



CareSource Dual Advantage™ (HMO SNP) |

Formulary

for 2020

PLEASE READ:

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

This formulary was updated on 12/2020

For more recent information or other questions,
please contact CareSource Dual Advantage
Member Services at **1-833-230-2020** or TTY **711**,
8 a.m. – 8 p.m. Monday through Friday, and from
Oct. 1 – March 31, the same hours seven days a
week, or visit **CareSource.com/Medicare**.

Formulary ID: 00020191, Version #: 18

CareSource is an HMO with a Medicare contract. Enrollment in CareSource depends on contract renewal.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means CareSource. When it refers to “plan” or “our plan,” it means CareSource Dual Advantage.

This document includes list of the drugs (formulary) for our plan which is current as of 12/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the CareSource Dual Advantage Formulary?

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

Can the Formulary(drug list) change?

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the CareSource Dual Advantage Formulary?"

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

The enclosed formulary is current as of 12/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes occurring after the date the formulary was last updated will be distributed to you as notification by mail. We will update our formulary with the new information. The updated formulary will be posted on our website or can be obtained by calling us.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 79. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CareSource before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, CareSource provides 30 tablets per prescription for Simvastatin 80 MG tablet. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareSource requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the CareSource Dual Advantage formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CareSource Dual Advantage.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the *CareSource Dual Advantage* Formulary?

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

In the event that an unplanned transition occurs in which a prescribed drug may not be on our plan formulary or may be restricted by quantity, we may cover a one-time temporary supply of your drugs up to a 34-day supply. This usually involves level of care changes in which a member is changing from one treatment setting to another. If this occurs you may need to follow the normal coverage determination processes for continued coverage. Examples of level-of-care changes include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from hospice status and reverting back to standard Medicare Part A and B coverage;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens;
- Ending an LTC facility stay and returning to the community.

For more information

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

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

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

CareSource Dual Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

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

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

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

List of Abbreviations

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

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

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

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

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

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

**Certain medications called specialty medications are limited to no more than a 30 day supply perfill.*

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	1	B/D PA; MO
AMBISOME	1	B/D PA; MO
<i>amphotericin b</i>	1	B/D PA; MO
<i>caspofungin</i>	1	B/D PA
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA INTRAVENOUS	1	PA
CRESEMBA ORAL	1	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	
MYCAMINE	1	MO
NOXAFIL ORAL	1	MO
<i>nystatin oral suspension</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin oral tablet</i>	1	MO
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	1	MO
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	1	PA; MO
<i>voriconazole oral</i>	1	MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA; MO
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS	1	MO
APTIVUS (WITH VITAMIN E)	1	
<i>atazanavir</i>	1	MO
ATRIPLA	1	MO
BARACLUDE ORAL SOLUTION	1	MO
BIKTARVY	1	MO
<i>cidofovir</i>	1	B/D PA; MO
CIMDUO	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
COMPLERA	1	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	MO
DELSTRIGO	1	MO
DESCOVY	1	MO
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	MO
DOVATO	1	MO
EDURANT	1	MO
<i>efavirenz</i>	1	MO
<i>efavirenz-emtricitabin-tenofov</i>	1	MO
<i>efavirenz-lamivu-tenofov disop</i>	1	MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofov (tdf)</i>	1	MO
EMTRIVA	1	MO
<i>entecavir</i>	1	MO
EPCLUSA ORAL TABLET 200-50 MG	1	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	1	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	1	MO
EVOTAZ	1	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ganciclovir sodium</i>	1	B/D PA; MO
GENVOYA	1	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	1	PA; MO; QL (28 per 28 days)
INTELENCE	1	MO
INVIRASE ORAL TABLET	1	MO
ISENTRESS	1	MO
ISENTRESS HD	1	MO
JULUCA	1	MO
KALETRA ORAL TABLET	1	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA ORAL SUSPENSION	1	MO
<i>lopinavir-ritonavir</i>	1	MO
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
NORVIR ORAL POWDER IN PACKET	1	MO
NORVIR ORAL SOLUTION	1	MO
ODEFSEY	1	MO
<i>oseltamivir</i>	1	MO
PIFELTRO	1	MO
PREVYMIS INTRAVENOUS	1	
PREVYMIS ORAL	1	MO; QL (30 per 30 days)
PREZCOBIX	1	MO
PREZISTA ORAL SUSPENSION	1	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	1	MO
RELENZA DISKHALER	1	MO
RETROVIR INTRAVENOUS	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	1	MO
SELZENTRY	1	MO
<i>stavudine oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
STRIBILD	1	MO
SYMFI	1	MO
SYMFI LO	1	MO
SYMTUZA	1	MO
SYNAGIS	1	MO; LA
TEMIXYS	1	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY	1	MO
TIVICAY PD	1	MO
TRIUMEQ	1	MO
TROGARZO	1	MO; LA
TRUVADA	1	MO
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir</i>	1	MO
VEMLIDY	1	MO
VIRACEPT ORAL TABLET	1	MO
VIREAD ORAL POWDER	1	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO
XOFLUZA	1	MO
<i>zidovudine</i>	1	MO
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	1	MO
<i>cefactor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	1	
<i>cefazolin intravenous</i>	1	
<i>cefdinir</i>	1	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotetan</i>	1	
<i>cefoxitin in dextrose, iso-osm</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>ceftriaxone in dextrose,iso-os</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone intravenous</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	

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

Drug Name	Drug Tier	Requirements /Limits
<i>cephalexin</i>	1	MO
SUPRAX ORAL CAPSULE	1	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	1	
SUPRAX ORAL TABLET,CHEWABLE	1	MO
<i>tazicef injection recon soln 1 gram</i>	1	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	1	MO
<i>tazicef intravenous</i>	1	
TEFLARO	1	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin</i>	1	MO
<i>clarithromycin</i>	1	MO
<i>e.e.s. 400 oral tablet</i>	1	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	MO
ALINIA	1	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	MO
ARIKAYCE	1	PA; MO; LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam</i>	1	MO
<i>bacitracin intramuscular</i>	1	MO
BENZNIDAZOLE	1	MO
BETHKIS	1	B/D PA; MO; QL (224 per 28 days)
CAPASTAT	1	
CAYSTON	1	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sodium succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection</i>	1	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
COARTEM	1	MO
<i>colistin (colistimethate na)</i>	1	MO
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
DARAPRIM	1	PA; MO
EMVERM	1	MO
<i>ertapenem</i>	1	MO
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>gentamicin sulfate (ped) (pf)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydroxychloroquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
IMPAVIDO	1	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	MO
<i>lincomycin</i>	1	
<i>linezolid</i>	1	MO
<i>linezolid in dextrose 5%</i>	1	
<i>linezolid-0.9% sodium chloride</i>	1	
<i>mefloquine</i>	1	MO
<i>meropenem</i>	1	MO
<i>metro i.v.</i>	1	MO
<i>metronidazole in nacl (iso-os)</i>	1	MO
<i>metronidazole oral</i>	1	MO
NEBUPENT	1	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	1	MO
<i>paromomycin</i>	1	MO
PASER	1	MO
PENTAM	1	MO
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	MO
<i>polymyxin b sulfate</i>	1	MO
<i>praziquantel</i>	1	MO
PRIFTIN	1	MO
PRIMAQUINE	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO
SIRTURO ORAL TABLET 100 MG	1	MO; LA
SIRTURO ORAL TABLET 20 MG	1	LA
STREPTOMYCIN	1	MO
SYNERCID	1	PA
<i>tigecycline</i>	1	
<i>tinidazole</i>	1	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	1	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	1	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	1	B/D PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	1	
<i>tobramycin sulfate injection solution</i>	1	MO
TRECATOR	1	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	1	
VANCOMYCIN INJECTION	1	

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	1	
<i>vancomycin oral capsule</i>	1	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	
XIFAXAN ORAL TABLET 200 MG	1	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	MO; QL (90 per 30 days)
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</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection</i>	1	MO
<i>ampicillin sodium intravenous</i>	1	

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

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	1	MO
BICILLIN C-R	1	MO
BICILLIN L-A	1	MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	
<i>oxacillin injection recon soln 2 gram</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	1	MO
<i>penicillin g potassium</i>	1	MO
<i>penicillin g procaine</i>	1	MO
<i>penicillin g sodium</i>	1	MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	
<i>piperacillin-tazobactam</i>	1	MO
QUINOLONES		
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin intravenous</i>	1	MO
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sodium chloride(iso)</i>	1	
<i>ofloxacin oral tablet 300 mg</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim</i>	1	MO
<i>sulfatrim</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	1	MO
<i>doxy-100</i>	1	MO
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet</i>	1	MO
<i>doxycycline monohydrate oral capsule</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
<i>minocycline oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>minocycline oral tablet</i>	1	MO
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	MO
<i>morgidox</i>	1	MO
<i>tetracycline</i>	1	MO
VIBRAMYCIN ORAL SYRUP	1	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohydrate/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	1	B/D PA
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	1	B/D PA; MO
ELITEK	1	MO
KEPIVANCE	1	MO
KHAPZORY	1	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	1	B/D PA
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	B/D PA
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA
<i>mesna</i>	1	B/D PA; MO
MESNEX ORAL	1	MO
VISTOGARD	1	PA; MO
XGEVA	1	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	1	PA; MO; QL (120 per 30 days)
ABRAXANE	1	B/D PA; MO
ADCETRIS	1	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	1	B/D PA; MO
<i>adriamycin intravenous solution</i>	1	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	B/D PA
AFINITOR	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AFINITOR DISPERZ	1	PA; MO
ALECENSA	1	PA; MO; QL (240 per 30 days)
ALIMTA	1	B/D PA; MO
ALIQOPA	1	B/D PA; MO; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	1	MO
ARRANON	1	B/D PA
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	1	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO
ARZERRA	1	B/D PA; MO
AVASTIN	1	B/D PA; MO
AYVAKIT	1	PA; MO; LA
<i>azacitidine</i>	1	B/D PA; MO
<i>azathioprine</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA
BALVERSA	1	PA; MO; LA
BAVENCIO	1	B/D PA; MO; LA
BELEODAQ	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
BENDEKA	1	B/D PA; MO
BESPO NSA	1	B/D PA; MO; LA
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
BICNU	1	B/D PA; MO
BLNREP	1	PA; MO
<i>bleomycin</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	1	B/D PA; MO
BORTEZOMIB	1	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	1	PA; MO; LA; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	1	PA; MO; LA
<i>busulfan</i>	1	B/D PA
BYNFEZIA	1	MO
CABOMETYX	1	PA; MO; LA
CALQUENCE	1	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine</i>	1	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	1	B/D PA; MO
<i>clofarabine</i>	1	B/D PA
COMETRIQ	1	PA; MO
COPIKTRA	1	PA; MO; LA; QL (60 per 30 days)
COSMEGEN	1	B/D PA; MO
COTELLIC	1	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
<i>cyclosporine intravenous</i>	1	B/D PA
<i>cyclosporine modified</i>	1	B/D PA; MO
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
CYRAMZA	1	B/D PA; MO
<i>cytarabine</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>dactinomycin</i>	1	B/D PA
DARZALEX	1	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	1	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	1	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA; MO
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution</i>	1	B/D PA; MO
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO
DROXIA	1	MO
ELZONRIS	1	PA; MO; LA
EMCYT	1	MO
EMPLICITI	1	B/D PA; MO
ENVARBUS XR	1	B/D PA; MO
<i>epirubicin intravenous solution</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
ERBITUX	1	B/D PA; MO
ERIVEDGE	1	PA; MO; QL (30 per 30 days)
ERLEADA	1	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days)
ERWINAZE	1	B/D PA; MO
ETOPOPHOS	1	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
<i>everolimus (antineoplastic)</i>	1	PA; MO; QL (30 per 30 days)
<i>everolimus (immunosuppressive)</i>	1	B/D PA; MO
<i>exemestane</i>	1	MO
FARYDAK	1	PA; MO; QL (6 per 21 days)
FASLODEX	1	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE	1	B/D PA; MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous</i>	1	B/D PA; MO
<i>flutamide</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
FOLOTYN	1	B/D PA; MO
<i>fulvestrant</i>	1	B/D PA; MO
GAVRETO	1	PA; MO; LA
GAZYVA	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	1	B/D PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PA; MO
<i>gengraf oral solution</i>	1	B/D PA; MO
GILOTRIF	1	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	MO
HALAVEN	1	B/D PA; MO
HERCEPTIN HYLECTA	1	B/D PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyurea</i>	1	MO
IBRANCE	1	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	1	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	1	PA; QL (30 per 30 days)
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	1	PA; MO; QL (30 per 30 days)
IMFINZI	1	B/D PA; MO; LA
INFUGEM	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
INQOVI	1	PA; MO
INREBIC	1	PA; MO; LA; QL (120 per 30 days)
IRESSA	1	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA
ISTODAX	1	B/D PA; MO
IXEMPRA	1	B/D PA; MO
JAKAFI	1	PA; MO; QL (60 per 30 days)
JEVTANA	1	B/D PA; MO
KADCYLA	1	PA; MO
KANJINTI	1	B/D PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	1	PA; MO
KISQALI	1	PA; MO
KISQALI FEMARA CO-PACK	1	PA; MO
KYPROLIS	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days)
LENVIMA	1	PA; MO
<i>letrozole</i>	1	MO
LEUKERAN	1	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LIBTAYO	1	PA; MO; LA
LONSURF	1	PA; MO
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days)
LUMOXITI	1	PA; MO; LA
LUPRON DEPOT	1	PA; MO
LUPRON DEPOT (3 MONTH)	1	PA; MO
LUPRON DEPOT (4 MONTH)	1	PA; MO
LUPRON DEPOT (6 MONTH)	1	PA; MO
LUPRON DEPOT-PED	1	PA; MO
LUPRON DEPOT-PED (3 MONTH)	1	PA; MO
LYNPARZA ORAL TABLET	1	PA; MO; QL (120 per 30 days)
LYSODREN	1	MO
MARQIBO	1	B/D PA; MO
MATULANE	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<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>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days)
MEKTOVI	1	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	1	B/D PA; MO
<i>melphalan hcl</i>	1	B/D PA
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mitomycin intravenous</i>	1	B/D PA; MO
<i>mitoxantrone</i>	1	B/D PA; MO
MONJUVI	1	PA; MO; LA
MVASI	1	B/D PA; MO
<i>mycophenolate mofetil</i>	1	B/D PA; MO
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA
<i>mycophenolate sodium</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
MYLOTARG	1	B/D PA; MO; LA
NERLYNX	1	PA; MO; LA
NEXAVAR	1	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	1	MO
NINLARO	1	PA; MO; QL (3 per 28 days)
NUBEQA	1	PA; MO; LA
NULOJIX	1	B/D PA; MO
<i>octreotide acetate</i>	1	MO
ODOMZO	1	PA; MO; LA; QL (30 per 30 days)
OGIVRI	1	B/D PA; MO
ONCASPAR	1	B/D PA; MO
ONIVYDE	1	B/D PA; MO
ONUREG	1	PA; MO
OPDIVO	1	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO
PADCEV	1	PA; MO
<i>paraplatin</i>	1	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
PEMAZYRE	1	PA; MO; LA
PERJETA	1	B/D PA; MO
PIQRAY	1	PA; MO
POLIVY	1	PA; MO
POMALYST	1	PA; MO; LA
PORTRAZZA	1	B/D PA; MO
POTELIGEO	1	PA; MO
PROGRAF INTRAVENOUS	1	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO
PURIXAN	1	
QINLOCK	1	PA; MO; LA
RETEVMO	1	PA; MO; LA
REVLIMID	1	PA; MO; LA; QL (28 per 28 days)
RITUXAN	1	PA; MO
RITUXAN HYCELA	1	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)
RUBRACA	1	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	1	PA; MO
RYDAPT	1	PA; MO
SANDIMMUNE ORAL SOLUTION	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	MO
SARCLISA	1	PA; MO; LA
SIGNIFOR	1	MO
SIKLOS	1	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	1	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	1	B/D PA; MO
<i>sirolimus</i>	1	B/D PA; MO
SOLTAMOX	1	MO
SOMATULINE DEPOT	1	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; MO; QL (60 per 30 days)
STIVARGA	1	PA; MO; QL (84 per 28 days)
SUTENT	1	PA; MO; QL (30 per 30 days)
SYLVANT	1	B/D PA; MO
SYNRIBO	1	B/D PA; MO
TABLOID	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
TABRECTA	1	PA; MO
<i>tacrolimus oral</i>	1	B/D PA; MO
TAFINLAR	1	PA; MO; QL (120 per 30 days)
TAGRISSO	1	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	1	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARGRETIN TOPICAL	1	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days)
TAZVERIK	1	PA; MO; LA
TECENTRIQ	1	B/D PA; MO; LA
TEMODAR INTRAVENOUS	1	B/D PA; MO
<i>temsirolimus</i>	1	B/D PA; MO
THALOMID	1	PA; MO
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO
TIBSOVO	1	PA; MO
<i>toposar</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>topotecan intravenous recon soln</i>	1	B/D PA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	B/D PA; MO
<i>toremifene</i>	1	MO
TORISEL	1	B/D PA; MO
TRAZIMERA	1	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	1	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	1	B/D PA; MO
TRODELVY	1	PA; MO; LA
TRUXIMA	1	PA; MO
TUKYSA	1	PA; MO; LA
TYKERB	1	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	1	B/D PA; MO
<i>valrubicin</i>	1	B/D PA; MO
VALSTAR	1	B/D PA; MO
VANTAS	1	PA; MO
VECTIBIX	1	B/D PA; MO
VELCADE	1	B/D PA; MO
VENCLEXTA	1	PA; MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA STARTING PACK	1	PA; MO; LA; QL (42 per 30 days)
VERZENIO	1	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	1	B/D PA; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	B/D PA; MO
<i>vincristine</i>	1	B/D PA; MO
<i>vinorelbine</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	1	PA; MO; QL (30 per 30 days)
VOTRIENT	1	PA; MO; QL (120 per 30 days)
VYXEOS	1	B/D PA; MO
XALKORI	1	PA; MO; QL (60 per 30 days)
XATMEP	1	B/D PA; MO
XERMELO	1	PA; MO; LA; QL (90 per 30 days)
XOSPATA	1	PA; MO; LA
XPOVIO	1	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
XTANDI	1	PA; MO; QL (120 per 30 days)
YERVOY	1	B/D PA; MO
YONDELIS	1	B/D PA; MO
YONSA	1	PA; MO; QL (120 per 30 days)
ZALTRAP	1	B/D PA; MO
ZANOSAR	1	B/D PA; MO
ZEJULA	1	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	1	PA; MO; QL (240 per 30 days)
ZEPZELCA	1	PA; MO
ZIRABEV	1	B/D PA; MO
ZOLADEX	1	PA; MO
ZOLINZA	1	MO
ZORTRESS	1	B/D PA; MO
ZYDELIG	1	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	1	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 500 MG	1	PA; MO; QL (60 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM	1	MO
BANZEL	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
BRIVIACT INTRAVENOUS	1	
BRIVIACT ORAL	1	MO
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO
carbamazepine oral tablet, chewable	1	MO
CELONTIN ORAL CAPSULE 300 MG	1	MO
clobazam oral suspension	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet, disintegrating 2 mg	1	MO; QL (300 per 30 days)
DIASTAT	1	MO
DIASTAT ACUDIAL	1	MO

Drug Name	Drug Tier	Requirements /Limits
diazepam rectal	1	MO
DILANTIN 30 MG	1	MO
divalproex	1	MO
EPIDIOLEX	1	PA; MO; LA
epitol	1	MO
ethosuximide	1	MO
felbamate	1	MO
FINTEPLA	1	PA; MO; LA
fosphenytoin	1	MO
FYCOMPA ORAL SUSPENSION	1	MO
FYCOMPA ORAL TABLET	1	MO
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	1	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	1	PA; MO; QL (90 per 30 days)
<i>lamotrigine</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	MO
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	1	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	1	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	1	MO; QL (900 per 30 days)
NAYZILAM	1	PA; MO; QL (10 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxcarbazepine</i>	1	MO
PEGANONE	1	MO
<i>phenobarbital</i>	1	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
<i>primidone</i>	1	MO
<i>roweepra</i>	1	MO
<i>roweepra xr</i>	1	
SPRITAM	1	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>subvenite starter (green) kit</i>	1	MO
<i>subvenite starter (orange) kit</i>	1	MO
SYMPAZAN	1	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	MO
VALTOCO	1	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	1	MO; LA
<i>vigadrone</i>	1	MO; LA
VIMPAT INTRAVENOUS	1	MO
VIMPAT ORAL SOLUTION	1	MO
VIMPAT ORAL TABLET	1	MO
XCOPRI	1	MO
XCOPRI MAINTENANCE PACK	1	MO

Drug Name	Drug Tier	Requirements /Limits
XCOPRI TITRATION PACK	1	MO
<i>zonisamide</i>	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	1	MO; LA
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
NEUPRO	1	MO
<i>pramipexole</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>tolcapone</i>	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	1	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	1	MO
<i>dihydroergotamine nasal</i>	1	MO; QL (8 per 28 days)
<i>eletriptan</i>	1	MO; QL (18 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; MO; QL (3 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
<i>migergot</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
NURTEC ODT	1	PA; MO; QL (16 per 30 days)
<i>rizatriptan</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	1	MO; QL (18 per 28 days)
UBRELVY	1	PA; MO; QL (20 per 30 days)
<i>zolmitriptan</i>	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	1	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	1	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	1	PA; MO
<i>dimethyl fumarate</i>	1	PA; MO
<i>donepezil</i>	1	MO
FIRDAPSE	1	PA; MO; LA
<i>galantamine</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	1	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)
LEMTRADA	1	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
NAMZARIC	1	PA; MO
NUEDEXTA	1	PA; MO
OCREVUS	1	PA; MO; LA
RADICAVA	1	PA; MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
TECFIDERA	1	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
TYSABRI	1	PA; MO; LA
VUMERITY	1	PA; MO
ZEPOSIA	1	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT	1	PA; MO; QL (37 per 30 days)
ZEPOSIA STARTER PACK	1	PA; MO; QL (7 per 30 days)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Drug Name	Drug Tier	Requirements /Limits
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	MO
<i>cyclobenzaprine oral tablet</i>	1	PA; MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	1	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	1	B/D PA
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	1	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>regonol</i>	1	
<i>revonto</i>	1	
<i>tizanidine</i>	1	MO

NARCOTIC ANALGESICS

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

Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	MO; QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
BELBUCA	1	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection solution</i>	1	MO
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QL (2000 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl</i>	1	PA; MO; QL (10 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	MO; QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	QL (400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; MO; QL (120 per 30 days)
<i>hydrocodone bitartrate</i>	1	PA; MO; QL (90 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	MO; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	1	QL (1200 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	1	QL (2400 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO; QL (1200 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (1200 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	1	MO; QL (600 per 30 days)
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>ibuprofen-oxycodone</i>	1	MO; QL (28 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>lorcet hd</i>	1	MO; QL (360 per 30 days)
<i>methadone injection solution</i>	1	QL (150 per 30 days)
<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	1	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	1	QL (250 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	1	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	1	QL (400 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	1	QL (250 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>morphine intravenous solution 4 mg/ml</i>	1	MO; QL (500 per 30 days)
<i>morphine intravenous syringe 10 mg/ml</i>	1	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	1	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	1	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule,extend.relea se pellets</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	1	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	1	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>butorphanol injection solution 1 mg/ml</i>	1	MO; QL (857 per 30 days)
<i>butorphanol injection solution 2 mg/ml</i>	1	MO; QL (428 per 30 days)
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
<i>celecoxib</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>ec-naproxen</i>	1	MO
<i>etodolac</i>	1	MO
<i>fenoprofen oral tablet</i>	1	MO
FLECTOR	1	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ketoprofen oral capsule 25 mg, 75 mg</i>	1	MO
<i>ketoprofen oral capsule 50 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; QL (100 per 30 days)
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	1	MO
<i>oxaprozin</i>	1	MO
<i>piroxicam</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>salsalate</i>	1	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	1	MO; QL (90 per 30 days)
<i>sulindac</i>	1	MO
<i>tolmetin</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol- acetaminophen</i>	1	MO; QL (240 per 30 days)
VIVITROL	1	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9- 0.71 MG, 5.7-1.4 MG	1	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	1	MO
ADASUVE	1	LA
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole oral solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA	1	MO
ARISTADA INITIO	1	MO
<i>armodafinil</i>	1	PA; MO
<i>atomoxetine</i>	1	MO
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained- release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone</i>	1	MO
CAPLYTA	1	MO
<i>chlorpromazine</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	MO
<i>clozapine oral tablet,disintegrating</i>	1	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine oral solution</i>	1	MO
<i>dextroamphetamine-amphetamine</i>	1	MO
<i>diazepam injection solution</i>	1	PA
<i>diazepam injection syringe</i>	1	PA; MO
<i>diazepam oral concentrate</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	MO; QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)
EMSAM	1	MO
<i>ergoloid</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	1	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	1	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	1	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	MO; QL (30 per 30 days)
<i>flumazenil</i>	1	MO
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
FORFIVO XL	1	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	1	MO
<i>guanidine</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
HETLIOZ	1	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
INVEGA SUSTENNA	1	MO
INVEGA TRINZA	1	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	1	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam injection syringe 4 mg/ml</i>	1	PA
<i>lorazepam intensol</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
<i>maprotiline</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MARPLAN	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil</i>	1	PA; MO
<i>molindone</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
NUPLAZID ORAL CAPSULE	1	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral</i>	1	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	1	MO; QL (30 per 30 days)
PAXIL ORAL SUSPENSION	1	MO
<i>perphenazine</i>	1	MO
PERSERIS	1	MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
REXULTI	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA	1	MO
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
ROZEREM	1	MO; QL (30 per 30 days)
SAPHRIS	1	MO; QL (60 per 30 days)
SECUADO	1	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO
TRINTELLIX	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	1	MO; QL (30 per 30 days)
VERSACLOZ	1	
VIIBRYD ORAL TABLET	1	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	1	MO; QL (7 per 30 days)
XYREM	1	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	1	MO
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
ZYPREXA RELPREVV	1	MO
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone intravenous syringe</i>	1	B/D PA
<i>amiodarone oral</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	MO
<i>lidocaine (pf) in d7.5w</i>	1	MO
<i>lidocaine (pf) intravenous solution</i>	1	MO
<i>lidocaine (pf) intravenous syringe</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>procainamide injection solution 500 mg/ml</i>	1	
<i>propafenone</i>	1	MO
<i>quinidine gluconate oral</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af</i>	1	MO
<i>sotalol oral</i>	1	MO
SOTYLIZE	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	1	MO
BIDIL	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
BYSTOLIC	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	1	MO
<i>chlorothiazide oral tablet 500 mg</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	1	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
DEMSER	1	PA; MO
<i>diltiazem hcl intravenous recon soln</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl intravenous solution</i>	1	MO
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI	1	MO
EDARBYCLOR	1	MO
<i>enalapril maleate</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>epoprostenol (glycine)</i>	1	B/D PA; MO
<i>eprosartan</i>	1	MO
<i>esmolol intravenous solution</i>	1	

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

Drug Name	Drug Tier	Requirements /Limits
<i>ethacrynate sodium</i>	1	MO
<i>ethacrynic acid</i>	1	MO
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	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</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol intravenous solution</i>	1	MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
<i>methyldopa</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	1	PA; MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	MO
<i>nicardipine intravenous solution</i>	1	MO
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 15 %</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	1	PA; MO
<i>phentolamine injection recon soln</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
REMODULIN	1	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt</i>	1	MO
TEKTURNA HCT	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	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</i>	1	MO
<i>timolol maleate oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>torse mide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA
<i>triamterene</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI	1	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA; MO
<i>verapamil intravenous solution</i>	1	MO
<i>verapamil intravenous syringe</i>	1	
<i>verapamil oral</i>	1	MO
COAGULATION THERAPY		
AMICAR	1	MO
<i>aminocaproic acid</i>	1	MO
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	1	MO
CABLIVI INJECTION KIT	1	PA; MO; LA
CEPROTIN (BLUE BAR)	1	MO
CEPROTIN (GREEN BAR)	1	MO
<i>cilostazol</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole intravenous</i>	1	PA
<i>dipyridamole oral</i>	1	MO
DOPTLET (10 TAB PACK)	1	PA; MO; LA
DOPTLET (15 TAB PACK)	1	PA; MO; LA
DOPTLET (30 TAB PACK)	1	PA; MO; LA
ELIQUIS	1	MO
ELIQUIS DVT-PE TREAT 30D START	1	MO
<i>enoxaparin</i>	1	MO
<i>fondaparinux</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<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>	1	MO
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO
<i>heparin, porcine (pf) injection solution</i>	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	1	
<i>jantoven</i>	1	MO
MULPLETA	1	PA; MO
NPLATE	1	MO
<i>pentoxifylline</i>	1	MO
PRADAXA	1	MO
<i>prasugrel</i>	1	MO
PROMACTA	1	PA; MO; LA
<i>protamine</i>	1	
<i>warfarin</i>	1	MO
XARELTO	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
XARELTO DVT-PE TREAT 30D START	1	MO
ZONTIVITY	1	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam</i>	1	MO
<i>colestipol</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline)</i>	1	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; MO; LA
LIVALO	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	1	PA; MO
NEXLIZET	1	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
PRALUENT PEN	1	PA; MO; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	1	MO
REPATHA	1	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	1	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	1	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
VASCEPA	1	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
CORLANOR ORAL SOLUTION	1	PA
CORLANOR ORAL TABLET	1	PA; MO
digitek	1	MO
digox	1	MO
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	MO
digoxin oral tablet	1	MO
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)	1	B/D PA; MO
dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)	1	B/D PA
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	1	B/D PA
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	1	B/D PA
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	1	B/D PA
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	1	B/D PA; MO
ENTRESTO	1	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	1	MO
milrinone	1	B/D PA; MO
milrinone in 5 % dextrose	1	B/D PA; MO
norepinephrine bitartrate	1	
ranolazine	1	MO
sodium nitroprusside	1	B/D PA
VECAMYL	1	
VYNDAMAX	1	PA; MO
VYNDAQEL	1	PA; MO
NITRATES		
isosorbide dinitrate oral tablet	1	MO
isosorbide mononitrate	1	MO
nitro-bid	1	MO
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	1	B/D PA; MO
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	MO
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	1	MO
COSENTYX	1	PA; MO
COSENTYX (2 SYRINGES)	1	PA; MO
COSENTYX PEN	1	PA; MO
COSENTYX PEN (2 PENS)	1	PA; MO
<i>selenium sulfide topical lotion</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS SYRINGE KIT	1	PA; MO; QL (1 per 28 days)
STELARA	1	PA; MO
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	1	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
<i>chloroprocaine (pf)</i>	1	
CONDYLOX TOPICAL GEL	1	MO
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	1	MO; QL (45 per 30 days)
DUPIXENT PEN	1	PA; MO
DUPIXENT SYRINGE	1	PA; MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>glydo</i>	1	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet</i>	1	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl injection solution</i>	1	MO
<i>lidocaine hcl laryngotracheal</i>	1	MO
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-epinephrine (pf)</i>	1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000</i>	1	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
<i>methoxsalen</i>	1	MO
PANRETIN	1	MO
PICATO	1	MO
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
<i>pradoxin</i>	1	MO; QL (45 per 30 days)
REGRANEX	1	MO
SANTYL	1	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
TOLAK	1	MO
UVADEX	1	B/D PA
VALCHLOR	1	MO
THERAPY FOR ACNE		
<i>amnestem</i>	1	MO
<i>avita topical cream</i>	1	PA; MO
<i>azelaic acid</i>	1	MO
<i>claravis</i>	1	MO
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>dapsone topical gel</i>	1	MO
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>isotretinoin</i>	1	MO
<i>metronidazole topical</i>	1	MO
<i>myorisan</i>	1	MO
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
<i>tazarotene</i>	1	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	1	PA; MO
TAZORAC TOPICAL GEL	1	PA; MO
<i>tretinoin topical</i>	1	PA; MO
<i>zenatane</i>	1	MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>mupirocin calcium</i>	1	MO; QL (30 per 30 days)
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	1	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	MO
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical solution</i>	1	MO
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole</i>	1	MO; QL (85 per 28 days)
KERYDIN	1	MO
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	1	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ketodan</i>	1	MO; QL (100 per 28 days)
<i>naftifine</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	1	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	1	MO
XERESE	1	MO
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>alclometasone</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
CAPEX	1	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	1	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	1	MO; QL (100 per 28 days)
<i>clodan</i>	1	MO; QL (236 per 28 days)
<i>desonide</i>	1	MO
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	1	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical lotion</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>mometasone topical</i>	1	MO
<i>nolix topical cream</i>	1	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>prednicarbate</i>	1	MO
<i>tovet emollient</i>	1	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	1	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment</i>	1	MO
<i>trianex</i>	1	MO
<i>triderm topical cream</i>	1	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	MO
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
<i>permethrin topical cream</i>	1	MO
SKLICE	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	1	MO
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin b gu</i>	1	MO
<i>ringer's irrigation</i>	1	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>anagrelide</i>	1	MO
ARALAST NP	1	MO; LA
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
CARBAGLU	1	PA; MO; LA
<i>cevimeline</i>	1	MO
CHEMET	1	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
<i>clovique</i>	1	PA
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox</i>	1	PA; MO
<i>deferiprone</i>	1	PA; MO
<i>deferoxamine</i>	1	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	MO
<i>dextrose 25 % in water (d25w)</i>	1	

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

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 30 % in water (d30w)</i>	1	
<i>dextrose 40 % in water (d40w)</i>	1	
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose 50 % in water (d50w)</i>	1	MO
<i>dextrose 70 % in water (d70w)</i>	1	MO
<i>disulfiram</i>	1	MO
FERRIPROX	1	PA; MO
FERRIPROX (2 TIMES A DAY)	1	PA
INCRELEX	1	MO; LA
<i>kionex (with sorbitol)</i>	1	MO
<i>lanthanum</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LOKELMA	1	MO
<i>midodrine</i>	1	MO
<i>nitisinone</i>	1	PA; MO
NORTHERA	1	PA; MO
ORFADIN	1	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	1	LA
PROLASTIN-C INTRAVENOUS SOLUTION	1	MO; LA
RAVICTI	1	PA; MO
REVCovi	1	PA; MO; LA
<i>riluzole</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>sevelamer carbonate</i>	1	MO
<i>sevelamer hcl</i>	1	MO
<i>sodium benzoate-sod phenylacet</i>	1	
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	1	PA; MO
<i>sodium polystyrene (sorb free)</i>	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
SOLIRIS	1	PA; MO
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
THIOLA	1	MO
THIOLA EC	1	MO
<i>trientine</i>	1	PA; MO
VELTASSA	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>water for irrigation, sterile</i>	1	MO
XIAFLEX	1	PA; MO
XURIDEN	1	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	MO
CHANTIX	1	MO
CHANTIX CONTINUING MONTH BOX	1	MO
CHANTIX STARTING MONTH BOX	1	MO
NICOTROL	1	MO
NICOTROL NS	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	1	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>fluoride (sodium) dental paste</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)
<i>oralone</i>	1	MO
<i>paroex oral rinse</i>	1	MO
<i>periogard</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	1	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	1	MO
<i>ciprofloxacin-dexamethasone</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
OTOVEL	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>betamethasone acet,sod phos</i>	1	MO
<i>cortisone</i>	1	MO
<i>decadron oral tablet</i>	1	
<i>dexamethasone</i>	1	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	1	
<i>millipred oral tablet</i>	1	B/D PA; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	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>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	B/D PA; MO
<i>prednisone intensol</i>	1	B/D PA; MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets,dose pack</i>	1	MO
<i>triamcinolone acetonide injection</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		

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

Drug Name	Drug Tier	Requirements /Limits
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ALCOHOL PADS	1	MO
APIDRA SOLOSTAR U-100 INSULIN	1	ST; MO
APIDRA U-100 INSULIN	1	ST; MO
BAQSIMI	1	MO
BYDUREON BCISE	1	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	PA; MO; QL (1.2 per 30 days)
CYCLOSET	1	MO; QL (180 per 30 days)
<i>diazoxide</i>	1	MO
DROPLET INSULIN SYR HALF UNIT	1	
DROPLET INSULIN SYRINGE	1	

Drug Name	Drug Tier	Requirements /Limits
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	1	MO
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)
GAUZE PADS 2 X 2	1	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	1	MO
GLUCAGON EMERGENCY KIT (HUMAN)	1	MO
GVOKE HYPOPEN 1-PACK	1	MO
GVOKE HYPOPEN 2-PACK	1	MO
GVOKE PFS 1-PACK SYRINGE	1	MO
GVOKE PFS 2-PACK SYRINGE	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO
HUMALOG KWIKPEN INSULIN	1	MO
HUMALOG MIX 50-50 INSULN U-100	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO
HUMALOG MIX 75-25(U-100)INSULN	1	MO
HUMALOG U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 KWIKPEN	1	MO

Drug Name	Drug Tier	Requirements /Limits
HUMULIN N NPH INSULIN KWIKPEN	1	MO
HUMULIN N NPH U-100 INSULIN	1	MO
HUMULIN R REGULAR U-100 INSULN	1	MO
HUMULIN R U-500 (CONC) INSULIN	1	MO
HUMULIN R U-500 (CONC) KWIKPEN	1	MO
INSULIN PEN NEEDLE	1	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	MO
INVOKAMET	1	MO; QL (60 per 30 days)
INVOKAMET XR	1	MO; QL (60 per 30 days)
INVOKANA	1	MO; QL (30 per 30 days)
JANUMET	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
JENTADUETO	1	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	ST; MO; QL (30 per 30 days)
KAZANO	1	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	1	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	1	MO
LANTUS U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-200 INSULIN	1	MO
LYUMJEV U-100 INSULIN	1	MO
<i>metformin oral solution</i>	1	MO; QL (765 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<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>miglitol oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	1	MO
NESINA	1	ST; MO; QL (30 per 30 days)
NOVOFINE 32	1	MO
NOVOFINE PLUS	1	MO
NOVOLOG FLEXPEN U-100 INSULIN	1	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	1	ST; MO

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

Drug Name	Drug Tier	Requirements /Limits
NOVOLOG MIX 70-30FLEXPEN U-100	1	ST; MO
NOVOLOG PENFILL U-100 INSULIN	1	ST; MO
NOVOLOG U-100 INSULIN ASPART	1	ST; MO
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	1	MO
OMNIPOD DASH 5 PACK POD	1	MO
OMNIPOD INSULIN MANAGEMENT	1	MO
OMNIPOD INSULIN REFILL	1	MO
ONGLYZA	1	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	1	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	1	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)
PROGLYCEM	1	MO
QTERN	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 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</i>	1	MO; QL (150 per 30 days)
RIOMET	1	MO; QL (765 per 30 days)
RYBELSUS	1	PA; MO
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	1	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	1	MO; QL (120 per 30 days)
SOLIQUA 100/33	1	MO
STEGLATRO	1	MO; QL (30 per 30 days)
SYMLINPEN 120	1	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	1	PA; MO; QL (6 per 30 days)
TECHLITE INSULIN SYR HALF UNIT	1	
TECHLITE INSULIN SYRINGE	1	

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

Drug Name	Drug Tier	Requirements /Limits
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	1	MO
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	1	
TOUJEO MAX U- 300 SOLOSTAR	1	MO
TOUJEO SOLOSTAR U-300 INSULIN	1	MO
TRADJENTA	1	ST; MO; QL (30 per 30 days)
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	MO

Drug Name	Drug Tier	Requirements /Limits
TRUEPLUS PEN NEEDLE	1	MO
TRULICITY	1	PA; MO; QL (2 per 28 days)
V-GO 20	1	MO
V-GO 30	1	MO
V-GO 40	1	MO
VICTOZA 2-PAK	1	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	1	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	1	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	1	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; MO
ANDRODERM	1	PA; MO; QL (30 per 30 days)
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral</i>	1	MO
CERDELGA	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; MO
<i>cinacalcet</i>	1	MO
<i>clomiphene citrate</i>	1	PA; MO
CRYSVITA	1	PA; MO; LA
<i>danazol</i>	1	MO
DDAVP NASAL SOLUTION	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray,non-aerosol</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	MO
ELAPRASE	1	PA; MO
FABRAZYME	1	PA; MO
KANUMA	1	PA; MO
KORLYM	1	PA; MO
KUVAN	1	PA; MO
LUMIZYME	1	PA; MO
MEPSEVII	1	PA; MO
<i>methyltestosterone oral capsule</i>	1	MO
MIACALCIN INJECTION	1	MO
<i>miglustat</i>	1	MO; LA
MYALEPT	1	PA; MO; LA
NAGLAZYME	1	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
NATPARA	1	PA; MO; LA
<i>oxandrolone</i>	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	1	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	1	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate</i>	1	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	1	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	1	MO
<i>paricalcitol oral</i>	1	MO
SAMSCA	1	PA; MO
<i>sapropterin</i>	1	PA; MO
SOMAVERT	1	MO
STIMATE	1	MO
STRENSIQ	1	PA; MO; LA
SYNAREL	1	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA

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

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	1	PA; MO
VIMIZIM	1	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; MO

THYROID HORMONES

<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	MO
<i>levothyroxine oral</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>	1	MO
<i>liothyronine</i>	1	MO
<i>unithroid</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection solution 0.4 mg/ml</i>	1	MO
<i>atropine injection syringe 0.05 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	MO
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>diphenoxylate-atropine</i>	1	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	
<i>loperamide oral capsule</i>	1	MO
<i>opium tincture</i>	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	1	MO
<i>aprepitant</i>	1	B/D PA; MO
APRISO	1	MO
<i>balsalazide</i>	1	MO
<i>budesonide oral</i>	1	MO
CHENODAL	1	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	1	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days)
CIMZIA	1	PA; MO
CIMZIA POWDER FOR RECONST	1	PA; MO
CIMZIA STARTER KIT	1	PA; MO
CINVANTI	1	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
CORTIFOAM	1	MO
CREON	1	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	1	MO
<i>dimenhydrinate injection solution</i>	1	MO
DIPENTUM	1	MO
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO
<i>dronabinol</i>	1	B/D PA; MO
<i>droperidol injection solution</i>	1	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	1	B/D PA; MO
ENTYVIO	1	PA; MO
<i>enulose</i>	1	MO
<i>fosaprepitant</i>	1	MO
GATTEX 30-VIAL	1	PA; MO
GATTEX ONE-VIAL	1	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous</i>	1	MO
<i>granisetron hcl oral</i>	1	B/D PA; MO
<i>hydrocortisone rectal</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
<i>lactulose oral solution</i>	1	MO
LINZESS	1	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral</i>	1	MO
MOVANTIK	1	MO
MOVIPREP	1	MO
OICALIVA	1	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	1	B/D PA; MO
<i>ondansetron hcl (pf)</i>	1	MO
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	MO
<i>peg-electrolyte</i>	1	
PENTASA	1	MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	1	MO
RELISTOR SUBCUTANEOUS SYRINGE	1	MO
REMICADE	1	PA; MO
SANCUSO	1	MO
<i>scopolamine base</i>	1	MO
SUCRAID	1	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	1	MO
SYMPROIC	1	MO
<i>trilyte with flavor packets</i>	1	MO
TRULANCE	1	MO
<i>ursodiol</i>	1	MO
VARUBI ORAL	1	B/D PA; MO
VIBERZI	1	MO
VIOKACE	1	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	1	MO
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	MO; QL (112 per 30 days)
<i>cimetidine</i>	1	MO
<i>cimetidine hcl oral</i>	1	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	1	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	MO
<i>esomeprazole sodium</i>	1	
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine intravenous solution</i>	1	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	MO
<i>misoprostol</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	1	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	1	MO
<i>nizatidine</i>	1	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral granules dr for susp in packet</i>	1	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
<i>sucralfate</i>	1	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	1	PA; MO
ARCALYST	1	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
EXTAVIA SUBCUTANEOUS KIT	1	PA; MO; QL (15 per 28 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	1	PA; QL (15 per 28 days)
FULPHILA	1	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
GRANIX	1	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	1	PA; MO; LA
INTRON A INJECTION	1	B/D PA; MO
LEUKINE INJECTION RECON SOLN	1	PA; MO
MOZOBIL	1	B/D PA; MO
NEULASTA	1	PA; MO
NEULASTA ONPRO	1	PA; MO
NEUPOGEN	1	PA; MO
NORDITROPIN FLEXPOR	1	PA; MO
OMNITROPE	1	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	1	QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	1	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
PROCRT	1	PA; MO
PROLEUKIN	1	B/D PA; MO
REBIF (WITH ALBUMIN)	1	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	1	PA; MO; QL (4.2 per 180 days)
RETACRT	1	PA; MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	1	MO
ZARXIO	1	PA; MO
ZIEXTENZO	1	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	1	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	MO
BCG VACCINE, LIVE (PF)	1	MO
BEXSERO	1	MO
BOOSTRIX TDAP	1	MO
BOTOX	1	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	1	MO
ENGRIX-B (PF)	1	B/D PA; MO
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; MO
<i>fomepizole</i>	1	
GAMASTAN	1	MO
GAMASTAN S/D	1	
GARDASIL 9 (PF)	1	MO
GRASTEK	1	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
HIBERIX (PF)	1	MO
HIZENTRA	1	B/D PA; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	1	

Drug Name	Drug Tier	Requirements /Limits
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	1	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	1	
HYPERHEP B S-D NEONATAL	1	
HYQVIA	1	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	1	MO
INFANRIX (DTAP) (PF)	1	MO
IPOL	1	MO
IXIARO (PF)	1	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO
MENVEO A-C-Y-W-135-DIP (PF)	1	MO
M-M-R II (PF)	1	MO
ODACTRA	1	PA; MO
PEDIARIX (PF)	1	MO
PEDVAX HIB (PF)	1	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PRIVIGEN	1	PA; MO
PROQUAD (PF)	1	MO
QUADRACEL (PF)	1	MO
RABAVERT (PF)	1	MO
RAGWITEK	1	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	1	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	B/D PA
ROTARIX	1	
ROTATEQ VACCINE	1	MO
SHINGRIX (PF)	1	MO
STAMARIL (PF)	1	
TDVAX	1	MO
TENIVAC (PF)	1	MO
TETANUS,DIPHTHERIA TOX PED(PF)	1	MO
TICE BCG	1	B/D PA; MO
TRUMENBA	1	MO

Drug Name	Drug Tier	Requirements /Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO
VAQTA (PF)	1	MO
VARIVAX (PF)	1	MO
VARIZIG INTRAMUSCULAR SOLUTION	1	MO
YF-VAX (PF)	1	MO
ZOSTAVAX (PF)	1	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO
COLCRYS	1	MO
<i>febuxostat</i>	1	MO
KRYSTEXXA	1	MO
MITIGARE	1	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
ULORIC	1	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (1286 per 30 days)
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>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 (4 per 28 days)
FORTEO	1	PA; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D	1	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	1	PA; MO
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
TERIPARATIDE	1	PA; MO; QL (2.48 per 28 days)
TYMLOS	1	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	1	PA; MO
ACTEMRA ACTPEN	1	PA; MO; QL (4 per 28 days)
BENLYSTA	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
DEPEN TITRATABS	1	MO
ENBREL MINI	1	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	1	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days)
HUMIRA PEN	1	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	1	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS	1	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	1	PA; MO; QL (3 per 180 days)

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

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ORENCIA	1	PA; MO
ORENCIA (WITH MALTOSE)	1	PA; MO
ORENCIA CLICKJECT	1	PA; MO
OTEZLA	1	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>penicillamine</i>	1	MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	1	MO
RIDAURA	1	MO
RINVOQ	1	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	1	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	MO; QL (55 per 30 days)
SIMPONI	1	PA; MO
SIMPONI ARIA	1	PA; MO
XELJANZ	1	PA; MO; QL (60 per 30 days)
XELJANZ XR	1	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila</i>	1	MO
CRINONE VAGINAL GEL 4 %	1	MO
CRINONE VAGINAL GEL 8 %	1	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>deblitane</i>	1	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	MO
DEPO-SUBQ PROVERA 104	1	MO
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)
DUAVEE	1	MO
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	1	MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>lyza</i>	1	MO
<i>medroxyprogesterone</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
<i>norlyda</i>	1	MO
PREMARIN ORAL	1	MO
PREMARIN VAGINAL	1	MO
PREMPHASE	1	MO
PREMPRO	1	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>tulana</i>	1	MO
<i>yuvafem</i>	1	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	1	MO
<i>clindamycin phosphate vaginal</i>	1	MO
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
<i>mifepristone</i>	1	LA

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

Drug Name	Drug Tier	Requirements /Limits
MIRENA	1	MO; LA
NEXPLANON	1	MO
terconazole	1	MO
tranexamic acid oral	1	MO
vandazole	1	MO
xulane	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
alyacen 7/7/7 (28)	1	MO
amethyst (28)	1	MO
apri	1	MO
aranelle (28)	1	MO
aubra	1	MO
aubra eq	1	MO
aviane	1	MO
azurette (28)	1	MO
bekyree (28)	1	MO
camrese	1	MO
caziant (28)	1	MO
cryselle (28)	1	MO
cyclafem 1/35 (28)	1	MO
cyclafem 7/7/7 (28)	1	MO
cyred	1	MO
cyred eq	1	MO
dasetta 1/35 (28)	1	MO
dasetta 7/7/7 (28)	1	MO
daysee	1	MO
desog-e.estradiol/e.estradiol	1	MO

Drug Name	Drug Tier	Requirements /Limits
drospirenone-e.estradiol-lm.f.a oral tablet 3-0.03-0.451 mg (21) (7)	1	MO
drospirenone-ethinyl estradiol	1	MO
elinest	1	MO
emoquette	1	MO
enpresse	1	MO
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO
fayosim	1	MO
femynor	1	MO
gianvi (28)	1	MO
introvale	1	MO
isibloom	1	MO
jasmiel (28)	1	MO
jolessa	1	MO
juleber	1	MO
kalliga	1	
kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
kelnor 1-50	1	MO
kurvelo (28)	1	MO
l norgest/e.estradiol-e.estradiol	1	MO
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin 24 fe	1	MO
larin fe 1.5/30 (28)	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>larin fe 1/20 (28)</i>	1	MO
<i>larissia</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel-ethinyl estrad</i>	1	MO
<i>levonorg-eth estrad triphasic</i>	1	MO
<i>levora-28</i>	1	MO
<i>lillow (28)</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lo-zumandimine (28)</i>	1	MO
<i>lutra (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
<i>mono-linyah</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO
<i>norgestimate-ethinyl estradiol</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>orsythia</i>	1	MO
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>pirmella</i>	1	MO
<i>portia 28</i>	1	MO
<i>previfem</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1/20 (28)</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri femynor</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>tri-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>wera (28)</i>	1	MO
<i>zarah</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO
OXYTOCICS		
<i>methergine</i>	1	PA
<i>methylergonovine injection</i>	1	PA
<i>methylergonovine oral</i>	1	PA; MO
<i>oxytocin injection solution</i>	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	MO
AZASITE	1	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	MO
BESIVANCE	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gatifloxacin</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	1	MO
<i>moxifloxacin ophthalmic (eye)</i>	1	MO
NATACYN	1	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	1	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye)</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>balanced salt</i>	1	
BEPREVE	1	MO
BLEPHAMIDE	1	MO
BLEPHAMIDE S.O.P.	1	MO
<i>bss</i>	1	MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	1	PA; MO
<i>epinastine</i>	1	MO
EYLEA	1	PA; MO
LASTACAFT	1	MO
LUCENTIS	1	PA; MO
<i>olopatadine ophthalmic (eye)</i>	1	MO
OXERVATE	1	PA; MO
PAZEO	1	MO
PHOSPHOLINE IODIDE	1	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
RESTASIS	1	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	1	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide-prednisolone</i>	1	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	MO
BROMSITE	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	1	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
PROLENSA	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	1	MO
COMBIGAN	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO
<i>miostat</i>	1	
RHOPRESSA	1	MO
ROCKLATAN	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
SIMBRINZA	1	MO
TRAVATAN Z	1	MO
<i>travoprost</i>	1	MO
ZIOPTAN (PF)	1	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	MO
<i>tobramycin-dexamethasone</i>	1	MO
ZYLET	1	MO
STEROIDS		
ALREX	1	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	1	MO
LOTEMAX OPTHALMIC (EYE) OINTMENT	1	MO
LOTEMAX SM	1	MO
<i>loteprednol etabonate</i>	1	MO
OZURDEX	1	MO
<i>prednisolone acetate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	1	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine</i>	1	MO
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	1	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection</i>	1	MO
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>diphenhydramine hcl oral elixir</i>	1	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)
EPIPEN	1	MO; QL (2 per 30 days)
EPIPEN 2-PAK	1	MO; QL (2 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
EPIPEN JR	1	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	1	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
SYMJEPI	1	MO; QL (2 per 30 days)
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	B/D PA; MO
ADEMPAS	1	PA; MO; LA
ADVAIR DISKUS	1	MO; QL (60 per 30 days)
ADVAIR HFA	1	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	MO; QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D PA; MO
<i>albuterol sulfate oral</i>	1	MO
<i>alyq</i>	1	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ambrisentan</i>	1	PA; MO; LA
ANORO ELLIPTA	1	MO; QL (60 per 30 days)
ARNUITY ELLIPTA	1	MO; QL (30 per 30 days)
ASMANEX HFA	1	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	1	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	1	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)
ATROVENT HFA	1	MO; QL (25.8 per 30 days)
<i>azelastine-fluticasone</i>	1	MO; QL (23 per 30 days)
BEVESPI AEROSPHERE	1	MO; QL (10.7 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>bosentan</i>	1	PA; MO; LA
BREO ELLIPTA	1	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
CINRYZE	1	PA; MO
COMBIVENT RESPIMAT	1	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
DALIRESP ORAL TABLET 250 MCG	1	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500 MCG	1	PA; MO
DULERA	1	MO; QL (13 per 30 days)
DYMISTA	1	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	1	MO
ESBRIET ORAL CAPSULE	1	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	1	PA; MO; QL (270 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL TABLET 801 MG	1	PA; MO; QL (90 per 30 days)
FASENRA	1	PA; MO
FASENRA PEN	1	PA; MO
FIRAZYR	1	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	1	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	1	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	1	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	1	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	1	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
HAEGARDA	1	PA; MO; LA
<i>icatibant</i>	1	PA; MO
INCRUSE ELLIPTA	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	1	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	1	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl</i>	1	B/D PA; MO
<i>metaproterenol oral syrup</i>	1	MO
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast</i>	1	MO
OFEV	1	PA; MO; QL (60 per 30 days)
OPSUMIT	1	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)
PERFOROMIST	1	B/D PA; MO
PROAIR HFA	1	MO; QL (17 per 30 days)
PROAIR RESPICLICK	1	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)
PULMOZYME	1	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	1	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	1	MO; QL (8.7 per 30 days)
QVAR REDIBALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	MO; QL (10.6 per 30 days)
QVAR REDIBALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	MO; QL (21.2 per 30 days)
SEREVENT DISKUS	1	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA

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

Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	1	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
SYMBICORT	1	MO; QL (10.2 per 30 days)
SYMDEKO	1	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>terbutaline</i>	1	MO
THEO-24	1	MO
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRIKAFTA	1	PA; MO
TYVASO	1	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	1	B/D PA
TYVASO REFILL KIT	1	B/D PA; MO
TYVASO STARTER KIT	1	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	1	MO
ZYFLO	1	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>flavoxate</i>	1	MO
MYRBETRIQ	1	MO
<i>oxybutynin chloride</i>	1	MO
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
TOVIAZ	1	MO
<i>trospium</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin</i>	1	MO
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	1	MO
<i>bethanechol chloride</i>	1	MO
CYSTAGON	1	PA; MO; LA
ELMIRON	1	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO
<i>potassium citrate</i>	1	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	1	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>albuminar 25 %</i>	1	MO
<i>alburx (human) 25 %</i>	1	MO
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
<i>plasbumin 25 %</i>	1	MO
<i>plasbumin 5 %</i>	1	
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	MO
<i>calcium chloride</i>	1	
<i>calcium gluconate intravenous</i>	1	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO
<i>klor-con/ef</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	MO
<i>lactated ringers intravenous</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>magnesium chloride injection</i>	1	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R	1	MO
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	1	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>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>ringer's intravenous</i>	1	
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 3 %</i>	1	MO
<i>sodium chloride 5 %</i>	1	MO
<i>sodium chloride intravenous</i>	1	MO
<i>sodium phosphate</i>	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN II 10 %	1	B/D PA
AMINOSYN II 15 %	1	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	1	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
<i>electrolyte-48 in d5w</i>	1	
<i>freamine iii 10 %</i>	1	B/D PA
HEPATAMINE 8%	1	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
IONOSOL-MB IN D5W	1	
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
NEPHRAMINE 5.4 %	1	B/D PA
NORMOSOL-R PH 7.4	1	
PLASMA-LYTE 148	1	
PLASMA-LYTE A	1	
<i>plasmanate</i>	1	
<i>plenamine</i>	1	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
<i>premasol 10 %</i>	1	B/D PA; MO
<i>travasol 10 %</i>	1	B/D PA; MO
TROPHAMINE 10 %	1	B/D PA; MO
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>prenatal vitamin oral tablet</i>	1	MO

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

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ambrisentan	71	
amethyst (28).....	66	
AMICAR	37	
amikacin	6	
amiloride.....	34	
amiloride-hydrochlorothiazide	34	
aminocaproic acid.....	37	
AMINOSYN II 10 %	77	
AMINOSYN II 15 %	77	
AMINOSYN-PF 7 % (SULFITE-FREE)	77	
amiodarone	34	
amitriptyline	29	
amlodipine	34	
amlodipine-atorvastatin	39	
amlodipine-benazepril	34	
amlodipine-olmesartan	34	
amlodipine-valsartan	34	
amlodipine-valsartan-hcthiiazid	34	
ammonium lactate	41	
amnestem	42	
amoxapine.....	29	
amoxicil-clarithromy-lansopraz	58	
amoxicillin.....	8	
amoxicillin-pot clavulanate	8	
amphotericin b	2	
ampicillin.....	8	
ampicillin sodium	8	
ampicillin-sulbactam	9	
anagrelide	45	
anastrozole	11	
ANDRODERM	53	
ANORO ELLIPTA.....	71	
APIDRA SOLOSTAR U-100 INSULIN	49	
APIDRA U-100 INSULIN ...	49	
APOKYN	22	
apraclonidine	70	
aprepitant	56	
apri.....	66	
APRISO	56	
APTIOM.....	19	
APTIVUS	2	
APTIVUS (WITH VITAMIN E)	2	
ARALAST NP.....	45	
aranelle (28).....	66	
ARANESP (IN POLYSORBATE)	59	
ARCALYST	59	
ARIKAYCE	6	
aripiprazole	29	
ARISTADA.....	29	
ARISTADA INITIO.....	29	
armodafinil	29	
ARNUITY ELLIPTA	71	
ARRANON	11	
arsenic trioxide	11	
ARSENIC TRIOXIDE	11	

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ARZERRA	11	benazepril-hydrochlorothiazide	35	BROMSITE	69
ASMANEX HFA	71	BENDEKA	12	BRUKINSA.....	12
ASMANEX TWISTHALER	71	BENLYSTA	63	bss	69
aspirin-dipyridamole	37	BENZNIDAZOLE	6	budesonide	56, 72
atazanavir	2	benztropine	22	bumetanide	35
atenolol.....	34	BEPREVE	69	buprenorphine hcl.....	25
atenolol-chlorthalidone.....	34	BESIVANCE.....	68	buprenorphine transdermal patch	25
atomoxetine	29	BESPONSA.....	12	buprenorphine-naloxone.....	27
atorvastatin	39	betamethasone acet,sod phos	48	bupropion hcl.....	29
atovaquone	6	betamethasone dipropionate.	44	bupropion hcl (smoking deter)	47
atovaquone-proguanil.....	6	betamethasone valerate.....	44	buspirone	29
ATRIPLA	2	betamethasone, augmented..	44	busulfan	12
atropine.....	55, 69	BETASERON	59	butorphanol.....	28
ATROVENT HFA	71	betaxolol	35, 68	BYDUREON.....	49
AUBAGIO	23	bethanechol chloride.....	75	BYDUREON BCISE.....	49
aubra.....	66	BETHKIS	6	BYETTA	49
aubra eq	66	BEVESPI AEROSPHERE ..	71	BYNFEZIA	12
AVASTIN	11	bexarotene	12	BYSTOLIC.....	35
aviane	66	BEXSERO.....	61	C	
avita	42	bicalutamide	12	cabergoline	53
AVONEX.....	59	BICILLIN C-R	9	CABLIVI.....	37
AYVAKIT.....	11	BICILLIN L-A	9	CABOMETYX.....	12
azacitidine.....	11	BICNU.....	12	caffeine citrate	45
AZASITE	68	BIDIL	35	calcipotriene	41
azathioprine	11	BIKTARVY	2	calcipotriene-betamethasone	41
azathioprine sodium	11	bimatoprost.....	69	calcitonin (salmon)	53
azelaic acid	42	bisoprolol fumarate.....	35	calcitriol.....	41, 53
azelastine	47, 69	bisoprolol-hydrochlorothiazide	35	calcium acetate(phosphat bind)	75
azelastine-fluticasone	71	BLENREP	12	calcium chloride	75
azithromycin.....	6	bleomycin	12	calcium gluconate	75
aztreonam	6	BLEPHAMIDE	69	CALQUENCE	12
azurette (28).....	66	BLEPHAMIDE S.O.P.....	69	camila	64
B		BLINCYTO.....	12	camrese	66
bacitracin	6, 68	BOOSTRIX TDAP.....	61	candesartan	35
bacitracin-polymyxin b	68	BORTEZOMIB	12	candesartan-hydrochlorothiazid	35
baclofen	24	bosentan.....	72	CAPASTAT	6
balanced salt	69	BOSULIF	12	CAPEX.....	44
balsalazide	56	BOTOX	61	CAPLYTA.....	29
BALVERSA.....	11	BRAFTOVI.....	12	CAPRELSA.....	12
BANZEL	19	BREO ELLIPTA	72	captopril	35
BAQSIMI.....	49	BREZTRI AEROSPHERE..	72	captopril-hydrochlorothiazide	35
BARACLUDE	2	BRILINTA	37	CARBAGLU	45
BAVENCIO	11	brimonidine	70	carbamazepine	20
BCG VACCINE, LIVE (PF)	61	BRIVIACT	20		
bekyree (28).....	66	bromfenac	69		
BELBUCA	25	bromocriptine	22		
BELEODAQ	11				
benazepril	34				

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

carbidopa	22	CHENODAL	56	CLINIMIX 4.25%/D5W	
carbidopa-levodopa	22	chloramphenicol sod succinate		SULFIT FREE	45
carbidopa-levodopa-		.....	6	CLINIMIX 5%-	
entacapone	22	chlorhexidine gluconate	47	D20W(SULFITE-FREE)..	77
carbocaine (pf).....	41	chloroprocaine (pf)	41	clobazam.....	20
carboplatin	12	chloroquine phosphate.....	6	clobetasol	44
cardioplegic soln	39	chlorothiazide	35	clobetasol-emollient	44
carmustine	12	chlorothiazide sodium	35	clodan	44
carteolol.....	68	chlorpromazine.....	29	clofarabine	12
cartia xt.....	35	chlorthalidone	35	clomiphene citrate	54
carvedilol	35	CHOLBAM	56	clomipramine	29
carvedilol phosphate.....	35	cholestyramine (with sugar) .	39	clonazepam	20
caspofungin	2	cholestyramine light	39	clonidine	35
CAYSTON	6	ciclodan	43	clonidine (pf)	28, 35
caziant (28).....	66	ciclopirox.....	43	clonidine hcl	29, 35
cefaclor	4, 5	cidofovir	2	clopidogrel	38
cefadroxil.....	5	cilostazol.....	37	clorazepate dipotassium..	29, 30
cefazolin	5	CIMDUO.....	2	clotrimazole	2, 43
cefazolin in dextrose (iso-os) .	5	cimetidine	58	clotrimazole-betamethasone .	43
cefdinir	5	cimetidine hcl	58	clovique	45
cefepime	5	CIMZIA.....	56	clozapine.....	30
cefepime in dextrose,iso-osm .	5	CIMZIA POWDER FOR		COARTEM.....	7
cefixime	5	RECONST	56	colchicine.....	62
cefotetan	5	CIMZIA STARTER KIT	56	COLCRYS.....	62
cefoxitin.....	5	cinacalcet	54	colesevelam	39
cefoxitin in dextrose, iso-osm	5	CINRYZE.....	72	colestipol.....	39
cefpodoxime	5	CINVANTI.....	56	colistin (colistimethate na)	7
cefprozil.....	5	CIPRODEX	47	COMBIGAN	69
ceftazidime	5	ciprofloxacin.....	9	COMBIVENT RESPIMAT..	72
ceftriaxone	5	ciprofloxacin hcl.....	9, 47, 68	COMETRIQ	12
ceftriaxone in dextrose,iso-os.	5	ciprofloxacin in 5 % dextrose.	9	COMPLERA	3
cefuroxime axetil.....	5	ciprofloxacin-dexamethasone		compro.....	56
cefuroxime sodium.....	5	.....	47	CONDYLOX.....	41
celecoxib.....	28	cisplatin	12	constulose	56
CELONTIN	20	citalopram	29	COPAXONE	23
cephalexin.....	6	cladribine	12	COPIKTRA	12
CEPROTIN (BLUE BAR) ...	37	claravis.....	42	CORLANOR	40
CEPROTIN (GREEN BAR)	37	clarithromycin	6	CORTIFOAM.....	56
CERDELGA.....	53	CLEOCIN.....	65	cortisone	48
CEREZYME	54	clindamycin hcl	6	COSENTYX.....	41
cetirizine	70	clindamycin in 5 % dextrose ..	6	COSENTYX (2 SYRINGES)	
cevimeline	45	clindamycin pediatric	7	.....	41
CHANTIX	47	clindamycin phosphate	7, 42, 65	COSENTYX PEN	41
CHANTIX CONTINUING		CLINIMIX 5%/D15W		COSENTYX PEN (2 PENS)	41
MONTH BOX.....	47	SULFITE FREE	77	COSMEGEN	12
CHANTIX STARTING		CLINIMIX 4.25%/D10W		COTELLIC.....	12
MONTH BOX.....	47	SULF FREE	77	CREON.....	56
CHEMET	45			CRESEMBA.....	2

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CRINONE	64	DDAVP	54	dextrose 5%-0.3 %	
CRIXIVAN	3	deblitane	65	sod.chloride	46
cromolyn.....	56, 69, 72	decadron	48	dextrose 50 % in water (d50w)	
crotan	45	decitabine.....	13	.....	46
cryselle (28).....	66	deferasirox	45	dextrose 70 % in water (d70w)	
CRYSVITA.....	54	deferiprone.....	45	.....	46
cyclafem 1/35 (28)	66	deferoxamine	45	DIASTAT	20
cyclafem 7/7/7 (28)	66	DELSTRIGO.....	3	DIASTAT ACUDIAL	20
cyclobenzaprine.....	24	demeclocycline.....	10	diazepam.....	20, 30
cyclophosphamide	12	DEMSEER.....	35	diazoxide.....	49
CYCLOSET	49	DENAVIR.....	44	diclofenac potassium	28
cyclosporine	12	denta 5000 plus.....	47	diclofenac sodium.....	28, 41, 69
cyclosporine modified	12	dentagel	47	diclofenac-misoprostol	28
CYRAMZA.....	12	DEPEN TITRATABS	63	dicloxacillin	9
cyred	66	DEPO-PROVERA.....	65	dicyclomine	55
cyred eq	66	DEPO-SUBQ PROVERA	104	didanosine.....	3
CYSTADANE.....	56	.....	65	diflunisal	28
CYSTAGON	75	DESCOVY	3	digitek	40
CYSTARAN	69	desipramine	30	digox	40
cytarabine	12	desmopressin	54	digoxin	40
cytarabine (pf)	12	desog-e.estradiol/e.estradiol	66	dihydroergotamine.....	22
D		desonide.....	44	DILANTIN 30 MG.....	20
d10 %-0.45 % sodium chloride		desvenlafaxine succinate	30	diltiazem hcl	35
.....	45	dexamethasone	48	dilt-xr	35
d2.5 %-0.45 % sodium		dexamethasone intensol.....	48	dimenhydrinate	56
chloride.....	45	dexamethasone sodium phos		dimethyl fumarate.....	23
d5 % and 0.9 % sodium		(pf).....	48	DIPENTUM	56
chloride.....	45	dexamethasone sodium		diphenhydramine hcl	70
d5 %-0.45 % sodium chloride		phosphate.....	48, 70	diphenoxylate-atropine	56
.....	45	DEXILANT.....	58	dipyridamole.....	38
dacarbazine.....	12	dextrazoxane hcl.....	10	disulfiram.....	46
dactinomycin	13	dextroamphetamine	30	divalproex	20
dalfampridine	23	dextroamphetamine-		dobutamine	40
DALIRESP.....	72	amphetamine	30	dobutamine in d5w	40
danazol	54	dextrose 10 % and 0.2 % nacl		docetaxel.....	13
dantrolene	24	.....	45	dofetilide.....	34
dapsone.....	7, 42	dextrose 10 % in water (d10w)		donepezil.....	23
DAPTACEL (DTAP		.....	45	dopamine	40
PEDIATRIC) (PF).....	61	dextrose 25 % in water (d25w)		dopamine in 5 % dextrose	40
daptomycin	7	.....	45	DOPTELET (10 TAB PACK)	
DAPTOMYCIN	7	dextrose 30 % in water (d30w)		.....	38
DARAPRIM.....	7	.....	46	DOPTELET (15 TAB PACK)	
DARZALEX	13	dextrose 40 % in water (d40w)		.....	38
dasetta 1/35 (28).....	66	.....	46	DOPTELET (30 TAB PACK)	
dasetta 7/7/7 (28).....	66	dextrose 5 % in water (d5w).....	46	.....	38
daunorubicin.....	13	dextrose 5 %-lactated ringers.....	46	dorzolamide	69
DAURISMO.....	13	dextrose 5%-0.2 % sod		dorzolamide-timolol	69
daysee	66	chloride.....	46	dorzolamide-timolol (pf)	69

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dotti.....	65	electrolyte-48 in d5w.....	77	EPIPEN JR	71
DOVATO	3	eletriptan.....	22	EPIPEN JR 2-PAK	71
doxazosin.....	35	elinest.....	66	epirubicin.....	13
doxepin.....	30, 41	ELIQUIS	38	epitol.....	20
doxercalciferol.....	54	ELIQUIS DVT-PE TREAT		EPIVIR HBV	3
doxorubicin.....	13	30D START	38	eplerenone.....	35
doxorubicin, peg-liposomal..	13	ELITEK.....	10	EPOGEN	59
doxy-100.....	10	ELIXOPHYLLIN.....	72	epoprostenol (glycine)	35
doxycycline hyclate.....	10	ELMIRON.....	75	eprosartan	35
doxycycline monohydrate	10	eluryng.....	65	ERBITUX.....	13
doxylamine-pyridoxine (vit b6)		ELZONRIS.....	13	ergoloid.....	30
.....	56	EMCYT	13	ergotamine-caffeine	23
DRIZALMA SPRINKLE.....	30	EMEND.....	56	ERIVEDGE	13
dronabinol.....	56	EMGALITY PEN.....	23	ERLEADA	13
droperidol	56	EMGALITY SYRINGE.....	23	erlotinib.....	13
DROPLET INSULIN SYR		emoquette	66	errin.....	65
HALF UNIT	49	EMPLICITI	13	ertapenem	7
DROPLET INSULIN		EMSAM	30	ERWINAZE	13
SYRINGE.....	49	emtricitabine.....	3	ery pads.....	42
DROPLET PEN NEEDLE...	49	emtricitabine-tenofovir (tdf)...	3	ery-tab.....	6
drospirenone-e.estradiol-lm.fa		EMTRIVA.....	3	ERY-TAB.....	6
.....	66	EMVERM	7	ERYTHROCIN	6
drospirenone-ethinyl estradiol		enalapril maleate.....	35	erythrocine (as stearate)	6
.....	66	enalaprilat	35	erythromycin.....	6, 68
DROXIA	13	enalapril-hydrochlorothiazide		erythromycin ethylsuccinate...	6
DUAVEE	65	.....	35	erythromycin with ethanol....	42
DULERA.....	72	ENBREL	63	ESBRIET	72
duloxetine.....	30	ENBREL MINI	63	escitalopram oxalate	30
DUPIXENT PEN	41	ENBREL SURECLICK	63	esmolol	35
DUPIXENT SYRINGE.....	41	endocet.....	25	esomeprazole magnesium.....	58
duramorph (pf)	25	ENGERIX-B (PF)	61	esomeprazole sodium	58
dutasteride	75	ENGERIX-B PEDIATRIC		estarylla.....	66
dutasteride-tamsulosin.....	75	(PF).....	61	estradiol	65
DYMISTA.....	72	enoxaparin	38	estradiol valerate.....	65
E		enpresse	66	estradiol-norethindrone acet .	65
e.e.s. 400.....	6	enskyce	66	ESTRING	65
ec-naproxen	28	entacapone	22	eszopiclone	30
econazole.....	43	entecavir	3	ethacrynate sodium.....	36
EDARBI.....	35	ENTRESTO.....	40	ethacrynic acid.....	36
EDARBYCLOR.....	35	ENTYVIO	56	ethambutol	7
EDURANT.....	3	enulose.....	56	ethosuximide.....	20
efavirenz.....	3	ENVARUS XR	13	ethynodiol diac-eth estradiol	66
efavirenz-emtricitabin-tenofov		EPCLUSA	3	etodolac.....	28
.....	3	EPIDIOLEX	20	etonogestrel-ethinyl estradiol	65
efavirenz-lamivu-tenofov disop		epinastine.....	69	ETOPOPHOS	13
.....	3	epinephrine	70	etoposide.....	13
effer-k.....	75	EPIPEN	70	euthyrox	55
ELAPRASE.....	54	EPIPEN 2-PAK	70	everolimus (antineoplastic) ..	13

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everolimus (immunosuppressive)	13	FLECTOR	28	galantamine.....	23
EVOTAZ	3	FLOVENT DISKUS	72	GAMASTAN	61
exemestane	13	FLOVENT HFA.....	72	GAMASTAN S/D	61
EXTAVIA	59	floxuridine	13	ganciclovir sodium	3
EYLEA.....	69	fluconazole	2	GARDASIL 9 (PF).....	61
ezetimibe	39	fluconazole in nacl (iso-osm) .	2	gatifloxacin	68
ezetimibe-simvastatin.....	39	flucytosine	2	GATTEX 30-VIAL	56
F		fludarabine.....	13	GATTEX ONE-VIAL	56
FABRAZYME	54	fludrocortisone.....	48	GAUZE PAD.....	49
falmina (28).....	66	flumazenil	30	gavilyte-c	56
famciclovir	3	flunisolide.....	72	gavilyte-g.....	56
famotidine.....	58	fluocinolone.....	44	gavilyte-n.....	56
famotidine (pf).....	58	fluocinolone acetonide oil	47	GAVRETO	14
famotidine (pf)-nacl (iso-os)	58	fluocinolone and shower cap	44	GAZYVA	14
FANAPT	30	fluocinonide.....	44	gemcitabine.....	14
FARXIGA	49	fluocinonide-e.....	44	GEMCITABINE.....	14
FARYDAK.....	13	fluoride (sodium).....	47, 78	gemfibrozil	39
FASENRA.....	72	fluorometholone	70	generlac.....	56
FASENRA PEN	72	fluorouracil	13, 41	gengraf	14
FASLODEX	13	fluoxetine.....	30, 31	gentak	68
fayosim	66	fluphenazine decanoate	31	gentamicin	7, 43, 68
febuxostat	62	fluphenazine hcl	31	gentamicin in nacl (iso-osm) ..	7
felbamate	20	flurbiprofen.....	28	gentamicin sulfate (ped) (pf) ..	7
felodipine.....	36	flurbiprofen sodium.....	69	GENVOYA	3
femynor	66	flutamide.....	13	GEODON	31
fenofibrate	39	fluticasone propionate	72	gianvi (28)	66
fenofibrate micronized	39	fluvastatin	39	GILENYA	23
fenofibrate nanocrystallized .	39	fluvoxamine.....	31	GILOTRIF	14
fenofibric acid	39	FOLOTYN	14	glatiramer.....	23
fenofibric acid (choline).....	39	fomepizole	61	glatopa	23, 24
fenoprofen	28	fondaparinux.....	38	GLEOSTINE	14
fentanyl.....	25	FORFIVO XL.....	31	glimepiride.....	49
fentanyl citrate.....	25	FORTEO	63	glipizide	49
fentanyl citrate (pf).....	25	FOSAMAX PLUS D.....	63	glipizide-metformin	49, 50
FERRIPROX.....	46	fosamprenavir	3	GLUCAGEN HYPOKIT.....	50
FERRIPROX (2 TIMES A DAY).....	46	fosaprepitant	56	GLUCAGON EMERGENCY KIT (HUMAN).....	50
FETZIMA.....	30	fosinopril	36	glycine urologic	75
finasteride	75	fosinopril-hydrochlorothiazide	36	glycine urologic solution	75
FINTEPLA	20	fosphenytoin	20	glycopyrrolate.....	56
FIRAZYR.....	72	freamine iii 10 %	77	glycopyrrolate (pf) in water..	56
FIRDAPSE	23	FULPHILA.....	59	glydo	41
FIRMAGON KIT W DILUENT SYRINGE	13	fulvestrant	14	GRALISE	20, 21
flac otic oil.....	47	furosemide	36	granisetron (pf)	56
flavoxate	74	FUZEON	3	granisetron hcl	56
flecainide	34	FYCOMPA.....	20	GRANIX.....	60
		G		GRASTEK.....	61
		gabapentin	20	griseofulvin microsize	2

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griseofulvin ultramicrosize.....	2	HUMALOG U-100 INSULIN	50	HYPERHEP B S-D	
guanidine	31	HUMIRA.....	63	NEONATAL	61
GVOKE HYPOPEN 1-PACK	50	HUMIRA PEN	63	HYQVIA	61
GVOKE HYPOPEN 2-PACK	50	HUMIRA PEN CROHNS-UC- HS START	63	I	
GVOKE PFS 1-PACK SYRINGE.....	50	HUMIRA PEN PSOR- UVEITS-ADOL HS	63	ibandronate	63
GVOKE PFS 2-PACK SYRINGE.....	50	HUMIRA(CF)	64	IBRANCE.....	14
H		HUMIRA(CF) PEDI CROHNS STARTER.63, 64		ibu	28
HAEGARDA	72	HUMIRA(CF) PEN.....	64	ibuprofen.....	28
HALAVEN.....	14	HUMIRA(CF) PEN CROHNS-UC-HS	64	ibuprofen-oxycodone.....	26
halobetasol propionate.....	44	HUMIRA(CF) PEN PSOR- UV-ADOL HS.....	64	ibutilide fumarate.....	34
haloperidol.....	31	HUMULIN 70/30 U-100 INSULIN	50	icatibant	72
haloperidol decanoate.....	31	HUMULIN 70/30 U-100 KWIKPEN.....	50	ICLUSIG	14
haloperidol lactate	31	HUMULIN N NPH INSULIN KWIKPEN.....	50	idarubicin	14
HARVONI	3	HUMULIN N NPH U-100 INSULIN	50	IDHIFA.....	14
HAVRIX (PF)	61	HUMULIN R REGULAR U- 100 INSULN	50	ifosfamide	14
heather	65	HUMULIN R U-500 (CONC) INSULIN	50	ILARIS (PF)	60
heparin (porcine)	38	HUMULIN R U-500 (CONC) KWIKPEN.....	50	ILEVRO	69
heparin (porcine) in 5 % dex	38	hydralazine	36	imatinib.....	14
heparin (porcine) in nacl (pf)	38	hydrochlorothiazide.....	36	IMBRUVICA	14
heparin(porcine) in 0.45% nacl	38	hydrocodone bitartrate.....	25	IMFINZI	14
HEPARIN(PORCINE) IN 0.45% NACL.....	38	hydrocodone-acetaminophen	25	imipenem-cilastatin	7
heparin, porcine (pf).....	38	hydrocodone-ibuprofen	25	imipramine hcl.....	31
HEPARIN, PORCINE (PF) .	38	hydrocortisone	44, 48, 56, 57	imipramine pamoate	31
HEPATAMINE 8%.....	77	hydrocortisone butyrate.....	44	imiquimod.....	41
HERCEPTIN	14	hydrocortisone-acetic acid....	47	IMOVAX RABIES VACCINE (PF).....	61
HERCEPTIN HYLECTA	14	hydrocortisone-pramoxine....	57	IMPAVIDO	7
HETLIOZ	31	hydromorphone	26	incassia	65
HIBERIX (PF).....	61	hydromorphone (pf)	25, 26	INCRELEX	46
HIZENTRA.....	61	hydroxychloroquine.....	7	INCRUSE ELLIPTA.....	72
HUMALOG JUNIOR KWIKPEN U-100	50	hydroxyprogesterone caproate	65	indapamide	36
HUMALOG KWIKPEN INSULIN.....	50	hydroxyurea.....	14	INFANRIX (DTAP) (PF).....	61
HUMALOG MIX 50-50 INSULN U-100	50	hydroxyzine hcl	71	INFUGEM.....	14
HUMALOG MIX 50-50 KWIKPEN	50	HYPERHEP B S/D	61	INLYTA	15
HUMALOG MIX 75-25 KWIKPEN	50			INQOVI.....	15
HUMALOG MIX 75-25(U- 100)INSULN	50			INREBIC	15
				INSULIN PEN NEEDLE	50
				INSULIN SYRINGE- NEEDLE U-100	50
				INTELENCE	3
				intralipid	77
				INTRON A	60
				introvale	66
				INVEGA SUSTENNA.....	31
				INVEGA TRINZA	31
				INVIRASE	3
				INVOKAMET	50
				INVOKAMET XR	50

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INVOKANA	50	KANJINTI.....	15	LANTUS SOLOSTAR U-100	
IONOSOL-MB IN D5W.....	77	KANUMA	54	INSULIN	51
IOPIDINE.....	70	kariva (28)	66	LANTUS U-100 INSULIN ..	51
IPOL	61	KAZANO	51	lapatinib	15
ipratropium bromide.....	47, 73	kelnor 1/35 (28).....	66	larin 1.5/30 (21)	66
ipratropium-albuterol	73	kelnor 1-50	66	larin 1/20 (21)	66
irbesartan	36	KEPIVANCE	10	larin 24 fe.....	66
irbesartan-hydrochlorothiazide		KERYDIN	43	larin fe 1.5/30 (28).....	66
.....	36	ketoconazole.....	2, 43	larin fe 1/20 (28).....	67
IRESSA	15	ketodan	43	larissia.....	67
irinotecan	15	ketoprofen.....	28	LASTACRAFT	69
ISENTRESS	3	ketorolac	69	latanoprost	69
ISENTRESS HD	3	KEYTRUDA	15	LATUDA.....	31
isibloom	66	KHAPZORY	10	leflunomide.....	64
ISOLYTE S PH 7.4.....	77	KINRIX (PF).....	61	LEMTRADA.....	24
ISOLYTE-P IN 5 %		kionex (with sorbitol)	46	LENVIMA.....	15
DEXTROSE	77	KISQALI	15	lessina	67
ISOLYTE-S.....	77	KISQALI FEMARA CO-		letrozole	15
isoniazid	7	PACK	15	leucovorin calcium	11
isosorbide dinitrate	40	klor-con 10	75	LEUKERAN.....	15
isosorbide mononitrate	40	klor-con 8	75	LEUKINE.....	60
isotretinoin.....	43	klor-con m10	75	leuprolide.....	15
isradipine	36	klor-con m15	75	levalbuterol hcl	73
ISTODAX	15	klor-con m20	75	levetiracetam.....	21
itraconazole	2	klor-con oral packet 20.....	75	levetiracetam in nacl (iso-os)21	
ivermectin.....	7	klor-con/ef	75	levobunolol.....	68
IXEMPRA	15	KOMBIGLYZE XR	51	levocarnitine	46
IXIARO (PF).....	61	KORLYM.....	54	levocarnitine (with sugar)....	46
J		K-PHOS NO 2.....	75	levocetirizine	71
JAKAFI	15	K-PHOS ORIGINAL	75	levofloxacin	10, 68
jantoven	38	KRYSTEXXA.....	62	levofloxacin in d5w	9
JANUMET	50	k-tab.....	75	levoleucovorin calcium	11
JANUMET XR.....	50	K-TAB.....	75	levonest (28)	67
JANUVIA.....	50	kurvelo (28)	66	levonorgestrel-ethinyl estrad	67
jasmiel (28).....	66	KUVAN.....	54	levonorg-eth estrad triphasic	67
jencycla.....	65	KYNMOBI.....	22	levora-28.....	67
JENTADUETO	51	KYPROLIS	15	levorphanol tartrate.....	26
JENTADUETO XR.....	51	L		levo-t.....	55
JEVTANA.....	15	l norgest/e.estradiol-e.estrad.	66	levothyroxine	55
jolessa	66	labetalol	36	levoxyl	55
juleber.....	66	lactated ringers	45, 75	LEXIVA	3
JULUCA.....	3	lactulose.....	57	LIBTAYO.....	15
JUXTAPID.....	39	lamivudine	3	lidocaine	42
K		lamivudine-zidovudine	3	lidocaine (pf) in d7.5w	34
KADCYLA	15	lamotrigine.....	21	lidocaine (pf)	34, 41
KALETRA	3	LANOXIN.....	40	lidocaine hcl.....	42
kalliga	66	lansoprazole.....	58	lidocaine in 5 % dextrose (pf)	
KALYDECO	73	lanthanum	46		34

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lidocaine viscous	42	LUPRON DEPOT (6 MONTH)	15	MEPSEVII.....	54
lidocaine-epinephrine	42	LUPRON DEPOT-PED	15	mercaptapurine	16
lidocaine-epinephrine (pf)	42	LUPRON DEPOT-PED (3 MONTH)	15	meropenem	7
lidocaine-prilocaine	42	lutra (28)	67	mesalamine	57
lillow (28).....	67	LYNPARZA.....	15	mesalamine with cleansing wipe	57
lincomycin	7	LYRICA	21	mesna	11
lindane	45	LYSODREN.....	15	MESNEX.....	11
linezolid	7	LYUMJEV KWIKPEN U-100 INSULIN	51	metaproterenol	73
linezolid in dextrose 5%.....	7	LYUMJEV KWIKPEN U-200 INSULIN	51	metformin	51
linezolid-0.9% sodium chloride	7	LYUMJEV U-100 INSULIN	51	methadone.....	26
LINZESS.....	57	lyza	65	methadone intensol	26
LIORESAL.....	24	M		methadose	26
liothyronine	55	mafenide acetate	43	methazolamide.....	69
lisinopril	36	magnesium chloride	76	methenamine hippurate	10
lisinopril-hydrochlorothiazide	36	magnesium sulfate	76	methenamine mandelate	10
lithium carbonate.....	31	MAGNESIUM SULFATE IN D5W	76	methergine	68
lithium citrate	31	magnesium sulfate in water ..	76	methimazole	48
LIVALO	39	malathion	45	methotrexate sodium	16
LOKELMA	46	mannitol 20 %	36	methotrexate sodium (pf)	16
LONSURF.....	15	mannitol 25 %	36	methoxsalen	42
loperamide	56	maprotiline.....	31	methyl dopa	36
lopinavir-ritonavir	3	marlissa (28).....	67	methylergonovine	68
lorazepam	31	MARPLAN	32	methylphenidate hcl.....	32
lorazepam intensol.....	31	MARQIBO	15	methylprednisolone	48
LORBRENA	15	MATULANE.....	15	methylprednisolone acetate ..	48
lorcet hd.....	26	matzim la	36	methylprednisolone sodium succ	48
loryna (28).....	67	meclizine	57	methyltestosterone	54
losartan	36	meclofenamate.....	28	metoclopramide hcl	57
losartan-hydrochlorothiazide	36	medroxyprogesterone	65	metolazone.....	36
LOTEMAX	70	mefenamic acid.....	28	metoprolol succinate.....	36
LOTEMAX SM.....	70	mefloquine.....	7	metoprolol ta-hydrochlorothiaz	36
loteprednol etabonate	70	megestrol	16	metoprolol tartrate	36
lovastatin	39	MEKINIST.....	16	metro i.v.....	7
low-ogestrel (28)	67	MEKTOVI.....	16	metronidazole	7, 43, 65
loxapine succinate	31	meloxicam	28	metronidazole in nacl (iso-os)	7
lo-zumandimine (28).....	67	melpalhan	16	metyrosine	36
LUCENTIS.....	69	melpalhan hcl	16	mexiletine	34
LUMIGAN	69	memantine	24	MIACALCIN	54
LUMIZYME	54	MENACTRA (PF)	61	micafungin	2
LUMOXITI	15	MENEST.....	65	miconazole-3	65
LUPRON DEPOT	15	MENVEO A-C-Y-W-135-DIP (PF).....	61	microgestin 1.5/30 (21)	67
LUPRON DEPOT (3 MONTH).....	15			microgestin 1/20 (21)	67
LUPRON DEPOT (4 MONTH).....	15			microgestin fe 1.5/30 (28)	67
				microgestin fe 1/20 (28)	67
				midodrine.....	46

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mifepristone.....	65	N		NEXLETOL	39
migergot	23	nabumetone	28	NEXLIZET	39
miglitol	51	nadolol	36	NEXPLANON	66
miglustat	54	nadolol-bendroflumethiazide	36	niacin	39
mili	67	nafcillin.....	9	nicardipine	36
millipred	48	nafcillin in dextrose iso-osm ..	9	NICOTROL	47
milrinone	40	naftifine	43	NICOTROL NS	47
milrinone in 5 % dextrose	40	NAFTIN	43	nifedipine	36
minocycline	10	NAGLAZYME.....	54	nikki (28)	67
minoxidil	36	nalbuphine	28	nilutamide	16
miostat	69	naloxone	28	nimodipine.....	36
MIRENA	66	naltrexone	28	NINLARO	16
mirtazapine	32	NAMZARIC.....	24	nisoldipine	36
misoprostol	58	naproxen	28	nitisinone	46
MITIGARE	62	naproxen sodium	28	nitro-bid	40
mitomycin.....	16	naratriptan.....	23	nitrofurantoin	10
mitoxantrone.....	16	NARCAN	28	nitrofurantoin macrocrystal ..	10
M-M-R II (PF).....	61	NATACYN	68	nitrofurantoin monohyd/m-	
modafinil	32	nateglinide	51	cryst	10
moexipril	36	NATPARA	54	nitroglycerin	41
molindone.....	32	NAYZILAM.....	21	nitroglycerin in 5 % dextrose	
mometasone.....	44, 73	NEBUPENT	7	.....	40, 41
mondoxylene nl.....	10	NEEDLES, INSULIN		nizatidine	59
MONJUVI.....	16	DISP.,SAFETY	51	nolix.....	44
mono-lynyah	67	nefazodone.....	32	nora-be	65
montelukast	73	neomycin	7	NORDITROPIN FLEXPRO	60
morgidox	10	neomycin-bacitracin-poly-hc	70	norepinephrine bitartrate	40
morphine.....	26, 27	neomycin-bacitracin-		norethindrone (contraceptive)	
morphine (pf).....	26	polymyxin.....	68	.....	65
morphine concentrate	26	neomycin-polymyxin b gu....	45	norethindrone acetate.....	65
MOVANTIK	57	neomycin-polymyxin b-		norethindrone ac-eth estradiol	
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moxifloxacin-sod.chloride(iso)		gramicidin.....	68		67
.....	10	neomycin-polymyxin-hc	48, 70	norgestimate-ethinyl estradiol	
MOZOBIL.....	60	neo-polycin	68	.....	67
MULPLETA.....	38	neo-polycin hc	70	norlyda	65
mupirocin	43	neostigmine methylsulfate....	24	NORMOSOL-R.....	76
mupirocin calcium.....	43	NEPHRAMINE 5.4 %	77	NORMOSOL-R PH 7.4.....	77
MVASI.....	16	NERLYNX	16	NORTHERA	46
MYALEPT	54	NESINA	51	nortrel 0.5/35 (28).....	67
MYCAMINE.....	2	NEULASTA.....	60	nortrel 1/35 (21).....	67
mycophenolate mofetil.....	16	NEULASTA ONPRO	60	nortrel 1/35 (28).....	67
mycophenolate mofetil (hcl)	16	NEUPOGEN	60	nortrel 7/7/7 (28).....	67
mycophenolate sodium.....	16	NEUPRO	22	nortriptyline	32
MYLOTARG	16	nevirapine	3	NORVIR.....	4
myorisan	43	NEXAVAR	16	NOVOFINE 32.....	51
MYRBETRIQ	74	NEXIUM PACKET	59	NOVOFINE PLUS	51

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NOVOLOG FLEXPEN U-100	ONCASPAR.....16	pamidronate54
INSULIN51	ondansetron57	PANRETIN42
NOVOLOG MIX 70-30 U-100	ondansetron hcl.....57	pantoprazole .....59
INSULN51	ondansetron hcl (pf).....57	paraplatin16
NOVOLOG MIX 70-	ONGLYZA.....52	paricalcitol54
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NOVOLOG PENFILL U-100	ONUREG16	paromomycin7
INSULIN52	OPDIVO16	paroxetine hcl32
NOVOLOG U-100 INSULIN	opium tincture.....56	paroxetine
ASPART.....52	OPSUMIT73	mesylate(menop.sym).....32
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NUEDEXTA24	ORENCIA CLICKJECT64	PEDVAX HIB (PF)61
NULOJIX.....16	ORFADIN46	peg 3350-electrolytes.....57
NUPLAZID32	ORKAMBI73	peg3350-sod sul-nacl-kcl-asb-c
NURTEC ODT.....23	orsythia67	57
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nystatin2, 43	osmitrol 15 %36	PEGASYS60
nystatin-triamcinolone.....44	osmitrol 20 %37	PEGASYS PROCLICK.....60
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octreotide acetate16	oxacillin in dextrose(iso-osm) 9	PENICILLIN G POT IN
ODACTRA.....61	oxaliplatin.....16	DEXTROSE .....9
ODEFSEY .....4	oxandrolone .....54	penicillin g potassium.....9
ODOMZO16	oxaprozin.....28	penicillin g procaine9
OFEV73	oxcarbazepine.....21	penicillin g sodium9
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OGIVRI.....16	oxiconazole.....44	PENTACEL (PF).....61, 62
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olanzapine-fluoxetine32	oxycodone27	pentamidine7
olmesartan36	oxycodone-acetaminophen...27	PENTASA57
olmesartan-amlodipin-	oxycodone-aspirin .....27	pentoxifylline.....38
hcthiacid .....36	OXYCONTIN .....27	PERFOROMIST.....73
olmesartan-	oxymorphone.....27	perindopril erbumine .....37
hydrochlorothiazide.....36	oxytocin .....68	perigard.....47
olopatadine47, 69	OZEMPIC52	PERJETA17
omeprazole59	OZURDEX.....70	permethrin.....45
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POD.....52	pacerone.....34	PERSERIS32
OMNIPOD INSULIN	paclitaxel16	pfizerpen-g.....9
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OMNIPOD INSULIN REFILL	paliperidone32	phenobarbital21
.....52	palonosetron57	phenobarbital sodium21
OMNITROPE.....60	PALYNZIQ.....54	phenoxybenzamine37

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phentolamine	37	potassium chloride in lr-d5... 76	probenecid-colchicine.....62	
phenytoin	21	potassium chloride in water.. 76	procainamide	34
phenytoin sodium	21	potassium chloride-0.45 % nacl	procentra	32
phenytoin sodium extended.. 21		 76	prochlorperazine	57
philith	67	potassium chloride-d5-0.2%nacl	prochlorperazine edisylate.... 57	
PHOSPHOLINE IODIDE.... 69		 76, 77	prochlorperazine maleate oral	57
PICATO	42	potassium chloride-d5-0.3%nacl	 57	
PIFELTRO	4	 77	PROCRIT	60
pilocarpine hcl	46, 69	potassium chloride-d5-0.9%nacl	procto-med hc	57
pimecrolimus	42	 77	procto-pak..... 57	
pimozide	32	potassium citrate..... 75	proctosol hc	57
pimtrea (28)	67	potassium phosphate m-/d-basic..... 77	proctozone-hc	57
pindolol..... 37		POTELIGEO	progesterone	65
pioglitazone	52	 17	progesterone micronized	65
pioglitazone-glimepiride	52	PRADAXA..... 38	PROGLYCEM	52
pioglitazone-metformin	52	PRALUENT PEN..... 39	PROGRAF..... 17	
piperacillin-tazobactam	9	pramipexole	PROLASTIN-C	46
PIQRAY	17	 22	PROLENSA	69
pirmella..... 67		prasugrel	PROLEUKIN	60
piroxicam..... 28		pravastatin	PROLIA..... 63	
plasbumin 25 %..... 75		 39	PROMACTA..... 38	
plasbumin 5 %..... 75		praziquantel	promethazine	71
PLASMA-LYTE 148	77	 7	propafenone	34
PLASMA-LYTE A	77	prazosin	propranolol	37
plasmanate..... 77		 37	propranolol-hydrochlorothiazid	37
PLEGRIDY	60	prednicarbate	 37	
plenamine	77	 45	propylthiouracil	48
podofilox	42	prednisolone	PROQUAD (PF)..... 62	
POLIVY	17	 48	protamine	38
polocaine	42	prednisone intensol..... 48	protriptyline	32
polocaine-mpf..... 42		pregabalin	prudoxin..... 42	
polycin..... 68		 21	PULMICORT FLEXHALER	73
polyethylene glycol 3350	57	PREMARIN	 73	
polymyxin b sulfate	7	 65	PULMOZYME..... 73	
polymyxin b sulf-trimethoprim	68	premasol 10 %..... 78	PURIXAN	17
POMALYST	17	PREMPHASE	pyrazinamide	8
portia 28..... 67		PREMPRO	pyridostigmine bromide..... 24	
PORTRAZZA	17	 65	pyrimethamine	8
posaconazole	2	prenatal vitamin oral tablet... 78	Q	
potassium acetate..... 76		prevalite	QINLOCK	17
potassium chlorid-d5-0.45%nacl..... 76		PREVIDENT 5000 BOOSTER PLUS	QNASL..... 73	
potassium chloride..... 76		 47	QTERN..... 52	
potassium chloride in 0.9%nacl	76	previfem..... 67	QUADRACEL (PF)	62
potassium chloride in 5 % dex	76	PREVYMIS..... 4	quetiapine	32
..... 76		PREZCOBIX..... 4	quinapril..... 37	
		PREZISTA	quinapril-hydrochlorothiazide	37
		PRIFTIN..... 7	 37	
		PRIMAQUINE	quinidine gluconate	34
		 7		
		primidone..... 21		
		PRIVIGEN		
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		PROAIR HFA		
		 73		
		PROAIR RESPICLICK		
		 73		
		probenecid		
		 62		

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quinidine sulfate	34	rimantadine	4	setlakin	67
quinine sulfate	8	ringer's	45, 77	sevelamer carbonate	46
QVAR REDIHALER	73	RINVOQ	64	sevelamer hcl	46
R		RIOMET	52	sf 47	
RABAVERT (PF)	62	risedronate	46, 63	sf 5000 plus	47
RADICAVA	24	RISPERDAL CONSTA	33	sharobel	65
RAGWITEK	62	risperidone	33	SHINGRIX (PF)	62
raloxifene	63	ritonavir	4	SIGNIFOR	17
ramelteon	32	RITUXAN	17	SIKLOS	17
ramipril	37	RITUXAN HYCELA	17	sildenafil (pulmonary arterial hypertension)	73, 74
ranolazine	40	rivastigmine	24	silodosin	75
rasagiline	22	rivastigmine tartrate	24	silver sulfadiazine	42
RASUVO (PF)	64	rizatriptan	23	SIMBRINZA	70
RAVICTI	46	ROCKLATAN	69	SIMPONI	64
REBIF (WITH ALBUMIN)	60	ropinirole	22	SIMPONI ARIA	64
REBIF REBIDOSE	60	rosadan	43	SIMULECT	17
REBIF TITRATION PACK	60	rosuvastatin	39	simvastatin	39
reclipsen (28)	67	ROTARIX	62	sirolimus	17
RECOMBIVAX HB (PF) ...	62	ROTATEQ VACCINE	62	SIRTURO	8
RECTIV	57	roweepra	21	SKLICE	45
regonol	24	roweepra xr	21	SKYRIZI	41
REGRANEX	42	ROZEREM	33	sodium acetate	77
RELENZA DISKHALER	4	ROZLYTREK	17	sodium benzoate-sod phenylacet	46
RELISTOR	57	RUBRACA	17	sodium bicarbonate	77
REMICADE	57	RUKOBIA	4	sodium chloride	46, 77
REMODULIN	37	RUXIENCE	17	sodium chloride 0.45 %	77
RENACIDIN	75	RYBELSUS	52	sodium chloride 0.9 %	46
repaglinide	52	RYDAPT	17	sodium chloride 3 %	77
repaglinide-metformin	52	S		sodium chloride 5 %	77
REPATHA	39	salsalate	29	sodium fluoride 5000 plus ...	47
REPATHA PUSHTRONEX	39	SAMSCA	54	sodium fluoride-pot nitrate ...	47
REPATHA SURECLICK ...	39	SANCUSO	57	sodium nitroprusside	40
RESTASIS	69	SANDIMMUNE	17	sodium phenylbutyrate	46
RESTASIS MULTIDOSE ...	69	SANDOSTATIN LAR DEPOT	17	sodium phosphate	77
RETACRIT	60	SANTYL	42	sodium polystyrene (sorb free)	46
RETEVMO	17	SAPHRIS	33	sodium polystyrene sulfonate	46
RETROVIR	4	sapropterin	54	solifenacin	74
REVCovi	46	SARCLISA	17	SOLQUA 100/33	52
REVLIMID	17	SAVELLA	64	SOLIRIS	46
revonto	24	scopolamine base	57	SOLTAMOX	17
REXULTI	32	SECUADO	33	SOMATULINE DEPOT	17
REYATAZ	4	SEGLUROMET	52	SOMAVERT	54
RHOPRESSA	69	selegiline hcl	22	sorine	34
ribavirin	4	selenium sulfide	41	sotalol	34
RIDAURA	64	SELZENTRY	4		
rifabutin	8	SEREVENT DISKUS	73		
rifampin	8	sertraline	33		
riluzole	46				

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sotalol af	34	SUTENT	17	TECHLITE PEN NEEDLE ..	53
SOTYLIZE	34	syeda	67	TEFLARO	6
SPIRIVA RESPIMAT	74	SYLATRON	60	TEKTURN HCT	37
SPIRIVA WITH		SYLVANT	17	telmisartan	37
HANDIHALER	74	SYMBICORT	74	telmisartan-amlodipine	37
spironolactone	37	SYMDEKO	74	telmisartan-hydrochlorothiazid	37
spironolacton-hydrochlorothiaz	37	SYMFI	4	TEMIXYS	4
sprintec (28)	67	SYMFI LO	4	TEMODAR	18
SPRITAM	21	SYMJEPI	71	temsirolimus	18
SPRYCEL	17	SYMLINPEN 120	52	TENIVAC (PF)	62
sps (with sorbitol)	46	SYMLINPEN 60	52	tenofovir disoproxil fumarate ..	4
sronyx	67	SYMPAZAN	22	terazosin	37
ssd	42	SYMPROIC	58	terbinafine hcl	2
STAMARIL (PF)	62	SYMTUZA	4	terbutaline	74
stavudine	4	SYNAGIS	4	terconazole	66
STEGLATRO	52	SYNAREL	54	TERIPARATIDE	63
STELARA	41	SYNERCID	8	testosterone	55
STIMATE	54	SYNRIBO	17	testosterone cypionate	54
STIOLTO RESPIMAT	74	T		testosterone enanthate	55
STIVARGA	17	TABLOID	17	TETANUS,DIPHThERIA	
STRENSIQ	54	TABRECTA	18	TOX PED(PF)	62
STREPTOMYCIN	8	tacrolimus	18, 42	tetrabenazine	24
STRIBILD	4	tadalafil	75	tetracycline	10
STRIVERDI RESPIMAT	74	tadalafil (pulmonary arterial		THALOMID	18
SUBOXONE	29	hypertension) oral tablet 20		THEO-24	74
subvenite	21	mg	74	theophylline	74
subvenite starter (blue) kit ...	21	TAFINLAR	18	THIOLA	46
subvenite starter (green) kit ..	22	TAGRISSO	18	THIOLA EC	46
subvenite starter (orange) kit ..	22	TALZENNA	18	thioridazine	33
SUCRAID	57	tamoxifen	18	thiotepa	18
sucralfate	59	tamsulosin	75	thiothixene	33
sulfacetamide sodium	69	TARGRETIN	18	tiadylt er	37
sulfacetamide sodium (acne) ..	43	tarina 24 fe	67	tiagabine	22
sulfacetamide-prednisolone ..	69	tarina fe 1/20 (28)	67	TIBSOVO	18
sulfadiazine	10	tarina fe 1-20 eq (28)	67	TICE BCG	62
sulfamethoxazole-trimethoprim	10	TASIGNA	18	tigecycline	8
SULFAMYLON	43	tazarotene	43	tilia fe	67
sulfasalazine	58	tazicef	6	timolol maleate	37, 68
sulfatrim	10	TAZORAC	43	tinidazole	8
sulindac	29	taztia xt	37	TIVICAY	4
sumatriptan	23	TAZVERIK	18	TIVICAY PD	4
sumatriptan succinate	23	TDVAX	62	tizanidine	24
sumatriptan-naproxen	23	TECENTRIQ	18	TOBI PODHALER	8
SUPRAX	6	TECFIDERA	24	tobramycin	8, 68
SUPREP BOWEL PREP KIT		TECHLITE INSULIN SYR		tobramycin in 0.225 % nacl	8
.....	58	HALF UNIT	52	tobramycin sulfate	8
		TECHLITE INSULIN		tobramycin-dexamethasone ..	70
		SYRINGE	52		

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

TOLAK	42	tri-legest fe.....	67	valganciclovir	4
tolcapone	22	tri-linyah	67	valproate sodium	22
tolmetin.....	29	tri-lo-estarylla	67	valproic acid	22
tolterodine.....	74	tri-lo-marzia.....	67	valproic acid (as sodium salt)	
tolvaptan	55	tri-lo-sprintec	67	.....	22
topiramate.....	22	trilyte with flavor packets.....	58	valrubicin	18
toposar	18	trimethoprim	10	valsartan.....	37
topotecan	18	trimipramine	33	valsartan-hydrochlorothiazide	
toremifene.....	18	TRINTELLIX.....	33	.....	37
TORISEL	18	tri-previfem (28).....	68	VALSTAR.....	18
torsemide	37	TRISENOX	18	VALTOCO	22
TOUJEO MAX U-300		tri-sprintec (28).....	68	vancomycin.....	8
SOLOSTAR	53	TRIUMEQ.....	4	VANCOMYCIN.....	8
TOUJEO SOLOSTAR U-300		trivora (28).....	68	VANCOMYCIN IN 0.9 %	
INSULIN	53	TRODELVY	18	SODIUM CHL	8
tovet emollient.....	45	TROGARZO	4	vandazole	66
TOVIAZ	74	TROPHAMINE 10 %	78	VANTAS	18
TRADJENTA.....	53	tropium.....	74	VAQTA (PF)	62
tramadol.....	29	TRUEPLUS INSULIN.....	53	VARIVAX (PF).....	62
tramadol-acetaminophen	29	TRUEPLUS PEN NEEDLE.....	53	VARIZIG.....	62
trandolapril	37	TRULANCE.....	58	VARUBI.....	58
trandolapril-verapamil	37	TRULICITY.....	53	VASCEPA.....	39
tranexamic acid	66	TRUMENBA.....	62	VECAMEYL	40
tranlycypromine	33	TRUVADA	4	VECTIBIX	18
travasol 10 %.....	78	TRUXIMA	18	VELCADE	18
TRAVATAN Z	70	TUKYSA.....	18	veletri	37
travoprost.....	70	tulana	65	velivet triphasic regimen (28)	
TRAZIMERA.....	18	TWINRIX (PF).....	62	.....	68
trazodone	33	TYKERB	18	VELTASSA.....	46
TREANDA.....	18	TYMLOS.....	63	VEMLIDY	4
TRECTOR.....	8	TYPHIM VI	62	VENCLEXTA	18
TRELSTAR.....	18	TYSABRI.....	24	VENCLEXTA STARTING	
treprostinil sodium.....	37	TYVASO.....	74	PACK	19
tretinoin (antineoplastic)	18	TYVASO INSTITUTIONAL		venlafaxine	33
tretinoin topical	43	START KIT.....	74	verapamil	37
tri femynor.....	67	TYVASO REFILL KIT.....	74	VERSACLOZ.....	33
triamcinolone acetonide 45, 47,		TYVASO STARTER KIT ..	74	VERZENIO	19
48		U		V-GO 20	53
triamterene.....	37	UBRELVY	23	V-GO 30	53
triamterene-hydrochlorothiazid		ULORIC	62	V-GO 40	53
.....	37	unithroid	55	VIBATIV	8
trianex.....	45	UNITUXIN	18	VIBERZI	58
triderm	45	UPTRAVI.....	37	VIBRAMYCIN	10
trientine.....	46	ursodiol	58	VICTOZA 2-PAK	53
tri-estarylla	67	UVADEX	42	VICTOZA 3-PAK	53
trifluoperazine	33	V		vienna	68
trifluridine.....	68	valacyclovir	4	vigabatrin	22
TRIKAFTA	74	VALCHLOR	42	vigadrone	22

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

VIIBRYD	33	XCOPRI TITRATION PACK	22	ZENPEP	58
VIMIZIM	55	XELJANZ	64	ZENZEDI	33
VIMPAT	22	XELJANZ XR	64	ZEPOSIA	24
vinblastine	19	XERESE	44	ZEPOSIA STARTER KIT ...	24
vincasar pfs	19	XERMELO	19	ZEPOSIA STARTER PACK	24
vincristine	19	XGEVA	11	ZEPZELCA	19
vinorelbine	19	XIAFLEX	47	zidovudine	4
VIOKACE	58	XIFAXAN	8	ZIEXTENZO	60
viorele (28)	68	XIGDUO XR	53	ZIOPTAN (PF)	70
VIRACEPT	4	XOFLUZA	4	ziprasidone hcl	33
VIREAD	4	XOLAIR	74	ziprasidone mesylate	33
VISTOGARD	11	XOSPATA	19	ZIRABEV	19
VITRAKVI	19	XPOVIO	19	ZIRGAN	68
VIVITROL	29	XTANDI	19	ZOLADEX	19
VIZIMPRO	19	xulane	66	zoledronic acid	55
voriconazole	2	XULTOPHY 100/3.6	53	zoledronic acid-mannitol-water	47, 55
VOTRIENT	19	XURIDEN	47	ZOLINZA	19
VRAYLAR	33	XYREM	33	zolmitriptan	23
VUMERITY	24	Y		zolpidem	34
VYNDAMAX	40	YERVOY	19	zonisamide	22
VYNDAQEL	40	YF-VAX (PF)	62	ZONTIVITY	39
VYXEOS	19	YONDELIS	19	ZORTRESS	19
W		YONSA	19	ZOSTAVAX (PF)	62
warfarin	38	yuvaferm	65	zovia 1/35e (28)	68
water for irrigation, sterile	47	Z		ZUBSOLV	29
wera (28)	68	zafirlukast	74	zumandimine (28)	68
X		zaleplon	33	ZYDELIG	19
XALKORI	19	ZALTRAP	19	ZYFLO	74
XARELTO	38	ZANOSAR	19	ZYKADIA	19
XARELTO DVT-PE TREAT		zarah	68	ZYLET	70
30D START	39	ZARXIO	60	ZYPREXA RELPREVV	34
XATMEP	19	ZEJULA	19	ZYTIGA	19
XCOPRI	22	ZELBORAF	19		
XCOPRI MAINTENANCE		zenatane	43		
PACK	22				

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

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-833-230-2020 TTY:711.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-833-230-2020 TTY:711.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-833-230-2020 TTY:711 ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သိမဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-833-230-2020 TTY:711 ဤတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-833-230-2020 TTY:711。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-833-230-2020 TTY:711 tiin bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-833-230-2020 TTY:711.

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-833-230-2020 TTY:711.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-833-230-2020 TTY:711 an.

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે iથી કોઈને CareSource વિશે પ્રશ્નો ધોર તો તમને મદદ અને મે ઉડતી મેળિની આવિકર છ. તે અથ વિન તમ રી ભ ધ મ i પ્ર પ્ત કરી શક ર છ. દ ભ વપરો તિ કરિ મ દે, આ 1-833-230-2020 TTY:711 પર કોલ કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, 1-833-230-2020 TTY:711.

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-833-230-2020 TTY:711.

JAPANESE

ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます (無償)。通訳をご利用の場合は、1-833-230-2020 TTY:711 にご連絡ください。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받을 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-833-230-2020 TTY:711.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegie, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-833-230-2020 TTY:711 uffrue.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-833-230-2020 TTY:711.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-833-230-2020 TTY:711.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-833-230-2020 TTY:711.

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-833-230-2020 TTY:711.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-833-230-2020 TTY:711.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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

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

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



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This formulary was updated on 12/2020

For more recent information or other questions, please contact CareSource Dual Advantage Member Services at **1-833-230-2020** or TTY **711**, 8 a.m. – 8 p.m. Monday through Friday, and from Oct. 1 – March 31, the same hours seven days a week, or visit **CareSource.com/Medicare**.