
CAMPTOSAR ..... 19	carteolol .....117	.....19
camrese..... 113	cartia xt.....58	CELONTIN .....29
camrese lo..... 114	carvedilol .....58	CENTANY .....72
CANASA .....95	carvedilol phosphate.....58	centratex .....137
CANCIDAS ..... 2	CASODEX .....19	cephalexin.....8
candesartan .....57	casprofungin .....2	CEPROTIN (BLUE BAR) ..62
candesartan-hydrochlorothiazid	CATAPRES.....58	CEPROTIN (GREEN BAR) 62
.....57	CATAPRES-TTS-1 .....58	CERDELGA.....91
CAPASTAT ..... 10	CATAPRES-TTS-2.....58	CEREBYX .....29
CAPCOF ..... 121	CATAPRES-TTS-3.....58	CEREZYME.....91
capecitabine ..... 19	CAVERJECT .....130	CESAMET .....95
CAPEX.....74	CAVERJECT IMPULSE ..130	cetiri-d.....121
CAPRELSA ..... 19	CAYSTON ..... 10	cetirizine .....121
captopril.....57	caziant (28)..... 114	CETIRIZINE .....121
captopril-hydrochlorothiazide	cefaclor .....7	cetirizine-pseudoephedrine.121
.....57	cefadroxil.....7	CETRAXAL.....81
CARAC .....68	cefazolin .....7	CETROTIDE.....91
CARAFATE.....99	cefazolin in dextrose (iso-os) .7	CETYLEV .....77
CARBAGLU.....77	CEFAZOLIN IN DEXTROSE	cevimeline.....77
carbamazepine.....29	(ISO-OS) .....7	CHANTIX .....80
CARBATROL.....29	cefdinir.....7	CHANTIX CONTINUING
carbidopa .....33	cefepime .....7	MONTH BOX.....80
carbidopa-levodopa .....33	CEFEPIME IN DEXTROSE 5	CHANTIX STARTING
carbidopa-levodopa-	%.....7	MONTH BOX.....80
entacapone.....33	cefepime in dextrose,iso-osm.7	chateal.....114
CARBOCAINE.....68	cefixime .....7	CHEK-STIX CONTROL ....84
carbocaine (pf).....68	CEFOTAN.....7	CHEMET.....77
CARBOCAINE (PF).....68	cefotaxime .....7	CHEMSTRIP 10 MD .....84
carboplatin..... 19	cefotetan .....7	CHEMSTRIP 10/SG .....84
CARDENE IV IN	CEFOTETAN IN	CHEMSTRIP 2 GP.....84
DEXTROSE.....57	DEXTROSE, ISO-OSM....7	CHEMSTRIP 50B .....84
	cefoxitin.....7	CHEMSTRIP 7.....84

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

CHEMSTRIP 9 .....	84	cidofovir .....	3	CLEOCIN HCL.....	10
CHENODAL.....	95	ciferex.....	137	CLEOCIN IN 5 %	
cheratussin ac .....	121	cilostazol.....	62	DEXTROSE .....	10
child allergy relf(cetirizine)	121	CILOXAN .....	117	CLEOCIN PEDIATRIC .....	10
children's allegra allergy ....	121	CIMDUO.....	3	CLEOCIN T .....	71
CHILDREN'S ALLERGY		cimetidine .....	99	CLEVIPREX .....	58
RELIEF(FEX) .....	121	cimetidine hcl .....	99	CLIMARA.....	111
children's allergy relief(lor)	121	CIMZIA.....	95	CLIMARA PRO.....	111
CHILDREN'S ALLERGY		CIMZIA POWDER FOR		clindacin etz.....	71
RELIEF(LOR).....	121	RECONST.....	95	clindacin p .....	71
children's allergy(cetirizine)		CIMZIA STARTER KIT ....	95	CLINDAGEL .....	71
.....	121	CINQAIR .....	126	clindamycin hcl .....	10
children's aller-tec .....	121	CINRYZE.....	126	CLINDAMYCIN IN 0.9 %	
children's aspirin.....	44	CINVANTI.....	95	SOD CHLOR.....	10
children's cetirizine.....	121	CIPRO .....	15	clindamycin in 5 % dextrose	10
CHILDREN'S CETIRIZINE		CIPRO HC.....	81	clindamycin palmitate hcl.....	10
.....	122	CIPRO IN D5W .....	15	clindamycin pediatric .....	10
CHILDREN'S CLARITIN .	122	CIPRO XR.....	15	clindamycin phosphate ..	10, 71,
CHILDREN'S LORATADINE		CIPRODEX .....	81	113	
.....	122	ciprofloxacin.....	15	CLINDAMYCIN	
CHILDREN'S WAL-FEX..	122	ciprofloxacin (mixture).....	15	PHOSPHATE .....	71
children's wal-zyr .....	122	ciprofloxacin hcl.....	15, 81, 117	clindamycin-benzoyl peroxide	
CHILDREN'S WAL-ZYR .	122	ciprofloxacin in 5 % dextrose		.....	71
CHILDREN'S ZYRTEC		.....	15	clindamycin-tretinoin .....	71
ALLERGY .....	122	cisplatin .....	19	CLINDESSE.....	113
child's all day allergy(cetir)	122	citalopram.....	48	CLINIMIX 5%/D15W	
chloramphenicol sod succinate		CITANEST PLAIN DENTAL		SULFITE FREE .....	135
.....	10	.....	68	CLINIMIX 5%/D25W	
chlordiazepoxide-clidinium..	94	CITRANATAL BLOOM...	137	SULFITE-FREE .....	135
chlorhexidine gluconate .....	81	citrate of magnesia.....	95	CLINIMIX 2.75%/D5W	
chlorprocaine (pf).....	68	citroma.....	95	SULFIT FREE.....	135
chloroquine phosphate.....	10	citrus calcium .....	132	CLINIMIX 4.25%/D10W	
chlorothiazide .....	58	cladribine .....	19	SULF FREE.....	135
chlorothiazide sodium .....	58	claravis.....	71	CLINIMIX 4.25%/D5W	
CHLORPHENIRAMINE		CLARINEX.....	122	SULFIT FREE.....	77
MALEATE(BULK) .....	122	CLARINEX-D 12 HOUR ..	122	CLINIMIX 4.25%-D20W	
chlorpromazine.....	48	clarithromycin .....	9	SULF-FREE .....	135
chlorthalidone.....	58	CLARITIN .....	122	CLINIMIX 4.25%-D25W	
CHOLBAM.....	95	CLARITIN LIQUI-GEL ....	122	SULF-FREE .....	135
cholecalciferol (vitamin d3)	137	CLARITIN REDITABS.....	122	CLINIMIX 5%-	
cholestyramine (with sugar) .	64	CLARITIN-D 12 HOUR....	122	D20W(SULFITE-FREE)	135
cholestyramine light .....	64	CLARITIN-D 24 HOUR....	122	CLINIMIX E 2.75%/D10W	
CHORIONIC		clearlax .....	95	SUL FREE.....	77
GONADOTROPIN,		CLEMASTINE FUMARATE		CLINIMIX E 2.75%/D5W	
HUMAN.....	91	(BULK) .....	122	SULF FREE.....	77
CIALIS .....	130	CLENPIQ .....	95	CLINIMIX E 4.25%/D10W	
ciclodan .....	72	cleocin .....	10	SUL FREE.....	135
ciclopirox.....	72, 73	CLEOCIN.....	10, 112, 113		

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

CLINIMIX E 4.25%/D25W	COLCHICINE.....	108	CORVITE FE .....	137
SUL FREE .....	COLCRYST.....	108	CORVITE FREE.....	137
CLINIMIX E 4.25%/D5W	colesevelam .....	64	CORZIDE.....	58
SULF FREE .....	COLESTID.....	64	COSENTYX.....	68
CLINIMIX E 5%/D15W	COLESTID FLAVORED ...	64	COSENTYX (2 SYRINGES)	
SULFIT FREE.....	colestipol .....	64	.....	68
CLINIMIX E 5%/D20W	colistin (colistimethate na) ...	10	COSENTYX PEN .....	68
SULFIT FREE.....	colocort.....	95	COSENTYX PEN (2 PENS)	68
CLINIMIX E 5%/D25W	COLY-MYCIN M		COSMEGEN .....	19
SULFIT FREE.....	PARENTERAL .....	10	COSOFT .....	119
CLINIMIX N14G30E 4.25%-	COLY-MYCIN S .....	81	COSOFT (PF).....	119
D15W SF.....	COLYTE WITH FLAVOR		COTELLIC.....	19
D7.5W SF.....	PACKS .....	95	COTEMPLA XR-ODT .....	48
CLINIMIX N9G15E 2.75%-	COMBIGAN .....	119	COUMADIN .....	62
D7.5W SF.....	COMBIPATCH.....	111	COZAAR.....	58
CLINIMIX N9G20E 2.75%-	COMBISTIX REAGENT ...	84	CREON.....	95
D10W(SF) .....	COMBIVENT RESPIMAT	126	CRESEMBA.....	2
CLINISOL SF 15 % .....	COMBIVIR .....	3	CRESTOR .....	64
CLINPRO 5000.....	COMETRIQ .....	19	CRINONE .....	111
clobetasol.....	COMPAZINE.....	95	CRIXIVAN.....	3
clobetasol-emollient .....	COMPLERA .....	3	cromolyn.....	95, 118, 126
CLOBEX.....	complex b-100.....	137	CROTAN.....	76
CLOCORTOLONE	compro.....	95	cryselle (28).....	114
PIVALATE .....	COMTAN.....	33	CUBICIN.....	10
clodan .....	CONCEPTROL.....	113	CUBICIN RF.....	10
CLODERM .....	CONCERTA .....	48	CUPRIMINE .....	109
clofarabine.....	CONDYLOX.....	68	CUROSURF .....	126
CLOLAR.....	constulose .....	95	CUTIVATE .....	74
clomiphene citrate .....	CONTRAVE .....	76	CUVITRU .....	105
clomipramine.....	CONZIP.....	44	CUVPOSA .....	94
clonazepam.....	COPAXONE .....	35	cyanocobalamin (vitamin b-12)	
clonidine .....	CORDRAN TAPE LARGE		.....	137
clonidine (pf).....	ROLL.....	74	cyclafem 1/35 (28).....	114
clonidine hcl .....	COREG .....	58	cyclafem 7/7/7 (28).....	114
clonidine hcl .....	COREG CR .....	58	cyclobenzaprine.....	36
clonidine hcl .....	CORGARD .....	58	cyclophosphamide .....	20
clonidine hcl .....	CORLANOR .....	66	CYCLOSERINE.....	10
clonidine hcl .....	CORLOPAM.....	58	CYCLOSET .....	84
clonidine hcl .....	CORTEF.....	82	cyclosporine.....	20
clonidine hcl .....	CORTENEMA .....	95	cyclosporine modified .....	20
clonidine hcl .....	CORTIFOAM .....	95	CYMBALTA.....	48
clonidine hcl .....	cortisone .....	82	CYPROHEPTADINE (BULK)	
clonidine hcl .....	CORTISPORIN.....	72	.....	122
clonidine hcl .....	CORVERT .....	56	CYRAMZA .....	20
clonidine hcl .....	corvita.....	137	cyred .....	114
clonidine hcl .....	corvita 150.....	137	CYSTADANE.....	95
clonidine hcl .....	CORVITE.....	137	CYSTAGON .....	130
clonidine hcl .....	CORVITE 150.....	137	CYSTARAN.....	118

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

cysteine (l-cysteine).....	136	DELZICOL .....	95	dexamethasone sodium phos	
cytarabine .....	20	demeclocycline.....	16	(pf) .....	82
cytarabine (pf) .....	20	DEMSEER.....	58	dexamethasone sodium	
CYTOGAM.....	105	DENAVIR.....	74	phosphate.....	82, 119
CYTOMEL .....	93	denta 5000 plus.....	81	DEXEDRINE SPANSULE..	48
CYTOTEC .....	99	dentagel .....	81	DEXILANT.....	100
CYTOVENE .....	3	DEPAKOTE.....	29	dexmethylphenidate.....	48
<b>D</b>		DEPAKOTE ER.....	29	DEXTAK 10 DAY .....	82
D.H.E.45.....	34	DEPAKOTE SPRINKLES..	29	DEXTAK 13 DAY .....	82
d10 %-0.45 % sodium chloride		DEPEN TITRATABS .....	109	DEXTAK 6 DAY .....	82
.....	77	DEPO-ESTRADIOL .....	111	dextrazoxane hcl.....	17
d2.5 %-0.45 % sodium		DEPO-MEDROL .....	82	dextroamphetamine .....	48
chloride.....	78	DEPO-PROVERA.....	111	dextroamphetamine-	
d5 % and 0.9 % sodium		DEPO-SUBQ PROVERA	104	amphetamine.....	48
chloride.....	78	.....	111	DEXTROSE .....	78
d5 %-0.45 % sodium chloride		DEPO-TESTOSTERONE....	91	dextrose 10 % and 0.2 % nacl	
.....	78	DERMACINRX PUREFOLIX		.....	78
dacarbazine.....	20	.....	138	dextrose 10 % in water (d10w)	
DACOGEN .....	20	DERMA-SMOOTH/FS		.....	78
dactinomycin.....	20	BODY OIL.....	74	dextrose 20 % in water (d20w)	
DAKLINZA .....	3	DERMA-SMOOTH/FS		.....	78
DALIRESP.....	126	SCALP OIL.....	74	dextrose 25 % in water (d25w)	
DALVANCE.....	10	DERMOTIC OIL .....	81	.....	78
danazol .....	91	DESCOVY .....	3	dextrose 30 % in water (d30w)	
DANTRIUM .....	36	DESFERAL.....	78	.....	78
dantrolene.....	36	desipramine .....	48	dextrose 40 % in water (d40w)	
dapsone.....	10, 71	desloratadine.....	122	.....	78
DAPTACEL (DTAP		desmopressin .....	91	dextrose 5 % in water (d5w).78	
PEDIATRIC) (PF) .....	105	desog-e.estradiol/e.estradiol		dextrose 5 %-lactated ringers78	
daptomycin.....	10	.....	114	dextrose 5%-0.2 % sod	
DARAPRIM.....	11	desogestrel-ethinyl estradiol		chloride.....	78
darifenacin.....	129	.....	114	dextrose 5%-0.3 %	
DARZALEX .....	20	DESONATE.....	75	sod.chloride .....	78
dasetta 1/35 (28).....	114	desonide.....	75	dextrose 50 % in water (d50w)	
dasetta 7/7/7 (28).....	114	DESOWEN .....	75	.....	78
daunorubicin.....	20	desoximetasone .....	75	dextrose 70 % in water (d70w)	
DAYPRO .....	44	DESOXYN.....	48	.....	78
daysee .....	114	DESVENLAFAXINE .....	48	dextrose with sodium chloride	
DAYTRANA .....	48	desvenlafaxine succinate .....	48	.....	78
DDAVP .....	91	DETROL .....	129	dialyvite.....	138
deblitane .....	111	DETROL LA.....	129	DIALYVITE 3000.....	138
decadron .....	82	dex4 glucose.....	78	DIALYVITE 5000.....	138
decitabine .....	20	DEX4 GLUCOSE .....	78	dialyvite 800 .....	138
deferroxamine.....	78	dex4 glucose bits .....	78	DIALYVITE 800 WITH IRON	
DELESTROGEN .....	111	dex4 glucose pouch pack.....	78	.....	138
delta d3 .....	137	dex4 glucose quick dissolve.78		DIALYVITE SUPREME D	
deltasone.....	82	dexamethasone .....	82	.....	138
delyla (28) .....	114	dexamethasone intensol.....	82	DIASTAT .....	29

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

DIASTAT ACUDIAL.....	29	DIVIGEL.....	111	DURAGESIC .....	38
diazepam.....	29, 48, 49	dobutamine .....	66	duramorph (pf).....	38
diazepam intensol.....	49	dobutamine in d5w .....	66	DUREZOL .....	119
DIBENZYLINE .....	58	docetaxel.....	20	dutasteride.....	130
DICLEGIS.....	95	DOCETAXEL .....	20	dutasteride-tamsulosin.....	130
diclofenac potassium.....	44	dofetilide.....	56	DUTOPROL.....	58
diclofenac sodium ..44, 68, 119		DOLOPHINE .....	38	DUZALLO .....	108
diclofenac-misoprostol .....	44	donepezil .....	35	d-vi-sol.....	138
dicloxacillin.....	14	dopamine .....	66	DYANAVEL XR .....	49
dicyclomine .....	94	dopamine in 5 % dextrose ....	66	DYAZIDE .....	58
didanosine.....	3	DOPRAM.....	49	DYMISTA.....	126
diethylpropion .....	76	DOPTLET.....	62	DYRENIUM.....	58
DIFFERIN.....	71	DORIPENEM.....	11	DYSPORT .....	105
DIFICID .....	9	DORYX.....	16	<b>E</b>	
diflorasone.....	75	DORYX MPC .....	16	e.c. prin .....	45
DIFLUCAN.....	2	dorzolamide.....	119	e.e.s. 400 .....	9
diflunisal.....	44	dorzolamide-timolol .....	119	E.E.S. GRANULES.....	9
digitek.....	66	dorzolamide-timolol (pf) ....	119	econazole .....	73
digox.....	66	DOVONEX .....	68	econtra ez.....	114
digoxin.....	66	doxazosin.....	58	econtra one-step.....	114
dihydroergotamine .....	34	doxepin .....	49, 69	ecotrin .....	45
DILANTIN 30 MG .....	29	doxercalciferol.....	91	ecotrin low strength.....	45
DILANTIN EXTENDED 100		DOXIL.....	20	EDARBI .....	58
MG .....	29	doxorubicin.....	20	EDARBYCLOR.....	58
DILANTIN INFATABS 50		doxorubicin, peg-liposomal..	20	EDECIN.....	58
MG .....	29	doxy-100.....	16	EDEX .....	130
DILANTIN-125 125 MG/5		doxycycline hyclate.....	16	EDURANT .....	3
ML.....	29	doxycycline monohydrate ....	16	efavirenz .....	3
DILATRATE-SR .....	67	DOXYCYCLINE		effer-k .....	132
DILAUDID .....	38	MONOHYDRATE.....	16	EFFER-K.....	132
DILAUDID (PF) .....	38	DRISDOL.....	138	EFFEXOR XR.....	49
diltiazem hcl .....	58	dronabinol.....	96	EFFIENT .....	63
dilt-xr.....	58	droperidol .....	96	EFUDEX .....	69
dimenhydrinate.....	95	drospirenone-e.estradiol-lm.fa		EGRIFTA .....	103
DIOVAN .....	58	.....	114	ELAPRASE.....	91
DIOVAN HCT .....	58	drospirenone-ethinyl estradiol		ELDEPRYL.....	33
DIPENTUM .....	95	.....	114	electrolyte-48 in d5w.....	136
DIPHENHYDRAMINE		DROXIA .....	20	ELELYSO .....	91
(BULK) .....	122	DUAC.....	71	ELESTAT.....	118
diphenhydramine hcl.....	122	DUAVEE.....	111	ELESTRIN .....	111
diphenoxylate-atropine.....	94	ducodyl .....	96	eletriptan .....	34
DIPROLENE.....	75	DUETACT .....	84	ELIDEL .....	69
dipyridamole .....	62	DUEXIS .....	45	ELIGARD.....	20
disulfiram .....	78	DULERA.....	126	ELIGARD (3 MONTH) .....	20
DITROPAN XL .....	129	duloxetine .....	49	ELIGARD (4 MONTH) .....	20
DIURIL .....	58	DUOPA .....	33	ELIGARD (6 MONTH) .....	20
DIURIL IV .....	58	DUPIXENT .....	69	ELIMITE .....	76
divalproex.....	29	DURACHOL.....	138	elinest.....	114

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

ELIQUIS .....	63	EPCLUSA .....	3	escitalopram oxalate .....	49
ELITEK.....	17	EPHEDRINE SULFATE .....	66	esmolol .....	59
ELIXOPHYLLIN.....	126	EPIDUO .....	71	esomeprazole magnesium...100	
ELLA.....	114	EPIDUO FORTE.....	71	esomeprazole sodium .....	100
ELLENCÉ .....	20	EPIFOAM .....	68	ESOMEPRAZOLE	
ELMIRON.....	130	epinastine.....	118	STRONTIUM.....	100
ELOCON.....	75	EPINEPHRINE .....	122, 123	estarylla.....	114
EMADINE .....	118	EPIPEN .....	123	ESTRACE .....	111
EMBEDA .....	38	EPIPEN 2-PAK .....	123	estradiol .....	111
EMCYT .....	20	EPIPEN JR .....	123	estradiol valerate.....	111
EMEND.....	96	EPIPEN JR 2-PAK.....	123	estradiol-norethindrone acet	
EMEND (FOSAPREPITANT)		epirubicin.....	21	.....	111
.....	96	epitol.....	29	ESTRING .....	111
EMFLAZA .....	82	EPIVIR .....	3	estropipate.....	111
emoquette .....	114	EPIVIR HBV.....	3	ESTROSTEP FE-28 .....	114
EMPLICITI.....	21	eplerenone .....	59	eszopiclone .....	49
EMSAM .....	49	EPOGEN .....	103	ethacrynate sodium.....	59
EMTRIVA.....	3	epoprostenol (glycine).....	59	ethacrynic acid.....	59
EMVERM .....	11	eprosartan .....	59	ethambutol .....	11
ENABLEX .....	129	EPZICOM .....	3	ethosuximide.....	29
enalapril maleate .....	58	EQUETRO .....	29	ethynodiol diac-eth estradiol	
enalaprilat.....	59	ERAXIS(WATER DILUENT)		.....	114
enalapril-hydrochlorothiazide		.....	2	ETHYOL .....	17
.....	59	ERBITUX.....	21	etidronate disodium .....	78
ENBREL .....	109	ergocalciferol (vitamin d2).138		etodolac.....	45
ENBREL MINI .....	109	ergoid.....	49	ETOPOPHOS .....	21
ENBREL SURECLICK .....	109	ERGOMAR .....	34	etoposide.....	21
ENDARI.....	78	ergotamine-caffeine.....	34	EUCRISA .....	69
endocet .....	38	ERIVEDGE .....	21	EURAX .....	76
ENDOMETRIN .....	111	ERLEADA .....	21	EVAMIST .....	112
ENGERIX-B (PF).....	105	errin .....	111	EVEKEO .....	49
ENGERIX-B PEDIATRIC		ERTACZO.....	73	EVISTA.....	108
(PF).....	105	ertapenem .....	11	EVOCLIN.....	72
ENLYTE .....	138	ERWINAZE .....	21	EVOMELA.....	21
enoxaparin .....	63	ery pads.....	71	EVOTAZ .....	3
enpresse .....	114	erygel.....	71	EVOXAC .....	78
enskyce .....	114	ERYPED 200 .....	9	EVZIO .....	45
ENSTILAR .....	68	ERYPED 400 .....	9	EXALGO ER.....	38
entacapone.....	33	ery-tab.....	9	EXELDERM .....	73
entecavir .....	3	ERY-TAB.....	9	EXELON .....	35
ENTEREG.....	96	ERYTHROCIN .....	9	exemestane .....	21
enteric coated aspirin.....	45	erythrocin (as stearate) .....	9	EXFORGE.....	59
ENTOCORT EC .....	96	erythromycin .....	9, 117	EXFORGE HCT.....	59
ENTRESTO .....	66	erythromycin ethylsuccinate...9		EXJADE .....	78
ENTYVIO .....	96	erythromycin with ethanol...71		EXONDYS 51 .....	35
enulose.....	96	erythromycin-benzoyl peroxide		EXTAVIA .....	103
ENVARUSUS XR .....	21	.....	71	EXTINA .....	73
EPANED .....	59	ESBRIET.....	126	EYLEA .....	118

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

ezetimibe .....	64	ferrex 150 forte.....	138	fluconazole .....	2
ezetimibe-simvastatin.....	64	ferrex 150 forte plus .....	138	fluconazole in dextrose(iso-o)	2
<b>F</b>		ferrex 28 .....	138	fluconazole in nacl (iso-osm) .	2
FABIOR .....	72	FERRIPROX .....	78	FLUCONAZOLE IN NACL	
FABRAZYME .....	91	FERRLECIT.....	78	(ISO-OSM).....	2
falmina (28).....	114	ferrocite plus.....	138	flucytosine .....	2
famciclovir .....	3	FETZIMA.....	49	fludarabine.....	21
famotidine.....	100	FEXMID.....	36	fludrocortisone.....	82
famotidine (pf).....	100	fexofenadine .....	123	FLULAVAL QUAD 2018-	
famotidine (pf)-nacl (iso-os)		FEXOFENADINE.....	123	2019 .....	105
.....	100	FEXOFENADINE (BULK)		FLULAVAL QUAD 2018-	
FANAPT .....	49	.....	123	2019 (PF).....	106
FARESTON .....	21	fexofenadine-pseudoephedrine		FLUMADINE.....	3
FARXIGA .....	84, 85	.....	123	flumazenil .....	49
FARYDAK .....	21	FIASP FLEXTOUCH U-100		flunisolide .....	127
FASENRA.....	126	INSULIN.....	85	fluocinolone.....	75
FASLODEX .....	21	FIASP U-100 INSULIN.....	85	fluocinolone acetonide oil ....	81
fayosim .....	114	FIBRICOR.....	64	fluocinolone and shower cap	75
FAZACLO .....	49	FINACEA.....	72	fluocinonide.....	75
felbamate .....	29	finasteride .....	130	fluocinonide-e.....	75
FELBATOL .....	29	FIRAZYR.....	126	fluocinonide-emollient .....	75
FELDENE.....	45	FIRMAGON KIT W		FLUORIDE (SODIUM).....	138
felodipine.....	59	DILUENT SYRINGE .....	21	FLUORIDEX DAILY	
FEMARA .....	21	FLAGYL .....	11	DEFENSE.....	81
FEMHRT LOW DOSE .....	112	FLAREX .....	119	fluorometholone .....	119
FEMRING.....	112	flavoxate .....	129	fluorouracil .....	21, 69
femynor .....	114	FLEBOGAMMA DIF .....	105	FLUOROURACIL .....	69
fenofibrate .....	64	flecainide .....	56	fluoxetine.....	49, 50
FENOFIBRATE.....	64	FLECTOR .....	45	fluphenazine decanoate .....	50
fenofibrate micronized .....	64	fleet laxative .....	96	fluphenazine hcl.....	50
fenofibrate nanocrystallized .	64	FLEXBUMIN 25 % .....	131	flurandrenolide .....	75
fenofibric acid .....	64	FLEXBUMIN 5 % .....	131	flurbiprofen.....	45
fenofibric acid (choline).....	64	FLOLAN .....	59	flurbiprofen sodium.....	119
FENOGLIDE .....	64	FLOLIPID .....	65	flutamide.....	21
fenoprofen .....	45	FLOMAX .....	130	fluticasone.....	75, 127
FENOPROFEN .....	45	FLOVENT DISKUS .....	126	FLUTICASONE-	
fantanyl.....	38, 39	FLOVENT HFA.....	126	SALMETEROL.....	127
fantanyl citrate.....	38	floxuridine .....	21	fluvastatin .....	65
fantanyl citrate (pf).....	38	FLUAD 2018-2019 (65 YR		fluvoxamine.....	50
FENTORA .....	39	UP)(PF) .....	105	FLUZONE HIGH-DOSE	
FERAHEME .....	138	FLUARIX QUAD 2018-2019		2018-19 (PF).....	106
FERIVA 21-7 TABLET.....	138	(PF).....	105	FLUZONE QUAD 2018-2019	
FERIVA FA (SUMALATE)		FLUBLOK QUAD 2018-2019		.....	106
.....	138	(PF).....	105	FLUZONE QUAD 2018-2019	
ferocon.....	138	FLUCELVAX QUAD 2018-		(PF).....	106
FERRALET 90 DUAL-IRON		2019.....	105	FLUZONE QUAD PEDI	
DELIVERY .....	138	FLUCELVAX QUAD 2018-		2018-19 (PF).....	106
ferraplus 90.....	138	2019 (PF).....	105	FML FORTE .....	120

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

FML LIQUIFILM.....	120	FUSILEV.....	17	gentamicin.....	11, 72, 117
FML S.O.P.....	120	FUSION PLUS.....	138	gentamicin in nacl (iso-osm)	11
FOCALIN.....	50	FUSION SPRINKLES.....	138	GENTAMICIN IN NACL	
FOCALIN XR.....	50	FUZEON.....	4	(ISO-OSM).....	11
folbee.....	138	fyavolv.....	112	gentamicin sulfate (ped) (pf)	11
folbee plus.....	138	FYCOMPA.....	29	gentle laxative.....	96
folbic.....	138	<b>G</b>		gentlelax.....	96
FOLGARD RX.....	138	g tussin ac.....	123	GENVOYA.....	4
folic acid.....	138	gabapentin.....	30	GEODON.....	50
folic acid-vit b6-vit b12.....	138	GABITRIL.....	30	GIALAX.....	96
FOLIKA-D.....	138	GABLOFEN.....	36, 37	gianvi (28).....	114
folivane-f.....	138	galantamine.....	35	GIAZO.....	96
folivane-plus.....	138	GAMASTAN.....	106	GILENYA.....	35
FOLIXAPURE.....	138	GAMASTAN S/D.....	106	GILOTRIF.....	22
FOLLISTIM AQ.....	91	GAMMAGARD LIQUID ..	106	GLASSIA.....	78
FOLOTYN.....	21	GAMMAGARD S-D (IGA < 1		glatiramer.....	35
folplex 2.2.....	138	MCG/ML).....	106	glatopa.....	35
foltabs 800.....	138	GAMMAKED.....	106	GLEEVEC.....	22
FOLTRATE.....	138	GAMMAPLEX.....	106	GLEOSTINE.....	22
fomepizole.....	106	GAMMAPLEX (WITH		glimepiride.....	85
fondaparinux.....	63	SORBITOL).....	106	glipizide.....	85
FORFIVO XL.....	50	GAMUNEX-C.....	106	glipizide-metformin.....	85
FORTAMET.....	85	ganciclovir sodium.....	4	GLUCAGEN HYPOKIT.....	85
FORTAVIT.....	136	GANIRELIX.....	91	GLUCAGON EMERGENCY	
FORTEO.....	108	GARDASIL 9 (PF).....	106	KIT (HUMAN).....	85
FORTESTA.....	91	GASTROCROM.....	96	gluco burst.....	78
FOSAMAX.....	108	gatifloxacin.....	117	GLUCO SHOT.....	78
FOSAMAX PLUS D.....	109	GATTEX 30-VIAL.....	96	GLUCOPHAGE.....	85
fosamprenavir.....	3	GATTEX ONE-VIAL.....	96	GLUCOPHAGE XR.....	85
fosinopril.....	59	GAUZE PAD.....	85	glucose.....	79
fosinopril-hydrochlorothiazide		gavilax.....	96	glucose bits.....	78
.....	59	gavilyte-c.....	96	glucose gel.....	79
fosphenytoin.....	29	gavilyte-g.....	96	GLUCOTROL.....	86
FOSRENOL.....	78	gavilyte-n.....	96	GLUCOTROL XL.....	86
FRAGMIN.....	63	GAZYVA.....	21	GLUMETZA.....	86
FREAMINE HBC 6.9 %.....	136	GELCLAIR.....	81	GLUTOSE 15.....	79
freamine iii 10 %.....	136	GELNIQUE.....	129, 130	GLUTOSE 45.....	79
FREESTYLE FREEDOM ...	85	gemcitabine.....	21	GLYCATE.....	94
FREESTYLE FREEDOM		GEMCITABINE.....	21	glycine urologic.....	130
LITE.....	85	gemfibrozil.....	65	glycine urologic solution ...	130
FREESTYLE INSULINX....	85	GEMZAR.....	22	glycolax.....	96
FREESTYLE LITE METER	85	GENERESS FE.....	114	GLYCOPHOS.....	132
FROVA.....	34	generlac.....	96	glycopyrrolate.....	94
frovatriptan.....	34	engraf.....	22	glydo.....	69
full spectrum b-vitamin c ...	138	GENOTROPIN.....	103	GLYSET.....	86
FULPHILA.....	103	GENOTROPIN MINIQUICK		GLYXAMBI.....	86
FURADANTIN.....	17	.....	103	GOCOVRI.....	33
furosemide.....	59	gentak.....	117	GOLYTELY.....	96

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



GONAL-F .....	91	heparin (porcine) .....	63	HUMULIN N NPH U-100	
GONAL-F RFF .....	91	heparin (porcine) in 5 % dex	63	INSULIN .....	86
GONAL-F RFF REDI-JECT	92	heparin (porcine) in nacl (pf)	63	HUMULIN R REGULAR U-	
GONITRO .....	67	heparin(porcine) in 0.45% nacl		100 INSULN .....	86
GRALISE .....	30	.....	63	HUMULIN R U-500 (CONC)	
GRALISE 30-DAY STARTER		HEPARIN(PORCINE) IN		INSULIN .....	86
PACK .....	30	0.45% NAACL.....	63	HUMULIN R U-500 (CONC)	
granisetron (pf).....	96	heparin, porcine (pf).....	63	KWIKPEN.....	86
granisetron hcl.....	96	HEPATAMINE 8%.....	136	HYCANTIN.....	22
GRANIX .....	103	HEPSERA .....	4	hydralazine .....	59
GRASTEK .....	106	HERCEPTIN .....	22	HYDREA .....	22
griseofulvin microsize.....	2	HETLIOZ.....	50	hydrochlorothiazide.....	59
griseofulvin ultramicrosize....	2	HEXALEN .....	22	hydrocodone-acetaminophen	39
guaiaatussin ac .....	123	HIBERIX (PF).....	106	hydrocodone-cpm-	
guaifenesin ac.....	123	hi-cal plus vit d.....	132	pseudoephed .....	123
guaifenesin dac.....	123	HIPREX.....	17	hydrocodone-homatropine..	123
guanidine .....	50	HISTEX-AC.....	123	HYDROCODONE-	
GYNAZOLE-1 .....	113	HIZENTRA .....	106	HOMATROPINE .....	123
gynol ii .....	113	HORIZANT.....	35, 36	hydrocodone-ibuprofen .....	39
<b>H</b>		HUMALOG JUNIOR		hydrocortisone .....	75, 82, 96
HAEGARDA .....	127	KWIKPEN U-100 .....	86	hydrocortisone butyrate.....	75
HALAVEN.....	22	HUMALOG KWIKPEN		hydrocortisone butyr-emollient	
HALDOL .....	50	INSULIN.....	86	.....	75
HALDOL DECANOATE ....	50	HUMALOG MIX 50-50		hydrocortisone valerate .....	75
halobetasol propionate.....	75	INSULN U-100.....	86	hydrocortisone-acetic acid....	81
HALOG.....	75	HUMALOG MIX 50-50		hydrocortisone-pramoxine....	96
haloperidol.....	50	KWIKPEN.....	86	hydromet.....	123
haloperidol decanoate.....	50	HUMALOG MIX 75-25		hydromorphone.....	39
haloperidol lactate .....	50	KWIKPEN.....	86	HYDROMORPHONE .....	39
HARVONI .....	4	HUMALOG MIX 75-25(U-		hydromorphone (pf).....	39
HAVRIX (PF) .....	106	100)INSULN .....	86	HYDROMORPHONE (PF) .	39
healthylax .....	96	HUMALOG U-100 INSULIN		hydroxocobalamin .....	138
heartburn treatment 24 hour	100	.....	86	hydroxychloroquine.....	11
heather .....	112	HUMATROPE .....	103	hydroxyprogesterone caproate	
HECTOROL.....	92	HUMIRA.....	110	.....	112
HEMABATE.....	116	HUMIRA PEDIATRIC		hydroxyurea.....	22
HEMA-COMBISTIX.....	86	CROHN'S START .....	109	hydroxyzine hcl .....	123
HEMANGEOL .....	59	HUMIRA PEN .....	109	HYDROXYZINE HCL	
hematinic plus vit/minerals	138	HUMIRA PEN CROHN'S-		(BULK).....	123
hematinic/folic acid.....	138	UC-HS START .....	109, 110	HYDROXYZINE PAMOATE	
hematogen .....	138	HUMIRA PEN PSORIASIS-		(BULK).....	123
hematogen fa .....	138	UVEITIS .....	110	HYMOVIS .....	45
hematogen forte.....	138	HUMULIN 70/30 U-100		HYPERHEP B S/D.....	106, 107
HEMATRON-AF.....	138	INSULIN.....	86	HYPERHEP B S-D	
hemetab .....	138	HUMULIN 70/30 U-100		NEONATAL .....	107
HEMOCYTE-F.....	138	KWIKPEN.....	86	HYPERLYTE CR .....	132
HEMOCYTE-PLUS .....	138	HUMULIN N NPH INSULIN		HYQVIA .....	107
HEPAGAM B .....	106	KWIKPEN.....	86	HYSINGLA ER.....	39, 40

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

HYZAAR .....	59	INFANRIX (DTAP) (PF)...	107	ISOLYTE-S.....	136
<b>I</b>		infed.....	139	isoniazid.....	11
ibandronate .....	109	INFLECTRA .....	96	isoproterenol hcl .....	66
IBRANCE .....	22	INFUMORPH P/F .....	40	ISOPTO ATROPINE .....	118
ibu.....	45	INFUVITE ADULT .....	139	ISOPTO CARPINE.....	118
IBUDONE.....	40	INGREZZA .....	36	ISORDIL .....	67
ibuprofen .....	45	INJECTAFER .....	139	ISORDIL TITRADOSE .....	67
ibuprofen lysine (pf).....	45	INLYTA .....	23	isosorbide dinitrate .....	67
ibuprofen-oxycodone .....	40	INNOPRAN XL.....	59	isosorbide mononitrate .....	67
ibutilide fumarate .....	56	INSPIRA.....	59	isotretinoin.....	72
ICAR-C PLUS .....	138	INSTA-GLUCOSE (WITH		isradipine .....	59
ICLUSIG .....	22	DEXTRIN).....	86	ISTALOL .....	117
IDAMYCIN PFS.....	22	INSULIN PEN NEEDLE....	86	ISTODAX.....	23
idarubicin.....	22	INSULIN SYRINGE (DISP)		ISUPREL.....	66
IDHIFA .....	22	U-100.....	86	itraconazole.....	2
IFE-BIMIX 30/1.....	130	INTEGRA F .....	139	ivermectin .....	11
IFE-PG20 .....	130	INTEGRA PLUS.....	139	IXEMPRA .....	23
iferex 150 forte .....	139	INTELENCE.....	4	IXIARO (PF).....	107
IFEX .....	22	intralipid .....	136	<b>J</b>	
ifosfamide.....	22	INTRALIPID.....	136	JADENU.....	79
ILARIS (PF).....	103	INTRAROSA .....	113	JADENU SPRINKLE .....	79
ILEVRO .....	119	INTRON A.....	103	JAKAFI .....	23
imatinib .....	22	introvale.....	114	JALYN .....	130
IMBRUVICA .....	22	INVANZ.....	11	jantoven .....	63
IMFINZI.....	22	INVEGA.....	50	JANUMET .....	87
imipenem-cilastatin .....	11	INVEGA SUSTENNA.....	50	JANUMET XR.....	87
imipramine hcl.....	50	INVEGA TRINZA .....	50	JANUVIA.....	87
imipramine pamoate .....	50	INVIRASE .....	4	JARDIANCE.....	87
imiquimod .....	69	INVOKAMET.....	87	jencycla.....	112
IMITREX .....	34	INVOKAMET XR .....	87	JENTADUETO .....	87
IMITREX STATDOSE PEN34		INVOKANA .....	87	JENTADUETO XR.....	87
IMITREX STATDOSE		IONOSOL-MB IN D5W ....	136	JETREA (PF).....	118
REFILL .....	34	IOPIDINE.....	120	jevantique lo .....	112
IMOVAX RABIES VACCINE		IPOL .....	107	JEVTANA .....	23
(PF).....	107	ipratropium bromide....	81, 127	jinteli.....	112
IMPAVIDO .....	11	ipratropium-albuterol.....	127	jolessa .....	114
IMPOYZ .....	75	irbesartan .....	59	jolivette .....	112
IMURAN.....	22	irbesartan-hydrochlorothiazide		JUBLIA .....	73
IMVEXXY .....	112	.....	59	juleber .....	114
IMVEXXY MAINTENANCE		IRESSA .....	23	JULUCA.....	4
PACK .....	112	irinotecan.....	23	junel 1.5/30 (21) .....	114
incassia .....	112	IROSPAN 24/6.....	139	junel 1/20 (21) .....	114
INCRELEX .....	79	ISENTRESS .....	4	junel fe 1.5/30 (28) .....	114
INCRUSE ELLIPTA .....	127	ISENTRESS HD .....	4	junel fe 1/20 (28) .....	114
indapamide .....	59	isibloom .....	114	junel fe 24 .....	114
INDERAL LA .....	59	ISOLYTE S PH 7.4.....	136	JUXTAPID.....	65
INDERAL XL.....	59	ISOLYTE-P IN 5 %		JYNARQUE.....	92
INDOCIN .....	45	DEXTROSE .....	136		

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

<b>K</b>		
KABIVEN.....	136	
KADCYLA .....	23	
KADIAN .....	40	
kaitlib fe.....	114	
KALBITOR.....	127	
KALETRA .....	4	
KALYDECO.....	127	
KANUMA.....	92	
KAPSPARGO SPRINKLE ..	59	
KAPVAY .....	50	
kariva (28).....	114	
KAZANO .....	87	
KEDBUMIN .....	131	
k-effervescent.....	132	
kelnor 1/35 (28).....	114	
kelnor 1-50 .....	114	
KENALOG.....	75, 82	
KEPIVANCE .....	17	
KEPPRA .....	30	
KEPPRA XR.....	30	
KERYDIN.....	73	
ketoconazole.....	2, 73	
KETO-DIASTIX.....	87	
KETONE CARE .....	87	
KETONE URINE TEST .....	87	
ketoprofen.....	45	
ketorolac .....	119	
KETOSTIX .....	87	
KEVEYIS.....	36	
KEVZARA.....	110	
KEYTRUDA.....	23	
KHEDEZLA.....	50, 51	
kimidess (28).....	114	
KINERET.....	110	
KINRIX (PF).....	107	
kionex (with sorbitol).....	79	
KISQALI.....	23	
KISQALI FEMARA CO- PACK .....	23	
KITABIS PAK .....	11	
KLARON .....	72	
KLONOPIN .....	30	
klor-con .....	132	
klor-con 10 .....	132	
klor-con 8 .....	132	
klor-con m10 .....	132	
klor-con m15 .....	132	
klor-con m20 .....	132	
klor-con sprinkle.....	132	
klor-con/ef .....	132	
kobee .....	139	
KOMBIGLYZE XR.....	87	
KORLYM.....	92	
K-PHOS NO 2.....	130	
K-PHOS ORIGINAL .....	130	
KRISTALOSE.....	96	
KRYSTEXXA.....	108	
k-tab.....	132	
K-TAB.....	132	
kurvelo.....	114	
KUVAN.....	92	
KYLEENA .....	113	
KYNAMRO .....	65	
KYPROLIS .....	23	
<b>L</b>		
l norgest/e.estradiol-e.estrad .....	114	
labetalol .....	59	
LABSTIX REAGENT .....	87	
LACRISERT .....	118	
lactated ringers .....	77, 132	
lactulose.....	96	
LAMICTAL .....	30	
LAMICTAL ODT .....	30	
LAMICTAL ODT STARTER (BLUE).....	30	
LAMICTAL ODT STARTER (GREEN).....	30	
LAMICTAL ODT STARTER (ORANGE).....	30	
LAMICTAL STARTER (BLUE) KIT .....	30	
LAMICTAL STARTER (GREEN) KIT .....	30	
LAMICTAL STARTER (ORANGE) KIT .....	30	
LAMICTAL XR.....	30	
LAMICTAL XR STARTER (BLUE).....	30	
LAMICTAL XR STARTER (GREEN).....	30	
LAMICTAL XR STARTER (ORANGE).....	31	
lamivudine .....	4	
lamivudine-zidovudine.....	4	
lamotrigine.....	31	
LANOXIN.....	66, 67	
lansoprazole.....	100	
lanthanum .....	79	
LANTUS SOLOSTAR U-100 INSULIN .....	87	
LANTUS U-100 INSULIN ..	87	
larin 1.5/30 (21).....	114	
larin 1/20 (21).....	114	
larin 24 fe.....	114	
larin fe 1.5/30 (28).....	114	
larin fe 1/20 (28).....	115	
larissia.....	115	
LARTRUVO .....	23	
LASIX .....	59	
LASTACAPT .....	118	
latanoprost .....	119	
LATUDA.....	51	
laxaclear.....	96	
laxative (bisacodyl) .....	96	
laxative feminine .....	96	
laxative peg 3350.....	96	
layolis fe .....	115	
LAZANDA.....	40	
leena 28.....	115	
leflunomide.....	110	
LEMTRADA.....	36	
LENVIMA.....	23	
LESCOL XL.....	65	
lessina .....	115	
LETAIRIS .....	127	
letrozole .....	23	
leucovorin calcium .....	17	
LEUKERAN.....	23	
LEUKINE.....	103	
leuprolide.....	23	
levalbuterol hcl .....	127	
LEVALBUTEROL TARTRATE .....	127	
LEVAQUIN .....	15	
LEVEMIR FLEXTOUCH U- 100 INSULN .....	87	
LEVEMIR U-100 INSULIN ..	87	
levetiracetam.....	31	
levetiracetam in nacl (iso-os)	31	
LEVITRA .....	130	
levobunolol .....	117	
levocarnitine .....	79	

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

levocarnitine (with sugar).....	79	liothyronine .....	93	lorazepam intensol.....	51
levocetirizine .....	123	LIPITOR.....	65	lorcet (hydrocodone) .....	40
LEVOCETIRIZINE (BULK)		LIPOFEN.....	65	lorcet hd .....	40
.....	123	lisinopril.....	59	lorcet plus .....	40
levofloxacin.....	15, 117	lisinopril-hydrochlorothiazide		LORTAB ELIXIR .....	40
levofloxacin in d5w .....	15	.....	59	lortuss ex.....	123
levoleucovorin.....	17	lite coat aspirin .....	45	loryna (28) .....	115
LEVOLEUCOVORIN .....	17	lithium carbonate.....	51	losartan .....	59
levonest (28).....	115	lithium citrate .....	51	losartan-hydrochlorothiazide	59
levonorgestrel-ethinyl estrad		LITHOBID .....	51	LOSEASONIQUE.....	115
.....	115	LITHOSTAT .....	79	LOTEMAX.....	120
levonorg-eth estrad triphasic		LIVALO .....	65	LOTENSIN.....	59
.....	115	LO LOESTRIN FE.....	115	LOTENSIN HCT.....	59
LEVOPHED (BITARTRATE)		LOCOID .....	75	LOTREL.....	59
.....	67	LOCOID LIPOCREAM.....	75	LOTRISONE.....	73
levora-28.....	115	LODINE .....	45	LOTRONEX.....	96
levorphanol tartrate .....	40	LODOSYN.....	33	lovastatin.....	65
LEVO-T .....	93	LOESTRIN 1.5/30 (21).....	115	LOVAZA.....	65
levothyroxine.....	93	LOESTRIN 1/20 (21).....	115	LOVENOX.....	63
LEVOTHYROXINE.....	93	LOESTRIN FE 1.5/30 (28-		low-ogestrel (28) .....	115
levoxyl.....	93	DAY).....	115	loxapine succinate .....	51
LEVULAN.....	69	LOESTRIN FE 1/20 (28-DAY)		LUCEMYRA.....	45
LEXAPRO .....	51	.....	115	LUCENTIS.....	118
LEXIVA .....	4	LOKELMA .....	79	LULICONAZOLE .....	73
LIALDA .....	96	LOMAIRA .....	76	LUMIGAN .....	119
LIBRAX (WITH		LOMOTIL.....	94	LUMIZYME.....	92
CLIDINIUM) .....	94	LONHALA MAGNAIR		LUNESTA .....	51
lidocaine .....	69	REFILL .....	127	LUPANETA PACK (1	
lidocaine (pf) in d7.5w .....	56	LONHALA MAGNAIR		MONTH).....	113
lidocaine (pf) .....	56, 69	STARTER .....	127	LUPANETA PACK (3	
lidocaine hcl .....	69	LONSURF.....	23	MONTH).....	113
lidocaine in 5 % dextrose (pf)		loperamide.....	94	LUPRON DEPOT .....	23
.....	56	LOPID .....	65	LUPRON DEPOT (3	
lidocaine viscous .....	69	lopinavir-ritonavir .....	4	MONTH).....	23
lidocaine-epinephrine .....	69	lopreeza .....	112	LUPRON DEPOT (4	
lidocaine-prilocaine.....	69	LOPRESSOR .....	59	MONTH).....	23
LIDODERM.....	69	LOPRESSOR HCT .....	59	LUPRON DEPOT (6	
LILETTA .....	113	LOPROX.....	73	MONTH).....	23
lillow .....	115	LOPROX (AS OLAMINE)..	73	LUPRON DEPOT-PED .....	23
LINCOCIN.....	11	loradamed .....	123	LUPRON DEPOT-PED (3	
lincomycin.....	11	lorata-d.....	123	MONTH).....	23
lindane .....	76	loratadine .....	123	lutera (28) .....	115
linezolid.....	11	LORATADINE (BULK)....	123	LUXIQ.....	75
linezolid in dextrose 5% .....	11	lorata-dine d.....	123	LUZU .....	73
linezolid-0.9% sodium chloride		LORATADINE,		LYNPARZA.....	23
.....	11	MICRONIZED (BULK) 123		LYRICA .....	31
LINZESS.....	96	loratadine-d.....	123	LYRICA CR.....	31
LIORESAL .....	37	lorazepam .....	51	LYSODREN.....	23

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

LYSTEDA.....	113	megestrol .....	24	methscopolamine.....	94
lyza .....	112	MEKINIST.....	24	methylclothiazide.....	60
<b>M</b>		MEKTOVI.....	24	methyl dopa .....	60
m.v.i. adult.....	139	melodetta 24 fe .....	115	methylergonovine .....	116, 117
MACROBID .....	17	meloxicam .....	45	METHYLIN .....	51
MACRODANTIN.....	17	melphalan .....	24	methylphenidate hcl.....	51
MACUVEX.....	139	melphalan hcl .....	24	METHYLPHENIDATE HCL	
MACUZIN .....	139	memantine .....	36	.....	51
mafenide acetate.....	72	MEMANTINE.....	36	methylprednisolone .....	82
magnesium chloride .....	132	MENACTRA (PF) .....	107	methylprednisolone acetate ..	82
magnesium citrate .....	96	M-END PE .....	124	methylprednisolone sodium	
magnesium sulfate.....	133	MENEST .....	112	succ .....	82
MAGNESIUM SULFATE IN		MENOPUR .....	92	methyltestosterone.....	92
D5W .....	133	MENOSTAR.....	112	metipranolol.....	117
magnesium sulfate in water	133	MENTAX.....	73	metoclopramide hcl .....	97
MALARONE .....	11	MENVEO A-C-Y-W-135-DIP		metolazone.....	60
MALARONE PEDIATRIC .	11	(PF).....	107	metoprolol succinate.....	60
malathion.....	76	MEPHYTON.....	63	metoprolol ta-hydrochlorothiaz	
mannitol 20 % .....	59	MEPRON .....	11	.....	60
mannitol 25 % .....	60	mercaptapurine.....	24	metoprolol tartrate .....	60
maprotiline .....	51	meropenem .....	11	metro i.v.....	11
MAR-COF CG.....	123	MEROPENEM-0.9%		METROCREAM.....	72
MARINOL .....	97	SODIUM CHLORIDE.....	11	METROGEL .....	72
marlissa.....	115	MERREM.....	11	METROGEL VAGINAL ...	113
MARPLAN .....	51	mesalamine.....	97	METROLOTION .....	72
MARQIBO.....	24	mesalamine with cleansing		metronidazole .....	11, 72, 113
MATULANE .....	24	wipe .....	97	metronidazole in nacl (iso-os)	
matzim la.....	60	mesna.....	17	.....	11
MAVYRET.....	4	MESNEX.....	17, 18	mexiletine .....	56
MAXALT.....	34	MESTINON .....	37	MIACALCIN .....	92
MAXALT-MLT .....	34	MESTINON TIMESPAN ...	37	mibelas 24 fe.....	115
MAXFE (FOLATE-		metadate er .....	51	MICARDIS.....	60
DOCUSATE) .....	139	metaproterenol.....	127	MICARDIS HCT.....	60
MAXIDEX .....	120	metformin .....	88	miconazole-3 .....	113
MAXIPIME.....	8	methadone .....	40	MICORT-HC.....	97
MAXITROL.....	119	methadone intensol.....	40	microgestin 1.5/30 (21) .....	115
MAXZIDE .....	60	methadose .....	40	microgestin 1/20 (21) .....	115
MAXZIDE-25MG.....	60	methamphetamine .....	51	microgestin fe 1.5/30 (28) ..	115
m-clear wc.....	123	METHAVER.....	139	microgestin fe 1/20 (28) ....	115
MEBOLIC.....	139	methazolamide.....	119	MICROZIDE.....	60
meclizine .....	97	methenamine hippurate .....	17	midodrine.....	79
meclofenamate .....	45	methenamine mandelate.....	17	migergot.....	34
MEDROL.....	82	methergine .....	116	miglitol .....	88
MEDROL (PAK) .....	82	methimazole .....	83	miglustat .....	92
medroxyprogesterone .....	112	METHITEST.....	92	MIGRANAL.....	34
mefenamic acid .....	45	methotrexate sodium .....	24	mili.....	115
mefloquine.....	11	methotrexate sodium (pf) ....	24	milk of magnesia .....	97
MEGACE ES .....	24	methoxsalen.....	69		

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

milk of magnesia concentrated	morphine concentrate .....	myzilra.....
..... 97	MOTOFEN.....	115
millipred .....	MOVANTIK .....	<b>N</b>
82	97	NABI-HB .....
MILLIPRED.....	MOVIPREP.....	107
82	97	nabumetone.....
millipred dp .....	MOXEZA.....	45
82	117	nadolol .....
milrinone .....	moxifloxacin.....	60
67	15, 117	nadolol-bendroflumethiazide
milrinone in 5 % dextrose ....	moxifloxacin in nacl (iso-osm)	60
67	.....	nafcillin.....
mimvey.....	.....	14
112	15	nafcillin in dextrose iso-osm
mimvey lo.....	MOXIFLOXACIN-	14
112	SOD.ACE,SUL-WATER.	naftifine.....
MINASTRIN 24 FE.....	15	73
115	MOZOBIL.....	NAFTIN .....
MINIPRESS .....	103	73
60	MS CONTIN .....	NAGLAZYME.....
67	42	92
MINITRAN.....	MULTAQ.....	nalbuphine .....
67	56	45
MINIVELLE .....	multigen folic .....	NALFON.....
112	139	45
MINOCIN .....	multigen plus .....	NALOCET .....
16	139	42
minocycline .....	MULTISTIX .....	naloxone .....
16	88	45
minoxidil .....	MULTISTIX 10 SG .....	naltrexone .....
60	88	45
miostat .....	MULTISTIX 5 .....	NAMENDA.....
119	88	36
miralax.....	MULTISTIX 7 .....	NAMENDA TITRATION
97	88	PAK.....
MIRAPEX.....	MULTISTIX 8 SG .....	36
33	88	NAMENDA XR .....
MIRAPEX ER.....	MULTISTIX 9 .....	36
33	88	NAMZARIC.....
MIRCETTE (28).....	MULTISTIX 9 SG .....	36
115	88	NAPRELAN CR .....
MIRENA .....	mupirocin.....	45
113	72	naproxen .....
mirtazapine .....	mupirocin calcium.....	45
51	72	naproxen sodium .....
MIRVASO .....	MUSE.....	45, 46
72	130	naratriptan.....
misoprostol .....	MUSTARGEN .....	34
100	24	NARCAN .....
MITIGARE .....	MUTAMYCIN.....	46
108	24	NARDIL .....
MITIGO (PF) .....	my choice .....	51
40, 41	115	NASCOBAL.....
mitomycin .....	my way .....	139
24	115	NASONEX .....
mitoxantrone .....	MYALEPT .....	127
24	92	NATACYN.....
M-M-R II (PF).....	MYAMBUTOL.....	117
107	12	NATAZIA .....
MOBIC.....	MYCAMINE.....	115
45	2	nateglinide .....
modafinil .....	MYCOBUTIN.....	88
51	12	NATESTO.....
moderiba.....	mycophenolate mofetil.....	92
4	24	NATPARA .....
moderiba dose pack.....	mycophenolate mofetil hcl ...	92
4	24	NATRECOR.....
moexipril .....	mycophenolate sodium.....	67
60	24	NATROBA.....
moexipril-hydrochlorothiazide	MYDAYIS .....	76
.....	51	natural b-100 complex.....
60	139	139
mometasone.....	myferon 150 forte.....	natura-lax.....
75, 127	139	97
mondoxyne nl.....	MYFORTIC .....	NAVELBINE .....
16	24	24
mono-lynyah .....	MYLERAN .....	NEBUPENT .....
115	24	12
mononessa (28) .....	MYLOTARG .....	necon 0.5/35 (28).....
115	24	115
montelukast .....	my nephrocaps.....	necon 7/7/7 (28).....
127	139	115
MONUROL.....	my nephron.....	NEEDLES, INSULIN
17	139	DISP.,SAFETY .....
morgidox .....	MYOBLOC .....	88
16	107	nefazodone.....
MORPHABOND ER .....	myorisan .....	51
41	72	NEMBUTAL SODIUM .....
morphine.....	MYRBETRIQ .....	52
41, 42	130	neomycin .....
MORPHINE.....	MYSOLINE .....	12
41, 42	31	
morphine (pf).....	MYTESI.....	
41	94	

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

neomycin-bacitracin-poly-hc ..... 119	nicardipine .....60	norethindrone ac-eth estradiol .....112, 115
neomycin-bacitracin- polymyxin ..... 117	NICODERM CQ .....80	norethindrone-e.estradiol-iron .....115
neomycin-polymyxin b gu ...77	NICOMIDE (SELENIUM- CHROMIUM) ..... 139	norgestimate-ethinyl estradiol .....115
neomycin-polymyxin b- dexameth ..... 119	nicorelief.....80	NORITATE .....72
neomycin-polymyxin- gramicidin..... 117	NICORETTE.....80	norlyda.....112
neomycin-polymyxin-hc ..... 81, 119	nicotine .....80	norlyroc.....112
neo-polycin..... 117	nicotine (polacrilex) .....80	NORMOSOL-M IN 5 % DEXTROSE .....136
neo-polycin hc ..... 119	NICOTINE (POLACRILEX) .....80	NORMOSOL-R.....133
NEOPROFEN (IBUPROFEN LYSN)(PF) ..... 46	NICOTROL.....80	NORMOSOL-R IN 5 % DEXTROSE .....133
NEORAL.....24	NICOTROL NS.....80	NORMOSOL-R PH 7.4.....136
neostigmine methylsulfate....37	nifedipine.....60	NORPRAMIN .....52
NEO-SYNALAR ..... 72	nikki (28) ..... 115	NORTHERA .....79
nephplex rx..... 139	NILANDRON .....24	nortrel 0.5/35 (28).....115
NEPHRAMINE 5.4 % ..... 136	nilutamide.....24	nortrel 1/35 (21).....115
NEPHROCAPS ..... 139	nimodipine.....60	nortrel 1/35 (28).....115
NEPHROCAPS QT..... 139	NINJACOF-XG.....124	nortrel 7/7/7 (28).....115
NEPHRON FA..... 139	NINLARO .....25	nortriptyline .....52
nephro-vite rx ..... 139	NIPENT .....25	NORVASC .....60
NERLYNX.....24	nisoldipine .....60	NORVIR.....5
NESACAINE .....69	nitro-bid.....67	NOVAREL .....92
NESACAINE-MPF .....69	NITRO-DUR .....67	NOVOFINE 32.....88
NESINA .....88	nitrofurantoin.....17	NOVOFINE AUTOCOVER 88 NOVOLIN 70/30 U-100 INSULIN .....88
neuac.....72	nitrofurantoin macrocrystal ..17	NOVOLIN N NPH U-100 INSULIN .....88
NEULASTA..... 103	nitrofurantoin monohyd/m- cryst .....17	NOVOLIN R REGULAR U- 100 INSULN .....88
NEUPOGEN ..... 103	nitroglycerin .....67	NOVOLOG FLEXPEN U-100 INSULIN .....88
NEUPRO .....33	nitroglycerin in 5 % dextrose67	NOVOLOG MIX 70-30 U-100 INSULN .....88
NEURIN-SL..... 139	NITROLINGUAL .....67	NOVOLOG MIX 70- 30FLEXPEN U-100 .....88
NEURONTIN.....31	NITROPRESS .....67	NOVOLOG PENFILL U-100 INSULIN .....88
NEVANAC ..... 119	NITROSTAT .....67	NOVOLOG U-100 INSULIN ASPART .....88
nevirapine .....4	NIVA-FOL .....139	NOXAFIL.....2
new day ..... 115	nizatidine .....100	NOXIFOL-D3 .....139
NEXAVAR .....24	NIZORAL .....73	NPLATE.....63
NEXIUM.....100	NOCTIVA .....92	NUCALA .....127
NEXIUM 24HR ..... 100	nolix.....75	NUCYNTA.....46
NEXIUM IV ..... 100	non-drowsy allergy.....124	
NEXIUM PACKET ..... 100	nora-be.....112	
NEXPLANON ..... 113	NORCO .....42	
NEXTERONE.....56	NORDITROPIN FLEXPRO .....103	
niacin .....65	norepinephrine bitartrate .....67	
NIACOR .....65	noreth-ethinyl estradiol-iron .....115	
NIASPAN EXTENDED- RELEASE ..... 65	norethindrone (contraceptive) .....112	
	norethindrone acetate ..... 112	

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

NUCYNTA ER.....	46	omeprazole magnesium.....	101	ORFADIN .....	79
NUDEXTA .....	36	omeprazole-sodium		ORLISSA .....	92
NUFERA.....	139	bicarbonate .....	101	ORKAMBI .....	127
NULOJIX.....	25	OMNARIS.....	127	orsythia .....	115
NULYTELY WITH FLAVOR		OMNIPOD INSULIN		ortho d.....	139
PACKS.....	97	MANAGEMENT .....	89	ORTHO DF .....	139
NUPLAZID.....	52	OMNIPOD INSULIN REFILL		ORTHO MICRONOR.....	112
NUTRESTORE.....	79	.....	89	ORTHO TRI-CYCLEN (28)	
NUTRICAP.....	139	OMNIPRED .....	120	.....	116
NUTRILIPID .....	136	OMNITROPE.....	104	ORTHO TRI-CYCLEN LO	
NUTROPIN AQ NUSPIN .	104	OMNIVEX.....	139	(28) .....	116
NUVARING.....	113	ONCASPAR.....	25	ORTHO-CYCLEN (28) ....	116
NUVESSA .....	113	ondansetron .....	97	ORTHO-NOVUM 1/35 (28)	
NUVIGIL .....	52	ondansetron hcl.....	97	.....	116
nyamyc .....	73	ondansetron hcl (pf).....	97	ORTHO-NOVUM 7/7/7 (28)	
NYMALIZE .....	60	ONETOUCH ULTRA BLUE		.....	116
nystatin .....	2, 73	TEST STRIP.....	89	oseltamivir .....	5
nystatin-triamcinolone.....	73	ONETOUCH ULTRA2.....	89	OSENI .....	89
nystop .....	73	ONETOUCH ULTRAMINI.	89	OSMITROL 10 % .....	60
<b>O</b>		ONETOUCH VERIO.....	89	osmitrol 15 % .....	60
OBREDON .....	124	ONETOUCH VERIO IQ		osmitrol 20 % .....	60
OICALIVA.....	97	METER .....	89	OSMITROL 5 % .....	60
ocella .....	115	ONETOUCH VERIO		OSMOLEX ER.....	33
OCREVUS .....	36	SYSTEM .....	89	OSMOPREP .....	97
OCTAGAM.....	107	ONEXTON.....	72	OSPHENA.....	113
octreotide acetate.....	25	ONFI.....	32	OTEZLA.....	110
OCUFLOX .....	117	ONGLYZA.....	89	OTEZLA STARTER.....	110
ODACTRA .....	107	ONIVYDE.....	25	OTOVEL .....	82
ODEFSEY.....	5	ONZETRA XSAIL.....	34	OTREXUP (PF).....	110
ODOMZO .....	25	OPANA .....	42	OVIDE.....	76
OFEV .....	127	opcicon one-step.....	115	OVIDREL.....	92
ofloxacin.....	15, 16, 81, 117	OPDIVO.....	25	oxacillin .....	14
ogestrel (28).....	115	opium tincture.....	94	oxacillin in dextrose(iso-osm)	
okebo .....	16	OPSUMIT .....	127	.....	14
olanzapine.....	52	option-2 .....	115	oxaliplatin .....	25
olanzapine-fluoxetine .....	52	ORACEA.....	16	oxandrolone .....	92
olmesartan .....	60	oral saline laxative.....	97	oxaprozin .....	46
olmesartan-amlodipin-		ORALAIR .....	107	OXAYDO.....	42
hcthiazid .....	60	oralone .....	81	oxcarbazepine .....	32
olmesartan-		ORAP .....	52	oxiconazole.....	73
hydrochlorothiazide.....	60	ORAPRED ODT .....	82	OXISTAT .....	73
olopatadine .....	81, 118	ORAVIG .....	2	OXSORALEN ULTRA.....	69
OLUMIANT.....	110	ORBACTIV.....	12	OXTELLAR XR .....	32
OLUX.....	75	ORENCIA .....	110	oxybutynin chloride.....	130
OLUX-E.....	75	ORENCIA (WITH		oxycodone.....	42
OMECLAMOX-PAK .....	101	MALTOSE).....	110	OXYCODONE.....	42, 43
omega-3 acid ethyl esters .....	65	ORENCIA CLICKJECT ....	110	oxycodone-acetaminophen ...	43
omeprazole .....	101	ORENITRAM .....	60	oxycodone-aspirin .....	43

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



OXYCONTIN.....	43	PAZEO.....	118	philitr.....	116
oxymorphone.....	43	PEDIARIX (PF).....	107	PHOSLYRA.....	133
oxytocin.....	117	PEDVAX HIB (PF).....	107	phosphate laxative.....	98
OXYTROL.....	130	peg 3350-electrolytes.....	97, 98	PHOSPHOLINE IODIDE..	118
oysco 500/d.....	133	PEGANONE.....	32	PHYSICIANS EZ USE B-12	
oyster shell + d3.....	133	PEGASYS.....	104	.....	139
oyster shell calcium-vit d2 .	139	PEGASYS PROCLICK.....	104	PHYSIOLYTE.....	77
oyster shell calcium-vit d3 .	133	peg-electrolyte.....	98	PHYSIOSOL IRRIGATION	77
oystercal-d.....	133	PEGINTRON.....	104	phytonadione (vitamin k1) ...	64
OZEMPIC.....	89	peg-prep.....	98	PHYTONADIONE	
OZURDEX.....	120	PENICILLIN G POT IN		(VITAMIN K1).....	63
<b>P</b>		DEXTROSE.....	14	PICATO.....	69
pacerone.....	56	penicillin g potassium.....	14	pilocarpine hcl.....	79, 118
paclitaxel.....	25	penicillin g procaine.....	14	pimozide.....	52
paliperidone.....	52	penicillin g sodium.....	14	pimtree (28).....	116
palonosetron.....	97	penicillin v potassium.....	14	pindolol.....	61
PALONOSETRON.....	97	PENLAC.....	73	pioglitazone.....	89
PALYNZIQ.....	92	PENNSAID.....	46	pioglitazone-glimepiride.....	89
PAMELOR.....	52	PENTACEL (PF).....	107	pioglitazone-metformin.....	89
pamidronate.....	92	PENTAM.....	12	piperacillin-tazobactam.....	15
PANCREAZE.....	97	PENTASA.....	98	PIPERACILLIN-	
PANDEL.....	75	pentobarbital sodium.....	52	TAZOBACTAM.....	14
PANHEMATIN.....	79	pentoxifylline.....	63	pirmella.....	116
panlor(acetam-caff-		PEPCID.....	101	piroxicam.....	46
dihydrocod).....	43	PERCOCET.....	43	PITOCIN.....	117
PANRETIN.....	69	PERFOROMIST.....	127	PLAN B ONE-STEP.....	116
pantoprazole.....	101	PERIKABIVEN.....	136	PLAQUENIL.....	12
PAPAV-PHENTOLAM-		perindopril erbumine.....	60	plasbumin 25 %.....	131
ALPROST-WATER.....	130	perio gard.....	81	plasbumin 5 %.....	131
PAPAV-PHENTOLAMINE		PERJETA.....	25	PLASMA-LYTE 148.....	136
IN WATER.....	130	permethrin.....	76	PLASMA-LYTE A.....	136
paregoric.....	94	perphenazine.....	52	plasmanate.....	136
paricalcitol.....	92	PERTZYE.....	98	PLAVIX.....	64
PARICALCITOL.....	92	PEXEVA.....	52	PLEGISOL.....	67
PARLODEL.....	33	pfizerpen-g.....	14	PLEGRIDY.....	104
PARNATE.....	52	phenazopyridine.....	131	plenamine.....	136
paroex oral rinse.....	81	phendimetrazine tartrate.....	76	PLENVU.....	98
paromomycin.....	12	phenelzine.....	52	PLIAGLIS.....	69
paroxetine hcl.....	52	PHENERGAN.....	124	PNEUMOVAX 23.....	107
paroxetine		phenobarbital.....	32	podofilox.....	70
mesylate(menop.sym).....	52	phenobarbital sodium.....	32	polocaine.....	70
PARSABIV.....	92	phenoxybenzamine.....	60	POLOCAINE.....	70
PASER.....	12	phentermine.....	76	polocaine-mpf.....	70
PATADAY.....	118	phentolamine.....	60	polycin.....	117
PATANASE.....	81	PHENYTEK.....	32	polyethylene glycol 3350.....	98
PATANOL.....	118	phenytoin.....	32	poly-iron 150 forte.....	139
PAXIL.....	52	phenytoin sodium.....	32	polymyxin b sulfate.....	12
PAXIL CR.....	52	phenytoin sodium extended..	32		

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

polymyxin b sulf-trimethoprim .....	117	PRECISION XTRA MONITOR .....	89	PRIMAQUINE .....	12
POLYTRIM .....	117	PRECOSE .....	89	PRIMAXIN IV .....	12
POLY-TUSSIN AC .....	124	PRED FORTE .....	120	primidone.....	32
POMALYST .....	25	PRED MILD.....	120	PRIMLEV.....	43
portia.....	116	PRED-G.....	119	PRINIVIL .....	61
PORTRAZZA .....	25	PRED-G S.O.P. ....	119	PRISTIQ.....	52
POTABA.....	133	prednicarbate .....	75	PRIVIGEN .....	107
potassium acetate.....	133	prednisolone .....	82	PROAIR HFA .....	127
potassium bicarb and chloride .....	133	prednisolone acetate .....	120	PROAIR RESPICLICK.....	127
potassium bicarb-citric acid.....	133	prednisolone sodium phosphate .....	82, 83, 120	probenecid .....	108
potassium chlorid-d5-0.45%nacl.....	133	prednisone .....	83	probenecid-colchicine.....	108
potassium chloride.....	134	prednisone intensol.....	83	procainamide .....	56
potassium chloride in 0.9%nacl .....	133	PREFEST .....	112	PROCAINAMIDE .....	56
potassium chloride in 5 % dex .....	133	PREGNYL.....	92	PROCALAMINE 3% .....	136
potassium chloride in lr-d5.....	133	PREMARIN .....	112	PROCARDIA XL.....	61
potassium chloride in water .....	133, 134	premasol 10 % .....	136	procentra .....	52
potassium chloride-0.45 % nacl .....	134	PREMASOL 6 % .....	136	prochlorperazine .....	98
potassium chloride-d5-0.2%nacl.....	134	PREMPHASE .....	112	prochlorperazine edisylate....	98
potassium chloride-d5-0.3%nacl.....	134	PREMPRO .....	112	prochlorperazine maleate oral .....	98
potassium chloride-d5-0.9%nacl.....	134	PRENATAL VITAMIN ORAL TABLET.....	139	PROCRIT .....	104
potassium citrate.....	130	PREPOPIK.....	98	PROCTOCORT.....	75
potassium phosphate m-/d-basic.....	134	PRESTALIA .....	61	PROCTOFOAM HC .....	98
powderlax .....	98	PREVACID .....	101	procto-med hc.....	98
PRADAXA .....	64	PREVACID 24HR .....	101	procto-pak.....	98
PRALUENT PEN .....	65	PREVACID SOLUTAB....	101	proctosol hc .....	98
pramipexole.....	33	prevalite .....	65	proctozone-hc .....	98
PRAMOSONE .....	68	PREVIDENT .....	81	PROCYSBI.....	130
PRANDIN.....	89	PREVIDENT 5000 BOOSTER PLUS .....	81	profeno.....	46
prasugrel.....	64	PREVIDENT 5000 DRY MOUTH .....	81	PROFERRIN-FORTE .....	139
PRAVACHOL .....	65	PREVIDENT 5000 ENAMEL PROTECT .....	81	progesterone .....	112
pravastatin .....	65	PREVIDENT 5000 PLUS ....	81	progesterone in oil.....	112
PRAXBIND .....	64	PREVIDENT 5000 SENSITIVE.....	81	progesterone micronized ....	112
praziquantel .....	12	previfem.....	116	PROGLYCEM .....	89
prazosin .....	61	PREVNAR 13 (PF) .....	107	PROGRAF.....	25
PRECISION XTRA B-KETONE.....	89	PREVYMIS.....	5	PROLASTIN-C .....	79
		PREZCOBIX.....	5	PROLENSA .....	119
		PREZISTA .....	5	PROLEUKIN .....	104
		PRIALT .....	46	PROLIA.....	109
		PRIFTIN.....	12	PROMACTA .....	64
		PRILOSEC .....	101	promethazine .....	124
		PRILOSEC OTC .....	101	PROMETHAZINE (BULK) .....	124
				promethazine-dm.....	124
				PROMETRIUM .....	112
				propafenone .....	56
				propranolol .....	61

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

propranolol-hydrochlorothiazid .....	61	QUESTRAN LIGHT .....	65	RELENZA DISKHALER .....	5
propylthiouracil .....	83	quetiapine .....	52, 53	RELEXXII .....	53
PROQUAD (PF) .....	107	QUILLICHEW ER .....	53	relion glucose .....	89
PRO-RED AC (W/ DEXCHLORPHENIR) ..	124	QUILLIVANT XR .....	53	RELISTOR .....	98
PROSCAR .....	130	quinapril .....	61	RELPAK .....	34
PROSOL 20 % .....	136	quinapril-hydrochlorothiazide .....	61	REMERON .....	53
PROSTIN VR PEDIATRIC .....	130	quinidine gluconate .....	56	REMERON SOLTAB .....	53
protamine .....	64	quinidine sulfate .....	56	REMICADE .....	98
PROTECT IRON .....	139	quinine sulfate .....	12	REMODULIN .....	61
PROTONIX .....	101	quit 2 .....	80	RENACIDIN .....	130
PROTOPAM CHLORIDE ..	77	QUIT 2 .....	80	RENAGEL .....	79
PROTOPIC .....	70	quit 4 .....	81	renal caps .....	139
protriptyline .....	52	QUIT 4 .....	81	rena-vite .....	139
PROVENTIL HFA .....	127	QVAR REDIHALER .....	128	rena-vite rx .....	139
PROVERA .....	112	<b>R</b>		RENFLEXIS .....	98
PROVIGIL .....	52	RABAVERT (PF) .....	107	reno caps .....	139
PROZAC .....	52	rabeprazole .....	102	REVELA .....	79
prudoxin .....	70	RADICAVA .....	36	REOPRO .....	64
PSORCON .....	75	RAGWITEK .....	107	repaglinide .....	89
PULMICORT .....	127	rajani .....	116	repaglinide-metformin .....	89
PULMICORT FLEXHALER .....	127	raloxifene .....	109	REPATHA .....	65
PULMOZYME .....	128	ramipril .....	61	REPATHA PUSHTRONEX ..	65
PURALOR CI .....	139	RANEXA .....	67	REPATHA SURECLICK ..	65
purelax .....	98	ranitidine hcl .....	102	REQ49+ .....	139
purevit dualfe plus .....	139	RAPAFLO .....	130	REQUIP XL .....	33
PURIXAN .....	25	RAPAMUNE .....	25	RESCRIPTOR .....	5
PYLERA .....	102	rasagiline .....	33	RESECTISOL .....	61
pyrazinamide .....	12	RASUVO (PF) .....	110	RESPA-AR .....	124
PYRIDIDIUM .....	131	RAVICTI .....	79	RESTASIS .....	118
pyridostigmine bromide .....	37	RAYALDEE .....	92	RESTASIS MULTIDOSE ..	118
pyridoxine (vitamin b6) .....	139	RAYOS .....	83	RETACRIT .....	104
PYRILAMINE MALEATE (BULK) .....	124	RAZADYNE .....	36	RETIN-A .....	72
<b>Q</b>		RAZADYNE ER .....	36	RETIN-A MICRO .....	72
QBRELIS .....	61	REBETOL .....	5	RETISERT .....	120
QNASL .....	128	REBIF (WITH ALBUMIN) .....	104	RETROVIR .....	5
QSYMIA .....	76	REBIF REBIDOSE .....	104	REVATIO .....	128
QTERN .....	89	REBIF TITRATION PACK .....	104	REVESTA .....	139
QUADRACEL (PF) .....	107	RECLAST .....	79	REVLIMID .....	25
QUALAQUIN .....	12	reclipsen (28) .....	116	revonto .....	37
QUARTETTE .....	116	RECOMBIVAX HB (PF) ..	107	REXULTI .....	53
quasense .....	116	RECTIV .....	98	REYATAZ .....	5
QUDEXY XR .....	32	REGIMEX .....	76	RHOFADE .....	72
QUESTRAN .....	65	REGLAN .....	98	RHOPRESSA .....	119
		regonol .....	37	ribasphere .....	5
		REGANEX .....	70	ribasphere ribapak .....	5
				ribavirin .....	5
				RIDAURA .....	110
				rifabutin .....	12

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

RIFADIN.....	12
RIFAMATE .....	12
rifampin .....	12
RIFATER .....	12
RILUTEK.....	79
riluzole.....	79
rimantadine.....	5
RIMSO-50.....	12
ringer's.....	77, 134
RIOMET .....	89
risacal-d.....	139
risedronate.....	79, 109
RISPERDAL .....	53
RISPERDAL CONSTA .....	53
risperidone.....	53
RITALIN.....	53
RITALIN LA.....	53
ritonavir.....	5
RITUXAN.....	25
RITUXAN HYCELA.....	25
rivastigmine.....	36
rivastigmine tartrate.....	36
rivelsa .....	116
rizatriptan .....	34
robafen ac .....	124
ROBINUL.....	94
ROBINUL FORTE .....	94
ROCALTROL.....	92
ROMIDEPSIN .....	25
ropinirole .....	33
rosadan .....	72
rosuvastatin.....	65
ROTARIX.....	107
ROTATEQ VACCINE .....	107
ROWASA .....	98
roweepra.....	32
roweepra xr.....	32
ROXICODONE .....	43
ROXIFOL-D .....	139
ROXYBOND .....	43
ROZEREM.....	53
RUBRACA .....	25
RUCONEST.....	128
RYDAPT.....	25
rydex.....	124
RYTARY .....	33
RYTHMOL SR .....	56

## S

SABRIL.....	32
SAFYRAL.....	116
SAIZEN.....	105
SAIZEN SAIZENPREP .....	105
SALAGEN (PILOCARPINE) .....	79
salsalate .....	46
SAMSCA .....	92
SANCUSO .....	98
SANDIMMUNE .....	26
SANDOSTATIN .....	26
SANDOSTATIN LAR DEPOT .....	26
SANTYL .....	70
SAPHRIS .....	53
SAPHRIS (BLACK CHERRY) .....	53
SARAFEM.....	53
SAVAYSA.....	64
SAVELLA.....	110, 111
SAXENDA.....	76
scopolamine base.....	98
SEASONIQUE.....	116
SEEBRI NEOHALER.....	128
SEGLUROMET .....	89
selegiline hcl.....	33
selenium sulfide.....	68
SELZENTRY .....	6
SEMPREX-D .....	124
SENSIPAR.....	92
SEREVENT DISKUS .....	128
SERNIVO.....	75
SEROQUEL.....	53
SEROQUEL XR.....	54
SEROSTIM .....	105
sertraline .....	54
se-tan plus.....	139
setlakin.....	116
sevelamer carbonate .....	79
sf 81	
sf 5000 plus .....	81
SFROWASA .....	98
sharobel .....	112
SHINGRIX (PF).....	107
SIGNIFOR.....	26
SIGNIFOR LAR.....	26
sildenafil.....	130

sildenafil (pulmonary arterial hypertension).....	128
SILENOR .....	54
SILIQ.....	68
SILVADENE.....	70
silver sulfadiazine.....	70
SIMBRINZA .....	119
SIMPONI.....	111
SIMPONI ARIA .....	111
SIMULECT .....	26
simvastatin.....	65
SINEMET.....	33
SINEMET CR .....	33
SINGULAIR.....	128
sirolimus .....	26
SIRTURO .....	12
SIVEXTRO .....	12
SKLICE .....	76
SKYLA.....	113
SMOFLIPID .....	136
smoothlax .....	98
sodium acetate .....	134
sodium benzoate-sod phenylacet.....	79
sodium bicarbonate.....	134
sodium chloride .....	79, 134
sodium chloride 0.45 % .....	134
sodium chloride 0.9 % .....	79
sodium chloride 3 % .....	134
sodium chloride 5 % .....	134
SODIUM EDECRIN.....	61
sodium ferric gluconat-sucrose .....	79
sodium lactate intravenous .	134
sodium nitroprusside .....	67
sodium phenylbutyrate .....	79
sodium phosphate .....	134
sodium polystyrene (sorb free) .....	79
sodium polystyrene sulfonate .....	79, 80
SODIUM POLYSTYRENE SULFONATE.....	80
SOLIQUA 100/33 .....	89
SOLIRIS .....	80
SOLODYN.....	17
SOLOSEC .....	12
soloxide.....	17

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

SOLTAMOX.....	26	STIOLTO RESPIMAT .....	128	SUPREP BOWEL PREP KIT	
SOLU-CORTEF.....	83	STIVARGA.....	26	.....	99
SOLU-CORTEF (PF).....	83	stop smoking aid.....	81	SURMONTIL.....	54
SOLU-MEDROL .....	83	STRATTERA.....	54	SURVANTA .....	80
SOLU-MEDROL (PF) .....	83	STRENSIQ.....	92	SUSTIVA .....	6
SOMATULINE DEPOT .....	26	STREPTOMYCIN .....	12	SUSTOL.....	99
SOMAVERT .....	92	stress formula .....	139	SUTENT.....	26
SONATA.....	54	stress formula 600 c.....	139	syeda.....	116
SOOLANTRA.....	72	stress formula with iron.....	140	SYLATRON.....	105
SORBITOL .....	77	stress formula with iron(sulf)		SYLVANT .....	26
SORBITOL-MANNITOL....	77	.....	140	SYMBICORT.....	128
SORIATANE .....	68	STRIANT .....	93	SYMBYAX.....	54
SORILUX .....	68	STRIBILD .....	6	SYMDEKO .....	128
sorine .....	56	STRIVERDI RESPIMAT ..	128	SYMFI.....	6
sotalol .....	56	STROMECTOL .....	12	SYMFI LO.....	6
sotalol af.....	56	STROVITE FORTE.....	140	SYMLINPEN 120 .....	90
SOTYLIZE.....	56	STROVITE ONE .....	140	SYMLINPEN 60 .....	90
SOVALDI .....	6	SUBOXONE .....	46	SYMPROIC.....	99
SPIRIVA RESPIMAT .....	128	SUBSYS.....	43	SYMTUZA.....	6
SPIRIVA WITH		subvenite.....	32	SYNAGIS.....	6
HANDIHALER.....	128	subvenite starter (blue) kit....	32	SYNALAR .....	75, 76
spironolactone .....	61	subvenite starter (green) kit..	32	SYNAREL.....	93
spironolacton-hydrochlorothiaz		subvenite starter (orange) kit	32	SYNDROS .....	99
.....	61	SUCRAID .....	98	SYNERA .....	70
SPORANOX .....	2	sucralfate .....	102	SYNERCID .....	12
SPORANOX PULSEPAK.....	2	SULAR.....	61	SYNJARDY .....	90
sprintec (28).....	116	sulfacetamide sodium.....	118	SYNJARDY XR.....	90
SPRITAM .....	32	sulfacetamide sodium (acne) 72		SYNRIBO.....	26
SPRIX .....	46	sulfacetamide-prednisolone 118		SYNTHAMIN 17 WITHOUT	
SPRYCEL .....	26	sulfadiazine.....	16	ELYTE .....	136
sps (with sorbitol).....	80	sulfamethoxazole-trimethoprim		SYNTHROID .....	93
sronyx .....	116	.....	16	SYPRINE .....	80
ssd.....	70	SULFAMYLON.....	72	<b>T</b>	
STALEVO 100.....	33	sulfasalazine .....	98	TABLOID.....	26
STALEVO 125.....	33	sulfatrim.....	16	TACLONEX.....	68
STALEVO 150.....	33	sulindac.....	46	tacrolimus .....	26, 70
STALEVO 200.....	33	sumatriptan .....	34	TAFINLAR .....	26
STALEVO 50.....	34	sumatriptan succinate .....	35	TAGRISSE.....	26
STALEVO 75.....	34	sumatriptan-naproxen.....	35	TAKE ACTION .....	116
STAMARIL (PF) .....	107	super b complex-vitamin c .	140	TALTZ AUTOINJECTOR ..	68
STARLIX .....	90	super b maxi complex.....	140	TALTZ AUTOINJECTOR (2	
stavudine.....	6	super b-50 complex plus....	140	PACK).....	68
STAXYN.....	130	super quints.....	140	TALTZ AUTOINJECTOR (3	
STEGLATRO.....	90	super quints b-50 .....	140	PACK).....	68
STEGLUJAN .....	90	superplex-t.....	140	TALTZ SYRINGE .....	68
STELARA.....	68	SUPERVITE .....	140	TAMIFLU .....	6
STENDRA .....	131	SUPPRELIN LA .....	26	tamoxifen.....	26
STIMATE .....	92	SUPRAX .....	8	tamsulosin.....	130

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

TANDEM PLUS.....	140	testosterone cypionate .....	93	TOBI PODHALER .....	12
TANZEUM .....	90	testosterone enanthate.....	93	TOBRADEX .....	119
TAPAZOLE .....	83	TETANUS,DIPHThERIA		TOBRADEX ST .....	119
TAPERDEX .....	83	TOX PED(PF) .....	107	tobramycin.....	117
TARCEVA .....	27	TETANUS-DIPHThERIA		tobramycin in 0.225 % nacl..	12
TARGADOX .....	17	TOXOIDS-TD.....	107	tobramycin sulfate .....	12
TARGRETIN .....	27	tetrabenazine.....	36	tobramycin-dexamethasone	119
tarina fe 1/20 (28).....	116	tetracycline .....	17	TOBREX .....	117
TARKA .....	61	TEXACORT.....	76	TODAY CONTRACEPTIVE	
taron forte .....	140	THALOMID.....	27	SPONGE.....	113
TASIGNA .....	27	THEO-24.....	128	TOFRANIL .....	54
TASMAR .....	34	theophylline .....	128, 129	TOLAK.....	70
TAVALISSE.....	64	theophylline in dextrose 5 %		tolazamide.....	90
TAXOTERE.....	27	.....	128	tolbutamide .....	90
TAYTULLA.....	116	thiamine hcl (vitamin b1) ...	140	tolcapone.....	34
tazarotene .....	72	THIOLA .....	80	tolmetin.....	46
TAZICEF .....	8	thioridazine.....	54	tolterodine.....	130
TAZORAC .....	72	thiotepa .....	27	TOPAMAX .....	32
taztia xt.....	61	thiothixene .....	54	TOPICORT.....	76
TECENTRIQ.....	27	THROMBATE III .....	64	topiramate .....	32
TECFIDERA.....	36	THYMOGLOBULIN.....	107	TOPIRAMATE .....	32
TECHNIVIE.....	6	THYROLAR-1 .....	93	toposar .....	27
TEFLARO.....	8	THYROLAR-1/2.....	94	topotecan.....	27
TEGRETOL .....	32	THYROLAR-1/4.....	94	TOPROL XL .....	61
TEGRETOL XR.....	32	THYROLAR-2.....	94	TORISEL.....	27
TEKTURNA .....	61	THYROLAR-3.....	94	torsemide .....	61
TEKTURNA HCT .....	61	tiagabine .....	32	total b/c .....	140
telmisartan .....	61	TIAZAC .....	61	TOTECT .....	18
telmisartan-amlodipine.....	61	TIBSOVO.....	27	TOUJEO MAX U-300	
telmisartan-hydrochlorothiazid		TICE BCG.....	107	SOLOSTAR .....	90
.....	61	tigecycline .....	12	TOUJEO SOLOSTAR U-300	
TEMODAR .....	27	TIKOSYN .....	56	INSULIN .....	90
TEMOVATE.....	76	tilia fe.....	116	TOVIAZ .....	130
temozolomide .....	27	timolol maleate .....	61, 118	TPN ELECTROLYTES .....	135
TENIVAC (PF) .....	107	TIMOPTIC .....	118	TRACLEER .....	129
tenofovir disoproxil fumarate.	6	TIMOPTIC OCUDOSE (PF)		TRADJENTA .....	90
TENORETIC 100.....	61	.....	118	tramadol.....	46
TENORETIC 50.....	61	TIMOPTIC-XE .....	118	TRAMADOL .....	46
TENORMIN.....	61	TINDAMAX .....	12	tramadol-acetaminophen .....	46
terazosin .....	61	tinidazole .....	12	trandolapril .....	61
terbinafine hcl.....	2	TIROSINT.....	94	trandolapril-verapamil .....	61
terbutaline.....	128	tis-u-sol pentalyte .....	77	tranexamic acid.....	113
terconazole .....	113	TIVICAY.....	6	TRANSDERM-SCOP .....	99
TESSALON PERLES .....	124	TIVORBEX.....	46	TRANXENE T-TAB .....	54
TESTIM .....	93	tizanidine .....	37	tranlycypromine.....	54
TESTOPEL .....	93	tl gard rx .....	140	travasol 10 % .....	136
testosterone.....	93	tl icon.....	140	TRAVATAN Z.....	119
TESTOSTERONE .....	93	TOBI.....	12	trazodone .....	54

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

TREANDA.....	27	TRINTELLIX.....	54	<b>U</b>	
TRECTOR.....	12	TRIOSTAT.....	94	UCERIS.....	99
TRELEGY ELLIPTA .....	129	TRIPLENNAMINE (BULK)		UDAMIN SP .....	140
TRELSTAR.....	27	.....	124	ULORIC .....	108
TREMFYA.....	68	triphrocaps .....	140	ultra b-100 complex.....	140
TRESIBA FLEXTOUCH U-		tri-previfem (28).....	116	ULTRACET .....	46
100.....	90	TRIPROLIDINE HCL		ULTRAM .....	46
TRESIBA FLEXTOUCH U-		(BULK) .....	124	ULTRAVATE .....	76
200.....	90	TRIPTODUR.....	27	ULTRAVATE X .....	76
tretinoin (chemotherapy).....	27	TRISENOX .....	27	UNASYN .....	15
tretinoin microspheres .....	72	tri-sprintec (28).....	116	unithroid .....	94
tretinoin topical .....	72	TRIUMEQ.....	6	UNITUXIN.....	27
TREXALL.....	27	trivora (28).....	116	UPTRAVI.....	61
TREXIMET.....	35	tri-vylibra.....	116	URECHOLINE.....	131
TREZIX.....	43	TRIZIVIR.....	6	URISTIX 4 .....	90
tri femynor.....	116	TROGARZO .....	6	URISTIX REAGENT.....	90
triamcinolone acetonide 76, 81,		TROKENDI XR.....	32	UROCIT-K 10 .....	131
83, 129		TROPHAMINE 10 % .....	136	UROCIT-K 15 .....	131
triamterene-hydrochlorothiazid		TROPHAMINE 6% .....	136	UROCIT-K 5.....	131
.....	61	tropium.....	130	UROXATRAL .....	130
trianex.....	76	TRUEPLUS GLUCOSE .....	80	URSO 250 .....	99
TRIBENZOR .....	61	TRUEPLUS KETONE.....	90	URSO FORTE.....	99
tri-buffered aspirin.....	46	TRULANCE.....	99	ursodiol.....	99
tricon.....	140	TRULICITY .....	90	UTIBRON NEOHALER....	129
TRICOR .....	65	TRUMENBA.....	108	UVADEX .....	70
triderm .....	76	TRUSOPT .....	119	<b>V</b>	
TRIDESILON .....	76	TRUVADA .....	6	VABOMERE.....	12
trientine.....	80	TUDORZA PRESSAIR ....	129	VAGIFEM.....	112
TRIESENCE (PF) .....	83	tulana .....	112	VAGINAL	
tri-estarylla .....	116	tusnel c.....	124	CONTRACEPTIVE FILM	
TRIFERIC .....	140	TUSNEL PEDIATRIC.....	124	.....	113
trifluoperazine .....	54	TUZISTRA XR .....	124	vaginal contraceptive foam.	113
trifluridine.....	117	TWINRIX (PF).....	108	valacyclovir .....	6
trigels-f forte.....	140	TWYNSTA .....	61	VALCHLOR .....	70
TRIGLIDE .....	65	TYBOST .....	6	VALCYTE .....	6
tri-legend fe.....	116	tydemy .....	116	valganciclovir .....	6
TRILEPTAL.....	32	TYGACIL .....	12	VALIUM .....	54
tri-linyah .....	116	TYKERB .....	27	valproate sodium .....	33
TRILIPIX .....	65	TYLENOL-CODEINE #3....	43	valproic acid .....	33
tri-lo-estarylla .....	116	TYLENOL-CODEINE #4....	43	valproic acid (as sodium salt)	
tri-lo-marzia.....	116	TYMLOS.....	109	.....	33
tri-lo-sprintec.....	116	TYPHIM VI .....	108	valsartan.....	62
trilyte with flavor packets....	99	TYSABRI.....	36	valsartan-hydrochlorothiazide	
trimethoprim.....	17	TYVASO.....	129	.....	62
tri-mili .....	116	TYVASO INSTITUTIONAL		VALSTAR.....	27
trimipramine .....	54	START KIT.....	129	VALTREX .....	6
trinessa (28).....	116	TYVASO REFILL KIT.....	129	VANCOGIN .....	12
TRI-NORINYL (28) .....	116	TYVASO STARTER KIT .	129	vancomycin.....	13

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

VANCOMYCIN .....	13	VGO 30 .....	90	vitajoy daily d .....	140
VANCOMYCIN IN 0.9 %		VGO 40 .....	90	VITAL-D RX .....	140
SODIUM CHL .....	13	VIAGRA .....	131	vitamin b complex .....	140
VANCOMYCIN IN		VIBATIV .....	13	vitamin b complex-folic acid	
DEXTROSE 5 % .....	13	VIBERZI .....	99	.....	140
vandazole .....	113	VIBRAMYCIN .....	17	vitamin d2 .....	140
VANOS .....	76	vic-forte .....	140	vitamin d3 .....	140
VANTAS .....	27	vicodin .....	43	vitamin k .....	64
VAQTA (PF) .....	108	vicodin es .....	43	vitamin k1 .....	64
VARIVAX (PF) .....	108	vicodin hp .....	44	vitamins b complex .....	140
VARIZIG .....	108	VICTOZA 2-PAK .....	90	VITA-RESPA .....	140
VARUBI .....	99	VICTOZA 3-PAK .....	90	VIVELLE-DOT .....	112
VASCEPA .....	65	VIDAZA .....	28	VIVITROL .....	46
VASERETIC .....	62	VIDEX 2 GRAM PEDIATRIC		VIVLODEX .....	46, 47
VASOSTRICT .....	93	.....	6	VOGELXO .....	93
VASOTEC .....	62	VIDEX 4 GRAM PEDIATRIC		VOLTAREN .....	47
v-c forte .....	140	.....	6	voriconazole .....	2, 3
VCF CONTRACEPTIVE GEL		VIDEX EC .....	6	VOSEVI .....	6
.....	113	VIEKIRA PAK .....	6	VOTRIENT .....	28
VECAMYL .....	67	VIEKIRA XR .....	6	VPRIV .....	93
VECTIBIX .....	27	vienva .....	116	vp-vite rx .....	140
VECTICAL .....	68	vigabatrin .....	33	VRAYLAR .....	54
VELCADE .....	27	vigadrone .....	33	VUSION .....	73
veletri .....	62	VIGAMOX .....	117	vyfemla (28) .....	116
velivet triphasic regimen (28)		VIIBRYD .....	54	vylibra .....	116
.....	116	VIMIZIM .....	93	VYTORIN 10-10 .....	65
VELPHORO .....	80	VIMOVO .....	46	VYTORIN 10-20 .....	66
VELTASSA .....	80	VIMPAT .....	33	VYTORIN 10-40 .....	66
VELLIDY .....	6	vinblastine .....	28	VYTORIN 10-80 .....	66
VENCLEXTA .....	27	vincasar pfs .....	28	VYVANSE .....	54
VENCLEXTA STARTING		vincristine .....	28	VYXEOS .....	28
PACK .....	27	vinorelbine .....	28	VYZULTA .....	119
venlafaxine .....	54	VIOKACE .....	99	<b>W</b>	
VENLAFAXINE .....	54	viorele (28) .....	116	wal-fex allergy .....	124
VENOFER .....	140	VIRACEPT .....	6	wal-fex d 12 hour .....	124
VENTAVIS .....	129	VIRAMUNE .....	6	wal-fex d 24 hour .....	124
VENTOLIN HFA .....	129	VIRAMUNE XR .....	6	wal-itin .....	124
verapamil .....	62	VIREAD .....	6	wal-itin d .....	124
VEREGEN .....	70	VIROPTIC .....	117	wal-itin d 12 hour .....	124
VERELAN .....	62	VIRT-CAPS .....	140	wal-zyr (cetirizine) .....	124
VERELAN PM .....	62	virt-gard .....	140	wal-zyr d .....	124
veripred 20 .....	83	virtussin ac .....	124	warfarin .....	64
VERSACLOZ .....	54	virtussin dac .....	124	water for irrigation, sterile ...	80
VERZENIO .....	28	virt-vite .....	140	WELCHOL .....	66
VESICARE .....	130	VIRT-VITE PLUS .....	140	WELLBUTRIN SR .....	54
VFEND .....	2	VISTOGARD .....	18	WELLBUTRIN XL .....	55
VFEND IV .....	2	vit 3 .....	140	wera (28) .....	116
VGO 20 .....	90	VITAFOL .....	140	woman's laxative .....	99

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





ZONALON.....	70	ZOVIRAX.....	6, 74	ZYLOPRIM.....	108
ZONEGRAN.....	33	Z-TUSS AC.....	125	ZYMAXID .....	117
zonisamide.....	33	ZUBSOLV.....	47	ZYPITAMAG.....	66
ZONTIVITY .....	64	ZUPLENZ .....	99	ZYPREXA.....	55
ZORBTIVE .....	105	ZURAMPIC .....	108	ZYPREXA RELPREVV .....	55
ZORTRESS.....	28	ZYBAN .....	81	ZYPREXA ZYDIS .....	55
ZORVOLEX .....	47	ZYCLARA .....	70	ZYRTEC.....	125
ZOSTAVAX (PF) .....	108	ZYDELIG.....	28	ZYRTEC-D .....	125
ZOSYN .....	15	ZYFLO .....	129	ZYTIGA .....	28
ZOSYN IN DEXTROSE (ISO- OSM).....	15	ZYFLO CR.....	129	ZYVIT .....	141
zovia 1/35e (28).....	116	ZYKADIA.....	28	ZYVOX.....	13
		ZYLET .....	119		

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