

GuildNet



**LIGHTHOUSE
GUILD**
Vision+Health

GuildNet Gold

Medicare Advantage Prescription Drug Plan

Formulary 2017



This formulary was updated on 10/01/2017. For more recent information or other questions, please contact the Plan at 1-800-815-0000 or, for TTY users, 711. Hours are Monday through Sunday, 8am to 8pm or visit

www.guildnetny.org.
17312v16

H6864_GN479_2017 Formulary_Accepted

GuildNet Gold HMO-SNP Plan

2017 Formulary

(List of Covered Drugs)

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

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 GuildNet. When it refers to “plan” or “our plan,” it means GuildNet Gold.

This document includes list of the drugs (formulary) for our plan which is current as of 10/01/2017. 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, 2018, and from time to time during the year.

GuildNet Gold is a HMO SNP plan with a Medicare and New York State Medicaid contract. Enrollment in GuildNet Gold depends upon contract renewal.

You must continue to pay your Medicare Part B premium. If you have full Medicaid coverage, the State Medicaid plan pays the Medicare Part B premium for you.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan.

Limitations, copayments, and restrictions may apply.

The Formulary and pharmacy network may change at any time. You will receive notice when necessary.

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This information is available for free in other languages. Please contact our customer service number at **1-800-815-0000**, from 8am to 8pm, Monday through Sunday. TTY users should call **711**, from 8am to 8pm, Monday through Sunday for additional information.

Esta información está disponible en otros idiomas a gratis. Por favor llame a Servicios a los miembros. Por favor llame a Servicios a los miembros, al **1-800-815-0000** por información adicional. (Los usuarios de TTY deben llamar al **711**). Se atiende de lunes a domingo, de 8am a 8pm Servicios a los Miembros tienen los servicios gratuitos de intérprete de idioma disponibles para altavoces de no-inglés.

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What is the GuildNet Gold Formulary?

A formulary is a list of covered drugs selected by GuildNet Gold 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. GuildNet Gold will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a GuildNet Gold 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 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 10/01/2017. To get updated information about the drugs covered by GuildNet Gold, please contact us. Our contact information appears on the front and back cover pages.

In the event of a mid-year non-maintenance formulary change, the change is added to a comprehensive list of changes that have been made since the formulary was printed. The list of changes is included with the formulary booklet that is mailed to new members with their welcome kit. Existing members can view the updated formulary by visiting us on the web at www.guildnetny.org. The formulary that is posted on our website is updated monthly. Members may also request a copy of the list of changes by calling Customer Service. Our contact information appears on the front and back cover pages.

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How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular-Hypertensive/Lipids”. If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 89. 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?

GuildNet Gold 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:** GuildNet Gold requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from GuildNet Gold before you fill your prescriptions. If you don't get approval, GuildNet Gold may not cover the drug.
- **Quantity Limits:** For certain drugs, GuildNet Gold limits the amount of the drug that GuildNet Gold will cover. For example, GuildNet Gold provides 30 tablets per prescription for Januvia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, GuildNet Gold 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, GuildNet Gold may not cover Drug B unless you try Drug A first. If Drug A does not work for you, GuildNet Gold will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on

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line documents that explain our prior authorization restriction *or* step therapy restriction *or* 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 GuildNet Gold 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 GuildNet Gold’s HMO-SNP Plan?” on page iv 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. GuildNet Gold pays for certain OTC drugs. (Examples of OTC covered drugs are: aspirin, acetaminophen, Advil, antacids, allergy and cold medications, anti-biotic creams, laxatives, nicotine patches and gum, and vitamins.) GuildNet Gold will provide these OTC drugs at no cost to you. The cost to GuildNet Gold of these OTC drugs 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.

If you learn that GuildNet Gold does not cover your drug, you have two options:

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

You can ask GuildNet Gold 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, GuildNet Gold 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, GuildNet Gold will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a current member in our plan and you experience a change in the level of care, such as an admission or discharge from the long-term care facility, you will be allowed an "early" refill of your medications, as needed, to assist with your transition to your new level of care.

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For more information

For more detailed information about your GuildNet Gold prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about GuildNet Gold, 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>.

GuildNet Gold's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by GuildNet Gold. If you have trouble finding your drug in the list, turn to the Index that begins on page 89.

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

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Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

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

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service at 1-877-344-7364, Monday to Sunday, 8:00 am to 8:00 pm, (TTY users should call 711).

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.*

NEDS: *Non-extended day supply. For certain drugs, the plan limits the days' supply we will cover to one month at a time.*

GuildNet Gold HMO SNP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GuildNet Gold does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

GuildNet Gold:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact GuildNet Gold at 1-800-815-0000, TTY 711, Monday through Sunday, 8am to 8pm.

If you believe that GuildNet Gold has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Bruce Mastalinski, Chief Compliance Officer, 15 West 65th St New York, NY, 212-769-6212, Fax 646-874-8222, mastalinskib@lighthouseguild.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Bruce Mastalinski is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-815-0000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-815-0000 (TTY : 711)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-815-0000 (телетайп: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-815-0000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-815-0000 (TTY: 711)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-815-0000 (TTY: 711).

אויפּמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט -1-800-815-0000 (TTY: 711).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-815-0000 (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-815-0000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-815-0000 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-815-0000 (ATS : 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں -1-800-815-0000 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-815-0000 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-815-0000 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-815-0000 (TTY: 711).

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

*****: The * next to a drug means the drug is not a “Part D drug.” These drugs have different rules for appeals. An appeal is a formal way of asking for a review of and change to a coverage decision if you think there was a mistake. For example, GuildNet or your Interdisciplinary Team (IDT) might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid. If you or your doctor or other prescriber disagrees with the decision, you can appeal. To ask for instructions on how to appeal, call the GuildNet Gold Plus FIDA Plan at 1-800-815-0000; TTY/TDD 1-800-662-1220 or the Independent Consumer Advocacy Network (ICAN) at 1-844-614-8800. You can also read the Participant Handbook to learn how to appeal a decision.

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

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

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

NEDS: For certain drugs, the plan limits the days’ supply we will cover to one month at a time.

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.

If you have questions, please call GuildNet Gold Plus FIDA at 1-800-815-0000, Monday through Sunday between 8 am and 8 pm. TTY/TDD, please call 1-800-662-1220. The call is free. For more information, visit www.guildnetny.org.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	4	B/D PA; MO
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>amphotericin b injection recon soln</i>	2	B/D PA; MO
CANCIDAS INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>clotrimazole mucous membrane troche</i>	2	MO
<i>fluconazole in dextrose (iso-osm) intravenous piggyback</i>	2	B/D PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	B/D PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	B/D PA
<i>fluconazole oral suspension for reconstitution</i>	2	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine oral capsule</i>	2	MO
<i>griseofulvin microsize oral suspension</i>	2	MO
<i>griseofulvin microsize oral tablet</i>	2	MO
<i>griseofulvin ultramicrosize oral tablet</i>	2	MO
<i>itraconazole oral capsule</i>	2	MO; QL (120 per 30 days)
<i>ketoconazole oral tablet</i>	2	MO
NOXAFIL ORAL SUSPENSION	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>terbinafine hcl oral tablet</i>	2	MO; QL (90 per 365 days)
<i>voriconazole intravenous solution</i>	2	B/D PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	MO
<i>voriconazole oral tablet 200 mg</i>	5	MO
<i>voriconazole oral tablet 50 mg</i>	2	MO
ANTIVIRALS		
<i>abacavir oral tablet</i>	2	MO
<i>abacavir-lamivudine oral tablet</i>	5	MO
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous recon soln 500 mg</i>	2	B/D PA
<i>acyclovir sodium intravenous solution</i>	2	B/D PA; MO
<i>adefovir oral tablet</i>	5	MO
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	2	MO
APTIVUS ORAL CAPSULE	3	MO
APTIVUS ORAL SOLUTION	3	
ATRIPLA ORAL TABLET	5	MO
BARACLUDE ORAL SOLUTION	3	MO
CIDOFOVIR INTRAVENOUS SOLUTION	3	B/D PA; MO
COMPLERA ORAL TABLET	5	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
DESCOVY ORAL TABLET	5	MO
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	2	
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	2	MO
EDURANT ORAL TABLET	4	MO
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir oral tablet</i>	5	MO
EPCLUSA ORAL TABLET	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	4	MO
EPZICOM ORAL TABLET	3	MO
EVOTAZ ORAL TABLET	5	MO
<i>famciclovir oral tablet 125 mg</i>	2	MO; QL (21 per 10 days)
<i>famciclovir oral tablet 250 mg</i>	2	MO; QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	MO; QL (21 per 7 days)
<i>foscarnet intravenous solution</i>	2	
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
GENVOYA ORAL TABLET	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL TABLET	5	PA; MO; QL (28 per 28 days); NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	3	MO
INTELENCE ORAL TABLET 200 MG	5	MO
INVIRASE ORAL CAPSULE	5	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS ORAL POWDER IN PACKET	3	MO
ISENTRESS ORAL TABLET	3	MO
ISENTRESS ORAL TABLET,CHEWABLE	3	MO
KALETRA ORAL SOLUTION	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine oral solution</i>	2	MO
<i>lamivudine oral tablet</i>	2	MO
<i>lamivudine-zidovudine oral tablet</i>	4	MO
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	3	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>nevirapine oral suspension</i>	2	MO
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL CAPSULE	3	
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY ORAL TABLET	5	MO
<i>oseltamivir oral capsule 30 mg</i>	2	MO; QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	MO; QL (42 per 180 days)
PREZCOBIX ORAL TABLET	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	MO; QL (60 per 180 days)
RESCRIPTOR ORAL TABLET	3	MO
RESCRIPTOR ORAL TABLET, DISPERSIBLE	3	MO
RETROVIR INTRAVENOUS SOLUTION	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	MO
REYATAZ ORAL POWDER IN PACKET	3	MO
<i>ribavirin oral capsule</i>	2	PA; MO
<i>ribavirin oral tablet 200 mg</i>	2	PA; MO
<i>rimantadine oral tablet</i>	2	MO
SELZENTRY ORAL SOLUTION	4	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	4	MO
SOVALDI ORAL TABLET	5	PA; MO; QL (30 per 30 days); NEDS
<i>stavudine oral capsule</i>	2	MO
STRIBILD ORAL TABLET	5	MO
SUSTIVA ORAL CAPSULE	3	MO
SUSTIVA ORAL TABLET	3	MO
SYNAGIS INTRAMUSCULAR SOLUTION	5	PA; MO; LA
TIVICAY ORAL TABLET 10 MG	4	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TRIUMEQ ORAL TABLET	5	MO
TRUVADA ORAL TABLET	5	MO
TYBOST ORAL TABLET	3	MO
<i>valacyclovir oral tablet</i>	2	MO; QL (30 per 30 days)
VALCYTE ORAL RECON SOLN	5	MO
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	5	MO
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	3	MO
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN	3	MO
VIRACEPT ORAL TABLET	3	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO
VIRAZOLE INHALATION RECON SOLN	5	B/D PA; MO
VIREAD ORAL POWDER	3	MO
VIREAD ORAL TABLET	3	MO
ZERIT ORAL RECON SOLN	4	MO
ZIAGEN ORAL SOLUTION	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral capsule</i>	2	MO
<i>zidovudine oral syrup</i>	2	MO
<i>zidovudine oral tablet</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	B/D PA; MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	B/D PA; MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	2	B/D PA
<i>cefazolin intravenous recon soln</i>	2	B/D PA
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	2	MO
<i>cefepime in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	B/D PA
<i>cefepime in dextrose (iso-osm) intravenous piggyback 2 gram/100 ml</i>	2	B/D PA; MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	2	B/D PA; MO
<i>cefepime injection recon soln</i>	2	B/D PA; MO
<i>cefixime oral suspension for reconstitution</i>	2	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	2	
<i>cefotaxime injection recon soln 10 gram</i>	2	B/D PA; MO
CEFOTETAN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	2	
<i>cefotetan injection recon soln</i>	2	
<i>cefotetan intravenous recon soln</i>	2	
<i>cefoxitin in dextrose (iso-osm) intravenous piggyback</i>	2	B/D PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	B/D PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefepodoxime oral suspension for reconstitution</i>	2	MO
<i>cefepodoxime oral tablet</i>	2	MO
<i>cefprozil oral suspension for reconstitution</i>	2	MO
<i>cefprozil oral tablet</i>	2	MO
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	MO
<i>ceftriaxone in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</i>	2	B/D PA; MO
<i>ceftriaxone injection recon soln 1 gram</i>	2	MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	2	
<i>ceftriaxone injection recon soln 2 gram, 250 mg, 500 mg</i>	2	B/D PA; MO
<i>ceftriaxone intravenous recon soln 1 gram</i>	2	MO
<i>ceftriaxone intravenous recon soln 2 gram</i>	2	B/D PA; MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	B/D PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	B/D PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	B/D PA
<i>cephalexin oral capsule</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>cephalexin oral tablet</i>	2	MO
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
TEFLARO INTRAVENOUS RECON SOLN	4	B/D PA; MO

ERYTHROMYCINS / OTHER MACROLIDES

<i>azithromycin intravenous recon soln</i>	2	B/D PA; MO
<i>azithromycin oral packet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<i>clarithromycin oral tablet extended release 24 hr e.e.s. 400 oral tablet</i>	2	MO
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	B/D PA; MO; NEDS
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	2	MO
<i>erythromycin oral tablet</i>	2	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA ORAL TABLET	4	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	MO; QL (180 per 30 days)
ALINIA ORAL TABLET	4	MO; QL (12 per 30 days)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	B/D PA; MO
<i>atovaquone oral suspension</i>	5	MO
<i>atovaquone-proguanil oral tablet</i>	2	MO
<i>aztreonam injection recon soln</i>	2	MO
<i>baciim intramuscular recon soln</i>	2	
<i>bacitracin intramuscular recon soln</i>	2	MO
CAPASTAT INJECTION RECON SOLN	4	B/D PA
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	MO; QL (84 per 28 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	2	B/D PA
<i>chloroquine phosphate oral tablet</i>	2	MO
<i>clindamycin hcl oral capsule</i>	2	MO
<i>clindamycin palmitate hcl oral recon soln</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin pediatric oral recon soln</i>	2	MO
<i>clindamycin phosphate injection solution</i>	2	B/D PA; MO
<i>clindamycin phosphate intravenous solution</i>	2	B/D PA
COARTEM ORAL TABLET	4	MO
COLISTIN (COLISTIMETHATE NA) INJECTION RECON SOLN	4	B/D PA; MO
CUBICIN INTRAVENOUS RECON SOLN	5	MO
CUBICIN RF INTRAVENOUS RECON SOLN	5	
CYCLOSERINE ORAL CAPSULE	2	MO
DAPSONE ORAL TABLET	4	MO
<i>daptomycin intravenous recon soln</i>	5	MO
DARAPRIM ORAL TABLET	5	PA; MO; NEDS
<i>ethambutol oral tablet</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 80 mg/50 ml</i>	2	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 60 mg/50 ml, 70 mg/50 ml, 90 mg/100 ml</i>	2	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 80 MG/100 ML	4	
<i>gentamicin injection solution 40 mg/ml</i>	2	B/D PA; MO
<i>hydroxychloroquine oral tablet</i>	2	MO
<i>imipenem-cilastatin intravenous recon soln</i>	2	B/D PA; MO
INVANZ INJECTION RECON SOLN	4	B/D PA; MO
INVANZ INTRAVENOUS RECON SOLN	4	B/D PA
<i>isoniazid injection solution</i>	2	
<i>isoniazid oral solution</i>	2	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral tablet</i>	2	MO
<i>linezolid intravenous parenteral solution</i>	5	PA
<i>linezolid oral suspension for reconstitution</i>	4	PA; MO
<i>linezolid oral tablet</i>	5	PA; MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine oral tablet</i>	2	MO
<i>meropenem intravenous recon soln</i>	2	B/D PA; MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	2	B/D PA
<i>metro i.v. intravenous piggyback</i>	2	MO
<i>metronidazole in nacl (iso-osm) intravenous piggyback</i>	2	MO
<i>metronidazole oral capsule</i>	2	MO
<i>metronidazole oral tablet</i>	2	MO
NEBUPENT INHALATION RECON SOLN	4	B/D PA; MO
<i>neomycin oral tablet</i>	2	MO
<i>paromomycin oral capsule</i>	2	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET	4	MO
PENTAM INJECTION RECON SOLN	4	B/D PA; MO
<i>polymyxin b sulfate injection recon soln</i>	2	MO
PRIFTIN ORAL TABLET	4	MO
PRIMAQUINE ORAL TABLET	4	MO
<i>pyrazinamide oral tablet</i>	2	MO
<i>quinine sulfate oral capsule</i>	2	PA; MO
<i>rifabutin oral capsule</i>	2	MO
<i>rifampin intravenous recon soln</i>	2	B/D PA; MO
<i>rifampin oral capsule</i>	2	MO
SIRTURO ORAL TABLET	5	MO; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	4	B/D PA; MO
SYNERCID INTRAVENOUS RECON SOLN	4	B/D PA
<i>tinidazole oral tablet</i>	2	MO
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 inhalation solution for nebulization</i>	5	B/D PA; MO
<i>tobramycin sulfate injection recon soln</i>	2	B/D PA
<i>tobramycin sulfate injection solution</i>	2	B/D PA; MO
TRECTOR ORAL TABLET	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
TYGACIL INTRAVENOUS RECON SOLN	4	MO
XIFAXAN ORAL TABLET 550 MG	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 oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule</i>	2	MO
<i>ampicillin sodium injection recon soln</i>	2	B/D PA; MO
<i>ampicillin sodium intravenous recon soln</i>	2	B/D PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	B/D PA
<i>ampicillin-sulbactam injection recon soln 3 gram</i>	2	B/D PA; MO
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	
BICILLIN C-R INTRAMUSCULAR SYRINGE	4	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	MO
<i>dicloxacillin oral capsule</i>	2	MO
<i>nafcillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	B/D PA
<i>nafcillin in dextrose (iso-osm) intravenous piggyback 2 gram/100 ml</i>	2	B/D PA; MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	B/D PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	B/D PA; MO
<i>nafcillin intravenous recon soln</i>	2	B/D PA; MO
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</i>	5	MO
<i>oxacillin injection recon soln 1 gram</i>	2	B/D PA

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

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
<i>oxacillin intravenous recon soln 1 gram</i>	2	B/D PA
<i>oxacillin intravenous recon soln 2 gram</i>	2	
<i>penicillin g potassium injection recon soln</i>	2	B/D PA; MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	B/D PA
<i>penicillin g sodium injection recon soln</i>	2	B/D PA; MO
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet</i>	2	MO
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	2	B/D PA
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	B/D PA; MO
QUINOLONES		
AVELOX IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK	4	B/D PA; MO
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr</i>	2	MO
<i>ciprofloxacin hcl oral tablet</i>	2	MO
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml</i>	2	B/D PA; MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	2	B/D PA
<i>ciprofloxacin oral suspension, microcapsule recon</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous solution</i>	2	B/D PA; MO
<i>levofloxacin oral solution</i>	2	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral tablet</i>	2	MO
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	2	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	B/D PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	MO
TETRACYCLINES		
<i>demeclocycline oral tablet</i>	2	MO
<i>doxy-100 intravenous recon soln</i>	2	MO; NEDS
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	2	MO
<i>doxycycline monohydrate oral capsule</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>minocycline oral tablet extended release 24 hr</i>	2	MO
<i>morgidox oral capsule 100 mg</i>	2	MO
<i>morgidox oral capsule 50 mg</i>	2	
ORACEA ORAL CAPSULE,IR - DELAYED RELEASE,BIPHASE	4	MO
<i>tetracycline oral capsule</i>	2	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	2	MO
<i>methenamine mandelate oral tablet 1 gram</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	2	MO
<i>trimethoprim oral tablet</i>	2	MO
VANCOMYCIN		
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS PIGGYBACK	2	B/D PA
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	2	B/D PA
VANCOMYCIN INJECTION RECON SOLN	2	B/D PA
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	2	B/D PA; MO
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	2	B/D PA; MO
<i>vancomycin oral capsule</i>	5	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>amifostine crystalline intravenous recon soln</i>	5	B/D PA; MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	2	B/D PA
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	2	B/D PA; MO
ELITEK INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral tablet</i>	2	MO
<i>levoleucovorin intravenous recon soln 50 mg</i>	4	B/D PA
LEVOLEUCOVORIN INTRAVENOUS SOLUTION	4	B/D PA
<i>mesna intravenous solution</i>	2	B/D PA; MO
MESNEX ORAL TABLET	5	MO
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>adriamycin intravenous solution</i>	2	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	2	B/D PA; MO
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	5	PA; MO; NEDS
AFINITOR ORAL TABLET	5	PA; MO; NEDS
ALECENSA ORAL CAPSULE	5	PA; MO
ALIMTA INTRAVENOUS RECON SOLN	5	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days)
<i>anastrozole oral tablet</i>	2	MO
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	4	B/D PA; MO
AVASTIN INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>azacitidine injection recon soln</i>	5	MO
AZASAN ORAL TABLET	3	B/D PA; MO
<i>azathioprine oral tablet</i>	2	B/D PA; MO
<i>azathioprine sodium injection recon soln</i>	2	B/D PA
BAVENCIO INTRAVENOUS SOLUTION	5	PA; MO; LA
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA; MO
BENDEKA INTRAVENOUS SOLUTION	5	PA; MO
<i>bexarotene oral capsule</i>	5	PA; MO
<i>bicalutamide oral tablet</i>	2	MO
BICNU INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>bleomycin injection recon soln</i>	2	B/D PA; MO
BOSULIF ORAL TABLET	5	PA; MO; NEDS
BUSULFEX INTRAVENOUS SOLUTION	3	B/D PA
CABOMETYX ORAL TABLET	5	PA; MO; LA
CAPRELSA ORAL TABLET	5	MO
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
CELLCEPT INTRAVENOUS RECON SOLN	4	B/D PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine intravenous solution</i>	2	B/D PA; MO
<i>clofarabine intravenous solution</i>	5	B/D PA
COMETRIQ ORAL CAPSULE	5	PA; MO
COTELLIC ORAL TABLET	5	PA; MO; LA
CYCLOPHOSPHAMIDE ORAL CAPSULE	4	B/D PA; MO
<i>cyclosporine intravenous solution</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	2	B/D PA; MO
<i>cyclosporine modified oral solution</i>	2	B/D PA; MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>cytarabine injection solution</i>	2	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	2	B/D PA; MO
DARZALEX INTRAVENOUS SOLUTION	3	PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA
<i>decitabine intravenous recon soln</i>	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO
<i>doxorubicin, peg-liposomal intravenous suspension</i>	5	B/D PA; MO
DROXIA ORAL CAPSULE	3	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; MO
EMCYT ORAL CAPSULE	3	MO
EMPLICITI INTRAVENOUS RECON SOLN	5	PA; MO
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	4	B/D PA; MO
ERIVEDGE ORAL CAPSULE	3	PA; MO
ERWINAZE INJECTION RECON SOLN	5	PA; MO
<i>etoposide intravenous solution</i>	2	B/D PA; MO
<i>exemestane oral tablet</i>	2	MO
FARESTON ORAL TABLET	3	MO
FARYDAK ORAL CAPSULE	5	PA; MO
FASLODEX INTRAMUSCULAR SYRINGE	5	B/D PA; MO
FLUDARABINE INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>fludarabine intravenous solution</i>	4	B/D PA
<i>fluorouracil intravenous solution</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>flutamide oral capsule</i>	2	MO
GAZYVA INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	5	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	B/D PA; MO
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	5	B/D PA
<i>gengraf oral capsule</i>	2	B/D PA; MO
<i>gengraf oral solution</i>	2	B/D PA; MO
GILOTRIF ORAL TABLET	5	PA; MO
GLEEVEC ORAL TABLET 100 MG	5	PA; MO
GLEEVEC ORAL TABLET 400 MG	5	PA; MO; QL (60 per 30 days)
GLEOSTINE ORAL CAPSULE	4	MO
HERCEPTIN INTRAVENOUS RECON SOLN	5	B/D PA; MO
HEXALEN ORAL CAPSULE	5	MO
<i>hydroxyurea oral capsule</i>	2	MO
IBRANCE ORAL CAPSULE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA
ICLUSIG ORAL TABLET 45 MG	5	PA; MO
<i>idarubicin intravenous solution</i>	2	B/D PA
IDHIFA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; MO; QL (60 per 30 days)
IFOSFAMIDE INTRAVENOUS RECON SOLN 1 GRAM	3	B/D PA; MO
<i>ifosfamide intravenous recon soln 3 gram</i>	3	B/D PA; MO
<i>ifosfamide intravenous solution</i>	3	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE	5	PA; MO
IMFINZI INTRAVENOUS SOLUTION	5	PA; MO; LA
INLYTA ORAL TABLET	4	PA; MO
IRESSA ORAL TABLET	5	PA; MO
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	B/D PA
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; MO
JAKAFI ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
KADCYLA INTRAVENOUS RECON SOLN 100 MG	5	PA; MO; NEDS
KADCYLA INTRAVENOUS RECON SOLN 160 MG	5	PA; MO
KEYTRUDA INTRAVENOUS RECON SOLN	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN	5	PA; MO
LARTRUVO INTRAVENOUS SOLUTION	5	PA; MO
LENVIMA ORAL CAPSULE	5	PA; MO
<i>letrozole oral tablet</i>	2	MO
LEUKERAN ORAL TABLET	3	MO
<i>leuprolide subcutaneous kit</i>	2	MO
LONSURF ORAL TABLET	5	PA; MO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	3	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; MO
LYNPARZA ORAL CAPSULE	5	PA; MO
LYSODREN ORAL TABLET	3	MO
MATULANE ORAL CAPSULE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	4	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	4	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET	5	PA; MO
<i>melphalan hcl intravenous recon soln</i>	2	B/D PA
<i>mercaptopurine oral tablet</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln</i>	2	B/D PA; MO
<i>mitoxantrone intravenous concentrate</i>	2	B/D PA; MO
MUSTARGEN INJECTION RECON SOLN	3	B/D PA; MO
<i>mycophenolate mofetil hcl intravenous recon soln</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	2	B/D PA; MO
NEORAL ORAL CAPSULE	4	B/D PA; MO
NEORAL ORAL SOLUTION	4	B/D PA; MO
NERLYNX ORAL TABLET	5	PA; MO; QL (180 per 30 days); NEDS
NEXAVAR ORAL TABLET	5	PA; MO
NILANDRON ORAL TABLET	3	MO
<i>nilutamide oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
NINLARO ORAL CAPSULE	5	PA; MO
NULOJIX INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
ODOMZO ORAL CAPSULE	5	PA; MO; LA
ONCASPAR INJECTION SOLUTION	5	PA; MO
OPDIVO INTRAVENOUS SOLUTION	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	4	B/D PA
OXALIPLATIN INTRAVENOUS SOLUTION 100 MG/20 ML	4	B/D PA; MO
<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	4	B/D PA; MO
PACLITAXEL INTRAVENOUS CONCENTRATE	3	B/D PA; MO
PERJETA INTRAVENOUS SOLUTION	5	PA; MO
POMALYST ORAL CAPSULE	5	PA; MO
PORTRAZZA INTRAVENOUS SOLUTION	5	PA; MO
PURIXAN ORAL SUSPENSION	4	MO
RAPAMUNE ORAL SOLUTION	3	B/D PA; MO
RAPAMUNE ORAL TABLET	4	B/D PA; MO
REVLIMID ORAL CAPSULE	5	PA; MO; LA
RITUXAN INTRAVENOUS CONCENTRATE	5	PA; MO
RUBRACA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (120 per 30 days)
RUBRACA ORAL TABLET 250 MG	5	PA; MO; LA; QL (124 per 30 days); NEDS
RYDAPT ORAL CAPSULE	5	PA; MO
SANDIMMUNE ORAL CAPSULE	4	B/D PA; MO
SANDIMMUNE ORAL SOLUTION	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE RECON	5	PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral tablet</i>	2	B/D PA; MO
SOLTAMOX ORAL SOLUTION	4	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	B/D PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	5	PA; MO; QL (30 per 30 days); NEDS
SPRYCEL ORAL TABLET 20 MG, 50 MG	5	PA; MO; NEDS
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (60 per 30 days); NEDS
STIVARGA ORAL TABLET	5	PA; MO
SUTENT ORAL CAPSULE	5	PA; MO
SYNRIBO SUBCUTANEOUS RECON SOLN	5	B/D PA; MO
TABLOID ORAL TABLET	3	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>tacrolimus oral capsule 5 mg</i>	4	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; NEDS
TAGRISSE ORAL TABLET	5	PA; MO; LA
<i>tamoxifen oral tablet</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA; MO; NEDS
TARCEVA ORAL TABLET 150 MG	5	PA; MO; QL (30 per 30 days); NEDS
TARGRETIN TOPICAL GEL	5	MO
TASIGNA ORAL CAPSULE	5	PA; MO
TECENTRIQ INTRAVENOUS SOLUTION	5	PA; MO; LA
THALOMID ORAL CAPSULE	5	PA; MO
<i>thiotepa injection recon soln</i>	5	PA; MO
<i>toposar intravenous solution</i>	2	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA
<i>topotecan intravenous solution</i>	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	3	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	3	B/D PA; MO
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	B/D PA; MO
<i>tretinoin (chemotherapy) oral capsule</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION	3	B/D PA; MO
TYKERB ORAL TABLET	5	PA; MO; NEDS
VELCADE INJECTION RECON SOLN	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA; MO; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; MO; LA
VINBLASTINE INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	B/D PA
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	2	B/D PA; MO
<i>vincristine intravenous solution</i>	2	B/D PA; MO
<i>vinorelbine intravenous solution</i>	2	B/D PA; MO
VOTRIENT ORAL TABLET	5	PA; MO; NEDS
XALKORI ORAL CAPSULE	5	PA; MO
XATMEP ORAL SOLUTION	5	PA; MO
XERMELO ORAL TABLET	5	PA; MO; LA; QL (84 per 28 days)
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION	5	PA; MO
YONDELIS INTRAVENOUS RECON SOLN	5	PA; MO
ZALTRAP INTRAVENOUS SOLUTION	5	PA; MO
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF ORAL TABLET	5	PA; MO; NEDS
ZOLINZA ORAL CAPSULE	5	MO
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG	3	B/D PA; MO
ZORTRESS ORAL TABLET 0.75 MG	5	B/D PA; MO
ZYDELIG ORAL TABLET	5	PA; MO
ZYKADIA ORAL CAPSULE	5	PA; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYTIGA ORAL TABLET	5	MO; NEDS

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET	4	PA; MO
BANZEL ORAL SUSPENSION	4	MO
BANZEL ORAL TABLET	4	PA; MO
BRIVIACT INTRAVENOUS SOLUTION	4	PA
BRIVIACT ORAL SOLUTION	5	PA; MO
BRIVIACT ORAL TABLET	5	PA; MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>clonazepam oral tablet</i>	2	MO
<i>clonazepam oral tablet, disintegrating</i>	2	PA; MO
DIASTAT RECTAL KIT	4	PA; MO
<i>diazepam rectal kit</i>	4	PA; MO
DILANTIN 30 MG ORAL CAPSULE	4	MO
<i>divalproex oral capsule, delayed release sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	MO
<i>epitol oral tablet</i>	1	MO
<i>ethosuximide oral capsule</i>	2	MO
<i>ethosuximide oral solution</i>	2	MO
<i>felbamate oral suspension</i>	2	MO
<i>felbamate oral tablet</i>	2	MO
<i>fosphenytoin injection solution</i>	2	B/D PA; MO
FYCOMPA ORAL SUSPENSION	4	PA; MO
FYCOMPA ORAL TABLET	4	PA; MO
<i>gabapentin oral capsule</i>	2	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	4	MO
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	2	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>levetiracetam intravenous solution</i>	2	B/D PA; 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 ORAL CAPSULE	3	MO
LYRICA ORAL SOLUTION	3	MO
ONFI ORAL SUSPENSION	4	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	4	PA; MO
<i>oxcarbazepine oral suspension</i>	2	MO
<i>oxcarbazepine oral tablet</i>	2	MO
PEGANONE ORAL TABLET	4	MO
<i>phenobarbital oral elixir</i>	2	PA; MO
<i>phenobarbital oral tablet</i>	2	PA; MO
PHENYTEK ORAL CAPSULE	3	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended release oral capsule</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	B/D PA; MO
<i>phenytoin sodium intravenous syringe</i>	2	B/D PA
<i>primidone oral tablet</i>	2	MO
ROWEEPRA ORAL TABLET 1,000 MG, 750 MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
ROWEEPRA ORAL TABLET 500 MG	4	MO
SABRIL ORAL POWDER IN PACKET	5	PA; MO
SABRIL ORAL TABLET	5	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION	4	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	4	MO
<i>tiagabine oral tablet</i>	2	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium intravenous solution</i>	2	B/D PA; MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule</i>	2	MO
VIMPAT INTRAVENOUS SOLUTION	4	PA
VIMPAT ORAL SOLUTION	4	PA; MO
VIMPAT ORAL TABLET	4	PA; MO
<i>zonisamide oral capsule</i>	2	PA; MO

ANTIPARKINSONISM AGENTS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole oral tablet extended release 24 hr</i>	2	MO
<i>rasagiline oral tablet</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	2	MO
<i>selegiline hcl oral capsule</i>	2	MO
<i>selegiline hcl oral tablet</i>	2	MO
<i>tolcapone oral tablet</i>	2	MO
<i>trihexyphenidyl oral elixir</i>	2	PA; MO
<i>trihexyphenidyl oral tablet</i>	2	PA; MO

MIGRAINE / CLUSTER HEADACHE THERAPY

<i>dihydroergotamine injection solution</i>	2	MO
<i>dihydroergotamine nasal spray,non-aerosol</i>	4	MO
<i>migergot rectal suppository</i>	2	MO
<i>naratriptan oral tablet</i>	2	MO; QL (18 per 28 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 30 days)
<i>rizatriptan oral tablet,disintegrating</i>	2	MO; QL (36 per 30 days)
<i>sumatriptan nasal spray,non-aerosol</i>	2	MO
<i>sumatriptan succinate oral tablet</i>	2	MO; QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (10 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (10 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (10 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	MO; QL (10 per 30 days)
<i>zolmitriptan oral tablet</i>	2	MO; QL (12 per 30 days)
<i>zolmitriptan oral tablet,disintegrating</i>	2	MO; QL (12 per 30 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	5	PA; MO; NEDS
AUBAGIO ORAL TABLET	5	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE	5	PA; MO
<i>donepezil oral tablet</i>	2	MO; QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating</i>	2	MO; QL (30 per 30 days)
<i>galantamine oral capsule,extended release pellets 24 hr</i>	2	MO; QL (30 per 30 days)
<i>galantamine oral solution</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine oral tablet</i>	2	MO
GILENYA ORAL CAPSULE	5	MO
<i>glatopa subcutaneous syringe</i>	5	PA; MO
KEVEYIS ORAL TABLET	5	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
<i>memantine oral tablets,dose pack</i>	2	PA; MO
NAMENDA ORAL TABLET	4	PA; MO
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	4	PA; MO
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NUEDEXTA ORAL CAPSULE	3	MO
<i>rivastigmine tartrate oral capsule 1.5 mg</i>	2	MO; QL (240 per 30 days)
<i>rivastigmine tartrate oral capsule 3 mg</i>	2	MO; QL (120 per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	2	MO; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	2	MO; QL (30 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	MO
<i>tetrabenazine oral tablet</i>	5	PA; MO
TYSABRI INTRAVENOUS SOLUTION	5	PA; MO
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	2	PA; MO
<i>dantrolene oral capsule</i>	2	MO
<i>meprobamate oral tablet</i>	2	PA; MO
MESTINON ORAL SYRUP	3	MO
<i>metaxalone oral tablet</i>	2	PA; MO
<i>pyridostigmine bromide oral tablet</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>regonol injection solution</i>	3	B/D PA
<i>tizanidine oral capsule</i>	2	MO
<i>tizanidine oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
NARCOTIC ANALGESICS		
<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)
<i>buprenorphine hcl injection solution</i>	2	B/D PA; MO; QL (267 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	B/D PA; QL (267 per 30 days)
<i>buprenorphine hcl sublingual tablet</i>	2	MO
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	4	PA; MO; QL (360 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	MO; QL (360 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule</i>	4	MO; QL (360 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	4	MO; QL (360 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	4	MO
<i>codeine sulfate oral tablet</i>	2	MO; QL (180 per 30 days)
<i>diskets oral tablet, soluble</i>	2	QL (30 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML	4	B/D PA; MO; QL (4000 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML	4	B/D PA; QL (2000 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	5	PA; MO; QL (39 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	5	PA; MO; QL (29 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	5	PA; MO; QL (116 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	5	PA; MO; QL (77 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	5	PA; MO; QL (58 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	2	MO; QL (9 per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution</i>	2	B/D PA; MO; QL (120 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	2	B/D PA; QL (300 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	2	B/D PA; MO; QL (150 per 30 days)
<i>hydromorphone injection solution 4 mg/ml</i>	2	B/D PA; MO; QL (75 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (1500 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>ibuprofen-oxycodone oral tablet</i>	2	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTENDED RELEASE PELLETS 200 MG	4	MO; QL (60 per 30 days)
<i>levorphanol tartrate oral tablet</i>	2	MO; QL (120 per 30 days)
<i>methadone injection solution</i>	2	B/D PA; QL (160 per 30 days)
<i>methadone intensol oral concentrate</i>	2	MO; QL (120 per 30 days)
<i>methadone oral concentrate</i>	2	MO; QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	MO; QL (240 per 30 days)
<i>methadone oral tablet,soluble</i>	2	QL (30 per 30 days)
<i>methadose oral concentrate</i>	2	MO; QL (120 per 30 days)
<i>methadose oral tablet,soluble</i>	2	MO; QL (30 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	B/D PA; QL (2400 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	B/D PA; MO; QL (1200 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (300 per 30 days)
<i>morphine intravenous cartridge 10 mg/ml</i>	2	B/D PA; QL (200 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	2	B/D PA; QL (250 per 30 days)
<i>morphine intravenous syringe 10 mg/ml</i>	2	B/D PA; QL (200 per 30 days)
<i>morphine intravenous syringe 8 mg/ml</i>	2	B/D PA; QL (250 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	2	MO; QL (50 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	MO; QL (60 per 30 days)
<i>morphine oral capsule, extended release pellets</i>	2	MO; QL (60 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	2	MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	MO; QL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	2	MO; QL (30 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
OXYCODONE ORAL SYRINGE	2	QL (360 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 30 mg</i>	2	MO; QL (134 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	2	QL (800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (200 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO; QL (90 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	2	MO; QL (67 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	2	MO; QL (50 per 30 days)
<i>zamicet oral solution</i>	2	QL (5550 per 30 days)

NON-NARCOTIC ANALGESICS

<i>buprenorphine-naloxone sublingual tablet</i>	2	MO; QL (90 per 30 days)
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You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	MO; QL (720 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; QL (360 per 30 days)
<i>butorphanol tartrate nasal spray,non-aerosol</i>	2	MO; QL (5 per 30 days)
<i>celecoxib oral capsule</i>	2	MO
<i>diclofenac potassium oral tablet</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	2	MO
<i>diclofenac-misoprostol oral tablet,ir,delayed release,biphasic</i>	2	MO
<i>diflunisal oral tablet</i>	2	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>etodolac oral tablet extended release 24 hr</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>flurbiprofen oral tablet</i>	2	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule</i>	2	MO
<i>indomethacin oral capsule, extended release</i>	2	MO
<i>ketoprofen oral capsule</i>	2	MO
<i>ketoprofen oral capsule,extended release pellets 24 hr 200 mg</i>	2	MO
<i>meclofenamate oral capsule</i>	2	MO
<i>mefenamic acid oral capsule</i>	2	MO
<i>meloxicam oral suspension</i>	2	MO
<i>meloxicam oral tablet</i>	1	MO
<i>nabumetone oral tablet</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	B/D PA; MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	B/D PA; MO; QL (100 per 30 days)
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	4	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg</i>	2	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	4	MO
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	3	MO
NUCYNTA ORAL TABLET	3	MO
<i>oxaprozin oral tablet</i>	2	MO
<i>piroxicam oral capsule</i>	2	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	4	MO; QL (90 per 30 days)
<i>sulindac oral tablet</i>	2	MO
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet</i>	2	MO
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	MO; QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	MO; QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	MO
VOLTAREN GEL TOPICAL GEL 1 %	3	ST; MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 300 MG	5	B/D PA; MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 400 MG	5	MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
ABILIFY ORAL TABLET 10 MG	4	MO; QL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG	4	MO; QL (60 per 30 days)
ABILIFY ORAL TABLET 2 MG	4	MO; QL (450 per 30 days)
ABILIFY ORAL TABLET 20 MG	5	MO; QL (60 per 30 days)
ABILIFY ORAL TABLET 30 MG	5	MO; QL (30 per 30 days)
ABILIFY ORAL TABLET 5 MG	4	MO; QL (180 per 30 days)
<i>alprazolam oral tablet</i>	2	MO
<i>alprazolam oral tablet extended release 24 hr</i>	2	PA; MO
<i>alprazolam oral tablet,disintegrating</i>	2	MO
<i>amitriptyline oral tablet</i>	2	PA; MO
<i>amoxapine oral tablet</i>	2	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet 10 mg</i>	4	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg, 20 mg</i>	4	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	MO; QL (450 per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	4	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	4	MO; QL (180 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	MO; QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRINGE 1,064 MG/3.9 ML	5	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRINGE 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	5	MO
<i>atomoxetine oral capsule</i>	2	MO
BRISDELLE ORAL CAPSULE	4	MO
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 12 hr</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr</i>	2	MO
<i>bupirone oral tablet</i>	2	MO
<i>chlorpromazine injection solution</i>	2	MO
<i>chlorpromazine oral tablet</i>	2	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine oral capsule</i>	2	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO
<i>clorazepate dipotassium oral tablet</i>	2	PA; MO
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
<i>desipramine oral tablet</i>	2	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	2	MO
<i>dexmethylphenidate oral tablet</i>	2	MO
<i>dextroamphetamine oral capsule, extended release</i>	2	MO
<i>dextroamphetamine oral tablet</i>	2	MO
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	2	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO
<i>diazepam intensol oral concentrate</i>	2	PA; MO
<i>diazepam oral concentrate</i>	2	PA; MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO
<i>diazepam oral tablet</i>	2	PA; MO
<i>doxepin oral capsule</i>	2	PA; MO
<i>doxepin oral concentrate</i>	2	PA; MO
<i>duloxetine oral capsule,delayed release(dr/ec)</i>	2	MO
EMSAM TRANSDERMAL PATCH 24 HOUR	4	MO
<i>ergoloid oral tablet</i>	2	PA; MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	2	MO
<i>eszopiclone oral tablet</i>	2	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24HR DOSE PACK	4	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule</i>	2	MO
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	MO
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	MO
FLUOXETINE ORAL TABLET 60 MG	4	MO
<i>fluphenazine decanoate injection solution</i>	2	B/D PA; MO
<i>fluphenazine hcl injection solution</i>	2	B/D PA; MO
<i>fluphenazine hcl oral concentrate</i>	2	MO
<i>fluphenazine hcl oral elixir</i>	2	MO
<i>fluphenazine hcl oral tablet</i>	2	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	MO
<i>fluvoxamine oral tablet</i>	2	MO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	4	MO
GEODON INTRAMUSCULAR RECON SOLN	4	B/D PA; MO
<i>guanfacine oral tablet extended release 24 hr</i>	2	MO
<i>guanidine oral tablet</i>	2	MO
<i>haloperidol decanoate intramuscular solution</i>	2	B/D PA; MO
<i>haloperidol lactate injection solution</i>	2	B/D PA; MO
<i>haloperidol lactate oral concentrate</i>	2	MO
<i>haloperidol oral tablet</i>	2	MO
HETLIOZ ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl oral tablet</i>	2	PA; MO
<i>imipramine pamoate oral capsule</i>	2	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	4	MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE	5	MO
IRENKA ORAL CAPSULE, DELAYED RELEASE(DR/EC)	4	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET	4	MO
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam intensol oral concentrate</i>	2	PA; MO
<i>lorazepam oral concentrate</i>	2	PA; MO
<i>lorazepam oral tablet</i>	2	PA; MO
<i>loxapine succinate oral capsule</i>	2	MO
<i>maprotiline oral tablet</i>	2	MO
MARPLAN ORAL TABLET	4	MO
<i>metadate oral tablet extended release</i>	2	MO
<i>methamphetamine oral tablet</i>	2	PA; MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</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</i>	2	MO
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil oral tablet</i>	2	PA; MO
<i>nefazodone oral tablet</i>	2	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	2	MO
NUPLAZID ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln</i>	2	MO
<i>olanzapine oral tablet</i>	2	MO
<i>olanzapine oral tablet,disintegrating</i>	2	MO
<i>olanzapine-fluoxetine oral capsule</i>	2	MO
<i>oxazepam oral capsule</i>	2	PA; MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	5	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	5	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine oral tablet</i>	2	MO
<i>perphenazine-amitriptyline oral tablet</i>	2	PA; MO
<i>phenelzine oral tablet</i>	2	MO
<i>pimozide oral tablet</i>	2	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	4	MO
<i>protriptyline oral tablet</i>	2	MO
<i>quetiapine oral tablet</i>	2	MO
<i>quetiapine oral tablet extended release 24 hr</i>	4	MO
REXULTI ORAL TABLET	5	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	B/D PA; MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	B/D PA; MO
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet</i>	2	MO
<i>risperidone oral tablet, disintegrating</i>	2	MO
ROZEREM ORAL TABLET	4	MO; QL (30 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 5 MG	4	MO; QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	4	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	4	MO
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet</i>	1	MO
STRATTERA ORAL CAPSULE	3	MO
SURMONTIL ORAL CAPSULE	4	PA; MO
<i>temazepam oral capsule</i>	2	PA; MO
<i>thioridazine oral tablet</i>	2	PA; MO
<i>thiothixene oral capsule</i>	1	MO
<i>tranlycypromine oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone oral tablet</i>	2	MO
<i>trifluoperazine oral tablet</i>	2	MO
<i>trimipramine oral capsule</i>	2	PA; MO
TRINTELLIX ORAL TABLET	4	MO
<i>venlafaxine oral capsule,extended release 24hr</i>	2	MO
<i>venlafaxine oral tablet</i>	2	MO
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	MO
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	4	MO
VERSACLOZ ORAL SUSPENSION	5	
VIIBRYD ORAL TABLET	3	MO
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	MO; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	5	MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	5	MO; QL (40 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
XYREM ORAL SOLUTION	5	MO; LA
<i>ziprasidone hcl oral capsule</i>	2	MO
<i>zolpidem oral tablet</i>	2	MO; QL (90 per 365 days)
<i>zolpidem oral tablet,extended release multiphase</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 405 MG	4	B/D PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	4	B/D PA; MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	
<i>amiodarone oral tablet</i>	2	MO
<i>dofetilide oral capsule</i>	2	MO
<i>flecainide oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine (pf) intravenous solution</i>	2	B/D PA; MO
<i>mexiletine oral capsule</i>	2	MO
MULTAQ ORAL TABLET	3	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 oral capsule, extended release 12 hr</i>	2	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine gluconate injection solution</i>	2	MO
<i>quinidine gluconate oral tablet extended release</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af oral tablet</i>	2	MO
<i>sotalol oral tablet</i>	2	MO
TIKOSYN ORAL CAPSULE	3	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	2	MO
<i>afeditab cr oral tablet extended release</i>	2	MO
<i>amiloride oral tablet</i>	2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	2	MO
<i>amlodipine-olmesartan oral tablet</i>	2	MO
<i>amlodipine-valsartan oral tablet</i>	2	MO
<i>amlodipine-valsartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>benazepril oral tablet</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	2	MO
BENICAR HCT ORAL TABLET	4	ST; MO; QL (30 per 30 days)
BENICAR ORAL TABLET	4	ST; MO; QL (30 per 30 days)
<i>betaxolol oral tablet</i>	2	MO
<i>bisoprolol fumarate oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	MO
<i>bumetanide injection solution</i>	2	MO
<i>bumetanide oral tablet</i>	2	MO
BYSTOLIC ORAL TABLET	3	MO
<i>candesartan oral tablet</i>	2	MO
<i>candesartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>captopril oral tablet</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	2	MO
<i>cartia xt oral capsule,extended release 24hr</i>	2	MO
<i>carvedilol oral tablet</i>	1	MO
<i>chlorothiazide oral tablet</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	2	MO
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	4	ST; MO
DEMSER ORAL CAPSULE	5	PA; MO
<i>diltiazem hcl intravenous recon soln</i>	2	B/D PA
<i>diltiazem hcl intravenous solution</i>	2	B/D PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO
<i>dilt-xr oral capsule,extended release 24h degradable</i>	2	MO
<i>doxazosin oral tablet</i>	1	MO
<i>enalapril maleate oral tablet</i>	2	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	2	MO
<i>eplerenone oral tablet</i>	2	MO
<i>eprosartan oral tablet</i>	2	MO
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
<i>fosinopril oral tablet</i>	2	MO
<i>fosinopril-hydrochlorothiazide oral tablet</i>	2	MO

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol-bendroflumethiazide oral tablet</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral capsule</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine oral capsule</i>	1	MO
<i>olmesartan oral tablet</i>	2	MO; QL (30 per 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide oral tablet</i>	2	MO
<i>olmesartan-hydrochlorothiazide oral tablet</i>	2	MO; QL (30 per 30 days)
<i>perindopril erbumine oral tablet</i>	2	MO
<i>phenoxybenzamine oral capsule</i>	5	PA; MO
<i>pindolol oral tablet</i>	2	MO
<i>prazosin oral capsule</i>	2	MO
<i>propranolol intravenous solution</i>	2	B/D PA
<i>propranolol oral capsule,extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	2	MO
<i>propranolol-hydrochlorothiazide oral tablet</i>	2	MO
<i>quinapril oral tablet</i>	2	MO
<i>quinapril-hydrochlorothiazide oral tablet</i>	2	MO
<i>ramipril oral capsule</i>	1	MO
REMODULIN INJECTION SOLUTION	5	B/D PA; MO
<i>spironolactone oral tablet</i>	2	MO
<i>spironolactone-hydrochlorothiazide oral tablet</i>	2	MO
<i>taztia xt oral capsule,extended release 24 hr</i>	2	MO
TEKTURNA HCT ORAL TABLET	3	MO
TEKTURNA ORAL TABLET	3	MO
<i>telmisartan oral tablet</i>	2	MO
<i>telmisartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>terazosin oral capsule</i>	1	MO
<i>timolol maleate oral tablet</i>	2	MO
<i>torseamide oral tablet</i>	2	MO
<i>trandolapril oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	MO
<i>triamterene-hydrochlorothiazide oral capsule</i>	2	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	2	MO
UPTRAVI ORAL TABLET	5	PA; MO; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO
<i>valsartan oral tablet</i>	2	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>verapamil intravenous solution</i>	1	B/D PA; MO
<i>verapamil intravenous syringe</i>	2	B/D PA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,extended release pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
CARDIAC GLYCOSIDES		
<i>digitek oral tablet</i>	1	PA; MO
<i>digox oral tablet</i>	1	MO
<i>digoxin injection solution</i>	2	PA; MO
<i>digoxin oral solution 50 mcg/ml</i>	2	PA; MO
<i>digoxin oral tablet</i>	1	PA; MO
LANOXIN ORAL TABLET	4	MO
COAGULATION THERAPY		
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR	4	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	2	MO
BRILINTA ORAL TABLET	3	MO
<i>cilostazol oral tablet</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO; QL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	2	MO
COUMADIN ORAL TABLET	3	MO
EFFIENT ORAL TABLET	3	MO
ELIQUIS ORAL TABLET	3	MO
<i>enoxaparin subcutaneous solution</i>	4	MO; QL (180 per 30 days); NEDS
<i>enoxaparin subcutaneous syringe 100 mg/ml</i>	4	MO; QL (60 per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (48 per 30 days); NEDS
<i>enoxaparin subcutaneous syringe 150 mg/ml</i>	5	MO; QL (60 per 30 days); NEDS
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QL (18 per 30 days); NEDS
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (24 per 30 days); NEDS
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QL (36 per 30 days); NEDS
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	MO; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	5	MO; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	5	MO; QL (15 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	5	MO; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	5	MO; QL (21.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	4	MO; QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	5	MO; QL (9 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml)</i>	2	B/D PA
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	B/D PA; MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	2	B/D PA
<i>heparin (porcine) injection cartridge</i>	2	B/D PA; MO
<i>heparin (porcine) injection solution</i>	2	B/D PA; MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	B/D PA; MO
<i>heparin, porcine (pf) injection solution</i>	2	B/D PA; MO
<i>heparin, porcine (pf) injection syringe</i>	2	B/D PA; MO
<i>jantoven oral tablet</i>	1	MO
<i>pentoxifylline oral tablet extended release</i>	2	MO
PRADAXA ORAL CAPSULE	4	MO
PROMACTA ORAL TABLET	5	PA; MO
<i>tranexamic acid intravenous solution</i>	2	B/D PA; MO
<i>warfarin oral tablet</i>	1	MO
XARELTO ORAL TABLET	3	MO
XARELTO ORAL TABLETS,DOSE PACK	3	MO

LIPID/CHOLESTEROL LOWERING AGENTS

<i>amlodipine-atorvastatin oral tablet</i>	2	MO
<i>atorvastatin oral tablet</i>	1	MO
<i>cholestyramine (with sugar) oral powder</i>	2	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	2	MO
<i>cholestyramine light oral powder in packet</i>	2	MO
<i>colestipol oral granules</i>	2	MO
<i>colestipol oral packet</i>	2	MO
<i>colestipol oral tablet</i>	2	MO
CRESTOR ORAL TABLET	4	ST; MO; QL (30 per 30 days)
<i>ezetimibe oral tablet</i>	2	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i>	2	MO
<i>fenofibrate micronized oral capsule</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	2	MO
<i>fenofibric acid oral tablet</i>	2	MO
<i>fluvastatin oral capsule</i>	2	MO
<i>fluvastatin oral tablet extended release 24 hr</i>	2	MO
<i>gemfibrozil oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	5	PA; MO; LA
JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG	5	PA; MO
KYNAMRO SUBCUTANEOUS SYRINGE	5	PA; MO
<i>lovastatin oral tablet</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	2	MO
<i>omega-3 acid ethyl esters oral capsule</i>	2	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; QL (4 per 28 days)
<i>pravastatin oral tablet</i>	1	MO
<i>prevalite oral powder</i>	2	MO
<i>prevalite oral powder in packet</i>	2	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	5	PA; MO; QL (1 per 30 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (3 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (3 per 28 days)
<i>rosuvastatin oral tablet</i>	2	MO
<i>simvastatin oral tablet</i>	1	MO
VYTORIN 10-10 ORAL TABLET	3	MO
VYTORIN 10-20 ORAL TABLET	3	MO
VYTORIN 10-40 ORAL TABLET	3	MO
VYTORIN 10-80 ORAL TABLET	3	MO
WELCHOL ORAL POWDER IN PACKET	3	MO
WELCHOL ORAL TABLET	3	MO
ZETIA ORAL TABLET	4	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ENTRESTO ORAL TABLET	3	MO
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	3	MO
VECAMYL ORAL TABLET	4	
NITRATES		
ISORDIL ORAL TABLET	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	2	MO
<i>nitroglycerin intravenous solution</i>	2	B/D PA
<i>nitroglycerin sublingual tablet</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, aerosol</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
NITROSTAT SUBLINGUAL TABLET	3	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg</i>	4	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO; NEDS
<i>calcipotriene scalp solution</i>	2	MO
<i>calcipotriene topical cream</i>	2	MO
<i>calcipotriene topical ointment</i>	2	MO
<i>calcipotriene-betamethasone topical ointment</i>	4	MO
<i>calcitrene topical ointment</i>	4	MO
<i>calcitriol topical ointment</i>	2	MO
<i>selenium sulfide topical lotion</i>	2	MO

BURN THERAPY

<i>silver sulfadiazine topical cream</i>	2	MO
<i>ssd topical cream</i>	2	MO
<i>thermazene topical cream</i>	2	

MISCELLANEOUS DERMATOLOGICALS

<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	2	MO
CARAC TOPICAL CREAM	3	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PA; MO
ELIDEL TOPICAL CREAM	4	ST; MO
FLUOROURACIL TOPICAL CREAM 0.5 %	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>imiquimod topical cream in packet</i>	2	MO
<i>methoxsalen oral capsule, liquid-filled, rapid release</i>	2	MO
PANRETIN TOPICAL GEL	5	MO
<i>podofilox topical solution</i>	2	MO
REGRANEX TOPICAL GEL	5	MO; QL (30 per 30 days)
<i>tacrolimus topical ointment</i>	4	MO
VALCHLOR TOPICAL GEL	5	MO
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	4	MO
ZYCLARA TOPICAL CREAM IN PACKET	4	MO

THERAPY FOR ACNE

<i>adapalene topical cream</i>	2	PA; MO
<i>adapalene topical gel</i>	2	PA; MO
<i>adapalene topical gel with pump</i>	2	PA; MO
<i>amnesteem oral capsule</i>	2	MO
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	2	MO
<i>claravis oral capsule 30 mg</i>	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</i>	2	MO
<i>ery pads topical swab</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin with ethanol topical swab</i>	2	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	2	MO
<i>metronidazole topical cream</i>	2	MO
<i>metronidazole topical gel</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical gel with pump</i>	2	MO
<i>metronidazole topical lotion</i>	2	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
<i>tazarotene topical cream</i>	4	MO
TAZORAC TOPICAL CREAM	4	MO
TAZORAC TOPICAL GEL	4	MO
<i>tretinoin microspheres topical gel</i>	2	PA; MO
<i>tretinoin microspheres topical gel with pump</i>	2	PA; MO
<i>tretinoin topical cream</i>	2	PA; MO
<i>tretinoin topical gel</i>	2	PA; MO
TOPICAL ANESTHETICS		
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	B/D PA; MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	B/D PA
<i>lidocaine hcl injection solution</i>	2	B/D PA; MO
<i>lidocaine hcl laryngotracheal solution</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine hcl urethral gel</i>	2	MO
<i>lidocaine topical adhesive patch,medicated</i>	2	PA; MO
<i>lidocaine topical ointment</i>	2	MO
<i>lidocaine viscous mucous membrane solution</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	2	MO
<i>gentamicin topical ointment</i>	2	MO
<i>mupirocin calcium topical cream</i>	2	MO
<i>mupirocin topical ointment</i>	2	MO
<i>sulfacetamide sodium (acne) topical suspension</i>	2	MO
SULFAMYLON TOPICAL CREAM	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox topical cream</i>	2	MO
<i>ciclopirox topical gel</i>	2	MO
<i>ciclopirox topical shampoo</i>	2	MO
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO
<i>clotrimazole topical cream</i>	2	MO
<i>clotrimazole topical solution</i>	2	MO
<i>clotrimazole-betamethasone topical cream</i>	2	MO
<i>clotrimazole-betamethasone topical lotion</i>	2	MO
<i>econazole topical cream</i>	2	MO
<i>ketoconazole topical cream</i>	2	MO
<i>ketoconazole topical foam</i>	2	MO
<i>ketoconazole topical shampoo</i>	2	MO
<i>nyamyc topical powder</i>	2	MO
<i>nystatin topical cream</i>	2	MO
<i>nystatin topical ointment</i>	2	MO
<i>nystatin topical powder</i>	2	MO
<i>nystatin-triamcinolone topical cream</i>	2	MO
<i>nystatin-triamcinolone topical ointment</i>	2	MO
<i>nystop topical powder</i>	2	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	2	MO
DENAVIR TOPICAL CREAM	3	MO
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	2	MO
<i>alclometasone topical cream</i>	2	MO
<i>alclometasone topical ointment</i>	2	MO
<i>amcinonide topical cream</i>	2	MO
<i>amcinonide topical lotion</i>	2	MO
<i>amcinonide topical ointment</i>	2	MO
<i>betamethasone dipropionate topical cream</i>	2	MO
<i>betamethasone dipropionate topical lotion</i>	2	MO
<i>betamethasone dipropionate topical ointment</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical foam</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	2	MO
<i>betamethasone, augmented topical lotion</i>	2	MO
<i>betamethasone, augmented topical ointment</i>	2	MO
<i>clobetasol scalp solution</i>	2	MO
<i>clobetasol topical cream</i>	2	MO
<i>clobetasol topical foam</i>	2	MO
<i>clobetasol topical gel</i>	2	MO
<i>clobetasol topical lotion</i>	2	MO
<i>clobetasol topical ointment</i>	2	MO
<i>clobetasol topical shampoo</i>	2	MO
<i>clobetasol-emollient topical cream</i>	2	MO
<i>clobetasol-emollient topical foam</i>	2	MO
<i>cormax scalp solution</i>	2	
<i>desonide topical cream</i>	2	MO
<i>desonide topical lotion</i>	2	MO
<i>desonide topical ointment</i>	2	MO
<i>desoximetasone topical cream</i>	2	MO
<i>desoximetasone topical gel</i>	2	MO
<i>desoximetasone topical ointment</i>	2	MO
<i>diflorasone topical cream</i>	2	MO
<i>diflorasone topical ointment</i>	2	MO
<i>fluocinolone and shower cap scalp oil</i>	2	MO
<i>fluocinolone topical cream</i>	2	MO
<i>fluocinolone topical oil</i>	2	MO
<i>fluocinolone topical ointment</i>	2	MO
<i>fluocinolone topical solution</i>	2	MO
<i>fluocinonide topical cream</i>	2	MO
<i>fluocinonide topical gel</i>	2	MO
<i>fluocinonide topical ointment</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide topical solution</i>	2	MO
<i>fluocinonide-e topical cream</i>	2	MO
<i>fluocinonide-emollient topical cream</i>	2	
<i>fluticasone topical cream</i>	2	MO
<i>fluticasone topical lotion</i>	2	MO
<i>fluticasone topical ointment</i>	2	MO
<i>halobetasol propionate topical cream</i>	2	MO
<i>halobetasol propionate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical cream</i>	2	MO
<i>hydrocortisone butyrate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone butyr-emollient topical cream</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate topical cream</i>	2	MO
<i>hydrocortisone valerate topical ointment</i>	2	MO
<i>hydrocortisone-min oil-wht pet topical ointment</i>	2	MO
<i>mometasone topical cream</i>	2	MO
<i>mometasone topical ointment</i>	2	MO
<i>mometasone topical solution</i>	2	MO
<i>prednicarbate topical cream</i>	2	MO
<i>prednicarbate topical ointment</i>	2	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex topical ointment</i>	2	MO
<i>triderm topical cream</i>	2	MO
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	2	MO
<i>malathion topical lotion</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin topical cream</i>	2	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS

IRRIGATING SOLUTIONS

<i>lactated ringers irrigation solution</i>	2	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	2	MO

MISCELLANEOUS AGENTS

<i>acamprosate oral tablet, delayed release (dr/ec)</i>	2	MO
ADAGEN INTRAMUSCULAR SOLUTION	5	B/D PA; MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide oral capsule</i>	2	MO
ARALAST NP INTRAVENOUS RECON SOLN	5	B/D PA; MO
AURYXIA ORAL TABLET	5	MO
CARBAGLU ORAL TABLET, DISPERSIBLE	5	PA; MO; LA
<i>cevimeline oral capsule</i>	2	MO
CHEMET ORAL CAPSULE	3	MO
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 2.75%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 2.75%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	B/D PA
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	B/D PA; MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 20 % in water (d20w) intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	2	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 40 % in water (d40w) intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	2	B/D PA; MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	B/D PA
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose with sodium chloride intravenous parenteral solution</i>	2	B/D PA
<i>disulfiram oral tablet</i>	2	MO
<i>etidronate disodium oral tablet</i>	2	MO
EXJADE ORAL TABLET, DISPERSIBLE 125 MG	4	MO
EXJADE ORAL TABLET, DISPERSIBLE 250 MG, 500 MG	5	MO
FERRIPROX ORAL TABLET	5	PA; MO
FOSRENOL ORAL POWDER IN PACKET	3	MO
FOSRENOL ORAL TABLET,CHEWABLE	3	MO
INCRELEX SUBCUTANEOUS SOLUTION	5	B/D PA; MO
<i>kionex (with sorbitol) oral suspension</i>	4	MO
KIONEX ORAL POWDER	4	MO
<i>levocarnitine (with sugar) oral solution</i>	2	B/D PA; MO
<i>levocarnitine oral tablet</i>	2	B/D PA; MO
<i>midodrine oral tablet</i>	2	MO
NORTHERA ORAL CAPSULE	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl oral tablet</i>	2	MO
RAVICTI ORAL LIQUID	5	PA; MO
REVELA ORAL POWDER IN PACKET	3	MO
REVELA ORAL TABLET	3	MO
<i>riluzole oral tablet</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO
<i>sevelamer carbonate oral powder in packet</i>	2	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	MO
<i>sodium chloride irrigation solution</i>	2	MO
<i>sodium polystyrene (sorb free) oral suspension</i>	2	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sodium polystyrene sulfonate oral suspension</i>	2	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	2	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	2	
<i>sps (with sorbitol) oral suspension</i>	2	MO
<i>sps (with sorbitol) rectal enema</i>	2	
SYPRINE ORAL CAPSULE	3	MO
<i>zoledronic acid-mannitol-water intravenous piggyback</i>	2	PA; MO

SMOKING DETERRENTS

<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	2	MO
CHANTIX CONTINUING MONTH BOX ORAL TABLET	4	MO
CHANTIX ORAL TABLET	4	MO
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	4	MO
NICOTROL INHALATION CARTRIDGE	3	MO
NICOTROL NS NASAL SPRAY,NON-AEROSOL	3	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine nasal spray, aerosol</i>	2	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	2	MO
<i>denta 5000 plus dental cream</i>	2	MO
<i>dentagel dental gel</i>	2	MO
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	2	MO; QL (60 per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 0.06 %</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal spray,non-aerosol</i>	2	MO; QL (30.5 per 30 days)
<i>oralone dental paste</i>	2	MO
<i>paroex oral rinse mucous membrane mouthwash</i>	2	MO
<i>periogard mucous membrane mouthwash</i>	2	MO
<i>sf 5000 plus dental cream</i>	2	MO
<i>sf dental gel</i>	2	MO
<i>triamcinolone acetonide dental paste</i>	2	MO

MISCELLANEOUS OTIC PREPARATIONS

<i>acetasol hc otic (ear) drops</i>	2	MO
<i>acetic acid otic (ear) solution</i>	2	MO
<i>fluocinolone acetonide oil otic (ear) drops</i>	2	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	2	MO
<i>ofloxacin otic (ear) drops</i>	2	MO

OTIC STEROID / ANTIBIOTIC

<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	MO

ENDOCRINE/DIABETES

ADRENAL HORMONES

<i>ACTHAR H.P. INJECTION GEL</i>	5	PA; MO
<i>a-hydrocort injection recon soln</i>	3	B/D PA; MO
<i>cortisone oral tablet</i>	2	MO
<i>dexamethasone intensol oral drops</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	B/D PA; MO
<i>dexamethasone sodium phosphate injection solution</i>	2	B/D PA; MO
<i>dexamethasone sodium phosphate injection syringe</i>	2	B/D PA; MO
<i>fludrocortisone oral tablet</i>	2	MO
<i>hydrocortisone oral tablet</i>	2	MO
KENALOG INJECTION SUSPENSION	4	MO
<i>methylprednisolone acetate injection suspension</i>	2	B/D PA; MO
<i>methylprednisolone oral tablet</i>	2	MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	B/D PA; MO
<i>methylprednisolone sodium succ intravenous recon soln</i>	2	B/D PA; MO
<i>millipred oral tablet</i>	2	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	2	MO
<i>prednisone intensol oral concentrate</i>	2	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
SOLU-CORTEF (PF) INJECTION RECON SOLN	3	B/D PA; MO
SOLU-CORTEF INJECTION RECON SOLN	3	B/D PA; MO
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	2	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	
<i>veripred 20 oral solution</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil oral tablet</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet</i>	2	MO
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	4	ST; MO; QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	4	ST; MO; QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED	3	MO
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	MO
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED RELEASE RECON	3	MO
BYETTA SUBCUTANEOUS PEN INJECTOR	3	MO
CYCLOSET ORAL TABLET	4	ST; MO
FARXIGA ORAL TABLET	3	MO
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet</i>	1	MO
<i>glipizide oral tablet</i>	1	MO
<i>glipizide oral tablet extended release 24hr</i>	1	MO
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	MO
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT	3	MO
<i>glyburide micronized oral tablet</i>	2	ST; MO
<i>glyburide oral tablet</i>	2	ST; MO
<i>glyburide-metformin oral tablet</i>	2	ST; MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	MO
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMULIN N SUBCUTANEOUS SUSPENSION	3	MO
HUMULIN R U-100 INJECTION SOLUTION	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
JANUMET ORAL TABLET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	3	MO
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR	3	MO; QL (30 per 30 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN	3	MO
LEVEMIR SUBCUTANEOUS SOLUTION	3	MO
<i>metformin oral tablet</i>	1	MO
<i>metformin oral tablet extended release 24 hr</i>	1	MO
<i>metformin oral tablet extended release (osm) 24hr 1,000 mg</i>	1	MO
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	MO
<i>nateglinide oral tablet</i>	2	MO
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOFINE NEEDLE	3	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION	3	MO
NOVOLIN R INJECTION SOLUTION	3	MO
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION	3	MO
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE	3	MO
NOVOLOG SUBCUTANEOUS SOLUTION	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
NOVOTWIST NEEDLE	3	MO
ONGLYZA ORAL TABLET	3	MO; QL (30 per 30 days)
<i>pioglitazone oral tablet</i>	2	MO
<i>pioglitazone-glimepiride oral tablet</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet</i>	2	MO; QL (90 per 30 days)
PROGLYCEM ORAL SUSPENSION	4	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (930 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 oral tablet</i>	2	MO
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	3	MO
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	3	MO
SYNJARDY ORAL TABLET	3	MO
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	MO
<i>tolazamide oral tablet</i>	2	MO
<i>tolbutamide oral tablet</i>	1	MO
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	3	MO
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	MO
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	MO
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	MO
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	5	B/D PA; MO
ANADROL-50 ORAL TABLET	4	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
ANDROID ORAL CAPSULE	4	MO
<i>androxy oral tablet</i>	3	MO
<i>cabergoline oral tablet</i>	2	MO; QL (20 per 30 days)
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	B/D PA; MO
<i>calcitriol oral capsule</i>	2	B/D PA; MO
<i>calcitriol oral solution</i>	2	B/D PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	B/D PA; MO
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	PA; MO
<i>danazol oral capsule</i>	2	MO
<i>desmopressin injection solution</i>	2	MO
<i>desmopressin nasal spray, aerosol</i>	2	MO
<i>desmopressin nasal solution</i>	2	
<i>desmopressin nasal spray,non-aerosol</i>	2	MO
<i>desmopressin oral tablet</i>	2	MO
ELAPRASE INTRAVENOUS SOLUTION	5	B/D PA; MO
ELELYSO INTRAVENOUS RECON SOLN	5	B/D PA; MO
FABRAZYME INTRAVENOUS RECON SOLN	5	PA; MO
KORLYM ORAL TABLET	5	PA; MO
KUVAN ORAL TABLET,SOLUBLE	5	PA; MO
<i>methyltestosterone oral capsule</i>	2	MO
MIACALCIN INJECTION SOLUTION	3	B/D PA; MO
NAGLAZYME INTRAVENOUS SOLUTION	5	B/D PA; MO
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; MO
NOVAREL INTRAMUSCULAR RECON SOLN	4	PA; MO
<i>oxandrolone oral tablet 10 mg</i>	5	MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	MO
<i>pamidronate intravenous recon soln</i>	2	B/D PA; MO
<i>pamidronate intravenous solution</i>	2	B/D PA; MO
<i>paricalcitol oral capsule</i>	2	B/D PA; MO
PREGNYL INTRAMUSCULAR RECON SOLN	4	PA; MO
SAMSCA ORAL TABLET 15 MG	5	PA; MO; QL (30 per 30 days); NEDS
SAMSCA ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
SENSIPAR ORAL TABLET 30 MG	3	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	MO
SOMAVERT SUBCUTANEOUS RECON SOLN	5	B/D PA; MO
SYNAREL NASAL SPRAY, NON-AEROSOL	3	MO
<i>testosterone cypionate intramuscular oil</i>	2	B/D PA; MO
<i>testosterone enanthate intramuscular oil</i>	2	B/D PA; MO
VPRIV INTRAVENOUS RECON SOLN	5	B/D PA; MO
ZAVESCA ORAL CAPSULE	5	MO
ZEMPLAR INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>zoledronic acid intravenous recon soln</i>	2	B/D PA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
ZOMETA INTRAVENOUS PIGGYBACK	5	B/D PA; MO
THYROID HORMONES		
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	3	MO
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MO
<i>liothyronine intravenous solution</i>	2	MO
<i>liothyronine oral tablet</i>	2	MO
SYNTHROID ORAL TABLET	4	MO
<i>unithroid oral tablet</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>glycopyrrolate injection solution</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>loperamide oral capsule</i>	2	MO
<i>methscopolamine oral tablet</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	5	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
AMITIZA ORAL CAPSULE	3	MO; QL (60 per 30 days)
<i>aprepitant oral capsule</i>	4	B/D PA; MO
<i>aprepitant oral capsule,dose pack</i>	4	B/D PA; MO
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
<i>balsalazide oral capsule</i>	2	MO
<i>budesonide oral capsule,delayed,extended release</i>	5	MO
CANASA RECTAL SUPPOSITORY	3	MO
CHOLBAM ORAL CAPSULE	5	PA; MO
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	5	B/D PA; ST; MO
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT	5	ST; MO
CIMZIA SUBCUTANEOUS SYRINGE KIT	5	ST; MO
<i>compro rectal suppository</i>	2	MO
<i>constulose oral solution</i>	2	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	MO
<i>cromolyn oral concentrate</i>	2	MO
CYSTADANE ORAL POWDER	5	MO
DELZICOL ORAL CAPSULE (WITH DELAYED RELEASE TABLETS)	4	MO
DIPENTUM ORAL CAPSULE	4	MO
<i>dronabinol oral capsule</i>	4	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
<i>enulose oral solution</i>	2	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; MO
<i>gavilyte-c oral recon soln</i>	2	MO
<i>gavilyte-g oral recon soln</i>	2	MO
<i>gavilyte-n oral recon soln</i>	2	MO
<i>generlac oral solution</i>	2	MO
<i>granisetron (pf) intravenous solution</i>	2	B/D PA; MO
<i>granisetron hcl intravenous solution</i>	2	B/D PA; MO
<i>granisetron hcl oral tablet</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone rectal enema</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	MO
<i>lactulose oral solution</i>	2	MO
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	3	MO; QL (30 per 30 days)
LINZESS ORAL CAPSULE 72 MCG	3	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	2	MO
<i>mesalamine rectal enema</i>	2	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	B/D PA; MO
<i>metoclopramide hcl injection syringe</i>	2	B/D PA
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK ORAL TABLET	3	MO
MOVIPREP ORAL POWDER IN PACKET	3	MO
<i>ondansetron hcl (pf) injection solution</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection syringe</i>	2	B/D PA; MO
<i>ondansetron hcl intravenous solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet, disintegrating</i>	2	B/D PA; MO
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	4	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>peg-electrolyte oral recon soln</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE	4	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>polyethylene glycol 3350 oral powder in packet</i>	2	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	2	MO
<i>procto-pak topical cream with perineal applicator</i>	2	MO
<i>proctosol hc topical cream with perineal applicator</i>	2	MO
<i>proctozone-hc topical cream with perineal applicator</i>	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE INTRAVENOUS RECON SOLN	5	PA; MO
SANCUSO TRANSDERMAL PATCH WEEKLY	3	B/D PA; MO; QL (2 per 15 days)
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	2	MO
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	4	MO; QL (10 per 30 days)
<i>trilyte with flavor packets oral recon soln</i>	2	MO
<i>ursodiol oral capsule</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI ORAL TABLET	4	B/D PA; MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC)	3	MO

ULCER THERAPY

<i>amoxicillin-clarithromycin-lansoprazole oral combo pack</i>	2	MO
CARAFATE ORAL SUSPENSION	3	MO
<i>cimetidine hcl oral solution</i>	2	MO
<i>cimetidine oral tablet</i>	2	MO
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE	3	MO
<i>esomeprazole sodium intravenous recon soln</i>	2	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine (pf) intravenous solution</i>	2	B/D PA; MO
<i>famotidine (pf)-nacl (iso-osm) intravenous piggyback</i>	2	B/D PA; MO
<i>famotidine intravenous solution</i>	2	B/D PA; MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	2	MO
<i>misoprostol oral tablet</i>	2	MO
<i>nizatidine oral capsule</i>	2	MO
<i>nizatidine oral solution</i>	2	MO
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	2	MO
<i>ranitidine hcl injection solution</i>	2	B/D PA; MO
<i>ranitidine hcl oral capsule</i>	2	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	MO
<i>sucralfate oral tablet</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; MO
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	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)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	PA; MO
EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG	5	PA
EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 30 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PA; QL (15 per 30 days)
ILARIS (PF) SUBCUTANEOUS RECON SOLN	5	PA; MO; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML)	4	B/D PA; MO
INTRON A INJECTION SOLUTION	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL SUBCUTANEOUS SOLUTION	5	B/D PA; MO
NEUPOGEN INJECTION SOLUTION	5	PA; MO
NEUPOGEN INJECTION SYRINGE	5	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML	5	PA; QL (5 per 30 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	PA; MO; QL (5 per 30 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; QL (24 per 30 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO; QL (24 per 30 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; QL (6 per 30 days)
PROLEUKIN INTRAVENOUS RECON SOLN	5	B/D PA; MO
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	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 SUBCUTANEOUS SYRINGE	5	PA; MO; QL (6 per 28 days)
SYLATRON SUBCUTANEOUS KIT	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
BEXSERO INTRAMUSCULAR SYRINGE	4	MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	MO
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
<i>fomepizole intravenous solution</i>	2	B/D PA; MO
GAMMAGARD LIQUID INJECTION SOLUTION	5	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	5	B/D PA; MO
GAMUNEX-C INJECTION SOLUTION	3	PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	MO
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	MO
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION	4	
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	4	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL INJECTION SUSPENSION	3	MO
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN	3	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN	3	MO
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	MO
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	MO
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	4	
ROTATEQ VACCINE ORAL SOLUTION	3	MO
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	4	B/D PA; MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	4	MO
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	4	MO
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION	4	B/D PA; MO
TRUMENBA INTRAMUSCULAR SYRINGE	3	MO
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	MO
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	4	MO
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO; QL (1 per 365 days)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

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

OSTEOPOROSIS THERAPY

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

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral solution</i>	1	MO; QL (375 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (5 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR	5	MO; QL (2.4 per 28 days)
<i>ibandronate oral tablet</i>	2	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	4	PA; MO
<i>raloxifene oral tablet</i>	2	MO
<i>risedronate oral tablet</i>	2	MO
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO

OTHER RHEUMATOLOGICALS

ACTEMRA INTRAVENOUS SOLUTION	5	B/D PA; ST; MO
BENLYSTA INTRAVENOUS RECON SOLN	4	B/D PA; MO
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MO
CUPRIMINE ORAL CAPSULE	5	MO
DEPEN TITRATABS ORAL TABLET	4	PA; MO
ENBREL SUBCUTANEOUS RECON SOLN	5	MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	5	MO; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	5	MO; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	MO; QL (3 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	MO; QL (6 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS INJECTOR KIT	5	MO; QL (6 per 180 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS INJECTOR KIT	5	MO; QL (6 per 180 days)
HUMIRA PEN SUBCUTANEOUS INJECTOR KIT	5	MO; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML	5	MO; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	5	MO; QL (4 per 28 days)
<i>leflunomide oral tablet</i>	2	MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (60 per 30 days)
XELJANZ ORAL TABLET	5	ST; MO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	ST; MO

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila oral tablet</i>	2	MO
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	4	MO
CRINONE VAGINAL GEL	4	PA; MO
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	3	B/D PA; MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	MO
<i>errin oral tablet</i>	2	MO
ESTRACE VAGINAL CREAM	4	MO
<i>estradiol oral tablet</i>	2	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	MO
<i>estradiol transdermal patch weekly</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>heather oral tablet</i>	2	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	4	PA; MO
<i>jencycla oral tablet</i>	2	MO
JINTELI ORAL TABLET	4	MO
<i>jolivette oral tablet</i>	2	MO
<i>lyza oral tablet</i>	2	MO
<i>medroxyprogesterone intramuscular suspension</i>	2	MO; QL (1 per 90 days)
<i>medroxyprogesterone intramuscular syringe</i>	2	MO; QL (1 per 90 days)
<i>medroxyprogesterone oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone (contraceptive) oral tablet</i>	2	MO
<i>norethindrone acetate oral tablet</i>	2	MO
PREMARIN INJECTION RECON SOLN	4	B/D PA; MO
PREMARIN VAGINAL CREAM	4	MO
<i>progesterone micronized oral capsule</i>	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	4	MO
<i>clindamycin phosphate vaginal cream</i>	2	MO
<i>metronidazole vaginal gel</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO; QL (3 per 3 days)
NUVARING VAGINAL RING	4	MO
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	2	MO; QL (3 per 3 days)
<i>tranexamic acid oral tablet</i>	2	MO
<i>vandazole vaginal gel</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet</i>	2	MO
<i>alyacen 1/35 (28) oral tablet</i>	2	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	2	MO
<i>amethia lo oral tablets,dose pack,3 month</i>	2	MO
<i>amethia oral tablets,dose pack,3 month</i>	2	MO
<i>amethyst oral tablet</i>	2	MO
<i>apri oral tablet</i>	2	MO
<i>aranelle (28) oral tablet</i>	2	MO
<i>ashlyna oral tablets,dose pack,3 month</i>	2	MO
<i>aubra oral tablet</i>	2	MO
<i>aviane oral tablet</i>	2	MO
<i>azurette (28) oral tablet</i>	2	MO
<i>balziva (28) oral tablet</i>	2	MO
<i>blisovi 24 fe oral tablet</i>	2	MO
<i>blisovi fe 1.5/30 (28) oral tablet</i>	2	MO
<i>blisovi fe 1/20 (28) oral tablet</i>	2	MO
<i>briellyn oral tablet</i>	2	MO
<i>camrese lo oral tablets,dose pack,3 month</i>	2	MO

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>lessina oral tablet</i>	2	MO
<i>levonest (28) oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	2	MO
<i>levora-28 oral tablet</i>	2	MO
<i>loryna (28) oral tablet</i>	2	MO
<i>low-ogestrel (28) oral tablet</i>	2	MO
<i>lutra (28) oral tablet</i>	2	MO
<i>marlissa oral tablet</i>	2	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	2	MO
<i>microgestin 1/20 (21) oral tablet</i>	2	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	2	MO
<i>mono-linyah oral tablet</i>	2	MO
<i>mononessa (28) oral tablet</i>	2	MO
<i>myzilra oral tablet</i>	2	MO
<i>necon 0.5/35 (28) oral tablet</i>	2	MO
<i>necon 1/50 (28) oral tablet</i>	2	MO
<i>necon 10/11 (28) oral tablet</i>	2	
<i>necon 7/7/7 (28) oral tablet</i>	2	MO
<i>next choice one dose oral tablet</i>	2	
<i>nikki (28) oral tablet</i>	2	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet</i>	2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	2	MO
<i>nortrel 1/35 (21) oral tablet</i>	2	MO
<i>nortrel 1/35 (28) oral tablet</i>	2	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	2	MO
<i>ocella oral tablet</i>	2	MO
<i>ogestrel (28) oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>orsythia oral tablet</i>	2	MO
<i>philith oral tablet</i>	2	MO
<i>pimtrea (28) oral tablet</i>	2	MO
<i>pirmella oral tablet</i>	2	MO
<i>portia oral tablet</i>	2	MO
<i>previfem oral tablet</i>	2	MO
<i>quasense oral tablets,dose pack,3 month</i>	2	MO
<i>rajani oral tablet</i>	2	MO
<i>reclipsen (28) oral tablet</i>	2	MO
<i>sprintec (28) oral tablet</i>	2	MO
<i>sronyx oral tablet</i>	2	MO
<i>syeda oral tablet</i>	2	MO
<i>tilia fe oral tablet</i>	2	MO
<i>tri-estarylla oral tablet</i>	2	MO
<i>tri-legest fe oral tablet</i>	2	MO
<i>tri-linyah oral tablet</i>	2	MO
<i>trinessa (28) oral tablet</i>	2	MO
<i>tri-previfem (28) oral tablet</i>	2	MO
<i>tri-sprintec (28) oral tablet</i>	2	MO
<i>trivora (28) oral tablet</i>	2	MO
<i>velivet triphasic regimen (28) oral tablet</i>	2	MO
<i>vestura (28) oral tablet</i>	2	MO
<i>viorele (28) oral tablet</i>	2	MO
<i>wera (28) oral tablet</i>	2	MO
<i>wymzya fe oral tablet,chewable</i>	2	MO
<i>zarah oral tablet</i>	2	MO
<i>zenchent (28) oral tablet</i>	2	MO
<i>zenchent fe oral tablet,chewable</i>	2	MO
<i>zovia 1/35e (28) oral tablet</i>	2	MO
<i>zovia 1/50e (28) oral tablet</i>	2	MO

OXYTOCICS

METHYLERGONOVINE INJECTION SOLUTION	2	B/D PA; MO
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OPHTHALMOLOGY

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

Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	3	MO
<i>bacitracin ophthalmic (eye) ointment</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	4	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	MO
<i>erythromycin ophthalmic (eye) ointment</i>	2	MO
<i>gatifloxacin ophthalmic (eye) drops</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>gentamicin ophthalmic (eye) ointment</i>	2	
<i>levofloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	2	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	2	MO
<i>ofloxacin ophthalmic (eye) drops</i>	2	MO
<i>polycin ophthalmic (eye) ointment</i>	2	MO
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	MO
<i>tobramycin ophthalmic (eye) drops</i>	1	MO
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO
VIGAMOX OPHTHALMIC (EYE) DROPS	3	MO
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	2	MO
ZIRGAN OPHTHALMIC (EYE) GEL	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	2	MO
BETIMOL OPHTHALMIC (EYE) DROPS	4	MO
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>carteolol ophthalmic (eye) drops</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>metipranolol ophthalmic (eye) drops</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	3	MO
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine ophthalmic (eye) drops</i>	2	MO
<i>cromolyn ophthalmic (eye) drops</i>	2	MO
CYSTARAN OPHTHALMIC (EYE) DROPS	4	MO
<i>epinastine ophthalmic (eye) drops</i>	2	MO
LASTACFT OPHTHALMIC (EYE) DROPS	3	MO
<i>olopatadine ophthalmic (eye) drops</i>	2	MO
PATADAY OPHTHALMIC (EYE) DROPS	4	ST; MO
PAZEO OPHTHALMIC (EYE) DROPS	3	MO
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	MO; QL (11 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops</i>	2	MO
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	2	MO
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>ketorolac ophthalmic (eye) drops</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>acetazolamide sodium injection recon soln</i>	2	MO
<i>methazolamide oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
COMBIGAN OPHTHALMIC (EYE) DROPS	3	MO
<i>dorzolamide ophthalmic (eye) drops</i>	2	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	MO
<i>latanoprost ophthalmic (eye) drops</i>	2	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO; QL (2.5 per 30 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
TRAVATAN Z OPHTHALMIC (EYE) DROPS	3	MO; QL (2.5 per 30 days)
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	MO
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	MO
DUREZOL OPHTHALMIC (EYE) DROPS	3	MO
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	MO
FML S.O.P. OPHTHALMIC (EYE) OINTMENT	3	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	MO
STEROID-SULFONAMIDE COMBINATIONS		

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

Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	3	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	MO
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine ophthalmic (eye) drops</i>	2	MO
<i>brimonidine ophthalmic (eye) drops</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>clemastine oral tablet 2.68 mg</i>	2	PA; MO
<i>cyproheptadine oral syrup</i>	2	PA; MO
<i>cyproheptadine oral tablet</i>	2	PA; MO
<i>desloratadine oral tablet</i>	2	MO
<i>desloratadine oral tablet, disintegrating</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	B/D PA; MO
<i>diphenhydramine hcl injection syringe</i>	2	B/D PA; MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	MO; QL (4 per 2 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
EPIPEN INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
EPIPEN JR INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
<i>hydroxyzine hcl intramuscular solution</i>	2	B/D PA; MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	MO
<i>hydroxyzine hcl oral tablet</i>	4	MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine oral tablet</i>	2	PA; MO
PULMONARY AGENTS		

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine solution</i>	2	B/D PA; MO
ADCIRCA ORAL TABLET	5	PA; MO; QL (60 per 30 days)
ADEMPAS ORAL TABLET	5	PA; MO; LA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
ADVAIR HFA AEROSOL INHALER	3	MO; QL (24 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	2	B/D PA; MO; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	2	B/D PA; MO; QL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	2	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	2	MO
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO
ASMANEX HFA AEROSOL INHALER	3	MO; QL (26 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	3	QL (2 per 30 days)
ATROVENT HFA AEROSOL INHALER	3	MO; QL (26 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	B/D PA; MO
<i>budesonide nasal spray,non-aerosol</i>	2	MO
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MO
COMBIVENT RESPIMAT INHALATION MIST	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	2	B/D PA; MO; QL (240 per 30 days)
DALIRESP ORAL TABLET	4	MO
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
ESBRIET ORAL CAPSULE	5	PA; MO
ESBRIET ORAL TABLET	5	PA; MO
FIRAZYR SUBCUTANEOUS SYRINGE	5	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (300 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (36 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (21 per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone nasal spray,suspension</i>	2	MO; QL (16 per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D PA; MO; QL (315 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D PA; MO; QL (540 per 30 days)
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (60 per 30 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
LETAIRIS ORAL TABLET	5	PA; MO; QL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml</i>	2	B/D PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B/D PA; MO; QL (90 per 30 days)
<i>metaproterenol oral syrup</i>	2	MO
<i>metaproterenol oral tablet</i>	2	MO
<i>mometasone nasal spray,non-aerosol</i>	2	MO; QL (51 per 30 days)
<i>montelukast oral granules in packet</i>	2	MO
<i>montelukast oral tablet</i>	2	MO
<i>montelukast oral tablet,chewable</i>	2	MO
NASONEX NASAL SPRAY,NON-AEROSOL	4	ST; MO; QL (51 per 30 days)
OFEV ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
OPSUMIT ORAL TABLET	5	PA; MO; LA
ORKAMBI ORAL TABLET	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (120 per 30 days)
PROAIR HFA AEROSOL INHALER	3	MO; QL (18 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO
PULMOZYME INHALATION SOLUTION	5	B/D PA; MO
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	MO; QL (120 per 30 days)
<i>sildenafil oral tablet</i>	2	PA; MO; QL (90 per 30 days)
SYMBICORT HFA AEROSOL INHALER	3	MO; QL (20 per 30 days)
<i>terbutaline oral tablet</i>	2	MO
<i>terbutaline subcutaneous solution</i>	2	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>triamcinolone acetonide nasal spray, aerosol</i>	2	MO; QL (17 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	PA; MO
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO
VENTOLIN HFA AEROSOL INHALER	3	MO; QL (54 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (6 per 28 days)
<i>zafirlukast oral tablet</i>	2	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	2	MO
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; MO
<i>flavoxate oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST; MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>tolterodine oral capsule,extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	2	MO
<i>trospium oral capsule,extended release 24hr</i>	2	MO
<i>trospium oral tablet</i>	2	MO
VESICARE ORAL TABLET	3	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	2	MO
<i>dutasteride oral capsule</i>	2	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>tamsulosin oral capsule,extended release 24hr</i>	2	MO
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	2	MO
MISCELLANEOUS UROLOGICALS		
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PA; MO; QL (30 per 30 days)
CYSTAGON ORAL CAPSULE	3	MO
ELMIRON ORAL CAPSULE	4	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>dextrose-kcl-nacl intravenous solution</i>	2	B/D PA; MO
<i>eliphos oral tablet</i>	2	MO
<i>klor-con 10 oral tablet extended release</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 8 oral tablet extended release</i>	2	MO
<i>klor-con m10 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con oral packet</i>	2	MO
<i>klor-con sprinkle oral capsule, extended release</i>	2	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	MO
<i>lactated ringers intravenous parenteral solution</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	B/D PA; MO
<i>magnesium sulfate injection syringe</i>	2	B/D PA
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>potassium bicarb and chloride oral tablet, effervescent</i>	2	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	B/D PA
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	2	MO
<i>potassium chloride intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	B/D PA
<i>ringer's intravenous parenteral solution</i>	2	B/D PA
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 5 % intravenous parenteral solution</i>	2	
<i>sodium chloride intravenous parenteral solution</i>	2	MO
<i>sodium lactate intravenous solution</i>	2	
MISCELLANEOUS NUTRITION PRODUCTS		
<i>amino acids 15 % intravenous parenteral solution</i>	2	B/D PA
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN-PF 7 % SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%/D25W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 2.75%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%-D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%-D25W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%-D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 4.25%/D25W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D25W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D PA
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION	4	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	4	B/D PA; MO
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA; MO
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA; MO
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA; MO
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluor-a-day (with xylitol) oral tablet, chewable 0.25 mg f (0.55 mg)-236.79mg</i>	2	MO
<i>fluoride (sodium) oral drops</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	2	MO
<i>fluoritab oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid)</i>	2	MO
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	2	MO
<i>multi-vit with fluoride-iron oral drops</i>	2	MO
<i>multi-vitamin with fluoride oral drops</i>	2	MO
<i>multivitamin with fluoride oral tablet,chewable</i>	2	MO
<i>multivitamins with fluoride oral tablet,chewable</i>	2	MO
<i>mvc-fluoride oral tablet,chewable</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO
<i>triple vitamin with fluoride oral drops</i>	2	
<i>tri-vit with fluoride and iron oral drops</i>	2	MO
<i>tri-vitamin with fluoride oral drops</i>	2	MO
<i>vitamins a,c,d and fluoride oral drops</i>	2	

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