



安保健康保险

2020HMO和PDP药物名册

请阅读：

本文件包括有关我们在这些计划中所承保药物的信息 20081, V22

本药物名册于12/01/2020更新。要了解更新的信息或有其它问题，请联系安保联邦医疗保险HMO，电话：877-344-7364或，TTY用户应拨打711，周一至周五，8 am至8 pm，或浏览emblemhealth.com/medicare。

受承保药物清单：

- 安保尊享联邦医疗保险增值计划(VIP Value, HMO)
- 安保尊享联邦医疗保险 B 部分优惠计划(VIP Part B Saver, HMO)
- 安保尊享联邦医疗保险基本计划(VIP Essential, HMO)
- 安保尊享联邦医疗保险处方药优惠计划(VIP Rx Saver, HMO)
- 安保尊享联邦医疗保险心怡计划(VIP Go, HMO-POS)
- 安保尊享联邦医疗保险金级计划(VIP Gold, HMO)
- 安保尊享联邦医疗保险金级优越计划(VIP Gold+, HMO)
- 安保尊享联邦医疗保险护照计划(VIP Passport, HMO)
- 安保尊享联邦医疗保险护照纽约市计划(VIP Passport NYC, HMO)
- 安保尊享联邦医疗保险处方药计划(VIP Rx, PDP)
- 安保尊享联邦医疗保险处方药优越计划(VIP Rx+, PDP)
- 安保尊享联邦医疗保险Premier (HMO)团体计划



现有会员注意事项：本药物名册从去年以来已有更改。请仔细查看本文件，确定您服用的药物仍包含在内。

本药物清单（药物名册）在提到“我们”或“我们的”时，是指纽约健康保险计划(HIP/安保健康保险。在提到“计划”或“我们的计划”时，是指安保尊享联邦医疗保险增值计划(HMO、安保尊享联邦医疗保险B部分优惠计划(HMO、安保尊享联邦医疗保险基本计划(HMO、安保尊享联邦医疗保险处方药优惠计划(HMO、安保尊享联邦医疗保险心怡计划(HMO-POS、安保尊享联邦医疗保险金级计划(HMO、安保尊享联邦医疗保险金级优越计划(HMO、安保尊享联邦医疗保险护照计划(HMO、安保尊享联邦医疗保险护照纽约市计划(HMO、安保尊享联邦医疗保险处方药计划(PDP、安保尊享联邦医疗保险处方药优越计划(PDP和安保尊享联邦医疗保险Premier(HMO)团体计划。

本文件包括我们计划的药物清单（药物名册），截止日期为 12/01/2020。查询更新的药物名册，请联系我们。我们的联系信息以及我们最近更新药物名册的日期，见封面和封底。

要使用处方药福利，您一般必须使用网络内药房。福利、药物名册、药房网络和/或自付款/共同保险金可能在2021年1月1日变动，也可能在年内随时变动。

什么是安保尊享联邦医疗保险增值计划、安保尊享联邦医疗保险B部分优惠计划、安保尊享联邦医疗保险基本计划、安保尊享联邦医疗保险处方药优惠计划、安保尊享联邦医疗保险心怡计划、安保尊享联邦医疗保险金级计划、安保尊享联邦医疗保险金级优越计划、安保尊享联邦医疗保险护照计划、安保尊享联邦医疗保险护照纽约市计划、安保尊享联邦医疗保险处方药计划、安保尊享联邦医疗保险处方药优越计划和安保尊享联邦医疗保险Premier团体计划的药物名册？

药物名册是我们的计划在咨询医疗服务提供方团队之后所选出的承保药物的清单，代表了被认为是高质量治疗计划所必需的治疗用处方药。只要医疗上需要、处方是在计划网络内药房配药、并且遵守其他的计划规则，我们的计划一般会承保在我们药物名册上列出的药物。有关如何配处方药的更多信息，请查看您的承保证明。

药物名册（药物清单）会不会更改？

承保药物的大部分变更发生在2020年1月1日，但我们的计划可能在会年内添加或取消药物清单上的药物，或将药物移到不同的分摊费用等级或添加新的限制条件。我们在进行变动时必须遵循联邦医疗保险的规则。

今年可能会影响到您的变动：在以下这些情况，您将会在年内受到变动的影响：

- 新的非品牌药：**我们可能立即撤除药物清单上的某一品牌药，假如我们用新的非品牌药来替代它，而新的非品牌药属于相同或较低的费用分摊等级，并且具有相同或较少的限制条件。另外，在添加新的非品牌药时，我们可能决定在我们的药物清单上保留原有品牌药，但立即将其移到不同的费用分摊等级或添加新的限制条件。如果您目前正服用该品牌药，我们可能不会在作出更改之前事先告知您，但我们会稍后向您提供我们所作的具体更改的相关信息。

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- 如果我们作出此类更改，您或您的处方医生可以要求我们作例外处理，继续为您承保原有品牌药。我们为您提供的通知中还会包括如何要求作例外处理的相关信息，您也可以在以下题为“如何就安保尊享联邦医疗保险增值计划、安保尊享联邦医疗保险B部分优惠计划、安保尊享联邦医疗保险基本计划、安保尊享联邦医疗保险处方药优惠计划、安保尊享联邦医疗保险心怡计划、安保尊享联邦医疗保险金级计划、安保尊享联邦医疗保险金级优越计划、安保尊享联邦医疗保险护照计划、安保尊享联邦医疗保险护照纽约市计划、安保尊享联邦医疗保险处方药计划、安保尊享联邦医疗保险处方药优越计划和安保尊享联邦医疗保险Premier团体计划的药物名册提出例外处理的要求？”一节中找到相关信息。
- **药物已在市场上停售。**如果食品与药物管理局(FDA)认定我们药典中某一药物是不安全的或制药商在市场上停售该药物，则我们将立即从我们药典中取消该药物并向服用该药的会员发出通知。
- **其他更改。**我们可能做出其他更改，而这些更改会影响目前正服用某药物的会员。例如，我们可能会添加某一并非是新上市的非品牌药，用来替代目前药典中的某一品牌药，或针对某一品牌药添加新的限制条件或将其移到不同的费用分摊等级。或者我们会根据新的临床指引做出更改。如果我们将药物从药典中撤消、添加事先授权、数量限制及/或提高药物的治疗限制条件或将药物移到较高的费用分摊等级，我们必须在更改生效前至少30天向受更改影响的会员发出通知，或在会员要求续配该药时予以告知，这时会员将得到该药30天的药量。
 - 如果我们作出此类更改，您或您的处方医生可以要求我们作例外处理，继续为您承保原来的品牌药。我们为您提供的通知中还会包括如何要求作例外处理的相关信息，您也可以在以下题为“如何就安保尊享联邦医疗保险增值计划、安保尊享联邦医疗保险B部分优惠计划、安保尊享联邦医疗保险基本计划、安保尊享联邦医疗保险处方药优惠计划、安保尊享联邦医疗保险心怡计划、安保尊享联邦医疗保险金级计划、安保尊享联邦医疗保险金级优越计划、安保尊享联邦医疗保险护照计划、安保尊享联邦医疗保险护照纽约市计划、安保尊享联邦医疗保险处方药计划、安保尊享联邦医疗保险处方药优越计划和安保尊享联邦医疗保险Premier团体计划的药物名册提出例外处理的要求？”一节中找到相关信息。

更改不会影响到您，如果您目前正在服用该药物。一般来说，如果您正服用我们**2020**药物名册上的某一药物，而该药物在新年开始时是受承保的，则我们不会在**2020**承保年度中停止或减少对该药的承保，上面提到的情况除外。这意味着这些药物将继续可用，费用分摊等级不变，对在承保年度剩余的时间中服用这些药物的会员不会有新的限制条件。

附上药物名册的截止日期为 **12/01/2020**.要获取有关我们计划的承保药物的更新信息，请联系我们。我们的联系信息见封面和封底。

注意：如果年中对药物名册进行非维护性的更改，则该项更改将添加到药物名册付印后所做变更的一份全面清单当中。更改清单附于药物名册的小册子中，随欢迎文件夹邮寄给新会员。现有会员可以浏览我们的网站，查看更新版的药物名册，网址：emblemhealth.com/medicare。网站上公布的药物名册是已经更新的。

如何使用药物名册？

在药物名册中查找药物有两种方法：

病症

药物名册从第01页开始。本药物名册中的药物根据其用于治疗的病症类型分为几个类别。例如，用于治疗心脏病的药物列在“心血管高血压/脂质”类别之下。如果您知道药物的用途，请从第01页开始的清单中查找类别名称。然后在类别名称下查找您的药物。

字母顺序

如果您不确定应该在哪个类别下查找，则应在索引中查找药物，索引从第87开始。索引按字母顺序列出了本文件包含的所有药物。品牌药和非品牌药均列在索引中。在索引中查寻，找到您的药物。在您的药物旁边，您会看到页码，您可以在该页找到承保信息。翻到索引中列出的页面，并在清单的第一列中找到您的药物名称。

什么是非品牌药？

我们的计划承保品牌药和非品牌药。非品牌药经FDA批准，活性成分与品牌药相同。一般来说，非品牌药费用低于品牌药。

我的承保是否有限制？

一些承保的药物可能会有额外的要求或承保限制。这些要求和限制可包括：

- **事先授权：**我们的计划要求您或您的医师事先获得某些药物的授权。这意味着您在配处方药之前要先获得我们计划的批准。如果未得到批准，我们的计划可能不会承保此药。
- **数量限制：**对于某些药物，我们的计划限制对药物的承保数量。例如，我们的计划规定每张JANUVIA ® 处方限开30片。这不算在标准的一个月或三个月供应量内。

- **分步治疗：**在某些情况下，我们的计划要求您先试用某些药物来治疗您的病症，然后才能承保用来治疗该病症的另一种药物。例如，如果药物A和药物B皆能治疗您的病症，我们的计划可能就不承保药物B，除非您先尝试药物A。如果药物A对您无效，那我们将会承保药物B。

您可以查看从第1页开始的药物名册，了解您的药物是否有任何其他要求或限制。您还可以浏览我们的网站，详细了解特定承保药物所适用的限制规定。我们在网上公布了相关文件，解释我们的事先授权限制规定和分步治疗限制规定。您也可以要求我们给您发送一份。我们的联系信息以及我们最近更新药物名册的日期，见封面和封底。

您可以要求我们计划对这些限制规定或限额作出例外处理，或索取一份可治疗您的病症的其他类似药物的清单。参阅第v页“如何就安保尊享联邦医疗保险增值计划、安保尊享联邦医疗保险B部分优惠计划、安保尊享联邦医疗保险基本计划、安保尊享联邦医疗保险处方药优惠计划、安保尊享联邦医疗保险心怡计划、安保尊享联邦医疗保险金级计划、安保尊享联邦医疗保险金级优越计划、安保尊享联邦医疗保险护照计划、安保尊享联邦医疗保险护照纽约市计划、安保尊享联邦医疗保险处方药计划、安保尊享联邦医疗保险处方药优越计划和安保尊享联邦医疗保险Premier团体计划的药物名册提出例外处理的要求？”一节，了解如何提出例外处理要求的相关信息。

如果我的药不在药物名册上怎么办？

如果您的药物不包括在此药物名册（承保药物清单）中，您应该先联络客户服务部，查询您的药物是否在承保之列。

如果您知道我们的计划不承保您的药物，您有两个选择：

- 您可以向客户服务部询问我们的计划所承保的类似药物的清单。您收到清单后，可出示给您的医生，请医生开我们计划承保的类似药物。
- 您可以要求我们的计划作例外处理，并承保您的药物。关于如何提出例外处理的要求，请参阅下文。

如何就安保尊享联邦医疗保险增值计划、安保尊享联邦医疗保险**B**部分优惠计划、安保尊享联邦医疗保险基本计划、安保尊享联邦医疗保险处方药优惠计划、安保尊享联邦医疗保险心怡计划、安保尊享联邦医疗保险金级计划、安保尊享联邦医疗保险金级优越计划、安保尊享联邦医疗保险护照计划、安保尊享联邦医疗保险护照纽约市计划、安保尊享联邦医疗保险处方药计划、安保尊享联邦医疗保险处方药优越计划和安保尊享联邦医疗保险**Premier**团体计划的药物名册提出例外处理的要求？

您可以要求我们的计划对承保规则做出例外处理。您可以要求我们做的例外处理有几种类型。

- 即使某种药物不在我们的药物名册上，您也可以要求我们承保该药。如果批准，这种药物将按预先确定的分摊费用承保，您将无法要求我们以较低的分摊费用提供该药。
- 如果某种药物名册药物不在专科药物等级，您可以要求我们以较低的分摊费用承保该药。如果获得批准，这将降低您须支付的药物金额。
- 您可以要求我们免除对您的药物的承保限制或限量。例外，对于某些药物，我们的计划限制对药物的承保数量。如果您的药物有数量限制，您可以要求我们豁免该限制，并承保更多的数量。

一般来说，只有在计划的药物名册上包含的替代药物、分摊费用较低的药物或额外的使用限制在治疗您的病情时不会有同样疗效以及/或会导致您有不良疗效时，我们的计划才会批准您的例外处理请求。

您应该与我们联系，要求我们对药物名册或使用限制的例外处理作出初始承保裁定。**当您就药物名册或使用限制提出例外处理请求时，您应该提交一份处方医生或医师的声明来支持您的请求。**一般来说，我们必须在收到处方医生的支持声明后**72**小时内做出裁定。如果您或您的医生认为，等待**72**小时作出裁定，您的健康可能受到严重伤害，那您可以要求加急（快速）处理。如果您的加急要求获得批准，我们必须在收到您的医师或其他处方医生的支持声明后**24**小时内作出裁定。

在我向医生咨询改换药物或要求例外处理前我该怎么办？

作为我们计划的新老会员，您服用的药物可能不在我们的药物名册上。或者，您服用的药物在我们的药物名册上，但您获取该药物受到限制。例如，您在配处方药前可能需要我们的事先授权。您应该向医生咨询，决定是否应该改用我们承保的适当药物，或要求对药物名册作出例外处理，以便我们能承保您所使用的药物。在您咨询医生为您确定正确的行动方案期间，在某些情况下，我们可在您成为我们计划会员的头**86**天内承保您的药物。

对于不在我们药物名册上的各种药物，或您受到限制的药物，我们将临时承保**30**天供应量。如果您的处方开立的服药天数较短，我们则会允许提供最多**30**天剂量的续配药物。在为您供应最初**30**天药量后，即使您成为计划会员不到**90**天，我们也不会支付这些药物的费用。

如果您居住在长期护理院而且您需要的药物不在我们的药物名册上或如果您获取药物受到限制，但您已经过了加入我们计划的头**86**天，那在您提出例外处理请求期间，我们将提供该药物的**31**天紧急供应量。

如果您是我们计划的现有会员，并且您遇到医护层级的变化，比如长期护理院的入院或出院，我们将为您一次性临时按需要提供您的药物，帮助您过渡到新的医护层级。

有关详细信息

有关安保尊享联邦医疗保险增值计划、安保尊享联邦医疗保险B部分优惠计划、安保尊享联邦医疗保险基本计划、安保尊享联邦医疗保险处方药优惠计划、安保尊享联邦医疗保险心怡计划、安保尊享联邦医疗保险金级计划、安保尊享联邦医疗保险金级优越计划、安保尊享联邦医疗保险护照计划、安保尊享联邦医疗保险护照纽约市计划、安保尊享联邦医疗保险处方药计划、安保尊享联邦医疗保险处方药优越计划和安保尊享联邦医疗保险**Premier**团体计划的处方药承保的更详细信息，

如果您对我们的计划有疑问，请联络我们。我们的联系信息以及我们最近更新药物名册的日期，见封面和封底。

如果您对联邦医疗保险的处方药承保有一般问题，请致电联邦医疗保险，电话号码：
1-800- MEDICARE (1-800-633-4227)，该电话每周**7**天每天**24**小时有人接听。**TTY**用户应致电
1-877-486-2048。或浏览 medicare.gov.

安保尊享联邦医疗保险增值计划、安保尊享联邦医疗保险B部分优惠计划、安保尊享联邦医疗保险基本计划、安保尊享联邦医疗保险处方药优惠计划、安保尊享联邦医疗保险心怡计划、安保尊享联邦医疗保险金级计划、安保尊享联邦医疗保险金级优越计划、安保尊享联邦医疗保险护照计划、安保尊享联邦医疗保险护照纽约市计划、安保尊享联邦医疗保险处方药计划、安保尊享联邦医疗保险处方药优越计划和安保尊享联邦医疗保险**Premier**团体计划的药物名册

从第**1**页开始的药物名册提供了有关我们计划所承保的药物的承保信息。如果您在该清单中找不到您的药物，请转到第**87**页开始的索引。

表格第一栏列出药物名称。品牌药用大写字母表示（例如，**SYNTHROID**），非品牌药用小写斜体字表示（例如，**levothyroxine**）。

“要求/限制”栏中的信息告诉您，我们的计划对您的药物承保有无特殊规定。

以下是后面几页“需求/限制”栏的缩略语表，该栏告诉您，您的药物承保有无特殊规定。

缩略语表

B/D PA: 根据情况，这种处方药可由联邦医疗保险B部份或D部份承保。可能需要提交信息，说明药物的用途和情况以便作出决定。

LA: 供应有限。这种处方药仅在某些药房有售。要了解更多信息，请致电客户服务部。

MO: 邮购药物。这种处方药通过我们的邮购服务和零售网络内药房都有售。对于您的长期（维持）药物（如高血压药物），请考虑使用邮购。零售网络内药房可能更适合短期处方（如抗生素等）。

PA: 事先授权。我们的计划要求您或您的医生事先获得某些药物的授权。这意味着您在配处方药之前要先获得批准。如果未得到批准，我们可能无法承保此药。

QL: 数量限制。对于某些药物，我们的计划限制对药物的承保数量。

ST: 分步治疗。在某些情况下，我们的计划要求您先试用某些药物来治疗您的病症，然后才能承保用来治疗该病症的另一种药物。例如，如果药物A和药物B皆能治疗您的病症，我们可能就不承保药物B，除非您先尝试药物A。如果药物A对您无效，那我们将会承保药物B。

LDS: 限制药量天数。对于某些药物，计划限制我们承保的药量天数为每次一个月。

请参阅以下表格，了解对于一个月的药物供应量来说，计划的分摊费用与本药物名册中列出的不同等级有何关系。如果您符合“额外补助”或“低收入补贴”(LIS)资格，则这些表中有关D部份处方药费用的一些信息可能不适用于您。我们会向您寄送一张单独的夹页，称为“获额外补助支付处方药费用者的承保证明附加计划”(LIS附加计划)，内容涉及您的药物承保。如果您没有这张夹页，请按以上列出的号码致电客户服务部，索取“获额外补助支付处方药费用者的承保证明附加计划”(LIS附加计划)。

本药物清单适用于处方药承保有5个等级的安保尊享联邦医疗保险Premier团体计划。请参阅您的费用分摊指南，了解更多信息。

安保尊享联邦医疗保险增值计划和安保尊享联邦医疗保险基本计划D部份处方药承保费用分摊

级别	免赔额	初始承保 \$0 - \$3,880/ 30天药量		承保缺口 超过\$3,880	巨灾超过 \$6,350
		您付 在首选药房	在标准药房		
第1级： 首选非品牌药	\$0	\$0	\$4	费用的25%	\$3.60或费用 的5%
第2级： 非品牌药	\$0	\$18	\$20	费用的25%	\$3.60或费用 的5%
第3级： 首选品牌药	\$295	\$45	\$47	费用的25%	\$8.95或费用 的5%
第4级： 非首选药物	\$295	\$95	\$100	费用的25%	\$3.60、\$8.95 或费用的5%
第5级： 专科药物	\$295	27%	27%	费用的25%	\$3.60、\$8.95 或费用的5%

安保尊享联邦医疗保险心怡计划D部份处方药承保费用分摊

级别	免赔额	初始承保 \$0 - \$3,835/ 30天药量		承保缺口 超过\$3,835	巨灾超过 \$6,350
		您付 在首选药房	在标准药房		
第1级： 首选非品牌药	\$0	\$0	\$4	费用的25%	\$3.60或 费用的5%
第2级： 非品牌药	\$0	\$18	\$20	费用的25%	\$3.60或 费用的5%
第3级： 首选品牌药	\$250	\$45	\$47	费用的25%	\$8.95或 费用的5%
第4级： 非首选药物	\$250	\$95	\$100	费用的25%	\$3.60、\$8.95 或费用的5%
第5级： 专科药物	\$250	28%	28%	费用的25%	\$3.60、\$8.95 或费用的5%

**安保尊享联邦医疗保险金级计划和安保尊享联邦医疗保险金级优越计划D部份处方药
承保费用分摊**

级别	免赔额	初始承保 \$0 - \$3,785/ 30天药量		承保缺口 超过\$3,785	巨灾超过 \$6,350
		您付	在首选药房 在标准药房		
第1级： 首选非品牌药	\$0	\$0	\$3	费用的25%	\$3.60或 费用的5%
第2级： 非品牌药	\$0	\$10	\$20	费用的25%	\$3.60或 费用的5%
第3级： 首选品牌药	\$200	\$40	\$47	费用的25%	\$8.95或 费用的5%
第4级： 非首选药物	\$200	\$95	\$100	费用的25%	\$3.60、\$8.95 或费用的5%
第5级： 专科药物	\$200	29%	29%	费用的25%	\$3.60、\$8.95 或费用的5%

**安保尊享联邦医疗保险护照计划和安保尊享联邦医疗保险护照纽约市计划D部份处方
药承保费用分摊**

级别	免赔额	初始承保 \$0 - \$3,880/ 30天药量		承保缺口 超过\$3,880	巨灾超过 \$6,350
		您付	在首选药房 在标准药房		
第1级： 首选非品牌药	\$0	\$0	\$4	费用的25%	\$3.60或 费用的5%
第2级： 非品牌药	\$0	\$18	\$20	费用的25%	\$3.60或 费用的5%
第3级： 首选品牌药	\$295	\$45	\$47	费用的25%	\$8.95或 费用的5%
第4级： 非首选药物	\$295	\$95	\$100	费用的25%	\$3.60、\$8.95 或费用的5%
第5级： 专科药物	\$295	27%	27%	费用的25%	\$3.60、\$8.95 或费用的5%

安保尊享联邦医疗保险处方药优惠计划D部份处方药承保费用分摊

级别	免赔额	初始承保 \$0 -\$3,980/ 30天药量		承保缺口 超过\$3,980	巨灾超过 \$6,350
		您付	在首选药房	在标准药房	您付
第1级： 首选非品牌药	\$0	\$0	\$4	费用的25%	\$3.60或 费用的5%
第2级： 非品牌药	\$0	\$18	\$20	费用的25%	\$3.60或 费用的5%
第3级： 首选品牌药	\$0	\$45	\$47	费用的25%	\$8.95或 费用的5%
第4级： 非首选药物	\$395	\$95	\$100	费用的25%	\$3.60、\$8.95 或费用的5%
第5级： 专科药物	\$395	25%	25%	费用的25%	\$3.60、\$8.95 或费用的5%

安保尊享联邦医疗保险B部分优惠计划D部份处方药承保费用分摊

级别	免赔额	初始承保 \$0 -\$4,020/ 30天药量		承保缺口 超过\$4,020	巨灾超过 \$6,350
		您付	在首选药房	在标准药房	您付
第1级： 首选非品牌药	\$0	\$0	\$4	费用的25%	\$3.60或 费用的5%
第2级： 非品牌药	\$435	\$18	\$20	费用的25%	\$3.60或 费用的5%
第3级： 首选品牌药	\$435	\$45	\$47	费用的25%	\$8.95或 费用的5%
第4级： 非首选药物	\$435	\$95	\$100	费用的25%	\$3.60、\$8.95 或费用的5%
第5级： 专科药物	\$435	25%	25%	费用的25%	\$3.60、\$8.95 或费用的5%

安保尊享联邦医疗保险处方药优惠计划D部份处方药承保费用分摊

级别	免赔额	初始承保 \$0 - \$4,020/ 30天药量		承保缺口 超过\$4,020	巨灾超过 \$6,350
		您付	在首选药房 在标准药房		
第1级： 首选非品牌药	\$435	\$0	\$4	费用的25%	\$3.60或 费用的5%
第2级： 非品牌药	\$435	\$15	\$20	费用的25%	\$3.60或 费用的5%
第3级： 首选品牌药	\$435	\$45	\$47	费用的25%	\$8.95或 费用的5%
第4级： 非首选药物	\$435	35%	35%	费用的25%	\$3.60、\$8.95 或费用的5%
第5级： 专科药物	\$435	25%	25%	费用的25%	\$3.60、\$8.95 或费用的5%

安保尊享联邦医疗保险处方药优越计划D部份处方药承保费用分摊

级别	免赔额	初始承保 \$0 - \$3,800/ 30天药量		承保缺口 超过\$3,800	巨灾超过 \$6,350
		您付	在首选药房 在标准药房		
第1级： 首选非品牌药	\$0	\$0	\$4	费用的25%	\$3.60或 费用的5%
第2级： 非品牌药	\$0	\$8	\$12	费用的25%	\$3.60或 费用的5%
第3级： 首选品牌药	\$0	\$40	\$47	费用的25%	\$8.95或 费用的5%
第4级： 非首选药物	\$275	\$95	\$100	费用的25%	\$3.60、\$8.95 或费用的5%
第5级： 专科药物	\$275	28%	28%	费用的25%	\$3.60、\$8.95 或费用的5%



ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call **1-877-411-3625** (TTY/TDD: **711**).

Español (Spanish)

ATENCIÓN: Si usted habla español, tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

中文 (Traditional Chinese)

注意：如果您講中文，我們免費為您提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

Русский (Russian)

ВНИМАНИЕ! Если Вы говорите на русском языке, Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона, TTY/TDD: **711**).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

한국어 (Korean)

주의: 귀하가 한국어를 사용하는 경우, 귀하에게 언어 지원 서비스가 무료로 제공됩니다.

1-877-411-3625(TTY/TDD: **711**)로 전화하십시오.

Italiano (Italian)

ATTENZIONE: Se parli italiano, sono disponibili servizi gratuiti di assistenza linguistica. Chiama il numero **1-877-411-3625** (TTY/TDD: **711**).

(Yiddish) אידיש

אכטונג: אויב איר רעדט אידיש, שפראך הילך ערומיוסע, אהן קיין פרײַז, זײַנען דא צו באקזומען פאר אײַר. רופט .(TTY/TDD: **711**) **1-877-411-3625**

বাংলা (Bengali)

দৃষ্টি আকর্ষণ: আপনি যদি বাংলা ভাষাভাষী হন, তাহলে আপনার জন্য ভাষা সহায়তা পরিষেবাগুলি, বিনামূলে, উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

Polski (Polish)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Proszę zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

(Arabic) العربية

يُرجى الانتباه: إذا كنت تتكلم اللغة العربية، توفر لك خدمات المساعدة اللغوية مجاناً. اتصل بالرقم **1-877-411-3625** .(TTY/TDD: **711**)

Y0026_126476 Accepted 8/29/16

Français (French)

ATTENTION : si vous parlez français, une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (Sourds et malentendants : **711**).

(Urdu) اردو

توجہ دیں: اگر آپ اردو بولتے ہیں تو، آپ کے لیے زبان سے متعلق مدد کی خدمات، مفت دستیاب ہیں۔ **1-877-411-3625** (لٹی ٹھی وائی / لٹی ڈی: **711**) پر کال کریں۔

Tagalog (Tagalog)

NANANAWAGAN NG PANSIN: Kung nagsasalita ka ng Tagalog, mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-877-411-3625** (TTY/TDD: **711**).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν.

Καλέστε **1-877-411-3625** (για άτομα με προβλήματα ακοής/TTY/TDD: **711**).

Shqip (Albanian)

VINI RE: Nëse flisni Shqip, shërbimi i asistencës për përkthim do të jetë në dispozicionin tuaj, pa pagesë. Telefononi në **1-877-411-3625** (TTY/TDD: **711**).

非歧視政策聲明

安保健康保險 (EmblemHealth) 遵守適用的聯邦民權法律規定，不因種族、膚色、原國籍、年齡、殘障或性別而歧視任何人。安保健康保險 (EmblemHealth) 不因種族、膚色、原國籍、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

安保健康保險 (EmblemHealth) :

- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
 - 合格的手語翻譯員
 - 以其他格式提供的書面資訊（大號字體，音訊，無障礙電子格式，其他格式）
- 向母語非英語的人員免費提供各種語言服務，如：
 - 合格的翻譯員
 - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡 **1-877-411-3625**。

如果您認為安保健康保險 (EmblemHealth) 未能提供此類服務或者因種族、膚色、原國籍、年齡、殘障或性別而透過其他方式歧視您，您可以向安保健康保險 (EmblemHealth) Grievance and Appeals Department 提交申訴，郵寄地址為 PO Box 2844, New York, NY 10116，電話號碼為 **1-877-411-3625**，

(TTY/TDD 服務請撥打 **711**)。您可以親自提起申訴，或者以郵寄或電話方式提交申訴。如果您在提交申訴方面需要幫助，安保健康保險 (EmblemHealth) Grievance and Appeals Department 可以幫助您。您還可以向 U.S. Department of Health and Human Services (美國衛生及公共服務部) 的 Office of Civil Rights (民權辦公室) 提交民權投訴，透過 Office of Civil Rights Complaint Portal 以電子方式投訴：

ocrportal.hhs.gov/ocr/portal/lobby.jsf，或者透過郵寄或電話的方式投訴：U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019 (TTY 服務請撥打 1-800-537-7697)。

登入 hhs.gov/ocr/office/file/index.html 可獲得投訴表格。

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	4	B/D PA; MO
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>amphotericin b injection recon soln</i>	2	B/D PA; MO
<i>caspofungin intravenous recon soln</i>	5	B/D PA
<i>clotrimazole mucous membrane troche</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	B/D PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	B/D PA
<i>fluconazole oral suspension for reconstitution</i>	2	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine oral capsule</i>	2	MO
<i>griseofulvin microsize oral suspension</i>	2	MO
<i>griseofulvin microsize oral tablet</i>	2	MO
<i>griseofulvin ultramicrosize oral tablet</i>	2	MO
<i>itraconazole oral capsule</i>	2	MO; QL (120 per 30 days)
<i>ketoconazole oral tablet</i>	2	MO
NOXAFIL ORAL SUSPENSION	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>terbinafine hcl oral tablet</i>	2	MO; QL (90 per 365 days)
TOLSURA ORAL CAPSULE, SOLID DISPERSION	5	PA; MO; QL (120 per 30 days)
<i>voriconazole intravenous recon soln</i>	2	B/D PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	MO
<i>voriconazole oral tablet</i>	5	MO
ANTIVIRALS		
<i>abacavir oral solution</i>	2	MO; QL (960 per 30 days)
<i>abacavir oral tablet</i>	2	MO; QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet</i>	4	MO; QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	MO; QL (60 per 30 days)
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	2	B/D PA; MO
<i>adefovir oral tablet</i>	5	MO
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	2	MO
APTIVUS (WITH VITAMIN E) ORAL SOLUTION	5	QL (285 per 28 days)
APTIVUS ORAL CAPSULE	5	MO; QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	2	MO; QL (30 per 30 days)
ATRIPLA ORAL TABLET	5	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION	3	MO
BIKTARVY ORAL TABLET	5	MO; QL (30 per 30 days)
<i>cidofovir intravenous solution</i>	2	B/D PA; MO
CIMDUO ORAL TABLET	5	MO; QL (30 per 30 days)
COMPLERA ORAL TABLET	5	MO; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	MO; QL (270 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	3	MO; QL (180 per 30 days)
DELSTRIGO ORAL TABLET	5	MO; QL (30 per 30 days)
DESCOVY ORAL TABLET	5	MO; QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	MO; QL (30 per 30 days)
DOVATO ORAL TABLET	5	MO; QL (30 per 30 days)
EDURANT ORAL TABLET	4	MO; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	2	MO; QL (90 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	2	MO; QL (360 per 30 days)
<i>efavirenz oral tablet</i>	2	MO; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofov disop oral tablet</i>	5	MO; QL (30 per 30 days)
<i>emtricitabine oral capsule</i>	2	MO; QL (30 per 30 days)
EMTRIVA ORAL CAPSULE	3	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	MO; QL (680 per 28 days)
<i>entecavir oral tablet</i>	4	MO; QL (30 per 30 days)
EPCLUSIA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
EVOTAZ ORAL TABLET	5	MO; QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg</i>	2	MO
<i>famciclovir oral tablet 250 mg</i>	2	MO; QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	MO; QL (21 per 7 days)
<i>fosamprenavir oral tablet</i>	5	MO; QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
GENVOYA ORAL TABLET	5	MO; QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (30 per 30 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG	3	MO; QL (60 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	3	MO; QL (120 per 30 days)
INVIRASE ORAL TABLET	5	MO; QL (120 per 30 days)
ISENTRESS HD ORAL TABLET	5	MO; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	3	MO; QL (180 per 30 days)
ISENTRESS ORAL TABLET	3	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE	3	MO; QL (180 per 30 days)
JULUCA ORAL TABLET	5	MO; QL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	MO; QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	MO; QL (120 per 30 days)
<i>lamivudine oral solution</i>	2	MO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	2	MO; QL (30 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	2	MO; QL (60 per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	4	MO; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION	3	MO; QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution</i>	5	MO; QL (480 per 30 days)
<i>nevirapine oral suspension</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	MO; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	MO; QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	MO; QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET	3	MO; QL (360 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL SOLUTION	3	MO; QL (480 per 30 days)
ODEFSEY ORAL TABLET	5	MO; QL (30 per 30 days)
<i>oseltamivir oral capsule 30 mg</i>	2	MO; QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	MO; QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	2	MO
PIFELTRO ORAL TABLET	5	MO; QL (30 per 30 days)
PREVYMIS INTRAVENOUS SOLUTION	5	PA
PREVYMIS ORAL TABLET	5	PA; MO
PREZCOBIX ORAL TABLET	5	MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	3	MO; QL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG	5	MO; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	MO; QL (210 per 30 days)
PREZISTA ORAL TABLET 800 MG	5	MO; QL (30 per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	MO; QL (60 per 180 days)
RETROVIR INTRAVENOUS SOLUTION	3	MO
REYATAZ ORAL POWDER IN PACKET	3	MO; QL (180 per 30 days)
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine oral tablet</i>	2	MO
<i>ritonavir oral tablet</i>	2	MO; QL (360 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	5	MO; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION	3	MO; QL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG	5	MO; QL (60 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	MO; QL (240 per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	MO; QL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	MO; QL (60 per 30 days)
<i>stavudine oral capsule</i>	2	MO; QL (60 per 30 days)
STRIBILD ORAL TABLET	5	MO; QL (30 per 30 days)
SYMFI LO ORAL TABLET	5	MO; QL (30 per 30 days)
SYMFI ORAL TABLET	5	MO; QL (30 per 30 days)
SYMTUZA ORAL TABLET	5	MO; QL (30 per 30 days)
SYNAGIS INTRAMUSCULAR SOLUTION	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
TEMIXYS ORAL TABLET	5	MO; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet</i>	2	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	MO; QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION	5	MO; QL (180 per 30 days)
TRIUMEQ ORAL TABLET	5	MO; QL (30 per 30 days)
TROGARZO INTRAVENOUS SOLUTION	5	PA; MO
TRUVADA ORAL TABLET	5	MO; QL (30 per 30 days)
TYBOST ORAL TABLET	3	MO; QL (30 per 30 days)
<i>valacyclovir oral tablet</i>	2	MO
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	5	MO
VIRACEPT ORAL TABLET 250 MG	3	MO; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	3	MO; QL (120 per 30 days)
VIREAD ORAL POWDER	3	MO; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO; QL (30 per 30 days)
XOFLUZA ORAL TABLET	4	MO; QL (2 per 180 days)
<i>zidovudine oral capsule</i>	2	MO; QL (180 per 30 days)
<i>zidovudine oral syrup</i>	2	MO; QL (1680 per 28 days)
<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	2	B/D PA
<i>cefazolin intravenous recon soln</i>	2	
<i>cefdinir oral capsule</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir oral suspension for reconstitution</i>	1	MO
<i>cefepime in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	B/D PA
<i>cefepime in dextrose (iso-osm) intravenous piggyback 2 gram/100 ml</i>	2	B/D PA; MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	2	B/D PA; MO
<i>cefepime injection recon soln</i>	2	B/D PA; MO
<i>cefixime oral capsule</i>	4	MO
<i>cefixime oral suspension for reconstitution</i>	2	MO
CEFOTETAN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	2	
<i>cefotetan injection recon soln</i>	2	
<i>cefotetan intravenous recon soln</i>	2	
<i>cefoxitin in dextrose (iso-osm) intravenous piggyback</i>	2	B/D PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	B/D PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	B/D PA
<i>cefpodoxime oral suspension for reconstitution</i>	2	MO
<i>cefpodoxime oral tablet</i>	2	MO
<i>cefprozil oral suspension for reconstitution</i>	2	MO
<i>cefprozil oral tablet</i>	2	MO
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone in dextrose (iso-osm) intravenous piggyback</i>	2	B/D PA; MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	B/D PA; MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	2	
<i>ceftriaxone intravenous recon soln</i>	2	B/D PA; MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	B/D PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	B/D PA
<i>cephalexin oral capsule</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>cephalexin oral tablet</i>	1	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
TEFLARO INTRAVENOUS RECON SOLN	5	B/D PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	2	B/D PA; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<i>clarithromycin oral tablet extended release 24 hr e.e.s. 400 oral tablet</i>	2	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROGIN INTRAVENOUS RECON SOLN 500 MG	3	B/D PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	2	MO
<i>erythromycin oral tablet</i>	2	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	4	MO
ALBENZA ORAL TABLET	4	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	B/D PA; MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; MO; QL (236 per 28 days)
<i>atovaquone oral suspension</i>	5	MO
<i>atovaquone-proguanil oral tablet</i>	2	MO
<i>aztreonam injection recon soln</i>	2	MO
<i>bacitracin intramuscular recon soln</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
CAPASTAT INJECTION RECON SOLN	4	B/D PA
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	2	B/D PA
<i>chloroquine phosphate oral tablet</i>	2	MO
<i>clindamycin hcl oral capsule</i>	2	MO
<i>clindamycin pediatric oral recon soln</i>	2	MO
<i>clindamycin phosphate injection solution</i>	2	B/D PA; MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	B/D PA; MO
COARTEM ORAL TABLET	4	MO
<i>colistin (colistimethate na) injection recon soln</i>	4	B/D PA; MO
<i>dapsone oral tablet</i>	4	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM ORAL TABLET	5	PA; MO
<i>ethambutol oral tablet</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	4	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	
<i>gentamicin injection solution 40 mg/ml</i>	2	B/D PA; MO
<i>hydroxychloroquine oral tablet</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln</i>	2	B/D PA; MO
<i>isoniazid injection solution</i>	2	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral tablet</i>	2	MO
<i>linezolid in dextrose 5% intravenous piggyback</i>	5	PA
<i>linezolid oral suspension for reconstitution</i>	4	PA; MO
<i>linezolid oral tablet</i>	4	PA; MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine oral tablet</i>	2	MO
<i>meropenem intravenous recon soln</i>	2	B/D PA; MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	2	B/D PA; MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	2	B/D PA
<i>metro i.v. intravenous piggyback</i>	2	MO
<i>metronidazole in nacl (iso-osm) intravenous piggyback</i>	2	MO
<i>metronidazole oral capsule</i>	2	MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin oral tablet</i>	2	MO
<i>paromomycin oral capsule</i>	2	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET	4	MO
<i>pentamidine inhalation recon soln</i>	4	B/D PA; MO
<i>pentamidine injection recon soln</i>	4	B/D PA; MO
<i>polymyxin b sulfate injection recon soln</i>	2	MO
PRETOMANID ORAL TABLET	4	PA
PRIFTIN ORAL TABLET	4	MO
<i>primaquine oral tablet</i>	2	MO
<i>pyrazinamide oral tablet</i>	2	MO
<i>pyrimethamine oral tablet</i>	5	PA; MO
<i>quinine sulfate oral capsule</i>	2	PA; MO
<i>rifabutin oral capsule</i>	2	MO
<i>rifampin intravenous recon soln</i>	2	B/D PA; MO
<i>rifampin oral capsule</i>	2	MO
SIRTURO ORAL TABLET 100 MG	5	MO; LA
SIRTURO ORAL TABLET 20 MG	5	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	4	MO
SYNERCID INTRAVENOUS RECON SOLN	4	B/D PA
<i>tigecycline intravenous recon soln</i>	5	
<i>tinidazole oral tablet</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	B/D PA; MO
<i>tobramycin sulfate injection recon soln</i>	2	B/D PA
<i>tobramycin sulfate injection solution</i>	2	B/D PA; MO
TRECATOR ORAL TABLET	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	B/D PA
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	4	B/D PA; MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4	B/D PA
VANCOMYCIN INJECTION RECON SOLN	2	B/D PA
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	B/D PA; MO
<i>vancomycin oral capsule 125 mg</i>	4	MO
<i>vancomycin oral capsule 250 mg</i>	5	MO
XIFAXAN ORAL TABLET 550 MG	5	MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln</i>	2	B/D PA; MO
<i>ampicillin sodium intravenous recon soln</i>	2	B/D PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	B/D PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	B/D PA
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	B/D PA; MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	4	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	MO
<i>dicloxacillin oral capsule</i>	2	MO
<i>nafcillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	B/D PA
<i>nafcillin in dextrose (iso-osm) intravenous piggyback 2 gram/100 ml</i>	2	B/D PA; MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	B/D PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	B/D PA; MO
<i>nafcillin intravenous recon soln</i>	2	B/D PA; MO
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	MO
<i>oxacillin injection recon soln 1 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	
<i>oxacillin injection recon soln 2 gram</i>	2	MO
<i>penicillin g potassium injection recon soln</i>	2	B/D PA; MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	B/D PA; MO
<i>penicillin g sodium injection recon soln</i>	2	B/D PA; MO
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet</i>	2	MO
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	2	B/D PA; MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	B/D PA; MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet</i>	2	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>ciprofloxacin oral suspension,microcapsule recon</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous solution</i>	2	B/D PA; MO
<i>levofloxacin oral solution</i>	2	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral tablet</i>	2	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	4	B/D PA
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	4	B/D PA
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	2	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	B/D PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclacycline oral tablet</i>	2	MO
<i>doxy-100 intravenous recon soln</i>	2	MO
<i>doxycycline hyclate intravenous recon soln</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	4	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	4	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>morgidox oral capsule 50 mg</i>	2	MO
<i>tetracycline oral capsule</i>	2	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	2	MO
<i>methenamine mandelate oral tablet 1 gram</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	2	MO
<i>trimethoprim oral tablet</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	2	B/D PA
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	2	B/D PA; MO
ELITEK INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral tablet</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	4	B/D PA
<i>levoleucovorin calcium intravenous solution</i>	4	B/D PA
<i>mesna intravenous solution</i>	2	B/D PA; MO
MESNEX ORAL TABLET	5	MO
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	5	MO; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PA; MO
<i>adriamycin intravenous solution</i>	2	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; MO; QL (150 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	5	PA; MO; QL (90 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	5	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
ALECENSA ORAL CAPSULE	5	PA; MO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN	5	B/D PA; MO
ALIQOPA INTRAVENOUS RECON SOLN	5	PA; MO
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (180 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK <i>anastrozole oral tablet</i>	5	PA; MO; QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	2	MO; QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	4	B/D PA; MO
AVASTIN INTRAVENOUS SOLUTION	5	B/D PA; MO
AYVAKIT ORAL TABLET <i>azacitidine injection recon soln</i>	5	PA; MO; QL (30 per 30 days)
AZASAN ORAL TABLET <i>azathioprine oral tablet</i>	5	MO
AZASAN ORAL TABLET <i>azathioprine sodium injection recon soln</i>	3	B/D PA; MO
BALVERSA ORAL TABLET <i>bexarotene oral capsule</i>	1	B/D PA; MO
BALVERSA ORAL TABLET <i>bexarotene oral capsule</i>	2	B/D PA
BAVENCIO INTRAVENOUS SOLUTION	5	PA; MO; LA
BELEODAQ INTRAVENOUS RECON SOLN	5	PA; MO
BENDEKA INTRAVENOUS SOLUTION	5	B/D PA; MO
BESPONSA INTRAVENOUS RECON SOLN <i>bicalutamide oral tablet</i>	5	PA; MO
BESPONSA INTRAVENOUS RECON SOLN <i>bicalutamide oral tablet</i>	2	MO; QL (30 per 30 days)
BESPOKYM INTRAVENOUS SOLUTION <i>bleomycin injection recon soln</i>	2	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA; MO; LA; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
CABOMETYX ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE ORAL CAPSULE	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG <i>carboplatin intravenous solution</i>	5	LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln</i>	3	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine intravenous solution</i>	2	B/D PA; MO
<i>clofarabine intravenous solution</i>	5	B/D PA
COMETRIQ ORAL CAPSULE	5	PA; MO
COPIKTRA ORAL CAPSULE	5	PA; MO; LA; QL (60 per 30 days)
COTELLIC ORAL TABLET	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	4	B/D PA; MO
<i>cyclosporine intravenous solution</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	2	B/D PA; MO
<i>cyclosporine modified oral solution</i>	2	B/D PA; MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	5	PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>cytarabine injection solution</i>	2	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	2	B/D PA; MO
DARZALEX INTRAVENOUS SOLUTION	3	PA; MO
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine intravenous recon soln</i>	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO
<i>doxorubicin, peg-liposomal intravenous suspension</i>	5	B/D PA; MO
DROXIA ORAL CAPSULE	3	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; MO
EMCYT ORAL CAPSULE	3	MO
EMPLICITI INTRAVENOUS RECON SOLN	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	4	B/D PA; MO
ERIVEDGE ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET	5	MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (90 per 30 days)
ERWINAZE INJECTION RECON SOLN	5	PA; MO
<i>etoposide intravenous solution</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (immunosuppressive) oral tablet</i>	5	B/D PA; MO
<i>exemestane oral tablet</i>	2	MO
FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; MO; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE	5	B/D PA; MO
<i>fludarabine intravenous recon soln</i>	4	B/D PA; MO
<i>fludarabine intravenous solution</i>	4	B/D PA
<i>fluorouracil intravenous solution</i>	2	B/D PA; MO
<i>flutamide oral capsule</i>	2	MO
<i>fulvestrant intramuscular syringe</i>	5	B/D PA; MO
GAVRETO ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	5	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	B/D PA; MO
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	5	B/D PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PA; MO
<i>gengraf oral solution</i>	2	B/D PA; MO
GILOTRIF ORAL TABLET	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PA; MO
<i>hydroxyurea oral capsule</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
IBRANCE ORAL CAPSULE	5	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QL (30 per 30 days)
<i>idarubicin intravenous solution</i>	2	B/D PA; MO
IDHIFA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUWICA ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
IMBRUWICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION	5	PA; MO
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI ORAL TABLET	5	PA; MO; QL (5 per 28 days)
INREBIC ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
IRESSA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	B/D PA
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; MO
JAKAFI ORAL TABLET	5	PA; MO; QL (60 per 30 days)
KADCYLA INTRAVENOUS RECON SOLN	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE	5	PA; MO
KYPROLIS INTRAVENOUS RECON SOLN <i>lapatinib oral tablet</i>	5	PA; MO
LENVIMA ORAL CAPSULE <i>letrozole oral tablet</i>	5	PA; MO
LEUKERAN ORAL TABLET <i>leuprolide subcutaneous kit</i>	2	MO; QL (30 per 30 days)
LONSURF ORAL TABLET	3	MO
LORBRENA ORAL TABLET	5	PA; MO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	3	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN ORAL TABLET	3	MO
MATULANE ORAL CAPSULE <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI ORAL TABLET <i>melphalan hcl intravenous recon soln</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine oral tablet</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln</i>	2	B/D PA; MO
<i>mitoxantrone intravenous concentrate</i>	2	B/D PA; MO
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet,delayed release (dr/ec)</i>	2	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	5	PA; MO
NERLYNX ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide oral tablet</i>	2	MO; QL (30 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; MO; QL (3 per 28 days)
NUBEQA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
ODOMZO ORAL CAPSULE	5	PA; MO; LA; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION	5	PA; MO
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	4	B/D PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	4	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	4	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel intravenous concentrate</i>	2	B/D PA; MO
PEMAZYRE ORAL TABLET	5	PA; MO; LA; QL (14 per 21 days)
PERJETA INTRAVENOUS SOLUTION	5	PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; MO; QL (56 per 28 days)
POMALYST ORAL CAPSULE	5	PA; MO; LA
PORTRAZZA INTRAVENOUS SOLUTION	5	PA; MO
POTELIGEO INTRAVENOUS SOLUTION	5	PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN ORAL SUSPENSION	4	
QINLOCK ORAL TABLET	5	PA; MO; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REVLIMID ORAL CAPSULE	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN INTRAVENOUS CONCENTRATE	5	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
RUBRACA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
RYDAPT ORAL CAPSULE	5	PA; MO
SANDIMMUNE ORAL SOLUTION	4	B/D PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	2	B/D PA; MO
<i>sirolimus oral tablet</i>	2	B/D PA; MO
SOLTAMOX ORAL SOLUTION	4	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	B/D PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; MO; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA ORAL TABLET	5	PA; MO; QL (84 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
SUTENT ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN	5	B/D PA; MO
TABLOID ORAL TABLET	3	MO
TABRECTA ORAL TABLET	5	PA; MO; QL (112 per 28 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>tacrolimus oral capsule 5 mg</i>	4	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAGRISSO ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen oral tablet</i>	2	MO
TARGETIN TOPICAL GEL	5	PA; MO; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK ORAL TABLET	5	PA; MO; LA; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION	5	PA; MO
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (60 per 30 days)
<i>thiotepa injection recon soln 15 mg</i>	5	PA; MO
TIBSOVO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>toposar intravenous solution</i>	2	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	B/D PA; MO
<i>toremifene oral tablet</i>	5	MO; QL (30 per 30 days)
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin (antineoplastic) oral capsule</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	3	B/D PA; MO
TUKYSA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
TURALIO ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
TYKERB ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days)
VELCADE INJECTION RECON SOLN	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	3	PA; MO; LA; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	2	MO; QL (180 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	2	MO; QL (120 per 30 days)
<i>dextroamphetamine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	4	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO; QL (90 per 30 days)
<i>diazepam intensol oral concentrate</i>	2	PA; MO
<i>diazepam oral concentrate</i>	2	PA; MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO
<i>diazepam oral tablet</i>	2	PA; MO
<i>doxepin oral capsule</i>	2	PA; MO
<i>doxepin oral concentrate</i>	2	PA; MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	4	PA; MO
<i>duloxetine oral capsule,delayed release(dr/ec)</i>	2	MO
EMSAM TRANSDERMAL PATCH 24 HOUR	4	PA; MO; QL (30 per 30 days)
<i>ergoloid oral tablet</i>	2	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	2	MO
<i>eszopiclone oral tablet</i>	2	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR DOSE PACK	4	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule</i>	2	MO
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	2	MO
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	MO
<i>fluoxetine oral tablet 60 mg</i>	4	MO
<i>fluphenazine decanoate injection solution</i>	2	MO
<i>fluphenazine hcl injection solution</i>	2	MO
<i>fluphenazine hcl oral concentrate</i>	2	MO
<i>fluphenazine hcl oral elixir</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral tablet</i>	2	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	MO
<i>fluvoxamine oral tablet</i>	2	MO
GEODON INTRAMUSCULAR RECON SOLN	4	MO
<i>guanfacine oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>guanidine oral tablet</i>	2	MO
<i>haloperidol decanoate intramuscular solution</i>	2	MO
<i>haloperidol lactate injection solution</i>	2	MO
<i>haloperidol lactate oral concentrate</i>	1	MO
<i>haloperidol oral tablet</i>	2	MO
HETLIOZ ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl oral tablet</i>	2	PA; MO
<i>imipramine pamoate oral capsule</i>	2	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	4	MO
LATUDA ORAL TABLET	4	MO
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam intensol oral concentrate</i>	2	PA; MO
<i>lorazepam oral concentrate</i>	2	PA; MO
<i>lorazepam oral tablet</i>	2	PA; MO
<i>loxapine succinate oral capsule</i>	2	MO
<i>maprotiline oral tablet</i>	2	MO
MARPLAN ORAL TABLET	4	MO
<i>methamphetamine oral tablet</i>	2	PA; MO; QL (150 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	2	MO; QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	2	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg</i>	2	MO; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg</i>	2	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	2	MO; QL (60 per 30 days)
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	2	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	2	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	2	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg</i>	2	MO; QL (120 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating)</i>	2	QL (120 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	MO; QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 54 mg</i>	2	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 54 mg (bx rating)</i>	2	QL (30 per 30 days)
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet,disintegrating 30 mg, 45 mg</i>	2	MO
<i>modafinil oral tablet</i>	2	PA; MO
<i>molindone oral tablet</i>	2	MO
<i>nefazodone oral tablet</i>	2	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	2	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i>	2	MO
<i>olanzapine oral tablet</i>	2	MO
<i>olanzapine oral tablet,disintegrating</i>	2	MO
<i>olanzapine-fluoxetine oral capsule</i>	2	MO
<i>oxazepam oral capsule</i>	2	PA; MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	4	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO
<i>paroxetine mesylate(menop.sym) oral capsule</i>	2	MO
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine oral tablet</i>	2	MO
<i>perphenazine-amitriptyline oral tablet</i>	2	PA; MO
<i>phenelzine oral tablet</i>	2	MO
<i>pimozide oral tablet</i>	2	MO
<i>protriptyline oral tablet</i>	2	MO
<i>quetiapine oral tablet</i>	2	MO
<i>quetiapine oral tablet extended release 24 hr</i>	4	MO
<i>ramelteon oral tablet</i>	4	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	5	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet</i>	2	MO
<i>risperidone oral tablet,disintegrating</i>	2	MO
SAPHRIS SUBLINGUAL TABLET	4	MO; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	5	PA; MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet</i>	1	MO
<i>temazepam oral capsule</i>	2	MO
<i>thioridazine oral tablet</i>	2	MO
<i>thiothixene oral capsule</i>	1	MO
<i>tranylcypromine oral tablet</i>	2	MO
<i>trazodone oral tablet</i>	2	MO
<i>trifluoperazine oral tablet</i>	2	MO
<i>trimipramine oral capsule</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET	4	MO
<i>venlafaxine oral capsule, extended release 24hr</i>	2	MO
<i>venlafaxine oral tablet</i>	2	MO
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	MO
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	4	MO
VERSACLOZ ORAL SUSPENSION	5	
VIIBRYD ORAL TABLET	3	MO
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	PA; MO; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	5	PA; MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	5	PA; MO; QL (40 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	5	PA; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PA; MO; QL (7 per 180 days)
XYREM ORAL SOLUTION	5	PA; MO; LA; QL (540 per 30 days)
<i>ziprasidone hcl oral capsule</i>	2	MO
<i>ziprasidone mesylate intramuscular recon soln</i>	4	
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
<i>zolpidem oral tablet, extended release multiphase</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone oral tablet</i>	2	MO
<i>dofetilide oral capsule</i>	2	MO
<i>flecainide oral tablet</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	B/D PA; MO
<i>mexiletine oral capsule</i>	2	MO
MULTAQ ORAL TABLET	3	MO; QL (60 per 30 days)
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	
<i>propafenone oral capsule,extended release 12 hr</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone oral tablet</i>	2	MO
<i>quinidine gluconate oral tablet extended release</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af oral tablet</i>	2	MO
<i>sotalol oral tablet</i>	2	MO

ANTIHYPERTENSIVE THERAPY

<i>acebutolol oral capsule</i>	1	MO
<i>aliskiren oral tablet</i>	4	MO
<i>amiloride oral tablet</i>	2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-olmesartan oral tablet</i>	2	MO
<i>amlodipine-valsartan oral tablet</i>	2	MO
<i>amlodipine-valsartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>benazepril oral tablet</i>	1	MO; QL (60 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	MO
<i>betaxolol oral tablet</i>	2	MO
<i>bisoprolol fumarate oral tablet</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	MO
<i>bumetanide injection solution</i>	2	MO
<i>bumetanide oral tablet</i>	2	MO
<i>BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG</i>	3	MO; QL (30 per 30 days)
<i>BYSTOLIC ORAL TABLET 20 MG</i>	3	MO; QL (60 per 30 days)
<i>candesartan oral tablet</i>	2	MO
<i>candesartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>captopril oral tablet</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	2	MO
<i>cartia xt oral capsule,extended release 24hr</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol oral tablet</i>	1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	4	ST; MO
<i>chlorothiazide oral tablet 500 mg</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	4	MO
DEMSER ORAL CAPSULE	5	PA; MO
<i>diltiazem hcl intravenous recon soln</i>	2	B/D PA
<i>diltiazem hcl intravenous solution</i>	2	B/D PA; MO
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO
<i>dilt-xr oral capsule, extended release 24h degradable</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>eplerenone oral tablet</i>	2	MO
<i>eprosartan oral tablet</i>	2	MO
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
<i>fosinopril oral tablet</i>	1	MO; QL (60 per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO; QL (120 per 30 days)
<i>furosemide injection syringe</i>	2	B/D PA; MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection solution</i>	2	B/D PA; MO
<i>hydralazine oral tablet</i>	2	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide oral tablet</i>	1	MO
<i>irbesartan oral tablet</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>isradipine oral capsule</i>	2	MO
<i>labetalol intravenous solution</i>	2	B/D PA; MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	B/D PA
<i>labetalol oral tablet</i>	2	MO
<i>lisinopril oral tablet</i>	1	MO; QL (60 per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>losartan oral tablet 100 mg</i>	1	MO; QL (45 per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>losartan-hydrochlorothiazide oral tablet</i>	1	MO; QL (30 per 30 days)
<i>matzim la oral tablet extended release 24 hr</i>	2	MO
<i>methyldopa-hydrochlorothiazide oral tablet</i>	2	PA; MO
<i>metolazone oral tablet</i>	2	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	1	B/D PA; MO
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide oral tablet</i>	2	MO
<i>metyrosine oral capsule</i>	5	PA; MO
<i>minoxidil oral tablet</i>	2	MO
<i>moexipril oral tablet</i>	2	MO
<i>nadolol oral tablet</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral capsule</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine oral capsule</i>	2	MO
<i>olmesartan oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olmesartanamlodipinehydrochlorothiazide oral tablet</i>	2	MO
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine oral tablet</i>	2	MO
<i>phenoxybenzamine oral capsule</i>	5	PA; MO
<i>pindolol oral tablet</i>	2	MO
<i>prazosin oral capsule</i>	2	MO
<i>propranolol intravenous solution</i>	2	B/D PA
<i>propranolol oral capsule,extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	2	MO
<i>propranolol-hydrochlorothiazide oral tablet</i>	2	MO
<i>quinapril oral tablet</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>ramipril oral capsule</i>	1	MO
<i>spironolactone oral tablet</i>	2	MO
<i>spironolactone-hydrochlorothiazide oral tablet</i>	2	MO
<i>taztia xt oral capsule,extended release 24 hr</i>	2	MO
TEKTURNA HCT ORAL TABLET	4	MO
<i>telmisartan oral tablet</i>	2	MO
<i>telmisartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er oral capsule,extended release 24 hr</i>	2	MO
<i>timolol maleate oral tablet</i>	2	MO
<i>torsemide oral tablet</i>	2	MO
<i>trandolapril oral tablet</i>	2	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	MO
<i>treprostinil sodium injection solution</i>	5	B/D PA; MO
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	2	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	2	MO
UPTRAVI ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	MO; QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil intravenous solution</i>	1	B/D PA; MO
<i>verapamil intravenous syringe</i>	2	B/D PA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, extended release pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO

COAGULATION THERAPY

<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	MO
BRILINTA ORAL TABLET	3	MO
<i>cilostazol oral tablet</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO; QL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	2	MO
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
ELIQUIS ORAL TABLET	3	MO
<i>enoxaparin subcutaneous solution</i>	4	MO; QL (180 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	MO; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	5	MO; QL (30 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	5	MO; QL (15 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	5	MO; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	5	MO; QL (21.6 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	4	MO; QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	5	MO; QL (9 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	B/D PA
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	B/D PA; MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	2	B/D PA
<i>heparin (porcine) injection cartridge</i>	2	B/D PA; MO
<i>heparin (porcine) injection solution</i>	2	B/D PA; MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	B/D PA
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	B/D PA; MO
<i>heparin, porcine (pf) injection solution</i>	2	B/D PA; MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	B/D PA; MO
<i>jantoven oral tablet</i>	3	MO
MULPLETA ORAL TABLET	5	PA; MO; QL (7 per 14 days)
<i>pentoxifylline oral tablet extended release</i>	2	MO
PRADAXA ORAL CAPSULE	4	MO
<i>prasugrel oral tablet</i>	2	MO
PROMACTA ORAL POWDER IN PACKET	5	PA; MO; LA
PROMACTA ORAL TABLET	5	PA; MO; LA
<i>warfarin oral tablet</i>	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
XARELTO ORAL TABLET	3	MO

LIPID/CHOLESTEROL LOWERING AGENTS

<i>amlodipine-atorvastatin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin oral tablet</i>	1	MO; QL (45 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	2	MO
<i>cholestyramine light oral powder in packet</i>	2	MO
<i>colesevelam oral powder in packet</i>	2	MO
<i>colesevelam oral tablet</i>	2	MO
<i>colestipol oral granules</i>	2	MO
<i>colestipol oral packet</i>	2	MO
<i>colestipol oral tablet</i>	2	MO
<i>ezetimibe oral tablet</i>	2	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	2	MO
<i>fenofibric acid oral tablet</i>	2	MO
<i>gemfibrozil oral tablet</i>	1	MO
JUXTAPIID ORAL CAPSULE	5	PA; MO; LA
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1	MO; QL (45 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	2	MO
<i>omega-3 acid ethyl esters oral capsule</i>	2	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; MO; QL (2 per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	4	PA; MO; QL (4 per 28 days)
<i>pravastatin oral tablet</i>	1	MO; QL (45 per 30 days)
<i>prevalite oral powder</i>	2	MO
<i>prevalite oral powder in packet</i>	2	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	4	PA; MO; QL (3.5 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (3 per 28 days)
<i>rosuvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	4	PA
CORLANOR ORAL TABLET	4	PA; MO
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	1	MO
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	1	PA; MO
<i>digox oral tablet 125 mcg (0.125 mg)</i>	1	MO
<i>digox oral tablet 250 mcg (0.25 mg)</i>	1	PA; MO
<i>digoxin injection solution</i>	2	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	PA; MO
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	1	MO
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	1	PA; MO
ENTRESTO ORAL TABLET	3	MO
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 62.5 MCG (0.0625 MG)	4	MO
LANOXIN ORAL TABLET 250 MCG (0.25 MG)	4	PA; MO
<i>ranolazine oral tablet extended release 12 hr</i>	4	MO
VECAMYL ORAL TABLET	4	
VYNDAMAX ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	2	MO
<i>nitroglycerin intravenous solution</i>	2	B/D PA
<i>nitroglycerin sublingual tablet</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	MO
<i>acitretin oral capsule 17.5 mg</i>	5	MO
<i>calcipotriene scalp solution</i>	2	MO; QL (60 per 30 days)
<i>calcipotriene topical cream</i>	2	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone topical ointment</i>	4	MO
<i>calcitriol topical ointment</i>	2	MO
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)
COSENTYX (2 PENS) SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 84 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (1 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (1 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (3 per 84 days)

MISCELLANEOUS DERMATOLOGICALS

<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	2	MO
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR	5	PA; MO
DUPIXENT SUBCUTANEOUS SYRINGE	5	PA; MO
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>imiquimod topical cream in packet</i>	2	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	B/D PA; MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	B/D PA
<i>lidocaine hcl injection solution</i>	2	B/D PA; MO
<i>lidocaine hcl laryngotracheal solution</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	2	MO; QL (50 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine viscous mucous membrane solution</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>methoxsalen oral capsule, liquid-filled, rapid release</i>	2	MO
PANRETIN TOPICAL GEL	5	MO
<i>pimecrolimus topical cream</i>	4	ST; MO
<i>podofilox topical solution</i>	2	MO
REGRANEX TOPICAL GEL	5	PA; MO; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT	4	MO
<i>silver sulfadiazine topical cream</i>	2	MO
<i>ssd topical cream</i>	2	MO
<i>tacrolimus topical ointment</i>	4	MO
VALCHLOR TOPICAL GEL	5	PA; MO
THERAPY FOR ACNE		
<i>adapalene topical cream</i>	2	PA; MO
<i>adapalene topical gel</i>	2	PA; MO
<i>adapalene topical gel with pump</i>	2	PA; MO
<i>adapalene topical solution</i>	2	PA
<i>amnesteem oral capsule</i>	2	MO
<i>claravis oral capsule</i>	4	MO
<i>clindamycin phosphate topical foam</i>	2	MO
<i>clindamycin phosphate topical gel</i>	2	MO
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	2	MO
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	MO
<i>ery pads topical swab</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	2	MO
<i>metronidazole topical cream</i>	2	MO
<i>metronidazole topical gel</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical gel with pump</i>	2	MO
<i>metronidazole topical lotion</i>	2	MO
<i>tazarotene topical cream</i>	4	MO
<i>tretinoin microspheres topical gel</i>	2	PA; MO
<i>tretinoin microspheres topical gel with pump</i>	2	PA; MO
<i>tretinoin topical cream</i>	2	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA; MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	2	MO
<i>gentamicin topical ointment</i>	2	MO
<i>mupirocin calcium topical cream</i>	2	MO
<i>mupirocin topical ointment</i>	2	MO
<i>sulfacetamide sodium (acne) topical suspension</i>	2	MO
SULFAMYLYON TOPICAL CREAM	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	2	MO
<i>ciclopirox topical gel</i>	2	MO
<i>ciclopirox topical shampoo</i>	2	MO
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO
<i>clotrimazole topical cream</i>	2	MO
<i>clotrimazole-betamethasone topical cream</i>	2	MO
<i>clotrimazole-betamethasone topical lotion</i>	2	MO
<i>econazole topical cream</i>	2	MO
<i>ketoconazole topical cream</i>	2	MO
<i>ketoconazole topical foam</i>	2	MO
<i>ketoconazole topical shampoo</i>	2	MO
<i>nyamyc topical powder</i>	2	MO
<i>nystatin topical cream</i>	2	MO
<i>nystatin topical ointment</i>	2	MO
<i>nystatin topical powder</i>	2	MO
<i>nystatin-triamcinolone topical cream</i>	2	MO
<i>nystatin-triamcinolone topical ointment</i>	2	MO
<i>nystop topical powder</i>	2	MO
TOPICAL ANTIVIRALS		

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

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir topical ointment</i>	2	MO
DENAVIR TOPICAL CREAM	5	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>alclometasone topical cream</i>	2	MO
<i>alclometasone topical ointment</i>	2	MO
<i>amcinonide topical cream</i>	2	MO
<i>amcinonide topical lotion</i>	2	MO
<i>amcinonide topical ointment</i>	2	
<i>betamethasone dipropionate topical cream</i>	2	MO
<i>betamethasone dipropionate topical lotion</i>	2	MO
<i>betamethasone dipropionate topical ointment</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical foam</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	2	MO
<i>betamethasone, augmented topical lotion</i>	2	MO
<i>desoximetasone topical cream</i>	2	MO
<i>desoximetasone topical gel</i>	2	MO
<i>desoximetasone topical ointment</i>	2	MO
<i>diflorasone topical cream</i>	2	MO
<i>diflorasone topical ointment</i>	2	MO
<i>fluocinolone and shower cap scalp oil</i>	2	MO
<i>fluocinolone topical oil</i>	2	MO
<i>fluocinolone topical ointment</i>	2	MO
<i>fluocinolone topical solution</i>	2	MO
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical lotion</i>	2	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical cream</i>	2	MO
<i>hydrocortisone butyrate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone butyr-emollient topical cream</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 2.5 %</i>	2	MO
<i>hydrocortisone valerate topical cream</i>	2	MO
<i>hydrocortisone valerate topical ointment</i>	2	MO
<i>mometasone topical cream</i>	2	MO
<i>mometasone topical ointment</i>	2	MO
<i>mometasone topical solution</i>	2	MO
<i>prednicarbate topical ointment</i>	2	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex topical ointment</i>	2	MO
<i>triderm topical cream 0.1 %</i>	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	2	MO
<i>malathion topical lotion</i>	2	MO
<i>permethrin topical cream</i>	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>neomycin-polymyxin b gu irrigation solution</i>	2	MO
MISCELLANEOUS AGENTS		
<i>acamprostate oral tablet,delayed release (dr/ec)</i>	2	MO
<i>anagrelide oral capsule</i>	2	MO
ARALAST NP INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA
AURYXIA ORAL TABLET	5	PA; MO
<i>cevimeline oral capsule</i>	2	MO
CHEMET ORAL CAPSULE	4	MO
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 2.75%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	B/D PA
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	B/D PA; MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	B/D PA; MO
<i>deferasirox oral tablet, dispersible</i>	5	MO
<i>deseriprone oral tablet</i>	5	PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	2	B/D PA
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 40 % in water (d40w) intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	2	B/D PA; MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	B/D PA
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	B/D PA; MO
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	2	B/D PA; MO
<i>disulfiram oral tablet</i>	2	MO
<i>ENDARI ORAL POWDER IN PACKET</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>FERRIPROX (2 TIMES A DAY) ORAL TABLET</i>	5	PA
<i>FERRIPROX ORAL TABLET</i>	5	PA; MO
<i>INCRELEX SUBCUTANEOUS SOLUTION</i>	5	B/D PA; MO; LA

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

Drug Name	Drug Tier	Requirements/Limits
<i>kionex (with sorbitol) oral suspension</i>	4	MO
<i>lanthanum oral tablet, chewable</i>	5	MO
<i>levocarnitine (with sugar) oral solution</i>	2	B/D PA; MO
<i>levocarnitine oral solution 100 mg/ml</i>	2	B/D PA; MO
<i>levocarnitine oral tablet</i>	2	B/D PA; MO
<i>midodrine oral tablet</i>	2	MO
NORTHERA ORAL CAPSULE	5	PA; MO
<i>pilocarpine hcl oral tablet</i>	2	MO
RAVICTI ORAL LIQUID	5	PA; MO
<i>riluzole oral tablet</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	MO
<i>sodium chloride irrigation solution</i>	2	MO
<i>sodium polystyrene (sorb free) oral suspension</i>	2	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps (with sorbitol) oral suspension</i>	2	MO
<i>sps (with sorbitol) rectal enema</i>	2	
<i>trientine oral capsule</i>	5	PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	B/D PA; MO

SMOKING DETERRENTS

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

EAR, NOSE / THROAT MEDICATIONS

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, aerosol</i>	2	MO; QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	2	MO
<i>denta 5000 plus dental cream</i>	2	MO
<i>dentagel dental gel</i>	2	MO
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>	2	MO; QL (60 per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal spray, non-aerosol</i>	4	MO; QL (30.5 per 30 days)
<i>paroex oral rinse mucous membrane mouthwash</i>	2	MO
<i>periogard mucous membrane mouthwash</i>	2	MO
<i>sf 5000 plus dental cream</i>	2	MO
<i>sf dental gel</i>	2	MO
<i>triamcinolone acetonide dental paste</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	2	MO
<i>fluocinolone acetonide oil otic (ear) drops</i>	2	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	2	MO
<i>ofloxacin otic (ear) drops</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
<i>CIPRODEX OTIC (EAR) DROPS,SUSPENSION</i>	4	MO
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	4	MO
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>ACTHAR INJECTION GEL</i>	5	PA; MO
<i>cortisone oral tablet</i>	2	MO
<i>dexamethasone intensol oral drops</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	B/D PA; MO
<i>dexamethasone sodium phosphate injection solution</i>	2	B/D PA; MO
<i>dexamethasone sodium phosphate injection syringe</i>	2	B/D PA; MO
<i>fludrocortisone oral tablet</i>	2	MO
<i>hydrocortisone oral tablet</i>	2	MO
KENALOG INJECTION SUSPENSION	4	MO
<i>methylprednisolone acetate injection suspension</i>	2	B/D PA; MO
<i>methylprednisolone oral tablet</i>	2	MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	B/D PA; MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	2	B/D PA; MO
<i>millipred oral tablet</i>	2	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	2	MO
<i>prednisone intensol oral concentrate</i>	2	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN	3	B/D PA; MO
<i>triamcinolone acetonide injection suspension</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil oral tablet</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>alcohol pads topical pads, medicated</i>	3	MO
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS PEN	4	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; QL (1.2 per 30 days)
CYCLOSET ORAL TABLET	4	ST; MO
<i>diazoxide oral suspension</i>	4	MO
FARXIGA ORAL TABLET	3	MO; QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS PEN	3	MO
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet</i>	1	MO
<i>glipizide oral tablet</i>	1	MO
<i>glipizide oral tablet extended release 24hr</i>	1	MO
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg</i>	2	MO; QL (60 per 30 days)
<i>glipizide-metformin oral tablet 5-500 mg</i>	2	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	MO
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	3	MO
<i>glyburide micronized oral tablet</i>	2	ST; MO
<i>glyburide oral tablet</i>	2	ST; MO
<i>glyburide-metformin oral tablet</i>	2	ST; MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-Injector	3	MO
GVOKE PFS 1-PACK SUBCUTANEOUS SYRINGE	3	MO
GVOKE PFS 2-PACK SUBCUTANEOUS SYRINGE	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
JANUMET ORAL TABLET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	3	MO
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	3	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
<i>metformin oral tablet</i>	1	MO
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>nateglinide oral tablet</i>	2	MO
NEEDLES, INSULIN DISP., SAFETY	3	MO
NOVOFINE NEEDLE	3	MO
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS PEN	3	MO
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	3	MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	MO
NOVOTWIST NEEDLE	3	MO
ONGLYZA ORAL TABLET	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	MO; QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	2	MO
<i>pioglitazone-glimepiride oral tablet</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet</i>	2	MO; QL (90 per 30 days)
PROGLYCEM ORAL SUSPENSION	4	MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (930 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>repaglinide-metformin oral tablet</i>	2	MO
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	4	MO
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	4	MO
SYNJARDY ORAL TABLET	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN	3	MO
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	3	MO
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	MO; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	5	B/D PA; MO
ANADROL-50 ORAL TABLET	3	MO
<i>cabergoline oral tablet</i>	2	MO; QL (20 per 30 days)
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule</i>	2	B/D PA; MO
<i>calcitriol oral solution</i>	2	B/D PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	B/D PA; MO
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	PA; MO
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	5	B/D PA; MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	5	B/D PA; MO; QL (120 per 30 days)
<i>danazol oral capsule</i>	2	MO
<i>desmopressin injection solution</i>	2	MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray,non-aerosol</i>	2	MO
<i>desmopressin oral tablet</i>	2	MO
ELAPRASE INTRAVENOUS SOLUTION	5	B/D PA; MO
ELELYSO INTRAVENOUS RECON SOLN	5	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
FABRAZYME INTRAVENOUS RECON SOLN	5	PA; MO
GALAFOLD ORAL CAPSULE	5	PA; MO; QL (15 per 30 days)
JYNARQUE ORAL TABLET	5	PA; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; MO; LA; QL (56 per 28 days)
KORLYM ORAL TABLET	5	PA; MO
KUVAN ORAL TABLET,SOLUBLE	5	PA; MO
<i>methyltestosterone oral capsule</i>	2	MO
MIACALCIN INJECTION SOLUTION	3	B/D PA; MO
<i> miglustat oral capsule</i>	5	MO; LA
NAGLAZYME INTRAVENOUS SOLUTION	5	B/D PA; MO
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; MO; LA
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA; MO
ORILISSA ORAL TABLET	5	PA; MO
<i>oxandrolone oral tablet 10 mg</i>	5	MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	MO
<i>pamidronate intravenous recon soln</i>	2	B/D PA; MO
<i>pamidronate intravenous solution</i>	2	B/D PA; MO
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	B/D PA
<i>paricalcitol intravenous solution 2 mcg/ml</i>	3	B/D PA
<i>paricalcitol intravenous solution 5 mcg/ml</i>	3	B/D PA; MO
<i>paricalcitol oral capsule</i>	4	B/D PA; MO
PREGNYL INTRAMUSCULAR RECON SOLN	4	PA; MO
SAMSCA ORAL TABLET 15 MG	5	PA; MO; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
<i>sapropterin oral tablet,soluble</i>	5	PA; MO
SOMAVERT SUBCUTANEOUS RECON SOLN	5	B/D PA; MO
SYNAREL NASAL SPRAY,NON-AEROSOL	5	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular oil</i>	2	MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	2	MO
<i>tolvaptan oral tablet 30 mg</i>	5	PA; MO; QL (60 per 30 days)
VPRIV INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	5	B/D PA; MO
THYROID HORMONES		
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	4	MO
<i>liothyronine intravenous solution</i>	2	MO
<i>liothyronine oral tablet</i>	2	MO
SYNTROID ORAL TABLET	4	MO
<i>unithroid oral tablet</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	2	MO
<i>atropine injection syringe 0.05 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>glycopyrrolate injection solution</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>loperamide oral capsule</i>	2	MO
<i>methscopolamine oral tablet</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	5	PA; MO; QL (60 per 30 days)
AMITIZA ORAL CAPSULE	3	MO; QL (60 per 30 days)
<i>aprepitant oral capsule</i>	4	B/D PA; MO
<i>aprepitant oral capsule,dose pack</i>	4	B/D PA; MO
<i>balsalazide oral capsule</i>	2	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM ORAL CAPSULE	5	PA; MO
<i>compro rectal suppository</i>	2	MO
<i>constulose oral solution</i>	2	MO
<i>cromolyn oral concentrate</i>	2	MO
CYSTADANE ORAL POWDER	5	MO
DIPENTUM ORAL CAPSULE	4	MO
<i>dronabinol oral capsule</i>	4	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>enulose oral solution</i>	2	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; MO
<i>gavilyte-c oral recon soln</i>	2	MO
<i>gavilyte-g oral recon soln</i>	2	MO
<i>gavilyte-n oral recon soln</i>	2	MO
<i>generlac oral solution</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous solution</i>	2	MO
<i>granisetron hcl oral tablet</i>	2	B/D PA; MO
<i>hydrocortisone rectal enema</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution</i>	2	MO
LINZESS ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release 24hr</i>	2	MO
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	2	MO
<i>mesalamine rectal enema</i>	2	MO
<i>mesalamine rectal suppository</i>	4	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	B/D PA; MO
<i>metoclopramide hcl injection syringe</i>	2	B/D PA
<i>metoclopramide hcl oral solution</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK ORAL TABLET	3	MO
MOVIPREP ORAL POWDER IN PACKET	3	MO
<i>ondansetron hcl (pf) injection solution</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection syringe</i>	2	B/D PA; MO
<i>ondansetron hcl intravenous solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet,disintegrating</i>	2	B/D PA; MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	4	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74- 6.74 -5.86 gram</i>	1	MO
<i>peg-electrolyte oral recon soln</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE	4	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine edisylate injection solution</i>	2	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	2	MO
<i>procto-pak topical cream with perineal applicator</i>	2	MO
<i>proctosol hc topical cream with perineal applicator</i>	2	MO
<i>protozone-hc topical cream with perineal applicator</i>	2	MO
RECTIV RECTAL OINTMENT	4	MO; QL (30 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE INTRAVENOUS RECON SOLN	5	PA; MO
SANCUSO TRANSDERMAL PATCH WEEKLY	5	MO; QL (2 per 15 days)
<i>scopolamine base transdermal patch 3 day</i>	4	MO; QL (10 per 30 days)
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>trilyte with flavor packets oral recon soln</i>	2	MO
<i>ursodiol oral capsule</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI ORAL TABLET	4	B/D PA; MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO

ULCER THERAPY

<i>amoxicillin-clarithromycin-lansoprazole oral combo pack</i>	2	MO
<i>cimetidine hcl oral solution</i>	2	MO
<i>cimetidine oral tablet</i>	2	MO
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE	3	MO
<i>esomeprazole sodium intravenous recon soln</i>	2	B/D PA
<i>famotidine (pf) intravenous solution</i>	2	B/D PA; MO
<i>famotidine (pf)-nacl (iso-osm) intravenous piggyback</i>	2	B/D PA; MO
<i>famotidine intravenous solution</i>	2	B/D PA; MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	2	MO
<i>misoprostol oral tablet</i>	2	MO
<i>nizatidine oral capsule</i>	2	MO
<i>nizatidine oral solution</i>	2	MO
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	2	MO
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	2	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	MO
<i>sucralfate oral suspension</i>	2	MO
<i>sucralfate oral tablet</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; MO
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You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	MO
AVONEX INTRAMUSCULAR SYRINGE KIT	5	MO
BETASERON SUBCUTANEOUS KIT	5	MO
EGRIFTA SV SUBCUTANEOUS RECON SOLN	5	PA; MO
EXTAVIA SUBCUTANEOUS KIT	5	MO
EXTAVIA SUBCUTANEOUS RECON SOLN	5	
GRANIX SUBCUTANEOUS SOLUTION	5	PA; MO
GRANIX SUBCUTANEOUS SYRINGE	5	PA; MO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	B/D PA; MO
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML)	4	B/D PA; MO
INTRON A INJECTION SOLUTION	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL SUBCUTANEOUS SOLUTION	5	B/D PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	5	MO
PLEGRIDY SUBCUTANEOUS SYRINGE	5	MO
PROCIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO; QL (24 per 30 days)
PROCIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO; QL (24 per 30 days)
PROCIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; QL (6 per 30 days)
PROLEUKIN INTRAVENOUS RECON SOLN	5	B/D PA; MO
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	5	MO
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	5	MO
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO; QL (24 per 30 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; QL (6 per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	MO
ZARXIO INJECTION SYRINGE	5	PA; MO

VACCINES / MISCELLANEOUS IMMUNOLOGICALS

ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	MO
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
BEXSERO INTRAMUSCULAR SYRINGE	4	MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	MO
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
<i>fomepizole intravenous solution</i>	2	B/D PA
GAMMAGARD LIQUID INJECTION SOLUTION	5	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	5	B/D PA; MO
GAMUNEX-C INJECTION SOLUTION	3	PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	MO
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	4	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOP INJECTION SUSPENSION	3	MO
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	4	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	MO
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	MO
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA

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

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

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

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

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (375 per 30 days)
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You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (5 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR	5	MO; QL (2.4 per 28 days)
<i>ibandronate oral tablet</i>	2	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	4	PA; MO
<i>raloxifene oral tablet</i>	2	MO
<i>risedronate oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	2	MO
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO
TYMLOS SUBCUTANEOUS PEN INJECTOR	5	MO; QL (1.56 per 30 days)

OTHER RHEUMATOLOGICALS

BENLYSTA INTRAVENOUS RECON SOLN	4	B/D PA; MO
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MO
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	5	PA; MO; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS INJECTOR KIT	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS INJECTOR KIT	5	PA; MO; QL (4 per 180 days)
HUMIRA PEN SUBCUTANEOUS INJECTOR KIT	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS INJECTOR KIT	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS INJECTOR KIT	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days)
<i>leflunomide oral tablet</i>	2	MO; QL (30 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
<i>penicillamine oral capsule</i>	5	PA; MO
<i>penicillamine oral tablet</i>	4	PA; MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MO; QL (30 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila oral tablet</i>	2	MO
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	4	MO
CRINONE VAGINAL GEL	4	PA; MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	B/D PA; MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	MO
<i>errin oral tablet</i>	2	MO
<i>estradiol oral tablet</i>	2	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch semiweekly</i>	2	MO
<i>estradiol transdermal patch weekly</i>	2	MO
<i>estradiol vaginal cream</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>heather oral tablet</i>	2	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	4	PA; MO
<i>jencycla oral tablet</i>	2	MO
<i>jinteli oral tablet</i>	4	MO
<i>lyza oral tablet</i>	2	MO
<i>medroxyprogesterone intramuscular suspension</i>	2	MO; QL (1 per 90 days)
<i>medroxyprogesterone intramuscular syringe</i>	2	MO; QL (1 per 90 days)
<i>medroxyprogesterone oral tablet</i>	2	MO
<i>norethindrone (contraceptive) oral tablet</i>	2	MO
<i>norethindrone acetate oral tablet</i>	2	MO
PREMARIN INJECTION RECON SOLN	4	B/D PA; MO
PREMARIN VAGINAL CREAM	4	MO
<i>progesterone micronized oral capsule</i>	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	4	MO
<i>clindamycin phosphate vaginal cream</i>	2	MO
<i>metronidazole vaginal gel</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
ORIAHNN ORAL CAPSULE, SEQUENTIAL	5	PA; MO
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	2	MO
<i>tranexamic acid oral tablet</i>	2	MO
<i>vandazole vaginal gel</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet</i>	2	MO
<i>alyacen 1/35 (28) oral tablet</i>	2	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	2	MO
<i>amethia lo oral tablets,dose pack,3 month</i>	2	MO
<i>amethia oral tablets,dose pack,3 month</i>	2	MO
<i>amethyst (28) oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>apri oral tablet</i>	2	MO
<i>aranelle (28) oral tablet</i>	2	MO
<i>ashlyna oral tablets,dose pack,3 month</i>	2	MO
<i>aubra eq oral tablet</i>	2	MO
<i>aubra oral tablet</i>	2	MO
<i>aviane oral tablet</i>	2	MO
<i>azurette (28) oral tablet</i>	2	MO
<i>balziva (28) oral tablet</i>	2	MO
<i>blisovi 24fe oral tablet</i>	2	MO
<i>blisovi fe 1.5/30 (28) oral tablet</i>	2	MO
<i>blisovi fe 1/20 (28) oral tablet</i>	2	MO
<i>briellyn oral tablet</i>	2	MO
<i>camrese lo oral tablets,dose pack,3 month</i>	2	MO
<i>camrese oral tablets,dose pack,3 month</i>	2	MO
<i>caziant (28) oral tablet</i>	2	MO
<i>chateal (28) oral tablet</i>	2	
<i>cryselle (28) oral tablet</i>	2	MO
<i>cyclafem 1/35 (28) oral tablet</i>	2	MO
<i>cyclafem 7/7/7 (28) oral tablet</i>	2	MO
<i>dasetta 1/35 (28) oral tablet</i>	2	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	2	MO
<i>daysee oral tablets,dose pack,3 month</i>	2	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	2	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	MO
<i>elinest oral tablet</i>	2	MO
ELLA ORAL TABLET	3	
<i>emoquette oral tablet</i>	2	MO
<i>enpresse oral tablet</i>	2	MO
<i>enskyce oral tablet</i>	2	MO
<i>estarylla oral tablet</i>	2	MO
<i>falmina (28) oral tablet</i>	2	MO
<i>gianvi (28) oral tablet</i>	2	MO
<i>introvale oral tablets,dose pack,3 month</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>jolessa oral tablets,dose pack,3 month</i>	2	MO
<i>junel 1.5/30 (21) oral tablet</i>	2	MO
<i>junel 1/20 (21) oral tablet</i>	2	MO
<i>junel fe 1.5/30 (28) oral tablet</i>	2	MO
<i>junel fe 1/20 (28) oral tablet</i>	2	MO
<i>junel fe 24 oral tablet</i>	2	MO
<i>kariva (28) oral tablet</i>	2	MO
<i>kelnor 1/35 (28) oral tablet</i>	2	MO
<i>kurvelo (28) oral tablet</i>	2	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month</i>	2	MO
<i>larissia oral tablet</i>	2	MO
<i>layolis fe oral tablet,chewable</i>	2	MO
<i>lessina oral tablet</i>	2	MO
<i>levonest (28) oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	2	MO
<i>levora-28 oral tablet</i>	2	MO
<i>loryna (28) oral tablet</i>	2	MO
<i>low-ogestrel (28) oral tablet</i>	2	MO
<i>lutera (28) oral tablet</i>	2	MO
<i>marlissa (28) oral tablet</i>	2	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	2	MO
<i>microgestin 1/20 (21) oral tablet</i>	2	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	2	MO
<i>mono-linyah oral tablet</i>	2	MO
<i>necon 0.5/35 (28) oral tablet</i>	2	MO
<i>nikki (28) oral tablet</i>	2	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35 (21) oral tablet</i>	2	MO
<i>nortrel 1/35 (28) oral tablet</i>	2	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	2	MO
<i>ocella oral tablet</i>	2	MO
<i>orsythia oral tablet</i>	2	MO
<i>philith oral tablet</i>	2	MO
<i>pimtrea (28) oral tablet</i>	2	MO
<i>pirmella oral tablet</i>	2	MO
<i>portia 28 oral tablet</i>	2	MO
<i>previfem oral tablet</i>	2	MO
<i>reclipsen (28) oral tablet</i>	2	MO
<i>sprintec (28) oral tablet</i>	2	MO
<i>sronyx oral tablet</i>	2	MO
<i>syeda oral tablet</i>	2	MO
<i>tilia fe oral tablet</i>	2	MO
<i>tri-estarrylla oral tablet</i>	2	MO
<i>tri-legest fe oral tablet</i>	2	MO
<i>tri-linyah oral tablet</i>	2	MO
<i>tri-previfem (28) oral tablet</i>	2	MO
<i>tri-sprintec (28) oral tablet</i>	2	MO
<i>trivora (28) oral tablet</i>	2	MO
<i>velivet triphasic regimen (28) oral tablet</i>	2	MO
<i>viorele (28) oral tablet</i>	2	MO
<i>wera (28) oral tablet</i>	2	MO
<i>wymzya fe oral tablet, chewable</i>	2	MO
<i>zarah oral tablet</i>	2	MO
<i>zovia 1/35e (28) oral tablet</i>	2	MO
OXYTOCICS		
METHYLERGONOVINE INJECTION SOLUTION	4	B/D PA
<i>methylergonovine oral tablet</i>	2	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	2	MO
AZASITE OPHTHALMIC (EYE) DROPS	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin ophthalmic (eye) ointment</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	4	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	MO
<i>erythromycin ophthalmic (eye) ointment</i>	2	MO
<i>gatifloxacin ophthalmic (eye) drops</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	2	MO
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	2	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	2	MO
<i>ofloxacin ophthalmic (eye) drops</i>	2	MO
<i>polycin ophthalmic (eye) ointment</i>	2	MO
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	MO
<i>tobramycin ophthalmic (eye) drops</i>	1	MO
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	2	MO
ZIRGAN OPHTHALMIC (EYE) GEL	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	2	MO
BETIMOL OPHTHALMIC (EYE) DROPS	4	MO
<i>carteolol ophthalmic (eye) drops</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine ophthalmic (eye) drops</i>	2	MO
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	3	MO
<i>cromolyn ophthalmic (eye) drops</i>	2	MO
CYSTARAN OPHTHALMIC (EYE) DROPS	4	MO
<i>epinastine ophthalmic (eye) drops</i>	2	MO
LASTACAFT OPHTHALMIC (EYE) DROPS	3	MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	4	MO
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	2	MO
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; MO; QL (112 per 365 days)
PAZEO OPHTHALMIC (EYE) DROPS	3	MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	MO; QL (1 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
<i>sulacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulacetamide sodium ophthalmic (eye) ointment</i>	2	MO
<i>sulacetamide-prednisolone ophthalmic (eye) drops</i>	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	2	MO
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>ketorolac ophthalmic (eye) drops</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>acetazolamide sodium injection recon soln</i>	2	MO
<i>methazolamide oral tablet</i>	2	MO
OTHER GLAUCOMA DRUGS		
COMBIGAN OPHTHALMIC (EYE) DROPS	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide ophthalmic (eye) drops</i>	2	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	MO
<i>latanoprost ophthalmic (eye) drops</i>	2	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO; QL (2.5 per 30 days)
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	MO
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	MO
<i>travoprost ophthalmic (eye) drops</i>	2	MO; QL (2.5 per 30 days)

STEROID-ANTIBIOTIC COMBINATIONS

<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	MO
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	MO

STEROIDS

<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	MO
DUREZOL OPHTHALMIC (EYE) DROPS	3	MO
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	MO

SYMPATHOMIMETICS

ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine ophthalmic (eye) drops</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>clemastine oral tablet 2.68 mg</i>	2	PA; MO
<i>cyproheptadine oral syrup</i>	2	PA; MO
<i>cyproheptadine oral tablet</i>	2	PA; MO
<i>desloratadine oral tablet</i>	2	MO
<i>desloratadine oral tablet,disintegrating</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	B/D PA; MO
<i>diphenhydramine hcl injection syringe</i>	2	B/D PA; MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	MO; QL (4 per 2 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (4 per 2 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
EPIPEN INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
EPIPEN JR 2-PAK INJECTION AUTO- INJECTOR	3	MO; QL (4 per 2 days)
EPIPEN JR INJECTION AUTO-INJECTOR	3	MO; QL (4 per 2 days)
<i>hydroxyzine hcl intramuscular solution</i>	2	B/D PA; MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	MO
<i>hydroxyzine hcl oral tablet</i>	4	MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine oral tablet</i>	2	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	2	B/D PA; MO
ADEMPAS ORAL TABLET	5	PA; MO; LA; QL (90 per 30 days)
ADVAIR HFA AEROSOL INHALER	3	MO; QL (24 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	2	B/D PA; MO; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	2	B/D PA; MO; QL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate oral tablet extended release 12 hr alyq oral tablet</i>	2	MO
<i>ambrisentan oral tablet</i>	5	PA; MO; QL (60 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	5	PA; MO; LA; QL (30 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
ASMANEX HFA AEROSOL INHALER	3	MO; QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (26 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	MO; QL (2 per 30 days)
ATROVENT HFA AEROSOL INHALER	4	MO; QL (26 per 30 days)
BEVESPI AEROSPHERE HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	5	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	B/D PA; MO
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MO
COMBIVENT RESPIMAT INHALATION MIST	4	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	2	B/D PA; MO; QL (240 per 30 days)
DALIRESP ORAL TABLET	4	MO
DULERA INHALATION HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO
ESBRIET ORAL TABLET	5	PA; MO
FIRAZYR SUBCUTANEOUS SYRINGE	5	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (36 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (21 per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray,suspension</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	MO; QL (60 per 30 days)
<i>icatibant subcutaneous syringe</i>	5	PA; MO
<i>ipratropium bromide inhalation solution</i>	2	B/D PA; MO; QL (315 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D PA; MO; QL (540 per 30 days)
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (60 per 30 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml</i>	2	B/D PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B/D PA; MO; QL (90 per 30 days)
<i>metaproterenol oral syrup</i>	2	MO
<i>mometasone nasal spray,non-aerosol</i>	4	MO; QL (51 per 30 days)
<i>montelukast oral granules in packet</i>	2	MO
<i>montelukast oral tablet</i>	2	MO
<i>montelukast oral tablet,chewable</i>	2	MO
OFEV ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
OPSUMIT ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO
ORKAMBI ORAL TABLET	5	PA; MO
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO; QL (120 per 30 days)
PULMOZYME INHALATION SOLUTION	5	B/D PA; MO
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	MO; QL (120 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	MO; QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SYMBICORT HFA AEROSOL INHALER	3	MO; QL (20 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	5	PA; MO; LA; QL (56 per 28 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>terbutaline oral tablet</i>	2	MO
<i>terbutaline subcutaneous solution</i>	2	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; MO; LA; QL (120 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
VENTOLIN HFA AEROSOL INHALER	3	MO; QL (36 per 30 days)
<i>wixela inhale inhalation blister with device</i>	4	MO; QL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (2 per 28 days)
<i>zafirlukast oral tablet</i>	2	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>flavoxate oral tablet</i>	2	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST; MO; QL (30 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	2	MO; QL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	MO; QL (30 per 30 days)
<i>solifenacin oral tablet</i>	4	MO; QL (30 per 30 days)
<i>tolterodine oral capsule,extended release 24hr</i>	2	MO; QL (30 per 30 days)
<i>tolterodine oral tablet</i>	2	MO; QL (60 per 30 days)
<i>trospium oral capsule,extended release 24hr</i>	2	MO; QL (30 per 30 days)
<i>trospium oral tablet</i>	2	MO; QL (60 per 30 days)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>dutasteride oral capsule</i>	2	MO; QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	2	MO; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>tamsulosin oral capsule</i>	2	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet</i>	2	MO
CYSTAGON ORAL CAPSULE	3	MO; LA
ELMIRON ORAL CAPSULE	4	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	4	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	2	MO
<i>calcium acetate(phosphat bind) oral tablet</i>	2	MO
<i>klor-con 10 oral tablet extended release</i>	2	MO
<i>klor-con 8 oral tablet extended release</i>	2	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con oral packet</i>	2	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	MO
<i>lactated ringers intravenous parenteral solution</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	B/D PA; MO
<i>magnesium sulfate injection syringe</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA; MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	B/D PA
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	2	MO
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA; MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	B/D PA
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	B/D PA
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	2	B/D PA
<i>ringer's intravenous parenteral solution</i>	2	B/D PA
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 3 % intravenous parenteral solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
sodium chloride 5 % intravenous parenteral solution	2	MO
sodium chloride intravenous parenteral solution	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN-PF 7 % SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%-D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX E 5%/D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
DOJOLVI ORAL LIQUID	5	PA; MO; LA
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	2	B/D PA
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	

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Drug Name	Drug Tier	Requirements/Limits
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>plenamine intravenous parenteral solution</i>	2	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	4	B/D PA; MO
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA; MO
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA; MO
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA; MO
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO

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bisoprolol-hydrochlorothiazide	40	CAPASTAT	8	CEREZYME	60
bleomycin	14	CAPLYTA.....	33	cetirizine	79
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BOOSTRIX TDAP	67	carbidopa	26	chateal (28)	73
bosentan.....	80	carbidopa-levodopa	26		
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chlorhexidine gluconate	54	CLINIMIX 5%-D20W	cyclafem 7/7/7 (28).....	73
chloroquine phosphate	8	SULFITE FREE	cyclobenzaprine	28
chlorothiazide	40	CLINIMIX E 2.75%/D5W	cyclophosphamide	15
chlorothiazide sodium	40	SULFITE FREE	CYCLOSET	56
chlorpromazine	33	CLINIMIX E 4.25%/D10W	cyclosporine	15
chlorthalidone	40	SULFITE FREE	cyclosporine modified	15
CHOLBAM	62	CLINIMIX E 4.25%/D5W	cyproheptadine	79
cholestyramine (with sugar)	45	SULFITE FREE	CYRAMZA	15
cholestyramine light	45	CLINIMIX E 5%/D15W	CYSTADANE	62
CHORIONIC		SULFITE FREE	CYSTAGON	83
GONADOTROPIN,		CLINIMIX E 5%/D20W	CYSTARAN.....	77
HUMAN	60	SULFITE FREE	cytarabine	15
ciclopirox	50	clobazam.....	cytarabine (pf)	15
cidofovir	2	clofarabine	D	
cilostazol	43	clomipramine.....	d10 %-0.45 % sodium chloride	52
CILOXAN	76	clonazepam.....	d2.5 %-0.45 % sodium chloride	52
CIMDUO	2	clonidine	d5 % and 0.9 % sodium chloride	52
cimetidine	65	clonidine hcl	d5 %-0.45 % sodium chloride	52
cimetidine hcl	65	clopidogrel.....	dacarbazine	15
cinacalcet	60	clorazepate dipotassium	dalfampridine	27
CINRYZE	80	clotrimazole	DALIRESP	80
CIPRODEX	55	clotrimazole-betamethasone	danazol.....	60
ciprofloxacin	12	.50	dantrolene	28
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ciprofloxacin in 5 % dextrose	12	CLOZAPINE.....	DAPTACEL (DTAP PEDIATRIC) (PF).....	67
ciprofloxacin-dexamethasone	55	COARTEM	daptomycin	8
cisplatin	15	codeine sulfate.....	DARAPRIM	8
citalopram	33	COLCRYS.....	DARZALEX	15
cladrubine	15	colesevelam	dasetta 1/35 (28)	73
claravis	49	colestipol	dasetta 7/7/7 (28)	73
clarithromycin	7	colistin (colistimethate na)	daunorubicin	15
clemastine	79	COMBIGAN	DAURISMO	15
CLEOCIN	72	COMBIPATCH.....	daysee	73
clindamycin hcl	8	COMBIVENT RESPIMAT	decitabine	15
clindamycin pediatric	8	.80	deferasirox	52
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PHOSPHATE	49	compro	demeclocycline	12
clindamycin-benzoyl peroxide	49	constulose	DEMSER	40
CLINIMIX 5%/D15W		COPIKTRA	DENAVIR	50
SULFITE FREE	85	CORLANOR	denta 5000 plus	54
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desipramine	34	digoxin	46	ELIGARD (3 MONTH)	15
desloratadine	79	dihydroergotamine	26	ELIGARD (4 MONTH)	15
desmopressin	60	DILANTIN 30 MG	23	ELIGARD (6 MONTH)	16
desog-e.estriadiol/e.estriadiol	73	diltiazem hcl	40	elinest	73
desoximetasone	51	dilt-xr	40	ELIQUIS	43
desvenlafaxine succinate	34	dimethyl fumarate	27	ELIQUIS DVT-PE TREAT	
dexamethasone	55	DIPENTUM	62	30D START	43
dexamethasone intensol	55	diphenhydramine hcl	79	ELITEK	13
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dexrazoxane hcl	13	dorzolamide	77	EMPLICITI	16
dextroamphetamine	34	dorzolamide-timolol	78	EMSAM	34
dextroamphetamine-amphetamine	34	DOVATO	2	emtricitabine	2
dextrose 10 % and 0.2 % nacl		doxazosin	40	EMTRIVA	2
.....	52	doxepin	34	enalapril maleate	41
dextrose 10 % in water (d10w)		doxorubicin	15	41
.....	52	doxorubicin, peg-liposomal	15	ENBREL	70
dextrose 25 % in water (d25w)		doxy-100	12	ENBREL MINI	70
.....	52	doxycycline hyclate	12	ENBREL SURECLICK	70
dextrose 30 % in water (d30w)		doxycycline monohydrate	12,	ENDARI	53
.....	53	13	endocet	29	
dextrose 40 % in water (d40w)		DRIZALMA SPRINKLE	34	ENGERIX-B (PF)	67
.....	53	dronabinol	62	ENGERIX-B PEDIATRIC	
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dextrose 5%-0.3 % sod.chloride	53	DROXIA	15	entacapone	26
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.....	53	duloxetine	34	ENTRESTO	46
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.....	53	DUPIXENT SYRINGE	48	ENVARSUS XR	16
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diclofenac potassium	31	E		epinephrine	79
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diclofenac-misoprostol	31	ec-naproxen	31	EPIPEN	79
dicloxacillin	11	econazole	50	EPIPEN 2-PAK	79
dicyclomine	62	EDURANT	2	EPIPEN JR	79
didanosine	2	efavirenz	2	EPIPEN JR 2-PAK	79
diflorasone	51	efavirenz-lamivu-tenofov disop		epirubicin	16
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estradiol	71	FLOVENT HFA	81
estradiol valerate	72	fluconazole	1
eszopiclone	34	fluconazole in nacl (iso-osm) ..	1
ethambutol.....	8	flucytosine	1
ethosuximide	23	fludarabine	16
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etoposide.....	16	flunisolide	81
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famciclovir	3	flurbiprofen sodium	77
famotidine.....	65	flutamide	16
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guanidine	35
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KADIAN	29	letrozole	18	losartan	41
KALETRA	3	leucovorin calcium	13	losartan-hydrochlorothiazide	41
KALYDECO	81	LEUKERAN	18	lovastatin	46
kariva (28)	74	LEUKINE	66	low-ogestrel (28)	74
kelnor 1/35 (28)	74	leuprolide	18	loxapine succinate	36
KENALOG	55	levalbuterol hcl	81	LUCEMYRA	32
ketoconazole	1, 50	LEVEMIR FLEXTOUCH U-		LUMIGAN	78
ketoprofen	32	100 INSULN	58	LUPRON DEPOT	18
ketorolac	77	LEVEMIR U-100 INSULIN	58	LUPRON DEPOT (3	
KEVEYIS	27	levetiracetam	24	MONTH)	18
KEYTRUDA	17	levetiracetam in nacl (iso-osm)	24	LUPRON DEPOT (4	
KINRIX (PF)	68	levobunolol	76	MONTH)	18
kionex (with sorbitol)	53	levocarnitine	53	LUPRON DEPOT (6	
KISQALI	18	levocarnitine (with sugar)	53	MONTH)	18
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klor-con m15	83	levonorgestrel-ethinyl estrad	74	LYSODREN	18
klor-con m20	83	levonorg-eth estrad triphasic	74	lyza	72
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KORLYM	60	levorphanol tartrate	29	magnesium sulfate	84
KOSELUGO	18	levothyroxine	62	malathion	52
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KUVAN	60	lidocaine	48	MARPLAN	36
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L		lidocaine hcl	48	matzim la	41
l norgest/e.estriadiol-e.estrad	74	lidocaine viscous	48	MAVENCLAD (10 TABLET	
labetalol	41	lidocaine-prilocaine	48	PACK)	27
lactated ringers	84	lindane	52	MAVENCLAD (4 TABLET	
lactulose	63	linezolid	9	PACK)	27
lamivudine	3	linezolid in dextrose 5%	8	MAVENCLAD (5 TABLET	
lamivudine-zidovudine	3	linezolid-0.9% sodium chloride	9	PACK)	27
lamotrigine	24	LINZESS	63	MAVENCLAD (6 TABLET	
LANOXIN	46	liothyronine	62	PACK)	27
lansoprazole	65	lisinopril	41	MAVENCLAD (7 TABLET	
lanthanum	53	lisinopril-hydrochlorothiazide	41	PACK)	27
LANTUS SOLOSTAR U-100		lithium carbonate	35	MAVENCLAD (8 TABLET	
INSULIN	58	lithium citrate	35	PACK)	27
LANTUS U-100 INSULIN	58	LONSURF	18	MAVENCLAD (9 TABLET	
lapatinib	18	loperamide	62	PACK)	27
larissia	74	lopinavir-ritonavir	3	meclizine	63
LASTACRAFT	77	lorazepam	36	meclofenamate	32
latanoprost	78			medroxyprogesterone	72
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memantine	27	mexiletine	39
MEMANTINE	27	MIACALCIN	60
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metaxalone	28	mirtazapine	36
metformin	58	misoprostol	65
methadone	29, 30	mitomycin.....	19
methadone intensol.....	29	mitoxantrone.....	19
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methenamine hippurate	13	molindone.....	36
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methscopolamine.....	62	MORPHINE	30
methyldopa- hydrochlorothiazide.....	41	morpheine (pf)	30
methylergonovine.....	75	morpheine concentrate	30
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methylphenidate hcl	36	MOVIPREP	63
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methylprednisolone sodium succ.....	56	SOD.ACE,SUL-WATER.12	
methyltestosterone	60	moxifloxacin-sod.chloride(iso)	
metoclopramide hcl	63	12
metolazone	41	MOZOBIL.....	66
metoprolol succinate	41	MULPLETA.....	45
metoprolol tartrate	41	MULTAQ.....	39
metoprolol tartrate- hydrochlorothiazide.....	42	mupirocin	49
		mupirocin calcium	49
		mycophenolate mofetil	19
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norethindrone (contraceptive)	
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norethindrone acetate	72
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DEXTROSE	86
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pimtreia (28)	75	prednisolone acetate	78	Q	
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pirmella	75	prenatal vitamin oral tablet	86	quinine sulfate	9
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polymyxin b sulfate	9	primidone	25	rasagiline	26
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portia 28	75	procainamide	39	REBIF REBIDOSE	66
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		propylthiouracil	56	RETROVIR	4
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		protriptyline	37	REYATAZ	4
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rimantadine	4	sodium chloride 0.9 %	54	SYMBICORT	82
ringer's	85	sodium chloride 3 %	85	SYMDEKO	82
RINVOQ	71	sodium chloride 5 %	85	SYMFI	4
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RITUXAN	20	solifenacin	83	SYMTUZA	4
rivastigmine	28	SOLTAMOX	21	SYNAGIS	5
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RUKOBIA	4	spironolactone-		tadalafil (pulm. hypertension)	
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