

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 19

This formulary was updated on 12/1/19. 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.

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 12/1/19. 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 12/1/19. 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
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
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 nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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</i>	2	MO
<i>ketoconazole oral</i>	2	MO
MYCAMINE	5	MO
NOXAFIL ORAL	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
ORAVIG	4	MO
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	5	MO
SPORANOX ORAL CAPSULE	4	MO
SPORANOX ORAL SOLUTION	3	MO
<i>terbinafine hcl oral</i>	2	MO
TOLSURA	5	MO
VFEND	5	MO
VFEND IV	4	MO
<i>voriconazole intravenous</i>	2	MO
<i>voriconazole oral</i>	5	MO
ANTIVIRALS		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B /D PA; 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
BARACLUDE	5	MO
BIKTARVY	5	MO
<i>cidofovir</i>	5	B /D PA; EXCL; MO
CIMDUO	5	MO
COMBIVIR	5	MO
COMPLERA	5	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
DELSTRIGO	5	MO
DESCOVY	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	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
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	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
GENVOYA	5	MO
HARVONI ORAL TABLET 45-200 MG	5	PA; MO
HARVONI ORAL TABLET 90-400 MG	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 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
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lamivudine-zidovudine</i>	2	MO
LEDIPASVIR-SOFOSBUVIR	5	PA; MO; QL (28 per 28 days)
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>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	4	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	2	MO
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER	3	MO
RESCRIPTOR ORAL TABLET	3	MO
RETROVIR INTRAVENOUS	3	MO
RETROVIR ORAL CAPSULE	4	MO
RETROVIR ORAL SYRUP	4	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribasphere oral capsule</i>	2	MO
<i>ribasphere oral tablet 600 mg</i>	5	MO
<i>ribasphere ribapak oral tablets, dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	
<i>ribasphere ribapak oral tablets, dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>ribavirin oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
SELZENTRY	3	MO
SITAVIG	4	MO
SOFOSBUVIR-VELPATASVIR	5	PA; MO; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	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
TEMIXYS	5	MO
<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

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

Drug Name	Drug Tier	Requirements /Limits
TRIZIVIR	5	MO
TROGARZO	5	MO; LA
TRUVADA	5	MO
TYBOST	4	MO
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
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 EC	4	MO
VIEKIRA PAK	5	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	5	MO
VIRAMUNE	4	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	4	MO
VIREAD	5	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA	3	MO

Drug Name	Drug Tier	Requirements /Limits
ZEPATIER	5	PA; MO; QL (28 per 28 days)
ZIAGEN	4	MO
<i>zidovudine</i>	2	MO
ZOVIRAX ORAL CAPSULE	4	MO
ZOVIRAX ORAL SUSPENSION	4	MO
ZOVIRAX ORAL TABLET 800 MG	4	MO
CEPHALOSPORINS		
AVYCAZ	5	MO
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	MO

You can find information 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>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	2	
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>cefepime injection</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	2	
<i>cefotetan</i>	2	
<i>cefoxitin in dextrose, iso-osm</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone in dextrose,iso-os</i>	2	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>ceftriaxone intravenous</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<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
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	

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

Drug Name	Drug Tier	Requirements /Limits
SUPRAX ORAL TABLET,CHEWABLE	4	MO
<i>tazicef injection recon soln 1 gram</i>	2	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	2	MO
<i>tazicef intravenous</i>	2	
TEFLARO	5	MO
ZERBAXA	5	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	2	MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	2	MO
<i>azithromycin oral tablet 500 mg (3 pack)</i>	2	
<i>clarithromycin</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

Drug Name	Drug Tier	Requirements /Limits
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral</i>	2	MO
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 TRI-PAK	4	MO
ZITHROMAX Z-PAK	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
ALBENZA	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
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	MO
ARIKAYCE	5	PA; MO; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
AZACTAM	4	MO
<i>aztreonam</i>	2	MO
<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, 900 MG/50 ML	4	

Drug Name	Drug Tier	Requirements /Limits
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML	4	MO
CLEOCIN INJECTION	4	MO
CLEOCIN PEDIATRIC	4	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	2	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	2	MO
CUBICIN	5	MO
DALVANCE	4	MO
<i>dapsone oral</i>	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	PA
EMVERM	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>ertapenem</i>	2	MO
<i>ethambutol</i>	2	MO
FIRVANQ	4	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
<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
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	MO
KITABIS PAK	5	MO
KRINTAFEL	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

Drug Name	Drug Tier	Requirements /Limits
MALARONE PEDIATRIC	4	MO
<i>mefloquine</i>	2	MO
MEPRON	5	MO
<i>meropenem</i>	2	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	4	
<i>metro i.v.</i>	2	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
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
<i>paromomycin</i>	4	MO
PASER	3	MO
PENTAM	4	MO
<i>pentamidine injection</i>	2	
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

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

Drug Name	Drug Tier	Requirements /Limits
<i>pyrazinamide</i>	2	MO
QUALAQUIN	4	MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO
RIFADIN ORAL CAPSULE 150 MG	4	MO
RIFAMATE	4	MO
<i>rifampin</i>	2	MO
RIFATER	4	MO
SIRTURO	5	MO; LA
SIVEXTRO INTRAVENOUS	5	
SIVEXTRO ORAL	5	MO
SOLOSEC	4	MO
STREPTOMYCIN	3	MO
STROMECTOL	4	MO
SYNERCID	5	
<i>tigecycline</i>	5	
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin sulfate injection recon soln</i>	2	
<i>tobramycin sulfate injection solution</i>	2	MO
TRECATOR	3	MO
TYGACIL	5	MO
VABOMERE	4	
VANCOCIN	5	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
VANCOMYCIN INJECTION	3	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	3	
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	4	
<i>vancomycin oral capsule 125 mg</i>	2	MO
<i>vancomycin oral capsule 250 mg</i>	5	MO
<i>vancomycin oral recon soln</i>	2	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	
XENLETA ORAL	5	

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Drug Name	Drug Tier	Requirements /Limits
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	5	MO
ZYVOX ORAL	5	MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	2	MO
<i>ampicillin sodium intravenous</i>	2	
<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	

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>oxacillin 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	
<i>piperacillin-tazobactam</i>	2	MO
UNASYN INJECTION RECON SOLN 15 GRAM	4	

Drug Name	Drug Tier	Requirements /Limits
UNASYN INJECTION RECON SOLN 3 GRAM	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	MO
ZOSYN INTRAVENOUS RECON SOLN 40.5 GRAM	4	MO
QUINOLONES		
BAXDELA INTRAVENOUS	5	
BAXDELA ORAL	5	MO
CIPRO ORAL SUSPENSION, MIC ROCAPSULE RECON	4	MO
CIPRO ORAL TABLET 250 MG, 500 MG	4	MO
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	2	MO
LEVAQUIN ORAL TABLET 500 MG, 750 MG	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous</i>	2	MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>moxifloxacin-sod.chloride(iso)</i>	2	
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>BACTRIM</i>	4	MO
<i>BACTRIM DS</i>	4	MO
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim</i>	2	MO
<i>sulfatrim</i>	2	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>DORYX MPC</i>	4	ST; MO
<i>DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG</i>	4	ST; MO
<i>doxy-100</i>	2	MO
<i>doxycycline hyclate intravenous</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet</i>	2	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
MINOCIN ORAL CAPSULE 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 105 mg, 80 mg</i>	5	MO
<i>minocycline oral tablet extended release 24 hr 115 mg, 135 mg, 45 mg, 65 mg, 90 mg</i>	2	MO
MINOCYCLINE ORAL TABLET EXTENDED RELEASE 24 HR 55 MG	5	ST; MO
MINOLIRA ER	4	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	2	MO
<i>morgidox</i>	2	MO
NUZYRA (7 DAY WITH LOAD DOSE)	5	ST
NUZYRA (7 DAY)	5	ST
NUZYRA INTRAVENOUS	5	
NUZYRA ORAL	5	ST; MO
<i>okebo oral capsule 75 mg</i>	2	MO
ORACEA	4	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	5	ST; MO
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
URINARY TRACT AGENTS		
FURADANTIN	4	
HIPREX	4	MO

Drug Name	Drug Tier	Requirements /Limits
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
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<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
KEPIVANCE	5	MO
KHAPZORY	5	B /D PA; EXCL
<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

You can find information 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>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B /D PA; EXCL
<i>levoleucovorin calcium intravenous solution</i>	5	B /D PA; EXCL
<i>mesna</i>	2	B /D PA; EXCL; MO
MESNEX ORAL	5	MO
VISTOGARD	5	MO
XGEVA	5	B /D PA; EXCL; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	5	PA; MO; QL (120 per 30 days)
ABRAXANE	5	B /D PA; EXCL; MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	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)

Drug Name	Drug Tier	Requirements /Limits
ALIMTA	5	B /D PA; EXCL; MO
ALIQOPA	5	B /D PA; EXCL; MO; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARIMIDEX	4	MO
AROMASIN	4	MO
ARRANON	5	B /D PA; EXCL
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	5	B /D PA; EXCL
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	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

You can find information 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>azathioprine</i>	2	B /D PA; EXCL; MO
<i>azathioprine sodium</i>	2	B /D PA; EXCL
BALVERSA	5	PA; MO; LA
BAVENCIO	5	B /D PA; EXCL; MO; LA
BELEODAQ	5	B /D PA; EXCL; MO
BENDEKA	5	B /D PA; EXCL; MO
BESPONSA	5	B /D PA; EXCL; MO; LA
<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; LA; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>busulfan</i>	5	B /D PA; EXCL
CABOMETYX	5	PA; MO; LA
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
<i>capecitabine</i>	1	MO; EXCL
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B /D PA; EXCL; MO
<i>carmustine</i>	5	B /D PA; EXCL; MO
CASODEX	4	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 intravenous solution</i>	2	B /D PA; EXCL; MO
<i>cladribine</i>	5	B /D PA; EXCL; MO
<i>clofarabine</i>	5	B /D PA; EXCL
COMETRIQ	5	PA; MO
COPIKTRA	5	PA; MO; LA
COSMEGEN	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
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<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
<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
DAURISMO	5	PA; MO
<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
<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
EMCYT	5	MO
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

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

Drug Name	Drug Tier	Requirements /Limits
ERBITUX	5	B /D PA; EXCL; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINAZE	5	B /D PA; 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
<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
<i>fulvestrant</i>	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

You can find information 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>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	B /D PA; EXCL
<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 HYLECTA	5	B /D PA; EXCL; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B /D PA; EXCL; MO
HYCAMTIN 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)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>idarubicin</i>	2	B /D PA; EXCL
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B /D PA; EXCL; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B /D PA; EXCL; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</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
INFUGEM	5	B /D PA; EXCL
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B /D PA; 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
KANJINTI INTRAVENOUS RECON SOLN 150 MG	5	B /D PA; EXCL
KANJINTI INTRAVENOUS RECON SOLN 420 MG	5	B /D PA; EXCL; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
KYPROLIS	5	B /D PA; EXCL; MO
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	MO
LIBTAYO	5	PA; MO; LA
LONSURF	5	PA; MO
LORBRENA	5	PA; MO
LUMOXITI	5	PA; MO; LA
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	3	B /D PA; EXCL; MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA

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

Drug Name	Drug Tier	Requirements /Limits
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	2	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	2	B /D PA; 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
<i>mitomycin intravenous recon soln 40 mg</i>	5	B /D PA; EXCL; MO
<i>mitoxantrone</i>	2	B /D PA; EXCL; MO
MVASI	5	B /D PA; EXCL; MO
<i>mycophenolate mofetil hcl</i>	2	B /D PA; EXCL

Drug Name	Drug Tier	Requirements /Limits
<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
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
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)
NUBEQA	5	PA; MO; LA
NULOJIX	5	B /D PA; EXCL; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>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
<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
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B /D PA; EXCL; MO
POTELIGEO	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
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
PROGRAF ORAL GRANULES IN PACKET	3	B /D PA; EXCL; MO
PURIXAN	5	
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
ROZLYTREK	5	PA; MO
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RYDAPT	5	PA; MO
SANDIMMUNE ORAL CAPSULE	4	B /D PA; EXCL; MO
SANDIMMUNE ORAL SOLUTION	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
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 RELEASE	5	MO
SIGNIFOR	5	MO
SIKLOS	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 solution</i>	5	B /D PA; EXCL; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B /D PA; EXCL; MO
<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)

Drug Name	Drug Tier	Requirements /Limits
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)
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)
TALZENNA	5	PA; MO
<i>tamoxifen</i>	2	MO
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)

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

Drug Name	Drug Tier	Requirements /Limits
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TECENTRIQ	5	B /D PA; EXCL; MO; LA
TEMODAR INTRAVENOUS	5	B /D PA; EXCL; MO
TEMODAR ORAL	3	MO; EXCL
<i>temozolomide</i>	1	MO; EXCL
<i>temsirolimus</i>	5	B /D PA; EXCL; MO
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
<i>toremifene</i>	5	MO
TORISEL	5	B /D PA; EXCL; MO
TREANDA INTRAVENOUS RECON SOLN	5	B /D PA; EXCL; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B /D PA; EXCL; MO
<i>tretinoin (chemotherapy)</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
TREXALL	4	B /D PA; EXCL; MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B /D PA; EXCL; MO
TURALIO	5	PA; MO; LA
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B /D PA; EXCL; MO
<i>valrubicin</i>	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)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B /D PA; EXCL; MO
<i>vincristine</i>	2	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
<i>vinorelbine</i>	2	B /D PA; EXCL; MO
VITRAKVI	5	PA; MO; LA
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
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)
XOSPATA	5	PA; MO; LA
XPOVIO	5	PA; MO; LA
XTANDI	5	PA; MO; QL (120 per 30 days)
YERVOY	5	B /D PA; EXCL; MO
YONDELIS	5	B /D PA; EXCL; MO
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	5	B /D PA; EXCL; MO
ZANOSAR	4	B /D PA; EXCL; MO

Drug Name	Drug Tier	Requirements /Limits
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	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)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL	5	MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	5	MO

You can find information 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>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
<i>clobazam oral suspension</i>	2	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	2	PA; MO; QL (60 per 30 days)
<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
DEPAKOTE SPRINKLES	4	MO

Drug Name	Drug Tier	Requirements /Limits
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
EPIDIOLEX	5	PA; MO; LA
<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; 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 ORAL	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 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
LAMICTAL XR STARTER (ORANGE)	4	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</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>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
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	4	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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)
ONFI ORAL SUSPENSION	5	PA; MO; QL (480 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 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>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	PA; MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
QUDEXY XR	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>roweepra</i>	2	MO
<i>roweepra xr</i>	2	MO
SABRIL	5	MO; LA
SPRITAM	4	MO
<i>subvenite</i>	2	MO
<i>subvenite starter (blue) kit</i>	2	MO
<i>subvenite starter (green) kit</i>	2	MO
<i>subvenite starter (orange) kit</i>	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
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

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

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

Drug Name	Drug Tier	Requirements /Limits
<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
COMTAN	4	MO
DUOPA	4	B /D PA; EXCL; MO
<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)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; MO
LODOSYN	4	MO
MIRAPEX	4	MO
MIRAPEX ER	4	MO
NEUPRO	3	MO
NOURIANZ	5	MO; LA
OSMOLEX ER	4	PA; MO
PARLODEL	4	MO
<i>pramipexole</i>	2	MO
<i>rasagiline</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
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
STALEVO 50	4	MO
STALEVO 75	4	MO
TASMAR ORAL TABLET 100 MG	5	MO
<i>tolcapone</i>	5	MO
ZELAPAR	4	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	3	PA; MO; QL (1 per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	3	PA; MO; QL (2 per 30 days)
AJOVY	4	PA; MO; QL (1.5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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
<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)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA; MO; QL (3 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
FROVA	4	MO; QL (27 per 28 days)
<i>frovatriptan</i>	2	MO; QL (27 per 28 days)
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)

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

Drug Name	Drug Tier	Requirements /Limits
IMITREX ORAL	4	MO; QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	4	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	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 ORAL TABLET,DISINTEGRATING 10 MG	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)

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 succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	2	MO; QL (18 per 28 days)
TOSYMRA	4	
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)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	PA; MO; LA
ARICEPT	4	MO
AUBAGIO	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; LA; QL (120 per 30 days)
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>dalfampridine</i>	5	PA; MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
EXELON TRANSDERMAL	4	MO
FIRDAPSE	5	PA; MO; LA
<i>galantamine</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	PA; MO; QL (30 per 30 days)
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)
INGREZZA INITIATION PACK	5	PA; MO; LA; QL (28 per 28 days)
KEVEYIS	5	PA; MO
LEMTRADA	5	PA; MO
MAVENCLAD (10 TABLET PACK)	5	PA; MO; LA
MAVENCLAD (4 TABLET PACK)	5	PA; MO; LA
MAVENCLAD (5 TABLET PACK)	5	PA; MO; LA
MAVENCLAD (6 TABLET PACK)	5	PA; MO; LA
MAVENCLAD (7 TABLET PACK)	5	PA; MO; LA
MAVENCLAD (8 TABLET PACK)	5	PA; MO; LA
MAVENCLAD (9 TABLET PACK)	5	PA; MO; LA
MAYZENT	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

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

Drug Name	Drug Tier	Requirements /Limits
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; LA
RADICAVA	5	PA; MO
RAZADYNE ER	4	MO
RAZADYNE ORAL TABLET	4	MO
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
RUZURGI	5	PA; MO
TECFIDERA	5	PA; MO; LA
TEGSEDI	5	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA
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)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Drug Name	Drug Tier	Requirements /Limits
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
BACLOFEN ORAL TABLET 5 MG	4	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	4	MO
<i>dantrolene oral</i>	2	MO
FEXMID	4	PA
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 oral syrup</i>	5	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	5	MO
<i>pyridostigmine bromide oral tablet 60 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>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>regonol</i>	2	
<i>revonto</i>	2	
<i>tizanidine</i>	2	MO
ZANAFLEX	4	MO
NARCOTIC ANALGESICS		
ABSTRAL	5	PA; MO; QL (120 per 30 days)
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	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)

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine hcl injection solution</i>	2	MO
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	2	PA; MO; QL (4 per 28 days)
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	4	PA; MO; QL (4 per 28 days)
BUTRANS	4	PA; MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	MO; QL (180 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)

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

Drug Name	Drug Tier	Requirements /Limits
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)
<i>dvorah</i>	2	QL (300 per 30 days)
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)
<i>fentanyl citrate (pf) injection solution</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 citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT	5	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr</i>	2	PA; MO; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	5	PA; MO; QL (10 per 30 days)
FENTORA	5	PA; MO; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 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)

You can find information 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>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	MO; QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	2	QL (1200 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	2	QL (2400 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	2	MO; QL (1200 per 30 days)
<i>hydromorphone injection solution 4 mg/ml</i>	2	MO; QL (600 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	2	QL (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)

Drug Name	Drug Tier	Requirements /Limits
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	5	PA; MO; QL (60 per 30 days)
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)
<i>ibuprofen-oxycodone</i>	2	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTENDED.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,EXTENDED.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)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	5	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	2	MO; QL (360 per 30 days)
<i>lorcet hd</i>	2	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>methadone injection solution</i>	2	QL (150 per 30 days)
<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)
MORPHABONDER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 100 MG, 60 MG	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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)
<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 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
<i>morphine intravenous syringe 10 mg/ml</i>	2	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
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)
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)

Drug Name	Drug Tier	Requirements /Limits
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)
<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)
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)

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

Drug Name	Drug Tier	Requirements /Limits
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)
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; MO; QL (90 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)
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)

Drug Name	Drug Tier	Requirements /Limits
TYLENOL-CODEINE #4	4	MO; QL (180 per 30 days)
<i>vicodin es</i>	2	MO; QL (390 per 30 days)
<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)
NON-NARCOTIC ANALGESICS		
<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>aspirin, buffered</i>	1	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	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
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	4	MO; QL (60 per 30 days)
<i>buprenorphine- naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine- naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine- naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine- naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine- naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<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)
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

Drug Name	Drug Tier	Requirements /Limits
DICLOFENAC EPOLAMINE	4	PA; MO; QL (60 per 30 days)
<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
DUEXIS	4	ST; MO
<i>e.c. prin</i>	1	EXCL
<i>ec-naproxen</i>	2	
<i>ecotrin</i>	1	MO; EXCL
<i>ecotrin low strength</i>	1	MO; 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
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<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	MO
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>lite coat aspirin</i>	1	EXCL
LODINE ORAL TABLET	4	ST
LUCEMYRA	5	MO
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
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 TABLET	4	ST
<i>naloxone</i>	2	MO
<i>naltrexone</i>	2	MO
NAPRELAN CR	4	ST; MO
<i>naproxen oral suspension</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	MO
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	3	MO
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
QMIIZ ODT ORAL TABLET,DISINTEGRATING 15 MG	4	ST; MO
QMIIZ ODT ORAL TABLET,DISINTEGRATING 7.5 MG	4	ST; MO; QL (30 per 30 days)
<i>salsalate</i>	1	MO
SPRIX	4	ST

You can find information 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>st joseph aspirin</i>	1	MO; EXCL
<i>st. joseph aspirin</i>	1	EXCL
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)
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

Drug Name	Drug Tier	Requirements /Limits
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
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	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO
ABILIFY MYCITE	5	MO; QL (30 per 30 days)
ABILIFY ORAL TABLET	5	MO; QL (30 per 30 days)
ADASUVE	3	LA
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	4	MO

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Drug Name	Drug Tier	Requirements /Limits
ADDERALL XR	4	MO
ADZENYS ER	4	MO
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
<i>amphetamine sulfate</i>	2	PA; MO
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	MO
<i>armodafinil</i>	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)

Drug Name	Drug Tier	Requirements /Limits
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)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	4	MO; QL (30 per 30 days)
<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)

You can find information 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>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
CYMBALTA	4	MO; QL (60 per 30 days)
DAYTRANA	4	MO
<i>desipramine</i>	2	PA; MO
DESOXYN	4	PA; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 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

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA; MO
<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)
<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)
DYANAVEL 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

You can find information 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>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	ST; MO; QL (30 per 30 days)
EVEKEO	4	PA; MO
EVEKEO ODT	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

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	4	MO; QL (60 per 30 days)
<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

You can find information 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>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<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

Drug Name	Drug Tier	Requirements /Limits
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QL (120 per 30 days)
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

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

Drug Name	Drug Tier	Requirements /Limits
LUNESTA	4	ST; MO; QL (30 per 30 days)
<i>maprotiline</i>	2	MO
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

Drug Name	Drug Tier	Requirements /Limits
<i>modafinil</i>	2	PA; MO
<i>molindone</i>	2	MO
MYDAYIS	4	MO
NARDIL	4	MO
<i>nefazodone</i>	2	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	4	PA; MO
<i>nortriptyline</i>	2	PA; MO
NUPLAZID ORAL CAPSULE	5	PA; MO
NUPLAZID ORAL TABLET 10 MG	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
<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)

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

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	2	MO; QL (30 per 30 days)
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>perphenazine</i>	2	MO
PERSERIS	5	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)

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
QUILLICHEW ER	4	MO
QUILLIVANT XR	4	MO
<i>ramelteon</i>	2	MO; QL (30 per 30 days)
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

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

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL ORAL SOLUTION	4	MO
RISPERDAL ORAL TABLET 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)
<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	3	MO; QL (60 per 30 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	4	MO

Drug Name	Drug Tier	Requirements /Limits
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)
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)
STRATTERA	4	MO
SUNOSI	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>tranylcypromine</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>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)

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 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
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<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
<i>amiodarone oral</i>	2	MO
BETAPACE AF	4	MO
<i>dofetilide</i>	2	MO
<i>flecainide</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	
<i>propafenone</i>	2	MO
<i>quinidine gluconate oral</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

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

Drug Name	Drug Tier	Requirements /Limits
SOTYLIZE	3	MO
TIKOSYN	4	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	4	MO
ACCURETIC	4	MO
<i>acebutolol</i>	2	MO
ADALAT CC	4	MO
ALDACTAZIDE	4	MO
ALDACTONE	4	MO
<i>aliskiren</i>	2	MO
ALTACE	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiiazid</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

Drug Name	Drug Tier	Requirements /Limits
<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
<i>bumetanide</i>	2	MO
BYSTOLIC	3	MO
CALAN ORAL TABLET 120 MG	4	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	4	MO
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
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)

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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
<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
COZAAR	4	ST; MO
DEMSER	5	PA; MO
DIBENZYLINE	5	PA; MO
<i>diltiazem hcl intravenous</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 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
<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
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	2	MO
<i>epoprostenol (glycine)</i>	2	B /D PA; EXCL; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>eprosartan</i>	2	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	MO
<i>ethacrynic acid</i>	5	MO
EXFORGE	4	ST; MO
EXFORGE HCT	4	ST; MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	4	ST; MO
<i>indapamide</i>	2	MO
INDERAL LA	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

Drug Name	Drug Tier	Requirements /Limits
<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 TABLET 100 MG	4	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	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	
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
MINIPRESS	4	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	2	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	2	MO
<i>nisoldipine</i>	2	MO
NORVASC	4	MO
NYMALIZE ORAL SOLUTION 30 MG/10 ML	5	
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazyd</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	PA; MO
<i>phentolamine injection recon soln</i>	2	
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	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

You can find information 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>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO
REMODULIN	5	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	MO
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	4	MO
<i>taztia xt</i>	2	MO
TEKTRUNA	3	MO
TEKTRUNA 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

Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate oral</i>	2	MO
TOPROL XL	4	MO
<i>toremide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene</i>	2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
TRIBENZOR	4	ST; MO
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	4	ST; MO
UPTRAVI	5	PA; MO; LA
<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

You can find information 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>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
COAGULATION THERAPY		
AGGRENEX	4	MO
AMICAR	3	MO
<i>aminocaproic acid</i>	2	MO
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	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; MO; LA
CEPROTIN (BLUE BAR)	3	MO

Drug Name	Drug Tier	Requirements /Limits
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 (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
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

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

Drug Name	Drug Tier	Requirements /Limits
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	
<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

Drug Name	Drug Tier	Requirements /Limits
HEPARIN(PORCIN E) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution</i>	2	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	MO
LOVENOX SUBCUTANEOUS SYRINGE	4	MO
MEPHYTON	3	MO; EXCL
MULPLETA	5	PA; MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
<i>phytonadione (vitamin k1) injection 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
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	3	MO; EXCL
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	MO; EXCL
PLAVIX ORAL TABLET 75 MG	4	MO
PRADAXA	4	MO
<i>prasugrel</i>	2	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
SAVAYSA	4	MO
TAVALISSE	5	PA; MO; LA; QL (60 per 30 days)
<i>vitamin k</i>	1	MO; EXCL
<i>vitamin k1 injection</i>	1	MO; EXCL
<i>warfarin</i>	1	MO
XARELTO	3	MO
YOSPRALA	4	MO
ZONTIVITY	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
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
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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 ORAL PACKET	4	MO
COLESTID ORAL TABLET	4	MO
<i>colestipol</i>	2	MO
CRESTOR	4	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	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 oral tablet 145 mg, 48 mg</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

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

Drug Name	Drug Tier	Requirements /Limits
FIBRICOR	4	MO
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
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 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	2	MO
NIACOR	4	MO
NIASPAN EXTENDED-RELEASE	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>omega-3 acid ethyl esters</i>	4	ST; MO
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 LIGHT ORAL POWDER	4	MO
QUESTRAN ORAL POWDER IN PACKET	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

You can find information 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 10-10	4	ST; MO; QL (30 per 30 days)
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)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	2	
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA; MO
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
<i>dobutamine</i>	2	B /D PA; EXCL

Drug Name	Drug Tier	Requirements /Limits
<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
<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)</i>	2	B /D PA; EXCL
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B /D PA; EXCL; MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 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
LANOXIN ORAL TABLET 187.5 MCG (0.1875 MG), 62.5 MCG (0.0625 MG)	3	MO
<i>milrinone</i>	2	B /D PA; EXCL; MO
<i>milrinone in 5 % dextrose</i>	2	B /D PA; EXCL; MO
<i>norepinephrine bitartrate</i>	2	
RANEXA	3	MO
<i>ranolazine</i>	2	MO
<i>sodium nitroprusside</i>	2	
VECAMYL	5	
VYND AQEL	5	PA; MO
NITRATES		
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
NITROSTAT	4	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg</i>	2	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	2	MO; QL (400 per 30 days)

You can find information 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>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)
ILUMYA	5	PA; MO
<i>selenium sulfide topical lotion</i>	2	MO
SILIQ	5	PA; MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
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
TALTZ SYRINGE	5	PA; MO
TREMFYA	5	PA; MO
VECTICAL	4	MO
MISCELLANEOUS DERMATOLOGICALS		
ALDARA	4	ST; MO
<i>ammonium lactate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
CARAC	5	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chloroprocaine (pf)</i>	2	
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	5	MO; QL (45 per 30 days)
DUPIXENT	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)
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	5	ST; MO
<i>imiquimod topical cream in packet</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>lidocaine hcl injection solution</i>	2	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch,medicated</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)

Drug Name	Drug Tier	Requirements /Limits
LIDODERM	4	PA; MO; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO
OXSORALEN ULTRA	5	MO
PANRETIN	5	MO
PICATO	5	MO
<i>pimecrolimus</i>	2	PA; MO; QL (100 per 30 days)
PLIAGLIS	4	MO
<i>podofilox</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
PROTOPIC	4	PA; MO; QL (100 per 30 days)
<i>prudoxin</i>	2	MO; QL (45 per 30 days)
QBREXZA	4	MO
REGRANEX	5	MO
SANTYL	3	MO
SILVADENE	4	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	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

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

Drug Name	Drug Tier	Requirements /Limits
VEREGEN	4	MO
ZONALON	4	MO; QL (45 per 30 days)
ZTLIDO	4	PA; MO; QL (90 per 30 days)
ZYCLARA	5	ST; MO
THERAPY FOR ACNE		
ABSORICA	5	MO
ACANYA TOPICAL GEL WITH PUMP	4	MO
ACZONE TOPICAL GEL	4	MO
<i>adapalene topical cream</i>	2	PA; MO
<i>adapalene topical gel</i>	2	PA; MO
<i>adapalene topical solution</i>	2	PA
<i>adapalene topical swab</i>	2	PA
<i>adapalene-benzoyl peroxide</i>	2	PA; MO
AKTIPAK	4	MO
ALTRENO	4	PA; MO
<i>amnesteem</i>	2	MO
ATRALIN	4	PA; MO
<i>avita topical cream</i>	2	PA; MO
AVITA TOPICAL GEL	4	PA; MO
<i>azelaic acid</i>	2	MO
AZELEX	4	MO
BENZAACLIN PUMP	4	MO

Drug Name	Drug Tier	Requirements /Limits
BENZAMYCIN	4	MO
<i>claravis</i>	4	MO
CLEOCIN T TOPICAL GEL	4	MO
CLEOCIN T TOPICAL LOTION	4	MO
CLEOCIN T TOPICAL SWAB	4	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
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</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

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

Drug Name	Drug Tier	Requirements /Limits
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 topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
EVOCLIN	4	MO
FABIOR	4	MO
FINACEA	4	ST; MO
<i>isotretinoin</i>	2	MO
<i>ivermectin topical</i>	2	MO
METROCREAM	4	ST; MO
METROGEL TOPICAL GEL 1 %	4	ST; MO
METROLOTION	4	ST; MO
<i>metronidazole topical</i>	2	MO
MIRVASO TOPICAL GEL WITH PUMP	4	PA; MO
<i>myorisan</i>	2	MO
<i>neuac</i>	2	MO
NORITATE	5	ST; MO

Drug Name	Drug Tier	Requirements /Limits
ONEXTON TOPICAL GEL WITH PUMP	4	MO
RETIN-A	4	PA; MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	4	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	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
TAZORAC TOPICAL CREAM 0.1 %	4	PA; MO
TAZORAC TOPICAL GEL	3	PA; MO
<i>tretinoin microspheres topical gel</i>	2	PA; MO
<i>tretinoin topical</i>	2	PA; MO
<i>zenatane</i>	4	MO
ZIANA	4	PA; MO
TOPICAL ANTIBACTERIALS		
CORTISPORIN TOPICAL	4	MO
<i>gentamicin topical</i>	2	MO
KLARON	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>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
XEPI	4	MO
TOPICAL ANTIFUNGALS		
<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)
<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)

Drug Name	Drug Tier	Requirements /Limits
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	MO; QL (90 per 28 days)
LOPROX TOPICAL SHAMPOO	4	MO; QL (120 per 28 days)
LOTRISONE TOPICAL CREAM	4	MO; QL (45 per 28 days)
LULICONAZOLE	4	MO; 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)

You can find information 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>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
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	2	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
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)
TOPICAL CORTICOSTEROIDS		
<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>beser</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
BRYHALI	4	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)
<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

You can find information 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>clodan</i>	2	MO; QL (236 per 28 days)
CLODERM	4	MO
CORDRAN TAPE LARGE ROLL	4	MO
CUTIVATE TOPICAL LOTION	4	MO
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
DUOBRII	5	MO
ELOCON TOPICAL CREAM	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	MO; QL (120 per 30 days)
<i>flurandrenolide</i>	2	MO
<i>fluticasone propionate topical</i>	2	MO
<i>halcinonide</i>	2	MO
<i>halobetasol propionate topical cream</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
HALOBETASOL PROPIONATE TOPICAL FOAM	4	MO
<i>halobetasol propionate topical ointment</i>	2	MO
HALOG	4	MO
<i>hydrocortisone butyrate</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
IMPOYZ	4	MO; QL (120 per 28 days)
KENALOG TOPICAL	4	MO
LEXETTE	4	MO
LOCOID LIPOCREAM	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)

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

Drug Name	Drug Tier	Requirements /Limits
OLUX-E	4	MO; QL (100 per 28 days)
PANDEL	4	MO
<i>prednicarbate</i>	2	MO
PSORCON	4	
SERNIVO	5	MO
SYNALAR TOPICAL CREAM	4	MO
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 LOTION	5	MO
ULTRAVATE TOPICAL OINTMENT	4	MO
VANOS	5	MO; QL (120 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	

Drug Name	Drug Tier	Requirements /Limits
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
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
ADIPEX-P	3	MO; EXCL
BELVIQ	3	MO; EXCL
BELVIQ XR	3	MO; EXCL
<i>benzphetamine oral tablet 50 mg</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
SAXENDA	3	MO; EXCL
ANTIDOTES		
<i>acetylcysteine intravenous</i>	2	MO
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</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>neomycin-polymyxin b gu</i>	2	MO
<i>ringer's irrigation</i>	2	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
AGRYLIN	4	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide</i>	2	MO
ANTABUSE	4	MO
ARALAST NP	5	MO; LA
AURYXIA	5	PA; MO
BUPHENYL	5	MO
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
CARBAGLU	5	MO; LA
CARNITOR ORAL	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%/D5W SULF FREE	4	B /D PA; EXCL
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>deferiasirox</i>	5	PA; MO
<i>deferoxamine</i>	2	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	
<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	

You can find information 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>dextrose 50 % in water (d50w)</i>	2	MO
<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; MO
<i>ferriprox oral tablet 1,000 mg</i>	5	PA; MO
FERRIPROX ORAL TABLET 500 MG	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
<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
<i>glutose-5</i>	1	EXCL
INCRELEX	5	MO; LA
JADENU	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
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 solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	MO
LITHOSTAT	4	MO
LOKELMA	3	MO
<i>midodrine</i>	2	MO
<i>nitisinone</i>	5	MO; LA
NITYR	4	MO; LA
NORTHERA	5	PA; MO
ORFADIN	5	MO; LA
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	MO; LA
RAVICTI	5	MO
RENAGEL ORAL TABLET 800 MG	4	MO
REVELA	5	MO
REVCovi	5	PA; MO; LA
RILUTEK	5	MO
<i>riluzole</i>	2	MO
<i>risedronate oral tablet 30 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
SALAGEN (PILOCARPINE)	4	MO
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sevelamer hcl</i>	2	MO
<i>sodium benzoate-sodium phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium ferric gluconate-sucrose</i>	1	MO; EXCL
<i>sodium phenylbutyrate</i>	5	MO
<i>sodium polystyrene sulfonate oral</i>	2	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	2	
SOLIRIS	5	PA; MO
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
SYPRINE	5	PA; MO
THIOLA	5	MO
THIOLA EC	5	MO
TIGLUTIK	5	MO
<i>trientine</i>	5	PA; MO
TRUEPLUS GLUCOSE ORAL GEL IN PACKET	1	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
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
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent)</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
<i>nicotine (polacrilex) buccal lozenge</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>nicotine (polacrilex) buccal mini lozenge 2 mg</i>	1	EXCL
NICOTINE (POLACRILEX) BUCCAL MINI LOZENGE 4 MG	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</i>	1	EXCL
<i>quit 4</i>	1	EXCL
<i>stop smoking aid</i>	1	EXCL
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ASTEPRO NASAL SPRAY, NON-AEROSOL	4	MO; QL (60 per 30 days)
<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental gel</i>	2	
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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
PREVIDENT 5000 BOOSTER PLUS	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>triamcinolone acetonide dental</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
CETRAXAL	4	MO
<i>ciprofloxacin hcl otic (ear)</i>	2	MO
<i>flac otic oil</i>	2	
<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
OTOVEL	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA; MO
<i>betamethasone acet, sod phos</i>	2	MO
CORTEF	4	MO
<i>cortisone</i>	2	MO
<i>decadron oral tablet</i>	2	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets, dose pack</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
DEXPAK 13 DAY	4	MO
EMFLAZA	5	PA; MO; LA
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	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

Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone oral tablets, dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	2	
<i>millipred dp</i>	2	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
<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

You can find information 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>prednisone oral tablets,dose pack</i>	1	MO
RAYOS	5	B /D PA; EXCL; MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	4	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	4	
<i>triamcinolone acetonide injection</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
TAPAZOLE	4	MO
DIABETES THERAPY		
<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

Drug Name	Drug Tier	Requirements /Limits
ACCUTREND GLUCOSE	1	MO; EXCL
ACTOPLUS MET	4	MO; QL (90 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)
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, 8 UNIT (90)/ 12 UNIT (90)	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)

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

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

Drug Name	Drug Tier	Requirements /Limits
CHEMSTRIP 50B	1	MO; 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)
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

You can find information 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>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
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)

Drug Name	Drug Tier	Requirements /Limits
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)
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 1,000 MG	5	MO; QL (60 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)

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

Drug Name	Drug Tier	Requirements /Limits
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)
GVOKE SYRINGE	4	MO
HEMA-COMBISTIX	1	EXCL
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
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 LISPRO	4	ST; MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
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)

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

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

Drug Name	Drug Tier	Requirements /Limits
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 INSULIN	4	ST; MO
LEVEMIR U-100 INSULIN	4	ST; MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<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)

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

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet extended release (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>migliitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>migliitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>migliitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
MULTISTIX	1	EXCL
MULTISTIX 10 SG	1	MO; EXCL
MULTISTIX 5	1	EXCL
MULTISTIX 7	1	EXCL
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

Drug Name	Drug Tier	Requirements /Limits
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
OMNIPOD DASH INSULIN POD	3	MO
OMNIPOD INSULIN MANAGEMENT	3	MO
OMNIPOD INSULIN REFILL	3	MO
ONETOUCH ULTRA BLUE TEST STRIP	3	MO; EXCL
ONETOUCH ULTRA2 METER	3	MO; EXCL
ONETOUCH ULTRAMINI	3	MO; EXCL
ONETOUCH VERIO	3	MO; EXCL
ONETOUCH VERIO IQ METER	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
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/DOSE (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)
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 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 ORAL TABLET 10-5 MG	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
QTERN ORAL TABLET 5-5 MG	4	
<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
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)

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

Drug Name	Drug Tier	Requirements /Limits
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)
TECHLITE INSULIN SYR HALF UNIT	3	
TECHLITE INSULIN SYRINGE	3	
<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
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	4	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	4	ST; MO

Drug Name	Drug Tier	Requirements /Limits
TRESIBA FLEXTOUCH U-200	4	ST; MO
TRESIBA U-100 INSULIN	4	ST; MO
TRUEPLUS KETONE	1	MO; EXCL
TRULICITY	3	PA; MO; QL (2 per 28 days)
URISTIX 4	1	MO; EXCL
URISTIX REAGENT	1	MO; EXCL
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
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)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	MO
ANADROL-50	5	PA; MO
ANDRODERM	3	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
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
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral</i>	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	MO
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
CHORIONIC GONADOTROPIN, HUMAN INJECTION	3	EXCL
<i>cinacalcet oral tablet 30 mg</i>	2	MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	MO
<i>clomiphene citrate</i>	2	PA; MO
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
DDAVP NASAL SOLUTION	3	MO
DDAVP NASAL SPRAY WITH PUMP	4	MO
DDAVP ORAL	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
FABRAZYME	5	MO
FOLLISTIM AQ SUBCUTANEOUS	3	MO; EXCL
FORTESTA	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
GALAFOLD	5	PA; MO; LA; QL (15 per 30 days)
GANIRELIX	3	MO; EXCL
GONAL-F	3	MO; EXCL
GONAL-F RFF	3	MO; EXCL
GONAL-F RFF REDI-JECT	3	MO; EXCL
JYNARQUE ORAL TABLET	5	PA; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; MO; LA
KANUMA	5	MO
KORLYM	5	PA; MO
KUVAN	5	PA; MO
LUMIZYME	5	MO
MENOPUR	3	MO; EXCL
MEPSEVII	3	MO
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
NATPARA	5	PA; MO; LA
NOCDURNA (MEN)	4	PA; MO; QL (30 per 30 days)
NOCDURNA (WOMEN)	4	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
NOCTIVA	4	PA; MO; QL (3.8 per 30 days)
ORILISSA	5	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
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate</i>	2	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>paricalcitol oral</i>	4	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

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

Drug Name	Drug Tier	Requirements /Limits
STIMATE	3	MO
STRENSIQ	5	MO; LA
STRIANT	4	PA; MO; QL (60 per 30 days)
SYNAREL	5	MO
TESTIM	4	PA; MO; QL (300 per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>testosterone enanthate</i>	2	PA; MO
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)
VIMIZIM	5	MO; LA
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	4	PA; MO; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	4	PA; MO; QL (300 per 30 days)
XYOSTED	4	PA; MO
ZAVESCA	5	MO; LA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	MO
<i>zoledronic acid intravenous solution</i>	2	B /D PA; EXCL; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B /D PA; EXCL; MO
THYROID HORMONES		
CYTOMEL	4	MO
LEVO-T	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>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
SYNTHROID	4	MO
TIROSINT	4	MO
TIROSINT-SOL	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</i>	2	
<i>atropine injection syringe 0.1 mg/ml</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

Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	2	
LOMOTIL	4	MO
<i>loperamide oral capsule</i>	2	MO
<i>methscopolamine</i>	2	MO
MYTESI	4	MO
<i>opium tincture</i>	2	MO
<i>paregoric</i>	2	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

ACTIGALL	4	MO
AKYNZEO (FOSNETUPITANT)	4	MO
<i>alophen</i>	1	EXCL
<i>alosetron</i>	5	MO
AMITIZA	3	MO
ANUSOL-HC TOPICAL	4	MO
<i>aprepitant</i>	2	B /D PA; EXCL; MO
APRISO	4	MO
ASACOL HD	3	MO
AZULFIDINE	4	MO
AZULFIDINE EN-TABS	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>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; MO; 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	3	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
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	4	ST; MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
CORTIFOAM	3	MO
CREON	3	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
<i>doxylamine-pyridoxine (vit b6)</i>	2	MO
<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 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
ENTOCORT EC	5	MO
ENTYVIO	5	PA; MO
<i>enulose</i>	2	MO
<i>fleet laxative</i>	1	EXCL
<i>fosaprepitant</i>	2	MO
GASTROCROM	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
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
GIALAX	3	MO; EXCL
<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 packet</i>	2	
<i>lactulose oral solution</i>	2	MO
<i>laxaclear</i>	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
<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
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 TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	4	MO
<i>milk of magnesia</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>milk of magnesia concentrated</i>	1	MO; EXCL
<i>miralax oral powder in packet</i>	1	MO; EXCL
MOTEGRITY	4	MO
MOVANTIK	3	MO
MOVIPREP	4	MO
<i>natura-lax</i>	1	EXCL
NULYTELY WITH FLAVOR PACKS	4	ST; MO
OICALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B /D PA; EXCL; MO
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B /D PA; 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
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	

Drug Name	Drug Tier	Requirements /Limits
PANCREAZE ORAL CAPSULE,DELAY ED 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
<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	MO; 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	5	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
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</i>	1	MO; EXCL
<i>powderlax</i>	1	EXCL
PREPOPIK	4	ST; MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
<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

Drug Name	Drug Tier	Requirements /Limits
ROWASA RECTAL ENEMA KIT	4	MO
SANCUSO	5	MO
<i>scopolamine base</i>	2	MO
<i>smoothlax</i>	1	EXCL
SUCRAID	5	MO
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
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
VIKACE	3	MO
<i>woman's laxative oral tablet</i>	1	EXCL
<i>women's gentle laxative(bisac)</i>	1	EXCL
<i>women's laxative (bisacodyl)</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
ZELNORM	4	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	MO
ZOFRAN ORAL TABLET 8 MG	4	B /D PA; EXCL; MO
ZUPLENZ	4	B /D PA; EXCL; MO
ULCER THERAPY		
<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
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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,DELAYED 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
<i>heartburn treatment 24 hour</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>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 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
OMECLAMOX-PAK	4	MO; QL (80 per 28 days)
<i>omeprazole magnesium</i>	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>omeprazole oral tablet,delayed release (dr/ec)</i>	1	MO; EXCL
<i>omeprazole oral tablet,disintegrat, delay rel</i>	1	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 ORAL TABLET	4	MO
PREVACID 24HR	1	MO; EXCL

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Drug Name	Drug Tier	Requirements /Limits
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, DELAY REL 15 MG	4	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	4	MO
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	4	MO
PRILOSEC OTC	1	MO; EXCL
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
PYLERA	3	MO
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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
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
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B /D PA; EXCL; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/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
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)
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)

Drug Name	Drug Tier	Requirements /Limits
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
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

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Drug Name	Drug Tier	Requirements /Limits
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
NIVESTYM	5	PA; MO
NORDITROPIN FLEXPRO	5	PA; MO
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)

Drug Name	Drug Tier	Requirements /Limits
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)
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

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

Drug Name	Drug Tier	Requirements /Limits
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
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
UDENYCA	5	PA; MO
ZARXIO	5	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA; MO
ZORBTIVE	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
AFLURIA QD 2019-20(3YR UP)(PF)	3	MO; EXCL
AFLURIA QD 2019-20(6-35MO)(PF)	3	EXCL
AFLURIA QUAD 2019-20(6MO UP)	3	EXCL
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B /D PA; EXCL; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B /D PA; EXCL; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	5	PA; MO
FLUAD 2019-2020 (65 YR UP)(PF)	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
FLUARIX QUAD 2019-2020 (PF)	3	MO; EXCL
FLUBLOK QUAD 2019-2020 (PF)	3	MO; EXCL
FLUCELVAX QUAD 2019-2020	3	EXCL
FLUCELVAX QUAD 2019-2020 (PF)	3	MO; EXCL
FLULAVAL QUAD 2019-2020	3	EXCL
FLULAVAL QUAD 2019-2020 (PF)	3	MO; EXCL
FLUMIST QUAD 2019-2020	3	EXCL
FLUZONE HIGH-DOSE 2019-20 (PF)	3	MO; EXCL
FLUZONE QUAD 2019-2020	3	EXCL
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION	3	EXCL
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	3	MO; EXCL
FLUZONE QUAD PEDI 2019-20 (PF)	3	EXCL
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	MO
GAMMAGARD LIQUID	5	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; MO
GAMMAPLEX	5	PA; MO
GAMMAPLEX (WITH SORBITOL)	5	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; MO
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	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
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	

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

Drug Name	Drug Tier	Requirements /Limits
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
OCTAGAM	5	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; MO
PANZYGA INTRAVENOUS SOLUTION 10 %	5	PA; MO
PANZYGA INTRAVENOUS SOLUTION 10 % (100 ML), 10 % (200 ML), 10 % (250 ML), 10 % (300 ML), 10 % (50 ML)	5	PA
PEDIARIX (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
PEDVAX HIB (PF)	3	MO
PENTACEL (PF)	3	MO
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	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TICE BCG	3	B /D PA; EXCL; MO
TRUMENBA	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
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
COLCHICINE	4	ST; MO
COLCRYS	3	MO
DUZALLO ORAL TABLET 200-200 MG	4	MO
<i>febuxostat</i>	2	MO
KRYSTEXXA	5	MO
MITIGARE	3	MO
<i>probenecid</i>	2	MO
<i>probenecid- colchicine</i>	2	MO
ULORIC	3	MO
ZYLOPRIM	4	MO

Drug Name	Drug Tier	Requirements /Limits
OSTEOPOROSIS THERAPY		
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 ORAL	4	ST; MO; QL (1 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	5	PA; MO; QL (2.34 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)
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

You can find information 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>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)
OTHER RHEUMATOLOGICALS		
ACTEMRA	5	PA; MO
ACTEMRA ACTPEN	5	PA; MO; QL (4 per 28 days)
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)
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)

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

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

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
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 ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
ORENCIA	5	PA; MO
ORENCIA (WITH MALTOSE)	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
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
<i>penicillamine</i>	5	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
RINVOQ ER	5	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)

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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 ORAL TABLET 1-0.5 MG	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
BIJUVA	4	PA; 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

Drug Name	Drug Tier	Requirements /Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	MO
DEPO-SUBQ PROVERA 104	4	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	4	PA; MO; QL (30 per 30 days)
<i>dotti</i>	2	PA; MO; QL (8 per 28 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

You can find information 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 MAINTENANCE PACK	4	MO
IMVEXXY STARTER PACK	4	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	2	PA; MO
<i>lopreeza oral tablet 1-0.5 mg</i>	2	PA; MO
<i>lyza</i>	2	MO
<i>medroxyprogesterone</i>	2	MO
MENEST	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
<i>norethindrone acetate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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 ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	4	PA; MO
PREMPRO	4	PA; MO
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	2	MO
PROMETRIUM	4	MO
PROVERA	4	MO
<i>sharobel</i>	2	MO
<i>tulana</i>	2	MO
VAGIFEM	4	MO
VIVELLE-DOT	4	PA; MO; QL (8 per 28 days)
<i>yuvafem</i>	2	MO
MISCELLANEOUS OB/GYN		
AVC	4	MO
CLEOCIN VAGINAL CREAM	4	MO
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
CLINDESSE	4	MO

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Drug Name	Drug Tier	Requirements /Limits
GYNAZOLE-1	4	MO
<i>gynol ii</i>	1	MO; EXCL
INTRAROSA	4	MO
LUPANETA PACK (1 MONTH)	5	MO
LUPANETA PACK (3 MONTH)	5	MO
LYSTEDA	4	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
<i>mifepristone</i>	2	LA
MIRENA	3	MO; LA
NEXPLANON	3	MO
NUVARING	4	MO
OSPHENA	4	MO
<i>terconazole</i>	2	MO
TODAY CONTRACEPTIVE SPONGE	1	MO; EXCL
<i>tranexamic acid oral</i>	2	MO
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
ORAL CONTRACEPTIVES / RELATED AGENTS		
AFTERA	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
<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 (28)</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>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
BALCOLTRA	4	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>briellyn</i>	2	MO
<i>camrese</i>	2	MO
<i>camrese lo</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>chateal (28)</i>	2	
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO

You can find information 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>daysee</i>	2	MO
<i>delyla (28)</i>	2	
<i>desog-e.estradiol/e.estradiol</i>	2	MO
<i>desogestrel-ethinyl estradiol</i>	2	MO
<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
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>fayosim</i>	2	MO
<i>femynor</i>	2	MO
GENERESS FE	4	MO
<i>gianvi (28)</i>	2	MO
<i>hailey 24 fe</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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>kalliga</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<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 oral tablet 1.5 mg</i>	1	EXCL
<i>levonorgestrel-ethinyl estradiol</i>	2	MO
<i>levonorg-eth estradiol triphasic</i>	2	MO
<i>levora-28</i>	2	MO
<i>lillow (28)</i>	2	MO
LO LOESTRIN FE	4	MO
LOESTRIN 1.5/30 (21)	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
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>lo-zumandimine (28)</i>	2	
<i>lutra (28)</i>	2	MO
<i>marlissa (28)</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
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
MINASTRIN 24 FE	4	MO
<i>mono-linyah</i>	2	MO
<i>my choice</i>	1	EXCL
<i>my way</i>	1	MO; EXCL
NATAZIA	4	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>new day</i>	1	EXCL
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<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
ORTHO TRI-CYCLEN LO (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 (28)</i>	2	MO
<i>pirmella</i>	2	MO
PLAN B ONE-STEP	1	EXCL
<i>portia 28</i>	2	MO
<i>previfem</i>	2	MO
QUARTETTE	4	MO
<i>reclipsen (28)</i>	2	MO
<i>rivelsa</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
SAFYRAL	4	MO
SEASONIQUE	4	MO
<i>setlakin</i>	2	MO
SLYND	4	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
TAKE ACTION	1	EXCL
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri femynor</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>tri-vylibra</i>	2	MO
<i>tri-vylibra lo</i>	2	MO
<i>tydemy</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>vyfemla (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>vylibra</i>	2	MO
<i>wera (28)</i>	2	MO
<i>wymzya fe</i>	2	MO
YASMIN (28)	4	MO
YAZ (28)	4	MO
<i>zarah</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zumandimine (28)</i>	2	
OXYTOCICS		
<i>methergine</i>	2	
<i>methylergonovine injection</i>	2	
<i>methylergonovine oral</i>	2	MO
<i>oxytocin injection solution</i>	2	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<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

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

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>levofloxacin ophthalmic (eye)</i>	2	MO
MOXEZA	4	MO
<i>moxifloxacin ophthalmic (eye)</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
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
ANTIVIRALS		
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	MO
BETIMOL	4	MO
BETOPTIC S	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carteolol</i>	2	MO
ISTALOL	4	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
TIMOPTIC OCUDOSE (PF)	4	MO
TIMOPTIC-XE	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
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
CEQUA	4	MO; QL (60 per 30 days)
<i>cromolyn ophthalmic (eye)</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
CYSTARAN	5	MO
<i>epinastine</i>	2	MO
EYLEA	5	MO
ISOPTO CARPINE	4	MO
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	5	MO; LA
LACRISERT	4	MO
LASTACAFT	4	MO
LUCENTIS	5	MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
OXERVATE	5	PA; 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)

NON-STEROIDAL ANTI- INFLAMMATORY AGENTS

Drug Name	Drug Tier	Requirements /Limits
ACULAR	4	MO
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
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	2	MO
OTHER GLAUCOMA DRUGS		
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

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

Drug Name	Drug Tier	Requirements /Limits
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
TRUSOPT	4	MO
VYZULTA	4	MO
XALATAN	4	ST; MO
XELPROS	4	ST; MO
ZIOPTAN (PF)	4	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
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
STERIODS		
ALREX	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
DUREZOL	4	MO
FLAREX	4	MO
<i>fluorometholone</i>	2	MO
FML FORTE	4	MO
FML LIQUIFILM	4	MO
FML S.O.P.	4	MO
INVELTYS	4	MO
LOTEMAX	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	2	MO
MAXIDEX	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
SYMPATHOMIMETICS		
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

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

Drug Name	Drug Tier	Requirements /Limits
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	4	MO
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTI ALLERGENIC AGENTS		
24hour allergy	1	EXCL
24hr allergy relief	1	EXCL
adrenalin injection	2	MO
alavert	1	MO; EXCL
alavert d-12 allergy-sinus	1	MO; EXCL
all day allergy (cetirizine) oral solution	1	EXCL
all day allergy (cetirizine) oral tablet	1	EXCL
all day allergy-d	1	MO; EXCL
ALLEGRA ALLERGY	1	MO; EXCL
ALLEGRA-D 12 HOUR	1	MO; EXCL
ALLEGRA-D 24 HOUR	1	MO; EXCL
allerclear	1	EXCL
allerclear d-12hr	1	EXCL
allerclear d-24hr	1	MO; EXCL
aller-ease oral tablet	1	EXCL
aller-fex	1	EXCL
allergy and congestion relief	1	EXCL
allergy complete-d	1	EXCL

Drug Name	Drug Tier	Requirements /Limits
allergy relief (cetirizine)	1	EXCL
allergy relief (fexofenadine)	1	EXCL
allergy relief (levocetirizin)	1	EXCL
allergy relief (loratadine) oral solution	1	EXCL
allergy relief (loratadine) oral tablet	1	MO; EXCL
allergy relief (loratadine) oral tablet, disintegrating	1	EXCL
allergy relief d12	1	EXCL
allergy relief d-24hr	1	EXCL
allergy relief, nasal decongest	1	MO; EXCL
allergy relief-d (cetirizine)	1	EXCL
allergy relief-d (loratadine)	1	EXCL
allergy relief-d (fexofenadine)	1	EXCL
allergy-congest relief-d (fexo)	1	EXCL
allergy-congestion relief-d oral tablet extended release 24 hr	1	EXCL
aller-tec	1	EXCL
aller-tec d	1	EXCL
AUVI-Q	5	ST; MO; QL (4 per 30 days)
benzonatate	1	MO; EXCL
BROMFED DM	3	MO; EXCL

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Drug Name	Drug Tier	Requirements /Limits
BROMPHENIRAMINE MALEATE (BULK)	3	EXCL
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	MO; EXCL
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>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

Drug Name	Drug Tier	Requirements /Limits
<i>children's cetirizine oral solution</i>	1	EXCL
<i>children's cetirizine oral tablet, chewable</i>	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</i>	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	
CLARINEX ORAL TABLET	4	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	4	MO; QL (60 per 30 days)
CLARITIN LIQUID-GEL	1	MO; EXCL
CLARITIN ORAL SOLUTION	1	EXCL
CLARITIN ORAL TABLET	1	MO; EXCL

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Drug Name	Drug Tier	Requirements /Limits
CLARITIN REDITABS	1	MO; EXCL
CLARITIN-D 12 HOUR	1	MO; EXCL
CLARITIN-D 24 HOUR	1	MO; EXCL
CLEMASTINE FUMARATE (BULK)	3	EXCL
<i>codeine-guaifenesin</i>	1	MO; EXCL
CODITUSSIN AC	3	MO; EXCL
CODITUSSIN DAC	3	EXCL
CYPROHEPTADINE (BULK)	3	EXCL
<i>cyproheptadine oral syrup</i>	1	MO; 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)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	MO; QL (4 per 30 days)
EPIPEN	3	MO; QL (4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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-chlorpheniramine</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
<i>hydrocodone-homatropine oral tablet</i>	1	MO; EXCL
<i>hydromet</i>	1	MO; EXCL
HYDROXYZINE HCL (BULK)	3	MO; EXCL

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Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	1	MO; EXCL
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
HYDROXYZINE PAMOATE (BULK)	3	MO; EXCL
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	MO; EXCL
KARBINAL ER	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 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>lortuss ex oral syrup</i>	1	EXCL
MAR-COF CG	3	MO; EXCL
MAXI-TUSS CD	3	EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>m-clear wc</i>	1	MO; EXCL
M-END PE	3	MO; EXCL
NINJACOF-XG	3	MO; EXCL
OBREDON	3	MO; EXCL
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-codeine</i>	1	MO; EXCL
<i>promethazine-dm</i>	1	MO; EXCL
<i>promethazine-phenyleph-codeine</i>	1	MO; EXCL
<i>promethegan rectal suppository 12.5 mg, 50 mg</i>	1	MO; EXCL
PYRILAMINE MALEATE (BULK)	3	EXCL
RESPA-AR	3	MO; EXCL
<i>robafen ac</i>	1	EXCL
SEMPREX-D	4	MO
SYMJEPI	4	MO
TESSALON PERLES	3	MO; EXCL
TRIPLENNAMINE (BULK)	3	EXCL
TRIPROLIDINE HCL (BULK)	3	EXCL
TUSNEL PEDIATRIC ORAL LIQUID	3	EXCL
TUSSICAPS	3	MO; EXCL

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Drug Name	Drug Tier	Requirements /Limits
TUXARIN ER	3	EXCL
TUZISTRA XR	3	MO; EXCL
<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

Drug Name	Drug Tier	Requirements /Limits
ZODRYL DEC 40	3	EXCL
ZODRYL DEC 50	3	EXCL
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
PULMONARY AGENTS		
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)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	4	ST; MO; QL (17 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
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020503)	4	ST; MO; QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	4	ST; MO; QL (36 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
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>alyq</i>	5	PA; MO; QL (60 per 30 days)
<i>ambriasantan</i>	5	PA; MO; LA
<i>aminophylline intravenous solution 500 mg/20 ml</i>	2	

Drug Name	Drug Tier	Requirements /Limits
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	3	MO; QL (30 per 30 days)
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION , 55 MCG/ACTUATION	4	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/ACTUATION (30), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (120)	3	MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
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)
<i>bosentan</i>	5	PA; MO; LA
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
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B /D PA; EXCL; MO
DALIRESP	4	PA; MO
DULERA	3	MO; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	MO

Drug Name	Drug Tier	Requirements /Limits
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)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	4	MO; QL (60 per 30 days)
FLUTICASONE PROPION- SALMETEROL INHALATION BLISTER WITH DEVICE	4	ST; MO; QL (60 per 30 days)
HAEGARDA	5	PA; MO; LA
<i>icatibant</i>	5	PA; MO
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 25 MG	5	PA; MO
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	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)

Drug Name	Drug Tier	Requirements /Limits
LONHALA MAGNAIR REFILL	5	MO; QL (60 per 30 days)
LONHALA MAGNAIR STARTER	5	MO; QL (60 per 30 days)
<i>metaproterenol oral syrup</i>	2	MO
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast</i>	2	MO
NASONEX	4	MO; QL (34 per 30 days)
NUCALA	5	PA; MO; LA; QL (3 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 GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B /D PA; 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)

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

Drug Name	Drug Tier	Requirements /Limits
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)
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 REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)
<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)

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

Drug Name	Drug Tier	Requirements /Limits
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)
TAKHZYRO	5	PA; MO; LA
<i>terbutaline</i>	2	MO
THEO-24	3	MO
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	2	
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER	5	PA; MO; LA
TRELEGY ELLIPTA	4	PA; MO; QL (60 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

Drug Name	Drug Tier	Requirements /Limits
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)
WIXELA INHUB	4	ST; MO; QL (60 per 30 days)
XHANCE	4	MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (5 per 28 days)
XOPENEX	4	B /D PA; EXCL; MO
XOPENEX CONCENTRATE	4	B /D PA; EXCL; MO
XOPENEX HFA	4	ST; MO; QL (30 per 30 days)
YUPELRI	5	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

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

Drug Name	Drug Tier	Requirements /Limits
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<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)
MYRBETRIQ	3	MO
<i>oxybutynin chloride</i>	2	MO
OXYTROL	4	MO; QL (8 per 28 days)
<i>solifenacin</i>	2	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>trospium</i>	2	MO
VESICARE	3	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	2	MO
AVODART	4	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>finasteride oral tablet 5 mg</i>	2	MO
FLOMAX	4	ST; MO
JALYN	4	MO
PROSCAR	4	MO
RAPAFLO	3	ST; MO
<i>silodosin</i>	2	MO
<i>tamsulosin</i>	1	MO
UROXATRAL	4	ST; MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	2	MO
<i>bethanechol chloride</i>	2	MO
CAVERJECT IMPULSE	3	MO; EXCL
CAVERJECT INTRACAVERNOSAL RECON SOLN	3	MO; EXCL
CAVERJECT INTRACAVERNOSAL SYRINGE	3	EXCL
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

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

Drug Name	Drug Tier	Requirements /Limits
K-PHOS ORIGINAL	3	MO
LEVITRA ORAL TABLET 10 MG, 20 MG	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
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
<i>sildenafil</i>	1	MO; EXCL
STAXYN	3	MO; EXCL
STENDRA	3	MO; EXCL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	MO; EXCL
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; MO; QL (30 per 30 days)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	3	EXCL
URECHOLINE	4	MO
UROCIT-K 10	4	MO
UROCIT-K 15	4	MO
UROCIT-K 5	4	MO
<i>varденаfil</i>	1	MO; EXCL
VIAGRA	3	MO; EXCL

URINARY ANESTHETICS

Drug Name	Drug Tier	Requirements /Limits
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	MO; EXCL
PYRIDIUM	3	MO; EXCL

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

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

ELECTROLYTES

<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 + d oral tablet, chewable</i>	1	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) -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 600 with vitamin d3 oral capsule 600 mg(1,500mg) -500 unit</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
<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

Drug Name	Drug Tier	Requirements /Limits
<i>calcium citrate-vitamin d2</i>	1	EXCL
<i>calcium citrate-vitamin d3 oral liquid</i>	1	MO; 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 mg- 250 unit, 315-200 mg-unit</i>	1	MO; EXCL
<i>calcium gluconate intravenous</i>	2	MO
<i>calcium with vitamin d</i>	1	EXCL
<i>citrus calcium oral tablet 200 mg calcium -250 unit</i>	1	EXCL
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>hi-cal plus vit d</i>	1	EXCL
<i>klor-con</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	2	MO
<i>klor-con/ef</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
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
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

Drug Name	Drug Tier	Requirements /Limits
<i>oyster shell calcium-vit d3 oral tablet 250-125 mg-unit</i>	1	EXCL
<i>oyster shell calcium-vit d3 oral tablet 500 mg(1,250mg) -200 unit, 500 mg(1,250mg) -400 unit</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 chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3 %</i>	2	MO
<i>sodium chloride 5 %</i>	2	MO
<i>sodium chloride intravenous</i>	2	MO
<i>sodium lactate intravenous</i>	2	
<i>sodium phosphate</i>	2	MO
TPN ELECTROLYTES	4	
MISCELLANEOUS NUTRITION PRODUCTS		
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

Drug Name	Drug Tier	Requirements /Limits
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
CLINIMIX 5%/D15W SULFITE FREE	3	B /D PA; EXCL
CLINIMIX 5%/D25W SULFITE-FREE	3	B /D PA; EXCL
CLINIMIX 4.25%/D10W 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%/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
CLINISOL SF 15 %	4	B /D PA; EXCL; MO
<i>cysteine (l-cysteine) intravenous solution</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>electrolyte-48 in d5w</i>	2	
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	
NEPHRAMINE 5.4 %	3	B /D PA; EXCL
NORMOSOL-M IN 5 % DEXTROSE	4	
NORMOSOL-R PH 7.4	3	
NUTRILIPID	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

Drug Name	Drug Tier	Requirements /Limits
PROCALAMINE 3%	4	B /D PA; EXCL
PROSOL 20 %	4	B /D PA; EXCL; MO
<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
VITAMINS / HEMATINICS		
AQUASOL A	3	MO; EXCL
ASCOR	3	EXCL
<i>ascorbic acid (vitamin c) injection</i>	1	MO; EXCL
<i>b complex 1 (with folic acid)</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 oral tablet</i>	1	MO; EXCL
<i>b-100 complex oral tablet extended release</i>	1	EXCL
B-12 COMPLIANCE	3	MO; EXCL
<i>balance b-100 (folic acid)</i>	1	EXCL
<i>balance b-50 (with folic acid)</i>	1	MO; EXCL
<i>balanced b-100 complex oral tablet extended release 100 mg</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>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
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i>	1	MO; EXCL
<i>cholecalciferol (vitamin d3) oral capsule 400 unit</i>	1	EXCL
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit)</i>	1	EXCL
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	1	MO; EXCL
<i>cholecalciferol (vitamin d3) oral tablet, chewable 1,000 unit</i>	1	EXCL
<i>complex b-100 oral tablet extended release</i>	1	MO; EXCL
<i>cyanocobalamin (vitamin b-12) injection</i>	1	MO; EXCL
<i>delta d3</i>	1	MO; EXCL
<i>dialyvite 800 oral tablet</i>	1	MO; EXCL
DRISDOL ORAL CAPSULE	3	MO; EXCL

Drug Name	Drug Tier	Requirements /Limits
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i>	1	MO; EXCL
<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>	1	MO; EXCL
FERAHEME	3	MO; EXCL
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>folic acid injection</i>	1	MO; EXCL
<i>folic acid oral tablet</i>	1	MO; EXCL
<i>foltabs 800</i>	1	MO; EXCL
<i>full spectrum b-vitamin c</i>	1	EXCL
<i>hydroxocobalamin</i>	1	MO; EXCL
<i>infed</i>	1	MO; EXCL
INFUVITE ADULT	3	MO; EXCL
INFUVITE PEDIATRIC	3	MO; EXCL
INJECTAFER	3	MO; EXCL
<i>kids first vitamin d3</i>	1	EXCL
<i>kobee</i>	1	EXCL
<i>m.v.i. adult</i>	1	EXCL
M.V.I. PEDIATRIC	3	EXCL
NASCOBAL	3	MO; EXCL
<i>natural b-100 complex</i>	1	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

You can find information 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>prenatal vitamin oral tablet</i>	2	MO
<i>pyridoxine (vitamin b6) injection</i>	1	MO; EXCL
<i>rena-vite</i>	1	MO; EXCL
<i>risacal-d</i>	1	MO; EXCL
<i>stress formula</i>	1	MO; EXCL
<i>stress formula 600 c</i>	1	EXCL
<i>stress formula with iron</i>	1	MO; EXCL
<i>stress formula with iron(sulf)</i>	1	MO; EXCL
<i>super b complex-vitamin c</i>	1	EXCL
<i>super b maxi complex</i>	1	EXCL
<i>super quint</i>	1	EXCL
<i>super quint b-50</i>	1	EXCL
<i>superplex-t</i>	1	MO; EXCL
<i>thiamine hcl (vitamin b1) injection</i>	1	MO; EXCL
<i>total b/c</i>	1	EXCL
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	EXCL

Drug Name	Drug Tier	Requirements /Limits
TRIFERIC HEMODIALYSIS SOLUTION	3	MO; EXCL
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>vitajoy daily d</i>	1	EXCL
<i>vitamin b complex oral tablet</i>	1	EXCL
<i>vitamin b complex-folic acid oral tablet</i>	1	MO; EXCL
<i>vitamin d3 oral capsule 25 mcg (1,000 unit), 400 unit</i>	1	MO; EXCL
<i>vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1	MO; EXCL
<i>vitamin d3 oral tablet, chewable</i>	1	MO; EXCL
<i>vitamins b complex oral tablet</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.

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allerclear d-24hr	114	alyacen 7/7/7 (28).....	107	54
aller-ease.....	114	alyq	119	ammonium lactate	65
aller-fex	114	amabelz.....	105	amnestem	67
allergy and congestion relief		amantadine hcl.....	3	amoxapine.....	45
.....	114	AMARYL.....	79	amoxicil-clarithromy-lansopraz	94
allergy complete-d.....	114	AMBIEN	45	.....	94
allergy relief (cetirizine)....	114	AMBIEN CR.....	45	amoxicillin.....	12
allergy relief (fexofenadine)		AMBISOME	2	amoxicillin-pot clavulanate ..	12
.....	114	ambrisentan	119	amphetamine sulfate.....	45
allergy relief (levocetirizin)	114	amcinonide	70	amphotericin b	2
allergy relief (loratadine)....	114	AMERGE	32	ampicillin.....	12
allergy relief d12	114	amethia	107	ampicillin sodium	12
allergy relief d-24hr.....	114	amethia lo	107	ampicillin-sulbactam	12
allergy relief,nasal decongest		amethyst (28).....	107	AMPYRA	33
.....	114	AMICAR	59	ANADROL-50	85
allergy relief-d (cetirizine) .	114	amikacin	9	ANAFRANIL.....	45
allergy relief-d (loratadine)	114	amiloride.....	54	anagrelide	73
allergy relief-d(fexofenadine)		amiloride-hydrochlorothiazide		anastrozole.....	16
.....	114	.....	54	ANCOBON	2
allergy-congest relief-d(fexo)		aminocaproic acid.....	59	ANDRODERM	85
.....	114	aminophylline.....	119	ANDROGEL	86
allergy-congestion relief-d .	114	AMINOSYN 10 %	129	ANGELIQ	105
aller-tec.....	114	AMINOSYN 7 % WITH		ANORO ELLIPTA.....	119
aller-tec d.....	114	ELECTROLYTES.....	129	ANTABUSE.....	73
allopurinol	102	AMINOSYN 8.5 %	129	ANTARA	61
allopurinol sodium.....	102	AMINOSYN 8.5 %-		ANUSOL-HC	89
almotriptan malate.....	32	ELECTROLYTES.....	129	apexicon e.....	70
ALOCRIIL	111	AMINOSYN II 10 %	129	APIDRA SOLOSTAR U-100	
ALOGLIPTIN	78	AMINOSYN II 15 %	129	INSULIN	79
ALOGLIPTIN-METFORMIN		AMINOSYN II 8.5 %	129	APIDRA U-100 INSULIN ..	79
.....	78	AMINOSYN II 8.5 %-		APLENZIN.....	45
ALOGLIPTIN-		ELECTROLYTES.....	129	APOKYN	31
PIOGLITAZONE.....	78	AMINOSYN M 3.5 %.....	129	apraclonidine	113
ALOMIDE	111	AMINOSYN-HBC 7%.....	129	aprepitant	89
alophen	89	AMINOSYN-PF 10 %	129	apri.....	107
aloprim	102	AMINOSYN-PF 7 %		APRISO	89
ALORA	105	(SULFITE-FREE)	129	APTENSIO XR	45
aloksetron	89	AMINOSYN-RF 5.2 %	129	APTIOM.....	26
ALPHAGAN P.....	113	amiodarone	53	APTIVUS	3
alprostadil	124	AMITIZA	89	AQUASOL A	130
ALREX	113	amitriptyline	45	ARALAST NP.....	73
ALTACE.....	54	amlodipine	54	aranelle (28).....	107
altavera (28).....	107	amlodipine-atorvastatin	61	ARANESP (IN	
ALTOPREV	61	amlodipine-benazepril	54	POLYSORBATE)	96, 97
ALTRENO	67	amlodipine-olmesartan	54	ARAVA.....	103
ALUNBRIG	16	amlodipine-valsartan	54	ARCALYST	97
ALVESCO	119			ARCAPTA NEOHALER ..	119

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ARICEPT	33	ATRIPLA	3	b complex-vitamin c-folic acid	130
ARIKAYCE	9	atropine.....	89, 111	130
ARIMIDEX.....	16	ATROVENT HFA	120	b-100 complex	130
aripiprazole.....	45	AUBAGIO.....	33	B-12 COMPLIANCE	130
ARISTADA.....	45	aubra	107	bacitracin	9, 110
ARISTADA INITIO	45	aubra eq	107	bacitracin-polymyxin b.....	110
ARIXTRA	59	AUGMENTIN.....	12	baclofen	35
armodafinil	45	AURYXIA.....	73	BACLOFEN	35
ARMONAIR RESPICLICK		AUSTEDO	34	BACTRIM.....	14
.....	119	AUVI-Q.....	114	BACTRIM DS.....	14
ARNUNITY ELLIPTA.....	119	AVALIDE	54	balance b-100 (folic acid)...	130
AROMASIN.....	16	AVANDIA	79	balance b-50 (with folic acid)	130
ARRANON	16	AVAPRO.....	54	.....	130
arsenic trioxide	16	AVASTIN	16	balanced b-100.....	131
ARSENIC TRIOXIDE.....	16	AVC.....	106	balanced b-100 complex	130
ARTHROTEC 50.....	41	AVEED	86	balanced b-50.....	131
ARTHROTEC 75.....	41	aviane.....	107	balanced salt	111
ARYMO ER.....	36	avita	67	BALCOLTRA	107
ARZERRA	16	AVITA.....	67	balsalazide	90
ASACOL HD	89	AVODART	124	BALVERSA	17
ASCOR	130	AVONEX	97	balziva (28).....	107
ascorbic acid (vitamin c) ...	130	AVONEX (WITH ALBUMIN)	97	BANZEL	26
ashlyna.....	107	.....	97	BAQSIMI	79
ASMANEX HFA	119	AVYCAZ	6	BARACLUDGE.....	3
ASMANEX TWISTHALER		AYGESTIN	105	BASAGLAR KWIKPEN U-	
.....	119, 120	azacitidine.....	16	100 INSULIN	79
aspir-81	41	AZACTAM	9	BAVENCIO	17
aspirin	41	AZASAN.....	16	BAXDELA	13
aspirin childrens	41	AZASITE	110	bayer aspirin	41
aspirin low dose.....	41	azathioprine	17	BCG VACCINE, LIVE (PF)99	
aspirin, buffered	41	azathioprine sodium	17	b-complex with vitamin c ...	131
aspirin-dipyridamole	59	azelaic acid	67	BECONASE AQ	120
aspir-low	41	azelastine	76, 111	bekyree (28).....	107
aspir-trin	41	AZELEX	67	BELBUCA	36
ASTAGRAF XL	16	AZILECT	31	BELEODAQ.....	17
ASTEPRO	76	azithromycin.....	8	BELSOMRA	45
ATACAND	54	AZOPT	112	BELVIQ	72
ATACAND HCT	54	AZOR	54	BELVIQ XR.....	72
atazanavir	3	aztreonam	9	benazepril	54
ATELVIA.....	102	AZULFIDINE	89	benazepril-hydrochlorothiazide	54
atenolol	54	AZULFIDINE EN-TABS ...	89	.....	54
atenolol-chlorthalidone.....	54	azurette (28).....	107	BENDEKA	17
ATIVAN.....	45	B		BENICAR.....	54
atomoxetine	45	b complex 1 (with folic acid)		BENICAR HCT.....	54
atorvastatin	61	.....	130	BENLYSTA	103
atovaquone	9	b complex 100	130	BENZACLIN PUMP.....	67
atovaquone-proguanil.....	9	b complex-vitamin b12.....	130	BENZAMYCIN	67
ATRALIN	67			BENZNIDAZOLE	9

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benzonatate.....	114	BOOSTRIX TDAP.....	99	CABOMETYX.....	17
benzphetamine.....	72	BORTEZOMIB.....	17	CADUET.....	61
benztropine.....	31	bosentan.....	120	CAFERGOT.....	32
BEPREVE.....	111	BOSULIF.....	17	caffeine citrate.....	73
BERINERT.....	120	BOTOX.....	99	CALAN.....	54
beser.....	70	BRAFTOVI.....	17	CALAN SR.....	54
BESIVANCE.....	110	BREO ELLIPTA.....	120	calcipotriene.....	64
BESPONSA.....	17	briellyn.....	107	calcipotriene-betamethasone	64
betamethasone acet,sod phos	77	BRILINTA.....	59	calcitonin (salmon).....	86
betamethasone dipropionate.	70	brimonidine.....	113	calcitriol.....	65, 86
betamethasone valerate.....	70	BRISDELLE.....	45	calcium 500 + d.....	125
betamethasone, augmented...	70	BRIVIACT.....	26	calcium 500 + d (d3).....	125
BETAPACE AF.....	53	BROMFED DM.....	114	calcium 500 with d.....	125
BETASERON.....	97	bromfenac.....	112	calcium 600 + d(3).....	125
betaxolol.....	54, 111	bromocriptine.....	31	calcium 600 with vitamin d3	
bethanechol chloride.....	124	BROMPHENIRAMINE		.....	126
BETHKIS.....	9	MALEATE (BULK).....	115	calcium acetate.....	126
BETIMOL.....	111	brompheniramine-pseudoeph-		calcium carb and citrate-vitd3	
BETOPTIC S.....	111	dm.....	115	.....	126
BEVESPI AEROSPHERE.	120	BROMSITE.....	112	calcium carbonate-vitamin d3	
BEVYXXA.....	59	BROVANA.....	120	.....	126
bexarotene.....	17	BRYHALI.....	70	calcium chloride.....	126
BEXSERO.....	99	bss.....	111	calcium citrate + d.....	126
BEYAZ.....	107	budesonide.....	90, 120	calcium citrate-vitamin d2..	126
bicalutamide.....	17	bufferin.....	41	calcium citrate-vitamin d3..	126
BICILLIN C-R.....	12	bumetanide.....	54	calcium gluconate.....	126
BICILLIN L-A.....	12	buminate 5 %.....	125	calcium with vitamin d.....	126
BICNU.....	17	BUNAVAIL.....	41, 42	CALQUENCE.....	17
BIDIL.....	54	BUPHENYL.....	73	CAMBIA.....	42
BIJUVA.....	105	buprenorphine.....	36	camila.....	105
BIKTARVY.....	3	BUPRENORPHINE.....	36	camrese.....	107
BILTRICIDE.....	9	buprenorphine hcl.....	36	camrese lo.....	107
bimatoprost.....	112	buprenorphine-naloxone.....	42	CANASA.....	90
BINOSTO.....	102	bupropion hcl.....	45	CANCIDAS.....	2
bisacodyl.....	90	BUPROPION HCL.....	45	candesartan.....	54
bisa-lax.....	90	bupropion hcl (smoking deter)		candesartan-hydrochlorothiazid	
bisoprolol fumarate.....	54	.....	75	.....	54
bisoprolol-hydrochlorothiazide		buspirone.....	45	CAPASTAT.....	9
.....	54	busulfan.....	17	CAPCOF.....	115
bleomycin.....	17	butorphanol tartrate.....	42	capecitabine.....	17
BLEPH-10.....	111	BUTRANS.....	36	CAPEX.....	70
BLEPHAMIDE.....	111	BYDUREON.....	79	CAPRELSA.....	17
BLEPHAMIDE S.O.P.....	111	BYDUREON BCISE.....	79	captopril.....	54
BLINCYTO.....	17	BYETTA.....	79	captopril-hydrochlorothiazide	
blisovi 24 fe.....	107	BYSTOLIC.....	54	.....	54
blisovi fe 1.5/30 (28).....	107	C		CARAC.....	65
BONIVA.....	102	cabergoline.....	86	CARAFATE.....	94
BONJESTA.....	90	CABLIVI.....	59	CARBAGLU.....	73

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carbamazepine.....	27	cefuroxime axetil.....	7	CHILDREN'S LORATADINE	115
CARBATROL.....	27	cefuroxime sodium.....	7	115
carbidopa.....	31	CELEBREX.....	42	CHILDREN'S WAL-FEX..	115
carbidopa-levodopa.....	31	celecoxib.....	42	children's wal-zyr.....	115
carbidopa-levodopa-		CELEXA.....	45	CHILDREN'S ZYRTEC	
entacapone.....	31	CELLCEPT.....	17	ALLERGY.....	115
carbocaine (pf).....	65	CELONTIN.....	27	child's all day allergy(cetir)	115
carboplatin.....	17	cephalexin.....	7	chloramphenicol sod succinate	
cardioplegic soln.....	63	CEPROTIN (BLUE BAR)...	59	.....	9
CARDIZEM.....	54	CEPROTIN (GREEN BAR)	59	chlorhexidine gluconate.....	76
CARDIZEM CD.....	54	CEQUA.....	111	chlorprocaine (pf).....	65
CARDIZEM LA.....	54	CERDELGA.....	86	chloroquine phosphate.....	9
CARDURA.....	54	CEREZYME.....	86	chlorothiazide.....	55
CARDURA XL.....	55	CESAMET.....	90	chlorothiazide sodium.....	55
carmustine.....	17	cetiri-d.....	115	CHLORPHENIRAMINE	
CARNITOR.....	73	cetirizine.....	115	MALEATE(BULK).....	115
CAROSPIR.....	55	CETIRIZINE.....	115	chlorpromazine.....	45
carteolol.....	111	cetirizine-pseudoephedrine.	115	chlorthalidone.....	55
cartia xt.....	55	CETRAXAL.....	76	CHOLBAM.....	90
carvedilol.....	55	CETROTIDE.....	86	cholecalciferol (vitamin d3)	131
carvedilol phosphate.....	55	cevimeline.....	73	cholestyramine (with sugar)	.61
CASODEX.....	17	CHANTIX.....	75	cholestyramine light.....	61
casopofungin.....	2	CHANTIX CONTINUING		CHORIONIC	
CATAPRES.....	55	MONTH BOX.....	75	GONADOTROPIN,	
CATAPRES-TTS-1.....	55	CHANTIX STARTING		HUMAN.....	86
CATAPRES-TTS-2.....	55	MONTH BOX.....	75	CIALIS.....	124
CATAPRES-TTS-3.....	55	chateal (28).....	107	ciclodan.....	69
CAVERJECT.....	124	CHEK-STIX CONTROL.....	79	ciclopirox.....	69
CAVERJECT IMPULSE...	124	CHEMET.....	73	cidofovir.....	3
CAYSTON.....	9	CHEMSTRIP 10 MD.....	79	cilostazol.....	59
caziant (28).....	107	CHEMSTRIP 10/SG.....	79	CILOXAN.....	110
cefaclor.....	6	CHEMSTRIP 2 GP.....	79	CIMDUO.....	3
cefadroxil.....	6	CHEMSTRIP 50B.....	79	cimetidine.....	94
cefazolin.....	7	CHEMSTRIP 7.....	79	cimetidine hcl.....	94
cefazolin in dextrose (iso-os)	.6	CHEMSTRIP 9.....	79	CIMZIA.....	90
cefdinir.....	7	CHENODAL.....	90	CIMZIA POWDER FOR	
cefepime.....	7	child allergy relf(cetirizine)	115	RECONST.....	90
cefepime in dextrose,iso-osm.	7	children's allegra allergy....	115	CIMZIA STARTER KIT.....	90
cefixime.....	7	CHILDREN'S ALLERGY		cinacalcet.....	86
cefotaxime.....	7	RELIEF(FEX).....	115	CINRYZE.....	120
cefotetan.....	7	children's allergy relief(lor)	115	CINVANTI.....	90
cefoxitin.....	7	CHILDREN'S ALLERGY		CIPRO.....	13
cefoxitin in dextrose, iso-osm	7	RELIEF(LOR).....	115	CIPRO HC.....	76
cefpodoxime.....	7	children's allergy(cetirizine)		CIPRODEX.....	76
cefprozil.....	7	.....	115	ciprofloxacin.....	13
ceftazidime.....	7	children's aspirin.....	42	ciprofloxacin hcl.....	13, 76, 110
ceftriaxone.....	7	children's cetirizine.....	115	ciprofloxacin in 5 % dextrose	
ceftriaxone in dextrose,iso-os.	7	CHILDREN'S CLARITIN.	115	13

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cisplatin	17	CLINIMIX 4.25%-D25W		colistin (colistimethate na)	9
citalopram.....	45	SULF-FREE	129	colocort	90
citrate of magnesia	90	CLINIMIX 5%-		COLY-MYCIN S	76
citroma.....	90	D20W(SULFITE-FREE).....	129	COLYTE WITH FLAVOR	
citrus calcium	126	CLINIMIX E 2.75%/D5W		PACKS	90
cladribine.....	17	SULF FREE	73	COMBIGAN	112
claravis	67	CLINIMIX E 4.25%/D10W		COMBIPATCH.....	105
CLARINEX.....	115	SUL FREE.....	129	COMBISTIX REAGENT ...	79
CLARINEX-D 12 HOUR..	115	CLINIMIX E 4.25%/D5W		COMBIVENT RESPIMAT	120
clarithromycin	8	SULF FREE	129	COMBIVIR	3
CLARITIN	115	CLINIMIX E 5%/D15W		COMETRIQ	17
CLARITIN LIQUI-GEL	115	SULFIT FREE.....	129	COMPLERA	3
CLARITIN REDITABS.....	116	CLINIMIX E 5%/D20W		complex b-100.....	131
CLARITIN-D 12 HOUR....	116	SULFIT FREE.....	129	compro.....	90
CLARITIN-D 24 HOUR....	116	CLINISOL SF 15 %	129	COMTAN.....	31
clearlax	90	clobazam.....	27	CONCERTA.....	46
CLEMASTINE FUMARATE		clobetasol.....	70	CONDYLOX.....	65
(BULK)	116	clobetasol-emollient	70	constulose	90
CLENPIQ.....	90	CLOBEX	70	CONTRAVE	72
CLEOCIN	9, 106	CLOCORTOLONE		CONZIP.....	42
CLEOCIN HCL	9	PIVALATE	70	COPAXONE	34
CLEOCIN IN 5 %		clodan	71	COPIKTRA	17
DEXTROSE.....	9	CLODERM	71	CORDRAN TAPE LARGE	
CLEOCIN PEDIATRIC.....	9	clofarabine	17	ROLL.....	71
CLEOCIN T	67	clomiphene citrate	86	COREG.....	55
CLIMARA	105	clomipramine.....	45	COREG CR	55
CLIMARA PRO.....	105	clonazepam.....	27	CORGARD.....	55
clindacin p	67	clonidine	55	CORLANOR	63
CLINDAGEL	67	clonidine (pf)	42, 55	CORTEF.....	77
clindamycin hcl	9	clonidine hcl	45, 55	CORTIFOAM.....	90
clindamycin in 5 % dextrose..	9	clopidogrel.....	59	cortisone	77
clindamycin palmitate hcl	9	clorazepate dipotassium	45	CORTISPORIN.....	68
clindamycin pediatric	9	clotrimazole	2, 69	COSENTYX.....	65
clindamycin phosphate....	9, 67,	clotrimazole-betamethasone.	69	COSENTYX (2 SYRINGES)	
106		clozapine.....	46	.....	65
clindamycin-benzoyl peroxide		CLOZAPINE.....	46	COSENTYX PEN	65
.....	67	CLOZARIL	46	COSENTYX PEN (2 PENS)	65
clindamycin-tretinoin	67	COARTEM	9	COSMEGEN	17
CLINDESSE	106	codeine sulfate.....	36	COSOPT.....	112
CLINIMIX 5%/D15W		codeine-guaifenesin.....	116	COSOPT (PF).....	112
SULFITE FREE	129	CODITUSSIN AC.....	116	COTELLIC.....	18
CLINIMIX 5%/D25W		CODITUSSIN DAC.....	116	COTEMPLA XR-ODT	46
SULFITE-FREE.....	129	COLAZAL	90	COUMADIN	59
CLINIMIX 4.25%/D10W		COLCHICINE.....	102	COZAAR.....	55
SULF FREE	129	COLCRYST.....	102	CREON.....	90
CLINIMIX 4.25%/D5W		colesevelam	61	CRESEMBA.....	2
SULFIT FREE.....	73	COLESTID.....	61	CRESTOR	61
		colestipol	61	CRINONE	105

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CRIXIVAN	3	DANTRIUM	35	desogestrel-ethinyl estradiol	
cromolyn.....	90, 111, 120	dantrolene	35	108
croton.....	72	dapsone.....	9, 67	DESONATE	71
cryselle (28).....	107	DAPTACEL (DTAP		desonide.....	71
CRYSVITA.....	86	PEDIATRIC) (PF).....	99	DESOWEN.....	71
CUBICIN	9	daptomycin	9	desoximetasone.....	71
CUPRIMINE.....	103	DAPTOMYCIN	9	DESOXYN	46
CUTIVATE.....	71	DARAPRIM.....	9	DESVENLAFAXINE	46
CUVPOSA	89	darifenacin.....	124	desvenlafaxine succinate	46
cyanocobalamin (vitamin b-12)		DARZALEX	18	DETROL	124
.....	131	dasetta 1/35 (28).....	107	DETROL LA.....	124
cyclafem 1/35 (28)	107	dasetta 7/7/7 (28).....	107	dex4 glucose	73
cyclafem 7/7/7 (28)	107	daunorubicin.....	18	DEX4 GLUCOSE	73
cyclobenzaprine.....	35	DAURISMO.....	18	dex4 glucose bits	73
cyclophosphamide.....	18	DAYPRO.....	42	dex4 glucose pouch pack.....	73
CYCLOSET	79	daysee	108	dex4 glucose quick dissolve	73
cyclosporine	18	DAYTRANA.....	46	dexamethasone	77
cyclosporine modified.....	18	DDAVP	86	dexamethasone intensol.....	77
CYMBALTA	46	deblitane	105	dexamethasone sodium phos	
cyproheptadine	116	decadron	77	(pf).....	77
CYPROHEPTADINE (BULK)		decitabine.....	18	dexamethasone sodium	
.....	116	deferasirox	73	phosphate.....	77, 113
CYRAMZA.....	18	deferoxamine	73	DEXEDRINE SPANSULE	46
cyred.....	107	DELESTROGEN	105	DEXILANT.....	94
cyred eq.....	107	DELSTRIGO.....	3	dexamethylphenidate.....	46
CYSTADANE.....	90	delta d3	131	DEXPAK 13 DAY	77
CYSTAGON	124	delyla (28).....	108	dextrazoxane hcl	15
CYSTARAN	112	DELZICOL	90	dextroamphetamine	46
cysteine (l-cysteine).....	129	demeclocycline.....	14	dextroamphetamine-	
cytarabine	18	DEM SER.....	55	amphetamine.....	46
cytarabine (pf)	18	DENAVIR.....	70	DEXTROSE	74
CYTOMEL	88	denta 5000 plus.....	76	dextrose 10 % and 0.2 % nacl	
CYTOTEC	94	dentagel	76	.....	73
D		DEPAKOTE.....	27	dextrose 10 % in water (d10w)	
d10 %-0.45 % sodium chloride		DEPAKOTE ER.....	27	.....	73
.....	73	DEPAKOTE SPRINKLES...27		dextrose 20 % in water (d20w)	
d2.5 %-0.45 % sodium		DEPEN TITRATABS	103	.....	73
chloride.....	73	DEPO-ESTRADIOL	105	dextrose 25 % in water (d25w)	
d5 % and 0.9 % sodium		DEPO-PROVERA.....	105	.....	73
chloride.....	73	DEPO-SUBQ PROVERA		dextrose 30 % in water (d30w)	
d5 %-0.45 % sodium chloride		.....	105	.....	73
.....	73	DEPO-TESTOSTERONE....	86	dextrose 40 % in water (d40w)	
dacarbazine.....	18	DESCOVY	3	.....	73
dactinomycin	18	desipramine	46	dextrose 5 % in water (d5w).73	
dalfampridine	34	desloratadine.....	116	dextrose 5 %-lactated ringers73	
DALIRESP.....	120	desmopressin	86	dextrose 5%-0.2 % sod	
DALVANCE.....	9	desog-e.estradiol/e.estradiol		chloride	73
danazol	86	108		

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dextrose 5%-0.3 % sod.chloride	73	DIPHENHYDRAMINE (BULK)	116	drospirenone-e.estradiol-lm.fa	108
dextrose 50 % in water (d50w)	74	diphenhydramine hcl	116	drospirenone-ethinyl estradiol	108
dextrose 70 % in water (d70w)	74	diphenoxylate-atropine	89	DROXIA.....	18
dextrose with sodium chloride	74	DIPROLENE.....	71	DUAC.....	68
dialyvite 800.....	131	dipyridamole.....	59	DUAVEE.....	105
DIASTAT.....	27	disulfiram.....	74	ducodyl	90
DIASTAT ACUDIAL.....	27	DITROPAN XL	124	DUETACT	79
diazepam.....	27, 46	DIURIL	55	DUEXIS	42
diazepam intensol.....	46	divalproex.....	27	DULERA.....	120
DIBENZYLINE	55	DIVIGEL.....	105	duloxetine	46
DICLEGIS.....	90	dobutamine	63	DUOBRII	71
DICLOFENAC EPOLAMINE	42	dobutamine in d5w	63	DUOPA	31
diclofenac potassium.....	42	docetaxel.....	18	DUPIXENT	65
diclofenac sodium ..	42, 65, 112	DOCETAXEL	18	DURAGESIC	36, 37
diclofenac-misoprostol	42	dofetilide.....	53	duramorph (pf).....	37
dicloxacillin.....	12	DOLOPHINE	36	DUREZOL	113
dicyclomine	89	donepezil	34	dutasteride.....	124
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lactulose.....	91	leucovorin calcium	15	lidocaine-prilocaine	66
LAMICTAL	28	LEUKERAN	21	LIDODERM	66
LAMICTAL ODT.....	28	LEUKINE.....	98	lillow (28).....	108
LAMICTAL STARTER (BLUE) KIT	28	leuprolide.....	21	lincomycin	10
LAMICTAL STARTER (GREEN) KIT	28	levabuterol hcl.....	121	lindane	72
LAMICTAL STARTER (ORANGE) KIT	28	LEVALBUTEROL TARTRATE	121	linezolid.....	10
LAMICTAL XR.....	28				

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linezolid in dextrose 5%	10	lorata-dine d.....	117	LUPRON DEPOT-PED (3	
linezolid-0.9% sodium chloride		LORATADINE,		MONTH).....	21
.....	10	MICRONIZED (BULK)	117	lutra (28)	109
LINZESS.....	91	loratadine-d.....	117	LUXIQ.....	71
LIORESAL	35	lorazepam	48	LUZU	69
liothyronine	89	lorazepam intensol.....	48	LYNPARZA.....	21
LIPITOR	62	LORBRENA	21	LYRICA	29
LIPOFEN	62	lorcet (hydrocodone)	39	LYRICA CR.....	29
lisinopril	56	lorcet hd.....	39	LYSODREN.....	21
lisinopril-hydrochlorothiazide		lorcet plus	39	LYSTEDA.....	107
.....	56	lortuss ex.....	117	lyza	106
lite coat aspirin	43	loryna (28).....	109	M	
lithium carbonate.....	48	losartan	56	m.v.i. adult.....	131
lithium citrate	48	losartan-hydrochlorothiazide	56	M.V.I. PEDIATRIC	131
LITHOBID.....	48	LOSEASONIQUE.....	109	MACROBID.....	15
LITHOSTAT.....	74	LOTEMAX	113	MACRODANTIN	15
LIVALO.....	62	LOTEMAX SM.....	113	mafenide acetate	69
LO LOESTRIN FE	108	LOTENSIN	56	magnesium chloride.....	127
LOCOID.....	71	loteprednol etabonate	113	magnesium citrate.....	91
LOCOID LIPOCREAM.....	71	LOTREL.....	56	magnesium sulfate	127
LODINE.....	43	LOTRISONE.....	69	MAGNESIUM SULFATE IN	
LODOSYN.....	31	LOTRONEX	91	D5W	127
LOESTRIN 1.5/30 (21).....	108	lovastatin	62	magnesium sulfate in water	127
LOESTRIN 1/20 (21).....	109	LOVAZA.....	62	MALARONE	10
LOESTRIN FE 1.5/30 (28-		LOVENOX.....	60	MALARONE PEDIATRIC..	10
DAY).....	109	low-ogestrel (28)	109	malathion	72
LOESTRIN FE 1/20 (28-DAY)		loxapine succinate	48	mannitol 20 %.....	56
.....	109	lo-zumandimine (28)	109	mannitol 25 %.....	56
LOKELMA	74	LUCEMYRA.....	43	maprotiline.....	49
LOMAIRA	72	LUCENTIS.....	112	MAR-COF CG	117
LOMOTIL.....	89	LULICONAZOLE	69	MARINOL	91
LONHALA MAGNAIR		LUMIGAN.....	113	marlissa (28).....	109
REFILL	121	LUMIZYME	87	MARPLAN.....	49
LONHALA MAGNAIR		LUMOXITI	21	MARQIBO	21
STARTER	121	LUNESTA.....	49	MATULANE.....	21
LONSURF.....	21	LUPANETA PACK (1		matzim la	56
loperamide.....	89	MONTH).....	107	MAVENCLAD (10 TABLET	
LOPID.....	62	LUPANETA PACK (3		PACK).....	34
lopinavir-ritonavir	4	MONTH).....	107	MAVENCLAD (4 TABLET	
lopreeza	106	LUPRON DEPOT	21	PACK).....	34
LOPRESSOR	56	LUPRON DEPOT (3		MAVENCLAD (5 TABLET	
LOPRESSOR HCT	56	MONTH).....	21	PACK).....	34
LOPROX.....	69	LUPRON DEPOT (4		MAVENCLAD (6 TABLET	
LOPROX (AS OLAMINE)..	69	MONTH).....	21	PACK).....	34
loradamed.....	117	LUPRON DEPOT (6		MAVENCLAD (7 TABLET	
lorata-d	117	MONTH).....	21	PACK).....	34
loratadine.....	117	LUPRON DEPOT-PED	21	MAVENCLAD (8 TABLET	
LORATADINE (BULK)....	117			PACK).....	34

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MAVENCLAD (9 TABLET PACK).....	34	MESTINON	35	MICARDIS HCT.....	57
MAVYRET	4	MESTINON TIMESPAN	35	miconazole-3	107
MAXALT.....	33	metadate er	49	MICORT-HC.....	91
MAXALT-MLT	33	metaproterenol.....	121	microgestin 1.5/30 (21)	109
MAXIDEX.....	113	metformin	82, 83	microgestin 1/20 (21)	109
MAXIPIME.....	7	methadone	39	microgestin fe 1.5/30 (28) ..	109
MAXITROL.....	113	methadone intensol.....	39	microgestin fe 1/20 (28)	109
MAXI-TUSS CD	117	methadose.....	39	midodrine.....	74
MAXZIDE	56	methamphetamine	49	mifepristone.....	107
MAXZIDE-25MG.....	56	methazolamide.....	112	migergot.....	33
MAYZENT	34	methenamine hippurate	15	miglitol	83
m-clear wc.....	117	methenamine mandelate	15	miglustat	87
meclizine	91	methergine	110	MIGRANAL.....	33
meclofenamate	43	methimazole	78	mili.....	109
MEDROL	77	METHITEST.....	87	milk of magnesia	91
MEDROL (PAK)	77	methotrexate sodium	22	milk of magnesia concentrated	92
medroxyprogesterone	106	methotrexate sodium (pf)	22	millipred	77
mefenamic acid	43	methoxsalen.....	66	millipred dp	77
mefloquine.....	10	methscopolamine.....	89	milrinone.....	64
megestrol	21, 22	methyclothiazide	56	milrinone in 5 % dextrose....	64
MEKINIST.....	22	methyl dopa	56	mimvey	106
MEKTOVI	22	methylergonovine.....	110	mimvey lo.....	106
melodetta 24 fe.....	109	METHYLIN	49	MINASTRIN 24 FE	109
meloxicam	43	methylphenidate hcl	49	MINIPRESS	57
melphalan	22	METHYLPHENIDATE HCL	49	MINITRAN	64
melphalan hcl	22	methylprednisolone	77	MINIVELLE	106
memantine	34	methylprednisolone acetate ..	77	MINOCIN.....	14
MEMANTINE	35	methylprednisolone sodium succ.....	77	minocycline	14
MENACTRA (PF)	101	methyltestosterone.....	87	MINOCYCLINE	14
M-END PE	117	metoclopramide hcl	91	MINOLIRA ER.....	14
MENEST.....	106	metolazone.....	56	minoxidil.....	57
MENOPUR	87	metoprolol succinate.....	56	miostat	113
MENOSTAR.....	106	metoprolol ta-hydrochlorothiaz	56	miralax	92
MENTAX.....	69	metoprolol tartrate	57	MIRAPEX	31
MENVEO A-C-Y-W-135-DIP (PF).....	101	metro i.v.....	10	MIRAPEX ER.....	31
MEPHYTON.....	60	METROCREAM.....	68	MIRENA	107
MEPRON	10	METROGEL	68	mirtazapine	49
MEPSEVII	87	METROLOTION	68	MIRVASO.....	68
mercaptapurine.....	22	metronidazole	10, 68, 107	misoprostol	95
meropenem	10	metronidazole in nacl (iso-os)	10	MITIGARE.....	102
MERREM	10	mexiletine	53	mitomycin.....	22
mesalamine.....	91	MIACALCIN	87	mitoxantrone.....	22
mesalamine with cleansing wipe.....	91	mibelas 24 fe	109	M-M-R II (PF).....	101
mesna.....	16	MICARDIS	57	MOBIC	43
MESNEX	16			modafinil.....	49
				moexipril.....	57
				molindone	49

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mometasone.....	71, 121	MYTESI.....	89	neomycin-polymyxin-	
mondoxyne nl.....	15	N		gramicidin.....	111
mono-lynyah	109	nabumetone	43	neomycin-polymyxin-hc.....	76, 113
montelukast	121	nadolol	57	neo-polycin	111
MONUROL.....	15	nadolol-bendroflumethiazide	57	neo-polycin hc	113
morgidox	15	nafcillin.....	12	NEORAL.....	22
MORPHABOND ER	39	nafcillin in dextrose iso-osm	12	neostigmine methylsulfate...	35
morphine.....	39, 40	naftifine	69	NEO-SYNALAR.....	69
morphine (pf).....	39	NAFTIN	69	NEPHRAMINE 5.4 %.....	130
morphine concentrate	39	NAGLAZYME.....	87	NERLYNX	22
MOTEGRITY	92	nalbuphine	43	NESINA	83
MOVANTIK.....	92	NALFON.....	43	neuac.....	68
MOVIPREP.....	92	naloxone	43	NEULASTA	98
MOXEZA.....	111	naltrexone	43	NEUPOGEN.....	98
moxifloxacin.....	14, 111	NAMENDA.....	35	NEUPRO	31
moxifloxacin-sod.chloride(iso)		NAMENDA TITRATION		NEURONTIN.....	29
.....	14	PAK.....	35	NEVANAC.....	112
MOZOBIL.....	98	NAMENDA XR.....	35	nevirapine	4
MS CONTIN.....	40	NAMZARIC.....	35	new day.....	109
MULPLETA.....	60	NAPRELAN CR	43	NEXAVAR.....	22
MULTAQ.....	53	naproxen	43	NEXIUM	95
MULTISTIX	83	naproxen sodium	43	NEXIUM 24HR.....	95
MULTISTIX 10 SG	83	naratriptan.....	33	NEXIUM PACKET.....	95
MULTISTIX 5	83	NARCAN	43	NEXPLANON.....	107
MULTISTIX 7	83	NARDIL.....	49	niacin	62
MULTISTIX 8 SG	83	NASCOBAL	131	NIACOR.....	62
MULTISTIX 9	83	NASONEX	121	NIASPAN EXTENDED-	
MULTISTIX 9 SG	83	NATACYN	111	RELEASE.....	62
mupirocin	69	NATAZIA	109	nicardipine	57
mupirocin calcium.....	69	nateglinide	83	NICODERM CQ.....	75
MUSE.....	125	NATPARA	87	nicorelif.....	75
MVASI.....	22	NATROBA.....	72	NICORETTE.....	75
my choice	109	natural b-100 complex.....	131	nicotine	76
my way	109	natura-lax.....	92	nicotine (polacrilex).....	75, 76
MYALEPT.....	87	NEBUPENT	10	NICOTINE (POLACRILEX)	
MYAMBUTOL.....	10	necon 0.5/35 (28).....	109	.....	76
MYCAMINE.....	2	NEEDLES, INSULIN		NICOTROL.....	76
MYCOBUTIN.....	10	DISP.,SAFETY	83	NICOTROL NS.....	76
mycophenolate mofetil.....	22	nefazodone.....	49	nifedipine	57
mycophenolate mofetil hcl ...	22	neomycin	10	nikki (28)	109
mycophenolate sodium.....	22	neomycin-bacitracin-poly-hc		NILANDRON	22
MYDAYIS	49	.....	113	nilutamide	22
MYFORTIC	22	neomycin-bacitracin-		nimodipine.....	57
MYLERAN	22	polymyxin.....	111	NINJACOF-XG.....	117
MYLOTARG	22	neomycin-polymyxin b gu....	73	NINLARO	22
myorisan.....	68	neomycin-polymyxin b-		nisoldipine	57
MYRBETRIQ	124	dexameth	113	nitisinone	74
MYSOLINE	29				

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nitro-bid.....	64	NORVASC.....	57	OCREVUS	35
NITRO-DUR.....	64	NORVIR.....	4	OCTAGAM.....	101
nitrofurantoin.....	15	NOURIANZ	31	octreotide acetate	22, 23
nitrofurantoin macrocrystal ..	15	NOVOFINE 32.....	83	OCUFLOX	111
nitrofurantoin monohyd/m-		NOVOLIN 70/30 U-100		ODEFSEY	4
cryst.....	15	INSULIN.....	83	ODOMZO.....	23
nitroglycerin	64	NOVOLIN N NPH U-100		OFEV.....	121
nitroglycerin in 5 % dextrose	64	INSULIN.....	83	ofloxacin	14, 76, 111
NITROSTAT.....	64	NOVOLIN R REGULAR U-		ogestrel (28).....	109
NITYR.....	74	100 INSULN	83	okebo	15
NIVESTYM	98	NOVOLOG FLEXPEN U-100		olanzapine.....	49
nizatidine	95	INSULIN.....	83	olanzapine-fluoxetine	49
NIZORAL	69	NOVOLOG MIX 70-30 U-100		olmesartan.....	57
NOCDURNA (MEN).....	87	INSULN	83	olmesartan-amlodipin-	
NOCDURNA (WOMEN)....	87	NOVOLOG MIX 70-		hcthiaziid	57
NOCTIVA.....	87	30FLEXPEN U-100	83	olmesartan-	
nolix.....	71	NOVOLOG PENFILL U-100		hydrochlorothiazide.....	57
nora-be.....	106	INSULIN.....	83	olopatadine	76, 112
NORCO.....	40	NOVOLOG U-100 INSULIN		OLUMIANT.....	104
NORDITROPIN FLEXPRO	98	ASPART.....	83	OLUX	71
norepinephrine bitartrate	64	NOXAFIL	2	OLUX-E	72
noreth-ethinyl estradiol-iron		NPLATE.....	60	OMECLAMOX-PAK.....	95
.....	109	NUBEQA	22	omega-3 acid ethyl esters	62
norethindrone (contraceptive)		NUCALA	121	omeprazole	95
.....	106	NUCYNTA	43	omeprazole magnesium	95
norethindrone acetate	106	NUCYNTA ER	43	omeprazole-sodium	
norethindrone ac-eth estradiol		NUEDEXTA	35	bicarbonate	95
.....	106, 109	NULOJIX	22	OMNARIS.....	121
norethindrone-e.estradiol-iron		NULYTELY WITH FLAVOR		OMNIPOD DASH INSULIN	
.....	109	PACKS	92	POD	83
norgestimate-ethinyl estradiol		NUPLAZID	49	OMNIPOD INSULIN	
.....	109	NUTRILIPID.....	130	MANAGEMENT	83
NORITATE.....	68	NUTROPIN AQ NUSPIN....	98	OMNIPOD INSULIN REFILL	
norlyda.....	106	NUVARING.....	107	.....	83
norlyroc	106	NUVIGIL	49	OMNITROPE.....	98
NORMOSOL-M IN 5 %		NUZYRA	15	ONCASPAR.....	23
DEXTROSE.....	130	NUZYRA (7 DAY WITH		ondansetron.....	92
NORMOSOL-R	127	LOAD DOSE)	15	ondansetron hcl.....	92
NORMOSOL-R IN 5 %		NUZYRA (7 DAY).....	15	ondansetron hcl (pf).....	92
DEXTROSE.....	127	nyamyc	69	ONETOUCH ULTRA BLUE	
NORMOSOL-R PH 7.4	130	NYMALIZE	57	TEST STRIP.....	83
NORPRAMIN.....	49	nystatin	2, 69, 70	ONETOUCH ULTRA2	
NORTHERA	74	nystatin-triamcinolone.....	70	METER.....	83
nortrel 0.5/35 (28)	109	nystop	70	ONETOUCH ULTRAMINI.	83
nortrel 1/35 (21)	109	O		ONETOUCH VERIO.....	83
nortrel 1/35 (28)	109	OBREDON.....	117	ONETOUCH VERIO IQ	
nortrel 7/7/7 (28)	109	OCALIVA	92	METER.....	83
nortriptyline.....	49	ocella	109		

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ONETOUCH VERIO SYSTEM.....	84	oxacillin.....	12, 13	PARLODEL.....	31
ONEXTON.....	68	oxacillin in dextrose(iso-osm).....	12	PARNATE.....	49
ONFI.....	29, 30	oxaliplatin.....	23	paroex oral rinse.....	76
ONGLYZA.....	84	oxandrolone.....	87	paromomycin.....	10
ONIVYDE.....	23	oxaprozin.....	43	paroxetine hcl.....	49, 50
ONZETRA XSAIL.....	33	OXAYDO.....	40	paroxetine mesylate(menop.sym).....	50
OPANA.....	40	oxcarbazepine.....	30	PASER.....	10
opcicon one-step.....	109	OXERVATE.....	112	PATADAY.....	112
OPDIVO.....	23	oxiconazole.....	70	PATANASE.....	76
opium tincture.....	89	OXISTAT.....	70	PATANOL.....	112
OPSUMIT.....	121	OXSORALEN ULTRA.....	66	PAXIL.....	50
option-2.....	109	OXTELLAR XR.....	30	PAXIL CR.....	50
ORACEA.....	15	oxybutynin chloride.....	124	PAZEO.....	112
oral saline laxative.....	92	oxycodone.....	40	PEDIARIX (PF).....	101
ORALAIR.....	101	OXYCODONE.....	40	PEDVAX HIB (PF).....	101
oralone.....	76	oxycodone-acetaminophen.....	40	peg 3350-electrolytes.....	92
ORAPRED ODT.....	77	oxycodone-aspirin.....	40	PEGANONE.....	30
ORAVIG.....	2	OXYCONTIN.....	41	PEGASYS.....	98
ORENCIA.....	104	oxymorphone.....	41	PEGASYS PROCLICK.....	98
ORENCIA (WITH MALTOSE).....	104	oxytocin.....	110	peg-electrolyte.....	92
ORENCIA CLICKJECT.....	104	OXYTROL.....	124	PEGINTRON.....	98
ORENITRAM.....	57	oysco 500/d.....	127	peg-prep.....	92
ORFADIN.....	74	oyster shell + d3.....	127	penicillamine.....	104
ORLISSA.....	87	oyster shell calcium-vit d2.....	131	PENICILLIN G POT IN DEXTROSE.....	13
ORKAMBI.....	121	oyster shell calcium-vit d3.....	127	penicillin g potassium.....	13
orsythia.....	109	oystercal-d.....	127	penicillin g procaine.....	13
ORTHO MICRONOR.....	106	OZEMPIC.....	84	penicillin g sodium.....	13
ORTHO TRI-CYCLEN LO (28).....	109	OZURDEX.....	113	penicillin v potassium.....	13
ORTHO-NOVUM 1/35 (28).....	109	P		PENNSAID.....	43
ORTHO-NOVUM 7/7/7 (28).....	109	pacerone.....	53	PENTACEL (PF).....	101
oseltamivir.....	4	paclitaxel.....	23	PENTAM.....	10
OSENI.....	84	paliperidone.....	49	pentamidine.....	10
osmitrol 15 %.....	57	palonosetron.....	92	PENTASA.....	92
osmitrol 20 %.....	57	PALYNZIQ.....	87	pentoxifylline.....	60
OSMOLEX ER.....	31	PAMELOR.....	49	PEPCID.....	95
OSMOPREP.....	92	pamidronate.....	87	PERCOCET.....	41
OSPHENA.....	107	PANCREAZE.....	92	PERFOROMIST.....	121
OTEZLA.....	104	PANDEL.....	72	perindopril erbumine.....	57
OTEZLA STARTER.....	104	PANRETIN.....	66	periogard.....	76
OTOVEL.....	76	pantoprazole.....	95	PERJETA.....	23
OTREXUP (PF).....	104	PANZYGA.....	101	permethrin.....	72
OVIDE.....	72	PAPAV-PHENTOLAM-ALPROST-WATER.....	125	perphenazine.....	50
OVIDREL.....	87	PAPAV-PHENTOLAMINE IN WATER.....	125	PERSERIS.....	50
		paregoric.....	89	PERTZYE.....	92, 93
		paricalcitol.....	87	PEXEVA.....	50
				pfizerpen-g.....	13

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phenazopyridine	125	PNEUMOVAX 23	101	prazosin.....	57
phendimetrazine tartrate.....	72	podofilox	66	PRECISION XTRA	
phenelzine.....	50	POLIVY	23	MONITOR	84
phenobarbital.....	30	polocaine	66	PRECOSE.....	84
phenobarbital sodium	30	polocaine-mpf.....	66	PRED FORTE	113
phenoxybenzamine.....	57	polycin.....	111	PRED MILD.....	113
phentermine.....	72	polyethylene glycol 3350	93	PRED-G.....	113
phentolamine	57	polymyxin b sulfate	10	PRED-G S.O.P.	113
PHENYTEK.....	30	polymyxin b sulf-trimethoprim		prednicarbate	72
phenytoin.....	30	.....	111	prednisolone	77
phenytoin sodium	30	POLYTRIM.....	111	prednisolone acetate	113
phenytoin sodium extended..	30	POLY-TUSSIN AC.....	117	prednisolone sodium phosphate	
philith	109	POMALYST	23	.....	77, 113
PHOSLYRA.....	127	portia 28.....	109	prednisone.....	77, 78
phosphate laxative.....	93	PORTRAZZA	23	prednisone intensol.....	77
PHOSPHOLINE IODIDE..	112	posaconazole	2	PREFEST	106
PHYSICIANS EZ USE B-12		POTABA	127	pregabalin	30
.....	131	potassium acetate.....	127	PREMARIN	106
phytonadione (vitamin k1) ..	60,	potassium chlorid-d5-		premasol 10 %	130
61		0.45% nacl.....	127	PREMASOL 6 %	130
PHYTONADIONE		potassium chloride.....	128	PREMPHASE.....	106
(VITAMIN K1).....	61	potassium chloride in 0.9% nacl		PREMPRO	106
PICATO	66	.....	127	prenatal vitamin oral tablet.	132
PIFELTRO	4	potassium chloride in 5 % dex		PREPOPIK	93
pilocarpine hcl.....	74, 112	.....	127	PREVACID	96
pimecrolimus.....	66	potassium chloride in lr-d5.	128	PREVACID 24HR.....	95
pimozide.....	50	potassium chloride in water	128	PREVACID SOLUTAB.....	96
pimtree (28).....	109	potassium chloride-0.45 % nacl		prevalite	62
pindolol	57	.....	128	PREVIDENT 5000 BOOSTER	
pioglitazone	84	potassium chloride-d5-		PLUS	76
pioglitazone-glimepiride	84	0.2% nacl.....	128	previfem.....	109
pioglitazone-metformin.....	84	potassium chloride-d5-		PREVNAR 13 (PF)	101
piperacillin-tazobactam	13	0.3% nacl.....	128	PREVYMIS.....	4
PIQRAY	23	potassium chloride-d5-		PREZCOBIX.....	4
pirmella.....	109	0.9% nacl.....	128	PREZISTA	4, 5
piroxicam.....	43	potassium citrate.....	125	PRIFTIN	10
PLAN B ONE-STEP	109	potassium phosphate m-/d-		PRIOLOSEC	96
PLAQUENIL	10	basic.....	128	PRIOLOSEC OTC	96
plasbumin 25 %	125	POTELIGEO	23	PRIMAQUINE	10
plasbumin 5 %	125	powderlax	93	PRIMAXIN IV	10
PLASMA-LYTE 148	130	PRADAXA.....	61	primidone.....	30
PLASMA-LYTE A	130	PRALUENT PEN.....	62	PRIMLEV.....	41
plasmanate.....	130	pramipexole	31	PRINIVIL	57
PLAVIX	61	PRANDIN	84	PRISTIQ	50
PLEGRIDY	98	prasugrel	61	PRIVIGEN	101
plenamine	130	PRAVACHOL	62	PROAIR HFA	121
PLENVU	93	pravastatin	62	PROAIR RESPICLICK.....	121
PLIAGLIS	66	praziquantel	10	probenecid	102

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probenecid-colchicine	102	prudoxin.....	66	ramelteon	50
procainamide	53	PSORCON	72	ramipril	58
PROCALAMINE 3%	130	PULMICORT	122	RANEXA	64
PROCARDIA XL	57	PULMICORT FLEXHALER		ranitidine hcl.....	96
procentra.....	50	.....	122	ranolazine	64
prochlorperazine.....	93	PULMOZYME.....	122	RAPAFLO	124
prochlorperazine edisylate....	93	purelax	93	RAPAMUNE.....	23
prochlorperazine maleate oral		PURIXAN	23	rasagiline.....	31
.....	93	PYLERA	96	RASUVO (PF).....	104
PROCRIT	98	pyrazinamide	11	RAVICTI.....	74
procto-med hc.....	93	PYRIDIUM	125	RAYALDEE.....	87
procto-pak.....	93	pyridostigmine bromide .35, 36		RAYOS.....	78
proctosol hc	93	PYRIDOSTIGMINE		RAZADYNE	35
proctozone-hc	93	BROMIDE.....	35	RAZADYNE ER.....	35
progesterone	106	pyridoxine (vitamin b6).....	132	REBIF (WITH ALBUMIN) .99	
progesterone micronized	106	PYRILAMINE MALEATE		REBIF REBIDOSE	99
PROGLYCEM	84	(BULK)	117	REBIF TITRATION PACK .99	
PROGRAF	23	Q		reclipsen (28).....	109
PROLASTIN-C.....	74	QBRELIS	57	RECOMBIVAX HB (PF)...101	
PROLENSA	112	QBREXZA	66	RECTIV.....	93
PROLEUKIN	98	QMIIZ ODT	43	REGLAN.....	93
PROLIA	102	QNASL.....	122	regonol.....	36
PROMACTA.....	61	QSYMIA	72	REGRANEX	66
promethazine	117	QTERN.....	84	RELENZA DISKHALER	5
PROMETHAZINE (BULK)		QUADRACEL (PF)	101	RELEXXII.....	50
.....	117	QUALAQUIN	11	relion glucose.....	84
promethazine-codeine	117	QUARTETTE	109	RELISTOR	93
promethazine-dm.....	117	QUDEXY XR.....	30	RELPAK.....	33
promethazine-phenyleph-		QUESTRAN.....	62	REMERON.....	50
codeine	117	QUESTRAN LIGHT.....	62	REMERON SOLTAB	50
promethegan	117	quetiapine	50	REMICADE	93
PROMETRIUM	106	QUILLICHEW ER.....	50	REMODULIN	58
propafenone	53	QUILLIVANT XR.....	50	RENACIDIN	125
propranolol	57	quinapril.....	58	RENAGEL	74
propranolol-hydrochlorothiazid		quinapril-hydrochlorothiazide		rena-vite.....	132
.....	57	.....	58	REVELA	74
propylthiouracil	78	quinidine gluconate	53	repaglinide	84
PROQUAD (PF)	101	quinidine sulfate	53	repaglinide-metformin.....	84
PROSCAR.....	124	quinine sulfate	11	REPATHA.....	62
PROSOL 20 %	130	quit 2.....	76	REPATHA PUSHTRONEX 62	
protamine.....	61	quit 4.....	76	REPATHA SURECLICK	62
PROTONIX.....	96	QVAR REDIHALER.....	122	REQUIP XL	32
PROTOPIC	66	R		RESCRIPTOR.....	5
protriptyline.....	50	RABAVERT (PF)	101	RESPA-AR.....	117
PROVENTIL HFA.....	121	rabeprazole	96	RESTASIS.....	112
PROVERA	106	RADICAVA.....	35	RESTASIS MULTIDOSE..	112
PROVIGIL	50	RAGWITEK.....	101	RETACRIT.....	99
PROZAC	50	raloxifene.....	103	RETIN-A	68

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RETIN-A MICRO.....	68	ROWASA.....	93	sevelamer carbonate	75
RETROVIR.....	5	roweepra	30	sevelamer hcl	75
REVATIO	122	roweepra xr.....	30	sf 76	
REVCIVI.....	74	ROXICODONE.....	41	sf 5000 plus.....	76
REVLIMID	23	ROZEREM.....	51	sharobel.....	106
revonto.....	36	ROZLYTREK	23	SHINGRIX (PF).....	101
REXULTI.....	50	RUBRACA.....	23	SIGNIFOR.....	24
REYATAZ	5	RUCONEST.....	122	SIKLOS	24
RHOFADE.....	68	RUZURGI	35	sildenafil	125
RHOPRESSA.....	113	RYDAPT	23	sildenafil (pulmonary arterial hypertension).....	122
ribasphere	5	RYTARY.....	32	SILENOR	51
ribasphere ribapak	5	RYTHMOL SR	53	SILIQ.....	65
ribavirin.....	5	S		silodosin.....	124
RIDAURA.....	104	SABRIL.....	30	SILVADENE.....	66
rifabutin	11	SAFYRAL.....	110	silver sulfadiazine.....	66
RIFADIN.....	11	SAIZEN.....	99	SIMBRINZA	113
RIFAMATE	11	SAIZEN SAIZENPREP	99	SIMPONI.....	105
rifampin	11	SALAGEN (PILOCARPINE)	75	SIMPONI ARIA	105
RIFATER	11	salsalate	43	SIMULECT	24
RILUTEK.....	74	SAMSCA	87	simvastatin.....	62
riluzole.....	74	SANCUSO	93	SINEMET.....	32
rimantadine.....	5	SANDIMMUNE	23	SINEMET CR	32
ringer's.....	73, 128	SANDOSTATIN	24	SINGULAIR.....	122
RINVOQ ER.....	104	SANDOSTATIN LAR DEPOT	24	sirolimus	24
RIOMET	84	SANTYL	66	SIRTURO	11
risacal-d.....	132	SAPHRIS	51	SITAVIG.....	5
risedronate.....	74, 103	SARAFEM.....	51	SIVEXTRO	11
RISPERDAL	51	SAVAYSA.....	61	SKLICE.....	72
RISPERDAL CONSTA	50	SAVELLA.....	104, 105	SKYRIZI	65
risperidone.....	51	SAXENDA.....	72	SLYND.....	110
RITALIN.....	51	scopolamine base.....	93	smoothlax	93
RITALIN LA.....	51	SEASONIQUE.....	110	sodium acetate	128
ritonavir.....	5	SEEBRI NEOHALER.....	122	sodium benzoate-sod phenylacet.....	75
RITUXAN.....	23	SEGLUROMET	84	sodium bicarbonate.....	128
RITUXAN HYCELA.....	23	selegiline hcl.....	32	sodium chloride	75, 129
rivastigmine.....	35	selenium sulfide.....	65	sodium chloride 0.45 %	129
rivastigmine tartrate.....	35	SELZENTRY	5	sodium chloride 0.9 %	75
rivelsa	109	SEMPREX-D	117	sodium chloride 3 %	129
rizatriptan	33	SENSIPAR.....	87	sodium chloride 5 %	129
robafen ac	117	SEREVENT DISKUS	122	sodium ferric gluconat-sucrose	75
ROCALTROL.....	87	SERNIVO.....	72	sodium fluoride 5000 plus	76
ROCKLATAN	113	SEROQUEL	51	sodium lactate intravenous .	129
ROMIDEPSIN	23	SEROQUEL XR.....	51	sodium nitroprusside	64
ropinirole	32	SEROSTIM	99	sodium phenylbutyrate	75
rosadan	68	sertraline	51	sodium phosphate	129
rosuvastatin.....	62	setlakin.....	110		
ROTARIX	101				
ROTATEQ VACCINE	101				

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sodium polystyrene sulfonate	STELARA	65	SUPREP BOWEL PREP KIT	93
..... 75	STENDRA.....	125	SUSTIVA	5
SOFOSBUVIR-	STIMATE.....	88	SUTENT.....	24
VELPATASVIR.....	STIOLTO RESPIMAT	122	syeda.....	110
solifenacin	STIVARGA.....	24	SYLATRON.....	99
SOLIQUA 100/33	stop smoking aid.....	76	SYLVANT	24
SOLIRIS.....	STRATTERA.....	51	SYMBICORT.....	122
SOLODYN.....	STRENSIQ.....	88	SYMBYAX.....	51
SOLOSEC.....	STREPTOMYCIN	11	SYMDEKO	123
SOLTAMOX.....	stress formula	132	SYMFI.....	5
SOMATULINE DEPOT.....	stress formula 600 c.....	132	SYMFI LO.....	5
SOMAVERT.....	stress formula with iron.....	132	SYMJEPI.....	117
SOOLANTRA.....	stress formula with iron(sulf)	132	SYMLINPEN 120	84
SORIATANE .....	..... 132		SYMLINPEN 60	84
SORILUX	STRIANT	88	SYMPAZAN	30
sorine	STRIBILD	5	SYMPROIC.....	93
sotalol	STRIVERDI RESPIMAT ..	122	SYMTUZA.....	5
sotalol af.....	STROMECTOL	11	SYNAGIS.....	5
SOTYLIZE.....	SUBOXONE	44	SYNALAR	72
SOVALDI	SUBSYS	41	SYNAREL.....	88
SPIRIVA RESPIMAT	subvenite.....	30	SYNDROS	93
SPIRIVA WITH	subvenite starter (blue) kit....	30	SYNERCID	11
HANDIHALER.....	subvenite starter (green) kit..	30	SYNJARDY	85
spironolactone	subvenite starter (orange) kit	30	SYNJARDY XR.....	85
spironolacton-hydrochlorothiaz	SUCRAID	93	SYNRIBO.....	24
..... 58	sucralfate	96	SYNTHROID	89
SPORANOX	SULAR.....	58	SYPRINE	75
sprintec (28).....	sulfacetamide sodium.....	112	T	
SPRITAM	sulfacetamide sodium (acne)	69	TABLOID.....	24
SPRIX	sulfacetamide-prednisolone	112	TACLONEX.....	65
SPRYCEL	sulfadiazine.....	14	tacrolimus	24, 66
sps (with sorbitol).....	sulfamethoxazole-trimethoprim	14	tadalafil	125
sronyx .....	..... 14		tadalafil (pulmonary arterial	
ssd.....	SULFAMYLON.....	69	hypertension) oral tablet	20
st joseph aspirin.....	sulfasalazine	93	mg.....	123
st. joseph aspirin.....	sulfatrim.....	14	TAFINLAR	24
STALEVO 100.....	sulindac.....	44	TAGRISSO.....	24
STALEVO 125.....	sumatriptan	33	TAKE ACTION	110
STALEVO 150.....	sumatriptan succinate	33	TAKHZYRO	123
STALEVO 200.....	sumatriptan-naproxen.....	33	TALTZ AUTOINJECTOR ..	65
STALEVO 50.....	SUNOSI.....	51	TALTZ SYRINGE	65
STALEVO 75.....	super b complex-vitamin c .	132	TALZENNA.....	24
STAMARIL (PF)	super b maxi complex.....	132	TAMIFLU	5
STARLIX	super quints.....	132	tamoxifen	24
stavudine.....	super quints b-50	132	tamsulosin.....	124
STAXYN.....	superplex-t.....	132	TAPAPOLE	78
STEGLATRO.....	SUPRAX	7, 8	TAPERDEX	78
STEGLUJAN				

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TARCEVA.....	24	testosterone enanthate.....	88	tolazamide.....	85
TARGADOX	15	TETANUS,DIPHThERIA		tolbutamide	85
TARGRETIN	24	TOX PED(PF)	101	tolcapone.....	32
tarina 24 fe.....	110	tetrabenazine.....	35	tolmetin.....	44
tarina fe 1/20 (28).....	110	tetracycline	15	TOLSURA.....	2
tarina fe 1-20 eq (28).....	110	TEXACORT.....	72	tolterodine.....	124
TARKA	58	THALOMID.....	25	TOPAMAX	30
TASIGNA	24, 25	THEO-24.....	123	TOPICORT.....	72
TASMAR	32	theophylline	123	topiramate	30
TAVALISSE.....	61	theophylline in dextrose 5 %		TOPIRAMATE	30
tazarotene	68	.....	123	toposar	25
tazicef	8	thiamine hcl (vitamin b1) ...	132	topotecan.....	25
TAZORAC	68	THIOLA	75	TOPROL XL	58
taztia xt.....	58	THIOLA EC.....	75	toremifene.....	25
TDVAX.....	101	thioridazine.....	51	TORISEL.....	25
TECENTRIQ.....	25	thiotepa	25	torsemide	58
TECFIDERA.....	35	thiothixene	51	TOSYMRA.....	33
TECHLITE INSULIN SYR		tiagabine	30	total b/c	132
HALF UNIT.....	85	TIAZAC	58	TOUJEO MAX U-300	
TECHLITE INSULIN		TIBSOVO.....	25	SOLOSTAR	85
SYRINGE	85	TICE BCG.....	101	TOUJEO SOLOSTAR U-300	
TEFLARO.....	8	tigecycline	11	INSULIN.....	85
TEGRETOL	30	TIGLUTIK	75	TOVIAZ	124
TEGRETOL XR.....	30	TIKOSYN	54	TPN ELECTROLYTES	129
TEGSEDI	35	tilia fe.....	110	TRACLEER	123
TEKTURNA	58	timolol maleate.....	58, 111	TRADJENTA	85
TEKTURNA HCT	58	TIMOPTIC OCUDOSE (PF)		tramadol.....	44
telmisartan	58	.....	111	TRAMADOL	44
telmisartan-amlodipine.....	58	TIMOPTIC-XE	111	tramadol-acetaminophen	44
telmisartan-hydrochlorothiazid		tinidazole	11	trandolapril	58
.....	58	TIROSINT.....	89	trandolapril-verapamil	58
TEMIXYS.....	5	TIROSINT-SOL.....	89	tranexamic acid.....	107
TEMODAR	25	TIVICAY.....	5	TRANSDERM-SCOP	93
temozolomide	25	TIVORBEX.....	44	TRANXENE T-TAB.....	51
temsirolimus	25	tizanidine	36	tranylcypromine.....	51
TENIVAC (PF)	101	TOBI.....	11	travasol 10 %	130
tenofovir disoproxil fumarate.	5	TOBI PODHALER	11	TRAVATAN Z.....	113
TENORETIC 100.....	58	TOBRADEX	113	trazodone	52
TENORETIC 50.....	58	TOBRADEX ST.....	113	TREANDA	25
TENORMIN.....	58	tobramycin.....	111	TRECTOR	11
terazosin	58	tobramycin in 0.225 % nacl..	11	TRELEGY ELLIPTA.....	123
terbinafine hcl.....	2	tobramycin sulfate	11	TRELSTAR.....	25
terbutaline.....	123	tobramycin-dexamethasone	113	TREMFYA	65
terconazole	107	TOBREX	111	treprostinil sodium.....	58
TESSALON PERLES	117	TODAY CONTRACEPTIVE		TRESIBA FLEXTOUCH U-	
TESTIM	88	SPONGE	107	100	85
testosterone.....	88	TOFRANIL	51	TRESIBA FLEXTOUCH U-	
testosterone cypionate	88	TOLAK	66	200	85

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TRESIBA U-100 INSULIN	85	tri-vylibra	110	UPTRAVI	58
tretinoin (chemotherapy)	25	tri-vylibra lo	110	URECHOLINE	125
tretinoin microspheres	68	TRIZIVIR	6	URISTIX 4	85
tretinoin topical	68	TROGARZO	6	URISTIX REAGENT	85
TREXALL	25	TROKENDI XR	31	UROCIT-K 10	125
TREXIMET	33	TROPHAMINE 10 %	130	UROCIT-K 15	125
TREZIX	41	TROPHAMINE 6%	130	UROCIT-K 5	125
tri femynor	110	trosopium	124	UROXATRAL	124
triamcinolone acetonide	72, 76, 78	TRUEPLUS GLUCOSE	75	URSO 250	93
triamterene	58	TRUEPLUS KETONE	85	URSO FORTE	93
triamterene-hydrochlorothiazid	58	TRULANCE	93	ursodiol	93
trianex	72	TRULICITY	85	UTIBRON NEOHALER	123
TRIBENZOR	58	TRUMENBA	101	UVADEX	66
tri-buffered aspirin	44	TRUSOPT	113	V	
TRICOR	62	TRUVADA	6	VABOMERE	11
triderm	72	TUDORZA PRESSAIR	123	VAGIFEM	106
TRIDESILON	72	tulana	106	VAGINAL	
trientine	75	TURALIO	25	CONTRACEPTIVE FILM	
tri-estarylla	110	TUSNEL PEDIATRIC	117	.....	107
TRIFERIC	132	TUSSICAPS	117	vaginal contraceptive foam	107
trifluoperazine	52	TUXARIN ER	118	valacyclovir	6
trifluridine	111	TUZISTRA XR	118	VALCHLOR	66
TRIGLIDE	62	TWINRIX (PF)	102	VALCYTE	6
tri-legest fe	110	TWYNSTA	58	valganciclovir	6
TRILEPTAL	30	TYBOST	6	VALIUM	52
tri-lynyah	110	tydemy	110	valproate sodium	31
TRILIPIX	62	TYGACIL	11	valproic acid	31
tri-lo-estarylla	110	TYKERB	25	valproic acid (as sodium salt)	31
tri-lo-marzia	110	TYLENOL-CODEINE #3	41	.....	31
tri-lo-sprintec	110	TYLENOL-CODEINE #4	41	valrubicin	25
trilyte with flavor packets	93	TYMLOS	103	valsartan	58
trimethoprim	15	TYPHIM VI	102	valsartan-hydrochlorothiazide	58
tri-mili	110	TYSABRI	35	.....	58
trimipramine	52	TYVASO	123	VALSTAR	25
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	125	TYVASO INSTITUTIONAL START KIT	123	VALTRESX	6
TRINTELLIX	52	TYVASO REFILL KIT	123	VANCOGIN	11
TRIPLENNAMINE (BULK)	117	TYVASO STARTER KIT	123	vancomycin	11
tri-previfem (28)	110	U		VANCOMYCIN	11
TRIPROLIDINE HCL (BULK)	117	UCERIS	93	VANCOMYCIN IN 0.9 % SODIUM CHL	11
TRISENOX	25	UDENYCA	99	vandazole	107
tri-sprintec (28)	110	ULORIC	102	VANOS	72
TRIUMEQ	5	ULTRACET	44	VANTAS	25
trivora (28)	110	ULTRAM	44	VAQTA (PF)	102
		ULTRAVATE	72	varidenafil	125
		UNASYN	13	VARIVAX (PF)	102
		unithroid	89	VARIZIG	102
		UNITUXIN	25	VARUBI	93

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VASCEPA.....	62	vigabatrin.....	31	W	
VASERETIC.....	58	vigadrone.....	31	wal-fex allergy.....	118
VASOTEC.....	58	VIGAMOX.....	111	wal-fex d 12 hour.....	118
VCF CONTRACEPTIVE GEL		VIIBRYD.....	52	wal-fex d 24 hour.....	118
.....	107	VIMIZIM.....	88	wal-itin.....	118
VECAMYL.....	64	VIMOVO.....	44	wal-itin d.....	118
VECTIBIX.....	25	VIMPAT.....	31	wal-itin d 12 hour.....	118
VECTICAL.....	65	vinblastine.....	25	wal-zyr (cetirizine).....	118
VELCADE.....	25	vincristine.....	25	wal-zyr d.....	118
veletri.....	58	vinorelbine.....	26	warfarin.....	61
velivet triphasic regimen (28)		VIOKACE.....	93	water for irrigation, sterile....	75
.....	110	viorele (28).....	110	WELCHOL.....	63
VELPHORO.....	75	VIRACEPT.....	6	WELLBUTRIN SR.....	52
VELTASSA.....	75	VIRAMUNE.....	6	WELLBUTRIN XL.....	52
VEMLIDY.....	6	VIRAMUNE XR.....	6	wera (28).....	110
VENCLEXTA.....	25	VIREAD.....	6	WIXELA INHUB.....	123
VENCLEXTA STARTING		virtussin ac.....	118	woman's laxative.....	93
PACK.....	25	virtussin dac.....	118	women's gentle laxative(bisac)	
venlafaxine.....	52	VISTOGARD.....	16	.....	93
VENLAFAXINE.....	52	vitajoy daily d.....	132	women's laxative (bisacodyl)93	
VENOFER.....	132	vitamin b complex.....	132	wymzya fe.....	110
VENTAVIS.....	123	vitamin b complex-folic acid		X	
VENTOLIN HFA.....	123	.....	132	XALATAN.....	113
verapamil.....	58, 59	vitamin d3.....	132	XALKORI.....	26
VEREGEN.....	67	vitamin k.....	61	XARELTO.....	61
VERELAN.....	59	vitamin k1.....	61	XATMEP.....	26
VERELAN PM.....	59	vitamins b complex.....	132	XELJANZ.....	105
VERSACLOZ.....	52	VITRAKVI.....	26	XELJANZ XR.....	105
VERZENIO.....	25	VIVELLE-DOT.....	106	XELODA.....	26
VESICARE.....	124	VIVITROL.....	44	XELPROS.....	113
VFEND.....	2	VIVLODEX.....	44	XENAZINE.....	35
VFEND IV.....	2	VIZIMPRO.....	26	XENLETA.....	11
V-GO 20.....	85	VOGELXO.....	88	XEPI.....	69
V-GO 30.....	85	VOLTAREN.....	44	XERESE.....	70
V-GO 40.....	85	voriconazole.....	2	XERMELO.....	26
VIAGRA.....	125	VOSEVI.....	6	XGEVA.....	16
VIBATIV.....	11	VOTRIENT.....	26	XHANCE.....	123
VIBERZI.....	93	VRAYLAR.....	52	XIAFLEX.....	75
VIBRAMYCIN.....	15	vyfemla (28).....	110	XIFAXAN.....	12
vicodin es.....	41	vylibra.....	110	XIGDUO XR.....	85
vicodin hp.....	41	VYNDAQEL.....	64	XIIDRA.....	112
VICTOZA 2-PAK.....	85	VYTORIN 10-10.....	63	XIMINO.....	15
VICTOZA 3-PAK.....	85	VYTORIN 10-20.....	63	XOFLUZA.....	6
VIDEX 2 GRAM PEDIATRIC		VYTORIN 10-40.....	63	XOLAIR.....	123
.....	6	VYTORIN 10-80.....	63	XOPENEX.....	123
VIDEX EC.....	6	VYVANSE.....	52	XOPENEX CONCENTRATE	
VIEKIRA PAK.....	6	VYXEOS.....	26	123
vienva.....	110	VYZULTA.....	113	XOPENEX HFA.....	123

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XOSPATA	26	ZEPATIER	6	zoledronic acid.....	88
XPOVIO.....	26	ZERBAXA	8	zoledronic acid-mannitol-water	
XTAMPZA ER	41	ZESTORETIC	59	.....	75, 88
XTANDI.....	26	ZESTRIL	59	ZOLINZA.....	26
xulane	107	ZETIA	63	zolmitriptan.....	33
XULTOPHY 100/3.6	85	ZETONNA	123	ZOLOFT.....	52
XURIDEN.....	75	ZIAC.....	59	zolpidem	52
XYOSTED	88	ZIAGEN	6	ZOMACTON	99
XYREM	52	ZIANA.....	68	ZOMIG.....	33
XYZAL	118	zidovudine	6	ZOMIG ZMT.....	33
Y		zileuton	123	ZONALON.....	67
YASMIN (28)	110	ZIOPTAN (PF).....	113	ZONEGRAN.....	31
YAZ (28).....	110	ziprasidone hcl.....	52	zonisamide.....	31
YERVOY	26	ZIPSOR	44	ZONTIVITY.....	61
YF-VAX (PF).....	102	ZIRGAN.....	111	ZORBTIVE	99
YONDELIS.....	26	ZITHROMAX.....	8	ZORTRESS	26
YONSA	26	ZITHROMAX TRI-PAK	8	ZORVOLEX.....	44
YOSPRALA.....	61	ZITHROMAX Z-PAK	8	ZOSTAVAX (PF)	102
YUPELRI.....	123	ZOCOR	63	ZOSYN.....	13
yuvaferm.....	106	ZODRYL AC 25	118	ZOSYN IN DEXTROSE (ISO-	
Z		ZODRYL AC 30	118	OSM).....	13
zafirlukast	123	ZODRYL AC 35	118	zovia 1/35e (28).....	110
zaleplon	52	ZODRYL AC 40	118	ZOVIRAX	6, 70
ZALTRAP.....	26	ZODRYL AC 50	118	ZTLIDO.....	67
ZANAFLEX.....	36	ZODRYL AC 60	118	Z-TUSS AC.....	118
ZANOSAR.....	26	ZODRYL AC 80	118	ZUBSOLV.....	44
zarah	110	ZODRYL DAC 25	118	zumandimine (28).....	110
ZARONTIN	31	ZODRYL DAC 30	118	ZUPLENZ	94
ZARXIO.....	99	ZODRYL DAC 35	118	ZYCLARA	67
ZAVESCA	88	ZODRYL DAC 40	118	ZYDELIG.....	26
ZEGERID.....	96	ZODRYL DAC 50	118	ZYFLO	123
ZEGERID OTC.....	96	ZODRYL DAC 60	118	ZYKADIA.....	26
ZEJULA	26	ZODRYL DAC 80	118	ZYLET	113
ZELAPAR.....	32	ZODRYL DEC 25.....	118	ZYLOPRIM.....	102
ZELBORAF	26	ZODRYL DEC 30.....	118	ZYMAXID	111
ZELNORM	94	ZODRYL DEC 35.....	118	ZYPITAMAG.....	63
ZEMAIRA.....	75	ZODRYL DEC 40.....	118	ZYPREXA.....	52, 53
ZEMBRACE SYMTOUCH.....	33	ZODRYL DEC 50.....	118	ZYPREXA RELPREVV	53
ZEMPLAR	88	ZODRYL DEC 60.....	118	ZYPREXA ZYDIS	53
zenatane.....	68	ZODRYL DEC 80.....	118	ZYRTEC.....	118
ZENPEP	94	ZOFRAN	94	ZYRTEC-D	118
zenzedi.....	52	ZOHYDRO ER	41	ZYTIGA	26
ZENZEDI.....	52	ZOLADEX	26	ZYVOX	12

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