

2020

Drug List (Formulary)

CareOregon Advantage **Plus** (HMO-POS SNP)

For Oregon counties: Clackamas, Columbia, Jackson,
Multnomah, Tillamook and Washington

CareOregon Advantage Plus HMO-POS SNP

2020 Formulary

(List of Covered Drugs)

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

H5859_PH0027_C
FORMULARY ID 00020573, VERSION 26

This formulary was updated on December 1, 2020. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 888-712-3258 or, for TTY/TDD users, 711, 8 a.m. to 8 p.m., daily, or visit [careoregonadvantage.org/pharmacy](https://www.careoregonadvantage.org/pharmacy).

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Health Plan of CareOregon, Inc. When it refers to “plan” or “our plan,” it means CareOregon Advantage Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2020. 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, 2021, and from time to time during the year.

What is the CareOregon Advantage Plus Formulary?

A formulary is a list of covered drugs selected by CareOregon Advantage Plus 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. CareOregon Advantage Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareOregon Advantage Plus 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?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CareOregon Advantage Plus Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CareOregon Advantage Plus Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of December 1, 2020. To get updated information about the drugs covered by CareOregon Advantage Plus, please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year, non-maintenance changes to our formulary that affect you, they will be captured in our online formulary, which is updated on the first of each month throughout the plan year.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 71. 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?

CareOregon Advantage Plus 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:** CareOregon Advantage Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, CareOregon Advantage Plus limits the amount of the drug that we will cover. For example, we provide 9 tablets per prescription for sumatriptan succinate tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareOregon Advantage Plus 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online 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 us 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 CareOregon Advantage Plus formulary?" on the next page 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 Customer Service and ask if your drug is covered.

If you learn that we do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CareOregon Advantage Plus.
- You can ask us 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 CareOregon Advantage Plus Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit 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, we will only approve your request for an exception if the alternative drugs included on the plan's formulary 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 or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 108 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 (or a 31-day supply if you reside in a long-term care facility). If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication (or a 31-day supply if you reside in a long-term care facility). 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 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you transition from one level of care to another, for example, if you are discharged from a hospital or change hospice status, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.

For more information

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

If you have questions about CareOregon Advantage Plus, 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 877-486-2048. Or, visit <http://www.medicare.gov>.

CareOregon Advantage Plus's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by CareOregon Advantage Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 71.

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

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

List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This 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 Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 888-712-3258, 8 a.m. to 8 p.m., daily. TTY/TDD users should call 711.

MO: Mail Order Pharmacy. This drug is also available through one of our mail order pharmacies.

NDS: Non-extended Day Supply. This drug is limited to a 30-day supply.

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

QL: Quantity Limit. The drug has a maximum quantity limit for each prescription.

ST: Step Therapy. In some cases, CareOregon Advantage 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.

Discrimination is Against the Law

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

CareOregon Advantage:

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

If you need these services, contact CareOregon Advantage Customer Service

If you believe that CareOregon Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Coordinator

315 SW Fifth Ave

Portland, OR 97204

Toll-free: 888-712-3258

TTY/TDD: 711

Fax: 503-416-1313

Email: MedicareEnrollmentServices@careoregon.org

You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, Customer Service is available to help you.

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

800-368-1019, (TDD) 800-537-7697

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

Drug Name	Drug Tier	Requirements/Limits*
Anti-infective Agents		
<i>Anthelmintics</i>		
<i>albendazole tablet</i>	1	
<i>emverm</i>	1	
<i>ivermectin tablet</i>	1	
<i>praziquantel tablet</i>	1	
<i>Antibacterials</i>		
<i>amikacin sulfate injection 500mg/2ml</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>ampicillin sodium injection</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin capsule 500mg</i>	1	
ARIKAYCE	2	QL (8.4 ML per 1 days) PA (Arikayce)
AZACTAM IN ISO-OSMOTIC DEXTROSE INJECTION 1GM/50ML; 0, 2GM/50ML; 0	2	
AZACTAM INJECTION 1GM, 2GM	2	
<i>azithromycin suspension reconstituted, tablet</i>	1	
<i>azithromycin injection 500mg</i>	1	
<i>aztreonam</i>	1	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	2	
CAYSTON	2	QL (84 ML per 28 days) PA (cayston) LA
<i>cefaclor capsule</i>	1	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%</i>	1	
<i>cefazolin sodium injection 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hydrochloride injection 1gm, 2gm</i>	1	
<i>cefepime/dextrose</i>	1	
<i>cefepime injection 1gm, 2gm</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime/dextrose</i>	1	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>ceftriaxone/dextrose</i>	1	
<i>cefuroxime axetil tablet</i>	1	
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg, 75gm</i>	1	
<i>cephalexin capsule, suspension reconstituted</i>	1	
<i>chloramphenicol sodium succinate</i>	1	
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin injection 200mg/20ml, 400mg/40ml</i>	1	
<i>ciprofloxacin suspension reconstituted 500mg/5ml</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin suspension reconstituted, tablet</i>	1	
<i>clindamycin</i>	1	
<i>clindamycin hcl capsule</i>	1	
<i>clindamycin hydrochloride capsule 150mg</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate add-vantage injection 900mg/6ml</i>	1	
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate injection 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 900mg/6ml, 9gm/60ml</i>	1	
<i>colistimethate sodium injection</i>	1	
DAPTOMYCIN INJECTION 350MG	2	
<i>daptomycin injection 500mg</i>	1	
<i>dicloxacillin sodium</i>	1	
DORIPENEM INJECTION 250MG	2	
<i>doxy 100</i>	1	
<i>doxycycline hyclate capsule, injection</i>	1	
<i>doxycycline hyclate tablet 100mg, 20mg</i>	1	
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	1	
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	1	
<i>doxycycline suspension reconstituted</i>	1	
<i>e.e.s. 400 tablet</i>	1	
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>ery-tab</i>	1	
<i>erythrocin lactobionate injection 500mg</i>	1	
<i>erythrocin stearate tablet 250mg</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted, tablet</i>	1	
<i>erythromycin capsule delayed release particles 250mg</i>	1	
FIRVANQ	2	
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 0.8mg/ml; 0.9%, 1.2mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate injection 10mg/ml, 40mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>imipenem/cilastatin</i>	1	
INVANZ	2	
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	
<i>lincomycin hcl injection</i>	1	
<i>linezolid suspension reconstituted, tablet</i>	1	
<i>linezolid injection 600mg/300ml</i>	1	
<i>meropenem</i>	1	
MEROPENEM/SODIUM CHLORIDE INJECTION 1GM/50ML; 0.9%	2	
<i>meropenem/sodium chloride injection 500mg; 0.9%</i>	1	
<i>minocycline hcl capsule 75mg</i>	1	
<i>minocycline hcl tablet</i>	1	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	
<i>mondoxyne nl capsule 100mg, 75mg</i>	1	
<i>morgidox 1x100mg capsule</i>	1	
<i>morgidox 1x50mg</i>	1	
<i>morgidox 2x100mg capsule</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	
NAFCILLIN	2	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>neomycin sulfate tablet</i>	1	
<i>okebo</i>	1	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	2	
<i>oxacillin sodium injection 10gm, 1gm</i>	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/ tazobactam sodium</i>	1	
<i>piperacillin sodium/tazobactam</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
<i>piperacillin/tazobactam injection 12gm; 1.5gm, 36gm; 4.5gm</i>	1	
SIVEXTRO	2	
<i>streptomycin sulfate injection 1gm</i>	1	
<i>sulfadiazine tablet</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfasalazine tablet, tablet delayed release</i>	1	MO
<i>sulfatrim pediatric</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>suprax tablet chewable</i>	1	
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	2	
SYNERCID INJECTION 350MG; 150MG	2	
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO	2	
<i>tetracycline hydrochloride capsule</i>	1	
<i>tigecycline</i>	1	PA (tygacil)
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>tobramycin nebulization solution 300mg/5ml</i>	1	QL (280 ML per 56 days) B/D
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	2	
<i>vancomycin hcl injection 10gm</i>	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1GM/200ML, 5%; 500MG/100ML, 5%; 750MG/150ML	2	
VANCOMYCIN HYDROCHLORIDE/SODIUM CHLORIDE INJECTION 0.9%; 750MG/150ML	2	
<i>vancomycin hydrochloride capsule, oral solution reconstituted</i>	1	
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1500MG/300ML, 250MG	2	
<i>vancomycin hydrochloride injection 1gm, 500mg/100ml, 500mg, 5gm, 750mg</i>	1	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	2	
<i>vancomycin injection 2000mg/400ml</i>	1	
XENLETA INJECTION	2	PA (XENLETA)
XENLETA TABLET	2	QL (2 EA per 1 days) PA (XENLETA)
XIFAXAN TABLET 550MG	2	MO
ZERBAXA	2	
ZOSYN INJECTION 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	2	
Antifungals		
ABELCET	2	B/D
AMBISOME	2	B/D
<i>amphotericin b injection</i>	1	B/D
<i>casposfungin acetate</i>	1	
CRESEMBA	2	PA (Cresemba)
ERAXIS	2	
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	1	
<i>fluconazole in nacl injection 200mg/100ml; 0.9%</i>	1	
<i>fluconazole in sodium chloride injection 400mg/200ml; 0.9%</i>	1	
<i>fluconazole suspension reconstituted, tablet</i>	1	
<i>flucytosine capsule</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>itraconazole capsule</i>	1	
<i>ketoconazole tablet 200mg</i>	1	
<i>micafungin</i>	1	
NOXAFIL INJECTION, SUSPENSION	2	PA (Noxafil) MO
<i>nystatin suspension 100000unit/ml</i>	1	
<i>nystatin tablet 500000unit</i>	1	
<i>posaconazole dr</i>	1	PA (Noxafil) MO
<i>terbinafine hcl tablet</i>	1	
<i>voriconazole injection, suspension reconstituted, tablet</i>	1	
<i>Antimycobacterials</i>		
CAPASTAT SULFATE	2	
<i>cycloserine capsule</i>	1	
<i>dapsone tablet</i>	1	MO
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid injection</i>	1	
<i>isoniazid syrup, tablet</i>	1	MO
<i>paser</i>	1	
PRETOMANID	2	QL (1 EA per 1 days) PA (Pretomanid)
PRIFTIN	2	
<i>pyrazinamide tablet</i>	1	
<i>rifabutin</i>	1	
<i>rifampin capsule, injection</i>	1	
RIFATER	2	
SIRTURO	2	PA (sirturo)
TRECTOR	2	
<i>Antiprotozoals</i>		
ALINIA	2	PA (alinia)
<i>atovaquone/proguanil hcl</i>	1	
<i>atovaquone suspension</i>	1	
BENZNIDAZOLE	2	PA (Benznidazole)
<i>chloroquine phosphate tablet</i>	1	MO
COARTEM	2	
<i>hydroxychloroquine sulfate tablet</i>	1	MO
KRINTAFEL	2	
<i>mefloquine hcl</i>	1	MO
<i>metronidazole in nacl 0.79%</i>	1	
METRONIDAZOLE INJECTION 5MG/ML	2	
<i>metronidazole injection 500mg/100ml; 0.74%, 500mg/100ml; 0.79%</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>paromomycin sulfate capsule</i>	1	
<i>pentam 300</i>	1	
<i>pentamidine isethionate injection</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
<i>primaquine phosphate tablet</i>	1	
<i>pyrimethamine tablet</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>quinine sulfate capsule 324mg</i>	1	QL (42 EA per 30 days) PA (quinine sulfate)
<i>tinidazole tablet</i>	1	ST (tinidazole #2)
Antivirals		
<i>abacavir</i>	1	MO
<i>abacavir sulfate</i>	1	MO
<i>abacavir sulfate/lamivudine</i>	1	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	1	MO
<i>acyclovir sodium injection 50mg/ml</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	
<i>acyclovir suspension 200mg/5ml</i>	1	
<i>acyclovir tablet 400mg, 800mg</i>	1	
<i>adefovir dipivoxil</i>	1	QL (1 EA per 1 days) MO
APTIVUS	2	MO
<i>atazanavir</i>	1	MO
<i>atazanavir sulfate</i>	1	MO
ATRIPLA	2	MO
BARACLUDE SOLUTION	2	MO
BIKTARVY	2	MO
<i>cidofovir</i>	1	
CIMDUO	2	MO
COMPLERA	2	MO
CRIXIVAN CAPSULE 200MG, 400MG	2	MO
DELSTRIGO	2	MO
DESCOVY	2	MO
<i>didanosine</i>	1	MO
DOVATO	2	MO
EDURANT	2	MO
<i>efavirenz</i>	1	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine/tenofovir disoproxil fumarate</i>	1	MO
EMTRIVA SOLUTION	2	MO
<i>entecavir</i>	1	MO
EPIVIR HBV SOLUTION	2	MO
EVOTAZ	2	MO
<i>famciclovir tablet</i>	1	
<i>fosamprenavir calcium</i>	1	
FUZEON	2	MO
<i>ganciclovir injection 500mg</i>	1	B/D
GENVOYA	2	MO
INTELENCE	2	MO
INVIRASE	2	MO
ISENTRESS	2	MO
ISENTRESS HD	2	MO
JULUCA	2	MO

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

Drug Name	Drug Tier	Requirements/Limits*
KALETRA TABLET	2	MO
<i>lamivudine</i>	1	MO
<i>lamivudine/zidovudine</i>	1	MO
LEDIPASVIR/SOFOSBUVIR	2	QL (1 EA per 1 days) PA (Ledipasvir/Sofosbuvir)
LEXIVA SUSPENSION	2	MO
<i>lopinavir/ritonavir</i>	1	MO
MAVYRET	2	QL (3 EA per 1 days) PA (Mavyret)
<i>moderiba tablet</i>	1	PA (Oral Ribavirin)
<i>nevirapine</i>	1	MO
<i>nevirapine er</i>	1	MO
NORVIR CAPSULE, PACKET, SOLUTION	2	MO
ODEFSEY	2	MO
<i>oseltamivir phosphate capsule, suspension reconstituted</i>	1	
PEGASYS	2	QL (4 ML per 28 days) PA (Pegasys)
PEGASYS PROCLICK	2	QL (4 ML per 28 days) PA (Pegasys)
PIFELTRO	2	MO
PLEGRIDY	2	QL (1 ML per 28 days) MO
PLEGRIDY STARTER PACK	2	QL (1 ML per 180 days)
PREVYMIS INJECTION	2	PA (Prevymis)
PREVYMIS TABLET 240MG	2	PA (Prevymis)
PREVYMIS TABLET 480MG	2	QL (1 EA per 1 days) PA (Prevymis)
PREZCOBIX	2	MO
PREZISTA SUSPENSION	2	MO
PREZISTA TABLET 150MG, 600MG, 75MG, 800MG	2	MO
RELENZA DISKHALER	2	
RESCRIPTOR	2	MO
RETROVIR IV INFUSION	2	
REYATAZ PACKET	2	MO
<i>ribasphere capsule</i>	1	PA (Oral Ribavirin)
<i>ribavirin capsule</i>	1	PA (Oral Ribavirin)
<i>ribavirin tablet 200mg</i>	1	PA (Oral Ribavirin)
<i>rimantadine hydrochloride</i>	1	
<i>ritonavir</i>	1	MO
RUKOBIA	2	QL (2 EA per 1 days)
SELZENTRY	2	MO
SOFOSBUVIR/VELPATASVIR	2	QL (1 EA per 1 days) PA (Sofosbuvir/Velpatasvir)
<i>stavudine</i>	1	MO
STRIBILD	2	MO
SYMFI	2	MO
SYMFI LO	2	
SYMTUZA	2	MO
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	2	PA (Synagis)
TEMIXYS	2	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY	2	MO
TIVICAY PD	2	QL (6 EA per 1 days) MO
TRIUMEQ	2	MO
TRUVADA	2	MO
<i>valacyclovir hcl tablet 1gm</i>	1	
<i>valacyclovir hydrochloride tablet 500mg</i>	1	
<i>valganciclovir</i>	1	MO
<i>valganciclovir hydrochloride</i>	1	MO
VIDEX EC CAPSULE DELAYED RELEASE 125MG	2	MO
VIDEX PEDIATRIC	2	MO
VIRACEPT	2	MO
VIREAD POWDER	2	MO
VIREAD TABLET 150MG, 200MG, 250MG	2	MO
VOSEVI	2	QL (1 EA per 1 days) PA (Vosevi)
ZERIT SOLUTION RECONSTITUTED	2	MO
<i>zidovudine</i>	1	MO
Urinary Anti-infectives		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>trimethoprim tablet</i>	1	
Antihistamine Drugs		
First Generation Antihistamines		
<i>clemastine fumarate tablet 2.68mg</i>	1	
<i>diphenhydramine hcl injection 50mg/ml</i>	1	
<i>diphenhydramine hydrochloride injection</i>	1	
<i>phenadoz</i>	1	
<i>promethazine hcl plain</i>	1	
<i>promethazine hcl injection, suppository</i>	1	
<i>promethazine hcl syrup</i>	1	MO
<i>promethazine hcl tablet 12.5mg</i>	1	
<i>promethazine hydrochloride injection</i>	1	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>promethazine vc plain solution</i>	1	
<i>promethazine/phenylephrine</i>	1	
Second Generation Antihistamines		
<i>desloratadine</i>	1	
<i>levocetirizine dihydrochloride tablet</i>	1	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate</i>	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
ABRAXANE	2	PA (Cancer Drugs, new starts only)
<i>adriamycin injection 2mg/ml</i>	1	PA (Cancer Drugs, new starts only)
<i>adrucil injection 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	PA (Cancer Drugs, new starts only)

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

Drug Name	Drug Tier	Requirements/Limits*
AFINITOR DISPERZ	2	PA (Cancer Drugs, new starts only)
AFINITOR TABLET 10MG	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ALECENSA	2	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
ALIMTA	2	PA (Cancer Drugs, new starts only)
ALIQOPA	2	PA (Cancer Drugs, new starts only)
ALUNBRIG TABLET THERAPY PACK	2	PA (Cancer Drugs, new starts only)
ALUNBRIG TABLET 90MG	2	PA (Cancer Drugs, new starts only)
ALUNBRIG TABLET 180MG	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ALUNBRIG TABLET 30MG	2	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
ARRANON	2	PA (Cancer Drugs, new starts only)
<i>arsenic trioxide injection</i>	1	
AVASTIN	2	PA (Cancer Drugs, new starts only)
AYVAKIT TABLET 100MG	2	PA (Cancer Drugs, new starts only)
AYVAKIT TABLET 200MG, 300MG	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>azacitidine</i>	1	
BALVERSA TABLET 4MG, 5MG	2	PA (Cancer Drugs, new starts only)
BALVERSA TABLET 3MG	2	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
BAVENCIO	2	PA (Cancer Drugs, new starts only)
BELEODAQ	2	PA (Cancer Drugs, new starts only)
<i>bexarotene</i>	1	PA (Cancer Drugs, new starts only)
<i>bicalutamide</i>	1	
<i>bleomycin sulfate injection 30unit</i>	1	B/D
<i>bleomycin injection 30unit</i>	1	B/D
BORTEZOMIB	2	PA (Cancer Drugs, new starts only)
BOSULIF	2	PA (Cancer Drugs, new starts only)
BRAFTOVI CAPSULE 50MG	2	PA (Cancer Drugs, new starts only)
BRAFTOVI CAPSULE 75MG	2	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
BRUKINSA	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>busulfan</i>	1	PA (Cancer Drugs, new starts only)
CABOMETYX TABLET 20MG, 40MG	2	PA (Cancer Drugs, new starts only) LA
CABOMETYX TABLET 60MG	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
CALQUENCE	2	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
CAPRELSA TABLET 100MG	2	PA (Cancer Drugs, new starts only) LA
CAPRELSA TABLET 300MG	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA

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

Drug Name	Drug Tier	Requirements/Limits*
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	
<i>carmustine</i>	1	PA (Cancer Drugs, new starts only)
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
<i>cladribine</i>	1	B/D
<i>clofarabine</i>	1	PA (Cancer Drugs, new starts only)
COMETRIQ	2	PA (Cancer Drugs, new starts only)
COPIKTRA CAPSULE 15MG	2	PA (Cancer Drugs, new starts only)
COPIKTRA CAPSULE 25MG	2	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
COTELLIC	2	QL (63 EA per 28 days) PA (Cancer Drugs, new starts only)
<i>cyclophosphamide capsule</i>	1	B/D
CYRAMZA	2	PA (Cancer Drugs, new starts only)
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	1	B/D
<i>dacarbazine injection 200mg</i>	1	PA (Cancer Drugs, new starts only)
<i>dactinomycin</i>	1	PA (Cancer Drugs, new starts only)
DARZALEX	2	PA (Cancer Drugs, new starts only)
DARZALEX FASPRO	2	PA (Cancer Drugs, new starts only)
<i>daunorubicin hydrochloride injection 20mg/4ml</i>	1	PA (Cancer Drugs, new starts only)
DAURISMO TABLET 25MG	2	PA (Cancer Drugs, new starts only)
DAURISMO TABLET 100MG	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>decitabine</i>	1	
DOCETAXEL INJECTION 20MG/ML	2	PA (Cancer Drugs, new starts only)
<i>docetaxel injection 160mg/16ml, 160mg/8ml, 200mg/10ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	1	PA (Cancer Drugs, new starts only)
<i>doxorubicin hcl injection 10mg, 2mg/ml, 50mg</i>	1	PA (Cancer Drugs, new starts only)
<i>doxorubicin hydrochloride liposomal</i>	1	PA (Cancer Drugs, new starts only)
<i>doxorubicin hydrochloride liposome</i>	1	PA (Cancer Drugs, new starts only)
DROXIA	2	MO
EMCYT	2	
EMPLICITI	2	PA (Cancer Drugs, new starts only)
<i>epirubicin hcl injection 200mg/100ml</i>	1	
ERBITUX INJECTION 100MG/50ML	2	PA (Cancer Drugs, new starts only)
ERIVEDGE	2	PA (Cancer Drugs, new starts only) LA
ERLEADA	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	1	PA (Cancer Drugs, new starts only)
<i>erlotinib hydrochloride tablet 150mg</i>	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ERWINAZE	2	PA (Cancer Drugs, new starts only)
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>everolimus tablet 2.5mg, 5mg, 7.5mg</i>	1	PA (Cancer Drugs, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits*
FARYDAK	2	PA (Cancer Drugs, new starts only)
<i>fludarabine phosphate injection 50mg</i>	1	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	PA (Cancer Drugs, new starts only)
<i>flutamide</i>	1	
FOLOTYN	2	PA (Cancer Drugs, new starts only)
FULVESTRANT	1	PA (Cancer Drugs, new starts only)
GAVRETO	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>gemcitabine</i>	1	
<i>gemcitabine hcl</i>	1	
<i>gemcitabine hydrochloride</i>	1	
GILOTRIF	2	PA (Cancer Drugs, new starts only) LA
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	2	
HALAVEN	2	PA (Cancer Drugs, new starts only)
<i>hydroxyurea capsule</i>	1	
IBRANCE CAPSULE 100MG, 75MG	2	PA (Cancer Drugs, new starts only)
IBRANCE CAPSULE 125MG	2	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
IBRANCE TABLET 100MG, 75MG	2	PA (Cancer Drugs, new starts only)
IBRANCE TABLET 125MG	2	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
ICLUSIG	2	PA (Cancer Drugs, new starts only) LA
<i>idarubicin hcl</i>	1	PA (Cancer Drugs, new starts only)
<i>idarubicin hydrochloride</i>	1	PA (Cancer Drugs, new starts only)
IDHIFA TABLET 50MG	2	PA (Cancer Drugs, new starts only)
IDHIFA TABLET 100MG	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>ifosfamide injection 1gm</i>	1	
<i>imatinib mesylate</i>	1	PA (Cancer Drugs, new starts only)
IMBRUVICA CAPSULE	2	PA (Cancer Drugs, new starts only) LA
IMBRUVICA TABLET 280MG, 420MG	2	PA (Cancer Drugs, new starts only) LA
IMBRUVICA TABLET 560MG	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
IMFINZI	2	PA (Cancer Drugs, new starts only)
INLYTA	2	PA (Cancer Drugs, new starts only) LA
INQOVI	2	QL (5 EA per 28 days) PA (Cancer Drugs, new starts only)
INREBIC	2	QL (4 EA per 1 days) PA (Inrebic, new starts only)
INTRON A	2	PA (interferon alfa-2b, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits*
INTRON A W/DILUENT	2	PA (interferon alfa-2b, new starts only) MO
IRESSA	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
<i>irinotecan hcl</i>	1	
<i>irinotecan hydrochloride injection 100mg/5ml, 40mg/2ml</i>	1	
<i>irinotecan injection 100mg/5ml, 40mg/2ml</i>	1	
ISTODAX	2	PA (Cancer Drugs, new starts only)
ISTODAX (OVERFILL)	2	PA (Cancer Drugs, new starts only)
JAKAFI	2	PA (Cancer Drugs, new starts only)
JEVTANA	2	PA (Cancer Drugs, new starts only)
KEYTRUDA INJECTION 100MG/4ML	2	PA (Cancer Drugs, new starts only)
KISQALI TABLET THERAPY PACK 200MG	2	PA (Cancer Drugs, new starts only)
KISQALI TABLET THERAPY PACK 200MG	2	QL (63 EA per 28 days) PA (Cancer Drugs, new starts only)
KOSELUGO CAPSULE 25MG	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
KOSELUGO CAPSULE 10MG	2	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
KYPROLIS	2	PA (Cancer Drugs, new starts only)
<i>lapatinib ditosylate</i>	1	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
LARTRUVO	2	PA (Cancer Drugs, new starts only)
LENVIMA 10 MG DAILY DOSE	2	PA (Cancer Drugs, new starts only)
LENVIMA 12MG DAILY DOSE	2	PA (Cancer Drugs, new starts only)
LENVIMA 14 MG DAILY DOSE	2	PA (Cancer Drugs, new starts only)
LENVIMA 18 MG DAILY DOSE	2	PA (Cancer Drugs, new starts only)
LENVIMA 20 MG DAILY DOSE	2	PA (Cancer Drugs, new starts only)
LENVIMA 24 MG DAILY DOSE	2	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 4 MG DAILY DOSE	2	PA (Cancer Drugs, new starts only)
LENVIMA 8 MG DAILY DOSE	2	PA (Cancer Drugs, new starts only)
LEUKERAN	2	
LIBTAYO	2	PA (Cancer Drugs, new starts only)
LONSURF TABLET 6.14MG; 15MG	2	PA (Cancer Drugs, new starts only)
LONSURF TABLET 8.19MG; 20MG	2	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
LORBRENA TABLET 25MG	2	PA (Cancer Drugs, new starts only)
LORBRENA TABLET 100MG	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
LUMOXITI	2	PA (Cancer Drugs, new starts only)
LYNPARZA CAPSULE	2	QL (16 EA per 1 days) PA (Cancer Drugs, new starts only)
LYNPARZA TABLET 100MG	2	PA (Cancer Drugs, new starts only)
LYNPARZA TABLET 150MG	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
LYSODREN	2	

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

Drug Name	Drug Tier	Requirements/Limits*
MATULANE	2	
MEKINIST	2	PA (Cancer Drugs, new starts only)
MEKTOVI	2	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>melphalan hydrochloride</i>	1	PA (Cancer Drugs, new starts only)
<i>mercaptopurine tablet</i>	1	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate tablet</i>	1	B/D
<i>methotrexate injection 50mg/2ml</i>	1	
<i>mitomycin injection 20mg, 40mg, 5mg</i>	1	PA (Cancer Drugs, new starts only)
<i>mitoxantrone hcl injection 2mg/ml</i>	1	
MUSTARGEN	2	PA (Cancer Drugs, new starts only)
<i>mutamycin</i>	1	PA (Cancer Drugs, new starts only)
MYLOTARG	2	PA (Cancer Drugs, new starts only)
NERLYNX	2	QL (6 EA per 1 days) PA (Nerlynx, new starts only)
NEXAVAR	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) LA
<i>nilutamide</i>	1	
NINLARO CAPSULE 2.3MG, 3MG	2	PA (Cancer Drugs, new starts only)
NINLARO CAPSULE 4MG	2	QL (3 EA per 28 days) PA (Cancer Drugs, new starts only)
NIPENT	2	PA (Cancer Drugs, new starts only)
NUBEQA	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
ODOMZO	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ONUREG	2	QL (14 EA per 28 days) PA (Cancer Drugs, new starts only)
OPDIVO	2	PA (Cancer Drugs, new starts only)
<i>oxaliplatin injection 100mg/20ml, 100mg</i>	1	PA (Cancer Drugs, new starts only)
<i>paclitaxel injection 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
<i>paraplatin injection 450mg/45ml, 50mg/5ml</i>	1	
PEMAZYRE	2	QL (14 EA per 21 days) PA (Cancer Drugs, new starts only)
PERJETA	2	PA (Cancer Drugs, new starts only)
PIQRAY 200MG DAILY DOSE	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
PIQRAY 250MG DAILY DOSE	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
PIQRAY 300MG DAILY DOSE	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
POMALYST	2	PA (Cancer Drugs, new starts only)
PROLEUKIN	2	PA (Cancer Drugs, new starts only)

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

Drug Name	Drug Tier	Requirements/Limits*
PURIXAN	2	PA (Purixan Suspension, new starts only)
QINLOCK	2	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
RETEVMO CAPSULE 80MG	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
RETEVMO CAPSULE 40MG	2	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
REVLIMID CAPSULE 2.5MG, 20MG	2	PA (Cancer Drugs, new starts only)
REVLIMID CAPSULE 10MG, 15MG, 25MG, 5MG	2	PA (Cancer Drugs, new starts only) LA
RITUXAN	2	PA (rituxan, new starts only)
ROMIDEPSIN INJECTION 10MG	2	PA (Cancer Drugs, new starts only)
ROZLYTREK CAPSULE 100MG	2	PA (Cancer Drugs, new starts only)
ROZLYTREK CAPSULE 200MG	2	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
RUBRACA TABLET 200MG, 250MG	2	PA (Cancer Drugs, new starts only)
RUBRACA TABLET 300MG	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
RYDAPT	2	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
SIKLOS	2	PA (Siklos, new starts only)
SPRYCEL	2	PA (Cancer Drugs, new starts only)
STIVARGA	2	PA (Cancer Drugs, new starts only) LA
SUTENT CAPSULE 12.5MG, 25MG, 37.5MG	2	PA (Cancer Drugs, new starts only)
SUTENT CAPSULE 50MG	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
SYLATRON	2	PA (Cancer Drugs, new starts only) MO
SYNRIBO	2	PA (Cancer Drugs, new starts only)
TABLOID	2	
TABRECTA	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TAFINLAR	2	PA (Cancer Drugs, new starts only)
TAGRISSE TABLET 40MG	2	PA (Cancer Drugs, new starts only)
TAGRISSE TABLET 80MG	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TALZENNA CAPSULE 0.25MG	2	PA (Cancer Drugs, new starts only)
TALZENNA CAPSULE 1MG	2	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
TASIGNA	2	PA (Cancer Drugs, new starts only)
TAZVERIK	2	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
TECENTRIQ	2	PA (Cancer Drugs, new starts only)
<i>temsirolimus</i>	1	PA (Cancer Drugs, new starts only)
<i>thiotepa injection 15mg</i>	1	PA (Cancer Drugs, new starts only)

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

Drug Name	Drug Tier	Requirements/Limits*
TIBSOVO	2	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>toposar injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>topotecan hcl injection 4mg</i>	1	
TREANDA INJECTION 100MG, 25MG	2	PA (Cancer Drugs, new starts only)
<i>tretinoin capsule 10mg</i>	1	PA (Cancer Drugs, new starts only)
<i>trexall</i>	1	B/D
TRISENOX	2	
TRUXIMA	2	PA (rituxan, new starts only)
TUKYSA TABLET 50MG	2	QL (12 EA per 1 days) PA (Cancer Drugs, new starts only)
TUKYSA TABLET 150MG	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TURALIO	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TYKERB	2	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
VECTIBIX INJECTION 100MG/5ML	2	PA (Cancer Drugs, new starts only)
VELCADE	2	PA (Cancer Drugs, new starts only)
VENCLEXTA STARTING PACK	2	QL (42 EA per 180 days) PA (Cancer Drugs, new starts only)
VENCLEXTA TABLET 10MG, 50MG	2	PA (Cancer Drugs, new starts only)
VENCLEXTA TABLET 100MG	2	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
VERZENIO TABLET 100MG, 50MG	2	PA (Cancer Drugs, new starts only)
VERZENIO TABLET 150MG, 200MG	2	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate injection</i>	1	B/D
<i>vinorelbine tartrate injection 50mg/5ml</i>	1	
VITRAKVI SOLUTION	2	QL (10 ML per 1 days) PA (Cancer Drugs, new starts only)
VITRAKVI CAPSULE 25MG	2	PA (Cancer Drugs, new starts only)
VITRAKVI CAPSULE 100MG	2	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
VIZIMPRO TABLET 15MG, 30MG	2	PA (Cancer Drugs, new starts only)
VIZIMPRO TABLET 45MG	2	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
VOTRIENT	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
VYXEOS	2	PA (Cancer Drugs, new starts only)
XALKORI CAPSULE 200MG	2	PA (Cancer Drugs, new starts only) LA
XALKORI CAPSULE 250MG	2	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) LA
XATMEP	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits*
XOSPATA	2	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
XPOVIO 100 MG ONCE WEEKLY	2	PA (Cancer Drugs, new starts only)
XPOVIO 40 MG ONCE WEEKLY	2	QL (8 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 40 MG TWICE WEEKLY	2	QL (16 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 60 MG ONCE WEEKLY	2	PA (Cancer Drugs, new starts only)
XPOVIO 60 MG TWICE WEEKLY	2	QL (24 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 80 MG ONCE WEEKLY	2	PA (Cancer Drugs, new starts only)
XPOVIO 80 MG TWICE WEEKLY	2	QL (32 EA per 28 days) PA (Cancer Drugs, new starts only)
XTANDI	2	PA (Cancer Drugs, new starts only)
YERVOY	2	PA (Cancer Drugs, new starts only)
YONDELIS	2	PA (Cancer Drugs, new starts only)
YONSA	2	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
ZALTRAP	2	PA (Cancer Drugs, new starts only)
ZANOSAR	2	PA (Cancer Drugs, new starts only)
ZEJULA	2	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
ZELBORAF	2	PA (Cancer Drugs, new starts only) LA
ZOLINZA	2	PA (Cancer Drugs, new starts only)
ZYDELIG TABLET 100MG	2	PA (Cancer Drugs, new starts only)
ZYDELIG TABLET 150MG	2	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
ZYKADIA TABLET	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
ZYKADIA CAPSULE	2	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only) LA
ZYTIGA TABLET 500MG	2	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Allergenic Extracts</i>		
GRASTEK	2	PA (Oral Immunotherapy) MO
PALFORZIA INITIAL DOSE ESCALATION	2	QL (13 EA per 180 days) PA (Palforzia)
PALFORZIA LEVEL 1	2	QL (45 EA per 180 days) PA (Palforzia)
PALFORZIA LEVEL 10	2	QL (60 EA per 180 days) PA (Palforzia)
PALFORZIA LEVEL 11 (MAINTENANCE)	2	QL (1 EA per 1 days) PA (Palforzia)
PALFORZIA LEVEL 11 (TITRATION)	2	QL (15 EA per 180 days) PA (Palforzia)

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

Drug Name	Drug Tier	Requirements/Limits*
PALFORZIA LEVEL 2	2	QL (90 EA per 180 days) PA (Palforzia)
PALFORZIA LEVEL 3	2	QL (45 EA per 180 days) PA (Palforzia)
PALFORZIA LEVEL 4	2	QL (15 EA per 180 days) PA (Palforzia)
PALFORZIA LEVEL 5	2	QL (30 EA per 180 days) PA (Palforzia)
PALFORZIA LEVEL 6	2	QL (60 EA per 180 days) PA (Palforzia)
PALFORZIA LEVEL 7	2	QL (30 EA per 180 days) PA (Palforzia)
PALFORZIA LEVEL 8	2	QL (60 EA per 180 days) PA (Palforzia)
PALFORZIA LEVEL 9	2	QL (30 EA per 180 days) PA (Palforzia)
RAGWITEK	2	PA (Ragwitek) MO
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJECTION 5GM/50ML	2	PA (intravenous immune globulin)
CARIMUNE NANOFILTERED INJECTION 12GM	2	PA (intravenous immune globulin)
FLEBOGAMMA DIF	2	PA (intravenous immune globulin)
GAMASTAN	2	PA (intravenous immune globulin)
GAMMAGARD LIQUID	2	PA (intravenous immune globulin)
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	2	PA (intravenous immune globulin)
GAMMAKED	2	PA (intravenous immune globulin)
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	2	PA (intravenous immune globulin)
GAMUNEX-C	2	PA (intravenous immune globulin)
OCTAGAM INJECTION 10GM/100ML, 1GM/20ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/50ML	2	PA (intravenous immune globulin)
PRIVIGEN	2	PA (intravenous immune globulin)
VARIZIG INJECTION 125UNIT/1.2ML	2	PA (Varizig)
ZINPLAVA	2	PA (Zinplava)
<i>Toxoids</i>		
ADACEL	2	
BOOSTRIX	2	
DAPTACEL INJECTION 23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	2	
DIPHtheria/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	
INFANRIX	2	
KINRIX	2	
QUADRACEL	2	
TDVAX	2	
TENIVAC	2	
<i>Vaccines</i>		
ACTHIB	2	

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

Drug Name	Drug Tier	Requirements/Limits*
BCG VACCINE	2	
BEXSERO	2	PA (Bexsero)
ENGERIX-B	2	B/D
GARDASIL 9	2	PA (gardasil)
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
IPOL INACTIVATED IPV	2	
IXIARO	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
PEDIARIX	2	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PROQUAD	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ SOLUTION	2	
SHINGRIX	2	PA (Shingrix)
TRUMENBA	2	PA (Trumenba)
TWINRIX	2	B/D
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	PA (zostavax)
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA	2	QL (2 EA per 1 days) MO
ATROPINE SULFATE INJECTION 0.25MG/5ML	2	
ATROVENT HFA	2	MO
<i>dicyclomine hcl solution</i>	1	
<i>dicyclomine hydrochloride capsule, tablet</i>	1	
<i>glycopyrrolate tablet 1mg, 2mg</i>	1	
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution</i>	1	B/D MO
<i>ipratropium bromide nasal solution</i>	1	MO
SPIRIVA HANDIHALER	2	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	2	MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT	2	QL (4 GM per 30 days) MO
<i>Autonomic Drugs, Miscellaneous</i>		
CHANTIX CONTINUING MONTH PAK	2	

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

Drug Name	Drug Tier	Requirements/Limits*
CHANTIX STARTING MONTH PAK	2	
CHANTIX TABLET 0.5MG, 1MG	2	
NICOTROL INHALER	2	QL (2688 EA per 365 days)
NICOTROL NS	2	QL (360 ML per 365 days)
Parasympathomimetic (Cholinergic) Agents		
<i>bethanechol chloride tablet</i>	1	
<i>cevimeline hydrochloride</i>	1	MO
<i>donepezil hcl tablet disintegrating</i>	1	MO
<i>donepezil hcl tablet 10mg</i>	1	MO
<i>donepezil hcl tablet 23mg</i>	1	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride odt</i>	1	MO
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	MO
<i>galantamine hydrobromide er</i>	1	MO
<i>galantamine hydrobromide solution, tablet</i>	1	MO
GUANIDINE HCL	2	
<i>pilocarpine hydrochloride</i>	1	MO
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide solution</i>	1	
<i>pyridostigmine bromide tablet 60mg</i>	1	
<i>regonol injection 10mg/2ml</i>	1	
<i>rivastigmine tartrate</i>	1	MO
<i>rivastigmine transdermal system</i>	1	MO
Skeletal Muscle Relaxants		
<i>baclofen tablet 10mg, 20mg</i>	1	MO
<i>chlorzoxazone tablet 500mg</i>	1	
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	1	
<i>methocarbamol tablet</i>	1	
<i>tizanidine hcl tablet 2mg</i>	1	MO
<i>tizanidine hydrochloride tablet</i>	1	MO
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er</i>	1	MO
DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION	2	QL (8 ML per 28 days)
<i>dihydroergotamine mesylate injection</i>	1	
<i>ergoloid mesylates tablet</i>	1	MO
<i>tamsulosin hydrochloride</i>	1	MO
Sympathomimetic (Adrenergic) Agents		
ADVAIR HFA	2	QL (12 GM per 30 days) MO
<i>albuterol sulfate er</i>	1	MO
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	2	QL (13.4 GM per 30 days) MO
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	2	QL (36 GM per 30 days) MO
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	1	B/D MO
<i>albuterol sulfate syrup, tablet</i>	1	MO
BROVANA	2	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits*
COMBIVENT RESPIMAT	2	QL (8 GM per 30 days) MO
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	2	
<i>epinephrine injection 0.3mg/0.3ml</i>	1	
<i>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D MO
<i>levalbuterol hcl nebulization solution</i>	1	B/D MO
<i>levalbuterol hydrochloride</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
<i>levalbuterol nebulization solution</i>	1	B/D MO
LUCEMYRA	2	QL (16 EA per 1 days) PA (Lucemyra)
<i>metaproterenol sulfate syrup</i>	1	MO
<i>midodrine hcl</i>	1	
NORTHERA CAPSULE 100MG, 200MG	2	PA (northera)
NORTHERA CAPSULE 300MG	2	QL (6 EA per 1 days) PA (northera)
PROAIR HFA	2	QL (17 GM per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate tablet</i>	1	MO
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO
Blood Formation,Coagulation & Thrombosis		
<i>Antihemorrhagic Agents</i>		
<i>tranexamic acid injection, tablet</i>	1	
<i>Antithrombotic Agents</i>		
<i>anagrelide hydrochloride</i>	1	MO
<i>argatroban/sodium chloride</i>	1	
<i>argatroban injection 125mg/125ml; 0.9%, 250mg/2.5ml, 250mg/250ml; 0.9%, 50mg/50ml</i>	1	
<i>aspirin/dipyridamole</i>	1	MO
<i>aspirin/dipyridamole er</i>	1	MO
BRILINTA	2	QL (2 EA per 1 days) MO
CABLIVI	2	QL (1 EA per 1 days) PA (CABLIVI)
<i>cilostazol</i>	1	MO
<i>clopidogrel tablet 75mg</i>	1	MO
COUMADIN TABLET	2	MO
ELIQUIS STARTER PACK	2	QL (74 EA per 180 days) MO
ELIQUIS TABLET 2.5MG	2	MO
ELIQUIS TABLET 5MG	2	QL (4 EA per 1 days) MO
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium</i>	1	PA (Fondaparinux)
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	2	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/500ML	2	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>heparin sodium/nacl 0.45% injection 12500unit/250ml; 0.45%, 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.9% injection 1000unit/500ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	1	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	MO
<i>prasugrel tablet 5mg</i>	1	MO
<i>prasugrel tablet 10mg</i>	1	QL (1 EA per 1 days) MO
<i>warfarin sodium tablet</i>	1	MO
XARELTO	2	MO
XARELTO STARTER PACK	2	QL (51 EA per 180 days)
<i>Blood Formation, Coagulation, and Thrombosis Agents, Misc.</i>		
OXBRYTA	2	QL (3 EA per 1 days) PA (Oxbryta)
TAVALISSE TABLET 100MG	2	PA (Tavalisse) MO
<i>Hematopoietic Agents</i>		
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 10MCG/0.4ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 25MCG/0.42ML, 25MCG/ML, 300MCG/0.6ML, 300MCG/ML, 40MCG/0.4ML, 40MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	2	PA (erythropoiesis-stimulating agents)
DOPTELET	2	QL (3 EA per 1 days) PA (Doptelet)
FULPHILA	2	PA (colony stimulating factors)
GRANIX	2	PA (colony stimulating factors)
LEUKINE INJECTION 250MCG	2	PA (colony stimulating factors)
MOZOBIL	2	PA (Mozobil)
MULPLETA	2	QL (1 EA per 1 days) PA (Mulpleta)
NEULASTA	2	PA (colony stimulating factors)
NEUPOGEN	2	PA (colony stimulating factors)
NIVESTYM	2	PA (colony stimulating factors)
PROCRIT	2	PA (erythropoiesis-stimulating agents)
PROMACTA TABLET	2	PA (promacta) LA MO
PROMACTA PACKET 12.5MG	2	PA (Promacta Suspension) LA MO
PROMACTA PACKET 25MG	2	QL (6 EA per 1 days) PA (Promacta Suspension) LA MO
RETACRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML	2	PA (erythropoiesis-stimulating agents)
UDENYCA	2	PA (colony stimulating factors)
ZARXIO	2	PA (colony stimulating factors)
<i>Hemorrhologic Agents</i>		

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

Drug Name	Drug Tier	Requirements/Limits*
<i>pentoxifylline er</i>	1	MO
Blood Formation,Coagulation + Thrombosis		
<i>Antihemorrhagic Agents</i>		
TRANEXAMIC ACID/SODIUM CHLORIDE	2	
<i>Antithrombotic Agents</i>		
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML	2	
<i>heparin sodium/sodium chloride injection 1000unit/500ml; 0.9%</i>	1	
HEPARIN SODIUM INJECTION 5000UNIT/ML	2	
<i>Hematopoietic Agents</i>		
ZIEXTENZO	2	PA (colony stimulating factors)
Blood Formation,Coagulation		
<i>Blood Formation, Coagulation, and Thrombosis Agents, Misc.</i>		
TAVALISSE TABLET 150MG	2	QL (2 EA per 1 days) PA (Tavalisse) MO
Cardiovascular Drugs		
<i>alpha-Adrenergic Blocking Agents</i>		
<i>doxazosin mesylate tablet</i>	1	MO
<i>prazosin hcl capsule 1mg, 5mg</i>	1	MO
<i>prazosin hydrochloride capsule 2mg</i>	1	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride capsule 2mg</i>	1	MO
<i>Antilipemic Agents</i>		
<i>atorvastatin calcium tablet</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>cholestyramine packet, powder</i>	1	MO
<i>colesevelam hydrochloride</i>	1	PA (Colesevelam) MO
<i>colestipol hcl</i>	1	MO
<i>ezetimibe</i>	1	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin</i>	1	QL (1 EA per 1 days) MO
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate capsule 130mg, 43mg</i>	1	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	1	MO
<i>fenofibric acid dr</i>	1	MO
<i>gemfibrozil tablet</i>	1	MO
<i>icosapent ethyl</i>	1	QL (4 EA per 1 days) PA (Vascepa) MO
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 40MG, 5MG	2	PA (juxtapid) MO
JUXTAPID CAPSULE 60MG	2	QL (1 EA per 1 days) PA (juxtapid) MO
KYNAMRO	2	QL (4 ML per 28 days) PA (kynamro) MO
<i>lovastatin</i>	1	MO
<i>niacin er</i>	1	MO
<i>omega-3-acid ethyl esters</i>	1	MO
PRALUENT INJECTION 75MG/ML	2	PA (Praluent) MO

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

Drug Name	Drug Tier	Requirements/Limits*
PRALUENT INJECTION 150MG/ML	2	QL (2 ML per 28 days) PA (Praluent) MO
<i>pravastatin sodium</i>	1	MO
<i>prevalite</i>	1	MO
REPATHA	2	QL (3 ML per 30 days) PA (Repatha) MO
REPATHA PUSHTRONEX SYSTEM	2	QL (3.5 ML per 30 days) PA (Repatha) MO
REPATHA SURECLICK	2	QL (3 ML per 30 days) PA (Repatha) MO
<i>rosuvastatin calcium</i>	1	MO
<i>simvastatin tablet</i>	1	MO
<i>triklo</i>	1	MO
VASCEPA CAPSULE 0.5GM	2	PA (Vascepa) MO
VASCEPA CAPSULE 1GM	2	QL (4 EA per 1 days) PA (Vascepa) MO
<i>beta-Adrenergic Blocking Agents</i>		
<i>acebutolol hcl capsule</i>	1	MO
<i>acebutolol hydrochloride</i>	1	MO
<i>atenolol/chlorthalidone</i>	1	MO
<i>atenolol tablet</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>carvedilol</i>	1	MO
<i>labetalol hydrochloride tablet</i>	1	MO
<i>labetalol hydrochloride injection 5mg/ml</i>	1	
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate tablet</i>	1	MO
<i>metoprolol tartrate injection 5mg/5ml</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	MO
<i>pindolol</i>	1	MO
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	MO
<i>propranolol hcl solution</i>	1	MO
<i>propranolol hcl tablet 40mg</i>	1	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	MO
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO
<i>sorine</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hcl (af) tablet 120mg, 80mg</i>	1	MO
<i>sotalol hcl af</i>	1	MO
<i>sotalol hydrochloride (af)</i>	1	MO
<i>sotalol hydrochloride af</i>	1	MO
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
SOTYLIZE	2	PA (Sotylize) MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
Calcium-Channel Blocking Agents		
<i>afeditab cr</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>amlodipine besylate/benazepril hcl capsule 5mg; 40mg</i>	1	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	MO
<i>amlodipine besylate/valsartan</i>	1	MO
<i>amlodipine besylate tablet</i>	1	MO
<i>amlodipine/olmesartan medoxomil</i>	1	MO
<i>amlodipine/valsartan/hctz tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	MO
<i>amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg</i>	1	MO
<i>cartia xt</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>diltiazem cd capsule extended release 24 hour 120mg, 180mg, 300mg</i>	1	MO
<i>diltiazem hcl cd</i>	1	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	1	MO
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	MO
<i>diltiazem hcl tablet</i>	1	MO
<i>diltiazem hcl injection 100mg, 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hydrochloride er</i>	1	MO
<i>diltiazem hydrochloride injection 25mg/5ml</i>	1	
<i>felodipine er</i>	1	MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl injection</i>	1	
<i>nicardipine hcl capsule</i>	1	MO
<i>nifediac cc tablet extended release 24 hour 30mg, 60mg</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	MO
<i>taztia xt</i>	1	MO
<i>telmisartan/amlodipine</i>	1	MO
<i>tiadytl er</i>	1	MO
<i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	1	MO
<i>verapamil hcl er tablet extended release</i>	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl tablet 40mg, 80mg</i>	1	MO
<i>verapamil hydrochloride er capsule extended release 24 hour</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>verapamil hydrochloride injection</i>	1	
<i>verapamil hydrochloride tablet</i>	1	MO
Cardiac Drugs		
<i>amiodarone hcl injection 50mg/ml, 900mg/18ml</i>	1	
<i>amiodarone hcl tablet 100mg, 400mg</i>	1	MO
<i>amiodarone hydrochloride injection 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 200mg</i>	1	MO
CORLANOR SOLUTION	2	PA (Corlanor Solution) MO
CORLANOR TABLET 5MG	2	PA (Corlanor) MO
CORLANOR TABLET 7.5MG	2	QL (2 EA per 1 days) PA (Corlanor) MO
<i>digitek</i>	1	MO
<i>digox</i>	1	MO
DIGOXIN ORAL SOLUTION	2	MO
<i>digoxin injection 0.25mg/ml</i>	1	
<i>digoxin tablet 125mcg, 250mcg</i>	1	MO
<i>disopyramide phosphate</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>lidocaine hcl in d5w injection 5%; 4mg/ml, 5%; 8mg/ml</i>	1	
<i>lidocaine hcl/dextrose injection 5%; 4mg/ml, 5%; 8mg/ml</i>	1	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	MO
MULTAQ	2	PA (Multaq) MO
NORPACE CR	2	MO
<i>pacerone tablet 100mg, 200mg, 400mg</i>	1	MO
<i>procainamide hcl injection</i>	1	
<i>procainamide hydrochloride</i>	1	
<i>propafenone hcl</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine gluconate er</i>	1	MO
QUINIDINE GLUCONATE INJECTION	2	
<i>quinidine sulfate tablet</i>	1	MO
<i>ranolazine er</i>	1	MO
VYNDAMAX	2	QL (1 EA per 1 days) PA (VYNDAQEL)
VYNDAQEL	2	QL (4 EA per 1 days) PA (VYNDAQEL)
Hypotensive Agents		
<i>clonidine hcl patch weekly</i>	1	MO
<i>clonidine hydrochloride tablet</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl tablet 10mg</i>	1	MO
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	MO
<i>methyldopa/hydrochlorothiazide</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>methyldopa tablet 250mg, 500mg</i>	1	MO
<i>minoxidil tablet</i>	1	MO
Renin-Angiotensin-Aldosterone Sys Inhib		
<i>aliskiren</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tablet 20mg</i>	1	MO
<i>candesartan cilexetil</i>	1	MO
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>captopril tablet</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate tablet</i>	1	MO
ENTRESTO TABLET 24MG; 26MG, 49MG; 51MG	2	PA (Entresto) MO
ENTRESTO TABLET 97MG; 103MG	2	QL (2 EA per 1 days) PA (Entresto) MO
<i>eplerenone</i>	1	MO
<i>eprosartan mesylate</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>lisinopril tablet</i>	1	MO
<i>losartan potassium/hydrochlorothiazide</i>	1	MO
<i>losartan potassium tablet</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	MO
<i>olmesartan medoxomil tablet</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hcl tablet 20mg, 40mg, 5mg</i>	1	MO
<i>quinapril hydrochloride tablet 10mg</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO
<i>spironolactone tablet</i>	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan/hydrochlorothiazide</i>	1	MO
<i>trandolapril</i>	1	MO
<i>valsartan</i>	1	MO
<i>valsartan/hydrochlorothiazide</i>	1	MO
Vasodilating Agents		
<i>alyq</i>	1	QL (2 EA per 1 days) PA (adcirca) MO
<i>dipyridamole tablet</i>	1	MO
<i>isosorbide dinitrate er</i>	1	MO
<i>isosorbide dinitrate tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>minitran</i>	1	MO
<i>nitroglycerin lingual</i>	1	MO
<i>nitroglycerin transdermal</i>	1	MO
<i>nitroglycerin injection 5mg/ml</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	MO
<i>sildenafil citrate suspension reconstituted</i>	1	QL (6 ML per 1 days) PA (Sildenafil) MO
<i>sildenafil citrate tablet 20mg</i>	1	QL (3 EA per 1 days) PA (Sildenafil) MO
<i>tadalafil tablet 20mg</i>	1	QL (2 EA per 1 days) PA (adcirca) MO
Central Nervous System Agents		
<i>Analgesics and Antipyretics</i>		
<i>acetaminophen/codeine tablet</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine solution</i>	1	QL (166 ML per 1 days)
<i>ascomp/codeine</i>	1	
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hcl tablet sublingual 2mg</i>	1	
<i>buprenorphine hcl tablet sublingual 8mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL (2 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine patch weekly</i>	1	QL (4 EA per 28 days) PA (Buprenorphine Patch)
<i>butalbital compound tablet</i>	1	
<i>butalbital/acetaminophen/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 300mg; 50mg; 40mg; 30mg</i>	1	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine capsule 325mg; 50mg; 40mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine capsule 300mg; 50mg; 40mg</i>	1	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen tablet 325mg; 50mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/aspirin/caffeine/codeine</i>	1	
<i>butalbital/aspirin/caffeine tablet</i>	1	
<i>celecoxib capsule 100mg, 50mg</i>	1	MO
<i>celecoxib capsule 400mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib capsule 200mg</i>	1	QL (4 EA per 1 days) MO
CODEINE SULFATE TABLET 60MG	2	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>codeine sulfate tablet 30mg</i>	1	
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>duramorph</i>	1	
<i>ec-naproxen tablet delayed release 500mg</i>	1	MO
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>etodolac capsule, tablet</i>	1	MO
<i>fentanyl citrate oral transmucosal</i>	1	QL (4 EA per 1 days) PA (oral transmucosal fentanyl)
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	1	QL (10 EA per 30 days) ST (Fentanyl Patches #2, new starts only)
<i>flurbiprofen tablet</i>	1	MO
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	QL (184 ML per 1 days)
<i>hydrocodone/acetaminophen tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	
<i>hydromorphone hcl dosette</i>	1	
<i>hydromorphone hcl tablet</i>	1	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml</i>	1	
<i>hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	
<i>ibu</i>	1	MO
<i>ibudone tablet 5mg; 200mg</i>	1	
<i>ibuprofen suspension</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	MO
LAZANDA	2	PA (Nasal Fentanyl)
<i>lorcet</i>	1	QL (12 EA per 1 days)
<i>lorcet hd</i>	1	QL (12 EA per 1 days)
<i>lorcet plus tablet 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>marten-tab</i>	1	QL (12 EA per 1 days)
<i>meloxicam tablet</i>	1	MO
<i>methadone hcl intensol</i>	1	
<i>methadone hcl concentrate, injection, oral solution, tablet</i>	1	
<i>methadose sugar-free</i>	1	
<i>methadose concentrate 10mg/ml</i>	1	
<i>morphine sulfate er tablet extended release</i>	1	QL (3 EA per 1 days)
MORPHINE SULFATE TABLET	2	
<i>morphine sulfate oral solution</i>	1	
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 8MG/ML	2	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	1	
<i>nabumetone tablet</i>	1	MO
<i>nalbuphine hcl injection 10mg/ml, 20mg/ml</i>	1	
<i>naproxen dr</i>	1	MO
<i>naproxen suspension</i>	1	MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	MO
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL (3 EA per 1 days) PA (Oxycodone ER)
<i>oxycodone hcl capsule</i>	1	
<i>oxycodone hydrochloride concentrate, solution, tablet</i>	1	
<i>oxycodone/acetaminophen solution</i>	1	QL (61 ML per 1 days)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	1	
<i>oxycodone/ibuprofen</i>	1	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL (3 EA per 1 days) PA (Oxycodone ER)
<i>piroxicam capsule</i>	1	MO
<i>roxicet tablet</i>	1	QL (12 EA per 1 days)
<i>sulindac tablet</i>	1	MO
<i>tencon tablet 325mg; 50mg</i>	1	QL (12 EA per 1 days)
<i>tramadol hcl tablet</i>	1	QL (8 EA per 1 days)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (8 EA per 1 days)
<i>Anorexigenic Agents and Respiratory and CNS Stimulants</i>		
<i>amphetamine/dextroamphetamine</i>	1	MO
<i>armodafinil tablet 50mg</i>	1	PA (Armodafinil) MO
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL (1 EA per 1 days) PA (Armodafinil) MO
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg, 5mg</i>	1	MO
<i>dextroamphetamine sulfate er</i>	1	MO
<i>dextroamphetamine sulfate tablet</i>	1	MO
<i>metadate er tablet extended release 20mg</i>	1	MO
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour 10mg, 20mg, 30mg, 40mg</i>	1	MO
<i>methylphenidate hydrochloride er capsule extended release, tablet extended release 24 hour</i>	1	MO
<i>methylphenidate hydrochloride er tablet extended release 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	1	MO
<i>methylphenidate hydrochloride tablet</i>	1	MO
<i>modafinil tablet 100mg</i>	1	PA (Modafinil) MO
<i>modafinil tablet 200mg</i>	1	QL (2 EA per 1 days) PA (Modafinil) MO
<i>Anticonvulsants</i>		

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

Drug Name	Drug Tier	Requirements/Limits*
APTIOM	2	PA (Aptiom, new starts only) MO
BANZEL TABLET	2	MO
BANZEL SUSPENSION	2	PA (banzel suspension, new starts only) MO
BRIVIACT INJECTION	2	PA (Briviact Injection, new starts only)
BRIVIACT ORAL SOLUTION, TABLET	2	PA (Briviact, new starts only) MO
<i>carbamazepine er</i>	1	MO
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	MO
CELONTIN CAPSULE 300MG	2	MO
<i>clobazam</i>	1	PA (clobazam, new starts only) MO
<i>clonazepam odt</i>	1	PA (clonazepam odt, new starts only) MO
<i>clonazepam tablet</i>	1	MO
DIACOMIT	2	PA (Diacomit, new starts only) MO
<i>dilantin infatabs</i>	1	MO
DILANTIN-125	2	MO
<i>dilantin capsule</i>	1	MO
<i>divalproex sodium dr</i>	1	MO
<i>divalproex sodium er</i>	1	MO
<i>divalproex sodium capsule delayed release sprinkle</i>	1	MO
EPIDIOLEX	2	PA (Epidiolex, new starts only) MO
<i>epitol</i>	1	MO
<i>ethosuximide capsule, solution</i>	1	MO
<i>felbamate</i>	1	MO
FINTEPLA	2	QL (11.82 ML per 1 days) PA (Fintepla, new starts only)
<i>fosphenytoin sodium</i>	1	
FYCOMPA SUSPENSION	2	PA (Fycompa Suspension, new starts only) MO
FYCOMPA TABLET	2	PA (Fycompa, new starts only) MO
<i>gabapentin capsule, solution</i>	1	MO
<i>gabapentin tablet 600mg, 800mg</i>	1	MO
<i>lamotrigine odt</i>	1	MO
<i>lamotrigine tablet chewable, tablet</i>	1	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam/sodium chloride</i>	1	
<i>levetiracetam injection</i>	1	
<i>levetiracetam oral solution, tablet</i>	1	MO
<i>magnesium sulfate injection 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 50%</i>	1	
NAYZILAM	2	
<i>oxcarbazepine</i>	1	MO
PEGANONE TABLET 250MG	2	MO
<i>phenytoin infatabs</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium injection</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>phenytoin tablet chewable, suspension</i>	1	MO
<i>pregabalin capsule, solution</i>	1	MO
<i>primidone tablet</i>	1	MO
<i>roweepra</i>	1	MO
<i>roweepra xr</i>	1	MO
<i>rufinamide</i>	1	PA (banzel suspension, new starts only) MO
SPRITAM	2	PA (Spritam, new starts only) MO
<i>subvenite</i>	1	MO
SYMPAZAN	2	PA (Sympazan, new starts only)
<i>tiagabine hydrochloride</i>	1	MO
<i>topiramate capsule sprinkle, tablet</i>	1	MO
<i>valproate sodium injection 100mg/ml</i>	1	
<i>valproic acid capsule, solution</i>	1	MO
VALTOCO	2	
<i>vigabatrin</i>	1	PA (sabril, new starts only) LA MO
<i>vigadrone</i>	1	PA (sabril, new starts only) LA MO
VIMPAT INJECTION	2	
VIMPAT ORAL SOLUTION, TABLET	2	MO
XCOPRI TABLET THERAPY PACK 0	2	QL (2 EA per 1 days) PA (Xcopri, new starts only)
XCOPRI TABLET THERAPY PACK 0	2	QL (28 EA per 180 days) PA (Xcopri, new starts only)
XCOPRI TABLET 150MG, 200MG	2	QL (2 EA per 1 days) PA (Xcopri, new starts only)
XCOPRI TABLET 100MG	2	QL (4 EA per 1 days) PA (Xcopri, new starts only)
XCOPRI TABLET 50MG	2	QL (8 EA per 1 days) PA (Xcopri, new starts only)
<i>zonisamide capsule</i>	1	MO
Antimanic Agents		
LITHIUM	2	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium carbonate capsule, tablet</i>	1	MO
Antimigraine Agents		
AIMOVIG INJECTION 140MG/ML	2	QL (1 ML per 30 days) PA (Aimovig) MO
AIMOVIG INJECTION 70MG/ML	2	QL (2 ML per 30 days) PA (Aimovig) MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days) ST (Eletriptan #2)
EMGALITY	2	PA (Emgality)
<i>migergot</i>	1	
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days)
REYVOW TABLET 50MG	2	QL (4 EA per 30 days) PA (Reyvow)

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

Drug Name	Drug Tier	Requirements/Limits*
REYVOW TABLET 100MG	2	QL (8 EA per 30 days) PA (Reyvow)
<i>rizatriptan benzoate</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate injection</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate tablet</i>	1	QL (9 EA per 30 days)
<i>sumatriptan solution</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan odt</i>	1	QL (12 EA per 30 days) ST (zolmitriptan #2)
<i>zolmitriptan tablet</i>	1	QL (12 EA per 30 days) ST (zolmitriptan #2)
Antiparkinsonian Agents		
<i>amantadine hcl capsule, syrup, tablet</i>	1	MO
APOKYN INJECTION 30MG/3ML	2	PA (apokyn) LA
<i>benztropine mesylate tablet</i>	1	MO
<i>bromocriptine mesylate capsule, tablet</i>	1	MO
<i>cabergoline</i>	1	
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	1	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	2	MO
<i>carbidopa tablet</i>	1	MO
EMSAM PATCH 24 HOUR 6MG/24HR	2	PA (emsam, new starts only) MO
EMSAM PATCH 24 HOUR 12MG/24HR, 9MG/24HR	2	QL (1 EA per 1 days) PA (emsam, new starts only) MO
<i>entacapone</i>	1	MO
INBRIJA	2	PA (INBRIJA)
KYNMOBI	2	PA (Kynmobi)
KYNMOBI TITRATION KIT	2	PA (Kynmobi)
NEUPRO PATCH 24 HOUR 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR	2	PA (Neupro) MO
NEUPRO PATCH 24 HOUR 6MG/24HR, 8MG/24HR	2	QL (1 EA per 1 days) PA (Neupro) MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>rasagiline mesylate tablet 1mg</i>	1	QL (1 EA per 1 days) ST (Rasagiline #2) MO
<i>rasagiline mesylate tablet 0.5mg</i>	1	ST (Rasagiline #2) MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	1	MO
<i>selegiline hcl capsule, tablet</i>	1	MO
<i>tolcapone</i>	1	ST (tolcapone #2) MO
<i>trihexyphenidyl hcl solution</i>	1	MO
<i>trihexyphenidyl hydrochloride</i>	1	MO
Anxiolytics, Sedatives, and Hypnotics		
<i>alprazolam intensol</i>	1	
<i>alprazolam tablet</i>	1	
<i>bupirone hcl tablet 15mg, 30mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>bupirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	1	
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	1	
<i>chlordiazepoxide hydrochloride</i>	1	
<i>clorazepate dipotassium tablet</i>	1	
DIASTAT ACUDIAL	2	
DIASTAT PEDIATRIC GEL 2.5MG	2	
<i>diazepam intensol</i>	1	
DIAZEPAM RECTAL GEL	2	
DIAZEPAM GEL	2	
<i>diazepam concentrate, oral solution, tablet</i>	1	
<i>diazepam injection 5mg/ml</i>	1	
<i>eszopiclone tablet 1mg, 2mg</i>	1	
<i>eszopiclone tablet 3mg</i>	1	QL (1 EA per 1 days)
HETLIOZ	2	QL (1 EA per 1 days) PA (HETLIOZ) MO
<i>hydroxyzine hcl syrup</i>	1	
<i>hydroxyzine hcl injection 25mg/ml</i>	1	
<i>hydroxyzine hcl tablet 50mg</i>	1	
<i>hydroxyzine hydrochloride injection</i>	1	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	
<i>hydroxyzine hydrochloride tablet 50mg</i>	1	MO
<i>hydroxyzine pamoate capsule 100mg</i>	1	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	1	MO
<i>lorazepam intensol</i>	1	
<i>lorazepam concentrate, tablet</i>	1	
<i>midazolam hcl injection 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	
<i>midazolam hydrochloride injection 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	
<i>phenobarbital elixir 20mg/5ml</i>	1	MO
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	MO
<i>ramelteon</i>	1	ST (rozerem #2) MO
<i>temazepam capsule 15mg, 22.5mg, 7.5mg</i>	1	
<i>temazepam capsule 30mg</i>	1	QL (1 EA per 1 days)
<i>zaleplon capsule 5mg</i>	1	
<i>zaleplon capsule 10mg</i>	1	QL (1 EA per 1 days)
<i>zolpidem tartrate tablet 5mg</i>	1	
<i>zolpidem tartrate tablet 10mg</i>	1	QL (1 EA per 1 days)
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr</i>	1	MO
<i>atomoxetine capsule 10mg, 25mg, 40mg</i>	1	MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine capsule 18mg</i>	1	QL (5 EA per 1 days) MO
<i>guanfacine er</i>	1	MO
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride solution, tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
NUEDEXTA	2	QL (2 EA per 1 days) PA (Nuedexta) MO
RADICAVA	2	PA (Radicava) MO
<i>riluzole</i>	1	MO
XYREM	2	PA (xyrem) LA
Opiate Antagonists		
<i>naloxone hcl injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	1	
<i>naltrexone hcl tablet</i>	1	
NARCAN LIQUID	2	
Psychotherapeutic Agents		
ABILIFY MAINTENA	2	PA (abilify maintena, new starts only) MO
ABILIFY MYCITE TABLET 10MG, 15MG, 20MG, 2MG, 5MG	2	PA (Abilify Mycite, new starts only) MO
ABILIFY MYCITE TABLET 30MG	2	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only) MO
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	MO
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole</i>	1	MO
<i>aripiprazole odt</i>	1	MO
ARISTADA INJECTION 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	2	PA (Aristada, new starts only) MO
ARISTADA INJECTION 1064MG/3.9ML	2	QL (3.9 ML per 60 days) PA (Aristada, new starts only) MO
<i>buproban</i>	1	
<i>bupropion hcl tablet 100mg</i>	1	MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	1	MO
<i>bupropion hydrochloride tablet 75mg</i>	1	MO
CAPLYTA	2	QL (1 EA per 1 days) PA (Caplyta, new starts only) MO
<i>chlordiazepoxide/amitriptyline</i>	1	MO
<i>chlorpromazine hcl injection</i>	1	
<i>chlorpromazine hcl tablet</i>	1	MO
<i>citalopram hydrobromide solution</i>	1	MO
<i>citalopram hydrobromide tablet 10mg, 20mg</i>	1	MO
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (1 EA per 1 days) PA (Citalopram 40mg, new starts only) MO
<i>clomipramine hcl capsule</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
CLOZAPINE ODT TABLET DISINTEGRATING 150MG, 200MG	2	ST (clozapine odt #2, new starts only)
<i>clozapine odt tablet disintegrating 100mg, 12.5mg, 25mg</i>	1	ST (clozapine odt #2, new starts only)
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	1	
<i>compro</i>	1	
<i>desipramine hcl tablet</i>	1	MO
<i>desvenlafaxine er</i>	1	PA (Desvenlafaxine, new starts only) MO
<i>doxepin hcl capsule 100mg, 10mg, 150mg, 50mg, 75mg</i>	1	MO
<i>doxepin hcl concentrate</i>	1	MO
<i>doxepin hydrochloride capsule 25mg</i>	1	MO
<i>doxepin hydrochloride tablet 6mg</i>	1	QL (1 EA per 1 days) ST (silenor #2) MO
<i>doxepin hydrochloride tablet 3mg</i>	1	ST (silenor #2) MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 40MG	2	PA (Drizalma, new starts only) MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	2	QL (2 EA per 1 days) PA (Drizalma, new starts only) MO
<i>duloxetine hcl capsule delayed release particles 40mg</i>	1	MO
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg</i>	1	MO
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	1	QL (2 EA per 1 days) MO
<i>escitalopram oxalate</i>	1	MO
FANAPT	2	ST (atypical antipsychotics #2, new starts only)
FANAPT TITRATION PACK	2	QL (8 EA per 180 days) ST (atypical antipsychotics #2, new starts only)
FETZIMA TITRATION PACK	2	PA (Fetzima, new starts only)
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	2	PA (Fetzima, new starts only) MO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	2	QL (1 EA per 1 days) PA (Fetzima, new starts only) MO
<i>fluoxetine</i>	1	MO
<i>fluoxetine hcl capsule 20mg</i>	1	MO
<i>fluoxetine hydrochloride capsule 10mg, 40mg</i>	1	MO
<i>fluoxetine hydrochloride solution</i>	1	MO
<i>fluoxetine hydrochloride tablet 60mg</i>	1	MO
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl concentrate, tablet</i>	1	MO
<i>fluphenazine hydrochloride elixir</i>	1	MO
<i>fluvoxamine maleate</i>	1	MO
<i>haloperidol decanoate injection</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol concentrate, tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>imipramine hcl tablet 25mg, 50mg</i>	1	MO
<i>imipramine hydrochloride tablet 10mg</i>	1	MO
INVEGA SUSTENNA	2	
INVEGA TRINZA	2	PA (Invega Trinza, new starts only) MO
LATUDA TABLET 20MG, 40MG, 60MG	2	MO
LATUDA TABLET 120MG	2	QL (1 EA per 1 days) MO
LATUDA TABLET 80MG	2	QL (2 EA per 1 days) MO
<i>loxapine succinate</i>	1	MO
<i>loxapine capsule 10mg</i>	1	MO
<i>maprotiline hcl</i>	1	MO
MARPLAN	2	MO
<i>mirtazapine odt</i>	1	MO
<i>mirtazapine tablet</i>	1	MO
<i>molindone hydrochloride</i>	1	MO
<i>nefazodone hcl tablet 100mg, 150mg</i>	1	MO
<i>nefazodone hydrochloride tablet 200mg, 250mg, 50mg</i>	1	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	MO
<i>nortriptyline hcl solution</i>	1	MO
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	MO
NUPLAZID CAPSULE	2	QL (1 EA per 1 days) PA (Nuplazid, new starts only) MO
NUPLAZID TABLET 10MG	2	PA (Nuplazid, new starts only) MO
NUPLAZID TABLET 17MG	2	QL (2 EA per 1 days) PA (Nuplazid, new starts only) MO
<i>olanzapine odt</i>	1	MO
<i>olanzapine/fluoxetine</i>	1	MO
<i>olanzapine injection</i>	1	
<i>olanzapine tablet</i>	1	MO
<i>paliperidone er</i>	1	ST (atypical antipsychotics #2, new starts only) MO
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	MO
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	MO
PAXIL SUSPENSION	2	PA (paxil suspension, new starts only) MO
<i>perphenazine/amitriptyline</i>	1	MO
<i>perphenazine tablet</i>	1	MO
<i>phenelzine sulfate tablet</i>	1	MO
<i>pimozide</i>	1	MO
<i>prochlorperazine edisylate injection 10mg/2ml, 50mg/10ml</i>	1	
<i>prochlorperazine maleate tablet</i>	1	MO
<i>prochlorperazine suppository 25mg</i>	1	
<i>protriptyline hcl</i>	1	MO
<i>quetiapine fumarate</i>	1	MO
<i>quetiapine fumarate er</i>	1	ST (Quetiapine ER #2, new starts only) MO
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG	2	PA (Rexulti, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits*
REXULTI TABLET 4MG	2	QL (1 EA per 1 days) PA (Rexulti, new starts only) MO
RISPERDAL CONSTA	2	
<i>risperidone</i>	1	MO
<i>risperidone m-tab</i>	1	MO
<i>risperidone odt</i>	1	MO
SAPHRIS	2	ST (saphris #2, new starts only) MO
SECUADO PATCH 24 HOUR 3.8MG/24HR	2	PA (Secuado, new starts only)
SECUADO PATCH 24 HOUR 5.7MG/24HR, 7.6MG/24HR	2	QL (1 EA per 1 days) PA (Secuado, new starts only)
<i>sertraline hcl concentrate</i>	1	MO
<i>sertraline hcl tablet 25mg, 50mg</i>	1	MO
<i>sertraline hydrochloride tablet 100mg</i>	1	MO
SPRAVATO 56MG DOSE	2	PA (Spravato, new starts only)
SPRAVATO 84MG DOSE	2	PA (Spravato, new starts only)
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	1	MO
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	MO
<i>trazodone hydrochloride</i>	1	MO
<i>trifluoperazine hcl tablet</i>	1	MO
<i>trimipramine maleate capsule</i>	1	MO
TRINTELLIX	2	PA (Trintellix, new starts only) MO
<i>venlafaxine hcl</i>	1	MO
<i>venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	1	MO
<i>venlafaxine hydrochloride er tablet extended release 24 hour 225mg</i>	1	QL (1 EA per 1 days) MO
VERSACLOZ	2	PA (Versacloz, new starts only)
VIIBRYD STARTER PACK	2	PA (viibryd, new starts only)
VIIBRYD TABLET 10MG, 20MG	2	PA (viibryd, new starts only) MO
VIIBRYD TABLET 40MG	2	QL (1 EA per 1 days) PA (viibryd, new starts only) MO
VRAYLAR CAPSULE THERAPY PACK	2	QL (7 EA per 180 days) ST (atypical antipsychotics #2, new starts only)
VRAYLAR CAPSULE 4.5MG, 6MG	2	QL (1 EA per 1 days) ST (atypical antipsychotics #2, new starts only) MO
VRAYLAR CAPSULE 1.5MG, 3MG	2	ST (atypical antipsychotics #2, new starts only) MO
<i>ziprasidone hcl capsule 20mg, 40mg</i>	1	MO
<i>ziprasidone hcl capsule 60mg, 80mg</i>	1	QL (2 EA per 1 days) MO
<i>ziprasidone mesylate</i>	1	
ZYPREXA RELPREVV	2	PA (zyprexa relprevv, new starts only)
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors		
AUSTEDO TABLET 6MG, 9MG	2	PA (Austedo) MO

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

Drug Name	Drug Tier	Requirements/Limits*
AUSTEDO TABLET 12MG	2	QL (4 EA per 1 days) PA (Austedo) MO
INGREZZA CAPSULE THERAPY PACK	2	QL (28 EA per 180 days) PA (Ingrezza) MO
INGREZZA CAPSULE 80MG	2	QL (1 EA per 1 days) PA (Ingrezza) MO
INGREZZA CAPSULE 40MG	2	QL (2 EA per 1 days) PA (Ingrezza) MO
<i>tetrabenazine tablet 25mg</i>	1	QL (4 EA per 1 days) PA (Tetrabenazine) MO
<i>tetrabenazine tablet 12.5mg</i>	1	QL (8 EA per 1 days) PA (Tetrabenazine) MO
Devices		
<i>Devices</i>		
ALCOHOL PREP PADS	2	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	
CURITY GAUZE PADS 2"X2"	2	
Electrolytic, Caloric, and Water Balance		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er</i>	1	
SODIUM LACTATE INJECTION 5MEQ/ML	2	
<i>Ammonia Detoxicants</i>		
CARBAGLU	2	PA (carbaglu) LA MO
<i>constulose</i>	1	MO
<i>enulose</i>	1	MO
<i>generlac</i>	1	MO
<i>lactulose solution</i>	1	MO
RAVICTI	2	PA (ravicti) MO
<i>sodium phenylbutyrate powder, tablet</i>	1	PA (buphenyl) MO
<i>Caloric Agents</i>		
AMINO ACID INJECTION 50MG/ML; 50MG/ML	2	B/D
AMINOSYN 7%/ELECTROLYTES INJECTION 124MEQ/L; 900MG/100ML; 690MG/100ML; 96MEQ/L; 900MG/100ML; 210MG/100ML; 510MG/100ML; 660MG/100ML; 510MG/100ML; 10MEQ/L; 280MG/100ML; 310MG/100ML; 30MMOLE/L; 65MEQ/L; 610MG/100ML; 300MG/100ML; 65MEQ/L; 370MG/100ML; 120MG/100ML; 44MG/100ML; 560MG/100ML	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits*
AMINOSYN II INJECTION 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	2	B/D
AMINOSYN M INJECTION 65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	2	B/D
AMINOSYN-HBC INJECTION 7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	2	B/D
AMINOSYN-PF 7%	2	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	2	B/D
AMINOSYN-RF INJECTION 113MEQ/L; 600MG/100ML; 429MG/100ML; 462MG/100ML; 726MG/100ML; 535MG/100ML; 726MG/100ML; 726MG/100ML; 330MG/100ML; 165MG/100ML; 528MG/100ML	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits*
AMINOSYN INJECTION 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML, 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	2	B/D
CLINIMIX 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX 4.25%/DEXTROSE 10%	2	B/D
CLINIMIX 4.25%/DEXTROSE 20%	2	B/D
CLINIMIX 4.25%/DEXTROSE 25%	2	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX E 5%/DEXTROSE 15%	2	B/D
CLINIMIX E 5%/DEXTROSE 20%	2	B/D
CLINIMIX E 5%/DEXTROSE 25%	2	B/D
CLINIMIX N14G30E	2	B/D
<i>clinisol sf 15%</i>	1	B/D
<i>dextrose 10%</i>	1	
<i>dextrose 20%</i>	1	
<i>dextrose 25% injection 250mg/ml</i>	1	
<i>dextrose 30%</i>	1	
<i>dextrose 40%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
<i>dextrose injection 50%</i>	1	
DOJOLVI	2	PA (Dojolvi)
FREAMINE HBC 6.9%	2	B/D
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	2	B/D
<i>glucose 5%</i>	1	
HEPATAMINE	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits*
<i>intralipid injection 20gm/100ml</i>	1	B/D
NEPHRAMINE	2	B/D
<i>nutrilipid</i>	1	B/D
<i>plenamine</i>	1	B/D
<i>premasol</i>	1	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
SYNTHAMIN 17	2	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	B/D
TROPHAMINE INJECTION 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	B/D
<i>trophamine injection 54.4meq/l; 0.32gm/100ml; 0.73gm/100ml; 0.19gm/100ml; 0.014gm/100ml; 0.22gm/100ml; 0.29gm/100ml; 0.49gm/100ml; 0.3gm/100ml; 0.84gm/100ml; 0.49gm/100ml; 0.2gm/100ml; 0.29gm/100ml; 0.41gm/100ml; 0.23gm/100ml; 0.015gm/100ml; 0.25gm/100ml; 0.12gm/100ml; 0.14gm/100ml; 0.47gm/100ml</i>	1	B/D
Diuretics		
<i>amiloride hcl tablet</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	
<i>bumetanide tablet</i>	1	MO
<i>chlorothiazide sodium</i>	1	
<i>chlorothiazide tablet</i>	1	MO
<i>chlorthalidone tablet 25mg, 50mg</i>	1	MO
<i>furosemide injection</i>	1	
<i>furosemide oral solution, tablet</i>	1	MO
<i>hydrochlorothiazide capsule, tablet</i>	1	MO
<i>indapamide</i>	1	MO
JYNARQUE TABLET	2	PA (Jynarque) MO
JYNARQUE TABLET THERAPY PACK 0	2	PA (Jynarque)
JYNARQUE TABLET THERAPY PACK 0, 15MG	2	QL (2 EA per 1 days) PA (Jynarque) MO
<i>metolazone</i>	1	MO
<i>torseamide tablet</i>	1	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>triamterene capsule</i>	1	MO
Ion-removing Agents		
FOSRENOL PACKET	2	ST (Phosphate Binders #2, new starts only) MO
<i>kionex suspension</i>	1	
<i>lanthanum carbonate</i>	1	ST (Phosphate Binders #2, new starts only) MO
LOKELMA PACKET 5GM	2	PA (Lokelma) MO
LOKELMA PACKET 10GM	2	QL (3 EA per 1 days) PA (Lokelma) MO
<i>sevelamer carbonate</i>	1	ST (Phosphate Binders #2, new starts only) MO
<i>sevelamer hydrochloride</i>	1	ST (Phosphate Binders #2, new starts only) MO
<i>sodium polystyrene sulfonate</i>	1	
<i>sps</i>	1	
VELTASSA PACKET 16.8GM, 8.4GM	2	PA (Veltassa)
VELTASSA PACKET 25.2GM	2	QL (1 EA per 1 days) PA (Veltassa)
Irrigating Solutions		
<i>argyle sterile water 100ml</i>	1	
<i>lactated ringers irrigation solution 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>ringers irrigation</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water for irrigation</i>	1	
<i>sterile water irrigation</i>	1	
<i>sterile water irrigation plastic bottle</i>	1	
<i>sterile water irrigation w/hanger</i>	1	
<i>tis-u-sol</i>	1	
Replacement Preparations		
<i>calcium acetate capsule</i>	1	MO
<i>calcium acetate tablet 667mg</i>	1	MO
DEXTROSE 10%/NACL 0.45%	2	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10%/NACL 0.2%	2	
DEXTROSE 2.5%/NACL 0.45%	2	
<i>dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
DEXTROSE 5%/NACL 0.225%	2	
<i>dextrose 5%/nacl 0.3%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>dextrose/sodium chloride</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
IONOSOL-MB/DEXTROSE 5% INJECTION 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
KCL 0.3%/D5W/NACL 0.9%	2	
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle</i>	1	MO
<i>lactated ringers viaflex</i>	1	
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
NORMOSOL -R	2	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	2	
NORMOSOL-R IN D5W	2	
NORMOSOL-R/5% DEXTROSE	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
<i>potassium chloride cr tablet extended release 10meq</i>	1	MO
<i>potassium chloride er capsule extended release</i>	1	MO
POTASSIUM CHLORIDE ER TABLET EXTENDED RELEASE 20MEQ	2	MO
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride proamp</i>	1	
<i>potassium chloride sr tablet extended release 8meq</i>	1	MO
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	2	
<i>potassium chloride/dextrose/sodium chloride</i>	1	
POTASSIUM CHLORIDE/DEXTROSE INJECTION 5%; 40MEQ/L	2	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	1	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	
<i>potassium chloride oral solution</i>	1	MO
<i>potassium chloride injection 0.4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>ringers injection injection 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.45%</i>	1	
<i>sodium chloride injection 0.45%, 0.9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROLYTES	2	
Uricosuric Agents		
<i>probenecid/colchicine</i>	1	MO
<i>probenecid tablet</i>	1	MO
Enzymes		
Enzymes		
ADAGEN	2	PA (adagen) LA
ALDURAZYME	2	PA (aldurazyme) LA
CEREZYME	2	PA (cerezyme)
ELAPRASE	2	PA (elaprase) LA
FABRAZYME	2	PA (fabrazyme) LA
LUMIZYME	2	PA (lumizyme) LA
NAGLAZYME	2	PA (naglazyme) LA
PALYNZIQ INJECTION 10MG/0.5ML, 2.5MG/0.5ML	2	PA (Palynziq) MO
PALYNZIQ INJECTION 20MG/ML	2	QL (2 ML per 1 days) PA (Palynziq) MO
STRENSIQ	2	PA (Strensiq) MO
SUCRAID	2	PA (sucraid) LA MO
VPRIV	2	PA (vpriv)
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
<i>ak-poly-bac</i>	1	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>chlorhexidine gluconate</i>	1	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
CIPROFLOXACIN OTIC SOLUTION 0.2%	2	
<i>erythromycin ointment 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ointment</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>levofloxacin ophthalmic solution 0.5%</i>	1	
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	1	
NATACYN	2	
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin zinc</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ofloxacin</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>sulfacetamide sodium ointment, solution</i>	1	
<i>tobramycin sulfate ophthalmic solution 0.3%</i>	1	
<i>trifluridine solution</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
ZIRGAN	2	
Anti-inflammatory Agents		
<i>blephamide s.o.p.</i>	1	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	
<i>diclofenac sodium solution 0.1%</i>	1	
DUREZOL	2	PA (durezol)
<i>flac</i>	1	
<i>flunisolide solution 0.025%</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>fluorometholone suspension</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone propionate suspension 50mcg/act</i>	1	
FML	2	
FML FORTE	2	
<i>hydrocortisone/acetic acid</i>	1	
<i>ketorolac tromethamine</i>	1	
MAXIDEX SUSPENSION	2	
<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension, otic suspension</i>	1	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	1	
PRED MILD	2	
PREDNISOLONE ACETATE	2	
PREDNISOLONE ACETATE P-F	2	
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	1	
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	2	
TOBRADEX OINTMENT	2	
<i>tobramycin/dexamethasone</i>	1	
Antiallergic Agents		
<i>azelastine hcl solution</i>	1	
<i>azelastine hydrochloride solution 0.1%</i>	1	QL (60 ML per 30 days)
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl solution</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>olopatadine hydrochloride solution 0.2%</i>	1	
Antiglaucoma Agents		
<i>acetazolamide er</i>	1	MO
<i>acetazolamide sodium</i>	1	
<i>acetazolamide tablet</i>	1	MO
<i>betaxolol hcl</i>	1	MO
<i>brimonidine tartrate solution</i>	1	MO
<i>carteolol hcl</i>	1	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>latanoprost solution</i>	1	MO
<i>levobunolol hcl solution 0.5%</i>	1	MO
<i>methazolamide tablet</i>	1	MO
<i>metipranolol</i>	1	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	2	MO
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	2	MO
<i>timolol maleate solution 0.25%, 0.5%</i>	1	MO
<i>travoprost</i>	1	ST (travatan z #2) MO
EENT Drugs, Miscellaneous		
<i>acetic acid</i>	1	
<i>acetic acid/aluminum acetate solution 2%; 0</i>	1	
<i>apraclonidine</i>	1	
CYSTARAN	2	PA (Cystaran) LA MO
IOPIDINE SOLUTION 1%	2	
OXERVATE	2	QL (1 ML per 1 days) PA (Oxervate)
Local Anesthetics		
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>proparacaine hcl solution</i>	1	
Mydriatics		
ATROPINE SULFATE SOLUTION 1%	2	MO
Vasoconstrictors		
TYZINE PEDIATRIC NASAL DROPS	2	
Eye, Ear, Nose + Throat Preparations		
Anti-infectives		
<i>sodium sulfacetamide</i>	1	
Gastrointestinal Drugs		
Anti-inflammatory Agents		
<i>alosetron hydrochloride</i>	1	PA (lotronex) MO
<i>balsalazide disodium</i>	1	
DIPENTUM	2	MO
<i>mesalamine dr capsule delayed release</i>	1	MO
<i>mesalamine dr tablet delayed release 800mg</i>	1	
<i>mesalamine enema, kit, suppository</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
PENTASA	2	MO
Antidiarrhea Agents		
<i>diphenoxylate/atropine</i>	1	
<i>loperamide hcl capsule</i>	1	
<i>opium</i>	1	QL (2.4 ML per 1 days) PA (Opium Tincture)
<i>opium tincture tincture 1%</i>	1	QL (2.4 ML per 1 days) PA (Opium Tincture)
XERMELO	2	QL (3 EA per 1 days) PA (Xermelo) MO
Antiemetics		
<i>aprepitant</i>	1	PA (emend)
<i>dronabinol</i>	1	PA (dronabinol)
EMEND SUSPENSION RECONSTITUTED	2	PA (emend)
<i>granisetron hcl tablet</i>	1	PA (Granisetron)
<i>granisetron hcl injection 0.1mg/ml, 1mg/ml</i>	1	PA (Granisetron)
<i>granisetron hydrochloride</i>	1	PA (Granisetron)
<i>meclizine hcl tablet</i>	1	
<i>ondansetron hcl solution</i>	1	B/D
<i>ondansetron hcl tablet 24mg</i>	1	B/D
<i>ondansetron hydrochloride injection</i>	1	
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>scopolamine</i>	1	PA (Transderm Scop)
Antiulcer Agents and Acid Suppressants		
<i>cimetidine hcl solution</i>	1	MO
<i>cimetidine tablet 200mg</i>	1	
<i>cimetidine tablet 300mg, 400mg, 800mg</i>	1	MO
<i>esomeprazole magnesium capsule delayed release</i>	1	MO
<i>esomeprazole sodium</i>	1	ST (IV esomeprazole #2)
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	MO
<i>lansoprazole odt</i>	1	PA (Lansoprazole ODT) MO
<i>lansoprazole capsule delayed release</i>	1	MO
<i>lansoprazole tablet delayed release disintegrating</i>	1	PA (Lansoprazole ODT) MO
<i>misoprostol tablet</i>	1	MO
<i>omeprazole dr capsule delayed release 10mg</i>	1	MO
<i>omeprazole capsule delayed release</i>	1	MO
<i>pantoprazole sodium injection</i>	1	
<i>pantoprazole sodium tablet delayed release</i>	1	MO
<i>rabeprazole sodium</i>	1	MO
<i>ranitidine hcl injection 150mg/6ml, 50mg/2ml</i>	1	
<i>ranitidine hcl syrup 75mg/5ml</i>	1	MO
<i>ranitidine hcl tablet 300mg</i>	1	MO
<i>ranitidine hydrochloride injection</i>	1	
<i>ranitidine hydrochloride capsule</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>ranitidine hydrochloride tablet 150mg</i>	1	MO
<i>sucralfate suspension, tablet</i>	1	MO
<i>Cathartics and Laxatives</i>		
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-h</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
GOLYTELY SOLUTION RECONSTITUTED 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	2	
OSMOPREP	2	
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
<i>polyethylene glycol 3350 packet 17gm</i>	1	
<i>polyethylene glycol 3350 powder 17gm/scoop</i>	1	
SUPREP BOWEL PREP KIT	2	
<i>trilyte</i>	1	
<i>Cholelitholytic Agents</i>		
<i>chenodal</i>	1	PA (CHENODAL)
<i>ursodiol capsule, tablet</i>	1	MO
<i>Digestants</i>		
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 42000UNIT; 10000UNIT; 32000UNIT	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	MO
<i>GI Drugs, Miscellaneous</i>		
AMITIZA	2	PA (amitiza) MO
CHOLBAM	2	PA (Cholbam) MO
GATTEX	2	PA (GATTEX) MO
LINZESS CAPSULE 145MCG, 72MCG	2	PA (Linzess) MO
LINZESS CAPSULE 290MCG	2	QL (1 EA per 1 days) PA (Linzess) MO
OCALIVA TABLET 5MG	2	PA (Ocaliva) MO
OCALIVA TABLET 10MG	2	QL (1 EA per 1 days) PA (Ocaliva) MO
RELISTOR INJECTION	2	PA (relistor)
RELISTOR TABLET	2	QL (3 EA per 1 days) PA (relistor)

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

Drug Name	Drug Tier	Requirements/Limits*
STELARA INJECTION 130MG/26ML	2	QL (104 ML per 180 days) PA (Stelara)
SYMPROIC	2	QL (1 EA per 1 days) PA (Symproic)
VIBERZI	2	QL (2 EA per 1 days) PA (Viberzi) MO
Prokinetic Agents		
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride solution, tablet</i>	1	
Gold Compounds		
Gold Compounds		
RIDAURA	2	MO
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>clovique</i>	1	
<i>deferasirox tablet soluble</i>	1	PA (exjade/ferriprox) MO
<i>deferasirox packet, tablet</i>	1	PA (Jadenu)
<i>deferiprone</i>	1	PA (exjade/ferriprox) MO
FERRIPROX TWICE-A-DAY	2	PA (exjade/ferriprox) MO
FERRIPROX SOLUTION	2	PA (exjade/ferriprox) MO
FERRIPROX TABLET 1000MG	2	PA (exjade/ferriprox) MO
<i>penicillamine tablet</i>	1	
<i>trientine hydrochloride</i>	1	
Hormones and Synthetic Substitutes		
Adrenals		
ARMONAIR RESPICLICK 113	2	MO
ARMONAIR RESPICLICK 232	2	MO
ARMONAIR RESPICLICK 55	2	MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>budesonide capsule delayed release particles</i>	1	
<i>budesonide suspension</i>	1	B/D MO
<i>cortisone acetate tablet 25mg</i>	1	
<i>decadron elixir</i>	1	
<i>deltasone tablet 20mg</i>	1	B/D
DEPO-MEDROL INJECTION 20MG/ML	2	B/D
<i>dexabliss</i>	1	
<i>dexamethasone 10-day dose pack</i>	1	
<i>dexamethasone 13-day dose pack</i>	1	
<i>dexamethasone 6-day dose pack</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate injection 10mg/ml, 120mg/30ml</i>	1	
<i>dexamethasone elixir, solution</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>dexpak 10 day tablet therapy pack</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>dexpak 13 day tablet therapy pack</i>	1	
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	2	QL (13 GM per 30 days) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	2	QL (17.6 GM per 30 days) MO
<i>dxevo 11-day</i>	1	
EMFLAZA	2	PA (Emflaza)
FLOVENT DISKUS	2	MO
FLOVENT HFA	2	MO
<i>fludrocortisone acetate tablet</i>	1	MO
FLUTICASONE PROPIONATE/SALMETEROL	2	QL (2 EA per 30 days) MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
KENALOG-10	2	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	1	B/D
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate</i>	1	B/D
<i>methylprednisolone sodiumsuccinate injection 1000mg, 125mg, 40mg</i>	1	B/D
<i>methylprednisolone tablet</i>	1	B/D
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution</i>	1	
<i>prednisone tablet therapy pack</i>	1	
<i>prednisone solution</i>	1	B/D
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	B/D
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	2	MO
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	2	QL (21.2 GM per 30 days) MO
SOLU-CORTEF INJECTION 100MG, 250MG	2	
SOLU-MEDROL INJECTION 2GM, 500MG	2	B/D
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 62.5MCG/INH; 25MCG/INH	2	QL (2 EA per 1 days) ST (Trelegy Ellipta #2) MO
<i>triamcinolone acetonide injection 40mg/ml</i>	1	
Androgens		
ANADROL-50	2	PA (Anadrol-50)
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	2	MO
<i>danazol capsule</i>	1	
<i>methitest</i>	1	PA (testosterone-systemic) MO
<i>oxandrolone tablet 2.5mg</i>	1	PA (oxandrolone)
<i>oxandrolone tablet 10mg</i>	1	QL (2 EA per 1 days) PA (oxandrolone)
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	
<i>testosterone enanthate injection</i>	1	
TESTOSTERONE PUMP GEL 1%	2	MO
<i>testosterone pump gel 1.62%</i>	1	MO
<i>testosterone gel</i>	1	MO
Antidiabetic Agents		

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

Drug Name	Drug Tier	Requirements/Limits*
<i>acarbose tablet 25mg, 50mg</i>	1	MO
<i>acarbose tablet 100mg</i>	1	QL (3 EA per 1 days) MO
<i>alogliptin/metformin hcl tablet 12.5mg; 500mg</i>	1	MO
<i>alogliptin/metformin hcl tablet 12.5mg; 1000mg</i>	1	QL (2 EA per 1 days) MO
<i>alogliptin/pioglitazone tablet 12.5mg; 15mg, 12.5mg; 30mg</i>	1	MO
<i>alogliptin/pioglitazone tablet 12.5mg; 45mg, 25mg; 15mg, 25mg; 30mg, 25mg; 45mg</i>	1	QL (1 EA per 1 days) MO
<i>alogliptin tablet 12.5mg, 6.25mg</i>	1	MO
<i>alogliptin tablet 25mg</i>	1	QL (1 EA per 1 days) MO
BASAGLAR KWIKPEN	2	MO
BYDUREON	2	QL (4 EA per 28 days) MO
BYDUREON BCISE	2	QL (4 ML per 28 days) MO
BYDUREON PEN	2	QL (4 EA per 28 days) MO
BYETTA INJECTION 5MCG/0.02ML	2	MO
BYETTA INJECTION 10MCG/0.04ML	2	QL (2.4 ML per 30 days) MO
CYCLOSET	2	MO
FARXIGA TABLET 5MG	2	MO
FARXIGA TABLET 10MG	2	QL (1 EA per 1 days) MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
<i>glimepiride tablet 4mg</i>	1	QL (2 EA per 1 days) MO
<i>glimepiride tablet 2mg</i>	1	QL (4 EA per 1 days) MO
<i>glimepiride tablet 1mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide xl tablet extended release 24 hour 5mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg</i>	1	MO
<i>glipizide/metformin hydrochloride tablet 5mg; 500mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide tablet 10mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide tablet 5mg</i>	1	QL (8 EA per 1 days) MO
GLYXAMBI TABLET 10MG; 5MG	2	MO
GLYXAMBI TABLET 25MG; 5MG	2	QL (1 EA per 1 days) MO
JANUMET	2	QL (2 EA per 1 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 500MG; 50MG	2	MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL (1 EA per 1 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG	2	QL (2 EA per 1 days) MO
JANUVIA TABLET 25MG, 50MG	2	MO
JANUVIA TABLET 100MG	2	QL (1 EA per 1 days) MO
JARDIANCE TABLET 10MG	2	MO

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

Drug Name	Drug Tier	Requirements/Limits*
JARDIANCE TABLET 25MG	2	QL (1 EA per 1 days) MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	2	QL (1 EA per 1 days) MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	2	QL (2 EA per 1 days) MO
KORLYM	2	PA (Korlym) MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	MO
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL (4 EA per 1 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (2.5 EA per 1 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (3 EA per 1 days) MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (5 EA per 1 days) MO
<i>miglitol tablet 25mg, 50mg</i>	1	MO
<i>miglitol tablet 100mg</i>	1	QL (3 EA per 1 days) MO
<i>nateglinide tablet 60mg</i>	1	MO
<i>nateglinide tablet 120mg</i>	1	QL (3 EA per 1 days) MO
NOVOLIN 70/30	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN N	2	MO
NOVOLIN N FLEXPEN	2	MO
NOVOLIN R	2	MO
NOVOLIN R FLEXPEN	2	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
NOVOLOG PENFILL	2	MO
ONGLYZA TABLET 2.5MG	2	MO
ONGLYZA TABLET 5MG	2	QL (1 EA per 1 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (3 EA per 1 days) MO
<i>pioglitazone hcl tablet 45mg</i>	1	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	MO
QTERN	2	QL (1 EA per 1 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	MO
<i>repaglinide tablet 2mg</i>	1	QL (8 EA per 1 days) MO
SYMLINPEN 120	2	MO
SYMLINPEN 60	2	MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 5MG; 1000MG	2	MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL (1 EA per 1 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 1000MG	2	QL (2 EA per 1 days) MO
SYNJARDY TABLET 5MG; 1000MG, 5MG; 500MG	2	MO

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

Drug Name	Drug Tier	Requirements/Limits*
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG	2	QL (2 EA per 1 days) MO
<i>tolbutamide</i>	1	QL (6 EA per 1 days) MO
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
<i>tranlycypromine sulfate</i>	1	MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (1 EA per 1 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (2 EA per 1 days) MO
TRULICITY INJECTION 0.75MG/0.5ML	2	MO
TRULICITY INJECTION 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	QL (2 ML per 28 days) MO
VICTOZA	2	QL (9 ML per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 5MG; 500MG	2	MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 500MG	2	QL (1 EA per 1 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	2	QL (2 EA per 1 days) MO
<i>Antihypoglycemic Agents</i>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide suspension</i>	1	MO
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS	2	
<i>Contraceptives</i>		
<i>altavera</i>	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
<i>amethia</i>	1	MO
<i>amethia lo</i>	1	MO
<i>amethyst</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette</i>	1	MO
<i>balziva</i>	1	MO
<i>bekyree</i>	1	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>blisovi fe 1/20</i>	1	MO
<i>briellyn</i>	1	MO
<i>camila</i>	1	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>caziant</i>	1	MO
<i>cesia</i>	1	MO
<i>chateal</i>	1	MO
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	MO
<i>cyclafem 7/7/7</i>	1	MO
<i>cyred</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35</i>	1	MO
<i>dasetta 7/7/7</i>	1	MO
<i>daysee</i>	1	MO
<i>deblitane</i>	1	MO
<i>delyla</i>	1	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	1	MO
<i>elinest</i>	1	MO
ELLA	2	QL (1 EA per 1 days)
<i>eluryng</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse-28</i>	1	MO
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>etonogestrel/ethinyl estradiol</i>	1	MO
<i>falmina</i>	1	MO
<i>fayosim</i>	1	MO
<i>femynor</i>	1	MO
<i>gianvi</i>	1	MO
<i>gildess 1.5/30</i>	1	MO
<i>gildess 1/20</i>	1	MO
<i>gildess 24 fe</i>	1	MO
<i>gildess fe 1.5/30</i>	1	MO
<i>gildess fe 1/20</i>	1	MO
<i>hailey 24 fe</i>	1	MO
<i>heather</i>	1	MO
<i>incassia</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jasmiel</i>	1	MO
<i>jencycla</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>jolessa</i>	1	MO
<i>jolivette</i>	1	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30</i>	1	MO
<i>junel 1/20</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	MO
<i>kaitlib fe</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kimidess</i>	1	MO
<i>kurvelo</i>	1	MO
<i>larin 1.5/30</i>	1	MO
<i>larin 1/20</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30</i>	1	MO
<i>larin fe 1/20</i>	1	MO
<i>larissia</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest</i>	1	MO
<i>levonorgestrel and ethinyl estradiol</i>	1	MO
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	MO
<i>lillow</i>	1	MO
LO LOESTRIN FE	2	MO
<i>loryna</i>	1	MO
<i>low-ogestrel</i>	1	MO
<i>lutera</i>	1	MO
<i>lyza</i>	1	MO
<i>marlissa</i>	1	MO
<i>melodetta 24 fe</i>	1	MO
<i>mibelas 24 fe</i>	1	MO
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO
<i>microgestin 24 fe</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO
<i>microgestin fe 1/20</i>	1	MO
<i>mili</i>	1	MO
<i>mono-lynyah</i>	1	MO
<i>mononessa</i>	1	MO
<i>myzilra</i>	1	MO
NATAZIA	2	MO
<i>necon 0.5/35-28</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>necon 1/35</i>	1	MO
<i>necon 7/7/7</i>	1	MO
<i>nikki</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethindrone</i>	1	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet chewable</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>norgestrel/ethinyl estradiol</i>	1	MO
NORINYL 1+50	2	MO
<i>norlyda</i>	1	MO
<i>norlyroc</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
<i>ocella</i>	1	MO
<i>ogestrel</i>	1	MO
<i>orsythia</i>	1	MO
<i>philith</i>	1	MO
<i>pimtreea</i>	1	MO
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	MO
<i>previfem</i>	1	MO
<i>rajani</i>	1	MO
<i>reclipsen</i>	1	MO
<i>rivelsa</i>	1	MO
<i>setlakin</i>	1	MO
<i>sharobel</i>	1	MO
<i>sprintec 28</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1/20</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri femynor</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	MO
<i>tri-previfem</i>	1	MO
<i>tri-sprintec</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>trinessa lo</i>	1	MO
<i>trivora-28</i>	1	MO
<i>tulana</i>	1	MO
TWIRLA	2	MO
<i>tydemy</i>	1	MO
<i>velivet</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele</i>	1	MO
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	MO
<i>wera</i>	1	MO
<i>wymzya fe</i>	1	MO
<i>xulane</i>	1	MO
<i>zarah</i>	1	MO
<i>zenchent</i>	1	MO
<i>zovia 1/35e</i>	1	MO
<i>Estrogens and Antiestrogens</i>		
<i>amabelz</i>	1	MO
<i>anastrozole tablet</i>	1	MO
<i>dotti</i>	1	MO
<i>estradiol valerate injection</i>	1	
<i>estradiol/norethindrone acetate</i>	1	MO
<i>estradiol cream, patch twice weekly, patch weekly, oral tablet, vaginal tablet</i>	1	MO
ESTRING	2	MO
<i>exemestane</i>	1	MO
KISQALI FEMARA 200 DOSE	2	PA (Cancer Drugs, new starts only)
KISQALI FEMARA 400 DOSE	2	PA (Cancer Drugs, new starts only)
KISQALI FEMARA 600 DOSE	2	QL (91 EA per 28 days) PA (Cancer Drugs, new starts only)
<i>letrozole tablet</i>	1	MO
<i>lopreeza</i>	1	MO
<i>menest tablet 0.3mg, 0.625mg, 1.25mg</i>	1	MO
<i>mimvey</i>	1	MO
<i>mimvey lo</i>	1	MO
<i>prefest</i>	1	MO
PREMARIN CREAM	2	MO
<i>raloxifene hydrochloride</i>	1	MO
SOLTAMOX	2	PA (Soltamox, new starts only) MO
<i>tamoxifen citrate tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>toremifene citrate</i>	1	PA (Cancer Drugs, new starts only) MO
<i>yuvafem</i>	1	MO
<i>Gonadotropins and Antigonadotropins</i>		
ELIGARD	2	PA (leuprolide, new starts only)
FIRMAGON INJECTION 120MG/VIAL, 80MG	2	PA (Cancer Drugs, new starts only)
<i>leuprolide acetate injection</i>	1	PA (leuprolide, new starts only)
LUPANETA PACK KIT 3.75MG; 5MG	2	PA (leuprolide)
LUPANETA PACK KIT 11.25MG; 5MG	2	QL (4 EA per 365 days) PA (leuprolide)
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	2	PA (leuprolide)
LUPRON DEPOT (1-MONTH) INJECTION 7.5MG	2	PA (leuprolide, new starts only)
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	2	PA (leuprolide)
LUPRON DEPOT (3-MONTH) INJECTION 22.5MG	2	PA (leuprolide, new starts only)
LUPRON DEPOT (4-MONTH)	2	PA (leuprolide, new starts only)
LUPRON DEPOT (6-MONTH)	2	PA (leuprolide, new starts only)
LUPRON DEPOT-PED (1-MONTH)	2	PA (leuprolide)
LUPRON DEPOT-PED (3-MONTH)	2	PA (leuprolide)
ORIAHNN	2	QL (2 EA per 1 days) PA (Oriahnn)
ORILISSA TABLET 150MG	2	PA (Orilissa)
ORILISSA TABLET 200MG	2	QL (2 EA per 1 days) PA (Orilissa)
SYNAREL	2	PA (synarel)
TRELSTAR MIXJECT	2	PA (Cancer Drugs, new starts only)
<i>Leptins</i>		
MYALEPT	2	PA (Myalept) MO
<i>Parathyroid and Antiparathyroid Agents</i>		
<i>calcitonin salmon</i>	1	MO
<i>calcitonin-salmon solution</i>	1	MO
<i>cinacalcet hydrochloride</i>	1	MO
FORTEO INJECTION 600MCG/2.4ML	2	QL (2.4 ML per 28 days) PA (forteo) MO
MIACALCIN INJECTION	2	
NATPARA INJECTION 25MCG, 50MCG	2	PA (natpara) MO
NATPARA INJECTION 100MCG, 75MCG	2	QL (2 EA per 28 days) PA (natpara) MO
TERIPARATIDE	2	QL (2.48 ML per 28 days) PA (forteo) MO
TYMLOS	2	QL (1.56 ML per 30 days) PA (Tymlos) MO
<i>Pituitary</i>		
ACTHAR	2	PA (Acthar HP)
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate nasal solution, tablet</i>	1	MO
<i>Progestins</i>		
DEPO-PROVERA INJECTION 400MG/ML	2	
DEPO-SUBQ PROVERA 104	2	QL (0.65 ML per 84 days)
<i>medroxyprogesterone acetate injection</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>medroxyprogesterone acetate tablet</i>	1	MO
<i>megestrol acetate tablet</i>	1	
<i>megestrol acetate suspension 40mg/ml</i>	1	
<i>norethindrone acetate tablet</i>	1	MO
<i>progesterone capsule</i>	1	MO
<i>Somatostatin Agonists and Antagonists</i>		
<i>octreotide acetate</i>	1	MO
SANDOSTATIN LAR DEPOT	2	PA (Sandostatin LAR)
SIGNIFOR	2	PA (Signifor) MO
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	2	PA (somatuline depot)
SOMATULINE DEPOT INJECTION 120MG/0.5ML	2	PA (somatuline depot, new starts only)
<i>Somatotropin Agonists and Antagonists</i>		
EGRIFTA SV	2	QL (1 EA per 1 days) PA (egrifta) MO
EGRIFTA INJECTION 1MG	2	QL (2 EA per 1 days) PA (egrifta) MO
GENOTROPIN	2	PA (somatropins) MO
GENOTROPIN MINIQUICK	2	PA (somatropins) MO
HUMATROPE COMBO PACK	2	PA (somatropins) MO
HUMATROPE INJECTION 12MG, 24MG, 6MG	2	PA (somatropins) MO
INCRELEX	2	PA (increlex) LA MO
NORDITROPIN FLEXPRO	2	PA (somatropins) MO
NUTROPIN AQ NUSPIN 10	2	PA (somatropins) MO
NUTROPIN AQ NUSPIN 20	2	PA (somatropins) MO
NUTROPIN AQ NUSPIN 5	2	PA (somatropins) MO
NUTROPIN AQ PEN INJECTION 20MG/2ML	2	PA (somatropins) MO
OMNITROPE	2	PA (somatropins) MO
SAIZEN	2	PA (somatropins) MO
SAIZENPREP RECONSTITUTIONKIT	2	PA (somatropins) MO
SOMAVERT	2	PA (somavert) LA MO
ZORBTIVE	2	PA (somatropins) LA MO
<i>Thyroid and Antithyroid Agents</i>		
ARMOUR THYROID	2	MO
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>levo-t</i>	1	MO
<i>levothyroxine sodium tablet</i>	1	MO
<i>levothyroxine sodium injection 100mcg, 200mcg, 500mcg</i>	1	
<i>levothyroxine/liothyronine</i>	1	MO
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>liothyronine sodium tablet</i>	1	MO
<i>methimazole tablet 10mg, 5mg</i>	1	MO
<i>np thyroid 120</i>	1	MO
<i>np thyroid 15</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>np thyroid 30</i>	1	MO
<i>np thyroid 60</i>	1	MO
<i>np thyroid 90</i>	1	MO
<i>propylthiouracil tablet</i>	1	MO
SYNTHROID TABLET	2	MO
THYROLAR-1	2	MO
THYROLAR-1/2	2	MO
THYROLAR-1/4	2	MO
THYROLAR-2	2	MO
THYROLAR-3	2	MO
TIROSINT-SOL	2	PA (Tirosint Solution) MO
<i>unithroid</i>	1	MO
Local Anesthetics		
Local Anesthetics		
<i>lidocaine hcl injection 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hydrochloride injection 1%, 2%</i>	1	
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
<i>dutasteride capsule</i>	1	MO
<i>finasteride tablet</i>	1	MO
Alcohol Deterrents		
<i>disulfiram tablet</i>	1	MO
Antidotes		
<i>acetylcysteine solution</i>	1	B/D
<i>leucovorin calcium tablet</i>	1	
<i>leucovorin calcium injection 100mg, 200mg, 350mg, 500mg, 50mg</i>	1	
<i>levoleucovorin</i>	1	PA (levoleucovorin, new starts only)
<i>levoleucovorin calcium</i>	1	PA (levoleucovorin, new starts only)
Antigout Agents		
<i>allopurinol tablet</i>	1	MO
COLCHICINE TABLET	2	
COLCRYS	2	
<i>febuxostat</i>	1	ST (uloric #2) MO
Antisense Oligonucleotides		
EXONDYS 51	2	PA (Exondys)
TEGSEDI	2	QL (6 ML per 28 days) PA (Tegsedi) MO
Bone Anabolic Agents		
EVENITY	2	QL (2.34 ML per 28 days) PA (EVENITY)
Bone Resorption Inhibitors		
<i>alendronate sodium solution</i>	1	MO
<i>alendronate sodium tablet 10mg, 5mg</i>	1	MO
<i>alendronate sodium tablet 40mg</i>	1	QL (1 EA per 1 days)
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>etidronate disodium</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>ibandronate sodium injection</i>	1	
<i>ibandronate sodium tablet</i>	1	QL (1 EA per 28 days) MO
<i>pamidronate disodium</i>	1	PA (parenteral bisphosphonates)
PROLIA	2	QL (1 ML per 180 days)
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) ST (risedronate #2) MO
<i>risedronate sodium tablet 30mg</i>	1	ST (risedronate #2)
<i>risedronate sodium tablet 150mg, 5mg</i>	1	ST (risedronate #2) MO
XGEVA	2	PA (Xgeva)
<i>zoledronic acid injection 5mg/100ml</i>	1	PA (parenteral bisphosphonates)
<i>zoledronic acid injection 4mg/100ml, 4mg/5ml</i>	1	PA (parenteral bisphosphonates, new starts only)
ZOMETA INJECTION 4MG/100ML	2	PA (parenteral bisphosphonates, new starts only)
Carbonic Anhydrase Inhibitors		
KEVEYIS	2	QL (4 EA per 1 days) PA (Keveyis)
Cariostatic Agents		
<i>fluoride tablet chewable 1mg</i>	1	
<i>fluoritab tablet chewable 1mg</i>	1	
<i>ludent tablet chewable 1mg</i>	1	
<i>nafrinse</i>	1	
<i>sodium fluoride tablet chewable 1mg, 2.2mg</i>	1	
SODIUM FLUORIDE TABLET 1MG	2	MO
Complement Inhibitors		
CINRYZE	2	PA (CINRYZE)
HAEGARDA	2	PA (Haegarda)
<i>icatibant acetate</i>	1	PA (FIRAZYR)
TAKHZYRO	2	QL (4 ML per 28 days) PA (Takhzyro) MO
Disease-modifying Antirheumatic Drugs		
CIMZIA STARTER KIT	2	QL (1 EA per 28 days) PA (Cimzia) MO
CIMZIA INJECTION 200MG	2	QL (1 EA per 28 days) PA (Cimzia)
CIMZIA INJECTION 200MG/ML	2	QL (1 EA per 28 days) PA (Cimzia) MO
ENBREL MINI	2	QL (8 ML per 28 days) PA (enbrel) MO
ENBREL SURECLICK	2	QL (7.84 ML per 28 days) PA (enbrel) MO
ENBREL INJECTION 25MG/0.5ML, 25MG	2	PA (enbrel) MO
ENBREL INJECTION 25MG/0.5ML	2	QL (4 ML per 28 days) PA (enbrel) MO
ENBREL INJECTION 50MG/ML	2	QL (8 ML per 28 days) PA (enbrel) MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	2	QL (2 EA per 180 days) PA (humira) MO

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

Drug Name	Drug Tier	Requirements/Limits*
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 40MG/0.8ML	2	QL (3 EA per 180 days) PA (humira) MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	2	QL (3 EA per 180 days) PA (humira, new starts only)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 40MG/0.8ML	2	QL (6 EA per 180 days) PA (humira) MO
HUMIRA PEN	2	QL (6 EA per 28 days) PA (humira) MO
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	2	QL (3 EA per 180 days) PA (humira)
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	2	QL (6 EA per 180 days) PA (humira) MO
HUMIRA PEN-PS/UV STARTER INJECTION 0	2	QL (3 EA per 180 days) PA (humira)
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	2	QL (4 EA per 180 days) PA (humira) MO
HUMIRA INJECTION 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	2	PA (humira) MO
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	2	QL (6 EA per 28 days) PA (humira) MO
INFLECTRA	2	PA (Inflectra)
KINERET	2	QL (18.76 ML per 28 days) PA (kineret) MO
<i>leflunomide tablet</i>	1	MO
ORENCIA CLICKJECT	2	PA (orencia) MO
ORENCIA INJECTION 125MG/ML, 250MG	2	PA (orencia) MO
RENFLEXIS	2	PA (Renflexis)
SIMPONI	2	PA (Simponi) MO
SIMPONI ARIA	2	PA (Simponi) MO
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22MG	2	QL (1 EA per 1 days) PA (Xeljanz)
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG	2	QL (2 EA per 1 days) PA (Xeljanz)
XELJANZ TABLET 5MG	2	PA (Xeljanz)
XELJANZ TABLET 10MG	2	QL (2 EA per 1 days) PA (Xeljanz)
<i>Immunomodulatory Agents</i>		
ACTIMMUNE	2	PA (Actimmune, new starts only) LA MO
AUBAGIO	2	PA (AUBAGIO) MO
AVONEX PEN	2	QL (4 EA per 28 days) MO
AVONEX INJECTION 30MCG/0.5ML	2	QL (1 EA per 28 days) MO
AVONEX INJECTION 30MCG/VIAL	2	QL (4 EA per 28 days)
AVONEX INJECTION 30MCG/VIAL	2	QL (4 EA per 28 days) MO
BETASERON	2	QL (14 EA per 28 days) MO
<i>dimethyl fumarate starterpack miscellaneous 0</i>	1	PA (tecfidera)
<i>dimethyl fumarate capsule delayed release</i>	1	PA (tecfidera) MO

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

Drug Name	Drug Tier	Requirements/Limits*
ENSPRYNG	2	QL (3 ML per 28 days) PA (Enspryng)
EXTAVIA	2	QL (15 EA per 30 days) MO
GILENYA CAPSULE 0.25MG	2	PA (Gilenya)
GILENYA CAPSULE 0.5MG	2	QL (1 EA per 1 days) PA (Gilenya) MO
<i>glatiramer acetate injection 20mg/ml</i>	1	QL (1 ML per 1 days) MO
<i>glatiramer acetate injection 40mg/ml</i>	1	QL (12 ML per 28 days) MO
<i>glatopa injection 20mg/ml</i>	1	QL (1 ML per 1 days) MO
<i>glatopa injection 40mg/ml</i>	1	QL (12 ML per 28 days) MO
MAYZENT STARTER PACK	2	QL (12 EA per 180 days) PA (MAYZENT)
MAYZENT TABLET 0.25MG	1	PA (MAYZENT) MO
MAYZENT TABLET 2MG	1	QL (1 EA per 1 days) PA (MAYZENT) MO
OCREVUS	2	QL (20 ML per 180 days) PA (Ocrevus)
REBIF REBIDOSE TITRATION PACK	2	QL (4.2 ML per 180 days) MO
REBIF REBIDOSE INJECTION 22MCG/0.5ML	2	MO
REBIF REBIDOSE INJECTION 44MCG/0.5ML	2	QL (6 ML per 28 days) MO
REBIF TITRATION PACK	2	QL (4.2 ML per 180 days) MO
REBIF INJECTION 22MCG/0.5ML	2	MO
REBIF INJECTION 44MCG/0.5ML	2	QL (6 ML per 28 days) MO
TECFIDERA STARTER PACK	2	PA (tecfidera)
THALOMID	2	PA (thalomid, new starts only) MO
TYSABRI	2	PA (tysabri) LA
<i>Immunosuppressive Agents</i>		
ASTAGRAF XL	2	PA (ASTAGRAF, new starts only) MO
ATGAM	2	PA (intravenous immune globulin, new starts only)
<i>azasan</i>	1	B/D MO
<i>azathioprine injection</i>	1	B/D
<i>azathioprine tablet</i>	1	B/D MO
BENLYSTA INJECTION 120MG, 400MG	2	PA (benlysta)
BENLYSTA INJECTION 200MG/ML	2	QL (4 ML per 28 days) PA (benlysta) MO
<i>cyclosporine modified</i>	1	B/D MO
<i>cyclosporine injection</i>	1	B/D
<i>cyclosporine capsule</i>	1	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg</i>	1	B/D MO
<i>gengraf</i>	1	B/D MO
<i>mycophenolate mofetil injection</i>	1	B/D
<i>mycophenolate mofetil capsule, suspension reconstituted, tablet</i>	1	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
NULOJIX	2	PA (nulojix, new starts only)

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

Drug Name	Drug Tier	Requirements/Limits*
PROGRAF INJECTION	2	B/D
PROGRAF PACKET	2	B/D MO
SIMULECT	2	B/D
<i>sirolimus solution, tablet</i>	1	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D MO
THYMOGLOBULIN	2	PA (intravenous immune globulin, new starts only)
ZORTRESS TABLET 1MG	2	B/D MO
Other Miscellaneous Therapeutic Agents		
ARCALYST	2	PA (arcalyst) LA MO
BOTOX	2	PA (botulinum toxin)
CERDELGA	2	QL (2 EA per 1 days) PA (Cerdelga) MO
CYSTADANE	2	PA (cystadane) MO
CYSTAGON	2	LA MO
<i>dalfampridine er</i>	1	QL (2 EA per 1 days) PA (Dalfampridine) MO
DEMSEER	2	PA (Demser)
ELMIRON	2	PA (ELMIRON)
ENDARI	2	PA (Endari)
EVRYSDI	2	QL (6.67 ML per 1 days) PA (Evrysdi)
FIRDAPSE	2	QL (8 EA per 1 days) PA (Firdapse)
GALAFOLD	2	QL (0.5 EA per 1 days) PA (GALAFOLD) MO
KUVAN	2	PA (kuvan) LA MO
<i>levocarnitine solution, tablet</i>	1	MO
<i>metyrosine</i>	1	PA (Demser)
<i>miglustat</i>	1	PA (zavesca) LA MO
<i>nitisinone</i>	1	PA (Orfadin) MO
NITYR	2	PA (Nityr) LA
ORFADIN SUSPENSION	2	PA (Orfadin) MO
ORFADIN CAPSULE 20MG	2	PA (Orfadin) MO
RUZURGI	2	PA (Ruzurgi) MO
<i>sapropterin dihydrochloride</i>	1	PA (kuvan) LA MO
TYBOST	2	MO
XEOMIN	2	PA (botulinum toxin)
XURIDEN	2	QL (8 EA per 1 days) PA (Xuriden) MO
Protective Agents		
<i>dexrazoxane</i>	1	
MESNEX TABLET	2	
Respiratory Tract Agents		
Anti-inflammatory Agents		
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	MO
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D MO
DUPIXENT INJECTION 200MG/1.14ML	2	PA (Dupixent)

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

Drug Name	Drug Tier	Requirements/Limits*
FASENRA	2	PA (Fasenra)
FASENRA PEN	2	PA (Fasenra)
<i>montelukast sodium tablet</i>	1	MO
<i>montelukast sodium packet</i>	1	QL (1 EA per 1 days) MO
<i>montelukast sodium tablet chewable 4mg</i>	1	MO
<i>montelukast sodium tablet chewable 5mg</i>	1	QL (1 EA per 1 days) MO
NUCALA INJECTION 100MG	2	QL (3 EA per 28 days) PA (Nucala) MO
NUCALA INJECTION 100MG/ML	2	QL (3 ML per 28 days) PA (Nucala) MO
<i>zafirlukast tablet 10mg</i>	1	MO
<i>zafirlukast tablet 20mg</i>	1	QL (2 EA per 1 days) MO
<i>Antifibrotic Agents</i>		
ESBRIET CAPSULE	2	QL (9 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
ESBRIET TABLET 267MG	2	PA (Pulmonary Fibrosis Agents) MO
ESBRIET TABLET 801MG	2	QL (3 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
OFEV CAPSULE 100MG	2	PA (Pulmonary Fibrosis Agents) MO
OFEV CAPSULE 150MG	2	QL (2 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
<i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i>		
KALYDECO	2	PA (kalydeco) MO
ORKAMBI	2	PA (Orkambi) MO
SYMDEKO	2	PA (Symdeko) MO
TRIKAFTA	2	PA (TRIKAFTA) MO
<i>Mucolytic Agents</i>		
PULMOZYME	2	QL (150 ML per 30 days) B/D MO
<i>Phosphodiesterase Type 4 Inhibitors</i>		
DALIRESP	2	PA (Daliresp) MO
<i>Respiratory Tract Agents, Miscellaneous</i>		
ARALAST NP INJECTION 1000MG, 500MG	2	PA (aralast) LA
PROLASTIN-C	2	PA (zemaira/prolastin) LA
XOLAIR	2	PA (xolair) LA
ZEMAIRA	2	PA (zemaira/prolastin) LA
<i>Vasodilating Agents</i>		
ADEMPAS	2	PA (Adempas) MO
<i>ambrisentan</i>	1	PA (Ambrisentan) LA MO
<i>bosentan</i>	1	PA (Bosentan) LA MO
OPSUMIT	2	QL (1 EA per 1 days) PA (opsumit) MO
TRACLEER TABLET SOLUBLE	2	PA (Bosentan) LA MO
<i>treprostinil</i>	1	PA (remodulin) LA
VENTAVIS	2	PA (Ventavis) MO

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

Drug Name	Drug Tier	Requirements/Limits*
Skin and Mucous Membrane Preparations		
<i>Anti-infectives</i>		
<i>acyclovir cream 5%</i>	1	PA (topical antivirals)
<i>acyclovir ointment 5%</i>	1	PA (topical antivirals)
<i>ciclodan</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine cream</i>	1	
<i>ciclopirox gel, shampoo, suspension</i>	1	
<i>clindamycin phosphate cream 2%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate external solution 1%</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>clotrimazole cream, solution, troche</i>	1	
<i>crotan</i>	1	
DENAVIR	2	PA (topical antivirals)
<i>econazole nitrate cream</i>	1	
EURAX	2	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate ointment 0.1%</i>	1	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>lindane shampoo</i>	1	
<i>metronidazole vaginal</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
<i>miconazole 3 suppository</i>	1	
<i>mupirocin ointment</i>	1	
<i>nyamyc</i>	1	
<i>nyata powder</i>	1	
<i>nystatin cream 100000unit/gm</i>	1	
<i>nystatin ointment 100000unit/gm</i>	1	
<i>nystatin powder 100000unit/gm</i>	1	
<i>nystop</i>	1	
<i>permethrin cream</i>	1	
<i>rosadan</i>	1	
<i>selenium sulfide lotion</i>	1	
<i>silver sulfadiazine cream</i>	1	
<i>ssd</i>	1	
<i>terconazole cream</i>	1	
<i>vandazole</i>	1	
<i>zazole cream 0.4%</i>	1	
<i>Anti-inflammatory Agents</i>		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>alphatrex gel</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>amcinonide</i>	1	
<i>augmented betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	
<i>betamethasone valerate cream, lotion, ointment</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emollient</i>	1	
<i>clobetasol propionate cream, foam, gel, lotion, ointment, shampoo, solution</i>	1	
<i>clodan</i>	1	
<i>colocort</i>	1	
<i>cormax scalp application</i>	1	
<i>desonide cream, lotion, ointment</i>	1	
<i>diclofenac sodium gel 1%</i>	1	
<i>diclofenac sodium gel 3%</i>	1	PA (diclofenac 3% gel)
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide ointment 0.025%</i>	1	
<i>fluocinolone acetonide solution 0.01%</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide gel, ointment, solution</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate ointment 0.005%</i>	1	
<i>halobetasol propionate cream, ointment</i>	1	
<i>hydrocortisone butyrate cream, ointment, solution</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone cream 1%, 2.5%</i>	1	
<i>hydrocortisone enema 100mg/60ml</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 1%, 2.5%</i>	1	
<i>mometasone furoate</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>oralone dental paste</i>	1	
PREDNICARBATE CREAM	2	
<i>prednicarbate ointment</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>tovet</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm</i>	1	
UCERIS	2	

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

Drug Name	Drug Tier	Requirements/Limits*
Antipruritics and Local Anesthetics		
<i>7t lido gel</i>	1	
DOXEPIN HYDROCHLORIDE CREAM 5%	2	
<i>glydo</i>	1	
<i>lidocaine hcl jelly gel</i>	1	
<i>lidocaine hcl prefilled syringe 2%</i>	1	
<i>lidocaine hcl external solution 4%</i>	1	
<i>lidocaine/prilocaine cream</i>	1	QL (60 GM per 30 days)
<i>lidocaine ointment</i>	1	
<i>lidocaine patch 5%</i>	1	QL (3 EA per 1 days) PA (lidocaine patches)
Cell Stimulants and Proliferants		
KEPIVANCE	2	PA (palifermin) LA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	
<i>tretinoin gel 0.01%, 0.025%</i>	1	
Depigmenting and Pigmenting Agents		
<i>methoxsalen capsule</i>	1	
Emollients, Demulcents, and Protectants		
<i>ammonium lactate cream, lotion</i>	1	
Skin and Mucous Membrane Agents, Misc		
<i>acitretin</i>	1	
<i>amnestem</i>	1	PA (isotretinoin)
ARAZLO	2	PA (tazorac)
<i>calcipotriene cream, ointment, solution</i>	1	
<i>calcitrene</i>	1	
<i>claravis</i>	1	PA (isotretinoin)
COSENTYX	2	PA (Cosentyx) MO
COSENTYX SENSOREADY PEN	2	PA (Cosentyx) MO
DUPIXENT INJECTION 300MG/2ML	2	PA (Dupixent)
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil external solution 2%, 5%</i>	1	
<i>imiquimod cream</i>	1	
<i>isotretinoin capsule</i>	1	PA (isotretinoin)
<i>myorisan</i>	1	PA (isotretinoin)
PANRETIN	2	
<i>podofilox solution</i>	1	
QBREXZA	2	QL (1 EA per 1 days) PA (Qbrexza)
RECTIV	2	
REGRANEX	2	PA (regranex)
SANTYL	2	
STELARA INJECTION 45MG/0.5ML	2	PA (Stelara)
STELARA INJECTION 90MG/ML	2	QL (2 ML per 56 days) PA (Stelara)
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	PA (topical tacrolimus)
TALTZ	2	PA (Taltz) MO
TARGRETIN	2	PA (Cancer Drugs, new starts only)
<i>tazarotene cream</i>	1	PA (tazorac)
TAZORAC GEL	2	PA (tazorac)

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

Drug Name	Drug Tier	Requirements/Limits*
TAZORAC CREAM 0.05%	2	PA (tazorac)
TOLAK	2	
VALCHLOR	2	PA (Cancer Drugs, new starts only)
VEREGEN	2	
<i>zenatane</i>	1	PA (isotretinoin)
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>flavoxate hcl</i>	1	MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50MG	2	QL (1 EA per 1 days) ST (Myrbetriq #2) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG	2	ST (Myrbetriq #2) MO
<i>oxybutynin chloride er</i>	1	MO
<i>oxybutynin chloride syrup, tablet</i>	1	MO
<i>solifenacin succinate tablet 5mg</i>	1	MO
<i>solifenacin succinate tablet 10mg</i>	1	QL (1 EA per 1 days) MO
<i>tolterodine tartrate</i>	1	MO
<i>tolterodine tartrate er</i>	1	ST (Tolterodine ER #2) MO
<i>tropium chloride</i>	1	QL (2 EA per 1 days) MO
<i>tropium chloride er</i>	1	QL (1 EA per 1 days) ST (Tropium ER #2) MO
<i>Respiratory Smooth Muscle Relaxants</i>		
<i>aminophylline injection</i>	1	
<i>theo-24</i>	1	MO
<i>theochron tablet extended release 12 hour 100mg, 200mg, 300mg</i>	1	MO
<i>theophylline cr tablet extended release 12 hour 100mg, 200mg</i>	1	MO
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour</i>	1	MO
<i>theophylline solution</i>	1	MO
Vitamins		
<i>Multivitamin Preparations</i>		
VP-PNV-DHA	2	PA (prenatal vitamins)
<i>Vitamin D</i>		
<i>calcitriol capsule, oral solution</i>	1	MO
<i>calcitriol injection 1mcg/ml</i>	1	
<i>doxercalciferol injection</i>	1	
<i>doxercalciferol capsule</i>	1	MO
<i>paricalcitol injection</i>	1	PA (Paricalcitol)
<i>paricalcitol capsule</i>	1	PA (Paricalcitol) MO

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

OTC products

Drug Name	Drug Tier	Requirements/Limits*
Devices		
<i>Devices</i>		
BD AUTOSHIELD DUO 30G X 5MM	2	
Hormones and Synthetic Substitutes		
<i>Antidiabetic Agents</i>		
NOVOLIN 70/30 FLEXPEN RELION	2	MO
NOVOLIN 70/30 RELION	2	MO
NOVOLIN N FLEXPEN RELION	2	MO
NOVOLIN N RELION	2	MO
NOVOLIN R FLEXPEN RELION	2	MO
NOVOLIN R RELION	2	MO

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<i>7t lido gel</i>	68
<i>abacavir</i>	6
<i>abacavir sulfate</i>	6
<i>abacavir sulfate/lamivudine</i>	6
<i>abacavir sulfate/lamivudine/zidovudine</i>	6
ABELCET	4
ABILIFY MAINTENA	34
ABILIFY MYCITE	34
<i>abiraterone acetate</i>	8
ABRAXANE	8
<i>acamprosate calcium dr</i>	33
<i>acarbose</i>	51
<i>acebutolol hcl</i>	23
<i>acebutolol hydrochloride</i>	23
<i>acetaminophen/codeine</i>	27
<i>acetazolamide</i>	46
<i>acetazolamide er</i>	46
<i>acetazolamide sodium</i>	46
<i>acetic acid</i>	46
<i>acetic acid/aluminum acetate</i>	46
<i>acetylcysteine</i>	60
<i>acitretin</i>	68
ACTHAR	58
ACTHIB	17
ACTIMMUNE	62
<i>acyclovir</i>	6
<i>acyclovir</i>	66
<i>acyclovir sodium</i>	6
ADACEL	17
ADAGEN	44
<i>adefovir dipivoxil</i>	6
ADEMPAS	65
<i>adriamycin</i>	8
<i>adrucil</i>	8
ADVAIR HFA	19
<i>afeditab cr</i>	24
AFINITOR	9
AFINITOR DISPERZ	9
AIMOVIG	31
<i>ak-poly-bac</i>	44
<i>ala-cort</i>	66
<i>albendazole</i>	1
<i>albuterol sulfate</i>	19
<i>albuterol sulfate er</i>	19
ALBUTEROL SULFATE HFA	19

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<i>alclometasone dipropionate</i>	66
ALCOHOL PREP PADS	38
ALDURAZYME	44
ALECENSA	9
<i>alendronate sodium</i>	60
<i>alfuzosin hcl er</i>	19
ALIMTA	9
ALINIA	5
ALIQOPA	9
<i>aliskiren</i>	26
<i>allopurinol</i>	60
<i>alogliptin</i>	51
<i>alogliptin/metformin hcl</i>	51
<i>alogliptin/pioglitazone</i>	51
<i>alosetron hydrochloride</i>	46
<i>alphatrex</i>	66
<i>alprazolam</i>	32
<i>alprazolam intensol</i>	32
<i>altavera</i>	53
ALUNBRIG	9
<i>alyacen 1/35</i>	53
<i>alyacen 7/7/7</i>	53
<i>alyq</i>	26
<i>amabelz</i>	57
<i>amantadine hcl</i>	32
AMBISOME	4
<i>ambrisentan</i>	65
<i>amcinonide</i>	67
<i>amethia</i>	53
<i>amethia lo</i>	53
<i>amethyst</i>	53
<i>amikacin sulfate</i>	1
<i>amiloride hcl</i>	41
<i>amiloride/hydrochlorothiazide</i>	41
AMINO ACID	38
<i>aminophylline</i>	69
AMINOSYN	40
AMINOSYN 7%/ELECTROLYTES	38
AMINOSYN II	39
AMINOSYN M	39
AMINOSYN-HBC	39
AMINOSYN-PF	39
AMINOSYN-PF 7%	39
AMINOSYN-RF	39
<i>amiodarone hcl</i>	25
<i>amiodarone hydrochloride</i>	25
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<i>amitriptyline hcl</i>	34
<i>amitriptyline hydrochloride</i>	34

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<i>amlodipine besylate/atorvastatin calcium</i>	24
<i>amlodipine besylate/benazepril hcl</i>	24
<i>amlodipine besylate/benazepril hydrochloride</i>	24
<i>amlodipine besylate/valsartan</i>	24
<i>amlodipine/olmesartan medoxomil</i>	24
<i>amlodipine/valsartan/hctz</i>	24
<i>amlodipine/valsartan/hydrochlorothiazide</i>	24
<i>ammonium lactate</i>	68
<i>amnesteem</i>	68
<i>amoxapine</i>	34
<i>amoxicillin</i>	1
<i>amoxicillin/clavulanate potassium</i>	1
<i>amoxicillin/clavulanate potassium er</i>	1
<i>amphetamine/dextroamphetamine</i>	29
<i>amphotericin b</i>	4
<i>ampicillin</i>	1
<i>ampicillin sodium</i>	1
<i>ampicillin-sulbactam</i>	1
ANADROL-50	50
<i>anagrelide hydrochloride</i>	20
<i>anastrozole</i>	57
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<i>apraclonidine</i>	46
<i>aprepitant</i>	47
<i>apri</i>	53
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<i>aranelle</i>	53
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<i>argatroban</i>	20
<i>argatroban/sodium chloride</i>	20
<i>argyle sterile water 100ml</i>	42
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<i>aripiprazole</i>	34
<i>aripiprazole odt</i>	34
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<i>armodafinil</i>	29
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<i>ashlyna</i>	53
<i>aspirin/dipyridamole</i>	20
<i>aspirin/dipyridamole er</i>	20
ASTAGRAF XL	63
<i>atazanavir</i>	6
<i>atazanavir sulfate</i>	6
<i>atenolol</i>	23
<i>atenolol/chlorthalidone</i>	23
ATGAM	63
<i>atomoxetine</i>	33
<i>atorvastatin calcium</i>	22
<i>atovaquone</i>	5
<i>atovaquone/proguanil hcl</i>	5
ATRIPLA	6
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<i>aubra</i>	53
<i>augmented betamethasone dipropionate</i>	67
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<i>aviane</i>	53
AVONEX	62
AVONEX PEN	62
AYVAKIT	9
<i>azacitidine</i>	9
AZACTAM	1
AZACTAM IN ISO-OSMOTIC DEXTROSE	1
<i>azasan</i>	63
<i>azathioprine</i>	63
<i>azelastine hcl</i>	45
<i>azelastine hydrochloride</i>	45
<i>azithromycin</i>	1
<i>aztreonam</i>	1
<i>azurette</i>	53
<i>bacitracin</i>	44
<i>bacitracin/polymyxin b</i>	44
<i>baclofen</i>	19
<i>balsalazide disodium</i>	46
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<i>balziva</i>	53
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BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	38
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	38
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	38
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	38
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	38
<i>bekyree</i>	53
BELEODAQ	9
<i>benazepril hcl</i>	26
<i>benazepril hcl/hydrochlorothiazide</i>	26
<i>benazepril hydrochloride</i>	26
BENLYSTA	63
BENZNIDAZOLE	5
<i>benztropine mesylate</i>	32
<i>betamethasone dipropionate</i>	67
<i>betamethasone valerate</i>	67
BETASERON	62
<i>betaxolol hcl</i>	46
<i>bethanechol chloride</i>	19
<i>bexarotene</i>	9
BEXSERO	18
<i>bicalutamide</i>	9
BICILLIN L-A	1
BIKTARVY	6
<i>bisoprolol fumarate</i>	23
<i>bisoprolol fumarate/hydrochlorothiazide</i>	23
BIVIGAM	17
<i>bleomycin</i>	9
<i>bleomycin sulfate</i>	9
<i>blephamide s.o.p.</i>	45
<i>blisovi 24 fe</i>	53
<i>blisovi fe 1.5/30</i>	53
<i>blisovi fe 1/20</i>	54
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BORTEZOMIB	9
<i>bosentan</i>	65
BOSULIF	9
BOTOX	64
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<i>bromocriptine mesylate</i>	32
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BRUKINSA	9
<i>budesonide</i>	49
<i>bumetanide</i>	41
<i>buprenorphine</i>	27
<i>buprenorphine hcl</i>	27
<i>buprenorphine hcl/naloxone hcl</i>	27
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	27
<i>buproban</i>	34
<i>bupropion hcl</i>	34
<i>bupropion hydrochloride</i>	34
<i>bupropion hydrochloride er (sr)</i>	34
<i>bupropion hydrochloride er (xl)</i>	34
<i>buspironone hcl</i>	32
<i>buspironone hydrochloride</i>	33
<i>busulfan</i>	9
<i>butalbital compound</i>	27
<i>butalbital/acetaminophen</i>	27
<i>butalbital/acetaminophen/caffeine</i>	27
<i>butalbital/acetaminophen/caffeine/codeine</i>	27
<i>butalbital/aspirin/caffeine</i>	27
<i>butalbital/aspirin/caffeine/codeine</i>	27
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BYDUREON BCISE	51
BYDUREON PEN	51
BYETTA	51
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CABOMETYX	9
<i>calcipotriene</i>	68
<i>calcitonin salmon</i>	58
<i>calcitonin-salmon</i>	58
<i>calcitrene</i>	68
<i>calcitriol</i>	69
<i>calcium acetate</i>	42
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<i>carbamazepine</i>	30
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<i>carbidopa</i>	32
<i>carbidopa/levodopa</i>	32
<i>carbidopa/levodopa er</i>	32
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<i>carboplatin</i>	10
CARIMUNE NANOFILTERED	17
<i>carmustine</i>	10
<i>carteolol hcl</i>	46
<i>cartia xt</i>	24
<i>carvedilol</i>	23
<i>caspofungin acetate</i>	4
CAYSTON	1
<i>caziant</i>	54
<i>cefaclor</i>	1
<i>cefadroxil</i>	1
<i>cefazolin sodium</i>	1
<i>cefazolin sodium/dextrose</i>	1
<i>cefdinir</i>	1
<i>cefepime</i>	1
<i>cefepime hydrochloride</i>	1
<i>cefepime/dextrose</i>	1
<i>cefixime</i>	1
<i>cefotaxime sodium</i>	1
<i>cefoxitin sodium</i>	1
<i>cefpodoxime proxetil</i>	1
<i>cefprozil</i>	1
<i>ceftazidime</i>	1
<i>ceftazidime/dextrose</i>	1
<i>ceftriaxone in iso-osmotic dextrose</i>	1
<i>ceftriaxone sodium</i>	1
<i>ceftriaxone/dextrose</i>	2
<i>cefuroxime axetil</i>	2
<i>cefuroxime sodium</i>	2
<i>celecoxib</i>	27
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<i>cephalexin</i>	2
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<i>chlordiazepoxide hcl</i>	33
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<i>chlordiazepoxide/amitriptyline</i>	34
<i>chlorhexidine gluconate</i>	44
<i>chloroquine phosphate</i>	5
<i>chlorothiazide</i>	41
<i>chlorothiazide sodium</i>	41
<i>chlorpromazine hcl</i>	34
<i>chlorthalidone</i>	41
<i>chlorzoxazone</i>	19
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<i>cholestyramine</i>	22
<i>cholestyramine light</i>	22
<i>ciclodan</i>	66
<i>ciclopirox</i>	66
<i>ciclopirox nail lacquer</i>	66
<i>ciclopirox olamine</i>	66
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<i>ciprofloxacin hcl</i>	2
<i>ciprofloxacin hydrochloride</i>	2
<i>ciprofloxacin hydrochloride</i>	44
<i>ciprofloxacin i.v.-in d5w</i>	2
<i>ciprofloxacin/dexamethasone</i>	45
<i>cisplatin</i>	10
<i>citalopram hydrobromide</i>	34
<i>cladribine</i>	10
<i>claravis</i>	68
<i>clarithromycin</i>	2
<i>clarithromycin er</i>	2
<i>clemastine fumarate</i>	8
<i>clindamycin</i>	2
<i>clindamycin hcl</i>	2
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CLINIMIX 4.25%/DEXTROSE 20%	40
CLINIMIX 4.25%/DEXTROSE 25%	40
CLINIMIX 4.25%/DEXTROSE 5%	40
CLINIMIX 5%/DEXTROSE 15%	40
CLINIMIX 5%/DEXTROSE 20%	40
CLINIMIX 5%/DEXTROSE 25%	40
CLINIMIX E 2.75%/DEXTROSE 5%	40
CLINIMIX E 4.25%/DEXTROSE 10%	40
CLINIMIX E 4.25%/DEXTROSE 5%	40
CLINIMIX E 5%/DEXTROSE 15%	40
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<i>clobetasol propionate emollient</i>	67
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<i>clofarabine</i>	10
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<i>cytarabine aqueous</i>	10
<i>dacarbazine</i>	10
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<i>dalfampridine er</i>	64
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<i>danazol</i>	50
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This formulary was updated on December 1, 2020. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 888-712-3258 or, for TTY/TDD users, 711, 8 a.m. to 8 p.m., daily, or visit [careoregonadvantage.org](https://www.careoregonadvantage.org)

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