



# 2016 FORMULARY VADEMÉCUM 2016

(LIST OF COVERED DRUGS)  
(LISTA DE MEDICAMENTOS CUBIERTOS)

**Amida Care True Life Advantage (HMO SNP)**  
**Amida Care Live Life Advantage (HMO SNP)**

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

**POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

This formulary was updated on 06/01/2016. This information is available for free in other languages. For more recent information or other questions, please contact Amida Care Member Services at 1-888-963-7092 or, for TTY users, 711, 8 am to 8 pm, Monday - Friday (every day October to February), or visit [www.AmidaCareNY.org](http://www.AmidaCareNY.org). The Formulary may change at any time. You will receive notice when necessary.

Este vademécum fue actualizado el 01/06/2016. Esta información se encuentra disponible en forma gratuita en otros idiomas. Para acceder a información más reciente y si tiene otras preguntas, comuníquese con el Departamento de Servicios al Miembro de Amida Care al 1-888-963-7092 o, para usuarios de TTY, 711, De 8 a.m. a 8 p.m., de lunes a viernes (todos los días de octubre a febrero) o puede visitar [www.AmidaCareNY.org](http://www.AmidaCareNY.org). El vademécum puede cambiar en cualquier momento. Usted recibirá una notificación de ser necesario.

*Amida Care (HMO) is a not-for-profit health plan with a Medicare Contract.  
Enrollment in Amida Care depends on contract renewal.*

*Amida Care (HMO) es un plan de salud sin fines de lucro con contrato con Medicare.  
La inscripción en Amida Care depende de la renovación del contrato.*

## **Amida Care Live Life Advantage (HMO SNP)**

## **Amida Care True Life Advantage (HMO SNP)**

### **2016 Formulary**

#### **(List of Covered Drugs)**

**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 Amida Care Inc. When it refers to “plan” or “our plan,” it means Amida Care True Life Advantage or Amida Care Live Life Advantage.

This document includes list of the drugs (formulary) for our plan which is current as of 06/01/2016. 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, 2017, and from time to time during the year.

#### **What is the Amida Care True Life Advantage and Amida Care Live Life Advantage Formulary?**

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

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

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 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.

## 2016 Part D Model Formulary (Abridged and Comprehensive)

If we remove drugs from our formulary, or 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 06/01/2016. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages. We may update this formulary on a monthly basis throughout the year. Updates include additions, deletions and utilization management changes based on the most recent CMS approved formulary. You can access the most up to date formulary via our website at [www.AmidaCareNY.org](http://www.AmidaCareNY.org) or by calling Member Services and requesting that a current printed version be sent to you. The printed version may contain an errata sheet reflecting the changes to the printed formulary.

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

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

#### **Medical Condition**

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

#### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 70. 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?**

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

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

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that Amida Care True Life Advantage or Amida Care Live Life Advantage will cover. For example, our plan provides up to 90 tablets per prescription for doxazosin mesylate. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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.

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

You can ask the plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the plan's formulary?" on page iv 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 our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Amida Care True Life Advantage and Amida Care Live Life Advantage Formulary?**

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, 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.

## 2016 Part D Model Formulary (Abridged and Comprehensive)

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

If you experience a change in the level/location of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or a drug that is on our formulary but your ability to get it is limited, we will provide a one-time transition supply for up to 30 days (or 31 day if you are a long term care resident) when you go to a network pharmacy. The pharmacy will contact us to let us know there has been a level of care change so we can process the claim for a transition supply.

### For more information

For more detailed information about your Amida Care True Life Advantage and Amida Care Live Life Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

### Amida Care True Life Advantage and Amida Care Live Life Advantage Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by Amida Care True Life Advantage and Amida Care Live Life Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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

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

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

## List of Abbreviations

- **B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Member Service.
- **MO:** Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).
- **PA:** Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL:** Quantity Limit. For certain drugs our plan limits the amount of the drug that we will cover.
- **ST:** Step Therapy. In some cases, we require you first to try certain drugs to treat your medical condition before we will cover another drug for that condition.

## Column Headings

- **Drug Name:** This column lists the drugs Amida Care covers on our formulary. The drug is designated as generic or brand depending on how it is presented. Brand name drugs are capitalized (e.g., BYSTOLIC). Generic drugs are in lower case italics (e.g., *lisinopril*)
- **Drug Tier:** This column describes the tier of the drug and is for administrative purposes only. A drug's tier does not have any impact on your cost share. Our benefit design is a 25% coinsurance for any covered drug you are taking. However, your premium, co-pays, co-insurance and deductibles may vary based upon the level of Extra Help you receive. Please contact the Plan for further details.
- **Requirements/Limits column:** As described above, if there is an abbreviation indicated in the column, please refer to the list above. These abbreviations indicate we have utilization management criteria or that the ability to obtain a medication may be limited to certain pharmacies.

## **Amida Care Live Life Advantage (HMO SNP)**

## **Amida Care True Life Advantage (HMO SNP)**

### **Vademécum para el 2016**

### **(Lista de medicamentos cubiertos)**

**Nota dirigida a los miembros activos:** Este vademécum ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que todavía contiene los medicamentos que usted toma.

Cuando en esta lista de medicamentos (vademécum) se dice “nosotros” o “nuestro”, se está haciendo referencia a Amida Care, Inc. Cuando se dice “plan” o “nuestro plan”, se está haciendo referencia a Amida Care True Life Advantage o Amida Care Live Life Advantage.

Este documento incluye una lista de medicamentos (vademécum) de nuestro plan actualizada para el 01/06/2016. Para conocer un vademécum actualizado, por favor póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha más reciente de actualización del vademécum, aparece en las portadas delanteras y traseras.

Por lo general, debe acudir a las farmacias de la red para utilizar su beneficio de los medicamentos de venta con receta. Los beneficios, vademécums, red de farmacias y/o copagos/coseguro pueden cambiar el 1º de enero de 2017 y de vez en cuando durante el año.

### **¿Qué es el vademécum de Amida Care True Life Advantage y Amida Care Live Life Advantage?**

Un vademécum es una lista de medicamentos cubiertos seleccionados por nuestro plan después de consultar a un equipo de proveedores de cuidados médicos, el cual representa las terapias a base de medicamentos de venta con receta que se creen necesarias para llevar a cabo un programa de tratamiento de calidad. Nuestros planes por lo general cubren los medicamentos listados en nuestro vademécum siempre y cuando el medicamento sea necesario en términos médicos, los medicamentos de venta con receta se despachen en una farmacia de la red del plan, y se sigan otras reglas del plan. Para más información sobre cómo obtener los medicamentos de venta con receta, por favor revise su material de Información sobre Cobertura.

### **¿El vademécum (lista de medicamentos) puede cambiar?**

Por lo general, si usted está tomando un medicamento que está dentro de nuestro vademécum del 2016 que estaba cubierto al comienzo del año, no suspenderemos o reduciremos la cobertura del medicamento durante el año de cobertura 2016 excepto cuando esté disponible un medicamento genérico nuevo y menos costoso o cuando se publique información adversa sobre la seguridad y efectividad de un medicamento. Otro tipo de cambios en el vademécum, como la eliminación de un medicamento de nuestro vademécum, no afectará a

## 2016 Part D Model Formulary (Abridged and Comprehensive)

los miembros que estén tomando el medicamento en la actualidad. Seguirá estando disponible al mismo costo compartido para aquellos miembros que lo estén tomando por el resto del año de la cobertura. Creemos que es importante que usted tenga acceso continuo por el resto del año de la cobertura a los medicamentos del vademécum que estaban disponibles cuando usted escogió nuestro plan, exceptuando los casos en los que usted pueda ahorrar dinero adicional o podamos garantizar su seguridad.

Si quitamos medicamentos de nuestro vademécum, o agregamos con autorización previa, límites de cantidades y/o restricciones en terapias escalonadas en cuanto a un medicamento o pasamos un medicamento a un nivel de costo compartido más elevado, debemos notificar a los miembros afectados sobre el cambio con al menos 60 días de antelación antes de que el cambio se haga efectivo, o cuando el miembro solicite los medicamentos de venta con receta, momento en el que el miembro recibirá un suministro de 60 días del medicamento. Si la Administración de Alimentos y Fármacos considera que un medicamento de nuestro vademécum no es seguro o si el fabricante del medicamento lo saca del mercado, quitaremos de inmediato el medicamento de nuestro vademécum y avisaremos a los miembros que tomen el medicamento. El vademécum adjunto está actualizado para el 01/06/16. Para obtener información actualizada sobre los medicamentos cubiertos por nuestros planes, por favor póngase en contacto con nosotros. Nuestra información de contacto aparece en las portadas delanteras y traseras. Podemos actualizar este vademécum mensualmente a lo largo del año. Las actualizaciones incluyen adiciones, eliminaciones y cambios en cuanto al uso de acuerdo con el vademécum más reciente aprobado por los Centros para Servicios Medicare y Medicaid (Centers for Medicare and Medicaid Services, CMS). Puede acceder a los vademécums más actualizados a través de nuestra página web [www.AmidaCareNY.org](http://www.AmidaCareNY.org) o llamando a Servicios al Miembro (Member Services) y solicitando que se le envíe una versión impresa actualizada. La versión impresa podría contener una hoja de errata con los cambios hechos al vademécum impreso.

## ¿Cómo utilizo el vademécum?

Hay dos maneras de encontrar sus medicamentos dentro del vademécum:

### **Enfermedad:**

El vademécum comienza en la página 2. Los medicamentos en este vademécum están agrupados en categorías dependiendo del tipo de enfermedades para las que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una enfermedad cardíaca están listados bajo la categoría «Terapia Antihipertensora». Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza la página 2. Luego busque su medicamento bajo el nombre de la categoría.

### **Lista en orden alfabético**

Si no sabe en qué categoría buscar, debería buscar su medicamento en el Índice que comienza en la página 70. El Índice contiene una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos están listados en el Índice. Busque en el Índice y encuentre su medicamento. Al lado de su medicamento, verá el número de la página donde puede encontrar la información sobre la cobertura. Vaya a la página listada en el Índice y encontrará el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

Nuestro plan cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico es aquel que contiene los mismos ingredientes activos que el medicamento de marca según la aprobación de la AAF (Administración de Alimentos y Fármacos). Por lo general, los medicamentos genéricos son más baratos que los de marca.

## ¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos podrían tener requerimientos adicionales o límites de cobertura. Estos requerimientos o límites podrían incluir:

- **Autorización previa:** Nuestro plan requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que usted necesitará una aprobación por parte de nuestro plan antes de obtener su medicamento de venta con receta. Si no obtiene esta aprobación, nosotros podría no cubrir el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que nuestro plan cubrirá. Por ejemplo, nuestro plan proporciona 90 por la receta de doxasoin mesylate. Esto podría ser en adición a un suministro estándar para uno o tres meses.
- **Terapia escalonada:** En algunos casos, nuestro plan exige que usted primero pruebe algunos medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B sirven para el tratamiento de su enfermedad, nosotros podría no cubrir el medicamento B a menos de que pruebe el medicamento A primero. Si el medicamento A no le sirve, entonces nuestro plan cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos adicionales o límites buscando en el vademécum que comienza en la página 2. También puede obtener más información sobre las restricciones que aplican a ciertos medicamentos cubiertos visitando nuestra página web. Hemos publicado documentos en línea que explican nuestras restricciones en cuanto a las autorizaciones previas y la terapia escalonada. También puede pedirnos que le envíemos una copia. Nuestra información de contacto, junto con la fecha más reciente de actualización del vademécum, aparece en las portadas delanteras y traseras.

Puede pedirle al plan que haga una excepción en cuanto a estas restricciones o límites o pedirle una lista de otros medicamentos similares que puedan servir para tratar su enfermedad. Vea la sección «¿Cómo solicitarle una excepción para el vademécum del plan?» en la página xi para información sobre cómo solicitar una excepción.

## **¿Qué ocurre si mi medicamento no se encuentra en el vademécum?**

Si su medicamento no está incluido en este vademécum (lista de los medicamentos cubiertos), primero debe ponerse en contacto con Servicios al Miembro y preguntar si su medicamento está cubierto.

Si se entera de que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede pedirle a Servicios al Miembro una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede pedirle a nuestro plan que haga una excepción y cubra su medicamento. Vea más abajo para obtener información sobre cómo solicitar una excepción.

## **¿Cómo solicito una excepción para el vademécum de Amida Care True Life Advantage y Amida Care Live Life Advantage?**

Puede solicitarle a nuestro plan que haga una excepción en cuanto a nuestras reglas de cobertura. Existen varios tipos de excepciones que nos puede pedir que hagamos.

- Puede pedirnos que cubramos un medicamento, aún si este no está en nuestro vademécum. De aprobarse, este medicamento será cubierto a un nivel predeterminado de costo compartido y no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede pedirnos que cubramos un medicamento del vademécum a un costo compartido más bajo si este medicamento no se encuentra en el nivel de especialidades. De aprobarse, esto bajará el monto que debe pagar por su medicamento.
- Puede solicitarnos que no apliquemos las restricciones de cobertura o límites sobre su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que no apliquemos el límite y cubramos una cantidad mayor.

Generalmente, nuestro plan solo aprobará su solicitud de una excepción si los medicamentos alternativos incluidos en el vademécum del plan, el medicamento de costo compartido más bajo o las restricciones de uso adicionales no serán efectivos para tratar su enfermedad y/o le causarán un efecto médico adverso.

Debe ponerse en contacto con nosotros con el fin de solicitarnos una decisión de cobertura inicial para una excepción en el vademécum, nivelación o restricciones de uso. **Cuando solicita una excepción en el vademécum, nivelación o restricciones de uso, debe enviar una declaración por parte de su médico que apoye su solicitud.** Por lo general, debemos tomar nuestra decisión dentro de las primeras 72 horas de haber recibido la declaración de apoyo de su médico. Puede solicitar una excepción expedita (rápida) si usted o su médico creen que su salud puede verse gravemente afectada si debe esperar 72 horas por una decisión. Si se le concede esta solicitud expedita, debemos darle a conocer una decisión a no más tardar dentro de las 24 horas después de haber recibido la declaración de apoyo por parte de su médico u otra personas que haya emitido la receta.

## **¿Qué debo hacer antes de poder hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?**

Como miembro nuevo o regular de nuestro plan, podría estar tomando medicamentos que no estén dentro de nuestro vademécum. O, podría estar tomando un medicamento que está en nuestro vademécum pero su capacidad para obtenerlo es limitada. Por ejemplo, podría necesitar una autorización previa de nuestra parte antes de que pueda obtener sus medicamentos de venta con receta. Es recomendable que hable con su médico para decidir si debería cambiar a un medicamento apropiado que cubramos o solicitar una excepción en el vademécum para que cubramos el medicamento que usted toma. Mientras habla con su médico para determinar qué debe hacer, podríamos cubrir su medicamento en algunos casos durante los primeros 90 días en los que usted es miembro de nuestro plan.

Por cada uno de sus medicamentos que no estén en nuestro vademécum o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro de 30 días temporal (a menos de que tenga una receta escrita por menos días) cuando acuda a una farmacia de la red. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si usted ha sido miembro del plan por menos de 90 días.

Si es residente de un centro de cuidados a largo plazo, le permitiremos reponer sus medicamentos de venta con receta hasta que le hayamos proporcionado un suministro de transición de 91 a 98 días, consecuente con aumento en el despacho (a menos de que tenga una receta escrita por menos días). Cubriremos más de una reposición de estos medicamentos durante los primeros 90 días en que usted sea miembro de nuestro plan. Si necesita un medicamento que no está en nuestro vademécum o su capacidad de obtener los medicamentos es limitada, pero hace más de 90 días es miembro del plan, cubriremos un suministro de emergencia por 31 días para este medicamento a menos de que tenga una receta escrita por menos días) mientras tramita una excepción al vademécum.

Si experimenta un cambio en el nivel/ubicación de cuidado, como el traslado desde un hospital al hogar, y necesita un medicamento que no está en nuestro vademécum, o su capacidad para obtener sus medicamentos está limitada, cubriremos un suministro temporal único por hasta 30 días (o 31 días si reside en un centro de cuidado a largo plazo) cuando acuda a una farmacia de la red. La farmacia se pondrá en contacto con nosotros para hacernos saber que ha habido un cambio a nivel de cuidado para que podamos procesar la solicitud de un suministro temporal.

## **Para más información**

Para más información sobre la cobertura de medicamentos de ventas con receta de Amida Care True Life Advantage y Amida Care Live Life Advantage, por favor revise su Información sobre Cobertura y otros materiales sobre el plan.

Si tiene preguntas sobre nuestro plan, por favor póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha más reciente de actualización del vademécum, aparece en las portadas delanteras y traseras.

Si tiene preguntas generales sobre la cobertura de medicamentos de venta con receta de Medicare, por favor llame a Medicare al 1-800-MEDICARE (1-800-633-4227) 24 horas al día/7 días a la semana. Los usuarios del servicio TTY deben llamar al 1-877-486-2048. O visite [www.medicare.gov](http://www.medicare.gov)

## **Vademécum de Amida Care True Life Advantage y Amida Care Live Life Advantage Formulary**

El vademécum que comienza en la página 1 proporciona información sobre la cobertura de medicamentos por parte de Amida Care True Life Advantage y Amida Care Live Life Advantage. Si tiene dificultades para encontrar su medicamento en la lista, pase al Índice que comienza en la página 70.

La primera columna del cuadro lista el nombre del medicamento. Los medicamentos de marca están en mayúscula (por ejemplo, BYSTOLIC) y los medicamentos genéricos están en minúscula y cursiva (por ejemplo, *lisinopril*).

La información en la columna de Requerimientos/Límites le dice si nuestro plan tiene algún requerimiento especial para la cobertura de su medicamento.

Abajo está una lista de abreviaciones que podrían aparecer en las páginas siguientes en la columna de Requerimientos/Límites que le dice si hay algún requerimiento especial para la cobertura de su medicamento.

### **Lista de abreviaciones**

- **B/D PA:** El medicamento de venta con receta podría estar cubierto bajo la Parte B o D de Medicare según las circunstancias. Podría ser necesario enviar información donde se describa el uso y tipo de medicamento para llevar a cabo la determinación.
- **LA:** Disponibilidad limitada. Estos medicamentos de venta con receta pueden estar disponibles solo en algunas farmacias. Para más información, por favor llame a Servicios al Miembro.
- **MO:** Medicamento de orden por correo. Este medicamento de venta con receta está disponible a través de nuestro servicio de orden por correo, como también a través de nuestra red de farmacias. Considere utilizar las órdenes por correo para sus medicamentos de uso a largo plazo (de mantenimiento) (como medicamentos para la presión arterial elevada). Las farmacias de la red pueden ser más apropiadas para los medicamentos de venta con receta de uso a corto plazo (como los antibióticos).
- **PA:** Autorización previa. Nuestro plan requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que usted necesitará una aprobación antes de obtener su medicamento de venta con receta. Si no obtiene esta aprobación, puede que no cubramos el medicamento.
- **QL:** Límites de cantidad. Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos.
- **ST:** Terapia escalonada. En algunos casos, nuestro plan exige que usted primero pruebe algunos medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa enfermedad.

## Encabezados de columnas

- **Nombre del medicamento:** Esta columna lista los medicamentos que Amida Care cubre en nuestro vademécum. El medicamento es designado como genérico o de marca dependiendo de su presentación. Los medicamentos de marca están escritos en mayúscula sostenida (ejemplo, BYSTOLIC). Los medicamentos genéricos están escritos en minúscula y cursiva (ejemplo, *lisinopril*).
- **Nivel del medicamento:** Esta columna describe el nivel del medicamento y sólo tiene fines administrativos. El nivel de un medicamento no tiene ningún impacto sobre su parte del costo. El diseño de nuestro beneficio es un coseguro de 25% por cualquier medicamento cubierto que esté tomando. Sin embargo, sus primas, copagos, coseguros y deducibles pueden variar según el nivel de Ayuda Adicional que reciba. Por favor, comuníquese con el Plan para obtener más detalles.
- **Columna de requerimientos/límites:** Esta columna describe el nivel del medicamento y sólo tiene fines administrativos. El nivel de un medicamento no tiene ningún impacto sobre su parte del costo. El diseño de nuestro beneficio es un coseguro de 25% por cualquier medicamento cubierto que esté tomando. Sin embargo, sus primas, copagos, coseguros y deducibles pueden variar según el nivel de Ayuda Adicional que reciba. Por favor, comuníquese con el Plan para obtener más detalles.

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

## **List of Abbreviations**

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits			
<b>ANTI - INFECTIVES</b>								
<b>ANTIFUNGAL AGENTS</b>								
ABELCET	5	B/D PA; MO	MYCAMINE	5	MO			
AMBISOME	5	B/D PA; MO	NOXAFIL ORAL	5	MO			
<i>amphotericin b</i>	2	B/D PA; MO	<i>nystatin oral suspension</i>	2	MO			
CANCIDAS	5	B/D PA; MO	<i>nystatin oral tablet</i>	2	MO			
<i>clotrimazole mucous membrane</i>	2	MO	ORAVIG	3	MO			
CRESEMBA INTRAVENOUS	5		SPORANOX ORAL SOLUTION	3	MO			
CRESEMBA ORAL	5	MO	<i>terbinafine hcl oral</i>	2	MO			
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	3	MO	<i>voriconazole intravenous</i>	2	MO			
<i>fluconazole</i>	2	MO	<i>voriconazole oral</i>	5	MO			
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i>	2		<b>ANTIVIRALS</b>					
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO	<i>abacavir</i>	2	MO			
<i>flucytosine</i>	5	MO	<i>abacavir-lamivudine-zidovudine</i>	5	MO			
<i>griseofulvin microsize</i>	2	MO	<i>acyclovir oral capsule</i>	2	MO			
<i>griseofulvin ultramicrosize</i>	2	MO	<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO			
<i>itraconazole</i>	2	MO	<i>acyclovir oral tablet</i>	2	MO			
<i>ketoconazole oral</i>	2	MO	<i>acyclovir sodium intravenous solution</i>	2	B/D PA; MO			
LAMISIL ORAL GRANULES IN PACKET	3	MO	<i>adefovir</i>	5	MO			
			<i>amantadine hcl</i>	2	MO			
			APTIVUS ORAL CAPSULE	5	MO			
			APTIVUS ORAL SOLUTION	5				
			ATRIPLA	5	MO			
			BARACLUDE ORAL SOLUTION	3	MO			
			<i>cidofovir</i>	5	B/D PA; MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
COMPLERA	5	MO	ISENTRESS ORAL TABLET	5	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO	ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
DAKLINZA	5	PA; MO; QL (84 per 28 days)	ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
<i>didanosine</i>	2	MO	KALETRA ORAL SOLUTION	5	MO
EDURANT	5	MO	KALETRA ORAL TABLET 100-25 MG	3	MO
EMTRIVA	3	MO	KALETRA ORAL TABLET 200-50 MG	5	MO
<i>entecavir</i>	5	MO	<i>lamivudine</i>	2	MO
EPIVIR HBV ORAL SOLUTION	3	MO	<i>lamivudine-zidovudine</i>	2	MO
EPZICOM	5	MO	LEXIVA ORAL SUSPENSION	3	MO
EVOTAZ	5	MO	LEXIVA ORAL TABLET	5	MO
<i>famciclovir</i>	2	MO	<i>moderiba</i>	2	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO	<i>moderiba dose pack oral tablets,dose pack 200 mg (7)-400 mg (7), 400 mg (7)- 400 mg (7)</i>	2	MO
<i>ganciclovir sodium</i>	2	MO	<i>moderiba dose pack oral tablets,dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	MO
GENVOYA	5	MO	<i>nevirapine</i>	2	MO
HARVONI	5	PA; MO; QL (28 per 28 days)	NORVIR	3	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO	ODEFSEY	5	
INTELENCE ORAL TABLET 25 MG	3	MO			
INVIRASE ORAL CAPSULE	3	MO			
INVIRASE ORAL TABLET	5	MO			
ISENTRESS ORAL POWDER IN PACKET	3	MO			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
OLYSIO	5	PA; MO; QL (28 per 28 days)	<i>ribavirin oral capsule</i>	2	MO
PREZCOBIX	5	MO	<i>ribavirin oral tablet 200 mg</i>	2	MO
PREZISTA ORAL SUSPENSION	5	MO	<i>rimantadine</i>	2	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO	SELZENTRY	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO	SOVALDI	5	PA; MO; QL (28 per 28 days)
REBETOL ORAL SOLUTION	3	MO	<i>stavudine</i>	2	MO
RELENZA DISKHALER	3	MO	STRIBILD	5	MO
SCRIPTOR	3	MO	SUSTIVA	3	MO
RETROVIR INTRAVENOUS	3	MO	SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	MO; LA
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MO	TAMIFLU	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO	TECHNIVIE	5	PA; MO; QL (56 per 28 days)
<i>ribasphere oral capsule</i>	2	MO	TIVICAY	5	MO
<i>ribasphere oral tablet 200 mg, 400 mg</i>	2	MO	TRIUMEQ	5	MO
<i>ribasphere oral tablet 600 mg</i>	5	MO	TRUVADA	5	MO
<i>ribasphere ribapak oral tablets, dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO	TYZEKA	5	MO
			<i>valacyclovir</i>	2	MO; QL (30 per 30 days)
			VALCYTE ORAL RECON SOLN	5	MO
			<i>valganciclovir</i>	5	MO
			VIDEX 2 GRAM PEDIATRIC	3	MO
			VIEKIRA PAK	5	PA; MO; QL (112 per 28 days)
			VIRACEPT ORAL TABLET	5	MO

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

Drug Name	Drug Tier	Requirements /Limits
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO
VIRAZOLE	5	MO
VIREAD	5	MO
VITEKTA	5	MO
ZIAGEN ORAL SOLUTION	3	MO
zidovudine	2	MO
<b>CEPHALOSPORINS</b>		
cefaclor oral capsule	2	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	2	MO
cefaclor oral tablet extended release 12 hr	2	MO
cefadroxil oral capsule	2	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	MO
cefadroxil oral tablet	2	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	2	MO
cefazolin injection recon soln 10 gram	2	
cefazolin injection recon soln 500 mg	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	2	
<i>cefotetan</i>	2	
<i>cefoxitin in dextrose, iso-osm</i>	2	
<i>cefoxitin intravenous recon soln 1 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	2	
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone intravenous</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	2	MO
<i>cefuroxime sodium intravenous</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
cephalexin	2	MO	<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
FORTAZ INTRAVENOUS RECON SOLN 1 GRAM	3		ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
SUPRAX ORAL CAPSULE	4	MO	<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4		<i>erythromycin oral capsule, delayed release(dr/ec)</i>	2	MO
SUPRAX ORAL TABLET,CHEWABLE	4	MO	<i>erythromycin oral tablet</i>	2	MO
TEFLARO	4	MO	ZMAX	3	MO
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>					
azithromycin intravenous recon soln 500 mg	2	MO	<b>MISCELLANEOUS ANTIINFECTIVES</b>		
azithromycin intravenous recon soln 500 mg (2 mg/ml)	2		ALBENZA	3	MO
azithromycin oral	2	MO	ALINIA	3	MO
clarithromycin	2	MO	<i>amikacin injection solution 500 mg/2 ml</i>	2	MO
e.e.s. 400 oral tablet	2	MO	atovaquone	5	MO
E.E.S. GRANULES	3	MO	<i>atovaquone-proguanil</i>	2	MO
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	2	MO	AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO	AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	5	
<i>aztreonam injection recon soln 1 gram</i>					

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
baciim	2		gentamicin in nacl (iso-osm)	2	MO
bacitracin intramuscular	2	MO	intravenous piggyback 100 mg/100 ml, 60 mg/50 ml		
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)	gentamicin in nacl (iso-osm)	2	
BILTRICIDE	3	MO	intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml		
CAPASTAT	4		gentamicin injection solution 40 mg/ml	2	MO
CAYSTON	5	MO; LA; QL (84 per 28 days)	gentamicin sulfate (pf) intravenous solution 80 mg/8 ml	2	
chloramphenicol sod succinate	2		hydroxychloroquine oral	2	MO
chloroquine phosphate oral	2	MO	imipenem-cilastatin	2	MO
clindamycin hcl	2	MO	INVANZ INJECTION	4	MO
clindamycin in 5 % dextrose	2	MO	isoniazid injection	2	
clindamycin pediatric	2		isoniazid oral	2	MO
clindamycin phosphate intravenous solution 600 mg/4 ml	2	MO	ivermectin oral	2	MO
COARTEM	3	MO	KETEK	3	MO
colistin (colistimethate na)	2	MO	lincomycin injection	2	
CUBICIN	5	MO	linezolid intravenous	5	
DAPSONE	3	MO	linezolid oral	5	MO
DARAPRIM	3	MO	mefloquine	2	MO
EMVERM	5		meropenem intravenous recon soln 500 mg	2	MO
ethambutol	2	MO	metronidazole in nacl (iso-os)	2	MO
			metronidazole oral	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	
NEBUPENT	3	B/D PA; MO; QL (6 per 28 days)	XIFAXAN ORAL TABLET 550 MG	5	MO	
<i>neomycin</i>	2	MO	ZYVOX ORAL SUSPENSION FOR RECONSTITUTIO N	5	MO	
<i>paromomycin</i>	2	MO	<b>PENICILLINS</b>			
PASER	3	MO	<i>amoxicillin oral capsule</i>	2	MO	
PENTAM	4	MO	<i>amoxicillin oral suspension for reconstitution</i>	2	MO	
<i>polymyxin b sulfate</i>	2	MO	<i>amoxicillin oral tablet</i>	2	MO	
PRIFTIN	3	MO	<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO	
PRIMAQUINE	3	MO	<i>amoxicillin-pot clavulanate</i>	2	MO	
<i>pyrazinamide</i>	2	MO	<i>ampicillin</i>	2	MO	
<i>quinine sulfate</i>	2	MO	<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	MO	
<i>rifabutin</i>	2	MO	<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2		
<i>rifampin intravenous</i>	2	MO	<i>ampicillin-sulbactam injection recon soln 3 gram</i>	2		
<i>rifampin oral</i>	2	MO	<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2		
SIRTURO	5	MO; LA	AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTIO N 125-31.25 MG/5 ML	3	MO	
STREPTOMYCIN INTRAMUSCULA R	3	MO				
SYNERCID	5					
<i>tinidazole</i>	2	MO				
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)				
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)				
<i>tobramycin sulfate injection solution</i>	2	MO				
TRECATOR	3	MO				
TYGACIL	3	MO				
XIFAXAN ORAL TABLET 200 MG	3	MO				

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BICILLIN C-R	3	MO	<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
BICILLIN L-A	3	MO	<i>penicillin g sodium</i>	2	MO
<i>dicloxacillin</i>	2	MO	<i>penicillin v potassium</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2		<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	2	MO
<i>nafcillin injection recon soln 1 gram</i>	2	MO	ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
<i>nafcillin injection recon soln 10 gram</i>	5	MO	ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	2		<b>QUINOLONES</b>		
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	5	MO	<i>ciprofloxacin</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	MO	<i>ciprofloxacin</i> (mixture)	2	MO
<i>oxacillin intravenous recon soln 2 gram</i>	2		<i>ciprofloxacin hcl oral</i>	2	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3		<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>penicillin g potassium injection recon soln 5 million unit</i>	2	MO	<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO	<i>minocycline oral</i>	2	MO	
<i>levofloxacin intravenous</i>	2	MO	<i>tetracycline</i>	2	MO	
<i>levofloxacin oral</i>	2	MO	<b>VIBRAMYCIN ORAL SYRUP</b>	3	MO	
<i>moxifloxacin</i>	2	MO	<b>URINARY TRACT AGENTS</b>			
<i>ofloxacin oral tablet 400 mg</i>	2	MO	<b>MACRODANTIN ORAL CAPSULE 25 MG</b>	3	MO	
<b>SULFA'S / RELATED AGENTS</b>			<i>methenamine hippurate</i>	2	MO	
<i>sulfadiazine oral</i>	2	MO	<i>nitrofurantoin macrocrystal</i>	2	MO	
<i>sulfamethoxazole-trimethoprim</i>	2	MO	<i>nitrofurantoin monohyd/m-cryst</i>	2	MO	
<b>TETRACYCLINES</b>			<i>nitrofurantoin oral</i>	2	MO	
<i>demecclocycline</i>	2	MO	<b>PRIMSOL</b>	4	MO	
<i>doxy-100</i>	2	MO	<i>trimethoprim</i>	2	MO	
<i>doxycycline hyclate intravenous</i>	2		<b>VANCOMYCIN</b>			
<i>doxycycline hyclate oral capsule</i>	2	MO	<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	2	MO	
<i>doxycycline hyclate oral tablet</i>	2	MO	<i>vancomycin oral</i>	5	MO	
<i>doxycycline hyclate oral tablet,delayed release (dr/ec)</i>	2	MO	<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>			
<i>doxycycline monohydrate oral capsule</i>	2	MO	<b>ADJUNCTIVE AGENTS</b>			
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO	<i>amifostine crystalline</i>	5	MO	
<i>doxycycline monohydrate oral tablet</i>	2	MO	<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5		

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FUSILEV	5	MO	<i>azacitidine</i>	5	MO
KEPIVANCE	5		<i>azathioprine</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	2	MO	BELEODAQ	5	MO
<i>leucovorin calcium oral</i>	2	MO	<i>bexarotene</i>	5	MO
<i>levoleucovorin calcium</i>	5		<i>bicalutamide</i>	2	MO
<i>mesna</i>	2	MO	BICNU	4	MO
MESNEX ORAL	5	MO	<i>bleomycin injection recon soln 30 unit</i>	2	MO
XGEVA	5	MO	BOSULIF ORAL TABLET 100 MG	5	PA; MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>			BOSULIF ORAL TABLET 500 MG	5	PA; MO; QL (30 per 30 days)
ABRAXANE	5	MO	BUSULFEX	5	
<i>adrucil intravenous solution 500 mg/10 ml</i>	2	MO	CAPRELSA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days)
AFINITOR DISPERZ	5	PA; MO	CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (60 per 30 days)	<i>carboplatin intravenous solution</i>	2	MO
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA; MO	CELLCEPT INTRAVENOUS	3	B/D PA; MO
ALECensa	5	PA; MO; QL (240 per 30 days)	CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
ALIMTA INTRAVENOUS RECON SOLN 500 MG	5	MO	<i>cisplatin</i>	2	MO
<i>anastrozole</i>	2	MO	<i>cladribine</i>	5	MO
ARRANON	5		CLOLAR	5	MO
AVASTIN	3	MO	COMETRIQ	5	PA; MO
			COSMEGEN	5	MO
			COTELLIC	5	PA; MO; LA; QL (63 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CYCLOPHOSPHAMIDE ORAL CAPSULE	3	B/D PA; MO	EMPLICITI	5	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA	<i>epirubicin intravenous solution 50 mg/25 ml</i>	2	MO
<i>cyclosporine modified</i>	2	B/D PA; MO	ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	5	MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO	ERIVEDGE	5	PA; MO; QL (30 per 30 days)
CYRAMZA	5	B/D PA; MO	ERWINAZE	5	MO
<i>cytarabine</i>	2	MO	ETOPOPHOS	4	MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	2	MO	<i>etoposide intravenous</i>	2	MO
<i>dacarbazine intravenous recon soln 200 mg</i>	2	MO	<i>exemestane</i>	2	MO
DARZALEX	5	MO; LA	FARESTON	3	MO
<i>daunorubicin intravenous solution</i>	2		FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; QL (12 per 21 days)
DAUNOXOME	5		FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; MO; QL (6 per 21 days)
<i>decitabine</i>	5	MO	FASLODEX	5	MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	5		FIRMAGON KIT W DILUENT SYRINGE	3	MO
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	MO	<i>fludarabine intravenous recon soln</i>	2	MO
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	2	MO	<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	2	MO
DROXIA	3	MO	<i>flutamide</i>	2	MO
EMCYT	3	MO			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	MO	<i>ifosfamide intravenous recon soln 1 gram</i>	2	MO
<i>gemcitabine intravenous recon soln 1 gram</i>	5	MO	<i>imatinib oral tablet 100 mg</i>	5	PA; MO
<i>genograf</i>	2	B/D PA; MO	<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG	5	PA; MO; QL (60 per 30 days)	IMBRUVICA	5	PA; MO; QL (120 per 30 days)
GILOTRIF ORAL TABLET 30 MG	5	PA; MO; QL (40 per 30 days)	INLYTA ORAL TABLET 1 MG	5	PA; MO
GILOTRIF ORAL TABLET 40 MG	5	PA; MO; QL (30 per 30 days)	INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
GLEEVEC ORAL TABLET 100 MG	5	PA; MO	IRESSA	5	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 400 MG	5	PA; MO; QL (60 per 30 days)	<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	MO
GLEOSTINE	3	MO	ISTODAX	5	MO
HALAVEN	5	MO	IXEMPRA INTRAVENOUS RECON SOLN 45 MG	5	MO
HERCEPTIN	5	MO	JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; MO
HEXALEN	5	MO	JAKAFI ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>hydroxyurea</i>	2	MO	JEVTANA	5	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)	KADCYLA INTRAVENOUS RECON SOLN 100 MG	5	MO
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (90 per 30 days)	KEYTRUDA	5	MO
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)			
<i>idarubicin</i>	2				

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LENVIMA	5	PA; MO	<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>letrozole</i>	2	MO	<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
LEUKERAN	3	MO	<i>methotrexate sodium oral</i>	2	B/D PA; MO
<i>leuprolide subcutaneous kit</i>	2	MO	<i>mitomycin intravenous recon soln 20 mg</i>	2	MO
LONSURF	5	PA; MO	<i>mitoxantrone</i>	2	MO
LUPRON DEPOT	5	PA; MO	MUSTARGEN	4	MO
LUPRON DEPOT (3 MONTH)	5	PA; MO	<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO	<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO	<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA; MO	<i>mycophenolate sodium</i>	2	B/D PA; MO
LYNPARZA	5	PA; MO	NEORAL	4	B/D PA; MO
LYSODREN	3	MO	NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
MATULANE	5	MO	NILANDRON	3	MO
MEGACE ES	3	MO	NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; QL (6 per 28 days)
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	2	MO	NINLARO ORAL CAPSULE 3 MG	5	PA; MO; QL (4 per 28 days)
<i>megestrol oral tablet</i>	2	MO	NINLARO ORAL CAPSULE 4 MG	5	PA; MO; QL (3 per 28 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (120 per 30 days)	NIPENT	5	MO
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)	NULOJIX	5	B/D PA; MO
<i>melphalan hcl</i>	5				
<i>mercaptopurine</i>	2	MO			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO	SANDIMMUNE INTRAVENOUS	4	B/D PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO	SANDIMMUNE ORAL CAPSULE	4	B/D PA; MO
<i>ODOMZO</i>	5	PA; MO; LA; QL (30 per 30 days)	SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
<i>ONCASPAR</i>	5	MO	SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO
<i>OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML</i>	5	MO	SIGNIFOR	5	MO
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	5	MO	SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>paclitaxel</i>	2	MO	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>PERJETA</i>	5	MO	<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
<i>POMALYST</i>	5	MO	SOLTAMOX	3	MO
<i>PROGRAF INTRAVENOUS</i>	3	B/D PA; MO	SOMATULINE DEPOT	5	MO
<i>PURIXAN</i>	5	MO	SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	5	PA; MO
<i>RAPAMUNE ORAL SOLUTION</i>	3	B/D PA; MO	SPRYCEL ORAL TABLET 140 MG	5	PA; MO; QL (30 per 30 days)
<i>RAPAMUNE ORAL TABLET 1 MG</i>	4	B/D PA; MO	SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (60 per 30 days)
<i>RAPAMUNE ORAL TABLET 2 MG</i>	5	B/D PA; MO	STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>REVLIMID</i>	5	PA; MO; LA			
<i>RHEUMATREX</i>	4	B/D PA; MO			
<i>RITUXAN</i>	5	PA; MO			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SUTENT ORAL CAPSULE 12.5 MG	5	PA; MO	TASIGNA ORAL CAPSULE 150 MG	5	PA; MO
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	5	PA; MO; QL (60 per 30 days)	TASIGNA ORAL CAPSULE 200 MG	5	PA; MO; QL (112 per 28 days)
SUTENT ORAL CAPSULE 50 MG	5	PA; MO; QL (30 per 30 days)	THALOMID	5	PA; MO
SYLVANT INTRAVENOUS RECON SOLN 100 MG	5	MO	<i>thiotepa</i>	5	MO
SYNRIBO	5	MO	<i>toposar</i>	2	MO
TABLOID	3	MO	<i>topotecan intravenous recon soln</i>	5	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	B/D PA; MO	TORISEL	5	MO
<i>tacrolimus oral capsule 5 mg</i>	5	B/D PA; MO	TREANDA INTRAVENOUS RECON SOLN 100 MG	5	MO
TAFINLAR ORAL CAPSULE 50 MG	5	PA; MO; QL (180 per 30 days)	TRELSTAR	5	MO
TAFINLAR ORAL CAPSULE 75 MG	5	PA; MO; QL (120 per 30 days)	<i>tretinoin (chemotherapy)</i>	5	MO
TAGRISSO ORAL TABLET 40 MG	5	PA; MO; LA; QL (60 per 30 days)	TRISENOX	5	MO
TAGRISSO ORAL TABLET 80 MG	5	PA; MO; LA; QL (30 per 30 days)	TYKERB	5	PA; MO; LA; QL (180 per 30 days)
<i>tamoxifen</i>	2	MO	VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	5	B/D PA; MO
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA; MO	VELCADE	5	MO
TARCEVA ORAL TABLET 150 MG	5	PA; MO; QL (30 per 30 days)	<i>vinblastine intravenous solution</i>	2	MO
TARGETIN	5	MO	<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	
			<i>vincristine intravenous solution 1 mg/ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
vinorelbine intravenous solution 50 mg/5 ml	2	MO	ZYKADIA	5	PA; MO; QL (150 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)	ZYTIGA	5	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	5	PA; MO	<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
XALKORI ORAL CAPSULE 250 MG	5	PA; MO; QL (60 per 30 days)	<b>ANTICONVULSANTS</b>		
XTANDI	5	PA; MO; QL (120 per 30 days)	APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	5	MO	APTIOM ORAL TABLET 600 MG	5	MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	5	MO	BANZEL ORAL SUSPENSION	3	MO
ZANOSAR	4	MO	BANZEL ORAL TABLET 200 MG	3	MO
ZELBORA <sup>F</sup>	5	PA; MO; QL (240 per 30 days)	BANZEL ORAL TABLET 400 MG	5	MO
ZOLINZA	5	MO	carbamazepine oral capsule, er multiphase 12 hr	2	MO
ZORTRESS ORAL TABLET 0.25 MG	3	B/D PA; MO	carbamazepine oral suspension 100 mg/5 ml	2	MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D PA; MO	carbamazepine oral tablet	1	MO
ZYDELIG	5	PA; MO; QL (90 per 30 days)	carbamazepine oral tablet extended release 12 hr 100 mg	2	
			carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg	2	MO
			carbamazepine oral tablet, chewable	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
CELONTIN ORAL CAPSULE 300 MG	3	MO	<i>lamotrigine oral tablet extended release 24hr</i>	2	MO
<i>clonazepam</i>	2	PA; MO	<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>diazepam rectal</i>	2	PA; MO	<i>lamotrigine oral tablet,disintegrating</i>	2	MO
DILANTIN 30 MG	3	MO	LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	3	
<i>divalproex oral capsule, sprinkle</i>	2	MO	LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO	<i>levetiracetam intravenous</i>	2	MO
<i>divalproex oral tablet,delayed release (dr/ec)</i>	1	MO	<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>epitol</i>	1	MO	<i>levetiracetam oral tablet</i>	2	MO
<i>ethosuximide</i>	2	MO	<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
<i>felbamate</i>	2	MO	LYRICA	3	PA; MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	2	MO	ONFI ORAL SUSPENSION	3	PA; MO
FYCOMPA ORAL TABLET	3	MO	ONFI ORAL TABLET 10 MG, 20 MG	3	PA; MO
<i>gabapentin oral capsule</i>	1	MO	<i>oxcarbazepine</i>	2	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO	<i>PEGANONE</i>	3	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO	<i>phenobarbital</i>	2	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	3	MO			
GRALISE	3	PA; MO			
GRALISE 30-DAY STARTER PACK	3	PA; MO			
<i>lamotrigine oral tablet</i>	1	MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO	APOKYN	5	MO; LA
<i>phenytoin oral tablet, chewable</i>	2	MO	AZILECT	3	MO
<i>phenytoin sodium extended</i>	2	MO	<i>benztropine</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO	<i>bromocriptine</i>	2	MO
POTIGA	3	MO	<i>carbidopa</i>	2	MO
<i>primidone</i>	2	MO	<i>carbidopa-levodopa</i>	2	MO
SABRIL	5	MO; LA	<i>carbidopa-levodopa-entacapone</i>	2	MO
SPRITAM	4		<i>entacapone</i>	2	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	3	MO	NEUPRO	3	MO
<i>tiagabine</i>	2	MO	<i>pramipexole</i>	2	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO	<i>ropinirole</i>	2	MO
<i>topiramate oral tablet</i>	1	PA; MO	<i>selegiline hcl</i>	2	MO
<i>valproate sodium</i>	2	MO	<i>tolcapone</i>	5	MO
<i>valproic acid</i>	2	MO	<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO	<i>almotriptan malate oral tablet 12.5 mg</i>	2	MO; QL (24 per 28 days)
VIMPAT INTRAVENOUS	3		<i>almotriptan malate oral tablet 6.25 mg</i>	2	MO; QL (18 per 28 days)
VIMPAT ORAL SOLUTION	3	MO	CAFERGOT	3	MO
VIMPAT ORAL TABLET	3	MO	<i>dihydroergotamine injection</i>	2	MO
<i>zonisamide</i>	2	PA; MO	<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)
<b>ANTIPARKINSONISM AGENTS</b>			<i>frovatriptan</i>	2	QL (27 per 28 days)
			<i>migergot</i>	2	MO
			<i>naratriptan</i>	2	MO; QL (18 per 28 days)
			RELPAX	3	MO; QL (18 per 28 days)
			<i>rizatriptan</i>	2	MO; QL (36 per 28 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)	<i>galantamine</i>	2	MO
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	MO; QL (36 per 28 days)	<b>GILENYA</b>	5	PA; MO
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)	<i>glatopa</i>	5	PA; MO; QL (30 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (16 per 28 days)	<i>memantine oral solution</i>	2	PA; MO
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (16 per 28 days)	<i>memantine oral tablet</i>	2	PA; MO
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (16 per 28 days)	<b>NAMENDA ORAL SOLUTION</b>	3	PA; MO
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)	<b>NAMENDA XR</b>	3	PA; MO
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>					
<b>AMPYRA</b>	5	PA; MO; LA	<b>NAMZARIC</b>	3	PA; MO
<b>AUBAGIO</b>	5	PA; MO	<b>NUEDEXTA</b>	3	MO
<b>COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML</b>	5	PA; MO; QL (12 per 28 days)	<i>rivastigmine</i>	2	MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO	<i>rivastigmine tartrate</i>	2	MO
<i>donepezil oral tablet 23 mg</i>	2	MO	<b>TECFIDERA</b>	5	PA; MO
<i>donepezil oral tablet, disintegrating</i>	1	MO	<i>tetrabenazine</i>	5	PA; MO
<b>EXELON TRANSDERMAL</b>	3	MO	<b>TYSABRI</b>	5	PA; MO; LA
<b>XENAZINE</b>					
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>					
<b>baclofen</b>	2	MO	<b>dantrolene</b>	2	MO
<b>LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML</b>	3	B/D PA; MO	<b>LIORESAL INTRATHECAL SOLUTION 50 MCG/ML</b>	3	B/D PA
<b>MESTINON ORAL SYRUP</b>	3	MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
MESTINON TIMESPAN	3	MO	<i>endocet oral tablet</i> <i>10-325 mg, 5-325</i> <i>mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>pyridostigmine</i> <i>bromide</i>	2	MO	<i>fentanyl citrate</i> <i>buccal lozenge on a</i> <i>handle 1,200 mcg</i>	5	PA; MO; QL (39 per 30 days)
<i>tizanidine</i>	2	MO	<i>fentanyl citrate</i> <i>buccal lozenge on a</i> <i>handle 1,600 mcg</i>	5	PA; MO; QL (29 per 30 days)
<b>NARCOTIC ANALGESICS</b>					
<i>acetaminophen-</i> <i>codeine oral solution</i> <i>300 mg-30 mg /12.5</i> <i>ml</i>	2	QL (4500 per 30 days)	<i>fentanyl citrate</i> <i>buccal lozenge on a</i> <i>handle 200 mcg</i>	5	PA; MO; QL (120 per 30 days)
<i>acetaminophen-</i> <i>codeine oral tablet</i> <i>300-15 mg, 300-30</i> <i>mg</i>	2	MO; QL (360 per 30 days)	<i>fentanyl citrate</i> <i>buccal lozenge on a</i> <i>handle 400 mcg</i>	5	PA; MO; QL (116 per 30 days)
<i>acetaminophen-</i> <i>codeine oral tablet</i> <i>300-60 mg</i>	2	MO; QL (180 per 30 days)	<i>fentanyl citrate</i> <i>buccal lozenge on a</i> <i>handle 600 mcg</i>	5	PA; MO; QL (77 per 30 days)
BUPRENEX	3	MO; QL (267 per 30 days)	<i>fentanyl citrate</i> <i>buccal lozenge on a</i> <i>handle 800 mcg</i>	5	PA; MO; QL (58 per 30 days)
<i>buprenorphine hcl</i> <i>injection syringe</i>	2	QL (267 per 30 days)	<i>fentanyl transdermal</i> <i>patch 72 hour 100</i> <i>mcg/hr</i>	2	MO; QL (9 per 30 days)
<i>buprenorphine hcl</i> <i>sublingual tablet 2</i> <i>mg</i>	2	MO; QL (300 per 30 days)	<i>fentanyl transdermal</i> <i>patch 72 hour 12</i> <i>mcg/hr, 25 mcg/hr,</i> <i>50 mcg/hr, 75</i> <i>mcg/hr</i>	2	MO; QL (10 per 30 days)
<i>buprenorphine hcl</i> <i>sublingual tablet 8</i> <i>mg</i>	2	MO; QL (75 per 30 days)	<i>hydrocodone-</i> <i>acetaminophen oral</i> <i>solution 7.5-325</i> <i>mg/15 ml</i>	2	MO; QL (5550 per 30 days)
BUTRANS	3	MO; QL (4 per 28 days)	<i>hydrocodone-</i> <i>acetaminophen oral</i> <i>tablet 10-300 mg,</i> <i>10-325 mg, 2.5-325</i> <i>mg, 5-300 mg, 5-325</i> <i>mg, 7.5-300 mg, 7.5-</i> <i>325 mg</i>	2	MO; QL (360 per 30 days)
<i>codeine sulfate oral</i> <i>tablet</i>	2	MO; QL (180 per 30 days)			
<i>duramorph (pf)</i> <i>injection solution 0.5</i> <i>mg/ml</i>	2	MO; QL (4000 per 30 days)			
<i>duramorph (pf)</i> <i>injection solution 1</i> <i>mg/ml</i>	2	QL (2000 per 30 days)			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (50 per 30 days)	<i>methadone injection</i>	2	QL (160 per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</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>hydromorphone oral liquid</i>	2	MO; QL (1500 per 30 days)	<i>methadone oral solution 5 mg/5 ml</i>	2	MO; QL (1200 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)	<i>methadone oral tablet 10 mg</i>	2	MO; QL (120 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	2	MO; QL (60 per 30 days)	<i>methadone oral tablet 5 mg</i>	2	MO; QL (240 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg</i>	5	MO; QL (60 per 30 days)	<i>morphine concentrate oral solution</i>	2	MO; QL (300 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	5	MO; QL (47 per 30 days)	<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 per 30 days)
<i>ibuprofen-oxycodone</i>	2	MO; QL (28 per 30 days)	<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (500 per 30 days)
<i>levorphanol tartrate</i>	2	MO; QL (120 per 30 days)	<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	2	MO; QL (50 per 30 days)
<i>lorcet (hydrocodone)</i>	2	MO; QL (360 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>lorcet hd</i>	2	MO; QL (360 per 30 days)	<i>morphine oral capsule, extend.release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	2	MO; QL (90 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; QL (360 per 30 days)	<i>morphine oral capsule, extend.release pellets 100 mg</i>	2	MO; QL (60 per 30 days)
<i>lortab 10-325</i>	2	MO; QL (360 per 30 days)	<i>morphine oral capsule, extend.release pellets 80 mg</i>	2	MO; QL (75 per 30 days)
<i>lortab 5-325</i>	2	MO; QL (360 per 30 days)			
<i>lortab 7.5-325</i>	2	MO; QL (360 per 30 days)			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)	OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	3	MO; QL (90 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)	OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG	3	MO; QL (67 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	2	MO; QL (60 per 30 days)	OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	5	MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	MO; QL (120 per 30 days)	oxymorphone oral tablet 10 mg	2	MO; QL (200 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	2	MO; QL (30 per 30 days)	oxymorphone oral tablet 5 mg	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 60 mg</i>	2	MO; QL (100 per 30 days)	oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	MO; QL (90 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)	oxymorphone oral tablet extended release 12 hr 30 mg	2	MO; QL (67 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; QL (180 per 30 days)	oxymorphone oral tablet extended release 12 hr 40 mg	2	MO; QL (50 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)	repxain oral tablet 10-200 mg, 5-200 mg	2	MO; QL (50 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	2	MO; QL (180 per 30 days)	<i>vicodin</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral tablet 30 mg</i>	2	MO; QL (134 per 30 days)	<i>vicodin es</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)			
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)			
<i>oxycodone-aspirin</i>	2	MO; QL (360 per 30 days)			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>vicodin hp</i>	2	MO; QL (360 per 30 days)	<i>ibuprofen oral suspension</i>	2	MO
<i>zamicet</i>	2	QL (5550 per 30 days)	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<b>NON-NARCOTIC ANALGESICS</b>					
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	PA; MO; QL (360 per 30 days)	<i>ketoprofen oral capsule</i>	2	MO
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	PA; MO; QL (90 per 30 days)	<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	MO; QL (720 per 30 days)	<i>meclofenamate oral</i>	2	MO
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; QL (360 per 30 days)	<i>mefenamic acid</i>	2	MO
<i>butorphanol tartrate nasal</i>	2	MO; QL (5 per 28 days)	<i>meloxicam oral suspension</i>	2	MO
<i>celecoxib</i>	2	MO	<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>diclofenac potassium</i>	2	MO	<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>diclofenac sodium oral</i>	2	MO	<i>nabumetone</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO	<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	2		<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
<i>diclofenac-misoprostol</i>	2	MO	<i>naloxone injection syringe 1 mg/ml</i>	2	MO
<i>diflunisal</i>	2	MO	<i>naltrexone oral</i>	2	MO
<i>etodolac</i>	2	MO	<i>naproxen oral suspension</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO	<i>naproxen oral tablet</i>	1	MO
<b>FLECTOR</b>	4	PA; MO; QL (60 per 30 days)	<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>flurbiprofen</i>	2	MO	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	MO	<i>amoxapine</i>	2	MO
NARCAN	3	MO; QL (2 per 28 days)	<i>aripiprazole oral tablet 10 mg</i>	2	MO; QL (90 per 30 days)
<i>oxaprozin</i>	2	MO	<i>aripiprazole oral tablet 15 mg</i>	2	MO; QL (60 per 30 days)
<i>piroxicam</i>	2	MO	<i>aripiprazole oral tablet 2 mg</i>	2	MO; QL (450 per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	PA; MO; QL (60 per 30 days)	<i>aripiprazole oral tablet 20 mg</i>	5	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	PA; MO; QL (360 per 30 days)	<i>aripiprazole oral tablet 30 mg</i>	5	MO; QL (30 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	PA; MO; QL (90 per 30 days)	<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	MO; QL (90 per 30 days)
<i>sulindac oral</i>	1	MO	<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	MO; QL (60 per 30 days)
<i>tolmetin oral capsule</i>	2	MO	ARISTADA	5	MO
<i>tolmetin oral tablet 600 mg</i>	2	MO	BRINTELLIX ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)	BRINTELLIX ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	2	MO; QL (30 per 30 days)	BRINTELLIX ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)	<i>bupropion hcl oral tablet</i>	2	MO
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)	<i>bupropion hcl oral tablet extended release 100 mg</i>	2	MO; QL (120 per 30 days)
VOLTAREN GEL TOPICAL GEL 1 %	3	MO	<i>bupropion hcl oral tablet extended release 150 mg</i>	2	MO; QL (90 per 30 days)
<b>PSYCHOTHERAPEUTIC DRUGS</b>					
ABILITY MAINTENA	5	MO			
<i>amitriptyline</i>	2	PA; MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
bupropion hcl oral tablet extended release 200 mg	2	MO; QL (60 per 30 days)	dextroamphetamine oral tablet	2	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	2	MO; QL (90 per 30 days)	dextroamphetamine-amphetamine	2	MO
bupropion hcl oral tablet extended release 24 hr 300 mg	2	MO; QL (60 per 30 days)	diazepam intensol	2	PA; MO
buspirone	2	MO	diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	PA; MO
chlorpromazine	2	MO	diazepam oral tablet	2	PA; MO
citalopram oral solution	2	MO	doxepin oral	2	PA; MO
citalopram oral tablet 10 mg	1	MO; QL (120 per 30 days)	duloxetine oral capsule,delayed release(dr/ec) 20 mg	2	MO; QL (180 per 30 days)
citalopram oral tablet 20 mg	1	MO; QL (60 per 30 days)	duloxetine oral capsule,delayed release(dr/ec) 30 mg	2	MO; QL (120 per 30 days)
citalopram oral tablet 40 mg	1	MO; QL (30 per 30 days)	duloxetine oral capsule,delayed release(dr/ec) 40 mg	2	MO; QL (90 per 30 days)
clomipramine	2	PA; MO	duloxetine oral capsule,delayed release(dr/ec) 60 mg	2	MO; QL (60 per 30 days)
clonidine hcl oral tablet extended release 12 hr	2	MO	EMSAM	5	MO
clorazepate dipotassium	2	PA; MO	ergoloid	2	MO
clozapine oral tablet	2	MO	escitalopram oxalate oral solution	2	MO
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	2		escitalopram oxalate oral tablet 10 mg	1	MO; QL (60 per 30 days)
desipramine oral	2	MO	escitalopram oxalate oral tablet 20 mg	1	MO; QL (30 per 30 days)
dexedrine	2	MO	escitalopram oxalate oral tablet 5 mg	1	MO; QL (120 per 30 days)
dexamethylphenidate	2	MO	eszopiclone	2	ST; MO; QL (30 per 30 days)
dextroamphetamine oral capsule, extended release	2	MO	FANAPT ORAL TABLET 1 MG	4	MO; QL (720 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
FANAPT ORAL TABLET 10 MG, 8 MG	4	MO; QL (90 per 30 days)	<i>fluoxetine oral capsule 20 mg</i>	1	MO
FANAPT ORAL TABLET 12 MG	4	MO; QL (60 per 30 days)	<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	MO; QL (360 per 30 days)	<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
FANAPT ORAL TABLET 4 MG	4	MO; QL (180 per 30 days)	<i>fluoxetine oral solution</i>	2	MO
FANAPT ORAL TABLET 6 MG	4	MO; QL (120 per 30 days)	<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)	<i>fluoxetine oral tablet 20 mg</i>	2	MO
FAZACLO ORAL TABLET,DISINTE GRATING 150 MG, 200 MG	4		<i>fluphenazine decanoate</i>	2	MO
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 28 days)	<i>fluphenazine hcl</i>	2	MO
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 120 MG	3	MO; QL (30 per 30 days)	<i>fluvoxamine oral capsule,extended release 24hr 100 mg</i>	2	MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 20 MG	3	MO; QL (180 per 30 days)	<i>fluvoxamine oral capsule,extended release 24hr 150 mg</i>	2	MO; QL (60 per 30 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 40 MG	3	MO; QL (90 per 30 days)	<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 80 MG	3	MO; QL (45 per 30 days)	<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (240 per 30 days)	<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
			<b>FORFIVO XL</b>	4	MO; QL (30 per 30 days)
			<b>GEODON INTRAMUSCULAR</b>	4	MO
			<i>guanidine</i>	2	MO
			<i>haloperidol</i>	1	MO
			<i>haloperidol decanoate</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol lactate</i>	2	MO	LATUDA ORAL TABLET 20 MG	3	MO; QL (240 per 30 days)
HETLIOZ	5	PA; MO	LATUDA ORAL TABLET 40 MG	3	MO; QL (120 per 30 days)
<i>imipramine hcl</i>	2	PA; MO	LATUDA ORAL TABLET 60 MG, 80 MG	3	MO; QL (60 per 30 days)
<i>imipramine pamoate</i>	2	PA; MO	<i>lithium carbonate</i>	1	MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	4	MO; QL (240 per 30 days)	<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	4	MO; QL (120 per 30 days)	<i>lorazepam intensol</i>	2	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	MO; QL (60 per 30 days)	<i>lorazepam oral tablet</i>	2	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	4	MO; QL (41 per 30 days)	<i>loxapine succinate</i>	2	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	5	MO	<i>maprotiline</i>	2	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	4	MO	MARPLAN	3	MO
INVEGA TRINZA	5	MO	<i>metadate er</i>	2	MO
LATUDA ORAL TABLET 120 MG	5	MO; QL (30 per 30 days)	<i>methamphetamine</i>	2	MO
			<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 30 mg, 50 mg, 60 mg</i>	2	MO
			<i>methylphenidate oral capsule,er biphasic 50-50 20 mg, 40 mg</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</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>methylphenidate oral tablet, chewable</i>	2	MO	<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	MO; QL (240 per 30 days)
<i>mirtazapine oral tablet</i>	1	MO	<i>paliperidone oral tablet extended release 24hr 3 mg</i>	2	MO; QL (120 per 30 days)
<i>mirtazapine oral tablet, disintegrating</i>	2	MO	<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QL (60 per 30 days)
<i>modafinil</i>	2	PA; MO	<i>paliperidone oral tablet extended release 24hr 9 mg</i>	2	MO; QL (41 per 30 days)
<i>molindone</i>	2		<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (180 per 30 days)
<i>nefazodone</i>	2	MO	<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (90 per 30 days)
<i>nortriptyline</i>	2	MO	<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine intramuscular</i>	2	MO	<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (45 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	2	MO; QL (60 per 30 days)	<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	2	MO; QL (180 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	2	MO; QL (30 per 30 days)	<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	2	MO; QL (90 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	2	MO; QL (240 per 30 days)	<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	2	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	2	MO; QL (120 per 30 days)	<b>PAXIL ORAL SUSPENSION</b>	4	MO
<i>olanzapine oral tablet 7.5 mg</i>	2	MO; QL (81 per 30 days)	<i>perphenazine</i>	2	MO
<i>olanzapine oral tablet, disintegrating 10 mg</i>	2	MO; QL (60 per 30 days)	<i>phenelzine</i>	2	MO
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	2	MO; QL (30 per 30 days)	<i>pimozide</i>	2	MO
<i>olanzapine oral tablet, disintegrating 5 mg</i>	2	MO; QL (120 per 30 days)			
<i>olanzapine-fluoxetine</i>	2	MO			
<b>ORAP</b>	3	MO			
<i>oxazepam</i>	2	PA; MO			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)	REXULTI ORAL TABLET 3 MG	5	MO; QL (40 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (480 per 30 days)	REXULTI ORAL TABLET 4 MG	5	MO; QL (30 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (240 per 30 days)	RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
<i>procentra</i>	2	MO	RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>protriptyline</i>	2	MO	<i>risperidone oral solution</i>	2	MO; QL (480 per 30 days)
<i>quetiapine oral tablet 100 mg</i>	2	MO; QL (240 per 30 days)	<i>risperidone oral tablet 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; QL (120 per 30 days)	<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	2	MO; QL (902 per 30 days)	<i>risperidone oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; QL (81 per 30 days)	<i>risperidone oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; QL (60 per 30 days)	<i>risperidone oral tablet 3 mg</i>	1	MO; QL (161 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; QL (480 per 30 days)	<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	MO; QL (480 per 30 days)	<i>risperidone oral tablet,disintegrating 0.25 mg</i>	2	MO; QL (1920 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	MO; QL (240 per 30 days)	<i>risperidone oral tablet,disintegrating 0.5 mg</i>	2	MO; QL (960 per 30 days)
REXULTI ORAL TABLET 1 MG	5	MO; QL (120 per 30 days)	<i>risperidone oral tablet,disintegrating 1 mg</i>	2	MO; QL (480 per 30 days)
REXULTI ORAL TABLET 2 MG	5	MO; QL (60 per 30 days)			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>risperidone oral tablet,disintegrating 2 mg</i>	2	MO; QL (240 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg</i>	2	MO; QL (161 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (480 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	2	MO; QL (120 per 30 days)	<i>sertraline oral concentrate</i>	2	MO
ROZEREM	3	MO; QL (30 per 30 days)	<i>sertraline oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	3	MO; QL (60 per 30 days)	<i>sertraline oral tablet 25 mg</i>	1	MO; QL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	3	MO; QL (240 per 30 days)	<i>sertraline oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	3	MO; QL (120 per 30 days)	STRATTERA	3	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (161 per 30 days)	SURMONTIL	4	PA; MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	MO; QL (120 per 30 days)	<i>temazepam</i>	2	PA; MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (81 per 30 days)	<i>thioridazine</i>	2	MO
			<i>thiothixene</i>	1	MO
			<i>tranylcypromine</i>	2	MO
			<i>trazodone</i>	1	MO
			<i>trifluoperazine</i>	2	MO
			<i>trimipramine</i>	2	PA; MO
			<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	2	MO; QL (60 per 30 days)
			<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	2	MO; QL (180 per 30 days)
			<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	2	MO; QL (90 per 30 days)	<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	MO
<i>venlafaxine oral tablet 25 mg</i>	2	MO; QL (270 per 30 days)	ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	MO
<i>venlafaxine oral tablet 37.5 mg</i>	2	MO; QL (180 per 30 days)	<i>ziprasidone hcl oral capsule 20 mg</i>	2	MO; QL (240 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	2	MO; QL (150 per 30 days)	<i>ziprasidone hcl oral capsule 40 mg</i>	2	MO; QL (120 per 30 days)
VERSACLOZ	5		<i>ziprasidone hcl oral capsule 60 mg</i>	2	MO; QL (80 per 30 days)
VIIBRYD ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)	<i>ziprasidone hcl oral capsule 80 mg</i>	2	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)	<i>zolpidem oral</i>	2	ST; MO; QL (30 per 30 days)
VIIBRYD ORAL TABLET 40 MG	3	MO; QL (30 per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	5	
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	5	MO; LA			
<i>zaleplon oral capsule 10 mg</i>	2	ST; MO; QL (60 per 30 days)			
<i>zaleplon oral capsule 5 mg</i>	2	ST; MO; QL (30 per 30 days)			

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone oral tablet 200 mg, 400 mg</i>	2	MO
<i>flecainide</i>	2	MO
<i>mexiletine</i>	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>procainamide injection solution 100 mg/ml</i>	2	MO	<i>atenolol-chlorthalidone</i>	1	MO
<i>procainamide injection solution 500 mg/ml</i>	2		AZOR	3	ST; MO
<i>propafenone</i>	2	MO	<i>benazepril</i>	1	MO
<i>quinidine gluconate</i>	2	MO	<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>quinidine sulfate oral tablet</i>	2	MO	BENICAR	3	ST; MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO	BENICAR HCT	3	ST; MO
<i>sorine oral tablet 240 mg</i>	2		<i>betaxolol oral</i>	2	MO
<i>sotalol af oral tablet 120 mg</i>	2	MO	BIDIL	3	MO
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	2	MO	<i>bisoprolol fumarate</i>	2	MO
SOTYLIZE	3	MO	<i>bisoprolol-hydrochlorothiazide</i>	1	MO
TIKOSYN	3	MO	<i>bumetanide injection</i>	2	MO
<b>ANTIHYPERTENSIVE THERAPY</b>			<i>bumetanide oral</i>	1	MO
<i>acebutolol</i>	2	MO	BYSTOLIC	3	MO
<i>afeditab cr</i>	2	MO	<i>candesartan</i>	2	MO
<i>amiloride oral</i>	2	MO	<i>candesartan-hydrochlorothiazide</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO	<i>captopril</i>	1	MO
<i>amlodipine</i>	1	MO	<i>captopril-hydrochlorothiazide</i>	1	MO
<i>amlodipine-benazepril</i>	2	MO	<i>cartia xt</i>	2	MO
<i>amlodipine-valsartan</i>	1	MO	<i>carvedilol</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO	<i>chlorothiazide</i>	1	MO
<i>atenolol</i>	1	MO	<i>chlorothiazide sodium</i>	2	MO
			<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
			<i>clonidine</i>	2	MO; QL (4 per 28 days)
			<i>clonidine hcl oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg</i>	2	MO	<i>fosinopril- hydrochlorothiazide</i>	2	MO
COREG CR	3	MO	<i>furosemide injection</i>	2	MO
DEMSEER	3	MO	<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i>	2	MO
<i>diltiazem hcl intravenous</i>	2		<i>furosemide oral tablet</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	2	MO	<i>hydralazine</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	MO	<i>hydrochlorothiazide</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	MO	<i>indapamide</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO	<i>irbesartan</i>	1	MO
<i>dilt-xr</i>	2	MO	<i>irbesartan- hydrochlorothiazide</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)	<i>isradipine</i>	2	MO
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)	<i>labetalol intravenous solution</i>	2	MO
EDARBI	4	ST; MO	<i>labetalol oral</i>	2	MO
EDARBYCLOR	4	ST; MO	<i>lisinopril</i>	1	MO
EDECRIN	3	MO	<i>lisinopril- hydrochlorothiazide</i>	1	MO
<i>enalapril maleate</i>	1	MO	<i>losartan</i>	1	MO
<i>enalapril- hydrochlorothiazide</i>	1	MO	<i>losartan- hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	2	MO	<i>matzim la</i>	2	MO
<i>eprosartan</i>	2	MO	<i>methyclothiazide</i>	2	MO
<i>ethacrynone sodium</i>	5		<i>methyldopa</i>	2	MO
<i>felodipine</i>	2	MO	<i>metolazone</i>	2	MO
<i>fosinopril</i>	1	MO	<i>metoprolol succinate</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol tartrate intravenous syringe</i>	2		<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO	<i>quinapril</i>	1	MO
<i>minoxidil oral</i>	2	MO	<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>moexipril</i>	1	MO	<i>ramipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO	<i>REMODULIN</i>	5	PA; MO; LA
<i>nadolol</i>	1	MO	<i>spironolactone</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	2	MO	<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>nicardipine intravenous solution</i>	2	MO	<i>taztia xt</i>	2	MO
<i>nicardipine oral</i>	2	MO	<i>telmisartan</i>	1	MO
<i>nifedical xl</i>	2	MO	<i>telmisartanamlodipine</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO	<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>nimodipine</i>	2	MO	<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>nisoldipine</i>	2	MO	<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>perindopril erbumine</i>	1	MO	<i>timolol maleate oral</i>	1	MO
<i>phenoxybenzamine</i>	5	MO	<i>torsemide oral</i>	1	MO
<i>pindolol</i>	2	MO	<i>trandolapril</i>	1	MO
<i>prazosin oral</i>	1	MO	<i>trandolapril-verapamil</i>	1	MO
<i>propranolol intravenous</i>	2		<i>triamterene-hydrochlorothiazid</i>	1	MO
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO	<i>TRIBENZOR</i>	3	ST; MO
<i>propranolol oral solution</i>	2	MO	<i>UPTRAVI</i>	5	PA; MO; LA
<i>propranolol oral tablet</i>	1	MO	<i>valsartan</i>	1	MO
			<i>valsartan-hydrochlorothiazide</i>	2	MO
			<i>verapamil intravenous solution</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits			
verapamil oral	1	MO	heparin ( <i>porcine</i> ) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	2	MO			
<b>CARDIAC GLYCOSIDES</b>								
digitek	2	MO	heparin ( <i>porcine</i> ) injection solution	2	MO			
digoxin oral solution 50 mcg/ml	2	MO	jantoven	1	MO			
digoxin oral tablet	2	MO	pentoxifylline	2	MO			
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3	MO	PRADAXA	3	MO			
<b>COAGULATION THERAPY</b>								
AGGRENOX	4	MO	PROMACTA	5	PA; MO; LA			
aspirin-dipyridamole	2	MO	tranexamic acid intravenous	2	MO			
BRILINTA	3	MO	warfarin	1	MO			
cilostazol	2	MO	XARELTO	3	MO			
clopidogrel	1	MO	ZONTIVITY	3	MO			
dipyridamole oral	2	MO	<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>					
EFFIENT	3	MO	amlodipine-atorvastatin	1	MO; QL (30 per 30 days)			
ELIQUIS	3	MO	atorvastatin	1	MO; QL (30 per 30 days)			
enoxaparin	2	MO	cholestyramine light oral powder in packet	2	MO			
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	MO	colestipol oral granules	2	MO			
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	2	MO	colestipol oral tablet	2	MO			
heparin ( <i>porcine</i> ) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	2		CRESTOR	3	MO; QL (30 per 30 days)			
			fenofibrate micronized	2	MO			
			fenofibrate nanocrystallized	2	MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO	PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 75 MG/ML	5	PA; MO; QL (4 per 28 days)
<i>fenofibric acid</i>	2	MO	<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibric acid (choline)</i>	2	MO	<i>prevalite oral powder</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)	REPATHA SURECLICK	5	PA; MO; QL (3 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)	REPATHA SYRINGE	5	PA; MO; QL (3 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)	<i>simvastatin</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil oral</i>	1	MO	VASCEPA	3	MO
JUXTAPID	5	MO; LA	ZETIA	3	MO
LIPOFEN	4	MO	<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)	CORLANOR	3	PA; MO
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)	ENTRESTO	3	PA; MO; QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	2	MO	RANEXA	3	MO
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days)	VECAMYL	5	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; QL (4 per 28 days)	<b>NITRATES</b>		
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)	<i>isosorbide dinitrate oral</i>	2	MO
			<i>isosorbide mononitrate</i>	1	MO
			<i>nitro-bid</i>	2	MO
			<i>nitroglycerin intravenous</i>	2	B/D PA
			<i>nitroglycerin transdermal patch 24 hour</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO	<i>diclofenac sodium topical gel 3 %</i>	2	PA; MO
NITROSTAT	3	MO	<i>doxepin topical</i>	2	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>					
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>					
<i>acitretin oral capsule 10 mg</i>	2	MO	<i>fluorouracil topical cream 5 %</i>	2	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO	<i>fluorouracil topical solution</i>	2	MO
<i>calcipotriene</i>	2	MO	<i>imiquimod</i>	2	MO
<i>calcipotriene-betamethasone</i>	2	MO	<i>methoxsalen rapid</i>	5	MO
<i>calcitriol topical</i>	2	MO	PANRETIN	5	MO
COSENTYX	5	PA; MO	<i>podofilox</i>	2	MO
COSENTYX PEN	5	PA; MO	<i>prodoxin</i>	2	MO
<i>selenium sulfide topical lotion</i>	2	MO	REGRANEX	3	MO
STELARA SUBCUTANEOUS SYRINGE	5	PA; MO	<i>tacrolimus topical</i>	2	PA; MO
<b>BURN THERAPY</b>					
<i>silver sulfadiazine</i>	2	MO	TOLAK	4	MO
<i>ssd</i>	2	MO	UVADEX	4	
<b>MISCELLANEOUS DERMATOLOGICALS</b>					
8-MOP	3	MO	VALCHLOR	5	MO
<i>ammonium lactate topical</i>	2	MO	ZYCLARA	5	ST; MO
CARAC	5	MO	<b>THERAPY FOR ACNE</b>		
CONDYLOX TOPICAL GEL	3	MO	<i>adapalene topical cream</i>	2	PA; MO
			<i>adapalene topical gel</i>	2	PA; MO
			<i>avita topical cream</i>	2	PA; MO
			AZELEX	3	MO
			<i>claravis</i>	2	MO
			<i>clindamycin phosphate topical</i>	2	MO
			<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	
<i>ery pads</i>	2	MO	<i>lidocaine hcl urethral</i>	2	MO	
<i>erygel</i>	2		<i>lidocaine topical adhesive patch,medicated</i>	2	PA; MO	
<i>erythromycin with ethanol topical gel</i>	2	MO	<i>lidocaine topical ointment</i>	2	MO	
<i>erythromycin with ethanol topical solution</i>	2	MO	<i>lidocaine-prilocaine topical cream</i>	2	MO	
<i>erythromycin-benzoyl peroxide</i>	2	MO	<b>TOPICAL ANTIBACTERIALS</b>			
<i>metronidazole topical cream</i>	2	MO	ALTABAX	3	MO	
<i>metronidazole topical gel</i>	2	MO	<i>gentamicin topical</i>	2	MO	
<i>metronidazole topical lotion</i>	2	MO	<i>mupirocin</i>	2	MO	
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	2	MO	<i>mupirocin calcium</i>	2	MO	
<i>myorisan oral capsule 30 mg</i>	2		<i>sulfacetamide sodium (acne)</i>	2	MO	
<i>neuac</i>	2	MO	SULFAMYLYON TOPICAL CREAM	3	MO	
TAZORAC	3	PA; MO	<b>TOPICAL ANTIFUNGALS</b>			
<i>tretinoin microspheres topical gel with pump</i>	2	PA; MO	<i>ciclopirox</i>	2	MO	
<i>tretinoin topical</i>	2	PA; MO	<i>clotrimazole topical</i>	2	MO	
<i>zenatane</i>	2	MO	<i>clotrimazole-betamethasone</i>	2	MO	
<b>TOPICAL ANESTHETICS</b>			<i>econazole topical</i>	2	MO	
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	2	MO	<i>ketoconazole topical</i>	2	MO	
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	2	MO	<i>naftifine topical cream 2 %</i>	2	MO	
<i>lidocaine hcl mucous membrane</i>	2	MO	NAFTIN TOPICAL CREAM 2 %	3	MO	
			NAFTIN TOPICAL GEL	3	MO	
			<i>nyamyc</i>	2	MO	
			<i>nystatin topical</i>	2	MO	
			<i>nystatin-triamcinolone</i>	2	MO	

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>nystop</i>	2	MO	<i>clobetasol-emollient topical cream</i>	2	MO
<i>oxiconazole</i>	2		<i>clodan</i>	2	MO
<b>TOPICAL ANTIVIRALS</b>					
<i>acyclovir topical</i>	2	MO	<i>CORDRAN TAPE LARGE ROLL</i>	3	MO
<i>DENAVIR</i>	3	MO	<i>cormax scalp</i>	2	
<i>XERESE</i>	4	MO	<i>desonide</i>	2	MO
<i>ZOVIRAX TOPICAL CREAM</i>	4	MO	<i>desoximetasone</i>	2	MO
<b>TOPICAL CORTICOSTEROIDS</b>					
<i>ala-cort topical cream</i>	2	MO	<i>diflorasone</i>	2	MO
<i>alclometasone</i>	2	MO	<i>fluocinolone</i>	2	MO
<i>amcinonide</i>	2	MO	<i>fluocinonide topical cream 0.1 %</i>	2	MO
<i>apexicon e</i>	2	MO	<i>fluocinonide topical gel</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO	<i>fluocinonide topical ointment</i>	2	MO
<i>betamethasone valerate</i>	2	MO	<i>fluocinonide topical solution</i>	2	MO
<i>betamethasone, augmented</i>	2	MO	<i>fluocinonide-e</i>	2	MO
<i>CAPEX</i>	3	MO	<i>fluticasone topical</i>	2	MO
<i>clobetasol scalp</i>	2	MO	<i>halobetasol propionate</i>	2	MO
<i>clobetasol topical foam</i>	2	MO	<i>hydrocortisone butyrate topical ointment</i>	2	MO
<i>clobetasol topical gel</i>	2	MO	<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>clobetasol topical lotion</i>	2	MO	<i>hydrocortisone butyr-emollient</i>	2	MO
<i>clobetasol topical ointment</i>	2	MO	<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>clobetasol topical shampoo</i>	2	MO	<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>clobetasol topical spray,non-aerosol</i>	2	MO			

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

Drug Name	Drug Tier	Requirements /Limits
hydrocortisone topical ointment 1 %, 2.5 %	2	MO
hydrocortisone valerate	2	MO
LOCOID TOPICAL LOTION	3	MO
mometasone topical	2	MO
PANDEL	3	MO
prednicarbate	2	MO
triamcinolone acetonide topical aerosol	2	MO
triamcinolone acetonide topical cream	2	MO
triamcinolone acetonide topical lotion	2	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	MO
trianex	2	MO
triderm topical cream	2	MO
<b>TOPICAL ENZYMES</b>		
SANTYL	3	MO
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
EURAX	4	MO
lindane	2	MO
malathion	2	MO
permethrin topical cream	2	MO
SKLICE	3	MO

Drug Name	Drug Tier	Requirements /Limits
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
lactated ringers irrigation	2	MO
neomycin-polymyxin b gu	2	MO
ringers irrigation	2	MO
<b>MISCELLANEOUS AGENTS</b>		
acamprosate	2	MO
ADAGEN	5	MO
alendronate oral tablet 40 mg	1	MO; QL (30 per 30 days)
anagrelide	2	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	MO; LA
CARBAGLU	5	MO; LA
cevimeline	2	MO
CHEMET	3	MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
d10 %-0.45 % sodium chloride	2	
d2.5 %-0.45 % sodium chloride	2	
d5 % and 0.9 % sodium chloride	2	MO
d5 %-0.45 % sodium chloride	2	MO
dextrose 10 % and 0.2 % nacl	2	

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
<i>dextrose 10 % in water (d10w)</i>	2	MO	RAVICTI	5	MO	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	MO	RENELA	3	MO	
<i>dextrose 5 %-lactated ringers</i>	2	MO	<i>riluzole</i>	2	MO	
<i>dextrose 5%-0.2 % sod chloride</i>	2		<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)	
<i>dextrose 5%-0.3 % sod.chloride</i>	2		<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO	
<i>dextrose with sodium chloride</i>	2		<i>sodium chloride irrigation</i>	2	MO	
<i>disulfiram</i>	2	MO	<i>sodium phenylbutyrate</i>	5	MO	
<i>etidronate disodium</i>	2	MO	<i>sodium polystyrene (sorb free)</i>	2	MO	
EXJADE	5	MO; LA	SYPRINE	5	MO	
FERRIPROX ORAL SOLUTION	5		THIOLA	3	MO	
FERRIPROX ORAL TABLET	5	MO	VELTASSA	3	MO	
INCRELEX	5	MO; LA	<i>water for irrigation, sterile</i>	2	MO	
JADENU	5	MO	<i>zoledronic acid-mannitol-water intravenous solution</i>	2	PA; MO	
<i>kionex oral powder</i>	2	MO	<b>SMOKING DETERRENTS</b>			
<i>levocarnitine (with sugar)</i>	2	MO	buproban	2		
<i>levocarnitine intravenous</i>	2	MO	CHANTIX	3	MO	
<i>levocarnitine oral tablet</i>	2	MO	CHANTIX CONTINUING MONTH BOX	3	MO	
<i>midodrine</i>	2	MO	CHANTIX STARTING MONTH BOX	3	MO	
NORTHERA	5	MO	NICOTROL	4	MO	
ORFADIN	5	LA	NICOTROL NS	4	MO	
<i>pilocarpine hcl oral</i>	2	MO	<b>EAR, NOSE / THROAT MEDICATIONS</b>			
PROLASTIN-C	5	LA				

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<b>MISCELLANEOUS AGENTS</b>					
<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)	<i>cortisone</i>	2	MO
<b>BACTROBAN NASAL</b>	3	MO	<b>DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML</b>	3	MO
<i>chlorhexidine gluconate mucous membrane</i>	2	MO	<i>dexamethasone intensol</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)	<i>dexamethasone oral elixir</i>	2	MO
<i>olopatadine nasal</i>	2	MO; QL (30.5 per 30 days)	<i>dexamethasone oral tablet</i>	1	MO
<i>periogard</i>	2	MO	<i>dexamethasone sodium phosphate injection solution</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO	<i>fludrocortisone</i>	2	MO
<b>TYZINE NASAL DROPS 0.05 %</b>	3	MO	<i>hydrocortisone oral</i>	2	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>					
<i>acetasol hc</i>	2	MO	<i>methylprednisolone acetate</i>	2	MO
<i>acetic acid otic</i>	2	MO	<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>fluocinolone acetonide oil</i>	2	MO	<i>methylprednisolone oral tablets, dose pack</i>	1	MO
<i>hydrocortisone-acetic acid</i>	2	MO	<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>ofloxacin otic</i>	2	MO	<i>millipred oral tablet</i>	1	B/D PA; MO
<b>OTIC STEROID / ANTIBIOTIC</b>					
<b>CIPRODEX</b>	3	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
<b>CORTISPORIN-TC</b>	3	MO	<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	B/D PA; MO
<i>neomycin-polymyxin-hc otic</i>	2	MO			
<b>ENDOCRINE/DIABETES</b>					
<b>ADRENAL HORMONES</b>					
<i>a-hydrocort</i>	2	MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>prednisone intensol</i>	2	B/D PA; MO	BYDUREON	3	PA; MO; QL (4 per 28 days)
<i>prednisone oral solution</i>	2	MO	BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
<i>prednisone oral tablet</i>	1	B/D PA; MO	BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	3	MO	CYCLOSET	4	MO; QL (180 per 30 days)
SOLU-MEDROL (PF) INJECTION	3	MO	FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	3	MO	FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	MO	GAUZE PADS 2 X 2	3	MO
<i>veripred 20</i>	2	MO	<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<b>ANTITHYROID AGENTS</b>			<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO	<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>propylthiouracil</i>	1	MO	<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<b>DIABETES THERAPY</b>			<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)	<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)	<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)	<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
ALCOHOL PADS	3	MO			
APIDRA	4	ST; MO			
APIDRA SOLOSTAR	4	ST; MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
glipizide-metformin oral tablet 2.5-250 mg	2	MO; QL (240 per 30 days)	INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	MO; QL (120 per 30 days)	INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	MO; QL (60 per 30 days)
GLUCAGEN HYPOKIT	3	MO	INVOKAMET ORAL TABLET 50-500 MG	3	MO; QL (120 per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO	INVOKANA ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
HUMALOG	3	MO	INVOKANA ORAL TABLET 300 MG	3	MO; QL (30 per 30 days)
HUMALOG KWIKPEN	3	MO	JANUMET	3	MO; QL (60 per 30 days)
HUMALOG MIX 50-50	3	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	3	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)
HUMALOG MIX 75-25	3	MO	JANUVIA	3	MO; QL (30 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	3	MO	JARDIANCE	3	MO; QL (30 per 30 days)
HUMULIN 70/30	3	MO	JENTADUETO	4	ST; MO; QL (60 per 30 days)
HUMULIN 70/30 KWIKPEN	3	MO	KAZANO	4	ST; MO; QL (60 per 30 days)
HUMULIN N	3	MO			
HUMULIN N KWIKPEN	3	MO			
HUMULIN R	3	MO			
HUMULIN R U-500 (CONC) KWIKPEN	3	MO			
HUMULIN R U-500 (CONCENTRATED )	3	MO			
INSULIN PEN NEEDLE	3	MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)	NESINA	4	ST; MO; QL (30 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)	NOVOFINE 32	3	MO
LANTUS	3	MO	NOVOLOG	4	ST; MO
LANTUS SOLOSTAR	3	MO	NOVOLOG FLEXPEN	4	ST; MO
LEVEMIR	3	MO	NOVOLOG MIX 70-30	4	ST; MO
LEVEMIR FLEXTOUCH	3	MO	NOVOLOG MIX 70-30 FLEXPEN	4	ST; MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)	NOVOLOG PENFILL	4	ST; MO
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)	ONGLYZA	3	MO; QL (30 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)	<i>pioglitazone</i>	2	MO; QL (30 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)	<i>pioglitazone-glimepiride</i>	2	MO; QL (30 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)	<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	MO; QL (75 per 30 days)	PROGLYCEM	3	MO
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)	<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)	<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO	<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
			<i>repaglinide-metformin</i>	2	MO; QL (150 per 30 days)
			RIOMET	3	MO; QL (765 per 30 days)
			SYMLINPEN 120	3	PA; MO; QL (18.9 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SYMLINPEN 60	3	PA; MO; QL (10.5 per 30 days)	ANDRODERM	3	PA; MO
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)	ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO
SYNJARDY ORAL TABLET 5-500 MG	3	MO; QL (120 per 30 days)	ANDROGEL TRANSDERMAL GEL IN PACKET	3	PA; MO
<i>tolazamide oral tablet 250 mg</i>	2	MO; QL (120 per 30 days)	AXIRON	4	PA; MO
<i>tolazamide oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)	<i>cabergoline</i>	2	MO
<i>tolbutamide</i>	2	MO; QL (180 per 30 days)	<i>calcitonin (salmon)</i>	2	MO
TOUJEO SOLOSTAR	3	MO	<i>calcitriol intravenous solution</i> 1 mcg/ml	2	MO
TRADJENTA	4	ST; MO; QL (30 per 30 days)	<i>calcitriol oral</i>	2	MO
VGO 20	3	MO	CERDELGA	5	MO
VGO 30	3	MO	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	MO
VGO 40	3	MO	<i>chorionic gonadotropin, human</i>	2	PA; MO
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)	<i>danazol oral</i>	2	MO
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	3	MO; QL (30 per 30 days)	<i>desmopressin injection</i>	2	MO
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)	<i>desmopressin nasal solution</i>	2	MO
<b>MISCELLANEOUS HORMONES</b>			<i>desmopressin nasal spray, non-aerosol</i>	2	MO
ALDURAZYME	5	MO	<i>desmopressin oral</i>	2	MO
ANADROL-50	5	PA; MO	<i>doxercalciferol intravenous</i>	2	
			<i>doxercalciferol oral</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
ELAPRASE	5	MO	SENSIPAR ORAL TABLET 60 MG, 90 MG	5	MO	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	MO	SOMAVERT	5	MO	
FORTESTA	4	PA; MO	STIMATE	3	MO	
<i>fortical</i>	2	MO	STRENSIQ	5	MO; LA	
KANUMA	5	MO	SYNAREL	5	MO	
KORLYM	5	MO	TESTIM	4	PA; MO	
KUVAN ORAL POWDER IN PACKET 500 MG	5	MO	<i>testosterone cypionate</i>	2	MO	
KUVAN ORAL TABLET,SOLUBLE	5	MO	<i>testosterone enanthate</i>	2	MO	
LUMIZYME	5	MO	<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	PA; MO	
<i>methyltestosterone oral capsule</i>	2		ZAVESCA	5	MO; LA	
MIACALCIN INJECTION	4	MO	ZEMPLAR INTRAVENOUS	3	MO	
MYALEPT	5	PA; MO; LA	<i>zoledronic acid intravenous solution</i>	2	MO	
MYOZYME	5	MO	<b>THYROID HORMONES</b>			
NAGLAZYME	5	MO; LA	<i>levothyroxine oral</i>	1	MO	
NATPARA	5	PA; MO; LA	<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO	
<i>novarel</i>	2	PA; MO	<i>liothyronine</i>	2	MO	
<i>oxandrolone oral tablet 10 mg</i>	5	PA; 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	
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO	<b>GASTROENTEROLOGY</b>			
<i>pamidronate intravenous solution</i>	2	MO				
<i>paricalcitol oral</i>	2	MO				
SAMSCA	5	PA; MO				
SENSIPAR ORAL TABLET 30 MG	3	MO				

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>					
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2		CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	3	MO
<i>diphenoxylate-atropine</i>	2	MO			
<i>glycopyrrolate injection</i>	2	MO			
<i>glycopyrrolate oral</i>	2	MO	CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 36,000-114,000- 180,000 UNIT	5	MO
<i>loperamide oral capsule</i>	2	MO			
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>					
AKYNZEO	3	B/D PA; MO	<i>cromolyn oral</i>	2	MO
<i>alosetron</i>	5	MO	CYSTADANE	5	MO
ALOXI	3	MO	DELZICOL	3	MO
AMITIZA	3	MO	DIPENTUM	5	MO
APRISO	4	MO	<i>dronabinol oral capsule 10 mg</i>	5	B/D PA; MO
ASACOL HD	3	MO	<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	2	B/D PA; MO
<i>balsalazide</i>	2	MO	EMEND INTRAVENOUS	3	MO
<i>budesonide oral</i>	5	MO	EMEND ORAL	3	B/D PA; MO
CHENODAL	5	PA; MO; LA	<i>enulose</i>	2	MO
CIMZIA	5	PA; MO	GATTEX ONE-VIAL	5	MO
CIMZIA POWDER FOR RECONST	5	PA; MO	<i>gavilyte-c</i>	2	MO
<i>colocort</i>	2	MO	<i>gavilyte-g</i>	2	MO
<i>compro</i>	2	MO	<i>gavilyte-h and bisacodyl</i>	2	MO
<i>constulose</i>	2	MO	<i>gavilyte-n</i>	2	MO
CORTIFOAM	3	MO	<i>generlac</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	2	MO	<i>ondansetron hcl (pf) injection syringe</i>	2	
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	MO	<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>granisetron hcl oral</i>	2	B/D PA; MO	<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>hydrocortisone rectal enema</i>	2	MO	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO	<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
LIALDA	3	MO	<i>peg-electrolyte soln</i>	2	
LINZESS	3	MO	PENTASA	3	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO	<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>mesalamine with cleansing wipe</i>	2	MO	PREPOPIK	3	MO
<i>metoclopramide hcl injection solution</i>	2	MO	<i>prochlorperazine</i>	2	MO
<i>metoclopramide hcl oral solution</i>	2	MO	<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO	<i>prochlorperazine maleate oral</i>	1	MO
<i>metoclopramide hcl oral tablet,disintegrating 10 mg</i>	2		<i>procto-pak</i>	2	MO
<i>metoclopramide hcl oral tablet,disintegrating 5 mg</i>	2	MO	<i>proctosol hc</i>	2	MO
MOVANTIK	3	MO	<i>proctozone-hc</i>	2	MO
MOVIPREP	4	MO	RECTIV	3	MO
<i>ondansetron</i>	2	B/D PA; MO	RELISTOR SUBCUTANEOUS SOLUTION	3	MO
<i>ondansetron hcl (pf) injection solution</i>	2	MO	<i>RELISTOR SUBCUTANEOUS SYRINGE</i>	3	MO
			REMICADE	5	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SANCUSO	5	MO	<i>carafate oral suspension</i>	2	MO
SUCRAID	5	MO	<i>cimetidine</i>	2	MO
<i>sulfasalazine</i>	2	MO	<i>cimetidine hcl oral</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO	DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG	4	MO; QL (30 per 30 days)
TRANSDERM-SCOP	4	MO	DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	4	MO
<i>trilyte with flavor packets</i>	2	MO	<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
UCERIS ORAL	5	MO	<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO
<i>ursodiol</i>	2	MO	<i>esomeprazole sodium</i>	2	MO
VARUBI	5	B/D PA; MO	<i>famotidine (pf)</i>	2	MO
VIOKACE	3	MO	<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 5,000- 17,000 -27,000 UNIT	3	MO	<i>famotidine oral suspension</i>	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-136,000- 218,000 UNIT	5	MO	<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<b>ULCER THERAPY</b>			<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>amoxicil-</i> <i>clarithromy-</i> <i>lansopraz</i>	2	MO; QL (112 per 30 days)	<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
			<i>misoprostol</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)	<i>ranitidine hcl oral capsule</i>	1	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO	<i>ranitidine hcl oral syrup</i>	2	MO
<i>nizatidine</i>	2	MO	<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)	<i>sucralfate oral tablet</i>	2	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO	<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	2	MO; QL (30 per 30 days)	<b>BIOTECHNOLOGY DRUGS</b>		
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	MO	ACTIMMUNE	5	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA; MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML	4	PA; MO
PYLERA	3	MO	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA; MO
rabeprazole	2	MO			
<i>ranitidine hcl injection solution 25 mg/ml</i>	2	MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; MO	INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	3	MO
ARCALYST	5	PA; MO	INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	MO
AVONEX (WITH ALBUMIN)	5	PA; MO; QL (4 per 28 days)	INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	3	MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)	LEUKINE INJECTION RECON SOLN	5	MO
AVONEX INTRAMUSCULAR SYRINGE	5	PA; MO; QL (4 per 28 days)	MOZOBIL	5	MO
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)	NEULASTA SUBCUTANEOUS SYRINGE	5	PA; MO
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)	NEUPOGEN	5	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO	NORDITROPIN FLEXPRO	5	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO	OMNITROPE	5	PA; MO
EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)	PEGASYS	5	MO; QL (4 per 28 days)
ILARIS (PF)	5	PA; MO; LA	PEGASYS PROCLICK	5	MO; QL (4 per 28 days)
			PEGINTRON	5	MO; QL (4 per 28 days)
			PEGINTRON REDIPEN	5	MO; QL (4 per 28 days)
			PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)	REBIF TITRATION PACK	5	PA; MO; QL (12 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)	SYLATRON	5	MO
ZARXIO			ZARXIO	5	PA; MO
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>					
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO	ACTHIB (PF)	3	MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO	ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULA R SUSPENSION	3	MO
PROLEUKIN	5	MO	BCG VACCINE, LIVE (PF)	3	MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)	BEXZERO (PF)	3	MO
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)	BOOSTRIX TDAP	3	MO
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)	BOTOX	3	PA; MO
			CERVARIX VACCINE (PF)	3	MO
			DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
			ENGERIX-B (PF) INTRAMUSCULA R SYRINGE	3	B/D PA; MO
			ENGERIX-B PEDIATRIC (PF) INTRAMUSCULA R SUSPENSION	3	B/D PA; MO
			ENGERIX-B PEDIATRIC (PF) INTRAMUSCULA R SYRINGE	3	B/D PA
			fomepizole	2	MO
			GAMASTAN S/D	3	MO
			GARDASIL (PF)	3	MO
			GARDASIL 9 (PF)	3	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
GRASTEK	3	PA; MO	RECOMBIVAX HB (PF)	3	B/D PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO	INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3		RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	3	MO	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO	ROTARIX	3	
IPOL INJECTION SUSPENSION	3	MO	ROTATEQ VACCINE	3	MO
IXIARO (PF)	3	MO	TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR R SOLUTION	3	MO	TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
MENOMUNE - A/C/Y/W-135 (PF)	3	MO	TETANUS-DIPHTHERIA TOXOIDS-TD	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO	THYMOGLOBULIN	5	B/D PA
M-M-R II (PF)	3	MO	TRUMENBA	3	
PEDVAX HIB (PF)	3	MO	TWINRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
PRIVIGEN	5	PA; MO	TYPHIM VI INTRAMUSCULAR SOLUTION	3	
PROQUAD (PF)	3		TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
QUADRACEL (PF)	3				
RABAVERT (PF)	3	MO			
RAGWITEK	3	MO			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE	3		<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
VARIVAX (PF)	3	MO	PROLIA	3	PA; MO
VARIZIG INTRAMUSCULAR SOLUTION	5		<i>raloxifene</i>	2	MO
YF-VAX (PF)	3	MO	<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
ZOSTAVAX (PF)	3	MO	<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>			<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<b>GOUT THERAPY</b>			<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>allopurinol</i>	1	MO	<b>OTHER RHEUMATOLOGICALS</b>		
<i>aloprim</i>	2		ACTEMRA	5	PA; MO
<i>colchicine-probenecid</i>	2	MO	BENLYSTA	5	MO
COLCRYS	3	MO	CUPRIMINE	5	MO
MITIGARE	3	MO	DEPEN	4	MO
<i>probenecid</i>	2	MO	TITRATABS		
ULORIC	3	ST; MO	<i>ENBREL SUBCUTANEOUS RECON SOLN</i>	5	PA; MO; QL (8 per 28 days)
<b>OSTEOPOROSIS THERAPY</b>			<i>ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)</i>	5	PA; MO; QL (8 per 28 days)
<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)	<i>ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)</i>	5	PA; MO; QL (4 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)	<i>ENBREL SURECLICK</i>	5	PA; MO; QL (4 per 28 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)			
FORTEO	5	PA; MO; QL (2.4 per 28 days)			
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)			
<i>ibandronate intravenous solution</i>	2	PA; MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (2.4 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (4.8 per 180 days)
HUMIRA PEN	5	PA; MO; QL (3.2 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	5	PA; MO; QL (4.8 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (3.2 per 28 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA	5	PA; MO
ORENCIA (WITH MALTOSE)	5	PA; MO
OTEZLA	5	PA; MO
OTEZLA STARTER	5	PA; MO
RIDAURA	5	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
SIMPONI	5	PA; MO
SIMPONI ARIA	5	PA; MO
XELJANZ	5	PA; MO
XELJANZ XR	5	PA
<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
<i>camila</i>	2	MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DEPO-PROVERA INTRAMUSCULA R SOLUTION	3	MO
DEPO-SUBQ PROVERA 104	4	MO
DUAVEE	3	MO
<i>errin</i>	2	MO
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	2	MO
<i>estradiol transdermal patch semiweekly</i>	2	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	MO
ESTRING	4	MO
<i>estropipate</i>	2	MO
<i>fyavolv</i>	2	
<i>jolivette</i>	2	MO
<i>lyza</i>	2	MO
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	5	
<i>medroxyprogesterone intramuscular suspension</i>	2	MO
<i>medroxyprogesterone oral</i>	2	MO
MENEST	3	MO
<i>mimvey</i>	2	MO
<i>mimvey lo</i>	2	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	MO
<i>norlyroc</i>	2	
PREMARIN ORAL	3	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<b>MISCELLANEOUS OB/GYN</b>		
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
NUVARING	4	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>amethia</i>	2	MO
<i>amethyst</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>ashlyna</i>	2	MO
<i>aubra</i>	2	MO
<i>aviane</i>	2	MO
<i>balziva (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>blisovi fe 1/20 (28)</i>	2	MO
<i>briellyn</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>delyla</i> (28)	2		<i>layolis fe</i>	2	MO
<i>desog-e.estriadiol/e.estriadiol</i>	2	MO	<i>leena 28</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO	<i>lessina</i>	2	MO
<i>emoquette</i>	2	MO	<i>levonest</i> (28)	2	MO
<i>enpresse</i>	2	MO	<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>falmina</i> (28)	2	MO	<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	2	
<i>gianvi</i> (28)	2	MO	<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>gildagia</i>	2	MO	<i>levonorg-eth estrad triphasic</i>	2	
<i>gildess 1.5/30</i> (21)	2	MO	<i>levora-28</i>	2	MO
<i>gildess 24 fe</i>	2	MO	<i>lomedia 24 fe</i>	2	MO
<i>introvale</i>	2	MO	<i>loryna</i> (28)	2	MO
<i>juleber</i>	2	MO	<i>lutera</i> (28)	2	MO
<i>junel 1.5/30</i> (21)	2	MO	<i>marlissa</i>	2	MO
<i>junel 1/20</i> (21)	2	MO	<i>microgestin 1.5/30 (21)</i>	2	MO
<i>junel fe 1.5/30</i> (28)	2	MO	<i>microgestin 1/20 (21)</i>	2	MO
<i>junel fe 1/20</i> (28)	2	MO	<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>junel fe 24</i>	2	MO	<i>microgestin fe 1/20 (28)</i>	2	MO
<i>kaitlib fe</i>	2		<i>mononessa</i> (28)	2	MO
<i>kariva</i> (28)	2	MO	<i>necon 0.5/35</i> (28)	2	MO
<i>kelnor 1/35</i> (28)	2	MO	<i>necon 1/35</i> (28)	2	MO
<i>kimidess</i> (28)	2	MO	<i>necon 1/50</i> (28)	2	MO
<i>l norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2		<i>necon 10/11</i> (28)	2	MO
<i>larin 1.5/30</i> (21)	2	MO			
<i>larin 1/20</i> (21)	2	MO			
<i>larin fe 1.5/30</i> (28)	2	MO			
<i>larin fe 1/20</i> (28)	2	MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>necon 7/7/7 (28)</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron</i>	2	MO
<i>norethindrone-e.estriadiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>ocella</i>	2	MO
<i>ogestrel (28)</i>	2	MO
<i>orsythia</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	MO
<i>portia</i>	2	MO
<i>previfem</i>	2	MO
<i>quasense</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-lo-estarrylla</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>trinessa (28)</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienna</i>	2	MO
<i>vyfemla (28)</i>	2	MO
<i>wymzyafe</i>	2	MO
<i>zenchent (28)</i>	2	MO
<i>zenchent fe</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zovia 1/50e (28)</i>	2	MO
<b>OXYTOCICS</b>		
<i>methylergonovine oral</i>	2	MO
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>bacitracin ophthalmic</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic</i>	2	MO
<i>BESIVANCE</i>	3	MO
<i>CILOXAN OPHTHALMIC OINTMENT</i>	3	MO
<i>ciprofloxacin hcl ophthalmic</i>	2	MO
<i>erythromycin ophthalmic</i>	1	MO
<i>garamycin ophthalmic drops</i>	1	
<i>gatifloxacin</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>gentak ophthalmic ointment</i>	1	MO			
<i>gentamicin ophthalmic</i>	1	MO			
<i>levofloxacin ophthalmic</i>	2	MO			
NATACYN	3	MO			
<i>neomycin-bacitracin-polymyxin</i>	2	MO			
<i>neomycin-polymyxin-gramicidin</i>	2	MO			
<i>ofloxacin ophthalmic</i>	2	MO			
<i>polymyxin b sulfate-trimethoprim</i>	1	MO			
<i>tobramycin</i>	1	MO			
TOBREX OPHTHALMIC OINTMENT	3	MO			
<b>ANTIVIRALS</b>					
<i>trifluridine</i>	2	MO			
ZIRGAN	4	MO			
<b>BETA-BLOCKERS</b>					
<i>betaxolol ophthalmic</i>	2	MO			
<i>carteolol</i>	1	MO			
<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO			
<i>metipranolol</i>	2				
<i>timolol maleate ophthalmic</i>	1	MO			
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>					
PHOSPHOLINE IODIDE	4	MO			
<b>CYCLOPLEGIC MYDRIATICS</b>					
<i>atropine ophthalmic drops</i>	2	MO			
<b>DIRECT ACTING MIOTICS</b>					
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	1	MO			
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>					
<i>azelastine ophthalmic</i>	2	MO			
BEPREVE	3	MO			
<i>cromolyn ophthalmic</i>	2	MO			
CYSTARAN	5	MO			
<i>epinastine</i>	2	MO			
LACRISERT	3	MO			
LASTACAFT	3	MO			
<i>olopatadine ophthalmic</i>	2	MO			
PATADAY	3	MO			
PAZEO	3	MO			
RESTASIS	3	MO; QL (60 per 30 days)			
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>					
<i>bromfenac</i>	2	MO			
<i>diclofenac sodium ophthalmic</i>	2	MO			
<i>flurbiprofen sodium</i>	2	MO			
ILEVRO	3	MO			
<i>ketorolac ophthalmic</i>	2	MO			
NEVANAC	3	MO			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits			
PROLENSA	3	MO	<i>dexamethasone sodium phosphate ophthalmic</i>	2	MO			
<b>ORAL DRUGS FOR GLAUCOMA</b>								
<i>acetazolamide</i>	2	MO	<i>fluorometholone</i>	2	MO			
<i>acetazolamide sodium</i>	2	MO	FML S.O.P.	3	MO			
<i>methazolamide oral</i>	2	MO	LOTEMAX	3	MO			
<b>OTHER GLAUCOMA DRUGS</b>								
<i>bimatoprost</i>	2	MO	<i>prednisolone acetate</i>	2	MO			
COMBIGAN	3	MO	<i>prednisolone sodium phosphate ophthalmic</i>	2	MO			
<i>dorzolamide</i>	2	MO	<b>STEROID-SULFONAMIDE COMBINATIONS</b>					
<i>dorzolamide-timolol</i>	2	MO	BLEPHAMIDE	4	MO			
<i>latanoprost</i>	2	MO	BLEPHAMIDE S.O.P.	4	MO			
LUMIGAN OPHTHALMIC DROPS 0.01 %	3	MO	<i>sulfacetamide-prednisolone</i>	2	MO			
SIMBRINZA	4	MO	<b>SULFONAMIDES</b>					
TRAVATAN Z	3	MO	<i>sulfacetamide sodium ophthalmic drops</i>	1	MO			
<i>travoprost (benzalkonium)</i>	2	MO	<i>sulfacetamide sodium ophthalmic ointment</i>	2	MO			
ZIOPTAN (PF)	4	ST; MO	<b>SYMPATHOMIMETICS</b>					
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>								
<i>neomycin-bacitracin-poly-hc</i>	2	MO	ALPHAGAN P OPHTHALMIC DROPS 0.1 %	3	MO			
<i>neomycin-polymyxin b-dexameth</i>	1	MO	<i>apraclonidine</i>	2	MO			
<i>neomycin-polymyxin-hc ophthalmic</i>	2	MO	<i>brimonidine</i>	1	MO			
<i>tobramycin-dexamethasone</i>	2	MO	IOPIDINE OPHTHALMIC DROPPERETTE	4	MO			
ZYLET	3	MO	<b>VASOCONSTRICTOR DECONGESTANTS</b>					
<b>STEROIDS</b>								
ALREX	3	MO	<i>naphazoline</i>	2	MO			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<b>RESPIRATORY AND ALLERGY</b>					
<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>					
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2		ADEMPAS	5	PA; MO; LA
<i>cetirizine oral solution 1 mg/ml</i>	2	MO	ADVAIR DISKUS	3	MO; QL (60 per 30 days)
<i>desloratadine</i>	2	MO; QL (30 per 30 days)	ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO	AEROSPAN	3	QL (17.8 per 30 days)
<i>diphenhydramine hcl oral elixir</i>	2	PA	<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	2	B/D PA; MO
<i>epinephrine injection auto-injector</i>	2	MO; QL (4 per 30 days)	<i>albuterol sulfate oral</i>	2	MO
EPIPEN 2-PAK	3	MO; QL (4 per 30 days)	<i>aminophylline intravenous solution 250 mg/10 ml</i>	2	
EPIPEN JR 2-PAK	3	MO; QL (4 per 30 days)	ANORO ELLIPTA	3	MO; QL (60 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO	ARCAPTA NEOHALER	3	MO; QL (30 per 30 days)
<i>levocetirizine oral solution</i>	2	MO	ARNUYITY ELLIPTA	3	MO; QL (30 per 30 days)
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)	ASMANEX HFA	3	MO; QL (13 per 30 days)
<i>promethazine injection solution</i>	2	MO	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	3	MO; QL (30 per 30 days)
<i>promethazine oral</i>	2	PA; MO			
<b>PULMONARY AGENTS</b>					
<i>acetylcysteine</i>	2	B/D PA; MO			
ADCIRCA	5	PA; MO; QL (60 per 30 days)			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	3	MO; QL (240 per 30 days)	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	3	MO; QL (60 per 30 days)	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)	FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)	FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
<i>budesonide inhalation</i>	2	B/D PA; MO	FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>budesonide nasal</i>	2	MO; QL (17.2 per 30 days)	<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
CINRYZE	5	PA; MO	<i>fluticasone nasal</i>	2	MO; QL (16 per 30 days)
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)	FORADIL AEROLIZER	3	MO; QL (60 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO	<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
DALIRESP	3	PA; MO	<i>ipratropium-albuterol</i>	2	B/D PA; MO
DULERA	3	MO; QL (13 per 30 days)	KALBITOR	5	MO
DYMISTA	3	MO; QL (23 per 30 days)			
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	MO			
ESBRIET	5	PA; QL (270 per 30 days)			
FIRAZYR	5	PA; MO			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)	PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)	PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
LETAIRIS	5	PA; MO; LA	PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	B/D PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml</i>	2	B/D PA; MO	PULMOZYME	5	B/D PA; MO
<i>metaproterenol oral</i>	2	MO	QVAR	3	MO; QL (17.4 per 30 days)
<i>mometasone nasal</i>	2	QL (34 per 30 days)	SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>montelukast</i>	2	MO	<i>sildenafil intravenous</i>	5	PA
NASONEX	3	MO; QL (34 per 30 days)	<i>sildenafil oral</i>	2	PA; MO; QL (90 per 30 days)
NUCALA	5	PA; MO; LA; QL (1 per 28 days)	SPIRIVA RESPIMAT	3	MO; QL (60 per 30 days)
OFEV	5	PA; MO; QL (60 per 30 days)	SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
OPSUMIT	5	PA; MO; LA	STRIVERDI RESPIMAT	4	MO; QL (4 per 30 days)
ORKAMBI	5	PA; MO; QL (112 per 28 days)	SYMBICORT	3	MO; QL (10.2 per 30 days)
PERFOROMIST	3	B/D PA; MO	<i>terbutaline oral</i>	2	MO
PROAIR HFA	3	MO; QL (17 per 30 days)			
PROAIR RESPICLICK	3	MO; QL (17 per 30 days)			

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

Drug Name	Drug Tier	Requirements /Limits
<i>terbutaline subcutaneous</i>	2	MO
THEO-24	4	MO
<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
TRACLEER	5	PA; MO; LA
TUDORZA PRESSAIR	3	MO; QL (1 per 30 days)
TYVASO	5	B/D PA; MO
XOLAIR	5	PA; MO; LA; QL (6 per 28 days)
<i>zafirlukast</i>	2	MO
ZYFLO	5	MO
ZYFLO CR	5	MO
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>darifenacin</i>	2	
ENABLEX	3	MO
<i>flavoxate</i>	2	MO
MYRBETRIQ	3	MO
<i>oxybutynin chloride oral</i>	2	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>trospium</i>	2	MO
VESICARE	3	MO

Drug Name	Drug Tier	Requirements /Limits
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin</i>	2	MO
AVODART	3	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
JALYN	3	MO
RAPAFLO	3	ST; MO
<i>tamsulosin</i>	1	MO
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride</i>	2	MO
<b>MISCELLANEOUS UROLOGICALS</b>		
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	3	MO; LA
ELMIRON	3	MO
<i>potassium citrate</i>	2	MO
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate oral capsule</i>	2	MO
<i>dextrose-kcl-nacl</i>	2	MO
<i>eliphos</i>	2	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	MO	<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	2	
<i>k-tab oral tablet extended release 8 meq</i>	2		<i>potassium chloride intravenous solution</i>	2	MO
<i>lactated ringers intravenous</i>	2	MO	<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>magnesium sulfate injection solution</i>	2	MO	<i>potassium chloride oral liquid</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2		<i>potassium chloride oral tablet extended release 8 meq</i>	1	MO
NORMOSOL-R IN 5 % DEXTROSE	3		<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2		<i>potassium chloride-0.45 % nacl</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO	<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2		<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2		<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO	<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ringers intravenous</i>	2		AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO	AMINOSYN-RF 5.2 %	3	B/D PA
<i>sodium chloride 3 %</i>	2	MO	CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA
<i>sodium chloride 5 %</i>	2		CLINIMIX 5%/D25W SULFITE-FREE	3	B/D PA
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	2	MO	CLINIMIX 2.75%/D5W SULFIT FREE	3	B/D PA
<i>sodium lactate intravenous</i>	2		CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>			CLINIMIX 4.25%-D20W SULF-FREE	3	B/D PA
<i>amino acids 15 %</i>	2	B/D PA	CLINIMIX 4.25%-D25W SULF-FREE	3	B/D PA
<i>AMINOSYN 7 % WITH ELECTROLYTES</i>	3	B/D PA	CLINIMIX 5%-D20W(SULFITE-FREE)	3	B/D PA
<i>AMINOSYN 8.5 %-ELECTROLYTES</i>	3	B/D PA	FREAMINE HBC 6.9 %	3	B/D PA
<i>AMINOSYN II 10 %</i>	3	B/D PA	HEPATAMINE 8%	3	B/D PA
<i>AMINOSYN II 15 %</i>	3	B/D PA	<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA; MO
<i>AMINOSYN II 7 %</i>	3	B/D PA	INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
<i>AMINOSYN II 8.5 %</i>	3	B/D PA	IONOSOL-B IN D5W	3	
<i>AMINOSYN II 8.5 %-ELECTROLYTES</i>	3	B/D PA	IONOSOL-MB IN D5W	3	
<i>AMINOSYN M 3.5 %</i>	3	B/D PA			
<i>AMINOSYN-HBC 7%</i>	3	B/D PA			
<i>AMINOSYN-PF 10 %</i>	3	B/D PA			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
NEPHRAMINE 5.4 %	3	B/D PA
NORMOSOL-R PH 7.4	3	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-56 IN 5 % DEXTROSE	3	
<i>premasol</i> 10 %	2	B/D PA; MO
PREMASOL 6 %	3	B/D PA
<i>travasol</i> 10 %	2	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
TROPHAMINE 6%	3	B/D PA
<b>VITAMINS / HEMATINICS</b>		
<i>prenatal vitamin oral tablet</i>	2	MO
<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 the beginning of this table.

# Index

<b>8</b>	
8-MOP .....	38
<b>A</b>	
abacavir .....	2
abacavir-lamivudine-zidovudine .....	2
ABELCET .....	2
ABILIFY MAINTENA .....	25
ABRAXANE .....	11
acamprosate .....	41
acarbose .....	44
acebutolol .....	33
acetaminophen-codeine .....	21
acetasol hc .....	43
acetazolamide .....	62
acetazolamide sodium .....	62
acetic acid .....	43
acetylcysteine .....	63
acitretin .....	38
ACTEMRA .....	56
ACTHIB (PF) .....	54
ACTIMMUNE .....	52
acyclovir .....	2, 40
acyclovir sodium .....	2
ADACEL(TDAP ADOLESN/ADULT)(PF) .....	54
ADAGEN .....	41
adapalene .....	38
ADCIRCA .....	63
adefovir .....	2
ADEMPAS .....	63
adrenalin .....	63
adrucil .....	11
ADVAIR DISKUS .....	63
ADVAIR HFA .....	63
AEROSPAN .....	63
afeditab cr .....	33
AFINITOR .....	11
AFINITOR DISPERZ .....	11
AGGRENOX .....	36
a-hydrocort .....	43
AKYNZEO .....	49
ala-cort .....	40
ALBENZA .....	6
albuterol sulfate .....	63
alclometasone .....	40
ALCOHOL PADS .....	44
ALDURAZYME .....	47
ALECENSA .....	11
alendronate .....	41, 56
alfuzosin .....	66
ALIMTA .....	11
ALINIA .....	6
allopurinol .....	56
almotriptan malate .....	19
aloprim .....	56
alosetron .....	49
ALOXI .....	49
ALPHAGAN P .....	62
ALREX .....	62
ALTABAX .....	39
amantadine hcl .....	2
AMBISOME .....	2
amcinonide .....	40
amethia .....	58
amethyst .....	58
amifostine crystalline .....	10
amikacin .....	6
amiloride .....	33
amiloride-hydrochlorothiazide .....	33
amino acids 15 % .....	68
aminophylline .....	63
AMINOSYN 7 % WITH ELECTROLYTES .....	68
AMINOSYN 8.5 % - ELECTROLYTES .....	68
AMINOSYN II 10 % .....	68
AMINOSYN II 15 % .....	68
AMINOSYN II 7 % .....	68
AMINOSYN II 8.5 % .....	68
AMINOSYN II 8.5 % - ELECTROLYTES .....	68
AMINOSYN M 3.5 % .....	68
AMINOSYN-HBC 7% .....	68
AMINOSYN-PF 10 % .....	68
AMINOSYN-PF 7 % (SULFITE-FREE) .....	68
AMINOSYN-RF 5.2 % .....	68
amiodarone .....	32
AMITIZA .....	49
amitriptyline .....	25
amlodipine .....	33
amlodipine-atorvastatin .....	36
amlodipine-benazepril .....	33
amlodipine-valsartan .....	33
amlodipine-valsartan-hcthiazid .....	33
ammonium lactate .....	38
amoxapine .....	25
amoxicil-clarithromy-lansopraz .....	51
amoxicillin .....	8
amoxicillin-pot clavulanate .....	8
amphotericin b .....	2
ampicillin .....	8
ampicillin sodium .....	8
ampicillin-sulbactam .....	8
AMPYRA .....	20
ANADROL-50 .....	47
anagrelide .....	41
anastrozole .....	11
ANDRODERM .....	47
ANDROGEL .....	47
ANORO ELLIPTA .....	63
apexicon e .....	40
APIDRA .....	44
APIDRA SOLOSTAR .....	44
APOKYN .....	19
apraclonidine .....	62
apri .....	58
APRISO .....	49
APTIOM .....	17
APTIVUS .....	2
ARALAST NP .....	41
aranelle (28) .....	58
ARANESP (IN POLYSORBATE) .....	52, 53
ARCALYST .....	53
ARCAPTA NEOHALER .....	63
ariPIPrazole .....	25
ARISTADA .....	25
ARNUITY ELLIPTA .....	63
ARRANON .....	11
ASACOL HD .....	49
ashlyna .....	58
ASMANEX HFA .....	63

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

ASMANEX TWISTHALER	
.....	63, 64
aspirin-dipyridamole	36
atenolol	33
atenolol-chlorthalidone	33
atorvastatin	36
atovaquone	6
atovaquone-proguanil	6
ATRIPLA	2
atropine	49, 61
ATROVENT HFA	64
AUBAGIO	20
aubra	58
AUGMENTIN	8
AVASTIN	11
aviane	58
avita	38
AVODART	66
AVONEX	53
AVONEX (WITH ALBUMIN)	53
AXIRON	47
azacitidine	11
AZACTAM IN DEXTROSE (ISO-OSM)	6
azathioprine	11
azelastine	43, 61
AZELEX	38
AZILECT	19
azithromycin	6
AZOR	33
aztreonam	6
<b>B</b>	
baciim	7
bacitracin	7, 60
bacitracin-polymyxin b	60
baclofen	20
BACTROBAN NASAL	43
balsalazide	49
balziva (28)	58
BANZEL	17
BARACLUDE	2
BCG VACCINE, LIVE (PF)	54
bekyree (28)	58
BELEODAQ	11
benazepril	33
benazepril-hydrochlorothiazide	33
BENICAR	33
BENICAR HCT	33
BENLYSTA	56
benztropine	19
BEPREVE	61
BESIVANCE	60
betamethasone dipropionate	40
betamethasone valerate	40
betamethasone, augmented	40
BETASERON	53
betaxolol	33, 61
bethanechol chloride	66
BETHKIS	7
bexarotene	11
BEXSERO (PF)	54
bicalutamide	11
BICILLIN C-R	9
BICILLIN L-A	9
BICNU	11
BIDIL	33
BILTRICIDE	7
bimatoprost	62
bisoprolol fumarate	33
bisoprolol-hydrochlorothiazide	33
bleomycin	11
BLEPHAMIDE	62
BLEPHAMIDE S.O.P.	62
blisovi 24 fe	58
blisovi fe 1.5/30 (28)	58
blisovi fe 1/20 (28)	58
BOOSTRIX TDAP	54
BOSULIF	11
BOTOX	54
BREO ELLIPTA	64
briellyn	58
BRILINTA	36
brimonidine	62
BRINTELLIX	25
bromfenac	61
bromocriptine	19
budesonide	49, 64
bumetanide	33
BUPRENEX	21
buprenorphine hcl	21
buprenorphine-naloxone	24
buproban	42
bupropion hcl	25, 26
buspirone	26
BUSULFEX	11
butorphanol tartrate	24
BUTRANS	21
BYDUREON	44
BYETTA	44
BYSTOLIC	33
<b>C</b>	
cabergoline	47
CAFERGOT	19
calcipotriene	38
calcipotriene-betamethasone	38
calcitonin (salmon)	47
calcitriol	38, 47
calcium acetate	66
camila	57
CANCIDAS	2
candesartan	33
candesartan-hydrochlorothiazide	33
CAPASTAT	7
CAPEX	40
CAPRELSA	11
captopril	33
captopril-hydrochlorothiazide	33
CARAC	38
carafate	51
CARBAGLU	41
carbamazepine	17
carbidopa	19
carbidopa-levodopa	19
carbidopa-levodopa-	
entacapone	19
carboplatin	11
carteolol	61
cartia xt	33
carvedilol	33
CAYSTON	7
cefaclor	5
cefadroxil	5
cefazolin	5
cefazolin in dextrose (iso-os)	5
cefdinir	5
cefepime	5
cefixime	5
cefotaxime	5
cefotetan	5

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

cefoxitin	5	CINRYZE	64
cefoxitin in dextrose, iso-osm	5	CIPRODEX	43
cefpodoxime	5	ciprofloxacin	9
cefprozil	5	ciprofloxacin (mixture)	9
ceftazidime	5	ciprofloxacin hcl	9, 60
ceftriaxone	5	ciprofloxacin in 5 % dextrose	9
cefuroxime axetil	5	ciprofloxacin lactate	9
cefuroxime sodium	5	cisplatin	11
celecoxib	24	citalopram	26
CELLCEPT	11	cladribine	11
CELLCEPT INTRAVENOUS	11	claravis	38
CELONTIN	18	clarithromycin	6
cephalexin	6	CLEOCIN	58
CERDELGA	47	clindamycin hcl	7
CEREZYME	47	clindamycin in 5 % dextrose	7
CERVARIX VACCINE (PF)	54	clindamycin pediatric	7
cetirizine	63	clindamycin phosphate	7, 38,
cevimeline	41	58	
CHANTIX	42	clindamycin-benzoyl peroxide	38
CHANTIX CONTINUING		CLINIMIX 5%/D15W	
MONTH BOX	42	SULFITE FREE	68
CHANTIX STARTING		CLINIMIX 5%/D25W	
MONTH BOX	42	SULFITE-FREE	68
CHEMET	41	CLINIMIX 2.75%/D5W	
CHENODAL	49	SULFIT FREE	68
chloramphenicol sod succinate	7	CLINIMIX 4.25%/D10W	
chlorhexidine gluconate	43	SULF FREE	68
chloroquine phosphate	7	CLINIMIX 4.25%/D5W	
chlorothiazide	33	SULFIT FREE	41
chlorothiazide sodium	33	CLINIMIX 4.25%-D20W	
chlorpromazine	26	SULF-FREE	68
chlorthalidone	33	CLINIMIX 4.25%-D25W	
cholestyramine light	36	SULF-FREE	68
chorionic gonadotropin, human		CLINIMIX 5%-	
	47	D20W(SULFITE-FREE)	68
CIALIS	66	clobetasol	40
ciclopirox	39	clobetasol-emollient	40
cidofovir	2	clodan	40
cilostazol	36	CLOLAR	11
CILOXAN	60	clomipramine	26
cimetidine	51	clonazepam	18
cimetidine hcl	51	clonidine	33
CIMZIA	49	clonidine hcl	26, 33
CIMZIA POWDER FOR		clopidogrel	36
RECONST	49	clorazepate dipotassium	26
		clorpres	34
		clotrimazole	2, 39
		clotrimazole-betamethasone	39
		clozapine	26
		COARTEM	7
		codeine sulfate	21
		colchicine-probenecid	56
		COLCRYS	56
		colestipol	36
		colistin (colistimethate na)	7
		cocolcort	49
		COMBIGAN	62
		COMBIVENT RESPIMAT	64
		COMETRIQ	11
		COMPLERA	3
		compro	49
		CONDYLOX	38
		constulose	49
		COPAXONE	20
		CORDRAN TAPE LARGE	
		ROLL	40
		COREG CR	34
		CORLANOR	37
		cormax	40
		CORTIFOAM	49
		cortisone	43
		CORTISPORIN-TC	43
		COSENTYX	38
		COSENTYX PEN	38
		COSMEGEN	11
		COTELLIC	11
		CREON	49
		CRESEMBA	2
		CRESTOR	36
		CRINONE	57
		CRIXIVAN	3
		cromolyn	49, 61, 64
		cryselle (28)	58
		CUBICIN	7
		CUPRIMINE	56
		cyclafem 1/35 (28)	58
		cyclafem 7/7/7 (28)	58
		CYCLOPHOSPHAMIDE	12
		CYCLOSET	44
		cyclosporine	12
		cyclosporine modified	12
		CYRAMZA	12
		CYSTADANE	49
		CYSTAGON	66
		CYSTARAN	61

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

cytarabine .....	12	dexamethasone .....	26	doxy-100 .....	10
cytarabine (pf) .....	12	dexrazoxane hcl .....	10	doxycycline hyclate .....	10
<b>D</b>		dextroamphetamine .....	26	doxycycline monohydrate ...	10
d10 %-0.45 % sodium chloride .....	41	dextroamphetamine-		dronabinol .....	49
d2.5 %-0.45 % sodium chloride .....	41	amphetamine .....	26	drospirenone-ethinyl estradiol .....	59
d5 % and 0.9 % sodium chloride .....	41	dextrose 10 % and 0.2 % nacl .....	41	<b>DROXIA</b> .....	12
d5 %-0.45 % sodium chloride .....	41	dextrose 10 % in water (d10w) .....	42	<b>DUAVEE</b> .....	57
dacarbazine .....	12	dextrose 5 % in water (d5w).42		<b>DULERA</b> .....	64
<b>DAKLINZA</b> .....	3	dextrose 5 %-lactated ringers42		duloxetine .....	26
<b>DALIRESP</b> .....	64	dextrose 5%-0.2 % sod		duramorph (pf).....	21
danazol .....	47	chloride.....	42	dutasteride.....	66
dantrolene .....	20	dextrose 5%-0.3 %		dutasteride-tamsulosin .....	66
<b>DAPSONE</b> .....	7	sod.chloride .....	42	<b>DYMISTA</b> .....	64
<b>DAPTACEL (DTAP PEDIATRIC) (PF)</b> .....	54	dextrose with sodium chloride .....	42	<b>E</b>	
<b>DARAPRIM</b> .....	7	dextrose-kcl-nacl .....	66	e.e.s. 400 .....	6
darifenacin .....	66	diazepam.....	18, 26	<b>E.E.S. GRANULES</b> .....	6
<b>DARZALEX</b> .....	12	diazepam intensol .....	26	econazole .....	39
daunorubicin.....	12	diclofenac potassium .....	24	<b>EDARBI</b> .....	34
<b>DAUNOXOME</b> .....	12	diclofenac sodium....	24, 38, 61	<b>EDARBYCLOR</b> .....	34
deblitane .....	57	diclofenac-misoprostol .....	24	<b>EDECрин</b> .....	34
decitabine .....	12	dicloxacillin .....	9	<b>EDURANT</b> .....	3
delyla (28) .....	59	didanosine.....	3	<b>EFFIENT</b> .....	36
<b>DELZICOL</b> .....	49	diflorasone .....	40	<b>ELAPRASE</b> .....	48
demeclocycline.....	10	diflunisal .....	24	eliphos.....	66
<b>DEMSER</b> .....	34	digitek .....	36	<b>ELIQUIS</b> .....	36
<b>DENAVIR</b> .....	40	digoxin.....	36	<b>ELITEK</b> .....	10
<b>DEPEN TITRATABS</b> .....	56	dihydroergotamine.....	19	<b>ELIXOPHYLLIN</b> .....	64
<b>DEPO-MEDROL</b> .....	43	<b>DILANTIN</b> 30 MG .....	18	<b>ELMIRON</b> .....	66
<b>DEPO-PROVERA</b> .....	57	diltiazem hcl .....	34	<b>EMCYT</b> .....	12
<b>DEPO-SUBQ PROVERA</b> 104 .....	57	dilt-xr .....	34	<b>EMEND</b> .....	49
desipramine .....	26	<b>DIPENTUM</b> .....	49	emoquette .....	59
desloratadine.....	63	diphenhydramine hcl .....	63	<b>EMPLICITI</b> .....	12
desmopressin .....	47	diphenoxylate-atropine .....	49	<b>EMSAM</b> .....	26
desog-e.estriadiol/e.estriadiol.	59	dipyridamole .....	36	<b>EMTRIVA</b> .....	3
desonide.....	40	disulfiram.....	42	<b>EMVERM</b> .....	7
desoximetasone .....	40	divalproex .....	18	<b>ENABLEX</b> .....	66
dexamethasone .....	43	<b>DOCEFREZ</b> .....	12	enalapril maleate.....	34
dexamethasone intensol.....	43	docetaxel.....	12	enalapril-hydrochlorothiazide .....	34
dexamethasone sodium phosphate.....	43, 62	donepezil .....	20	<b>ENBREL</b> .....	56
dexedrine .....	26	dorzolamide .....	62	<b>ENBREL SURECLICK</b> .....	56
<b>DEXILANT</b> .....	51	dorzolamide-timolol .....	62	endocet.....	21
		doxazosin.....	34	<b>ENGERIX-B (PF)</b> .....	54
		doxepin .....	26, 38	<b>ENGERIX-B PEDIATRIC (PF)</b> .....	54
		doxercalciferol.....	47	enoxaparin .....	36
		doxorubicin.....	12	enpresse .....	59

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

entacapone .....	19	etodolac .....	24	fludrocortisone.....	43
entecavir .....	3	ETOPOPHOS .....	12	flunisolide .....	64
ENTRESTO .....	37	etoposide.....	12	fluocinolone .....	40
enulose.....	49	EURAX .....	41	fluocinolone acetonide oil ....	43
epinastine.....	61	EVOTAZ .....	3	fluocinonide .....	40
epinephrine .....	63	EXELON .....	20	fluocinonide-e.....	40
EPIPEN 2-PAK .....	63	exemestane .....	12	fluorometholone .....	62
EPIPEN JR 2-PAK .....	63	EXJADE .....	42	fluorouracil .....	12, 38
epirubicin.....	12	EXTAVIA .....	53	FLUOROURACIL .....	38
epitol.....	18	F		fluoxetine .....	27
EPIVIR HBV.....	3	FABRAZYME .....	48	fluphenazine decanoate .....	27
eplerenone .....	34	falmina (28) .....	59	fluphenazine hcl.....	27
EPOGEN .....	53	famciclovir.....	3	flurbiprofen .....	24
eprosartan .....	34	famotidine.....	51	flurbiprofen sodium .....	61
EPZICOM .....	3	famotidine (pf).....	51	flutamide .....	12
ERAXIS(WATER DILUENT)	2	famotidine (pf)-nacl (iso-os)51		fluticasone.....	40, 64
ERBITUX.....	12	FANAPT .....	26, 27	fluvastatin .....	37
ergoloid.....	26	FARESTON .....	12	fluvoxamine .....	27
ERIVEDGE .....	12	FARXIGA .....	44	FML S.O.P.....	62
errin .....	57	FARYDAK.....	12	FOLOTYN .....	13
ERWINAZE .....	12	FASLODEX .....	12	fomepizole .....	54
ery pads .....	39	FAZACLO.....	27	fondaparinux .....	36
erygel.....	39	felbamate .....	18	FORADIL AEROLIZER.....	64
ery-tab.....	6	felodipine.....	34	FORFIVO XL.....	27
ERY-TAB.....	6	fenofibrate .....	37	FORTAZ.....	6
ERYTHROCIN .....	6	fenofibrate micronized .....	36	FORTEO.....	56
erythrocin (as stearate) .....	6	fenofibrate nanocrystallized .36		FORTESTA .....	48
erythromycin .....	6, 60	fenofibric acid.....	37	fortical.....	48
erythromycin ethylsuccinate ..	6	fenofibric acid (choline) .....	37	FOSAMAX PLUS D .....	56
erythromycin with ethanol ...	39	fenoprofen .....	24	fosinopril .....	34
erythromycin-benzoyl peroxide	39	fentanyl .....	21	fosinopril-hydrochlorothiazide	34
ESBRIET.....	64	fentanyl citrate .....	21	fosphenytoin .....	18
escitalopram oxalate .....	26	FERRIPROX .....	42	FREAMINE HBC 6.9 % .....	68
esomeprazole magnesium ..	51	FETZIMA.....	27	frovatriptan .....	19
esomeprazole sodium .....	51	finasteride .....	66	furosemide .....	34
ESTRACE .....	57	FIRAZYR.....	64	FUSILEV .....	11
estradiol .....	57	FIRMAGON KIT W		FUZEON .....	3
estradiol valerate .....	58	DILUENT SYRINGE .....	12	fyavolv .....	58
estradiol-norethindrone acet.	58	flavoxate .....	66	FYCOMPA .....	18
ESTRING .....	58	flecainide .....	32	G	
estropipate .....	58	FLECTOR .....	24	gabapentin.....	18
eszopiclone .....	26	FLOVENT DISKUS .....	64	GABITRIL .....	18
ethacrylate sodium.....	34	FLOVENT HFA.....	64	galantamine.....	20
ethambutol .....	7	fluconazole .....	2	GAMASTAN S/D .....	54
ethosuximide .....	18	fluconazole in dextrose(iso-o) 2		ganciclovir sodium .....	3
etidronate disodium .....	42	fluconazole in nacl (iso-osm) .2		garamycin .....	60
		flucytosine .....	2	GARDASIL (PF).....	54
		fludarabine .....	12		

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

GARDASIL 9 (PF).....	54
gatifloxacin.....	60
GATTEX ONE-VIAL.....	49
GAUZE PAD .....	44
gavilyte-c .....	49
gavilyte-g.....	49
gavilyte-h and bisacodyl.....	49
gavilyte-n.....	49
gemcitabine .....	13
gemfibrozil .....	37
generlac .....	49
gengraf.....	13
gentak .....	61
gentamicin .....	7, 39, 61
gentamicin in nacl (iso-osm) ..	7
gentamicin sulfate (pf) .....	7
GENVOYA .....	3
GEODON .....	27
gianvi (28) .....	59
gildagia .....	59
gildess 1.5/30 (21) .....	59
gildess 24 fe.....	59
GILENYA .....	20
GILOTRIF.....	13
glatopa .....	20
GLEEVEC.....	13
GLEOSTINE.....	13
glimepiride .....	44
glipizide .....	44
glipizide-metformin.....	45
GLUCAGEN HYPOKIT ....	45
GLUCAGON EMERGENCY KIT (HUMAN) .....	45
glycopyrrolate.....	49
GRALISE .....	18
GRALISE 30-DAY STARTER PACK .....	18
gransetron (pf).....	50
gransetron hcl .....	50
GRASTEK .....	55
griseofulvin microsize .....	2
griseofulvin ultramicrosize....	2
guanidine .....	27
<b>H</b>	
HALAVEN.....	13
halobetasol propionate.....	40
haloperidol.....	27
haloperidol decanoate.....	27
haloperidol lactate .....	28
HARVONI.....	3
HAVRIX (PF) .....	55
heparin (porcine) .....	36
heparin (porcine) in 5 % dex	36
HEPATAMINE 8% .....	68
HERCEPTIN .....	13
HETLIOZ .....	28
HEXALEN .....	13
HUMALOG .....	45
HUMALOG KWIKPEN .....	45
HUMALOG MIX 50-50 .....	45
HUMALOG MIX 50-50 KWIKPEN.....	45
HUMALOG MIX 75-25 .....	45
HUMALOG MIX 75-25 KWIKPEN.....	45
HUMIRA .....	57
HUMIRA PEDIATRIC CROHN'S START .....	57
HUMIRA PEN .....	57
HUMIRA PEN CROHN'S- UC-HS START .....	57
HUMULIN 70/30 .....	45
HUMULIN 70/30 KWIKPEN .....	45
HUMULIN N .....	45
HUMULIN N KWIKPEN....	45
HUMULIN R .....	45
HUMULIN R U-500 (CONC) KWIKPEN.....	45
HUMULIN R U-500 (CONCENTRATED) .....	45
hydralazine .....	34
hydrochlorothiazide .....	34
hydrocodone-acetaminophen	21
hydrocodone-ibuprofen .....	22
hydrocortisone ....	40, 41, 43, 50
hydrocortisone butyrate.....	40
hydrocortisone butyr-emollient .....	40
hydrocortisone valerate .....	41
hydrocortisone-acetic acid....	43
hydromorphone .....	22
hydromorphone (pf) .....	22
hydroxychloroquine.....	7
hydroxyurea.....	13
hydroxyzine hcl .....	63
<b>I</b>	
ibandronate .....	56
IBRANCE.....	13
ibuprofen.....	24
ibuprofen-oxycodone.....	22
ICLUSIG .....	13
idarubicin.....	13
ifosfamide .....	13
ILARIS (PF) .....	53
ILEVRO .....	61
imatinib.....	13
IMBRUVICA .....	13
imipenem-cilastatin .....	7
imipramine hcl.....	28
imipramine pamoate .....	28
imiquimod.....	38
IMOVA X RABIES VACCINE (PF) .....	55
INCRELEX .....	42
indapamide .....	34
INFANRIX (DTAP) (PF)....	55
INLYTA .....	13
INSULIN PEN NEEDLE .....	45
INSULIN SYRINGE (DISP) U-100.....	45
INTELENCE .....	3
intralipid .....	68
INTRALIPID.....	68
INTRON A .....	53
introvale .....	59
INVANZ.....	7
INVEGA .....	28
INVEGA SUSTENNA .....	28
INVEGA TRINZA .....	28
INVIRASE .....	3
INVOKAMET .....	45
INVOKANA.....	45
IONOSOL-B IN D5W .....	68
IONOSOL-MB IN D5W .....	68
IOPIDINE .....	62
IPOL .....	55
ipratropium bromide.....	43, 64
ipratropium-albuterol.....	64
irbesartan .....	34
irbesartan-hydrochlorothiazide .....	34
IRESSA .....	13
irinotecan .....	13

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

ISENTRESS .....	3
ISOLYTE-P IN 5 %	
DEXTROSE.....	69
ISOLYTE-S.....	69
isoniazid .....	7
isosorbide dinitrate .....	37
isosorbide mononitrate .....	37
isradipine .....	34
ISTODAX .....	13
itraconazole .....	2
ivermectin.....	7
IXEMPRA.....	13
IXIARO (PF).....	55
<b>J</b>	
JADENU .....	42
JAKAFI.....	13
JALYN .....	66
jantoven .....	36
JANUMET .....	45
JANUMET XR.....	45
JANUVIA.....	45
JARDIANC.....	45
JENTADUETO .....	45
JEVTANA.....	13
jolivette.....	58
juleber.....	59
junel 1.5/30 (21).....	59
junel 1/20 (21).....	59
junel fe 1.5/30 (28).....	59
junel fe 1/20 (28).....	59
junel fe 24.....	59
JUXTAPIID.....	37
<b>K</b>	
KADCYLA .....	13
kaitlib fe.....	59
KALBITOR.....	64
KALETRA .....	3
KALYDECO .....	65
KANUMA.....	48
kariva (28) .....	59
KAZANO .....	45
kelnor 1/35 (28).....	59
KEPIVANCE .....	11
KETEK.....	7
ketoconazole .....	2, 39
ketoprofen.....	24
ketorolac .....	61
KEYTRUDA .....	13

kimidess (28) .....	59
kionex .....	42
klor-con 10 .....	66
klor-con 8 .....	66
klor-con m15 .....	66
klor-con m20 .....	66
klor-con sprinkle.....	66
KOMBIGLYZE XR .....	46
KORLYM.....	48
k-tab.....	67
K-TAB.....	67
KUVAN.....	48
<b>L</b>	
l norgest/e.estriadiol-e.estrad.	59
labetalol .....	34
LACRISERT .....	61
lactated ringers .....	41, 67
lactulose.....	50
LAMISIL.....	2
lamivudine .....	3
lamivudine-zidovudine .....	3
lamotrigine.....	18
LANOXIN.....	36
lansoprazole.....	51
LANTUS .....	46
LANTUS SOLOSTAR.....	46
larin 1.5/30 (21).....	59
larin 1/20 (21).....	59
larin fe 1.5/30 (28).....	59
larin fe 1/20 (28).....	59
LASTACAFT .....	61
latanoprost .....	62
LATUDA.....	28
layolis fe .....	59
leena 28.....	59
leflunomide.....	57
LENVIMA.....	14
lessina .....	59
LETAIRIS .....	65
letrozole .....	14
leucovorin calcium .....	11
LEUKERAN .....	14
LEUKINE.....	53
leuprolide .....	14
levalbuterol hcl .....	65
LEVEMIR .....	46
LEVEMIR FLEXTOUCH ...	46
levetiracetam .....	18
<b>LEVETIRACETAM IN NACL (ISO-OS)</b> .....	18
levobunolol .....	61
levocarnitine .....	42
levocarnitine (with sugar).....	42
levocetirizine .....	63
levofloxacin .....	10, 61
levofloxacin in d5w .....	10
levoleucovorin calcium .....	11
levonest (28) .....	59
levonorgestrel-ethinyl estrad	59
levonorg-eth estrad triphasic	59
levora-28 .....	59
levorphanol tartrate.....	22
levothyroxine .....	48
levoxyl .....	48
LEXIVA .....	3
LIALDA .....	50
lidocaine .....	39
lidocaine (pf) .....	39
lidocaine hcl.....	39
lidocaine-prilocaine .....	39
lincomycin .....	7
lindane .....	41
linezolid .....	7
LINZESS .....	50
LIORESAL.....	20
liothyronine.....	48
LIPOFEN .....	37
lisinopril .....	34
lisinopril-hydrochlorothiazide .....	34
lithium carbonate .....	28
lithium citrate.....	28
LOCOID .....	41
lomedia 24 fe .....	59
LONSURF .....	14
loperamide .....	49
lorazepam .....	28
lorazepam intensol .....	28
lorcet (hydrocodone) .....	22
lorcet hd .....	22
lorcet plus .....	22
lortab 10-325 .....	22
lortab 5-325 .....	22
lortab 7.5-325 .....	22
loryna (28) .....	59
losartan .....	34

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

losartan-hydrochlorothiazide	34	
LOTEMAX	62	
lovastatin	37	
loxapine succinate	28	
LUMIGAN	62	
LUMIZYME	48	
LUPRON DEPOT	14	
LUPRON DEPOT (3 MONTH)	14	
LUPRON DEPOT (4 MONTH)	14	
LUPRON DEPOT (6 MONTH)	14	
LUPRON DEPOT-PED	14	
lutera (28)	59	
LYNPARZA	14	
LYRICA	18	
LYSODREN	14	
lyza	58	
<b>M</b>		
MACRODANTIN	10	
magnesium sulfate	67	
MAKENA	58	
malathion	41	
maprotiline	28	
marlissa	59	
MARPLAN	28	
MATULANE	14	
matzim la	34	
meclizine	50	
meclofenamate	24	
medroxyprogesterone	58	
mefenamic acid	24	
mefloquine	7	
MEGACE ES	14	
megestrol	14	
MEKINIST	14	
meloxicam	24	
melphalan hcl	14	
memantine	20	
MENACTRA (PF)	55	
MENEST	58	
MENOMUNE - A/C/Y/W-135 (PF)	55	
MENVEO A-C-Y-W-135-DIP (PF)	55	
mercaptopurine	14	
meropenem	7	
mesalamine with cleansing wipe	50	
mesna	11	
MESNEX	11	
MESTINON	20	
MESTINON TIMESPAN	21	
metadate er	28	
metaproterenol	65	
metformin	46	
methadone	22	
methamphetamine	28	
methazolamide	62	
methenamine hippurate	10	
methimazole	44	
methotrexate sodium	14	
methotrexate sodium (pf)	14	
methoxsalen rapid	38	
methyclothiazide	34	
methyldopa	34	
methylergonovine	60	
methylphenidate	28, 29	
methylprednisolone	43	
methylprednisolone acetate	43	
methylprednisolone sodium succ	43	
methyltestosterone	48	
metipranolol	61	
metoclopramide hcl	50	
metolazone	34	
metoprolol succinate	34	
metoprolol ta-hydrochlorothiaz	34	
metoprolol tartrate	34, 35	
metronidazole	7, 39, 58	
metronidazole in nacl (iso-os)	7	
mexiletine	32	
MIACALCIN	48	
miconazole-3	58	
microgestin 1.5/30 (21)	59	
microgestin 1/20 (21)	59	
microgestin fe 1.5/30 (28)	59	
microgestin fe 1/20 (28)	59	
midodrine	42	
migergot	19	
millipred	43	
mimvey	58	
mimvey lo	58	
minocycline	10	
minoxidil	35	
mirtazapine	29	
misoprostol	51	
MITIGARE	56	
mitomycin	14	
mitoxantrone	14	
M-M-R II (PF)	55	
modafinil	29	
moderiba	3	
moderiba dose pack	3	
moexipril	35	
moexipril-hydrochlorothiazide	35	
molindone	29	
mometasone	41, 65	
mononessa (28)	59	
montelukast	65	
morphine	22, 23	
morphine concentrate	22	
MOVANTIK	50	
MOVIPREP	50	
moxifloxacin	10	
MOZOBIL	53	
mupirocin	39	
mupirocin calcium	39	
MUSTARGEN	14	
MYALEPT	48	
MYCAMINE	2	
mycophenolate mofetil	14	
mycophenolate sodium	14	
myorisan	39	
MYOZYME	48	
MYRBETRIQ	66	
<b>N</b>		
nabumetone	24	
nadolol	35	
nadolol-bendroflumethiazide	35	
nafcillin	9	
nafcillin in dextrose iso-osm	9	
naftifine	39	
NAFTIN	39	
NAGLAZYME	48	
nalbuphine	24	
naloxone	24	
naltrexone	24	
NAMENDA	20	
NAMENDA XR	20	
NAMZARIC	20	

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

naphazoline.....	62	NINLARO .....	14	nystatin .....	2, 39
naproxen .....	24	NIPENT .....	14	nystatin-triamcinolone .....	39
naproxen sodium .....	24, 25	nisoldipine .....	35	nystop .....	40
naratriptan.....	19	nitro-bid .....	37	<b>O</b>	
NARCAN .....	25	nitrofurantoin .....	10	ocella.....	60
NASONEX.....	65	nitrofurantoin macrocrystal ..	10	octreotide acetate .....	15
NATACYN .....	61	nitrofurantoin monohyd/m-		ODEFSEY .....	3
nateglinide .....	46	cryst .....	10	ODOMZO.....	15
NATPARA .....	48	nitroglycerin .....	37, 38	OFEV .....	65
NEBUPENT .....	8	NITROSTAT .....	38	ofloxacin .....	10, 43, 61
necon 0.5/35 (28).....	59	nizatidine .....	52	ogestrel (28).....	60
necon 1/35 (28).....	59	nora-be .....	58	olanzapine .....	29
necon 1/50 (28).....	59	NORDITROPIN FLEXPRO 53		olanzapine-fluoxetine .....	29
necon 10/11 (28).....	59	noreth-ethinyl estradiol-iron ..	60	olopatadine .....	43, 61
necon 7/7/7 (28) .....	60	norethindrone (contraceptive)		OLYSIO .....	4
NEEDLES, INSULIN		.....	58	omeprazole .....	52
DISP.,SAFETY .....	46	norethindrone acetate .....	58	omeprazole-sodium	
nefazodone .....	29	norethindrone ac-eth estradiol		bicarbonate .....	52
neomycin .....	8	.....	58	OMNITROPE .....	53
neomycin-bacitracin-poly-hc	62	norethindrone-e.estradiol-iron		ONCASPAR .....	15
neomycin-bacitracin-		.....	60	ondansetron .....	50
polymyxin.....	61	norgestimate-ethinyl estradiol		ondansetron hcl.....	50
neomycin-polymyxin b gu ...	41	.....	60	ondansetron hcl (pf).....	50
neomycin-polymyxin b-		norlyroc .....	58	ONFI .....	18
dexameth .....	62	NORMOSOL-R IN 5 %		ONGLYZA .....	46
neomycin-polymyxin-		DEXTROSE .....	67	OPDIVO .....	15
gramicidin.....	61	NORMOSOL-R PH 7.4 .....	69	OPSUMIT .....	65
neomycin-polymyxin-hc	43, 62	NORTHERA .....	42	ORAP .....	29
NEORAL.....	14	nortrel 0.5/35 (28).....	60	ORAVIG .....	2
NEPHRAMINE 5.4 % .....	69	nortrel 1/35 (21).....	60	ORENCIA .....	57
NESINA .....	46	nortrel 1/35 (28).....	60	ORENCIA (WITH	
neuac.....	39	nortrel 7/7/7 (28) .....	60	MALTOSE) .....	57
NEULASTA.....	53	nortriptyline .....	29	ORFADIN .....	42
NEUPOGEN .....	53	NORVIR.....	3	ORKAMBI .....	65
NEUPRO.....	19	novarel .....	48	orsythia .....	60
NEVANAC .....	61	NOVOFINE 32.....	46	OTEZLA.....	57
nevirapine .....	3	NOVOLOG .....	46	OTEZLA STARTER .....	57
NEXAVAR .....	14	NOVOLOG FLEXPEN.....	46	oxacillin .....	9
NEXIUM PACKET .....	52	NOVOLOG MIX 70-30 .....	46	oxacillin in dextrose(iso-osm) .....	9
niacin .....	37	NOVOLOG MIX 70-30		oxaliplatin .....	15
nicardipine .....	35	FLEXPEN .....	46	oxandrolone .....	48
NICOTROL.....	42	NOVOLOG PENFILL .....	46	oxaprozin .....	25
NICOTROL NS.....	42	NOXAFILE.....	2	oxazepam .....	29
nifedical xl.....	35	NUCALA .....	65	oxcarbazepine .....	18
nifedipine.....	35	NUEDEXTA .....	20	oxiconazole .....	40
nikki (28).....	60	NULOJIX .....	14	oxybutynin chloride .....	66
NILANDRON .....	14	NUVARING.....	58	oxycodone .....	23
nimodipine.....	35	nyamyc .....	39	oxycodone-acetaminophen .....	23

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

oxycodone-aspirin .....	23	pilocarpine hcl .....	42, 61
OXYCONTIN .....	23	pimozide .....	29
oxymorphone.....	23	pimtrea (28) .....	60
<b>P</b>		pindolol.....	35
pacerone .....	32	pioglitazone .....	46
paclitaxel .....	15	pioglitazone-glimepiride .....	46
paliperidone .....	29	pioglitazone-metformin .....	46
pamidronate .....	48	piperacillin-tazobactam .....	9
PANDEL .....	41	pirmella.....	60
PANRETIN .....	38	piroxicam.....	25
pantoprazole .....	52	PLASMA-LYTE 148 .....	69
paricalcitol .....	48	PLASMA-LYTE A .....	69
paromomycin.....	8	PLASMA-LYTE-56 IN 5 %	
paroxetine hcl .....	29	DEXTROSE .....	69
PASER .....	8	PLEGRIDY .....	53, 54
PATADAY .....	61	podofilox .....	38
PAXIL .....	29	polyethylene glycol 3350 .....	50
PAZEO .....	61	polymyxin b sulfate .....	8
PEDVAX HIB (PF).....	55	polymyxin b sulf-trimethoprim	
peg 3350-electrolytes .....	50	.....	61
PEGANONE .....	18	POMALYST .....	15
PEGASYS .....	53	portia.....	60
PEGASYS PROCLICK .....	53	potassium chlorid-d5-	
peg-electrolyte soln .....	50	0.45% nacl .....	67
PEGINTRON .....	53	potassium chloride.....	67
PEGINTRON REDIPEN .....	53	potassium chloride in 0.9% nacl	
PENICILLIN G POT IN		.....	67
DEXTROSE .....	9	potassium chloride in 5 % dex	
penicillin g potassium.....	9	.....	67
penicillin g procaine .....	9	potassium chloride in lr-d5 .....	67
penicillin g sodium .....	9	potassium chloride-0.45 % nacl	
penicillin v potassium.....	9	.....	67
PENTAM .....	8	potassium chloride-d5-	
PENTASA .....	50	0.2% nacl .....	67
pentoxifylline .....	36	potassium chloride-d5-	
PERFOROMIST .....	65	0.3% nacl .....	67
perindopril erbumine .....	35	potassium chloride-d5-	
periogard.....	43	0.9% nacl .....	67
PERJETA .....	15	potassium citrate.....	66
permethrin .....	41	POTIGA .....	19
perphenazine.....	29	PRADAXA.....	36
phenelzine.....	29	PRALUENT PEN.....	37
phenobarbital .....	18	PRALUENT SYRINGE.....	37
phenoxybenzamine.....	35	pramipexole .....	19
phenytoin.....	19	pravastatin .....	37
phenytoin sodium .....	19	prazosin .....	35
phenytoin sodium extended..	19	prednicarbate .....	41
PHOSPHOLINE IODIDE....	61	prednisolone acetate .....	62
		prednisolone sodium phosphate	
		.....	43, 62
		prednisone.....	44
		prednisone intensol .....	44
		PREMARIN .....	58
		premasol 10 % .....	69
		PREMASOL 6 % .....	69
		prenatal vitamin oral tablet...	69
		PREPOPIK .....	50
		prevalite .....	37
		previfem.....	60
		PREZCOBIX .....	4
		PREZISTA .....	4
		PRIFTIN .....	8
		PRIMAQUINE .....	8
		primidone.....	19
		PRIMSOL.....	10
		PRISTIQ .....	30
		PRIVIGEN .....	55
		PROAIR HFA .....	65
		PROAIR RESPICLICK.....	65
		probenecid .....	56
		procainamide .....	33
		procentra .....	30
		prochlorperazine .....	50
		prochlorperazine edisylate....	50
		prochlorperazine maleate.....	50
		PROCRT .....	54
		procto-pak.....	50
		proctosol hc .....	50
		proctozone-hc .....	50
		progesterone micronized .....	58
		PROGLYCEM .....	46
		PROGRAF.....	15
		PROLASTIN-C .....	42
		PROLENSA .....	62
		PROLEUKIN .....	54
		PROLIA.....	56
		PROMACTA .....	36
		promethazine .....	63
		propafenone .....	33
		propranolol .....	35
		propranolol-hydrochlorothiazid	
		.....	35
		propylthiouracil .....	44
		PROQUAD (PF).....	55
		protriptyline .....	30
		prudoxin.....	38

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

PULMICORT	65	rexepaxin	23	sharobel	58
PULMICORT FLEXHALER	65	RESCRIPTOR	4	SIGNIFOR	15
PULMOZYME	65	RESTASIS	61	sildenafil	65
PURIXAN	15	RETROVIR	4	silver sulfadiazine	38
PYLERA	52	REVLIMID	15	SIMBRINZA	62
pyrazinamide	8	REXULTI	30	SIMPONI	57
pyridostigmine bromide	21	REYATAZ	4	SIMPONI ARIA	57
<b>Q</b>		RHEUMATREX	15	SIMULECT	15
QUADRACEL (PF)	55	ribasphere	4	simvastatin	37
quasense	60	ribasphere ribapak	4	sirolimus	15
quetiapine	30	ribavirin	4	SIRTURO	8
quinapril	35	RIDAURA	57	SKLICE	41
quinapril-hydrochlorothiazide	35	rifabutin	8	sodium chloride	42, 68
quinidine gluconate	33	rifampin	8	sodium chloride 0.45 %	68
quinidine sulfate	33	riluzole	42	sodium chloride 0.9 %	42
quinine sulfate	8	rimantadine	4	sodium chloride 3 %	68
QVAR	65	ringers	41, 68	sodium chloride 5 %	68
<b>R</b>		RIOMET	46	sodium fluoride	69
RABAVERT (PF)	55	risedronate	42, 56	sodium lactate	68
rabeprazole	52	RISPERDAL CONSTA	30	sodium phenylbutyrate	42
RAGWITEK	55	risperidone	30, 31	sodium polystyrene (sorb free)	
raloxifene	56	RITUXAN	15	42	
ramipril	35	rivastigmine	20	SOLTAMOX	15
RANEXA	37	rivastigmine tartrate	20	SOLU-CORTEF (PF)	44
ranitidine hcl	52	rizatriptan	19	SOLU-MEDROL	44
RAPAFLO	66	ropinirole	19	SOLU-MEDROL (PF)	44
RAPAMUNE	15	ROTARIX	55	SOMATULINE DEPOT	15
RAVICTI	42	ROTATEQ VACCINE	55	SOMAVERT	48
REBETOL	4	ROZEREM	31	sorine	33
REBIF (WITH ALBUMIN)	54	<b>S</b>		sotalol	33
REBIF REBIDOSE	54	SABRIL	19	sotalol af	33
REBIF TITRATION PACK	54	SAMSCA	48	SOTYLIZE	33
reclipsen (28)	60	SANCUSO	51	SOVALDI	4
RECOMBIVAX HB (PF)	55	SANDIMMUNE	15	SPIRIVA RESPIMAT	65
RECTIV	50	SANDOSTATIN LAR		SPIRIVA WITH	
REGRANEX	38	DEPOT	15	HANDIHALER	65
RELENZA DISKHALER	4	SANTYL	41	spironolactone	35
RELISTOR	50	SAPHRIS (BLACK		spironolacton-hydrochlorothiaz	
RELPAX	19	CHERRY)	31	35	
REMICADE	50	SAVELLA	57	SPORANOX	2
REMODULIN	35	selegiline hcl	19	sprintec (28)	60
RENVELA	42	selenium sulfide	38	SPRITAM	19
repaglinide	46	SELZENTRY	4	SPRYCEL	15
repaglinide-metformin	46	SENSIPAR	48	sronyx	60
REPATHA SURECLICK	37	SEREVENT DISKUS	65	ssd	38
REPATHA SYRINGE	37	SEROQUEL XR	31	stavudine	4
		sertraline	31	STELARA	38
		setlakin	60	STIMATE	48

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

STIVARGA	15	TASIGNA	16	tolazamide	47
STRATTERA	31	TAZORAC	39	tolbutamide	47
STRENSIQ	48	taztia xt	35	tolcapone	19
STREPTOMYCIN	8	TECFIDERA	20	tolmetin	25
STRIBILD	4	TECHNIVIE	4	tolterodine	66
STRIVERDI RESPIMAT	65	TEFLARO	6	topiramate	19
SUBOXONE	25	TEGRETOL XR	19	toposar	16
SUCRAID	51	telmisartan	35	topotecan	16
sucralfate	52	telmisartan-amlodipine	35	TORISEL	16
sulfacetamide sodium	62	telmisartan-hydrochlorothiazid	35	torsemide	35
sulfacetamide sodium (acne)	39	temazepam	31	TOUJEO SOLOSTAR	47
sulfacetamide-prednisolone	62	TENIVAC (PF)	55	TOVIAZ	66
sulfadiazine	10	terazosin	35	TRACLEER	66
sulfamethoxazole-trimethoprim	10	terbinafine hcl	2	TRADJENTA	47
SULFAMYLYON	39	terbutaline	65, 66	tramadol	25
sulfasalazine	51	terconazole	58	tramadol-acetaminophen	25
sulindac	25	TESTIM	48	trandolapril	35
sumatriptan	20	testosterone	48	trandolapril-verapamil	35
sumatriptan succinate	20	testosterone cypionate	48	tranexamic acid	36, 58
SUPRAX	6	testosterone enanthate	48	TRANSDERM-SCOP	51
SUPREP BOWEL PREP KIT	51	TETANUS,DIPHTHERIA		tranylcyprromine	31
SURMONTIL	31	TOX PED(PF)	55	travasol 10 %	69
SUSTIVA	4	TETANUS-DIPHTHERIA		TRAVATAN Z	62
SUTENT	16	TOXOIDS-TD	55	travoprost (benzalkonium)	62
SYLATRON	54	tetrabenazine	20	trazodone	31
SYLVANT	16	tetracycline	10	TREANDA	16
SYMBICORT	65	THALOMID	16	TRECATOR	8
SYMLINPEN 120	46	THEO-24	66	TRELSTAR	16
SYMLINPEN 60	47	theophylline	66	tretinoin	39
SYNAGIS	4	THIOLA	42	tretinoin (chemotherapy)	16
SYNAREL	48	thioridazine	31	tretinoin microspheres	39
SYNERCID	8	thiotepa	16	triamicinolone acetonide	41, 43
SYNJARDY	47	thiothixene	31	triамterene-hydrochlorothiazid	35
SYNRIBO	16	THYMOGLOBULIN	55	trianex	41
SYPRINE	42	tiagabine	19	TRIBENZOR	35
<b>T</b>		TIKOSYN	33	triderm	41
TABLOID	16	timolol maleate	35, 61	trifluoperazine	31
tacrolimus	16, 38	tinidazole	8	trifluridine	61
TAFINLAR	16	TIVICAY	4	tri-legest fe	60
TAGRISSO	16	tizanidine	21	tri-lo-estarrylla	60
TAMIFLU	4	TOBI PODHALER	8	tri-lo-sprintec	60
tamoxifen	16	tobramycin	61	trilyte with flavor packets	51
tamsulosin	66	tobramycin in 0.225 % nacl	8	trimethoprim	10
TARCEVA	16	tobramycin sulfate	8	trimipramine	31
TARGETIN	16	tobramycin-dexamethasone	62	trinessa (28)	60
tarina fe 1/20 (28)	60	TOBREX	61	tri-previfem (28)	60
		TOLAK	38	TRISENOX	16

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

tri-sprintec (28).....	60
TRIUMEQ.....	4
trivora (28).....	60
TROPHAMINE 10 % .....	69
TROPHAMINE 6% .....	69
trospium.....	66
TRUMENBA .....	55
TRUVADA .....	4
TUDORZA PRESSAIR .....	66
TWINRIX (PF) .....	55
TYGACIL .....	8
TYKERB .....	16
TYPHIM VI .....	55
TYSABRI.....	20
TYVASO.....	66
TYZEKA.....	4
TYZINE .....	43
<b>U</b>	
UCERIS.....	51
ULORIC .....	56
unithroid.....	48
UPTRAVID.....	35
ursodiol.....	51
UVADEX .....	38
<b>V</b>	
valacyclovir .....	4
VALCHLOR .....	38
VALCYTE .....	4
valganciclovir.....	4
valproate sodium .....	19
valproic acid .....	19
valproic acid (as sodium salt)	
.....	19
valsartan .....	35
valsartan-hydrochlorothiazide	
.....	35
vancomycin .....	10
vandazole.....	58
VAQTA (PF).....	56
VARIVAX (PF) .....	56
VARIZIG .....	56
VARUBI.....	51
VASCEPA.....	37
VECAMYL .....	37
VECTIBIX .....	16
VELCADE .....	16
velvet triphasic regimen (28)	
.....	60
VELTASSA.....	42
venlafaxine .....	31, 32
verapamil .....	35, 36
veripred 20.....	44
VERSACLOZ .....	32
VESICARE .....	66
vestura (28).....	60
VGO 20 .....	47
VGO 30 .....	47
VGO 40 .....	47
VIBRAMYCIN .....	10
vicodin .....	23
vicodin es.....	23
vicodin hp .....	24
VICTOZA 3-PAK .....	47
VIDEX 2 GRAM PEDIATRIC	
.....	4
VIEKIRA PAK.....	4
vienna .....	60
VIIBRYD .....	32
VIMPAT.....	19
vinblastine .....	16
vincasar pfs.....	16
vincristine .....	16
vinorelbine.....	17
VIOKACE.....	51
VIRACEPT .....	4
VIRAMUNE XR.....	5
VIRAZOLE .....	5
VIREAD .....	5
VITEKTA.....	5
VOLTAREN GEL.....	25
voriconazole .....	2
VOTRIENT .....	17
VRAYLAR.....	32
vyfemla (28) .....	60
<b>W</b>	
warfarin .....	36
water for irrigation, sterile....	42
wymzya fe .....	60
<b>X</b>	
XALKORI.....	17
XARELTO .....	36
XELJANZ .....	57
XELJANZ XR.....	57
XENAZINE .....	20
XERESE.....	40
XGEVA .....	11
XIFAXAN .....	8
XIGDUO XR.....	47
XOLAIR .....	66
XTANDI .....	17
xulane .....	58
XYREM.....	32
<b>Y</b>	
YERVOY .....	17
YF-VAX (PF).....	56
<b>Z</b>	
zafirlukast .....	66
zaleplon.....	32
ZALTRAP .....	17
zamicet.....	24
ZANOSAR .....	17
ZARXIO .....	54
ZAVESCA.....	48
ZELBORAF .....	17
ZEMPLAR .....	48
zenatane .....	39
zenchent (28) .....	60
zenchent fe .....	60
ZENPEP .....	51
zenzedi.....	32
ZENZEDI .....	32
ZETIA.....	37
ZIAGEN .....	5
zidovudine .....	5
ZIOPTAN (PF).....	62
ziprasidone hcl.....	32
ZIRGAN .....	61
ZMAX .....	6
zoledronic acid.....	48
zoledronic acid-mannitol-water	
.....	42
ZOLINZA.....	17
zolmitriptan.....	20
zolpidem .....	32
zonisamide .....	19
ZONTIVITY .....	36
ZORTRESS .....	17
ZOSTAVAX (PF) .....	56
ZOSYN IN DEXTROSE (ISO- OSM) .....	9
zovia 1/35e (28).....	60
zovia 1/50e (28).....	60
ZOVIRAX .....	40
ZYCLARA .....	38

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

ZYDELIG.....	17	ZYKADIA.....	17	ZYTIGA .....	17
ZYFLO .....	66	ZYLET .....	62	ZYVOX .....	8
ZYFLO CR.....	66	ZYPREXA RELPREVV .....	32		

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

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

**POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

This formulary was updated on 06/01/2016. This information is available for free in other languages. For more recent information or other questions, please contact Amida Care Member Services at 1-888-963-7092 or, for TTY users, 711, 8 am to 8 pm, Monday - Friday (every day October to February), or visit [www.AmidaCareNY.org](http://www.AmidaCareNY.org). Formulary may change at any time. You will receive notice when necessary.

Este vademécum fue actualizado el 01/06/2016. Esta información se encuentra disponible en forma gratuita en otros idiomas. Para acceder a información más reciente y si tiene otras preguntas, comuníquese con el Departamento de Servicios al Miembro de Amida Care al 1-888-963-7092 o, para usuarios de TTY, 711, De 8 a.m. a 8 p.m., de lunes a viernes (todos los días de octubre a febrero) o puede visitar [www.AmidaCareNY.org](http://www.AmidaCareNY.org). El vademécum puede cambiar en cualquier momento. Usted recibirá una notificación de ser necesario.

*Amida Care (HMO) is a not-for-profit health plan with a Medicare Contract.  
Enrollment in Amida Care depends on contract renewal.*

*Amida Care (HMO) es un plan de salud sin fines de lucro con contrato con Medicare.  
La inscripción en Amida Care depende de la renovación del contrato.*