

ConnectiCare Medicare Advantage Plans

2017 Formulary (List of Covered Drugs)

PLEASE READ:

**THIS DOCUMENT CONTAINS
INFORMATION ABOUT THE
DRUGS WE COVER IN THIS PLAN.**

00017204, V8

ConnectiCare

This formulary was updated on 08/23/2016. For more recent information or other questions, please contact ConnectiCare Member Services at 1-800-224-2273, or for TTY users, 1-800-842-9710, from 8 a.m. to 8 p.m., seven days a week, or visit connecticare.com/medicare.

H3528_17_1085_01 Accepted 09/19/2016

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 ConnectiCare, Inc. When it refers to “plan” or “our plan,” it means ConnectiCare Medicare Advantage Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 08/23/2016. 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.

The Formulary may change at any time. You will receive notice when necessary. ConnectiCare, Inc. is a HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.

What is the ConnectiCare, Inc. Formulary?

A formulary is a list of covered drugs selected by ConnectiCare 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. ConnectiCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a ConnectiCare 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, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 08/23/2016. To get updated information about the drugs covered by ConnectiCare, please contact us. Our contact information appears on the front and back cover pages. If non-maintenance changes have been made to the formulary since it was printed on 09/20/2016, we will include an errata sheet with this booklet.

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 number 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 90. 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?

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask ConnectiCare 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 ConnectiCare formulary?" on page V for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

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

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

You can ask ConnectiCare 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 your drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, ConnectiCare 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, ConnectiCare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the 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.

For more information

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

If you have questions about ConnectiCare, 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>**.

ConnectiCare’s Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by ConnectiCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 90.

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

The information in the Requirements/Limits column tells you if ConnectiCare has any special requirements for coverage of your drug.

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 drug may be available only at certain pharmacies. For more information consult your Provider/Pharmacy Directory or call Member Services at 1-800-224-2273 , from 8 a.m. to 8 p.m., seven days a week. TTY users should call 1-800-842-9710 .
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. This prescription drug requires you or your physician to get approval before you fill the prescription. If you don’t get approval, we may not cover the drug.
QL	Quantity Limit. This quantity of this prescription drug is limited. Included next to the abbreviation is the allowed quantity per number of days.
ST	Step Therapy. This prescription drug 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.

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

Part D Prescription Drug Coverage for Passage Plan 1 (HMO), Flex Plan 2 (HMO-POS) and Flex Plan 3 (HMO-POS)

Initial Coverage Limit			
You pay the following until your total yearly drug costs reach \$3,700	30-Day Supply: Preferred Retail Pharmacy	30-Day Supply: Standard Retail Pharmacy	90-Day Supply: Mail Order Pharmacy
Tier 1: Preferred Generic	\$4	\$9	\$8
Tier 2: Generic	\$15	\$20	\$30
Tier 3: Preferred Brand	\$42	\$47	\$105
Tier 4: Non-Preferred drug	\$95	\$100	\$238
Tier 5: Specialty drug	33%	33%	33%

Coverage Gap			
You pay the following after your total yearly drug costs reach \$3,700	30-Day Supply: Preferred Retail Pharmacy	30-Day Supply: Standard Retail Pharmacy	90-Day Supply: Mail Order Pharmacy
Generic Drugs	51%	51%	51%
Brand Drugs	40%	40%	40%

Catastrophic Coverage	
You pay the following once your true yearly out-of-pocket Drug Costs reach \$4,950	Retail Pharmacy and Mail Order
Generic Drugs	The greater of \$3.30 or 5%
Brand Drugs	The greater of \$8.25 or 5%

Please Note: Employer Group Health Plan (EGHP) please refer to your Summary of Benefits or contact Member Services for benefit details and cost sharing amounts.

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

Part D Prescription Drug Coverage for Flex Plan 1 (HMO-POS) and Choice Plan 1 (HMO)

Initial Coverage Limit			
You pay the following until your total yearly drug costs reach \$3,700	30-Day Supply: Preferred Retail Pharmacy	30-Day Supply: Standard Retail Pharmacy	90-Day Supply: Mail Order Pharmacy
Tier 1: Preferred Generic	\$4	\$9	\$8
Tier 2: Generic	\$15	\$20	\$30
Tier 3: Preferred Brand	\$42	\$47	\$105
Tier 4: Non-Preferred drug	\$95	\$100	\$238
Tier 5: Specialty drug	33%	33%	33%

Coverage Gap			
You pay the following after your total yearly drug costs reach \$3,700	30-Day Supply: Preferred Retail Pharmacy	30-Day Supply: Standard Retail Pharmacy	90-Day Supply: Mail Order Pharmacy
Tier 1: Preferred Generic	\$4	\$9	\$8
Tier 2: Generic	\$15	\$20	\$30
Tier 4 & Tier 5: Other Generics	51%	51%	51%
Brand Drugs	51%	51%	51%

Catastrophic Coverage	
You pay the following once your true yearly out-of-pocket Drug Costs reach \$4,950	Retail Pharmacy and Mail Order
Generic Drugs	The greater of \$3.30 or 5%
Brand Drugs	The greater of \$8.25 or 5%

Please Note: Employer Group Health Plan (EGHP) please refer to your Summary of Benefits or contact Member Services for benefit details and cost sharing amounts.

Language & Non-Discrimination Notice

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

ConnectiCare, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare, Inc. 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: The Committee for Civil Rights, ConnectiCare, Inc., 175 Scott Swamp Road, Farmington, CT 06034, Phone: 1-800-224-2273, and TTY: 1-800-842-9710. You can file a grievance in person or by mail. If you need help filing a grievance, The Committee for Civil Rights 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-224-2273 (TTY: 1-800-842-9710).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-224-2273 (TTY: 1-800-842-9710).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-224-2273 (TTY: 1-800-842-9710).

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 1-800-224-2273 (TTY: 1-800-842-9710)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-224-2273 (TTY: 1-800-842-9710).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-224-2273 (ATS: 1-800-842-9710).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-224-2273 (TTY: 1-800-842-9710).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-224-2273 (телетайп: 1-800-842-9710).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-224-2273 (TTY: 1-800-842-9710).

لصرتا. ناجمل اب كل رفاوتت ةيوعلل ةدعاسمل تامدخ ناف، ةغلل ركذا ثدحتت تنك اذا: ةظوحلم
مكبل او مصل افناه مقر) 1-800-842-9710 (1-800-224-2273 مقرب

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-224-2273 (TTY: 1-800-842-9710)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-224-2273 (TTY: 1-800-842-9710).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-800-224-2273 (TTY: 1-800-842-9710) पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-224-2273 (TTY: 1-800-842-9710).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-224-2273 (TTY: 1-800-842-9710).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ

1-800-224-2273 (TTY: 1-800-842-9710)។

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-224-2273 (TTY: 1-800-842-9710).

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-o) 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-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	
<i>didanosine oral capsule, delayed release(dr/ec)</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
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
HARVONI ORAL TABLET	5	PA; MO; QL (28 per 28 days); NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	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
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>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	MO
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY ORAL TABLET	5	
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
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

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>ribavirin oral tablet 200 mg</i>	2	PA; MO
<i>rimantadine oral tablet</i>	2	MO
SELZENTRY ORAL TABLET	5	MO
SOVALDI ORAL TABLET	5	PA; MO; QL (30 per 30 days); NEDS
<i>stavudine oral capsule</i>	2	MO
<i>stavudine oral recon soln</i>	2	MO
STRIBILD ORAL TABLET	5	MO
SUSTIVA ORAL CAPSULE	3	MO
SUSTIVA ORAL TABLET	3	MO
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	5	PA; MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	PA; MO; LA
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG	5	
TIVICAY ORAL TABLET 50 MG	5	MO
TRIUMEQ ORAL TABLET	5	MO
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	5	
TRUVADA ORAL TABLET 200-300 MG	5	MO
TYBOST ORAL TABLET	3	MO
TYZEKA ORAL TABLET	5	MO
<i>valacyclovir oral tablet</i>	2	MO; QL (30 per 30 days)
VALCYTE ORAL RECON SOLN	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

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
VITEKTA ORAL TABLET	5	MO
ZIAGEN ORAL SOLUTION	3	MO
<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-os) 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
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	2	B/D PA; 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
<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	

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>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	2	B/D PA
<i>cefoxitin intravenous recon soln 1 gram</i>	2	B/D PA; MO
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	2	B/D PA
<i>cefpodoxime oral suspension for reconstitution</i>	2	MO
<i>cefpodoxime oral tablet</i>	2	MO
<i>cefprozil oral suspension for reconstitution</i>	2	MO
<i>cefprozil oral tablet</i>	2	MO
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	2	B/D PA
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	2	B/D PA; MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	B/D PA; MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	2	B/D PA
<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 1.5 gram, 750 mg</i>	2	B/D PA; MO
<i>cefuroxime sodium intravenous recon soln</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

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 packet</i>	2	MO
<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; NEDS
<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>baciiim intramuscular recon soln</i>	2	B/D PA
<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	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	B/D PA
<i>clindamycin phosphate injection solution 150 mg/ml</i>	2	B/D PA; MO
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	2	B/D PA
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	B/D PA; MO
COARTEM ORAL TABLET	4	MO
COLISTIN (COLISTIMETHATE NA) INJECTION RECON SOLN	4	B/D PA; MO
CUBICIN INTRAVENOUS RECON SOLN	5	MO
CYCLOSERINE ORAL CAPSULE	2	MO
DAPSONE ORAL TABLET	4	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, 60 mg/50 ml</i>	2	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 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

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>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
<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 500 MG/50 ML	2	B/D PA
<i>metro i.v. intravenous piggyback</i>	2	MO
<i>metronidazole in nacl (iso-os) 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, W/INHALATION DEVICE	5	MO; QL (224 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
<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
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 oral suspension for reconstitution</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	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	B/D PA; MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	4	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	MO
<i>dicloxacillin oral capsule</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	B/D PA

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>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 1 gram</i>	2	B/D PA; MO
<i>nafcillin intravenous recon soln 2 gram</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, 2 gram</i>	2	B/D PA; MO
<i>oxacillin injection recon soln 10 gram</i>	5	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
<i>piperacillin-tazobactam intravenous recon soln</i>	2	B/D PA; MO
QUINOLONES		
AVELOX IN NAACL (ISO-OSMOTIC) 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	

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>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 400 mg</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	2	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	B/D PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	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 intravenous recon soln</i>	2	B/D PA; 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) 100 mg, 150 mg, 75 mg</i>	2	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg, 50 mg</i>	2	
<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
ORACEA ORAL CAPSULE,IR - DELAY REL,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

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>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
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	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
LEVOLEUCOVORIN CALCIUM 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>adrucil intravenous solution 2.5 gram/50 ml</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>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
<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
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; LA
CAMPATH INTRAVENOUS SOLUTION	3	B/D PA
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
COMETRIQ ORAL CAPSULE	5	PA; MO
COTELLIC ORAL TABLET	5	PA; MO; LA

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
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
<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</i>	2	B/D PA
<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 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 200 mg/100 ml</i>	4	B/D PA
<i>epirubicin intravenous solution 50 mg/25 ml</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

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
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
<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 100 mg, 25 mg</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	5	PA; MO
<i>idarubicin intravenous solution</i>	2	B/D PA
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
INLYTA ORAL TABLET	4	PA; MO
IRESSA 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
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	B/D PA
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; MO
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
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 8 MG/DAY (4 MG X 2)	5	PA
<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
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

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
LYSODREN ORAL TABLET	3	MO
MATULANE ORAL CAPSULE	5	MO
<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
<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 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
NEXAVAR ORAL TABLET	5	PA; MO
NILANDRON ORAL TABLET	3	MO
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

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
ODOMZO ORAL CAPSULE	5	PA; MO; LA
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
SANDIMMUNE ORAL CAPSULE	4	B/D PA; MO
SANDIMMUNE ORAL SOLUTION	4	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	5	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL 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

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
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; NEDS
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; 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; 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
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	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; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA

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
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; 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
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
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)
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
BRIVIACT ORAL TABLET	5	PA
<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 100 mg</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>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</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, 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
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	
<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>lamotrigine oral tablets, dose pack 25 mg (35)</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 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>levetiracetam in nacl (iso-os) 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 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
POTIGA ORAL TABLET	4	PA; MO
<i>primidone oral tablet</i>	2	MO
ROWEEPRA ORAL TABLET	4	
SABRIL ORAL POWDER IN PACKET	5	PA; MO
SABRIL ORAL TABLET	5	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION	4	
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

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
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
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	2	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

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>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	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,ext rel. pellets 24 hr</i>	2	MO; QL (30 per 30 days)
<i>galantamine oral solution</i>	2	MO
<i>galantamine oral tablet</i>	2	MO
GILENYA ORAL CAPSULE	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

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>memantine oral tablets,dose pack</i>	2	PA; MO
NAMENDA ORAL SOLUTION	4	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

NARCOTIC ANALGESICS

<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 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>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 2 mg</i>	2	MO; QL (300 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	MO; QL (75 per 30 days)
<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</i>	4	PA; MO; QL (360 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule</i>	4	PA; MO; QL (360 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	4	PA; MO; QL (360 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	4	PA; MO
<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 10-325 mg/15 ml(15 ml), 5-163 mg/7.5ml(7.5ml)</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 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 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	B/D PA; MO; QL (120 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (1500 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>ibuprofen-oxycodone oral tablet</i>	2	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.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

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
<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, extend. 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)
<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>reprexain oral tablet</i>	2	MO; QL (50 per 30 days)
<i>zamicet oral solution</i>	2	QL (5550 per 30 days)

NON-NARCOTIC ANALGESICS

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>buprenorphine-naloxone sublingual tablet</i>	2	MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	MO; QL (720 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; QL (360 per 30 days)
<i>butorphanol tartrate nasal 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	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,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,ext rel. 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)

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>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe 1 mg/ml</i>	2	MO
<i>naltrexone oral tablet</i>	2	MO
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	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)
VOLTAREN GEL TOPICAL GEL 1 %	3	ST; MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	B/D PA; MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	5	MO
ABILIFY ORAL TABLET 10 MG	4	MO; QL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG	4	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
<i>desipramine oral tablet</i>	2	MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50</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 solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA
<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 1 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG	4	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,EXT REL 24HR DOSE PACK	4	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)
<i>fluoxetine 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>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	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR	4	MO
LATUDA 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
<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>lithium citrate oral solution 8 meq/5 ml (5 ml)</i>	2	
<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 er oral tablet extended release</i>	2	MO
<i>methamphetamine oral tablet</i>	2	PA; MO
<i>methylphenidate oral capsule, er biphasic 30-70</i>	2	MO
<i>methylphenidate oral capsule,er biphasic 50-50</i>	2	MO
<i>methylphenidate oral solution</i>	2	MO
<i>methylphenidate oral tablet</i>	2	MO
<i>methylphenidate oral tablet extended release</i>	2	MO
<i>methylphenidate oral tablet extended release 24hr 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>molindone oral tablet</i>	2	
<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; 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

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 1.5 mg, 3 mg, 9 mg</i>	5	MO; QL (30 per 30 days)
<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
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

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>thiothixene oral capsule</i>	1	MO
<i>tranylcypromine oral tablet</i>	2	MO
<i>trazodone oral tablet</i>	2	MO
<i>trifluoperazine oral tablet</i>	2	MO
<i>trimipramine oral capsule</i>	2	PA; MO
TRINTELLIX ORAL TABLET	4	
<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	QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	5	QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	5	QL (40 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	5	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	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,ext 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	

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>amiodarone oral tablet</i>	2	MO
<i>dofetilide oral capsule</i>	2	
<i>flecainide oral tablet</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	B/D PA; MO
<i>mexiletine oral capsule</i>	2	MO
MULTAQ ORAL TABLET	3	MO
<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-valsartan oral tablet</i>	2	MO
<i>amlodipine-valsartan-hcthiazyd 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)

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
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
<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-hydrochlorothiazid 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, extended release</i>	2	MO
<i>diltiazem hcl oral capsule,ext release 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,ext release 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

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>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
<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>	2	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 ta-hydrochlorothiaz oral tablet</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

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>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	
<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
<i>nadolol-bendroflumethiazide oral tablet</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral capsule</i>	2	MO
<i>nifedical xl oral tablet extended release 24hr</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>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-hydrochlorothiazid 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>reserpine oral tablet</i>	2	PA; MO
<i>spironolactone oral tablet</i>	2	MO
<i>spironolacton-hydrochlorothiaz oral tablet</i>	2	MO
<i>taztia xt oral capsule, extended release</i>	2	MO
TEKTURNA HCT ORAL TABLET	3	MO
TEKTURNA ORAL TABLET	3	MO
<i>telmisartan 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>telmisartan-hydrochlorothiazid 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
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	MO
<i>triamterene-hydrochlorothiazid oral capsule</i>	2	MO
<i>triamterene-hydrochlorothiazid 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,ext rel. 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)

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>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
<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

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 nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	2	B/D PA
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</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
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	2	B/D PA
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 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>fenofibrate micronized 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>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
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 PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; QL (4 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 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 SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	5	PA; MO; QL (3 per 28 days)
<i>rosuvastatin oral tablet</i>	2	
<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

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
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	PA; MO
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	3	MO
VECAMYL ORAL TABLET	4	
NITRATES		
ISORDIL ORAL TABLET	3	MO
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	2	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 transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual aerosol,spray</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

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
BURN THERAPY		
<i>silver sulfadiazine topical cream</i>	2	MO
<i>ssd topical cream</i>	2	MO
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
<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 rapid oral capsule</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>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

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-benzoyl peroxide topical gel</i>	2	MO
<i>ery pads topical swab</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin with ethanol topical swab</i>	2	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	2	MO
<i>metronidazole topical cream</i>	2	MO
<i>metronidazole topical gel</i>	2	MO
<i>metronidazole topical gel with pump</i>	2	MO
<i>metronidazole topical lotion</i>	2	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	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 %), 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
LIDOCAINE (PF) INJECTION SOLUTION 20 MG/ML (2 %)	2	B/D PA; MO
<i>lidocaine hcl injection solution</i>	2	B/D PA; MO
<i>lidocaine hcl laryngotracheal solution</i>	2	MO
<i>lidocaine hcl mucous membrane gel</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution</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

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
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
<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>ketconazole topical cream</i>	2	MO
<i>ketconazole topical foam</i>	2	MO
<i>ketconazole 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

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
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
<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

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>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
<i>fluocinonide topical solution</i>	2	MO
<i>fluocinonide-e topical cream</i>	2	MO
<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

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>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
<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 SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	4	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>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
<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

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>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
KIONEX ORAL POWDER	4	MO
<i>kionex oral suspension</i>	4	MO
<i>levocarnitine (with sugar) oral solution</i>	2	B/D PA; MO
<i>levocarnitine intravenous 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
<i>pilocarpine hcl oral tablet</i>	2	MO
RAVICTI ORAL LIQUID	5	PA; MO
RENVELA ORAL POWDER IN PACKET	3	MO
<i>riluzole oral tablet</i>	2	MO
<i>risedronate oral tablet 30 mg</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	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	2	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	2	
<i>sps oral suspension</i>	2	MO
<i>sps rectal enema</i>	2	
SYPRINE ORAL CAPSULE	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
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 5 MG/100 ML	2	PA
<i>zoledronic acid-mannitol-water intravenous solution</i>	2	PA; MO

SMOKING DETERRENTS

<i>buproban oral tablet extended release</i>	2	
<i>bupropion hcl (smoking deter) oral tablet extended release</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

<i>azelastine nasal aerosol,spray</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 acetamide dental paste</i>	2	MO

MISCELLANEOUS OTIC PREPARATIONS

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>acetasol hc otic drops</i>	2	MO
<i>acetic acid otic solution</i>	2	MO
<i>acetic acid-aluminum acetate otic drops</i>	2	MO
<i>fluocinolone acetonide oil otic drops</i>	2	MO
<i>hydrocortisone-acetic acid otic drops</i>	2	MO
<i>ofloxacin otic drops</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
<i>neomycin-polymyxin-hc otic drops,suspension</i>	2	MO
<i>neomycin-polymyxin-hc otic solution</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P. INJECTION GEL	5	PA; MO
A-HYDROCORT INJECTION RECON SOLN	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
<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

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>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 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
<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 REL RECON	3	MO
BYETTA SUBCUTANEOUS PEN INJECTOR	3	MO
CYCLOSET ORAL TABLET	4	ST; MO
FARXIGA 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
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 INJECTION SOLUTION	3	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	
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)

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
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 24hr</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
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

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
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	3	MO
SYNJARDY ORAL TABLET	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
<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 aerosol, spray</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>desmopressin nasal solution</i>	2	MO
<i>desmopressin nasal spray,non-aerosol</i>	2	MO
<i>desmopressin oral tablet</i>	2	MO
ELAPRASE INTRAVENOUS SOLUTION	5	B/D PA; MO
ELELYSO INTRAVENOUS RECON SOLN	5	B/D PA; MO
FABRAZYME INTRAVENOUS RECON SOLN	5	PA; MO
<i>fortical nasal spray,non-aerosol</i>	2	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
MYOZYME INTRAVENOUS RECON SOLN	5	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
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

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>zoledronic acid intravenous solution</i>	2	B/D PA; MO
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML	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 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</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</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)
AMITIZA ORAL CAPSULE	3	MO; QL (60 per 30 days)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
<i>balsalazide oral capsule</i>	2	MO
<i>budesonide oral capsule,delayed,extend.release</i>	5	MO
CANASA RECTAL SUPPOSITORY	3	MO
CHOLBAM 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
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,DELAYED RELEASE(DR/EC)	4	MO
DIPENTUM ORAL CAPSULE	4	MO
<i>dronabinol oral capsule</i>	4	B/D PA; MO
<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
<i>hydrocortisone rectal cream</i>	2	
<i>hydrocortisone rectal enema</i>	2	MO
<i>lactulose oral solution</i>	2	MO
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
LINZESS ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine 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

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>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
<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)	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>	2	
<i>peg-3350 with flavor packs oral recon soln</i>	1	
<i>peg-electrolyte soln 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 rectal cream</i>	2	MO
<i>proctosol hc rectal cream</i>	2	MO
<i>proctozone-hc rectal cream</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)

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>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>amoxicil-clarithromy-lansopraz 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 RELEAS	3	MO
<i>esomeprazole sodium intravenous recon soln</i>	2	B/D PA
<i>famotidine (pf) intravenous solution</i>	2	B/D PA; MO
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	2	B/D PA
<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 25 mg/ml</i>	2	B/D PA; MO
<i>ranitidine hcl oral capsule</i>	2	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	MO

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>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	5	PA; MO
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
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 FLEXPPO 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	5	PA; MO; QL (5 per 30 days)
PEGINTRON SUBCUTANEOUS KIT	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)

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
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
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
BEXSERO (PF) INTRAMUSCULAR SYRINGE	4	MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	MO
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	MO
CERVARIX VACCINE (PF) 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

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>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	PA; MO
GAMUNEX-C INJECTION SOLUTION	3	PA; MO
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	3	MO
GARDASIL (PF) INTRAMUSCULAR SYRINGE	3	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	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION	4	
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	4	
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

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
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
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	MO
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
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	4	
ROTATEQ VACCINE ORAL SUSPENSION	3	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	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	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
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	
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>colchicine-probenecid oral tablet</i>	2	MO
COLCRYS ORAL TABLET	3	MO
<i>probenecid oral tablet</i>	2	MO
ULORIC ORAL TABLET	3	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (375 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (5 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR	5	MO; 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
CUPRIMINE ORAL CAPSULE	5	MO
DEPEN TITRATABS ORAL TABLET	4	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
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 PEN INJECTOR KIT	5	MO; QL (6 per 180 days)
HUMIRA PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR KIT	5	MO; QL (6 per 180 days)
HUMIRA PEN SUBCUTANEOUS PEN 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)
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

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

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
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
<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
<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

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>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
<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-ethinyl estradiol oral tablet</i>	2	MO
<i>elinest oral tablet</i>	2	MO
ELLA 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>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>gildess 1.5/30 (21) oral tablet</i>	2	MO
<i>gildess 1/20 (21) oral tablet</i>	2	MO
<i>gildess fe 1.5/30 (28) oral tablet</i>	2	MO
<i>gildess fe 1/20 (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.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>layolis fe oral tablet,chewable</i>	2	MO
<i>lessina oral tablet</i>	2	MO
<i>levonest (28) oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic oral tablet</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>levora-28 oral tablet</i>	2	MO
<i>loryna (28) oral tablet</i>	2	MO
<i>low-ogestrel (28) oral tablet</i>	2	MO
<i>lutera (28) oral tablet</i>	2	MO
<i>marlissa 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>my way oral tablet</i>	2	
<i>myzilra oral tablet</i>	2	MO
<i>necon 0.5/35 (28) oral tablet</i>	2	MO
<i>necon 1/35 (28) oral tablet</i>	2	MO
<i>necon 10/11 (28) oral tablet</i>	2	MO
<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</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet</i>	2	MO
<i>0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>		
<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
<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

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>quasense oral tablets,dose pack,3 month</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
<i>methylergonovine oral tablet</i>	2	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC DROPS	3	MO
<i>bacitracin ophthalmic ointment</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic ointment</i>	2	MO
CILOXAN OPHTHALMIC OINTMENT	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>ciprofloxacin hcl ophthalmic drops</i>	2	MO
<i>erythromycin ophthalmic ointment</i>	2	MO
<i>gatifloxacin ophthalmic drops</i>	2	MO
<i>gentak ophthalmic ointment</i>	1	MO
<i>gentamicin ophthalmic drops</i>	1	MO
<i>gentamicin ophthalmic ointment</i>	2	MO
<i>levofloxacin ophthalmic drops</i>	2	MO
NATACYN OPHTHALMIC DROPS,SUSPENSION	3	MO
<i>neomycin-bacitracin-polymyxin ophthalmic ointment</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic drops</i>	2	MO
<i>neo-polycin ophthalmic ointment</i>	2	MO
<i>ofloxacin ophthalmic drops</i>	2	MO
<i>polycin ophthalmic ointment</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic drops</i>	1	MO
<i>tobramycin ophthalmic drops</i>	1	MO
TOBREX OPHTHALMIC OINTMENT	3	MO
VIGAMOX OPHTHALMIC DROPS	3	MO
ANTIVIRALS		
<i>trifluridine ophthalmic drops</i>	2	MO
ZIRGAN OPHTHALMIC GEL	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic drops</i>	2	MO
BETIMOL OPHTHALMIC DROPS 0.25 %	4	MO
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION	3	MO
<i>carteolol ophthalmic drops</i>	1	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO
<i>metipranolol ophthalmic drops</i>	2	
<i>timolol maleate ophthalmic drops</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution</i>	2	MO
CHOLINESTERASE INHIBITOR MIOTICS		

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
PHOSPHOLINE IODIDE OPHTHALMIC DROPS	3	MO
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine ophthalmic drops</i>	2	MO
<i>cromolyn ophthalmic drops</i>	2	MO
CYSTARAN OPHTHALMIC DROPS	4	MO
<i>epinastine ophthalmic drops</i>	2	MO
LASTACAFT OPHTHALMIC DROPS	3	MO
<i>olopatadine ophthalmic drops</i>	2	MO
PATADAY OPHTHALMIC DROPS	4	ST; MO
PAZEO OPHTHALMIC DROPS	3	MO
RESTASIS OPHTHALMIC DROPPERETTE	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic drops</i>	2	MO
<i>diclofenac sodium ophthalmic drops</i>	2	MO
<i>flurbiprofen sodium ophthalmic drops</i>	2	MO
ILEVRO OPHTHALMIC DROPS,SUSPENSION	3	MO
<i>ketorolac ophthalmic drops</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>acetazolamide sodium injection recon soln</i>	2	MO
<i>methazolamide oral tablet</i>	2	MO
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC DROPS,SUSPENSION	3	MO
COMBIGAN OPHTHALMIC DROPS	3	MO
<i>dorzolamide ophthalmic drops</i>	2	MO
<i>dorzolamide-timolol ophthalmic drops</i>	2	MO
<i>latanoprost ophthalmic drops</i>	2	MO
LUMIGAN OPHTHALMIC DROPS 0.01 %	3	MO; QL (2.5 per 30 days)
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION	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
TRAVATAN Z OPHTHALMIC DROPS	3	MO; QL (2.5 per 30 days)
<i>travoprost (benzalkonium) ophthalmic drops</i>	2	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic ointment</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic drops,suspension</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic ointment</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic drops,suspension</i>	2	MO
<i>neo-polycin hc ophthalmic ointment</i>	2	
TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION	3	MO
<i>tobramycin-dexamethasone ophthalmic drops,suspension</i>	2	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic drops</i>	2	MO
DUREZOL OPHTHALMIC DROPS	3	MO
<i>fluorometholone ophthalmic drops,suspension</i>	2	MO
FML S.O.P. OPHTHALMIC OINTMENT	3	MO
<i>prednisolone acetate ophthalmic drops,suspension</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic drops</i>	2	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	MO
<i>sulfacetamide-prednisolone ophthalmic drops</i>	2	MO
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	3	MO
<i>apraclonidine ophthalmic drops</i>	2	MO
<i>brimonidine ophthalmic drops</i>	2	MO
VASOCONSTRICTOR DECONGESTANTS		

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>naphazoline ophthalmic 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
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	MO
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
<i>hydroxyzine hcl intramuscular solution</i>	2	B/D PA; MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	MO
<i>hydroxyzine hcl oral tablet</i>	4	MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine oral tablet</i>	2	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	2	B/D PA; MO
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 INHALATION 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

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>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 INHALATION 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 INHALATION 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
ESBRIET ORAL CAPSULE	5	PA
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 INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 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
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (36 per 30 days)
FLOVENT HFA INHALATION 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	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
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (120 per 30 days)
PROAIR HFA INHALATION 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)

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>sildenafil oral tablet</i>	2	PA; MO; QL (90 per 30 days)
SYMBICORT INHALATION 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	
<i>theophylline oral tablet extended release</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	PA; MO
VENTOLIN HFA INHALATION 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	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; MO
<i>flavoxate oral tablet</i>	2	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

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
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
<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	
<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

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
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, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous piggyback 10 meq/50 ml</i>	2	MO
<i>potassium chloride intravenous solution</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO

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-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	B/D PA
<i>ringers 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
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

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
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 SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%-D25W SULF-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 SUL FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	2	B/D PA
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 20 %	4	B/D PA; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION	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
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
PLASMA-LYTE-56 IN 5 % DEXTROSE 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>fluoritab oral tablet, chewable 0.5 mg fluoride (1.1 mg)</i>	2	MO
<i>ludent fluoride oral tablet, chewable 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg)</i>	2	MO
<i>prenatal vitamin 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>sodium fluoride oral tablet</i>	2	MO

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

Index

A		
abacavir	1	
abacavir-lamivudine- zidovudine	1	
ABELCET	1	
ABILIFY	31, 32	
ABILIFY MAINTENA	31	
ABRAXANE	13	
acamprosate	52	
acarbose	57	
acebutolol	38	
acetaminophen-codeine ..	26, 27	
acetazol hc	56	
acetazolamide	78	
acetazolamide sodium	78	
acetic acid	56	
acetic acid-aluminum acetate	56	
acetylcysteine	80	
acitretin	46	
ACTEMRA	70	
ACTHAR H.P.	56	
ACTHIB (PF)	67	
ACTIMMUNE	66	
ACTOPLUS MET XR	57	
acyclovir	1, 2, 49	
acyclovir sodium	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	67	
ADAGEN	52	
adapalene	47	
ADCIRCA	80	
adefovir	2	
ADEMPAS	80	
adrucil	13, 14	
ADV AIR DISKUS	80	
ADV AIR HFA	80	
afeditab cr	38	
AFINITOR	14	
AFINITOR DISPERZ	14	
AGGRENOX	42	
A-HYDROCORT	56	
ala-cort	50	
ALBENZA	7	
albuterol sulfate	80, 81	
alclometasone	50	
ALCOHOL PADS	57	
ALDURAZYME	60	
ALECENSA	14	
alendronate	52, 70	
alfuzosin	84	
ALIMTA	14	
ALINIA	7	
allopurinol	70	
alosetron	62	
ALPHAGAN P	79	
alprazolam	32	
altavera (28)	73	
alyacen 1/35 (28)	73	
alyacen 7/7/7 (28)	73	
amantadine hcl	2	
AMBISOME	1	
amcinonide	50	
amethia	73	
amethia lo	73	
amethyst	73	
amifostine crystalline	13	
amikacin	7	
amiloride	38	
amiloride-hydrochlorothiazide	38	
amino acids 15 %	86	
AMINOSYN 10 %	86	
AMINOSYN 8.5 %	86	
AMINOSYN 8.5 %- ELECTROLYTES	86	
AMINOSYN II 10 %	86	
AMINOSYN II 15 %	86	
AMINOSYN II 7 %	86	
AMINOSYN II 8.5 %	86	
AMINOSYN II 8.5 %- ELECTROLYTES	86	
AMINOSYN M 3.5 %	86	
AMINOSYN-HBC 7%	86	
AMINOSYN-PF 10 %	86	
AMINOSYN-PF 7 % (SULFITE-FREE)	86	
AMINOSYN-RF 5.2 %	87	
amiodarone	37, 38	
AMITIZA	62	
amitriptyline	32	
amlodipine	38	
amlodipine-atorvastatin	44	
amlodipine-benazepril	38	
amlodipine-valsartan	38	
amlodipine-valsartan-hcthiazyd	38	
ammonium lactate	47	
amoxapine	32	
amoxicil-clarithromy-lansopraz	65	
amoxicillin	10	
amoxicillin-pot clavulanate ..	10	
amphotericin b	1	
ampicillin	10	
ampicillin sodium	10	
ampicillin-sulbactam	10	
AMPYRA	25	
ANADROL-50	60	
anagrelide	52	
anastrozole	14	
ANDROGEL	60	
androxy	60	
ANORO ELLIPTA	81	
APOKYN	24	
apraclonidine	79	
apri	73	
APRISO	62	
APTIOM	21	
APTIVUS	2	
ARALAST NP	52	
aranelle (28)	73	
ARCALYST	66	
aripiprazole	32	
ARISTADA	32	
ARNUITY ELLIPTA	81	
ashlyna	73	
ASMANEX HFA	81	
ASMANEX TWISTHALER	81	
aspirin-dipyridamole	42	
ASTAGRAF XL	14	
atenolol	38	
atenolol-chlorthalidone	38	
atorvastatin	44	
atovaquone	7	
atovaquone-proguanil	7	
ATRIPLA	2	
atropine	62	
ATROVENT HFA	81	
AUBAGIO	25	
aubra	73	
AURYXIA	52	

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

AVASTIN	14	BICNU.....	14	CAMPATH.....	14
AVELOX IN NAACL (ISO- OSMOTIC)	11	bisoprolol fumarate.....	39	camrese	73
aviane	73	bisoprolol-hydrochlorothiazide	39	camrese lo.....	73
AVONEX	66	bleomycin	14	CANASA.....	62
AVONEX (WITH ALBUMIN)	66	BLEPHAMIDE S.O.P.....	79	CANCIDAS.....	1
azacitidine.....	14	blisovi 24 fe.....	73	candesartan	39
AZASAN.....	14	blisovi fe 1.5/30 (28)	73	candesartan-hydrochlorothiazid	39
AZASITE	76	blisovi fe 1/20 (28)	73	CAPASTAT	7
azathioprine	14	BOOSTRIX TDAP.....	67	CAPRELSA.....	14
azathioprine sodium	14	BOSULIF	14	captopril.....	39
azelastine	55, 78	BREO ELLIPTA	81	captopril-hydrochlorothiazide	39
AZILECT	24	briellyn.....	73	CARAC	47
azithromycin.....	6, 7	BRILINTA	42	CARAFATE	65
AZOPT	78	brimonidine	79	CARBAGLU	52
aztreonam	7	BRISDELLE	32	carbamazepine	21, 22
azurette (28).....	73	BRIVIACT	21	carbidopa	24
B		bromfenac	78	carbidopa-levodopa	24
baciim	7	bromocriptine	24	carbidopa-levodopa- entacapone	24
bacitracin	7, 76	budesonide.....	62, 81	carboplatin	14
bacitracin-polymyxin b	76	bumetanide	39	carteolol	77
baclofen	26	buprenorphine hcl.....	27	cartia xt	39
balsalazide	62	buprenorphine-naloxone.....	30	carvedilol	39
balziva (28).....	73	buproban.....	55	CAYSTON	7
BANZEL.....	21	bupropion hcl.....	32	caziant (28)	73
BARACLUDE	2	bupropion hcl (smoking deter)	55	cefaclor	5
BCG VACCINE, LIVE (PF).....	67	buspirone	32	cefadroxil.....	5
BELEODAQ	14	BUSULFEX	14	cefazolin	5
benazepril	38	butalbital-acetaminop-caf-cod	27	cefazolin in dextrose (iso-os)..	5
benazepril-hydrochlorothiazide	38	butalbital-acetaminophen	27	cefdinir.....	5
BENDEKA.....	14	butalbital-acetaminophen-caff	27	cefepime	5
BENICAR	39	butalbital-aspirin-caffeine	27	CEFEPIME IN DEXTROSE 5 %	5
BENICAR HCT	38	butorphanol tartrate	30	cefepime in dextrose,iso-osm .	5
BENLYSTA	70	BYDUREON.....	57	cefixime	5
benztropine.....	24	BYETTA	57	cefotaxime	5
betamethasone dipropionate .	50	BYSTOLIC	39	cefotetan	5
betamethasone valerate	50	C		CEFOTETAN IN DEXTROSE, ISO-OSM.....	5
betamethasone, augmented...	50	cabergoline	60	cefoxitin.....	6
betaxolol.....	39, 77	CABOMETYX.....	14	cefoxitin in dextrose, iso-osm.	6
bethanechol chloride	84	calcipotriene	46	cefpodoxime	6
BETIMOL	77	calcipotriene-betamethasone	46	cefprozil	6
BETOPTIC S	77	calcitonin (salmon)	60	ceftazidime	6
bexarotene	14	calcitrene	46	CEFTAZIDIME IN D5W.....	6
BEXSERO (PF)	67	calcitriol.....	46, 60	ceftriaxone	6
bicalutamide	14	calcium acetate	84	CEFTRIAZONE	6
BICILLIN C-R	10	camila	71		
BICILLIN L-A	10				

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

ceftriaxone in dextrose,iso-os.	6	ciprofloxacin (mixture).....	11	clobetasol.....	50
cefuroxime axetil.....	6	ciprofloxacin hcl.....	11, 77	clobetasol-emollient	50
cefuroxime sodium.....	6	ciprofloxacin lactate	11	clomipramine	32
celecoxib.....	30	cisplatin	14	clonazepam	22
CELLCEPT	14	citalopram.....	32	clonidine	39
CELLCEPT INTRAVENOUS		cladribine.....	14	clonidine hcl	32, 39
.....	14	claravis.....	47	clopidogrel	42, 43
CELONTIN.....	22	clarithromycin	7	clorazepate dipotassium.....	32
cephalexin.....	6	clemastine.....	80	clotrimazole	1, 49
CEREZYME	60	CLEOCIN.....	72	clotrimazole-betamethasone .	49
CERVARIX VACCINE (PF)		clindamycin hcl	7	clozapine.....	32
.....	67	clindamycin palmitate hcl	7	CLOZAPINE.....	33
cetirizine	80	clindamycin pediatric	8	COARTEM.....	8
cevimeline	52	clindamycin phosphate	8, 47,	codeine sulfate	27
CHANTIX.....	55	72		colchicine-probenecid.....	70
CHANTIX CONTINUING		clindamycin-benzoyl peroxide		COLCRYS.....	70
MONTH BOX.....	55	.....	48	colestipol.....	44
CHANTIX STARTING		CLINIMIX 5%/D15W		COLISTIN	
MONTH BOX.....	55	SULFITE FREE	87	(COLISTIMETHATE NA) 8	
chateal.....	73	CLINIMIX 5%/D25W		COMBIGAN	78
CHEMET	52	SULFITE-FREE.....	87	COMBIPATCH.....	71
chloramphenicol sod succinate		CLINIMIX 2.75%/D5W		COMBIVENT RESPIMAT..	81
.....	7	SULFIT FREE.....	87	COMETRIQ	14
chlorhexidine gluconate	55	CLINIMIX 4.25%/D10W		COMPLERA	2
chloroquine phosphate.....	7	SULF FREE	87	compro.....	63
chlorothiazide.....	39	CLINIMIX 4.25%/D5W		constulose	63
chlorothiazide sodium	39	SULFIT FREE.....	52	COPAXONE	25
chlorpromazine.....	32	CLINIMIX 4.25%-D20W		COREG CR	39
chlorthalidone.....	39	SULF-FREE	87	cormax	50
CHOLBAM.....	62	CLINIMIX 4.25%-D25W		cortisone	56
cholestyramine (with sugar) .	44	SULF-FREE	87	COTELLIC.....	14
cholestyramine light	44	CLINIMIX 5%-		COUMADIN	43
CHORIONIC		D20W(SULFITE-FREE) .	87	CREON.....	63
GONADOTROPIN,		CLINIMIX E 2.75%/D10W		CRESTOR	44
HUMAN.....	60	SUL FREE.....	52	CRINONE	71
CIALIS	84	CLINIMIX E 2.75%/D5W		CRIVIVAN.....	2
ciclodan	49	SULF FREE	52	cromolyn.....	63, 78, 81
ciclopirox.....	49	CLINIMIX E 4.25%/D10W		cryselle (28).....	73
CIDOFOVIR.....	2	SUL FREE.....	87	CUBICIN.....	8
cilostazol.....	42	CLINIMIX E 4.25%/D25W		CUPRIMINE	70
CILOXAN.....	76	SUL FREE.....	87	cyclafem 1/35 (28).....	73
cimetidine	65	CLINIMIX E 4.25%/D5W		cyclafem 7/7/7 (28).....	73
cimetidine hcl	65	SULF FREE	87	cyclobenzaprine	26
CIMZIA.....	63	CLINIMIX E 5%/D15W		CYCLOPHOSPHAMIDE	15
CIMZIA POWDER FOR		SULFIT FREE.....	87	CYCLOSERINE.....	8
RECONST.....	63	CLINIMIX E 5%/D20W		CYCLOSET	57
CIMZIA STARTER KIT	63	SULFIT FREE.....	87	cyclosporine.....	15
CINRYZE	81	CLINIMIX E 5%/D25W		cyclosporine modified	15
ciprofloxacin.....	11	SULFIT FREE.....	87	cyproheptadine	80

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

CYRAMZA.....	15	dexamethasone intensol.....	56	digoxin.....	42
CYSTADANE.....	63	dexamethasone sodium phos (pf).....	56	dihydroergotamine.....	25
CYSTAGON.....	84	dexamethasone sodium phosphate.....	56, 79	DILANTIN 30 MG.....	22
CYSTARAN.....	78	DEXILANT.....	65	diltiazem hcl.....	39
cytarabine.....	15	dexmethylphenidate.....	33	dilt-xr.....	39
cytarabine (pf).....	15	dextrazoxane hcl.....	13	DIPENTUM.....	63
D		dextroamphetamine.....	33	diphenhydramine hcl.....	80
d10 %-0.45 % sodium chloride	53	dextroamphetamine- amphetamine.....	33	diskets.....	27
d2.5 %-0.45 % sodium chloride.....	53	dextrose 10 % and 0.2 % nacl	53	disulfiram.....	53
d5 % and 0.9 % sodium chloride.....	53	dextrose 10 % in water (d10w)	53	divalproex.....	22
d5 %-0.45 % sodium chloride	53	dextrose 20 % in water (d20w)	53	dofetilide.....	38
dacarbazine.....	15	dextrose 25 % in water (d25w)	53	donepezil.....	25
DALIRESP.....	81	dextrose 30 % in water (d30w)	53	dorzolamide.....	78
danazol.....	60	dextrose 40 % in water (d40w)	53	dorzolamide-timolol.....	78
dantrolene.....	26	dextrose 5 % in water (d5w).53		doxazosin.....	39
DAPSONE.....	8	dextrose 5 %-lactated ringers53		doxepin.....	33
DAPTACEL (DTAP PEDIATRIC) (PF).....	67	dextrose 5%-0.2 % sod chloride.....	53	doxorubicin.....	15
DARAPRIM.....	8	dextrose 5%-0.3 % sod.chloride.....	53	doxorubicin, peg-liposomal..	15
darifenacin.....	83	dextrose 50 % in water (d50w)	53	doxy-100.....	12
DARZALEX.....	15	dextrose 70 % in water (d70w)	53	doxycycline hyclate.....	12
dasetta 1/35 (28).....	73	dextrose with sodium chloride	53	doxycycline monohydrate....	12
dasetta 7/7/7 (28).....	73	dextrose-kcl-nacl.....	84	dronabinol.....	63
daunorubicin.....	15	DIASTAT.....	22	drosiprenone-ethinyl estradiol	73
daysee.....	73	diazepam.....	22, 33	DROXIA.....	15
decitabine.....	15	diazepam intensol.....	33	duloxetine.....	33
DELESTROGEN.....	71	diclofenac potassium.....	30	DURAMORPH (PF).....	27
DELZICOL.....	63	diclofenac sodium.....	30, 47, 78	DUREZOL.....	79
demeclocycline.....	12	diclofenac-misoprostol.....	30	dutasteride.....	84
DEMSER.....	39	dicyclomine.....	62	dutasteride-tamsulosin.....	84
DENAVIR.....	49	didanosine.....	2	E	
denta 5000 plus.....	55	diflorasone.....	51	e.e.s. 400.....	7
dentagel.....	55	diflunisal.....	30	econazole.....	49
DEPEN TITRATABS.....	70	digitek.....	42	EDURANT.....	2
DEPO-PROVERA.....	72	digox.....	42	EFFIENT.....	43
DEPO-SUBQ PROVERA 104	72			EGRIFTA.....	66
DESCOVY.....	2			ELAPRASE.....	61
desipramine.....	33			electrolyte-48 in d5w.....	87
desloratadine.....	80			ELELYSO.....	61
desmopressin.....	60, 61			ELIDEL.....	47
desog-e.estradiol/e.estradiol.	73			ELIGARD.....	15
desonide.....	50			elinest.....	73
desoximetasone.....	50, 51			eliphos.....	84
dexamethasone.....	56			ELIQUIS.....	43

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

emoquette	74	ESTRACE	72	FLUDARABINE.....	16
EMPLICITI.....	15	estradiol	72	fludrocortisone.....	56
EMSAM	33	estradiol valerate.....	72	flunisolide	82
EMTRIVA.....	2	eszopiclone	33	fluocinolone	51
ENABLEX	83	ethambutol	8	fluocinolone acetonide oil ...	56
enalapril maleate	39	ethosuximide	22	fluocinolone and shower cap	51
enalapril-hydrochlorothiazide		etidronate disodium	54	fluocinonide	51
.....	39	etodolac	30	fluocinonide-e.....	51
ENBREL	71	etoposide.....	15	fluoritab	88
ENBREL SURECLICK	71	EVOTAZ.....	2	fluorometholone	79
endocet	27	exemestane	15	fluorouracil	16, 47
ENGERIX-B (PF).....	67	EXJADE.....	54	FLUOROURACIL	47
ENGERIX-B PEDIATRIC		EXTAVIA	66	fluoxetine.....	33, 34
(PF).....	67	F		FLUOXETINE	34
enoxaparin	43	FABRAZYME	61	fluphenazine decanoate	34
enpresse	74	falmina (28).....	74	fluphenazine hcl.....	34
enskyce	74	famciclovir.....	2	flurbiprofen.....	30
entacapone.....	24	famotidine.....	65	flurbiprofen sodium	78
entecavir	2	famotidine (pf).....	65	flutamide.....	16
ENTRESTO	46	famotidine (pf)-nacl (iso-os)	65	fluticasone.....	51, 82
enulose.....	63	FANAPT	33	fluvastatin	45
ENVARUSUS XR	15	FARESTON	15	fluvoxamine.....	34
epinastine.....	78	FARXIGA	57	FML S.O.P.....	79
EPINEPHRINE	80	FARYDAK.....	15	fomepizole	68
EPIPEN 2-PAK.....	80	FASLODEX	15	fondaparinux	43
EPIPEN JR 2-PAK.....	80	FAZACLO.....	33	FORFIVO XL.....	34
epirubicin.....	15	felbamate	22	FORTEO.....	70
epitol.....	22	felodipine.....	40	fortical.....	61
EPIVIR HBV.....	2	fenofibrate	45	foscarnet	2
eplerenone	39	fenofibrate micronized	44	fosinopril.....	40
eprosartan	40	fenofibrate nanocrystallized	45	fosinopril-hydrochlorothiazide	
EPZICOM	2	fenofibric acid.....	45	.....	40
ergoloid.....	33	fenofibric acid (choline)	45	fosphenytoin	22
ERIVEDGE.....	15	fenopropfen	30	FOSRENOL	54
errin	72	fentanyl.....	28	FRAGMIN.....	43
ERWINAZE.....	15	fentanyl citrate.....	27, 28	furosemide	40
ery pads	48	FERRIPROX	54	FUZEON	2
ERYPED 200	7	FETZIMA.....	33	FYCOMPA.....	22
ERYTHROCIN	7	finasteride	84	G	
erythrocin (as stearate)	7	FIRAZYR.....	81	gabapentin.....	22
erythromycin	7, 77	flavoxate	83	GABITRIL	22
erythromycin ethylsuccinate ..	7	flecainide	38	galantamine.....	25
erythromycin with ethanol ...	48	FLOVENT DISKUS	81	GAMMAGARD LIQUID ...	68
erythromycin-benzoyl peroxide		FLOVENT HFA.....	81, 82	GAMMAGARD S-D (IGA < 1	
.....	48	fluconazole	1	MCG/ML).....	68
ESBRIET.....	81	fluconazole in dextrose(iso-o)	1	GAMUNEX-C.....	68
escitalopram oxalate.....	33	fluconazole in nacl (iso-osm) .	1	ganciclovir sodium	2
esomeprazole sodium	65	flucytosine	1	GARDASIL (PF).....	68
estarylla	74	fludarabine.....	16	GARDASIL 9 (PF).....	68

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

gatifloxacin.....	77	haloperidol decanoate.....	34	hydromorphone (pf).....	28
GATTEX 30-VIAL.....	63	haloperidol lactate	34	hydroxychloroquine.....	8
GATTEX ONE-VIAL.....	63	HARVONI.....	2	hydroxyprogesterone caproate	
GAUZE PAD	58	HAVRIX (PF)	68	.....	72
gavilyte-c.....	63	heather	72	hydroxyurea.....	16
gavilyte-g.....	63	heparin (porcine)	44	hydroxyzine hcl	80
gavilyte-n.....	63	heparin (porcine) in 5 % dex	43	HYPERRAB S/D (PF)	68
GAZYVA.....	16	heparin (porcine) in nacl (pf)	44	I	
GELNIQUE.....	83	heparin(porcine) in 0.45% nacl		ibandronate	70
gemcitabine	16	.....	44	IBRANCE.....	16
gemfibrozil	45	HEPARIN(PORCINE) IN		ibuprofen.....	30
generlac	63	0.45% NAACL.....	44	ibuprofen-oxycodone.....	28
gengraf.....	16	heparin, porcine (pf).....	44	ICLUSIG	16
gentak	77	HEPATAMINE 8%.....	87	idarubicin.....	16
gentamicin	8, 49, 77	HERCEPTIN	16	ifosfamide	16
gentamicin in nacl (iso-osm) ..	8	HETLIOZ.....	34	IFOSFAMIDE.....	16
GENTAMICIN IN NAACL		HEXALEN	16	ILARIS (PF)	66
(ISO-OSM).....	8	HIBERIX (PF).....	68	ILEVRO	78
GENVOYA.....	2	HUMIRA.....	71	imatinib.....	16
GEODON.....	34	HUMIRA PEDIATRIC		IMBRUVICA	16
gianvi (28).....	74	CROHN'S START	71	imipenem-cilastatin	8
gildess 1.5/30 (21).....	74	HUMIRA PEN.....	71	imipramine hcl.....	34
gildess 1/20 (21).....	74	HUMIRA PEN CROHN'S-		imipramine pamoate	34
gildess fe 1.5/30 (28).....	74	UC-HS START	71	imiquimod.....	47
gildess fe 1/20 (28).....	74	HUMIRA PEN PSORIASIS		IMOGAM RABIES-HT (PF)	
GILENYA.....	25	STARTER	71	.....	68
GILOTRIF.....	16	HUMULIN 70/30.....	58	IMOVAX RABIES VACCINE	
glatopa.....	25	HUMULIN 70/30 KWIKPEN		(PF).....	68
GLEEVEC.....	16	.....	58	INCRELEX	54
GLEOSTINE.....	16	HUMULIN N	58	indapamide	40
glimepiride	58	HUMULIN N KWIKPEN....	58	indomethacin	30
glipizide.....	58	HUMULIN R	58	INFANRIX (DTAP) (PF)....	68
glipizide-metformin.....	58	HUMULIN R U-500 (CONC)		INLYTA	16
GLUCAGEN HYPOKIT	58	KWIKPEN.....	58	INSULIN PEN NEEDLE.....	58
GLUCAGON EMERGENCY		HUMULIN R U-500		INSULIN SYRINGE (DISP)	
KIT (HUMAN)	58	(CONCENTRATED).....	58	U-100.....	58
glyburide.....	58	hydalazine	40	INTELENCE	2, 3
glyburide micronized.....	58	hydrochlorothiazide.....	40	INTRALIPID.....	87
glyburide-metformin	58	hydrocodone-acetaminophen	28	INTRON A	66
glycopyrrolate.....	62	hydrocodone-ibuprofen	28	introvale.....	74
granisetron (pf).....	63	hydrocortisone.....	51, 56, 63	INVANZ.....	8
granisetron hcl.....	63	hydrocortisone butyrate.....	51	INVEGA SUSTENNA.....	34
griseofulvin microsize	1	hydrocortisone butyr-emollient		INVEGA TRINZA	34
griseofulvin ultramicrosize....	1	.....	51	INVIRASE	3
guanfacine	34	hydrocortisone valerate	51	IONOSOL-B IN D5W.....	87
guanidine	34	hydrocortisone-acetic acid....	56	IONOSOL-MB IN D5W	88
H		hydrocortisone-min oil-wht pet		IPOL	68
halobetasol propionate.....	51	.....	51	ipratropium bromide.....	55, 82
haloperidol.....	34	hydromorphone	28	ipratropium-albuterol.....	82

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

irbesartan.....	40	KEYTRUDA.....	17	levocarnitine.....	54
irbesartan-hydrochlorothiazide	40	KHEDEZLA.....	34	levocarnitine (with sugar).....	54
IRENKA.....	34	kimidess (28).....	74	levocetirizine.....	80
IRESSA.....	16	KINRIX (PF).....	68	levofloxacin.....	12, 77
irinotecan.....	17	kionex.....	54	levofloxacin in d5w.....	11, 12
ISENTRESS.....	3	KIONEX.....	54	LEVOLEUCOVORIN	
ISOLYTE S PH 7.4.....	88	klor-con.....	84	CALCIUM.....	13
ISOLYTE-P IN 5 %		klor-con 10.....	84	levonest (28).....	74
DEXTROSE.....	88	klor-con 8.....	84	levonorgestrel-ethinyl estrad	74
ISOLYTE-S.....	88	klor-con m10.....	84	levonorg-eth estrad triphasic	74
isoniazid.....	8	klor-con m15.....	84	levora-28.....	75
ISORDIL.....	46	klor-con m20.....	84	levorphanol tartrate.....	28
isosorbide dinitrate.....	46	klor-con sprinkle.....	84	levothyroxine.....	62
isosorbide mononitrate.....	46	KOMBIGLYZE XR.....	58	LEVOTHYROXINE.....	62
isradipine.....	40	KORLYM.....	61	levoxyl.....	62
ISTODAX.....	17	k-tab.....	84	LEXIVA.....	3
itraconazole.....	1	kurvelo.....	74	LIALDA.....	63
ivermectin.....	8	KUVAN.....	61	lidocaine.....	48
IXIARO (PF).....	68	KYNAMRO.....	45	lidocaine (pf).....	38, 48
J		L		LIDOCAINE (PF).....	48
JAKAFI.....	17	l norgest/e.estradiol-e.estrad.	74	lidocaine hcl.....	48
jantoven.....	44	labetalol.....	40	lidocaine viscous.....	48
JANUMET.....	58	lactated ringers.....	52, 84	lidocaine-prilocaine.....	48
JANUMET XR.....	58	lactulose.....	63	lindane.....	52
JANUVIA.....	58	lamivudine.....	3	linezolid.....	8, 9
JARDIANCE.....	58	lamivudine-zidovudine.....	3	linezolid-0.9% sodium chloride	9
jencycla.....	72	lamotrigine.....	22	.....	9
JINTELI.....	72	LANOXIN.....	42	LINZESS.....	63
jolessa.....	74	lansoprazole.....	65	liothyronine.....	62
jolivetite.....	72	LASTACRAFT.....	78	lisinopril.....	40
junel 1.5/30 (21).....	74	latanoprost.....	78	lisinopril-hydrochlorothiazide	40
junel 1/20 (21).....	74	LATUDA.....	34	.....	40
junel fe 1.5/30 (28).....	74	layolis fe.....	74	lithium carbonate.....	35
junel fe 1/20 (28).....	74	leflunomide.....	71	lithium citrate.....	35
junel fe 24.....	74	LENVIMA.....	17	LONSURF.....	17
JUXTAPID.....	45	lessina.....	74	loperamide.....	62
K		LETAIRIS.....	82	lorazepam.....	35
KADCYLA.....	17	letrozole.....	17	lorazepam intensol.....	35
KADIAN.....	28	leucovorin calcium.....	13	loryna (28).....	75
KALETRA.....	3	LEUKERAN.....	17	losartan.....	40
KALYDECO.....	82	LEUKINE.....	66	losartan-hydrochlorothiazide	40
kariva (28).....	74	leuprolide.....	17	lovastatin.....	45
kelnor 1/35 (28).....	74	levalbuterol hcl.....	82	low-ogestrel (28).....	75
KENALOG.....	56	LEVEMIR.....	59	loxapine succinate.....	35
ketoconazole.....	1, 49	LEVEMIR FLEXTOUCH...59		ludent fluoride.....	88
ketoprofen.....	30	levetiracetam.....	23	LUMIGAN.....	78
ketorolac.....	78	levetiracetam in nacl (iso-os)	22, 23	LUPRON DEPOT.....	17
KEVEYIS.....	25	.....	22, 23	LUPRON DEPOT (3	
		levobunolol.....	77	MONTH).....	17

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

LUPRON DEPOT (4 MONTH).....	17	metadate er	35	mirtazapine	35
LUPRON DEPOT (6 MONTH).....	17	metaproterenol.....	82	misoprostol	65
LUPRON DEPOT-PED	17	metaxalone.....	26	mitomycin.....	18
LUPRON DEPOT-PED (3 MONTH).....	17	metformin	59	mitoxantrone.....	18
lutera (28)	75	methadone	28	M-M-R II (PF).....	69
LYNPARZA.....	17	methadone intensol.....	28	modafinil.....	35
LYRICA	23	methadose	28	moexipril.....	41
LYSODREN.....	18	methamphetamine	35	moexipril-hydrochlorothiazide	41
lyza	72	methazolamide.....	78	molindone	35
M		methenamine hippurate	12	mometasone.....	51, 82
magnesium sulfate.....	84	methenamine mandelate.....	12	mono-lynyah.....	75
malathion	52	methimazole	57	mononessa (28).....	75
maprotiline	35	methotrexate sodium	18	montelukast.....	82
marlissa.....	75	methotrexate sodium (pf)	18	morgidox.....	12
MARPLAN	35	methoxsalen rapid.....	47	morphine.....	28, 29
MATULANE	18	methscopolamine.....	62	MORPHINE	29
matzim la	40	methyclothiazide	40	morphine (pf).....	28
meclizine	63	methyl dopa- hydrochlorothiazide.....	40	morphine concentrate	28
meclofenamate	30	methylergonovine.....	76	MOVANTIK	64
medroxyprogesterone	72	METHYLERGONOVINE	76	MOVIPREP.....	64
mefenamic acid	30	methylphenidate	35	moxifloxacin.....	12
mefloquine.....	9	methylprednisolone	56	MOZOBIL.....	66
megestrol	18	methylprednisolone acetate	56	MULTAQ	38
MEKINIST.....	18	methylprednisolone sodium succ.....	56	mupirocin.....	49
meloxicam	30	methyltestosterone.....	61	mupirocin calcium.....	49
melphalan hcl	18	metipranolol.....	77	MUSTARGEN	18
memantine	25, 26	metoclopramide hcl	63, 64	my way	75
MENACTRA (PF)	69	metolazone.....	40	mycophenolate mofetil	18
MENHIBRIX (PF)	69	metoprolol succinate.....	40	mycophenolate sodium.....	18
MENOMUNE - A/C/Y/W-135	69	metoprolol ta-hydrochlorothiaz	40	MYOZYME	61
MENOMUNE - A/C/Y/W-135 (PF).....	69	metoprolol tartrate	40, 41	MYRBETRIQ.....	83
MENVEO A-C-Y-W-135-DIP (PF).....	69	metro i.v.....	9	myzilra.....	75
meprobamate	26	metronidazole	9, 48, 72	N	
mercaptapurine.....	18	metronidazole in nacl (iso-os)	9	nabumetone.....	30
MEROPENEM-0.9% SODIUM CHLORIDE.....	9	mexiletine	38	nadolol	41
mesalamine.....	63	MIACALCIN	61	nadolol-bendroflumethiazide.....	41
mesalamine with cleansing wipe	63	miconazole-3	72	nafcillin.....	11
mesna.....	13	microgestin 1.5/30 (21)	75	nafcillin in dextrose iso-osm10, 11	
MESNEX	13	microgestin 1/20 (21)	75	NAGLAZYME.....	61
MESTINON	26	microgestin fe 1.5/30 (28)	75	nalbuphine	30
		microgestin fe 1/20 (28)	75	naloxone	31
		midodrine.....	54	naltrexone	31
		migergot.....	25	NAMENDA.....	26
		millipred	56	NAMENDA TITRATION PAK	26
		minocycline	12	NAMENDA XR	26
		minoxidil	41	naphazoline.....	80

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

NAPRELAN CR.....	31	nitrofurantoin monohyd/m-		O	
naproxen.....	31	cryst.....	13	ocella.....	75
naproxen sodium.....	31	nitroglycerin.....	46	octreotide acetate.....	18
naratriptan.....	25	NITROSTAT.....	46	ODEFSEY.....	3
NARCAN.....	31	nizatidine.....	65	ODOMZO.....	19
NASONEX.....	82	NORDITROPIN FLEXPRO.....	66	OFEV.....	82
NATACYN.....	77	noreth-ethinyl estradiol-iron.....	75	ofloxacin.....	12, 56, 77
nateglinide.....	59	norethindrone (contraceptive)		ogestrel (28).....	75
NATPARA.....	61	.....	72	olanzapine.....	35
NEBUPENT.....	9	norethindrone acetate.....	72	olanzapine-fluoxetine.....	35
necon 0.5/35 (28).....	75	norgestimate-ethinyl estradiol		olopatadine.....	55, 78
necon 1/35 (28).....	75	.....	75	omega-3 acid ethyl esters.....	45
necon 10/11 (28).....	75	NORMOSOL-M IN 5 %		omeprazole.....	65
necon 7/7/7 (28).....	75	DEXTROSE.....	88	ondansetron.....	64
NEEDLES, INSULIN		NORMOSOL-R.....	85	ondansetron hcl.....	64
DISP.,SAFETY.....	59	NORMOSOL-R IN 5 %		ondansetron hcl (pf).....	64
nefazodone.....	35	DEXTROSE.....	84	ONFI.....	23
neomycin.....	9	NORMOSOL-R PH 7.4.....	88	ONGLYZA.....	59
neomycin-bacitracin-poly-hc.....	79	NORTHERA.....	54	OPDIVO.....	19
neomycin-bacitracin-		nortrel 0.5/35 (28).....	75	OPSUMIT.....	82
polymyxin.....	77	nortrel 1/35 (21).....	75	ORACEA.....	12
neomycin-polymyxin b gu... ..	52	nortrel 1/35 (28).....	75	oralone.....	55
neomycin-polymyxin b-		nortrel 7/7/7 (28).....	75	ORKAMBI.....	82
dexameth.....	79	nortriptyline.....	35	orsythia.....	75
neomycin-polymyxin-		NORVIR.....	3	oxacillin.....	11
gramicidin.....	77	NOVAREL.....	61	oxacillin in dextrose(iso-osm)	
neomycin-polymyxin-hc.....	56, 79	NOVOFINE.....	59	.....	11
neo-polycin.....	77	NOVOLIN 70/30.....	59	oxaliplatin.....	19
neo-polycin hc.....	79	NOVOLIN N.....	59	OXALIPLATIN.....	19
NEORAL.....	18	NOVOLIN R.....	59	oxandrolone.....	61
NEPHRAMINE 5.4 %.....	88	NOVOLOG.....	59	oxaprozin.....	31
NEUPOGEN.....	66	NOVOLOG FLEXPEN.....	59	oxazepam.....	35
NEUPRO.....	24	NOVOLOG MIX 70-30.....	59	oxcarbazepine.....	23
nevirapine.....	3	NOVOLOG MIX 70-30		oxybutynin chloride.....	83
NEXAVAR.....	18	FLEXPEN.....	59	oxycodone.....	29
next choice one dose.....	75	NOVOLOG PENFILL.....	59	oxycodone-acetaminophen... ..	29
niacin.....	45	NOVOTWIST.....	59	oxycodone-aspirin.....	29
nicardipine.....	41	NOXAFIL.....	1	oxymorphone.....	29
NICOTROL.....	55	NUCYNTA.....	31	P	
NICOTROL NS.....	55	NUCYNTA ER.....	31	pacerone.....	38
nifedical xl.....	41	NUEDEXTA.....	26	PACLITAXEL.....	19
nifedipine.....	41	NULOJIX.....	18	paliperidone.....	36
nikki (28).....	75	NUPLAZID.....	35	pamidronate.....	61
NILANDRON.....	18	NUVARING.....	72	PANCREAZE.....	64
nimodipine.....	41	nyamyc.....	49	PANRETIN.....	47
NINLARO.....	18	nystatin.....	1, 49	pantoprazole.....	65
nitro-bid.....	46	nystatin-triamcinolone.....	49	paricalcitol.....	61
nitrofurantoin macrocrystal..	13	nystop.....	49	paroex oral rinse.....	55
				paromomycin.....	9

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

paroxetine hcl	36	PLASMA-LYTE-56 IN 5 %	prevalite	45
PASER	9	DEXTROSE	previfem.....	75
PATADAY	78	podofilox	PREZCOBIX.....	3
PAXIL	36	polycin	PREZISTA	3
PAZEO	78	polyethylene glycol 3350	PRIFTIN	9
PEDVAX HIB (PF).....	69	polymyxin b sulfate.....	PRIMAQUINE	9
peg 3350-electrolytes	64	polymyxin b sulf-trimethoprim	primidone.....	23
peg-3350 with flavor packs..	64	.....	PRISTIQ	36
PEGANONE	23	POMALYST	PROAIR HFA	82
PEGASYS	66	portia.....	PROAIR RESPICLICK.....	82
peg-electrolyte soln	64	PORTRAZZA	probenecid	70
PEGINTRON	66	potassium bicarb and chloride	procainamide	38
PEGINTRON REDIPEN	66	.....	PROCALAMINE 3%	88
penicillin g potassium.....	11	potassium chlorid-d5-	prochlorperazine	64
penicillin g procaine	11	0.45%nacl	prochlorperazine edisylate....	64
penicillin g sodium.....	11	potassium chloride.....	prochlorperazine maleate.....	64
penicillin v potassium.....	11	potassium chloride in 0.9%nacl	PROCRIT	66, 67
PENTAM	9	.....	procto-pak	64
PENTASA.....	64	potassium chloride in 5 % dex	proctosol hc	64
pentoxifylline	44	.....	proctozone-hc	64
PERFOROMIST	82	potassium chloride in lr-d5...	progesterone micronized	72
perindopril erbumine.....	41	potassium chloride-0.45 % nacl	PROGLYCEM	59
perlogard.....	55	.....	PROLEUKIN	67
PERJETA	19	potassium chloride-d5-	PROLIA.....	70
permethrin	52	0.2%nacl	PROMACTA.....	44
perphenazine.....	36	potassium chloride-d5-	promethazine	80
perphenazine-amitriptyline...	36	0.3% nacl	propafenone	38
phenelzine.....	36	potassium chloride-d5-	propranolol	41
phenobarbital.....	23	0.9%nacl	propranolol-hydrochlorothiazid	41
phenoxybenzamine.....	41	potassium citrate.....	.....	41
PHENYTEK.....	23	POTIGA	propylthiouracil	57
phenytoin.....	23	PRADAXA.....	PROQUAD (PF).....	69
phenytoin sodium	23	PRALUENT PEN.....	PROSOL 20 %	88
phenytoin sodium extended..	23	PRALUENT SYRINGE.....	protriptyline	36
philith	75	pramipexole	PULMOZYME.....	82
PHOSPHOLINE IODIDE....	78	pravastatin	PURIXAN	19
pilocarpine hcl	54, 78	prazosin	pyrazinamide	9
pimozide	36	prednicarbate	pyridostigmine bromide.....	26
pimtreea (28).....	75	prednisolone	Q	
pindolol	41	prednisolone acetate	QUADRACEL (PF)	69
pioglitazone	59	prednisolone sodium phosphate	quasense.....	76
pioglitazone-glimepiride	59	.....	quetiapine	36
pioglitazone-metformin.....	59	prednisone	quinapril.....	41
piperacillin-tazobactam	11	prednisone intensol.....	quinapril-hydrochlorothiazide	41
pirmella.....	75	PREGNYL.....	.....	41
piroxicam.....	31	PREMARIN	quinidine gluconate	38
PLASMA-LYTE 148	88	premasol 10 %	quinidine sulfate	38
PLASMA-LYTE A	88	PREMASOL 6 %	quinine sulfate	9
		prenatal vitamin oral tablet...		88

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

R		
RABAVERT (PF).....	69	
raloxifene.....	70	
ramipril.....	41	
RANEXA.....	46	
ranitidine hcl.....	65	
RAPAMUNE.....	19	
RAVICTI.....	54	
REBIF (WITH ALBUMIN).....	67	
REBIF REBIDOSE.....	67	
REBIF TITRATION PACK.....	67	
reclipsen (28).....	76	
RECOMBIVAX HB (PF).....	69	
regonol.....	26	
REGRANEX.....	47	
RELENZA DISKHALER.....	3	
RELISTOR.....	64	
REMICADE.....	64	
REMODULIN.....	41	
RENVELA.....	54	
repaglinide.....	59	
repaglinide-metformin.....	59	
REPATHA SURECLICK.....	45	
REPATHA SYRINGE.....	45	
reprexain.....	29	
RESCRIPTOR.....	3	
reserpine.....	41	
RESTASIS.....	78	
RETROVIR.....	3	
REVLIMID.....	19	
REXULTI.....	36	
REYATAZ.....	3	
ribavirin.....	3, 4	
rifabutin.....	9	
rifampin.....	9	
riluzole.....	54	
rimantadine.....	4	
ringers.....	86	
risedronate.....	54, 70	
RISPERDAL CONSTA.....	36	
risperidone.....	36	
RITUXAN.....	19	
rivastigmine.....	26	
rivastigmine tartrate.....	26	
rizatriptan.....	25	
ropinirole.....	24	
rosadan.....	48	
rosuvastatin.....	45	
ROTARIX.....	69	
ROTATEQ VACCINE.....	69	
ROWEEPRA.....	23	
ROZEREM.....	36	
S		
SABRIL.....	23	
SAMSCA.....	61	
SANCUSO.....	64	
SANDIMMUNE.....	19	
SANDOSTATIN LAR DEPOT.....	19	
SANTYL.....	52	
SAPHRIS (BLACK CHERRY).....	36	
SAVELLA.....	71	
selegiline hcl.....	24	
selenium sulfide.....	46	
SELZENTRY.....	4	
SENSIPAR.....	61	
SEREVENT DISKUS.....	82	
SEROQUEL XR.....	36	
sertraline.....	36	
sf 55		
sf 5000 plus.....	55	
SIGNIFOR.....	19	
sildenafil.....	83	
silver sulfadiazine.....	47	
SIMBRINZA.....	78	
SIMULECT.....	19	
simvastatin.....	45	
sirolimus.....	19	
SIRTURO.....	9	
sodium chloride.....	54, 86	
sodium chloride 0.45 %.....	86	
sodium chloride 0.9 %.....	54	
sodium chloride 3 %.....	86	
sodium chloride 5 %.....	86	
sodium fluoride.....	89	
sodium lactate.....	86	
sodium polystyrene (sorb free)	54	
sodium polystyrene sulfonate	54	
SODIUM POLYSTYRENE SULFONATE.....	54	
SOLTAMOX.....	19	
SOLU-CORTEF.....	57	
SOLU-CORTEF (PF).....	57	
SOMATULINE DEPOT.....	19	
SOMAVERT.....	61	
sorine.....	38	
sotalol.....	38	
sotalol af.....	38	
SOVALDI.....	4	
spironolactone.....	41	
spironolacton-hydrochlorothiaz	41	
sprintec (28).....	76	
SPRITAM.....	23	
SPRYCEL.....	19, 20	
sps.....	54	
sronyx.....	76	
ssd.....	47	
stavudine.....	4	
STIVARGA.....	20	
STRATTERA.....	36	
STREPTOMYCIN.....	9	
STRIBILD.....	4	
SUBOXONE.....	31	
sucralfate.....	66	
sulfacetamide sodium.....	79	
sulfacetamide sodium (acne).....	49	
sulfacetamide-prednisolone.....	79	
sulfadiazine.....	12	
sulfamethoxazole-trimethoprim	12	
SULFAMYLON.....	49	
sulfasalazine.....	65	
sulindac.....	31	
sumatriptan.....	25	
sumatriptan succinate.....	25	
SUPRAX.....	6	
SURMONTIL.....	36	
SUSTIVA.....	4	
SUTENT.....	20	
syeda.....	76	
SYLATRON.....	67	
SYMBICORT.....	83	
SYMLINPEN 120.....	59	
SYMLINPEN 60.....	60	
SYNAGIS.....	4	
SYNAREL.....	61	
SYNERCID.....	9	
SYNJARDY.....	60	
SYNRIBO.....	20	
SYNTHROID.....	62	
SYPRINE.....	54	
T		
TABLOID.....	20	

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

tacrolimus	20, 47	tobramycin sulfate	10	trinessa (28)	76
TAFINLAR	20	tobramycin-dexamethasone ..	79	TRINTELLIX	37
TAGRISSO	20	TOBREX	77	tri-previfem (28)	76
tamoxifen	20	tolazamide	60	TRISENOX	20
tamsulosin	84	tolbutamide	60	tri-sprintec (28)	76
TARCEVA	20	tolcapone	25	TRIUMEQ	4
TARGRETIN	20	tolmetin	31	trivora (28)	76
TASIGNA	20	tolterodine	83	TROPHAMINE 10 %	88
TAZORAC	48	topiramate	23, 24	TROPHAMINE 6%	88
taztia xt	41	TOPIRAMATE	24	trospium	83
TECENTRIQ	20	toposar	20	TRUMENBA	69
TECFIDERA	26	topotecan	20	TRUVADA	4
TEFLARO	6	torsemide	42	TUDORZA PRESSAIR	83
TEGRETOL XR	23	tramadol	31	TWINRIX (PF)	69
TEKTRUNA	41	tramadol-acetaminophen	31	TYBOST	4
TEKTRUNA HCT	41	trandolapril	42	TYGACIL	10
telmisartan	41	trandolapril-verapamil	42	TYKERB	20
telmisartan-hydrochlorothiazid		tranexamic acid	44, 72	TYPHIM VI	70
.....	42	TRANSDERM-SCOP	65	TYSABRI	26
temazepam	36	tranylcyromine	37	TYVASO	83
TENIVAC (PF)	69	travasol 10 %	88	TYZEKA	4
terazosin	42	TRAVATAN Z	79	U	
terbinafine hcl	1	travoprost (benzalkonium) ...	79	ULORIC	70
terbutaline	83	trazodone	37	unithroid	62
terconazole	72	TREANDA	20	UPTRAVI	42
testosterone cypionate	61	TRECATOR	10	ursodiol	65
testosterone enanthate	61	TRELSTAR	20	V	
TETANUS, DIPHTHERIA		TRESIBA FLEXTOUCH U-		valacyclovir	4
TOX PED(PF)	69	100	60	VALCHLOR	47
TETANUS-DIPHTHERIA		TRESIBA FLEXTOUCH U-		VALCYTE	4
TOXOIDS-TD	69	200	60	valganciclovir	4
tetrabenazine	26	tretinoin	48	valproate sodium	24
tetracycline	12	tretinoin (chemotherapy)	20	valproic acid	24
THALOMID	20	tretinoin microspheres	48	valproic acid (as sodium salt)	
theophylline	83	triamcinolone acetonide 52, 55,		.....	24
thioridazine	36	57		valsartan	42
thiotepa	20	triamterene-hydrochlorothiazid		valsartan-hydrochlorothiazide	
thiothixene	37	.....	42	.....	42
tiagabine	23	trianex	52	vancomycin	13
TIKOSYN	38	triderm	52	VANCOMYCIN	13
tilia fe	76	tri-estarylla	76	VANCOMYCIN IN 0.9%	
timolol maleate	42, 77	trifluoperazine	37	SODIUM CL	13
tinidazole	9	trifluridine	77	VANCOMYCIN IN	
TIVICAY	4	trihexyphenidyl	25	DEXTROSE 5 %	13
tizanidine	26	tri-legest fe	76	vandazole	73
TOBI PODHALER	9	tri-linyah	76	VAQTA (PF)	70
TOBRADEX ST	79	trilyte with flavor packets	65	VARIVAX (PF)	70
tobramycin	77	trimethoprim	13	VARIZIG	70
tobramycin in 0.225 % nacl. 10		trimipramine	37	VARUBI	65

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

VECAMYL.....	46	VITEKTA.....	5	zamicet.....	29
VELCADE.....	20	VOLTAREN GEL.....	31	zarah.....	76
velivet triphasic regimen (28)	76	voriconazole.....	1	ZAVESCA.....	61
VENCLEXTA.....	20	VOTRIENT.....	21	ZELBORAF.....	21
VENCLEXTA STARTING PACK.....	21	VPRIV.....	61	ZEMPLAR.....	61
venlafaxine.....	37	VRAYLAR.....	37	zenchent (28).....	76
VENLAFAXINE.....	37	VYTORIN 10-10.....	45	zenchent fe.....	76
VENTOLIN HFA.....	83	VYTORIN 10-20.....	45	ZENPEP.....	65
verapamil.....	42	VYTORIN 10-40.....	45	ZETIA.....	46
veripred 20.....	57	VYTORIN 10-80.....	46	ZIAGEN.....	5
VERSACLOZ.....	37	W		zidovudine.....	5
VESICARE.....	83	warfarin.....	44	ziprasidone hcl.....	37
vestura (28).....	76	WELCHOL.....	46	ZIRGAN.....	77
VICTOZA 2-PAK.....	60	wera (28).....	76	zoledronic acid.....	61, 62
VICTOZA 3-PAK.....	60	wymzya fe.....	76	zoledronic acid-mannitol-water	55
VIDEX 2 GRAM PEDIATRIC	4	X		ZOLEDRONIC ACID- MANNITOL-WATER.....	55
VIDEX 4 GRAM PEDIATRIC	4	XALKORI.....	21	ZOLINZA.....	21
VIGAMOX.....	77	XARELTO.....	44	zolmitriptan.....	25
VIIBRYD.....	37	XELJANZ.....	71	zolpidem.....	37
VIMPAT.....	24	XELJANZ XR.....	71	ZOMETA.....	62
VINBLASTINE.....	21	XGEVA.....	13	zonisamide.....	24
vincasar pfs.....	21	XIFAXAN.....	10	ZORTRESS.....	21
vincristine.....	21	XIGDUO XR.....	60	ZOSTAVAX (PF).....	70
vinorelbine.....	21	XOLAIR.....	83	zovia 1/35e (28).....	76
violele (28).....	76	XTANDI.....	21	zovia 1/50e (28).....	76
VIRACEPT.....	4	XYREM.....	37	ZYCLARA.....	47
VIRAMUNE XR.....	4	Y		ZYDELIG.....	21
VIRAZOLE.....	4	YERVOY.....	21	ZYKADIA.....	21
VIREAD.....	4	YF-VAX (PF).....	70	ZYPREXA RELPREVV.....	37
		YONDELIS.....	21	ZYTIGA.....	21
		Z			
		zafirlukast.....	83		
		ZALTRAP.....	21		

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



175 Scott Swamp Road
Farmington, CT 06034

This formulary was updated on 08/23/2016. For more recent information or other questions, please contact ConnectiCare Member Services at 1-800-224-2273, or for TTY users, 1-800-842-9710, from 8 a.m. to 8 p.m., seven days a week, or visit connecticare.com/medicare.

CCIMEDADV RxForm 1016