Anthem BlueCross BlueShield

Anthem MediBlue Plus (HMO)

2018 Formulary (List of Covered Drugs)

Please read:
This document contains information about the drugs we cover in this plan.

This formulary was updated on October 1, 2018. For more recent information or other questions, please contact Anthem MediBlue Plus (HMO) Customer Service, at **1-855-251-8827** or, for TTY users, **711,** 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30., or visit **https://shop.anthem.com/medicare**.

H9954_002
Y0114_18_31139_U_169 CMS Accepted 08/13/2017 Core_18355_CG6_v17_1811_1

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 Anthem Blue Cross and Blue Shield. When it refers to "plan" or "our plan," it means Anthem MediBlue Plus (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of November 1, 2018. 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, 2019, and from time to time during the year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

What is the Anthem MediBlue Plus (HMO) formulary?

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

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step-therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2018. 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. If any other type of approved formulary change (nonmaintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 8. 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, Hypertension/ Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 8. 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 68. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for *donepezil*. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Anthem MediBlue Plus (HMO)'s formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Anthem MediBlue Plus (HMO)'s 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 predetermined 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 approved this would lower the amount you must pay for your drug.

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may

be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term-care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the Evidence of Coverage for more information about exceptions.

For more information

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

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

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

Our plan's formulary

The formulary on page 8 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 68.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SPIRIVA) and generic drugs are listed in lowercase italics (e.g., *atenolol*).

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

QLL – Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PAR – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D – Part B vs. Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-855-251-8827, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday

(except holidays) from February 15 through September 30. TTY/TDD users should call 711.

INJ – Injectable: The drug is available in injectable form.

MO – Mail Orders: Prescription drugs available through mail order.

CG – Coverage Gap: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Cost-sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1: Preferred Generic	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	$4.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	$9.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	$15.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	$20.00
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	$42.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	$47.00
Cost-Sharing Tier 4: Nonpreferred Drugs	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	$95.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	$100.00
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	33%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	33%
Cost-Sharing Tier 6: Select Care Drugs	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	$0.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	$0.00

Please refer to our Evidence of Coverage for more information on cost sharing.

Network Pharmacy with preferred cost-sharing – A network pharmacy that offers covered drugs to members of our plan that may have lower cost-sharing levels than other network pharmacies with standard cost-sharing.
* A long-term supply is not available for drugs in the Tier 5: Specialty Tier
** Mail-Order Pharmacy – Mail-order service allows you to order a 30–90-day supply of drugs. The drugs available through our plan's mail-order service are marked as "mail-order" drugs in our drug list.

Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).
Brand-name drugs are shown in capital letters (e.g., SPIRIVA).

QLL – Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PAR – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D – Part B vs. Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-855-251-8827, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

INJ – Injectable: The drug is available in injectable form.

MO – Mail Orders: Prescription drugs available through mail order.

CG – Coverage Gap: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements /Limits
Anti - Infectives		
abacavir oral solution	4	MO; QLL (960 per 30 days)
abacavir oral tablet	4	MO; QLL (60 per 30 days)
abacavir-lamivudine	5	MO; QLL (30 per 30 days)
abacavir-lamivudine-zidovudine	5	MO; QLL (60 per 30 days)
ABELCET	5	B/D PAR; MO
acyclovir oral capsule	2	MO
acyclovir oral suspension 200 mg/5 ml	4	MO
acyclovir oral tablet	2	MO
acyclovir sodium 50 mg/ml intravenous solution	4	B/D PAR; MO
adefovir	5	PAR; MO
ALBENZA	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	MO; QLL (180 per 30 days)
ALINIA ORAL TABLET	5	MO; QLL (6 per 30 days)
amantadine hcl	3	MO
AMBISOME	5	B/D PAR; MO
AMIKACIN INJECTION SOLUTION 1,000 MG/4 ML	4	MO
amikacin injection solution 500 mg/2 ml	4	MO
amoxicillin oral capsule	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet, chewable 125 mg	2	MO
amoxicillin oral tablet, chewable 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/ 5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	3	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/ 5 ml	4	MO
amoxicillin-pot clavulanate oral tablet 250-125 mg	3	MO
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	2	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr	4	MO
amoxicillin-pot clavulanate oral tablet,chewable	3	MO
amphotericin b	4	B/D PAR; MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection	4	MO
ampicillin sodium intravenous	4	
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	4	MO
ampicillin-sulbactam injection recon soln 15 gram	4	
ampicillin-sulbactam intravenous recon soln 1.5 gram	4	
ampicillin-sulbactam intravenous recon soln 3 gram	4	MO
APTIVUS ORAL CAPSULE	5	MO; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	5	QLL (380 per 30 days)
atazanavir oral capsule 150 mg, 200 mg	5	MO; QLL (60 per 30 days)
atazanavir oral capsule 300 mg	5	MO; QLL (30 per 30 days)
atovaquone	5	PAR; MO
atovaquone-proguanil	4	MO
ATRIPLA	5	MO; QLL (30 per 30 days)
azithromycin intravenous	4	MO
azithromycin oral packet	3	MO
azithromycin oral suspension for reconstitution 100 mg/5 ml	4	MO
azithromycin oral suspension for reconstitution 200 mg/5 ml	2	MO
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	MO
azithromycin oral tablet 500 mg, 600 mg	2	MO
aztreonam	4	MO
BARACLUDE ORAL SOLUTION	5	PAR; MO
BICILLIN C-R	4	MO
BICILLIN L-A	4	MO
BIKTARVY	5	MO; QLL (30 per 30 days)
CANCIDAS	5	B/D PAR; MO
CAPASTAT	4	
CAYSTON	5	PAR; MO; LA
cefaclor oral capsule	3	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	MO
cefaclor oral suspension for reconstitution 375 mg/5 ml	2	
cefaclor oral tablet extended release 12 hr	3	MO
cefadroxil oral capsule	2	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	3	MO
cefadroxil oral tablet	4	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml	4	MO
cefazolin injection recon soln 1 gram	4	MO
cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g	4	
cefazolin injection recon soln 500 mg	3	MO
cefazolin intravenous	4	
cefdinir oral capsule	2	MO
cefdinir oral suspension for reconstitution	4	MO
cefepime	4	MO
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml	4	
cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml	4	MO
cefotaxime injection recon soln 1 gram, 2 gram, 500 mg	4	
cefotetan	4	
cefoxitin in dextrose, iso-osm	4	
cefoxitin intravenous recon soln 1 gram, 2 gram	4	MO
cefoxitin intravenous recon soln 10 gram	4	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml	4	MO
cefpodoxime oral suspension for reconstitution 50 mg/5 ml	3	MO
cefpodoxime oral tablet 100 mg	3	MO
cefpodoxime oral tablet 200 mg	4	MO
cefprozil oral suspension for reconstitution	3	MO
cefprozil oral tablet 250 mg	2	MO
cefprozil oral tablet 500 mg	3	MO
CEFTAZIDIME IN D5W	4	
ceftazidime injection recon soln 1 gram, 2 gram	4	MO
ceftazidime injection recon soln 6 gram	4	
ceftriaxone in dextrose,iso-os	4	MO
ceftriaxone injection recon soln 1 gram, 250 mg	3	MO
ceftriaxone injection recon soln 10 gram	4	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	4	
ceftriaxone injection recon soln 2 gram, 500 mg	4	MO
ceftriaxone intravenous recon soln 1 gram	3	MO
ceftriaxone intravenous recon soln 2 gram	4	MO
cefuroxime axetil oral tablet 250 mg	1	MO
cefuroxime axetil oral tablet 500 mg	2	MO
cefuroxime sodium injection recon soln 750 mg	4	MO
cefuroxime sodium intravenous recon soln 1.5 gram	4	MO
cefuroxime sodium intravenous recon soln 7.5 gram	4	
cephalexin oral capsule 250 mg, 500 mg	1	MO
cephalexin oral suspension for reconstitution 125 mg/5 ml	1	MO
cephalexin oral suspension for reconstitution 250 mg/5 ml	2	MO
cephalexin oral tablet	1	MO
chloramphenicol sod succinate	4	
chloroquine phosphate	2	MO
cidofovir	5	B/D PAR; MO
CIMDUO	5	MO; QLL (30 per 30 days)
ciprofloxacin er oral tablet, er multiphase 24 hr 1,000 mg	3	MO
ciprofloxacin er oral tablet, er multiphase 24 hr 500 mg	2	MO
ciprofloxacin hcl oral tablet 100 mg, 750 mg	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	MO
ciprofloxacin in 5 % dextrose	4	MO
ciprofloxacin oral suspension	4	
clarithromycin oral suspension for reconstitution 125 mg/5 ml	2	MO
clarithromycin oral suspension for reconstitution 250 mg/5 ml	4	MO
clarithromycin oral tablet	3	MO
clarithromycin oral tablet extended release 24 hr	3	MO
clindamycin hcl	2	MO
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml	4	MO
clindamycin in 5 % dextrose intravenous piggyback 900 mg/50 ml	3	MO
clindamycin phosphate injection	4	MO
clindamycin phosphate intravenous	4	
clotrimazole mucous membrane	3	MO
COARTEM	4	MO
colistin (colistimethate na)	4	MO
COMPLERA	5	MO; QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	MO; QLL (180 per 30 days)
CUBICIN	5	MO
dapsone oral	3	MO
daptomycin intravenous recon soln 500 mg	5	MO
DARAPRIM	3	MO
demeclocycline	4	MO
DESCOVY	5	MO; QLL (30 per 30 days)
dicloxacillin	2	MO
didanosine oral capsule, delayed release(dr/ec) 200 mg	3	MO; QLL (60 per 30 days)
didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg	3	MO; QLL (30 per 30 days)
DIFICID	5	PAR; MO
DORIPENEM	4	
doxy-100	4	MO
doxycycline hyclate intravenous	4	
doxycycline hyclate oral capsule	3	MO
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	3	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	MO
doxycycline monohydrate oral suspension for reconstitution	3	MO
doxycycline monohydrate oral tablet 100 mg	2	MO
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	3	MO
e.e.s. 400 oral tablet	3	MO
EDURANT	5	MO; QLL (30 per 30 days)
efavirenz oral capsule 200 mg	4	MO; QLL (120 per 30 days)
efavirenz oral capsule 50 mg	4	MO; QLL (360 per 30 days)
efavirenz oral tablet	5	MO; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	4	MO; QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	MO; QLL (850 per 30 days)
entecavir	5	PAR; MO
EPCLUSA	5	PAR; MO; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EPIVIR ORAL SOLUTION	4	MO; QLL (960 per 30 days)
EPZICOM	5	MO; QLL (30 per 30 days)
ertapenem	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	3	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	MO
erythrocin (as stearate) oral tablet 250 mg	3	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	MO
erythromycin ethylsuccinate oral tablet	3	MO
erythromycin oral capsule, delayed release(dr/ec)	2	MO
erythromycin oral tablet	4	MO
ethambutol	4	MO
EVOTAZ	5	MO; QLL (30 per 30 days)
famciclovir oral tablet 125 mg, 250 mg	3	MO; QLL (60 per 30 days)
famciclovir oral tablet 500 mg	3	MO; QLL (21 per 7 days)
fluconazole in dextrose(iso-o)	4	
FLUCONAZOLE IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	4	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	4	MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	4	
fluconazole oral suspension for reconstitution 10 mg/ml	3	MO
fluconazole oral suspension for reconstitution 40 mg/ml	4	MO
fluconazole oral tablet 100 mg, 150 mg, 50 mg	2	MO
fluconazole oral tablet 200 mg	3	MO
flucytosine oral capsule 250 mg	4	MO
flucytosine oral capsule 500 mg	5	MO
fosamprenavir	5	MO; QLL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QLL (60 per 30 days)
ganciclovir sodium intravenous recon soln	3	B/D PAR; MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml	3	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	
gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 90 mg/100 ml	4	
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/50 ml	4	MO
gentamicin injection solution 20 mg/2 ml	4	MO
gentamicin injection solution 40 mg/ml	3	MO
gentamicin sulfate (ped) (pf)	4	MO
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	4	MO
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	4	
GENVOYA	5	MO; QLL (30 per 30 days)
griseofulvin microsize	4	MO
griseofulvin ultramicrosize	4	MO
HARVONI	5	PAR; MO; QLL (28 per 28 days)
hydroxychloroquine	2	MO
imipenem-cilastatin intravenous recon soln 250 mg	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
imipenem-cilastatin intravenous recon soln 500 mg	4	MO
INTELENCE ORAL TABLET 100 MG	5	MO; QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QLL (480 per 30 days)
INVANZ INJECTION	4	MO
INVANZ INTRAVENOUS	4	
INVIRASE ORAL CAPSULE	5	QLL (300 per 30 days)
INVIRASE ORAL TABLET	5	MO; QLL (120 per 30 days)
ISENTRESS HD	5	MO; QLL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	5	MO; QLL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; QLL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO; QLL (720 per 30 days)
isoniazid injection	4	
isoniazid oral solution	4	MO
isoniazid oral tablet 100 mg	1	MO
isoniazid oral tablet 300 mg	2	MO
itraconazole oral capsule	4	PAR; MO
ivermectin	3	MO
JULUCA	5	MO; QLL (30 per 30 days)
KALETRA ORAL SOLUTION	4	MO; QLL (480 per 30 days)
KALETRA ORAL TABLET 100-25 MG	4	MO; QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	MO; QLL (120 per 30 days)
ketoconazole oral	3	MO
lamivudine oral solution	4	MO; QLL (960 per 30 days)
lamivudine oral tablet 100 mg	4	MO
lamivudine oral tablet 150 mg	4	MO; QLL (60 per 30 days)
lamivudine oral tablet 300 mg	4	MO; QLL (30 per 30 days)
lamivudine-zidovudine	4	MO; QLL (60 per 30 days)
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	4	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	4	MO
levofloxacin intravenous	4	MO
levofloxacin oral solution	4	MO
levofloxacin oral tablet 250 mg, 500 mg	1	MO
levofloxacin oral tablet 750 mg	2	MO
LEXIVA ORAL SUSPENSION	4	MO; QLL (1800 per 30 days)
LEXIVA ORAL TABLET	5	MO; QLL (120 per 30 days)
LINCOCIN	4	MO
lincomycin	4	
linezolid in dextrose 5%	4	
linezolid oral suspension for reconstitution	4	PAR; MO; QLL (1800 per 30 days)
linezolid oral tablet	5	PAR; MO; QLL (60 per 30 days)
linezolid-0.9% sodium chloride	5	
lopinavir-ritonavir	4	MO; QLL (480 per 30 days)
MALARONE	4	MO
mefloquine	2	MO
meropenem	4	MO
methenamine hippurate	4	MO
methenamine mandelate	2	MO
metro i.v.	4	MO
metronidazole in nacl (iso-os)	3	MO
metronidazole oral capsule	4	MO
metronidazole oral tablet	2	MO
minocycline oral capsule	2	MO
minocycline oral tablet	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
morgidox oral capsule 50 mg	4	MO
moxifloxacin oral	3	MO
MYCAMINE INTRAVENOUS RECON SOLN 100 MG	5	MO
MYCAMINE INTRAVENOUS RECON SOLN 50 MG	4	MO
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	4	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	4	MO
nafcillin injection recon soln 1 gram, 2 gram	4	MO
nafcillin injection recon soln 10 gram	5	MO
nafcillin intravenous	4	MO
NEBUPENT	3	B/D PAR; MO
neomycin	2	MO
nevirapine oral suspension	4	QLL (1200 per 30 days)
nevirapine oral tablet	2	MO; QLL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	4	MO
nevirapine oral tablet extended release 24 hr 400 mg	4	MO; QLL (30 per 30 days)
nitrofurantoin	4	PAR; MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	4	PAR; MO
nitrofurantoin monohyd/m-cryst	4	PAR; MO
NORVIR ORAL CAPSULE	4	QLL (360 per 30 days)
NORVIR ORAL POWDER IN PACKET	4	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	4	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	3	MO; QLL (360 per 30 days)
NOXAFIL ORAL	5	PAR; MO
nystatin oral suspension	2	MO
nystatin oral tablet	2	MO
ODEFSEY	5	MO; QLL (30 per 30 days)
ofloxacin oral tablet 300 mg	3	
ofloxacin oral tablet 400 mg	3	MO
oseltamivir	3	MO
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	4	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	5	MO
oxacillin injection recon soln 1 gram	4	
oxacillin injection recon soln 10 gram	5	
oxacillin injection recon soln 2 gram	4	MO
paromomycin	4	MO
PASER	4	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	4	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	4	MO
penicillin g potassium	4	MO
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	4	MO
penicillin g procaine intramuscular syringe 600, 000 unit/ml	4	
penicillin g sodium	4	MO
penicillin v potassium	1	MO
PENTAM	4	MO
pfizerpen-g	4	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
polymyxin b sulfate	4	MO
PREZCOBIX	5	MO; QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QLL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QLL (300 per 30 days)
PRIFTIN	4	MO
PRIMAQUINE	3	MO
pyrazinamide	4	MO
quinine sulfate	4	PAR; MO
RELENZA DISKHALER	3	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	4	MO; QLL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	MO; QLL (360 per 30 days)
RETROVIR INTRAVENOUS	4	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG	5	MO; QLL (60 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	5	MO; QLL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET	4	MO; QLL (240 per 30 days)
ribasphere oral capsule	4	MO
ribasphere oral tablet 200 mg	4	MO
ribavirin oral capsule	4	MO
ribavirin oral tablet 200 mg	5	MO
rifabutin	4	MO
rifampin	4	MO
RIFATER	4	MO
rimantadine	3	MO
ritonavir	3	MO; QLL (360 per 30 days)
SELZENTRY ORAL SOLUTION	5	MO; QLL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	MO; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	4	MO; QLL (60 per 30 days)
SIRTURO	5	PAR; MO; LA
SIVEXTRO INTRAVENOUS	5	PAR
SIVEXTRO ORAL	5	PAR; MO; QLL (6 per 30 days)
stavudine oral capsule 15 mg	3	MO; QLL (120 per 30 days)
stavudine oral capsule 20 mg	4	MO; QLL (120 per 30 days)
stavudine oral capsule 30 mg	3	MO; QLL (60 per 30 days)
stavudine oral capsule 40 mg	4	MO; QLL (60 per 30 days)
STREPTOMYCIN	4	MO
STRIBILD	5	MO; QLL (30 per 30 days)
STROMECTOL	3	MO
sulfadiazine	4	MO
sulfamethoxazole-trimethoprim intravenous	3	MO
sulfamethoxazole-trimethoprim oral suspension	2	MO
sulfamethoxazole-trimethoprim oral tablet	1	MO
SUSTIVA ORAL CAPSULE 200 MG	4	MO; QLL (120 per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	4	MO; QLL (360 per 30 days)
SUSTIVA ORAL TABLET	5	MO; QLL (30 per 30 days)
SYMFI	5	MO; QLL (30 per 30 days)
SYMFI LO	5	MO; QLL (30 per 30 days)
SYNAGIS	5	PAR; MO; LA
SYNERCID	5	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG	3	MO
tamiflu oral capsule 75 mg	3	MO
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
TECHNIVIE	5	PAR; MO; QLL (56 per 28 days)
TEFLARO	5	MO
tenofovir disoproxil fumarate	5	MO; QLL (30 per 30 days)
terbinafine hcl oral	2	MO
tetracycline	4	MO
TIGECYCLINE	5	
tinidazole oral tablet 250 mg	2	MO
tinidazole oral tablet 500 mg	4	MO
TIVICAY ORAL TABLET 10 MG	4	MO; QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QLL (60 per 30 days)
tobramycin in 0.225% nacl for nebulization	5	B/D PAR; MO; QLL (280 per 28 days)
tobramycin sulfate injection recon soln	4	
tobramycin sulfate injection solution	4	MO
TRECATOR	4	MO
trimethoprim	2	MO
TRIUMEQ	5	MO; QLL (30 per 30 days)
TROGARZO	5	MO; QLL (10.64 per 28 days)
TRUVADA	5	MO; QLL (30 per 30 days)
TYBOST	3	MO; QLL (30 per 30 days)
valacyclovir oral tablet 1 gram	3	MO; QLL (30 per 30 days)
valacyclovir oral tablet 500 mg	3	MO; QLL (60 per 30 days)
valganciclovir oral tablet	5	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	B/D PAR
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/ 200 ML	4	B/D PAR; MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4	B/D PAR
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	4	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	4	B/D PAR; MO
vancomycin oral capsule 125 mg	4	PAR; MO; QLL (40 per 10 days)
vancomycin oral capsule 250 mg	5	PAR; MO; QLL (80 per 10 days)
VIDEX 2 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG	4	MO; QLL (90 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	MO; QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	MO; QLL (120 per 30 days)
VIRAMUNE ORAL SUSPENSION	4	MO; QLL (1200 per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO
VIREAD ORAL POWDER	5	MO; QLL (240 per 30 days)
VIREAD ORAL TABLET	5	MO; QLL (30 per 30 days)
voriconazole intravenous	4	MO
voriconazole oral suspension for reconstitution	5	PAR; MO
voriconazole oral tablet 200 mg	5	PAR; MO
voriconazole oral tablet 50 mg	4	PAR; MO

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Drug Name	Drug Tier	Requirements /Limits
VOSEVI	5	PAR; MO; QLL (30 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PAR; MO; QLL (84 per 28 days)
ZERIT ORAL RECON SOLN	4	MO; QLL (2400 per 30 days)
ZIAGEN ORAL SOLUTION	4	MO; QLL (960 per 30 days)
zidovudine oral capsule	4	MO; QLL (180 per 30 days)
zidovudine oral syrup	2	MO; QLL (1920 per 30 days)
zidovudine oral tablet	2	MO; QLL (60 per 30 days)
ZITHROMAX ORAL PACKET	4	MO
ZITHROMAX ORAL TABLET 250 MG	4	MO
ZITHROMAX Z-PAK	4	MO
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	5	
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	5	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	5	PAR; MO; QLL (1800 per 30 days)
Antineoplastic / Immunosuppressant Drugs		
ABRAXANE	5	PAR; MO
adriamycin intravenous recon soln 10 mg	4	B/D PAR
adriamycin intravenous solution	4	B/D PAR
adrucil intravenous solution 2.5 gram/50 ml	4	B/D PAR
adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml	4	B/D PAR; MO
AFINITOR	5	PAR; MO
AFINITOR DISPERZ	5	PAR; MO
ALECENSA	5	PAR; MO; QLL (240 per 30 days)
ALIMTA	5	PAR; MO
ALIQOPA	5	PAR; MO; LA
ALKERAN ORAL	4	B/D PAR; MO
ALUNBRIG ORAL TABLET 180 MG	5	PAR; MO; QLL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PAR; MO; QLL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PAR; MO; QLL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PAR; MO; QLL (30 per 180 days)
anastrozole	2	MO; QLL (30 per 30 days)
ARRANON	4	B/D PAR
ARZERRA	5	PAR; MO
AVASTIN	5	PAR; MO
azacitidine	5	PAR; MO
azathioprine	2	B/D PAR; MO
azathioprine sodium	4	B/D PAR
BAVENCIO	5	PAR; MO; LA
BELEODAQ	5	PAR; MO
BENDEKA	5	B/D PAR; MO
BESPONSA	5	B/D PAR; MO
bexarotene	5	PAR; MO
bicalutamide	3	MO; QLL (30 per 30 days)
BICNU	5	B/D PAR; MO
bleomycin	4	B/D PAR; MO
BLINCYTO INTRAVENOUS KIT	5	PAR; MO
BORTEZOMIB	5	PAR; MO
BOSULIF ORAL TABLET 100 MG	5	PAR; MO; QLL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PAR; MO; QLL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PAR; MO; QLL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PAR; MO; QLL (180 per 30 days)
busulfan	4	B/D PAR
BUSULFEX	4	B/D PAR
CABOMETYX ORAL TABLET 20 MG	5	PAR; MO; LA; QLL (90 per 30 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PAR; MO; LA; QLL (30 per 30 days)
CALQUENCE	5	PAR; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
CAPRELSA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PAR; MO; LA; QLL (30 per 30 days)
carboplatin intravenous solution	4	B/D PAR; MO
CELLCEPT INTRAVENOUS	4	B/D PAR; MO
cisplatin	4	B/D PAR; MO
cladribine	5	B/D PAR; MO
clofarabine	5	
CLOLAR	5	B/D PAR
COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1)	5	PAR; MO; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3)	5	PAR; MO; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PAR; MO; QLL (84 per 28 days)
COSMEGEN	5	B/D PAR; MO
COTELLIC	5	PAR; MO; LA; QLL (90 per 30 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE	4	B/D PAR; MO
cyclosporine intravenous	4	B/D PAR
cyclosporine modified oral capsule	4	B/D PAR; MO
cyclosporine modified oral solution	5	B/D PAR; MO
cyclosporine oral capsule	4	B/D PAR; MO
CYRAMZA	5	PAR; MO
cytarabine	4	B/D PAR; MO
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	4	B/D PAR; MO
cytarabine (pf) injection solution 20 mg/ml	4	B/D PAR
dacarbazine	4	B/D PAR; MO
dactinomycin	5	B/D PAR
DARZALEX	5	PAR; MO; LA
daunorubicin intravenous solution	4	B/D PAR
decitabine	5	B/D PAR; MO
dexrazoxane hcl intravenous recon soln 250 mg	5	
dexrazoxane hcl intravenous recon soln 500 mg	5	MO
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)	5	B/D PAR
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)	5	B/D PAR; MO
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PAR
doxorubicin intravenous recon soln 10 mg	4	B/D PAR
doxorubicin intravenous recon soln 50 mg	4	B/D PAR; MO
doxorubicin intravenous solution	4	B/D PAR; MO
doxorubicin, peg-liposomal	5	PAR; MO
DROXIA	3	MO
ELITEK	5	PAR; MO
EMCYT	5	MO
EMPLICITI	5	PAR; MO
ENVARSUS XR	4	B/D PAR; MO
epirubicin intravenous solution	4	B/D PAR; MO
ERBITUX	5	PAR; MO
ERIVEDGE	5	PAR; MO; QLL (30 per 30 days)
ERLEADA	5	PAR; MO
ERWINAZE	5	PAR; MO
ETOPOPHOS	5	B/D PAR; MO
etoposide intravenous	3	B/D PAR; MO
EVOMELA	5	B/D PAR; MO
exemestane	4	MO; QLL (60 per 30 days)
FARESTON	5	MO; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
FARYDAK ORAL CAPSULE 10 MG	5	PAR; MO; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PAR; MO; QLL (30 per 30 days)
FASLODEX	5	PAR; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PAR; MO; QLL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PAR; MO; QLL (1 per 28 days)
fludarabine intravenous recon soln	4	B/D PAR; MO
fludarabine intravenous solution	4	B/D PAR
fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml	4	B/D PAR; MO
fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml	3	B/D PAR; MO
flutamide	4	MO
FOLOTYN	5	B/D PAR; MO
FUSILEV	5	PAR; MO
GAZYVA	5	PAR; MO
gemcitabine intravenous recon soln 1 gram, 200 mg	5	B/D PAR; MO
gemcitabine intravenous recon soln 2 gram	5	B/D PAR
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	5	B/D PAR; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	5	B/D PAR
gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)	5	B/D PAR
gengraf oral capsule 100 mg, 25 mg	4	B/D PAR; MO
gengraf oral solution	4	B/D PAR; MO
GILOTRIF	5	PAR; MO; QLL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	5	PAR; MO; QLL (240 per 30 days)
GLEEVEC ORAL TABLET 400 MG	5	PAR; MO; QLL (60 per 30 days)
GLEOSTINE	4	PAR; MO
HALAVEN	5	PAR; MO
HERCEPTIN	5	B/D PAR; MO
HEXALEN	5	MO
hydroxyurea	2	MO
IBRANCE	5	PAR; MO; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PAR; MO; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PAR; MO; QLL (30 per 30 days)
idarubicin	5	B/D PAR
IDHIFA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PAR; MO; LA; QLL (60 per 30 days)
IFEX	4	B/D PAR; MO
ifosfamide intravenous recon soln	4	B/D PAR; MO
ifosfamide intravenous solution	4	B/D PAR
imatinib oral tablet 100 mg	5	PAR; MO; QLL (240 per 30 days)
imatinib oral tablet 400 mg	5	PAR; MO; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PAR; MO; QLL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PAR; MO; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PAR; MO; QLL (30 per 30 days)
IMFINZI	5	PAR; MO; LA
INLYTA ORAL TABLET 1 MG	5	PAR; MO; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PAR; MO; QLL (120 per 30 days)
IRESSA	5	MO
irinotecan intravenous solution 100 mg/5 ml	4	B/D PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
irinotecan intravenous solution 40 mg/2 ml	5	B/D PAR; MO
irinotecan intravenous solution 500 mg/25 ml	4	B/D PAR
ISTODAX	5	PAR; MO
IXEMPRA	5	PAR; MO
JAKAFI ORAL TABLET 10 MG	5	PAR; MO; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	5	PAR; MO; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	5	PAR; MO; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	5	PAR; MO; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	5	PAR; MO; QLL (300 per 30 days)
JEVTANA	5	PAR; MO
KADCYLA	5	PAR; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PAR; MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PAR; MO; QLL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PAR; MO; QLL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PAR; MO; QLL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PAR; MO; QLL (21 per 21 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PAR; MO; QLL (42 per 21 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PAR; MO; QLL (63 per 21 days)
KYPROLIS	5	PAR; MO
LARTRUVO	5	PAR; MO; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 4 MG	5	PAR; MO; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PAR; MO; QLL (60 per 30 days)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PAR; MO; QLL (90 per 30 days)
letrozole	2	MO; QLL (30 per 30 days)
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg	4	MO
leucovorin calcium injection recon soln 500 mg	4	
leucovorin calcium oral tablet 10 mg, 25 mg	4	MO
leucovorin calcium oral tablet 15 mg, 5 mg	2	MO
LEUKERAN	4	MO
leuprolide subcutaneous kit	4	PAR; MO
levoleucovorin intravenous recon soln 50 mg	5	PAR
LONSURF	5	PAR; MO
LUPRON DEPOT	5	PAR; MO; QLL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	5	PAR; MO; QLL (1 per 84 days)
LUPRON DEPOT (4 MONTH)	5	PAR; MO; QLL (1 per 112 days)
LUPRON DEPOT (6 MONTH)	5	PAR; MO; QLL (1 per 168 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PAR; MO; QLL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PAR; MO; QLL (1 per 28 days)
LYNPARZA ORAL CAPSULE	5	PAR; MO; QLL (480 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
LYNPARZA ORAL TABLET	5	PAR; MO; QLL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	5	MO
MATULANE	5	MO
megestrol oral suspension 400 mg/10 ml (10 ml)	3	PAR
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	2	PAR; MO
megestrol oral suspension 800 mg/20 ml (20 ml)	4	PAR
megestrol oral tablet	3	PAR; MO
MEKINIST ORAL TABLET 0.5 MG	5	PAR; MO; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PAR; MO; QLL (30 per 30 days)
MEKTOVI	5	PAR; MO; QLL (180 per 30 days)
melphalan	4	B/D PAR; MO
melphalan hcl	3	B/D PAR
mercaptopurine	3	MO
mesna	4	MO
MESNEX ORAL	5	MO
methotrexate sodium (pf) injection recon soln	2	
methotrexate sodium (pf) injection solution	2	MO
methotrexate sodium injection	4	MO
methotrexate sodium oral	2	MO
mitomycin intravenous recon soln 20 mg, 5 mg	4	B/D PAR; MO
mitomycin intravenous recon soln 40 mg	5	B/D PAR; MO
mitoxantrone	3	B/D PAR; MO
MUSTARGEN	4	B/D PAR; MO
mycophenolate mofetil hcl	4	B/D PAR
mycophenolate mofetil oral capsule	3	B/D PAR; MO
mycophenolate mofetil oral suspension for reconstitution	5	B/D PAR; MO
mycophenolate mofetil oral tablet	3	B/D PAR; MO
mycophenolate sodium	4	B/D PAR; MO
MYLOTARG	5	PAR; MO; LA
NERLYNX	5	PAR; MO; LA; QLL (180 per 30 days)
NEXAVAR	5	PAR; MO; LA; QLL (120 per 30 days)
NILANDRON	5	MO; QLL (30 per 30 days)
nilutamide	5	MO; QLL (30 per 30 days)
NINLARO	5	PAR; MO; QLL (3 per 28 days)
NIPENT	5	B/D PAR; MO
NULOJIX	5	PAR; MO
octreotide acetate injection solution 1,000 mcg/ml	5	PAR; MO
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PAR; MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	4	PAR; MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	5	PAR; MO
ODOMZO	5	PAR; MO; LA; QLL (30 per 30 days)
ONCASPAR	5	PAR; MO
OPDIVO	5	PAR; MO
oxaliplatin intravenous recon soln 100 mg	5	B/D PAR; MO
oxaliplatin intravenous recon soln 50 mg	5	B/D PAR
oxaliplatin intravenous solution 100 mg/20 ml	4	B/D PAR; MO
oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)	5	B/D PAR; MO
paclitaxel	4	B/D PAR; MO
PERJETA	5	PAR; MO
POMALYST ORAL CAPSULE 1 MG	5	PAR; MO; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5	PAR; MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; MO; QLL (30 per 30 days)
PORTRAZZA	5	MO
PROGRAF INTRAVENOUS	4	B/D PAR; MO
PURIXAN	5	PAR; MO
RAPAMUNE ORAL SOLUTION	5	B/D PAR; MO
REVLIMID ORAL CAPSULE 10 MG	5	PAR; MO; LA; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	5	PAR; MO; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	5	PAR; MO; LA; QLL (150 per 30 days)
RITUXAN	5	B/D PAR; MO
RITUXAN HYCELA	5	B/D PAR; MO
ROMIDEPSIN	5	PAR
RUBRACA ORAL TABLET 200 MG	5	PAR; MO; LA; QLL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	5	PAR; MO; LA; QLL (120 per 30 days)
RYDAPT	5	PAR; MO; QLL (240 per 30 days)
SANDIMMUNE ORAL SOLUTION	4	B/D PAR; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	PAR; MO
SIGNIFOR	5	PAR; MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	5	B/D PAR
SIMULECT INTRAVENOUS RECON SOLN 20 MG	5	B/D PAR; MO
sirolimus	4	B/D PAR; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	PAR; MO
SPRYCEL	5	PAR; MO; QLL (30 per 30 days)
STIVARGA	5	PAR; MO; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PAR; MO; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
SYNRIBO	5	PAR; MO
TABLOID	4	MO
tacrolimus oral capsule 0.5 mg, 1 mg	4	B/D PAR; MO
tacrolimus oral capsule 5 mg	5	B/D PAR; MO
TAFINLAR	5	PAR; MO; QLL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG	5	PAR; MO; LA; QLL (60 per 30 days)
TAGRISSO ORAL TABLET 80 MG	5	PAR; MO; LA; QLL (30 per 30 days)
tamoxifen	2	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PAR; MO; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PAR; MO; QLL (90 per 30 days)
TARGRETIN ORAL	5	PAR; MO; QLL (300 per 30 days)
TARGRETIN TOPICAL	5	PAR; MO; QLL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PAR; MO; QLL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PAR; MO; QLL (56 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	5	B/D PAR; MO
TECENTRIQ	5	PAR; MO; LA; QLL (20 per 21 days)
temsirolimus	5	PAR; MO

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Drug Name	Drug Tier	Requirements /Limits
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PAR; MO; QLL (60 per 30 days)
thiotepa	4	B/D PAR; MO
toposar	4	B/D PAR; MO
topotecan intravenous recon soln	5	B/D PAR
topotecan intravenous solution	5	B/D PAR; MO
TORISEL	5	PAR; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PAR; MO
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	PAR; MO; QLL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	PAR; MO; QLL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	PAR; MO; QLL (1 per 28 days)
tretinoin (chemotherapy)	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PAR; MO
TYKERB	5	PAR; MO; LA; QLL (180 per 30 days)
UNITUXIN	5	B/D PAR; MO
VECTIBIX	5	PAR; MO
VELCADE	5	PAR; MO
VENCLEXTA ORAL TABLET 10 MG	4	PAR; MO; LA; QLL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PAR; MO; LA; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PAR; MO; LA; QLL (84 per 365 days)
VERZENIO	5	PAR; MO; LA; QLL (60 per 30 days)
vinblastine intravenous solution	4	B/D PAR; MO
vincasar pfs intravenous solution 1 mg/ml	4	B/D PAR
vincasar pfs intravenous solution 2 mg/2 ml	4	B/D PAR; MO
vincristine intravenous solution 1 mg/ml	3	B/D PAR; MO
vincristine intravenous solution 2 mg/2 ml	4	B/D PAR; MO
vinorelbine	4	B/D PAR; MO
VOTRIENT	5	PAR; MO; QLL (120 per 30 days)
VYXEOS	5	B/D PAR; MO
XALKORI	5	PAR; MO; QLL (60 per 30 days)
XATMEP	4	MO
XGEVA	5	PAR; MO; QLL (1.7 per 28 days)
XTANDI	5	PAR; MO; QLL (120 per 30 days)
YERVOY	5	PAR; MO
YONDELIS	5	B/D PAR; MO
YONSA	5	PAR; MO; QLL (120 per 30 days)
ZALTRAP	5	PAR; MO
ZANOSAR	4	B/D PAR; MO
ZEJULA	5	PAR; MO; LA; QLL (90 per 30 days)
ZELBORAF	5	PAR; MO; QLL (240 per 30 days)
ZOLINZA	5	PAR; MO; QLL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	4	B/D PAR; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D PAR; MO
ZYDELIG	5	PAR; MO; QLL (60 per 30 days)
ZYKADIA	5	PAR; MO; QLL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ZYTIGA ORAL TABLET 250 MG	5	PAR; MO; QLL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PAR; MO; QLL (60 per 30 days)
Autonomic / Cns Drugs, Neurology / Psych		
ABILIFY MAINTENA	5	MO; QLL (1 per 28 days)
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg / 12.5 ml	3	QLL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	3	MO; QLL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	3	MO; QLL (390 per 30 days)
acetaminophen-codeine oral tablet 300-30 mg	3	MO; QLL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	3	MO; QLL (180 per 30 days)
ADASUVE	4	QLL (30 per 30 days)
alprazolam oral tablet	2	MO; QLL (120 per 30 days)
alprazolam oral tablet extended release 24 hr	3	MO; QLL (120 per 30 days)
alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg	3	MO; QLL (120 per 30 days)
amitriptyline	2	PAR; MO
amoxapine oral tablet 100 mg, 50 mg	3	MO
amoxapine oral tablet 150 mg, 25 mg	2	MO
AMPYRA	5	PAR; MO; LA; QLL (60 per 30 days)
APOKYN	5	PAR; MO; LA
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG	5	ST; MO
APTIOM ORAL TABLET 800 MG	4	ST; MO
aripiprazole oral solution	5	MO; QLL (900 per 30 days)
aripiprazole oral tablet 10 mg	4	MO; QLL (90 per 30 days)
aripiprazole oral tablet 15 mg	4	MO; QLL (60 per 30 days)
aripiprazole oral tablet 2 mg	4	MO; QLL (450 per 30 days)
aripiprazole oral tablet 20 mg, 30 mg	5	MO; QLL (30 per 30 days)
aripiprazole oral tablet 5 mg	4	MO; QLL (180 per 30 days)
aripiprazole oral tablet, disintegrating 10 mg	5	MO; QLL (90 per 30 days)
aripiprazole oral tablet, disintegrating 15 mg	5	MO; QLL (60 per 30 days)
ARISTADA INITIO	5	QLL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QLL (3.9 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QLL (1.6 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QLL (2.4 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QLL (3.2 per 30 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	4	PAR; MO; QLL (30 per 30 days)
armodafinil oral tablet 50 mg	4	PAR; MO; QLL (60 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	4	PAR; MO; QLL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	4	PAR; MO; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
AUBAGIO	5	PAR; MO; QLL (30 per 30 days)
AZILECT	3	MO
baclofen	2	MO
BANZEL ORAL SUSPENSION	5	PAR; MO; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	5	PAR; MO; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	5	PAR; MO; QLL (240 per 30 days)
benztropine injection	4	PAR; MO
benztropine oral	2	PAR; MO
BRIVIACT INTRAVENOUS	4	PAR
BRIVIACT ORAL SOLUTION	4	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	5	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	5	PAR; MO; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	5	PAR; MO; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	5	PAR; MO; QLL (120 per 30 days)
bromocriptine	4	MO
buprenorphine hcl injection solution	4	MO; QLL (90 per 30 days)
buprenorphine hcl injection syringe	4	QLL (150 per 30 days)
buprenorphine hcl sublingual tablet 2 mg	2	MO; QLL (240 per 30 days)
buprenorphine hcl sublingual tablet 8 mg	2	MO; QLL (60 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	3	MO; QLL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	3	MO; QLL (90 per 30 days)
bupropion hcl oral tablet 100 mg	2	MO; QLL (135 per 30 days)
bupropion hcl oral tablet 75 mg	2	MO; QLL (180 per 30 days)
bupropion hcl oral tablet extended release 24 hr 150 mg	2	MO; QLL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	2	MO; QLL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg	2	MO; QLL (120 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg	2	MO; QLL (60 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 5 mg	2	MO
buspirone oral tablet 30 mg	4	MO
buspirone oral tablet 7.5 mg	3	MO
butalbital compound w/ codeine	4	PAR; MO; QLL (180 per 30 days)
butalbital-acetaminop-caf-cod	4	PAR; MO; QLL (180 per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	4	PAR; MO; QLL (180 per 30 days)
butalbital-acetaminophen-caff oral capsule	4	PAR; MO; QLL (180 per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	4	PAR; MO; QLL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule	4	PAR; MO; QLL (180 per 30 days)
butorphanol tartrate injection	4	MO
butorphanol tartrate nasal	4	MO; QLL (5 per 28 days)
carbamazepine oral capsule, er multiphase 12 hr	4	MO
carbamazepine oral suspension 100 mg/5 ml	4	MO
carbamazepine oral suspension 200 mg/10 ml	4	
carbamazepine oral tablet	2	MO
carbamazepine oral tablet extended release 12 hr	4	MO
carbamazepine oral tablet, chewable	2	MO
carbidopa-levodopa oral tablet	2	MO
carbidopa-levodopa oral tablet extended release	2	MO
carbidopa-levodopa oral tablet,disintegrating	3	MO

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Drug Name	Drug Tier	Requirements /Limits
carbidopa-levodopa-entacapone	4	MO
carisoprodol oral tablet 350 mg	3	PAR; MO
celecoxib oral capsule 100 mg, 200 mg, 400 mg	4	PAR; MO
celecoxib oral capsule 50 mg	3	PAR; MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
chlordiazepoxide hcl	3	MO; QLL (120 per 30 days)
chlorpromazine	4	PAR; MO
citalopram oral solution	4	MO; QLL (600 per 30 days)
citalopram oral tablet 10 mg	1	MO; QLL (120 per 30 days)
citalopram oral tablet 20 mg	1	MO; QLL (60 per 30 days)
citalopram oral tablet 40 mg	1	MO; QLL (30 per 30 days)
clomipramine	4	PAR; MO
clonazepam oral tablet 0.5 mg	2	MO; QLL (1200 per 30 days)
clonazepam oral tablet 1 mg	2	MO; QLL (600 per 30 days)
clonazepam oral tablet 2 mg	2	MO; QLL (300 per 30 days)
clonazepam oral tablet, disintegrating 0.125 mg	4	MO; QLL (4800 per 30 days)
clonazepam oral tablet, disintegrating 0.25 mg	4	MO; QLL (2400 per 30 days)
clonazepam oral tablet, disintegrating 0.5 mg	4	MO; QLL (1200 per 30 days)
clonazepam oral tablet, disintegrating 1 mg	4	MO; QLL (600 per 30 days)
clonazepam oral tablet, disintegrating 2 mg	4	MO; QLL (300 per 30 days)
clorazepate dipotassium	3	MO
clozapine oral tablet 100 mg	3	MO; QLL (270 per 30 days)
clozapine oral tablet 200 mg	3	MO; QLL (120 per 30 days)
clozapine oral tablet 25 mg	2	MO; QLL (1080 per 30 days)
clozapine oral tablet 50 mg	2	MO; QLL (540 per 30 days)
clozapine oral tablet, disintegrating 100 mg	4	QLL (270 per 30 days)
clozapine oral tablet, disintegrating 12.5 mg	4	QLL (2160 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	5	QLL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	QLL (120 per 30 days)
clozapine oral tablet, disintegrating 25 mg	3	QLL (1080 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PAR; MO; QLL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PAR; MO; QLL (12 per 28 days)
cyclobenzaprine oral tablet 10 mg, 5 mg	2	PAR; MO
cyclobenzaprine oral tablet 7.5 mg	4	PAR; MO
dalfampridine	5	PAR; MO; QLL (60 per 30 days)
dantrolene	4	MO
desipramine	4	PAR; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QLL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	4	MO; QLL (120 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	4	MO; QLL (480 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 50 mg	4	MO; QLL (240 per 30 days)
dextroamphetamine oral tablet 10 mg	4	MO; QLL (180 per 30 days)
dextroamphetamine oral tablet 5 mg	4	MO; QLL (90 per 30 days)
dextroamphetamine-amphetamine oral capsule, extended release 24hr	4	PAR; MO; QLL (30 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	3	PAR; MO; QLL (90 per 30 days)
dextroamphetamine-amphetamine oral tablet 30 mg	3	PAR; MO; QLL (60 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
diazepam intensol	2	MO; QLL (240 per 30 days)
diazepam oral concentrate	2	MO; QLL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	MO; QLL (1200 per 30 days)
diazepam oral tablet 10 mg	2	MO; QLL (120 per 30 days)
diazepam oral tablet 2 mg	2	MO; QLL (600 per 30 days)
diazepam oral tablet 5 mg	2	MO; QLL (240 per 30 days)
diazepam rectal	4	MO
diclofenac potassium	2	MO
diclofenac sodium oral tablet extended release 24 hr	2	MO
diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg	3	MO
diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg	2	MO
diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg	1	MO
diclofenac sodium topical drops	4	MO; QLL (300 per 30 days)
diclofenac sodium topical gel 1 %	3	MO; QLL (1000 per 30 days)
diflunisal	3	MO
dihydroergotamine injection	5	PAR; MO
dihydroergotamine nasal	5	MO; QLL (8 per 28 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	4	MO
DILANTIN INFATABS	3	MO
DILANTIN ORAL CAPSULE 30 MG	3	MO
divalproex oral capsule, delayed rel sprinkle	4	MO
divalproex oral tablet extended release 24 hr	4	MO
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg	2	MO
divalproex oral tablet,delayed release (dr/ec) 500 mg	3	MO
donepezil oral tablet 10 mg, 5 mg	1	MO; QLL (30 per 30 days)
donepezil oral tablet, disintegrating	1	MO; QLL (30 per 30 days)
doxepin oral	2	MO
duloxetine oral capsule, delayed release(dr/ec) 20 mg	4	MO; QLL (180 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 30 mg	4	MO; QLL (120 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 40 mg	3	MO; QLL (90 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 60 mg	4	MO; QLL (60 per 30 days)
duramorph (pf) injection solution 0.5 mg/ml	4	MO; QLL (180 per 30 days)
duramorph (pf) injection solution 1 mg/ml	4	QLL (180 per 30 days)
EMSAM	5	PAR; MO; QLL (30 per 30 days)
endocet oral tablet 10-325 mg, 7.5-325 mg	4	MO; QLL (360 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
endocet oral tablet 5-325 mg	3	MO; QLL (360 per 30 days)
entacapone	4	MO
epitol	1	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	4	MO; QLL (480 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	4	MO; QLL (240 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	4	MO; QLL (180 per 30 days)
ergoloid	4	PAR; MO
escitalopram oxalate oral solution	4	MO; QLL (600 per 30 days)
escitalopram oxalate oral tablet 10 mg	2	MO; QLL (60 per 30 days)
escitalopram oxalate oral tablet 20 mg	2	MO; QLL (30 per 30 days)
escitalopram oxalate oral tablet 5 mg	2	MO; QLL (120 per 30 days)
eszopiclone	4	PAR; MO; QLL (30 per 30 days)
ethosuximide oral capsule	4	MO
ethosuximide oral solution	3	MO
etodolac oral capsule	3	MO
etodolac oral tablet	2	MO
etodolac oral tablet extended release 24 hr	3	MO
FANAPT ORAL TABLET 1 MG	4	ST; MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	5	ST; MO; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	ST; MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	5	ST; MO; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	5	ST; MO; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	5	ST; MO; QLL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	ST; MO; QLL (16 per 365 days)
felbamate	4	MO
FELBATOL ORAL TABLET 400 MG	4	MO
fenoprofen oral tablet	4	MO
fentanyl citrate	5	PAR; MO; QLL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PAR; MO; QLL (15 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	PAR; MO; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	4	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	4	PAR; MO; QLL (90 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QLL (240 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QLL (120 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QLL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	4	MO; QLL (4 per 28 days)
fluoxetine oral solution	2	MO; QLL (600 per 30 days)
fluoxetine oral tablet 10 mg	2	MO; QLL (240 per 30 days)
fluoxetine oral tablet 20 mg	3	MO; QLL (120 per 30 days)
fluphenazine decanoate	4	MO
fluphenazine hcl injection	4	MO
fluphenazine hcl oral	2	MO
flurbiprofen	2	MO
fluvoxamine oral tablet 100 mg	3	MO; QLL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
fluvoxamine oral tablet 25 mg	3	MO; QLL (360 per 30 days)
fluvoxamine oral tablet 50 mg	3	MO; QLL (180 per 30 days)
fosphenytoin	4	MO
FYCOMPA ORAL SUSPENSION	4	MO; QLL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	4	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	5	MO; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	4	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	5	MO; QLL (45 per 30 days)
gabapentin oral capsule 100 mg	2	MO; QLL (1080 per 30 days)
gabapentin oral capsule 300 mg	2	MO; QLL (360 per 30 days)
gabapentin oral capsule 400 mg	2	MO; QLL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	4	MO; QLL (2160 per 30 days)
GABAPENTIN ORAL SOLUTION 250 MG/5 ML (5 ML), 300 MG/6 ML (6 ML)	4	QLL (2160 per 30 days)
gabapentin oral tablet 600 mg	4	MO; QLL (180 per 30 days)
gabapentin oral tablet 800 mg	4	MO; QLL (120 per 30 days)
GABITRIL ORAL TABLET 12 MG	4	MO
GABITRIL ORAL TABLET 16 MG	5	MO
galantamine oral capsule,ext rel. pellets 24 hr	4	MO; QLL (30 per 30 days)
galantamine oral solution	3	MO; QLL (180 per 30 days)
galantamine oral tablet	4	MO; QLL (60 per 30 days)
GEODON INTRAMUSCULAR	4	MO; QLL (6 per 28 days)
GILENYA ORAL CAPSULE 0.5 MG	5	PAR; MO; QLL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	5	PAR; MO; QLL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	5	PAR; MO; QLL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	5	PAR; MO; QLL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	5	PAR; MO; QLL (12 per 28 days)
guanfacine oral tablet extended release 24 hr	4	PAR; MO; QLL (30 per 30 days)
guanidine	4	MO
haloperidol	2	MO
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml)	4	MO
haloperidol decanoate intramuscular solution 50 mg/ml	3	MO
haloperidol lactate injection	3	MO
haloperidol lactate intramuscular	3	
haloperidol lactate oral	2	MO
HETLIOZ	5	PAR; MO; QLL (30 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	4	MO; QLL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3	MO; QLL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	3	MO; QLL (50 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML	4	QLL (180 per 30 days)
hydromorphone (pf) injection solution 10 mg/ml	4	MO; QLL (120 per 30 days)
hydromorphone (pf) injection solution 2 mg/ml	4	QLL (180 per 30 days)
hydromorphone (pf) injection solution 4 mg/ml	4	QLL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
HYDROMORPHONE INJECTION SOLUTION 1 MG/ML	4	QLL (180 per 30 days)
hydromorphone injection solution 2 mg/ml	4	MO; QLL (180 per 30 days)
HYDROMORPHONE INJECTION SOLUTION 4 MG/ML	4	MO; QLL (60 per 30 days)
hydromorphone injection syringe 1 mg/ml	4	
hydromorphone injection syringe 2 mg/ml	4	QLL (180 per 30 days)
hydromorphone injection syringe 4 mg/ml	4	MO
hydromorphone oral tablet 2 mg, 4 mg	3	MO; QLL (360 per 30 days)
hydromorphone oral tablet 8 mg	4	MO; QLL (180 per 30 days)
ibu oral tablet 600 mg, 800 mg	1	MO
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ibuprofen-oxycodone	4	MO; QLL (28 per 7 days)
imipramine hcl	2	PAR; MO
indomethacin oral capsule	2	PAR; MO
indomethacin oral capsule, extended release	3	PAR; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	5	MO; QLL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	5	MO; QLL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	5	MO; QLL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	5	MO; QLL (30 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QLL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QLL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QLL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QLL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QLL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	MO; QLL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	MO; QLL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QLL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	MO; QLL (2.625 per 90 days)
ketoprofen oral capsule 25 mg	3	
ketoprofen oral capsule 75 mg	3	MO
ketorolac oral	4	PAR; MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	ST; MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	ST; MO; QLL (240 per 30 days)
lamotrigine oral tablet	2	MO
lamotrigine oral tablet, chewable dispersible 25 mg	3	MO
lamotrigine oral tablet, chewable dispersible 5 mg	2	MO
LATUDA ORAL TABLET 120 MG, 60 MG	5	PAR; MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	5	PAR; MO; QLL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
LATUDA ORAL TABLET 40 MG	5	PAR; MO; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	5	PAR; MO; QLL (60 per 30 days)
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/ 100 ML, 1,500 MG/100 ML	4	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	4	MO
levetiracetam intravenous	4	MO
levetiracetam oral solution 100 mg/ml	3	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	4	
levetiracetam oral tablet 1, 000 mg	3	MO
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	2	MO
levetiracetam oral tablet extended release 24 hr 500 mg	3	MO; QLL (180 per 30 days)
levetiracetam oral tablet extended release 24 hr 750 mg	3	MO; QLL (120 per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg	1	MO
lithium carbonate oral capsule 600 mg	2	MO
lithium carbonate oral tablet	2	MO
lithium carbonate oral tablet extended release	2	MO
lithium citrate oral solution 8 meq/5 ml	3	MO
lorazepam intensol	3	MO
lorazepam oral concentrate	3	MO
lorazepam oral tablet	2	MO
loxapine succinate oral capsule 10 mg, 5 mg	3	MO
loxapine succinate oral capsule 25 mg, 50 mg	4	MO
LYRICA ORAL CAPSULE 100 MG	4	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	4	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	4	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	4	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	4	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	4	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	4	PAR; MO; QLL (900 per 30 days)
maprotiline oral tablet 25 mg	4	MO; QLL (270 per 30 days)
maprotiline oral tablet 50 mg	4	MO; QLL (135 per 30 days)
maprotiline oral tablet 75 mg	4	MO
MARPLAN	4	MO
meclofenamate	4	MO
meloxicam oral tablet	1	MO
memantine oral capsule, sprinkle,er 24hr	3	PAR; MO; QLL (30 per 30 days)
memantine oral solution	3	PAR; MO; QLL (300 per 30 days)
memantine oral tablet 10 mg	2	PAR; MO; QLL (60 per 30 days)
memantine oral tablet 5 mg	2	PAR; MO; QLL (90 per 30 days)
MESTINON ORAL SYRUP	5	MO
MESTINON TIMESPAN	5	MO
metadate er	4	PAR; MO; QLL (90 per 30 days)
methadone intensol	3	MO; QLL (30 per 30 days)
methadone oral concentrate	3	MO; QLL (30 per 30 days)
methadone oral solution 10 mg/5 ml	3	MO; QLL (900 per 30 days)
methadone oral solution 5 mg/5 ml	3	MO; QLL (1800 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
methadone oral tablet 10 mg	3	MO; QLL (180 per 30 days)
methadone oral tablet 5 mg	3	MO; QLL (360 per 30 days)
methadose oral concentrate	3	MO; QLL (30 per 30 days)
methocarbamol oral	4	PAR; MO
methylphenidate hcl oral solution 10 mg/5 ml	3	PAR; MO; QLL (900 per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	3	PAR; MO; QLL (1800 per 30 days)
methylphenidate hcl oral tablet	3	MO; QLL (90 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	4	PAR; MO; QLL (90 per 30 days)
MIRAPEX ORAL TABLET 0.25 MG, 0.75 MG	4	MO
mirtazapine oral tablet 15 mg	1	MO; QLL (90 per 30 days)
mirtazapine oral tablet 30 mg	1	MO; QLL (45 per 30 days)
mirtazapine oral tablet 45 mg	2	MO; QLL (30 per 30 days)
mirtazapine oral tablet 7.5 mg	3	MO; QLL (180 per 30 days)
mirtazapine oral tablet, disintegrating 15 mg	3	MO; QLL (90 per 30 days)
mirtazapine oral tablet, disintegrating 30 mg	3	MO; QLL (45 per 30 days)
mirtazapine oral tablet, disintegrating 45 mg	3	MO; QLL (30 per 30 days)
modafinil oral tablet 100 mg	4	PAR; MO; QLL (30 per 30 days)
modafinil oral tablet 200 mg	4	PAR; MO; QLL (60 per 30 days)
morphine (pf) injection solution 0.5 mg/ml	4	QLL (180 per 30 days)
morphine (pf) injection solution 1 mg/ml	4	MO; QLL (180 per 30 days)
morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml	4	MO; QLL (30 per 30 days)
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml	4	QLL (180 per 30 days)
morphine concentrate oral solution	3	MO; QLL (270 per 30 days)
morphine injection solution 10 mg/ml	4	MO; QLL (120 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	4	QLL (180 per 30 days)
morphine injection solution 5 mg/ml	4	MO; QLL (180 per 30 days)
morphine injection solution 8 mg/ml	4	QLL (180 per 30 days)
morphine injection syringe 10 mg/ml	4	MO; QLL (120 per 30 days)
morphine injection syringe 2 mg/ml, 4 mg/ml	4	MO; QLL (180 per 30 days)
morphine injection syringe 5 mg/ml	4	QLL (180 per 30 days)
morphine intravenous cartridge 10 mg/ml	4	QLL (120 per 30 days)
morphine intravenous cartridge 2 mg/ml, 4 mg/ml	4	QLL (180 per 30 days)
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	4	QLL (180 per 30 days)
morphine intravenous solution 10 mg/ml	4	MO; QLL (120 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days)
morphine intravenous syringe 2 mg/ml, 4 mg/ml	4	QLL (180 per 30 days)
morphine oral solution 10 mg/5 ml	3	MO; QLL (2700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	3	MO; QLL (1350 per 30 days)
morphine oral tablet 15 mg	3	MO; QLL (360 per 30 days)
morphine oral tablet 30 mg	3	MO; QLL (180 per 30 days)
morphine oral tablet extended release 100 mg, 30 mg, 60 mg	4	MO; QLL (90 per 30 days)
morphine oral tablet extended release 15 mg	3	MO; QLL (90 per 30 days)
morphine oral tablet extended release 200 mg	4	MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
nabumetone	2	MO
nalbuphine injection solution 10 mg/ml	4	MO; QLL (180 per 30 days)
nalbuphine injection solution 20 mg/ml	4	MO; QLL (90 per 30 days)
naloxone	2	MO
naltrexone	2	MO
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PAR; MO; QLL (56 per 365 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PAR; MO; QLL (30 per 30 days)
NAMZARIC	3	PAR; MO
naproxen oral suspension	2	MO
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec)	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
naratriptan	4	MO; QLL (9 per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ ACTUATION	3	MO
nefazodone oral tablet 100 mg	3	MO; QLL (180 per 30 days)
nefazodone oral tablet 150 mg	3	MO; QLL (120 per 30 days)
nefazodone oral tablet 200 mg	3	MO; QLL (90 per 30 days)
nefazodone oral tablet 250 mg	3	MO; QLL (72 per 30 days)
nefazodone oral tablet 50 mg	3	MO; QLL (360 per 30 days)
NEUPRO	3	PAR; MO; QLL (30 per 30 days)
nortriptyline oral capsule 10 mg, 25 mg	1	MO
nortriptyline oral capsule 50 mg, 75 mg	2	MO
NORTRIPTYLINE ORAL SOLUTION	4	MO
NUEDEXTA	3	MO; QLL (60 per 30 days)
NUPLAZID ORAL CAPSULE	5	PAR; MO; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PAR; MO; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PAR; MO; QLL (60 per 30 days)
olanzapine intramuscular	4	MO; QLL (60 per 30 days)
olanzapine oral tablet 10 mg	3	MO; QLL (60 per 30 days)
olanzapine oral tablet 15 mg	3	MO; QLL (40 per 30 days)
olanzapine oral tablet 2.5 mg	3	MO; QLL (240 per 30 days)
olanzapine oral tablet 20 mg	3	MO; QLL (30 per 30 days)
olanzapine oral tablet 5 mg	3	MO; QLL (120 per 30 days)
olanzapine oral tablet 7.5 mg	3	MO; QLL (80 per 30 days)
olanzapine oral tablet, disintegrating 10 mg	4	MO; QLL (60 per 30 days)
olanzapine oral tablet, disintegrating 15 mg	4	MO; QLL (40 per 30 days)
olanzapine oral tablet, disintegrating 20 mg	4	MO; QLL (30 per 30 days)
olanzapine oral tablet, disintegrating 5 mg	4	MO; QLL (120 per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-50 mg	4	MO; QLL (30 per 30 days)
olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg	4	MO; QLL (90 per 30 days)
ONFI ORAL SUSPENSION	5	PAR; MO; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	5	PAR; MO; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	5	PAR; MO; QLL (60 per 30 days)
ORAP	4	MO
oxaprozin	4	MO
oxazepam	4	MO; QLL (120 per 30 days)
oxcarbazepine oral suspension	4	MO
oxcarbazepine oral tablet 150 mg, 300 mg	3	MO

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Drug Name	Drug Tier	Requirements /Limits
oxcarbazepine oral tablet 600 mg	4	MO
oxycodone oral capsule	4	MO; QLL (360 per 30 days)
oxycodone oral concentrate	4	MO; QLL (180 per 30 days)
oxycodone oral solution	4	MO; QLL (1800 per 30 days)
oxycodone oral tablet 10 mg, 5 mg	3	MO; QLL (360 per 30 days)
oxycodone oral tablet 15 mg, 20 mg, 30 mg	4	MO; QLL (180 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	4	MO; QLL (360 per 30 days)
oxycodone-acetaminophen oral tablet 5-325 mg	3	MO; QLL (360 per 30 days)
oxycodone-aspirin	4	MO; QLL (360 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg	5	MO; QLL (240 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg	5	MO; QLL (120 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	5	MO; QLL (60 per 30 days)
paliperidone oral tablet extended release 24hr 9 mg	5	MO; QLL (30 per 30 days)
paroxetine hcl oral tablet 10 mg	1	MO; QLL (180 per 30 days)
paroxetine hcl oral tablet 20 mg	1	MO; QLL (90 per 30 days)
paroxetine hcl oral tablet 30 mg	2	MO; QLL (60 per 30 days)
paroxetine hcl oral tablet 40 mg	1	MO; QLL (45 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	4	MO; QLL (180 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 25 mg	4	MO; QLL (90 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 37.5 mg	4	MO; QLL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)
PEGANONE	4	MO
perphenazine	4	MO
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg	4	PAR; MO
perphenazine-amitriptyline oral tablet 4-25 mg	3	PAR; MO
phenelzine	3	MO
phenobarbital oral elixir	4	PAR; MO; QLL (3000 per 30 days)
phenobarbital oral tablet 100 mg	2	PAR; MO; QLL (120 per 30 days)
phenobarbital oral tablet 15 mg	2	PAR; MO; QLL (800 per 30 days)
phenobarbital oral tablet 16.2 mg	2	PAR; MO; QLL (741 per 30 days)
phenobarbital oral tablet 30 mg	2	PAR; MO; QLL (400 per 30 days)
phenobarbital oral tablet 32.4 mg	2	PAR; MO; QLL (370 per 30 days)
phenobarbital oral tablet 60 mg	2	PAR; MO; QLL (200 per 30 days)
phenobarbital oral tablet 64.8 mg	2	PAR; MO; QLL (185 per 30 days)
phenobarbital oral tablet 97.2 mg	2	PAR; MO; QLL (123 per 30 days)
PHENYTEK	4	MO
phenytoin oral suspension 100 mg/4 ml	3	
phenytoin oral suspension 125 mg/5 ml	3	MO
phenytoin oral tablet, chewable	3	MO
phenytoin sodium extended	2	MO
phenytoin sodium intravenous solution	4	MO
phenytoin sodium intravenous syringe	4	
pimozide	3	MO
piroxicam	3	MO
pramipexole oral tablet	2	MO
primidone	2	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	4	MO; QLL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (240 per 30 days)
protriptyline	4	MO
pyridostigmine bromide	3	MO
quetiapine oral tablet 100 mg	2	MO; QLL (240 per 30 days)
quetiapine oral tablet 200 mg	2	MO; QLL (120 per 30 days)
quetiapine oral tablet 25 mg	2	MO; QLL (960 per 30 days)
quetiapine oral tablet 300 mg	2	MO; QLL (80 per 30 days)
quetiapine oral tablet 400 mg	2	MO; QLL (60 per 30 days)
quetiapine oral tablet 50 mg	2	MO; QLL (480 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg	4	PAR; MO; QLL (150 per 30 days)
quetiapine oral tablet extended release 24 hr 200 mg	4	PAR; MO; QLL (120 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg	4	PAR; MO; QLL (80 per 30 days)
quetiapine oral tablet extended release 24 hr 400 mg	4	PAR; MO; QLL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 50 mg	4	PAR; MO; QLL (480 per 30 days)
rasagiline	3	MO
RAZADYNE ORAL TABLET 4 MG	4	MO
regonol	4	
REQUIP ORAL TABLET 1 MG, 4 MG, 5 MG	4	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	PAR; MO; QLL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5	PAR; MO; QLL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML	4	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QLL (2 per 28 days)
risperidone oral solution	3	MO; QLL (480 per 30 days)
risperidone oral tablet 0.25 mg	2	MO; QLL (1920 per 30 days)
risperidone oral tablet 0.5 mg	2	MO; QLL (960 per 30 days)
risperidone oral tablet 1 mg	2	MO; QLL (480 per 30 days)
risperidone oral tablet 2 mg	2	MO; QLL (240 per 30 days)
risperidone oral tablet 3 mg	2	MO; QLL (150 per 30 days)
risperidone oral tablet 4 mg	2	MO; QLL (120 per 30 days)
risperidone oral tablet, disintegrating 0.25 mg	4	MO; QLL (1920 per 30 days)
risperidone oral tablet, disintegrating 0.5 mg	4	MO; QLL (960 per 30 days)
risperidone oral tablet, disintegrating 1 mg	4	MO; QLL (480 per 30 days)
risperidone oral tablet, disintegrating 2 mg	4	MO; QLL (240 per 30 days)
risperidone oral tablet, disintegrating 3 mg	4	MO; QLL (150 per 30 days)
risperidone oral tablet, disintegrating 4 mg	4	MO; QLL (120 per 30 days)
rivastigmine tartrate	4	MO; QLL (60 per 30 days)
rivastigmine transdermal patch	4	MO; QLL (30 per 30 days)
rizatriptan	4	MO; QLL (12 per 30 days)
ropinirole oral tablet	2	MO
ropinirole oral tablet extended release 24 hr	4	MO
roweepra oral tablet 500 mg	2	MO
ROZEREM	3	MO; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
SABRIL ORAL POWDER IN PACKET	4	PAR; MO; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	5	PAR; MO; LA; QLL (180 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG	5	MO; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	4	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	4	MO; QLL (120 per 30 days)
selegiline hcl	3	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	PAR; MO; QLL (150 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	4	PAR; MO; QLL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	PAR; MO; QLL (80 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	5	PAR; MO; QLL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	PAR; MO; QLL (480 per 30 days)
sertraline oral concentrate	4	MO; QLL (300 per 30 days)
sertraline oral tablet 100 mg	1	MO; QLL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QLL (240 per 30 days)
sertraline oral tablet 50 mg	1	MO; QLL (120 per 30 days)
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG	4	MO
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	4	PAR; MO; QLL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	PAR; MO; QLL (120 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4	PAR; MO; QLL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
sulindac oral tablet 150 mg	1	MO
sulindac oral tablet 200 mg	2	MO
sumatriptan nasal spray	4	MO
sumatriptan succinate oral	2	MO; QLL (9 per 30 days)
sumatriptan succinate subcutaneous cartridge	4	MO
sumatriptan succinate subcutaneous pen injector	4	MO
sumatriptan succinate subcutaneous solution	4	MO
SURMONTIL	4	PAR; MO
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-50 MG	4	MO; QLL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG	4	MO; QLL (90 per 30 days)
TECFIDERA	5	PAR; MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	4	MO
temazepam oral capsule 15 mg, 30 mg	2	MO; QLL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	5	PAR; MO; QLL (240 per 30 days)
tetrabenazine oral tablet 25 mg	5	PAR; MO; QLL (120 per 30 days)
thioridazine oral tablet 10 mg, 25 mg, 50 mg	2	ST; MO
thioridazine oral tablet 100 mg	3	ST; MO
thiothixene	2	MO
tiagabine	4	MO
tizanidine oral tablet	2	MO
tolcapone	5	PAR; MO; QLL (180 per 30 days)
topiramate oral capsule, sprinkle	4	PAR; MO
topiramate oral tablet 100 mg	2	PAR; MO; QLL (480 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
topiramate oral tablet 200 mg	2	PAR; MO; QLL (240 per 30 days)
topiramate oral tablet 25 mg	2	PAR; MO; QLL (1920 per 30 days)
topiramate oral tablet 50 mg	2	PAR; MO; QLL (960 per 30 days)
tramadol oral tablet	3	MO; QLL (240 per 30 days)
tramadol-acetaminophen	4	MO; QLL (40 per 30 days)
tranylcypromine	4	MO
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	MO
trazodone oral tablet 300 mg	4	MO
trifluoperazine oral tablet 1 mg, 2 mg	3	MO
trifluoperazine oral tablet 10 mg, 5 mg	4	MO
trihexyphenidyl	2	PAR; MO
trimipramine	4	PAR; MO
TRINTELLIX ORAL TABLET 10 MG	4	ST; MO; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	ST; MO; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	ST; MO; QLL (120 per 30 days)
TYSABRI	5	PAR; MO; LA
valproate sodium	2	MO
valproic acid	3	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	2	
venlafaxine oral capsule, extended release 24hr 150 mg	2	MO; QLL (60 per 30 days)
venlafaxine oral capsule, extended release 24hr 37.5 mg	2	MO; QLL (180 per 30 days)
venlafaxine oral capsule, extended release 24hr 75 mg	2	MO; QLL (90 per 30 days)
venlafaxine oral tablet 100 mg	3	MO; QLL (113 per 30 days)
venlafaxine oral tablet 25 mg	3	MO; QLL (450 per 30 days)
venlafaxine oral tablet 37.5 mg	3	MO; QLL (300 per 30 days)
venlafaxine oral tablet 50 mg	3	MO; QLL (225 per 30 days)
venlafaxine oral tablet 75 mg	3	MO; QLL (150 per 30 days)
venlafaxine oral tablet extended release 24hr 150 mg	4	MO; QLL (60 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	4	MO; QLL (30 per 30 days)
venlafaxine oral tablet extended release 24hr 37.5 mg	4	MO; QLL (180 per 30 days)
venlafaxine oral tablet extended release 24hr 75 mg	4	MO; QLL (90 per 30 days)
VERSACLOZ	4	QLL (600 per 30 days)
vigabatrin	5	PAR; MO; LA; QLL (180 per 30 days)
VIIBRYD ORAL TABLET 10 MG	4	ST; MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	4	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	4	ST; MO; QLL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; MO; QLL (30 per 30 days)
VIMPAT INTRAVENOUS	4	QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	5	MO; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	4	MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	4	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 per 30 days)
VOLTAREN TOPICAL	3	MO; QLL (1000 per 30 days)
VRAYLAR ORAL CAPSULE	5	PAR; MO; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PAR; MO; QLL (14 per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
XENAZINE ORAL TABLET 12.5 MG	5	PAR; MO; LA; QLL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	5	PAR; MO; LA; QLL (120 per 30 days)
XYREM	5	PAR; MO; LA; QLL (540 per 30 days)
zaleplon oral capsule 10 mg	2	PAR; MO; QLL (60 per 30 days)
zaleplon oral capsule 5 mg	2	PAR; MO; QLL (30 per 30 days)
ZARONTIN ORAL CAPSULE	4	MO
zenzedi oral tablet 10 mg	4	PAR; MO; QLL (180 per 30 days)
zenzedi oral tablet 5 mg	4	PAR; MO; QLL (90 per 30 days)
ziprasidone hcl oral capsule 20 mg	4	MO; QLL (240 per 30 days)
ziprasidone hcl oral capsule 40 mg	4	MO; QLL (120 per 30 days)
ziprasidone hcl oral capsule 60 mg, 80 mg	4	MO; QLL (60 per 30 days)
zolpidem oral tablet	2	PAR; MO; QLL (30 per 30 days)
zolpidem oral tablet,ext release multiphase	4	PAR; MO; QLL (30 per 30 days)
zonisamide oral capsule 100 mg, 50 mg	3	MO
zonisamide oral capsule 25 mg	2	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO; QLL (2 per 28 days)
Cardiovascular, Hypertension / Lipids		
ACCUPRIL	4	MO
ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG	4	MO
acebutolol	2	MO
ADALAT CC	4	MO
afeditab cr	2	MO
AGGRENOX	4	ST; MO; QLL (60 per 30 days)
ALDACTAZIDE ORAL TABLET 25-25 MG	4	MO
ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4	MO
ALTOPREV	4	PAR; MO
amiloride	3	MO
amiloride-hydrochlorothiazide	1	MO
amiodarone intravenous solution	4	B/D PAR; MO
amiodarone intravenous syringe	4	B/D PAR
amiodarone oral tablet 100 mg, 200 mg	2	MO
amiodarone oral tablet 400 mg	4	MO
amlodipine besylate oral tablet	1	MO
amlodipine-atorvastatin	3	MO
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	2	MO
amlodipine-benazepril oral capsule 2.5-10 mg	3	MO
amlodipine-olmesartan	3	MO
amlodipine-valsartan	2	MO
amlodipine-valsartan-hydrochlorothiazide	4	MO
aspirin-dipyridamole	3	ST; MO; QLL (60 per 30 days)
ATACAND	4	MO
ATACAND HCT	4	MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
atorvastatin	6	MO; CG
AVALIDE	4	MO
AVAPRO	4	MO
AZOR	3	MO
benazepril	6	MO; CG

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Drug Name	Drug Tier	Requirements /Limits
benazepril-hydrochlorothiazide	6	MO; CG
BENICAR	3	MO
BENICAR HCT	3	MO
betaxolol oral	2	MO
BIDIL	3	MO; QLL (180 per 30 days)
bisoprolol fumarate	2	MO
bisoprolol-hydrochlorothiazide	1	MO
BRILINTA	3	MO; QLL (60 per 30 days)
bumetanide injection	3	MO
bumetanide oral tablet 0.5 mg, 1 mg	2	MO
bumetanide oral tablet 2 mg	3	MO
BYSTOLIC ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; MO
BYSTOLIC ORAL TABLET 2.5 MG	4	MO
CALAN ORAL TABLET 120 MG	4	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	4	MO
candesartan	3	MO
candesartan-hydrochlorothiazid	3	MO
captopril	1	MO
captopril-hydrochlorothiazide	1	MO
CARDIZEM LA	4	MO
cartia xt	2	MO
carvedilol	1	MO
chlorothiazide oral tablet 250 mg	1	MO
chlorothiazide oral tablet 500 mg	2	MO
chlorothiazide sodium	4	MO
chlorthalidone oral tablet 25 mg, 50 mg	2	MO
cholestyramine (with sugar)	2	MO
cholestyramine light	2	MO
cilostazol	2	MO
clonidine hcl oral tablet	1	MO
clonidine transdermal patch	4	MO; QLL (4 per 28 days)
clopidogrel oral tablet 300 mg	3	MO; QLL (1 per 30 days)
clopidogrel oral tablet 75 mg	2	MO; QLL (30 per 30 days)
colesevelam	3	MO
colestipol	2	MO
CORLANOR	4	PAR; MO; QLL (60 per 30 days)
CORZIDE ORAL TABLET 40-5 MG	4	MO
COUMADIN ORAL	4	MO
COZAAR	4	MO
CRESTOR	3	MO
DEMSER	5	MO
digitek oral tablet 125 mcg	2	MO
digitek oral tablet 250 mcg	2	PAR; MO
digox oral tablet 125 mcg	3	MO
digoxin injection solution	4	PAR; MO
digoxin oral solution 50 mcg/ml	3	MO
digoxin oral tablet 125 mcg	2	MO
digoxin oral tablet 250 mcg	2	PAR; MO
dilt-xr	2	MO
diltiazem hcl intravenous	4	
diltiazem hcl oral capsule, ext.rel 24h degradable	2	MO
diltiazem hcl oral capsule, extended release 12 hr	3	MO
diltiazem hcl oral capsule, extended release 24 hr	2	MO
diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	MO
diltiazem hcl oral capsule, extended release 24hr 360 mg	4	MO
diltiazem hcl oral tablet	1	MO
DIOVAN HCT	4	MO
disopyramide phosphate oral capsule	4	PAR; MO
dofetilide	4	MO
doxazosin	2	MO
DYAZIDE	4	MO
EFFIENT	3	MO; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ELIQUIS ORAL TABLET 2.5 MG	3	MO; QLL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	MO; QLL (74 per 30 days)
enalapril maleate	6	MO; CG
enalapril-hydrochlorothiazide	6	MO; CG
enoxaparin subcutaneous solution	4	MO; QLL (84 per 28 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	4	MO; QLL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	4	MO; QLL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	4	MO; QLL (8.4 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	4	MO; QLL (11.2 per 28 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	4	MO; QLL (16.8 per 28 days)
ENTRESTO	4	PAR; MO
eplerenone	4	MO
eprosartan	3	MO
EXFORGE	4	MO
EXFORGE HCT	4	MO
ezetimibe	4	MO
felodipine	2	MO
fenofibrate micronized oral capsule 130 mg	4	MO
fenofibrate micronized oral capsule 134 mg, 67 mg	2	MO
fenofibrate micronized oral capsule 200 mg, 43 mg	3	MO
fenofibrate nanocrystallized oral tablet 145 mg	3	MO
fenofibrate nanocrystallized oral tablet 48 mg	2	MO
fenofibrate oral tablet 160 mg	3	MO
fenofibrate oral tablet 54 mg	2	MO
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg	3	MO
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg	2	MO
flecainide	2	MO
fluvastatin oral capsule 20 mg	3	MO
fluvastatin oral capsule 40 mg	4	MO
fondaparinux subcutaneous syringe 10 mg/0.8 ml	5	MO; QLL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	5	MO; QLL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	5	MO; QLL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	5	MO; QLL (18 per 30 days)
fosinopril	6	MO; CG
fosinopril-hydrochlorothiazide	1	MO
furosemide injection	3	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
gemfibrozil	2	MO
guanfacine oral tablet	2	PAR; MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	4	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	4	MO
heparin (porcine) in nacl (pf)	4	B/D PAR
heparin (porcine) injection cartridge	4	B/D PAR; MO
heparin (porcine) injection solution	4	B/D PAR; MO
heparin (porcine) injection syringe 5,000 unit/ml	4	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	B/D PAR
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml	4	MO

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Drug Name	Drug Tier	Requirements /Limits
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml	4	B/D PAR; MO
heparin, porcine (pf) injection	4	MO
hydralazine injection	4	MO
hydralazine oral	2	MO
hydrochlorothiazide	1	MO
HYZAAR	4	MO
indapamide	1	MO
irbesartan	6	MO; CG
irbesartan-hydrochlorothiazide	1	MO
isosorbide dinitrate oral tablet	3	MO
isosorbide dinitrate oral tablet extended release	3	
isosorbide mononitrate	2	MO
isradipine	3	MO
jantoven	1	MO
JUXTAPID	5	PAR; MO; LA; QLL (30 per 30 days)
KYNAMRO	5	PAR; MO; LA; QLL (4 per 28 days)
labetalol intravenous solution	4	MO
labetalol oral tablet 100 mg, 200 mg	2	MO
labetalol oral tablet 300 mg	3	MO
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	MO
LIPITOR ORAL TABLET 10 MG	4	MO
lisinopril	6	MO; CG
lisinopril-hydrochlorothiazide	6	MO; CG
LIVALO	4	MO
LOPID	4	MO
losartan	6	MO; CG
losartan-hydrochlorothiazide	6	MO; CG
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO
lovastatin	6	MO; CG
matzim la	4	MO
MAXZIDE	4	MO
MAXZIDE-25MG	4	MO
methyclothiazide	3	MO
methyldopa	2	PAR; MO
metolazone oral tablet 10 mg, 5 mg	3	MO
metolazone oral tablet 2.5 mg	2	MO
metoprolol succinate	2	MO
metoprolol tartrate intravenous solution	4	MO
metoprolol tartrate intravenous syringe	4	
metoprolol tartrate oral	1	MO
metoprolol tartrate-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg	3	MO
metoprolol tartrate-hydrochlorothiazide oral tablet 50-25 mg	2	MO
mexiletine oral capsule 150 mg, 250 mg	3	MO
mexiletine oral capsule 200 mg	4	MO
MICARDIS	4	MO
MICARDIS HCT	4	MO
MICROZIDE	4	MO
MINIPRESS ORAL CAPSULE 2 MG	4	MO
minoxidil oral	2	MO
moexipril	1	MO
moexipril-hydrochlorothiazide	1	MO
MULTAQ	4	MO; QLL (60 per 30 days)
nadolol oral tablet 20 mg, 40 mg	3	MO
nadolol oral tablet 80 mg	4	MO
nadolol-bendroflumethiazide	3	MO
niacin oral tablet extended release 24 hr	4	MO
NIACOR	2	MO
nicardipine intravenous solution	4	MO
nicardipine oral	2	MO
nifedipine oral tablet extended release	2	MO

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Drug Name	Drug Tier	Requirements /Limits
nifedipine oral tablet extended release 24hr	2	MO
nimodipine	4	MO
nitro-bid	3	MO
nitroglycerin intravenous	4	B/D PAR
nitroglycerin sublingual	3	MO
nitroglycerin transdermal patch 24 hour	2	MO
nitroglycerin translingual spray,non-aerosol	4	MO
NITROSTAT	3	MO
NORPACE	4	PAR; MO
NORVASC	4	MO
olmesartan	3	MO
olmesartan-amlodipine-hydrochlorothiazide	3	MO
olmesartan-hydrochlorothiazide	3	MO
omega-3 acid ethyl esters	3	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PAR; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PAR; MO
pacerone oral tablet 100 mg, 400 mg	4	MO
pacerone oral tablet 200 mg	2	MO
pentoxifylline	2	MO
perindopril erbumine	1	MO
pindolol oral tablet 10 mg	3	MO
pindolol oral tablet 5 mg	2	MO
PRADAXA	4	MO; QLL (60 per 30 days)
PRALUENT PEN	5	PAR; MO; QLL (2 per 28 days)
prasugrel	3	MO; QLL (30 per 30 days)
PRAVACHOL ORAL TABLET 20 MG	4	MO
pravastatin	6	MO; CG
prazosin oral capsule 1 mg, 2 mg	2	MO
prazosin oral capsule 5 mg	3	MO
prevalite	2	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	4	MO
procainamide injection solution 100 mg/ml	4	MO
procainamide injection solution 500 mg/ml	4	
PROCARDIA	4	PAR; MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	4	MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	5	PAR; MO; LA; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PAR; MO; LA; QLL (90 per 30 days)
propafenone oral tablet 150 mg	2	MO
propafenone oral tablet 225 mg	3	MO
propafenone oral tablet 300 mg	4	MO
propranolol intravenous	4	
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg	3	MO
propranolol oral capsule, extended release 24 hr 60 mg, 80 mg	2	MO
propranolol oral solution	2	MO
propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
propranolol oral tablet 60 mg	2	MO
propranolol-hydrochlorothiazid	2	MO
quinapril	6	MO; CG
quinapril-hydrochlorothiazide	1	MO
quinidine gluconate injection	4	MO
quinidine sulfate oral tablet	2	MO
ramipril	6	MO; CG
RANEXA	3	ST; MO
REMODULIN	5	PAR; MO; LA
REPATHA PUSHTRONEX	5	PAR; MO; QLL (3.5 per 28 days)
REPATHA SURECLICK	5	PAR; MO; QLL (3 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
REPATHA SYRINGE	5	PAR; MO; QLL (3 per 28 days)
rosuvastatin	3	MO
simvastatin	6	MO; CG
sorine oral tablet 120 mg, 160 mg	2	MO
sorine oral tablet 240 mg	2	
sorine oral tablet 80 mg	1	MO
sotalol af oral tablet 120 mg, 160 mg	2	MO
sotalol af oral tablet 80 mg	1	MO
sotalol oral tablet 120 mg, 160 mg, 240 mg	2	MO
sotalol oral tablet 80 mg	1	MO
spironolacton-hydrochlorothiaz	2	MO
spironolactone	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG	4	MO
taztia xt	2	MO
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
telmisartan	3	MO
telmisartan-amlodipine	3	MO
telmisartan-hydrochlorothiazid	3	MO
TENORETIC 100	4	MO
TENORETIC 50	4	MO
terazosin oral capsule	1	MO
TIAZAC	4	MO
TIKOSYN	4	MO
timolol maleate oral tablet 10 mg, 5 mg	2	MO
timolol maleate oral tablet 20 mg	3	MO
TOPROL XL	4	MO
torsemide oral	2	MO
trandolapril	6	MO; CG
trandolapril-verapamil	4	MO
tranexamic acid intravenous	3	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral capsule 50-25 mg	4	MO
triamterene-hydrochlorothiazid oral tablet	1	MO
TRIBENZOR	3	MO
TRICOR ORAL TABLET 48 MG	4	MO
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 MG	4	MO
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	4	MO
UPTRAVI ORAL TABLET	5	PAR; MO; LA; QLL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PAR; MO; LA; QLL (400 per 365 days)
valsartan	1	MO
valsartan-hydrochlorothiazide	6	MO; CG
VASCEPA	4	MO
VASERETIC	4	MO
VASOTEC ORAL TABLET 2.5 MG	4	MO
VECAMYL	4	
verapamil intravenous solution	2	MO
verapamil intravenous syringe	4	
verapamil oral capsule, 24 hr er pellet ct	2	MO
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	2	MO
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	3	MO
verapamil oral tablet	1	MO
verapamil oral tablet extended release 120 mg	2	MO
verapamil oral tablet extended release 180 mg, 240 mg	1	MO
warfarin	1	MO
WELCHOL	3	MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
XARELTO ORAL TABLET 15 MG	3	MO; QLL (42 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	3	MO; QLL (102 per 365 days)
ZESTORETIC	4	MO
ZESTRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	MO
ZETIA	4	MO
ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG	4	MO
ZOCOR ORAL TABLET 10 MG	4	MO
Dermatologicals/Topical Therapy		
acitretin oral capsule 10 mg	4	MO
acitretin oral capsule 17.5 mg, 25 mg	5	MO
acyclovir topical	4	MO; QLL (30 per 30 days)
adapalene topical cream	4	MO
adapalene topical gel 0.1 %	4	MO
ala-cort topical cream 2.5 %	1	MO
alclometasone topical cream	4	MO
alclometasone topical ointment	3	MO
amcinonide topical cream	4	MO
amcinonide topical lotion	4	MO
amcinonide topical ointment	4	
ammonium lactate	2	MO
avita topical cream	4	PAR; MO; QLL (45 per 30 days)
betamethasone dipropionate topical cream	4	MO
betamethasone dipropionate topical lotion	3	MO
betamethasone dipropionate topical ointment	4	MO
betamethasone valerate topical cream	2	MO
betamethasone valerate topical lotion	4	MO
betamethasone valerate topical ointment	3	MO
betamethasone, augmented topical cream	2	MO
betamethasone, augmented topical gel	4	MO
betamethasone, augmented topical lotion	4	MO
betamethasone, augmented topical ointment	4	MO
calcipotriene scalp	4	MO; QLL (60 per 30 days)
calcipotriene topical	4	MO; QLL (120 per 30 days)
calcitriol topical	4	MO
ciclodan	3	MO
ciclopirox topical cream	3	MO
ciclopirox topical gel	4	MO
ciclopirox topical shampoo	4	MO
ciclopirox topical solution	2	MO
ciclopirox topical suspension	3	MO
claravis	4	MO
clindamycin phosphate topical gel	3	MO
clindamycin phosphate topical lotion	3	MO
clindamycin phosphate topical solution	3	MO
clindamycin phosphate topical swab	2	MO
clindamycin-benzoyl peroxide topical gel	4	MO
clobetasol scalp	2	MO
clobetasol topical cream	2	MO; QLL (120 per 30 days)
clobetasol topical foam	4	MO; QLL (100 per 30 days)
clobetasol topical gel	2	MO
clobetasol topical lotion	4	MO
clobetasol topical ointment	3	MO; QLL (120 per 30 days)
clobetasol topical shampoo	4	MO
clobetasol-emollient topical cream	3	MO; QLL (120 per 30 days)
clobetasol-emollient topical foam	4	MO; QLL (100 per 30 days)
CLOBEX TOPICAL LOTION	4	MO
clotrimazole topical cream	3	MO
clotrimazole topical solution	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
clotrimazole-betamethasone topical cream	3	MO
clotrimazole-betamethasone topical lotion	4	MO
DENAVIR	5	MO; QLL (5 per 30 days)
DERMATOP TOPICAL OINTMENT	4	MO
desonide	4	MO
desoximetasone topical cream	4	MO
desoximetasone topical gel	4	MO
desoximetasone topical ointment 0.25 %	4	MO
diclofenac sodium topical gel 3 %	5	PAR; MO; QLL (100 per 30 days)
diflorasone	4	MO
econazole	2	MO
ELIDEL	4	PAR; MO; QLL (100 per 90 days)
ery pads	3	MO
erythromycin with ethanol	2	MO
erythromycin-benzoyl peroxide	3	MO
EXELDERM	4	MO
fluocinolone	4	MO; QLL (120 per 30 days)
fluocinolone and shower cap	4	MO; QLL (120 per 30 days)
fluocinonide topical cream 0.05 %	2	MO; QLL (240 per 30 days)
fluocinonide topical cream 0.1 %	5	MO; QLL (120 per 30 days)
fluocinonide topical gel	3	MO; QLL (240 per 30 days)
fluocinonide topical ointment	3	MO; QLL (240 per 30 days)
fluocinonide topical solution	4	MO; QLL (240 per 30 days)
fluocinonide-e	2	MO; QLL (240 per 30 days)
FLUOCINONIDE-EMOLLIENT	2	QLL (240 per 30 days)
fluorouracil topical cream 5 %	3	MO
fluorouracil topical solution 2 %	4	MO
fluorouracil topical solution 5 %	3	MO
fluticasone topical cream	3	MO
fluticasone topical lotion	4	MO
fluticasone topical ointment	3	MO
gentamicin topical	3	MO
halobetasol propionate	4	MO
HALOG	4	MO
hydrocortisone butyrate topical cream	2	MO
hydrocortisone butyrate topical ointment	4	MO
hydrocortisone butyrate topical solution	2	MO
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	3	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate	4	MO
hydrocortisone-min oil-wht pet	2	MO
imiquimod topical cream in packet	4	MO
ketoconazole topical cream	3	MO
ketoconazole topical shampoo	2	MO
lidocaine (pf) injection solution 5 mg/ml (0.5 %)	4	MO
lidocaine hcl injection solution 20 mg/ml (2 %)	3	MO
lidocaine hcl laryngotracheal	2	MO; QLL (300 per 30 days)
lidocaine hcl mucous membrane jelly	2	MO
lidocaine hcl mucous membrane jelly in applicator	2	MO
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	2	MO; QLL (300 per 30 days)
lidocaine topical adhesive patch,medicated	4	PAR; MO; QLL (90 per 30 days)
lidocaine topical ointment	4	MO; QLL (150 per 30 days)
lidocaine viscous	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
lidocaine-prilocaine topical cream	4	MO; QLL (30 per 30 days)
lindane topical shampoo	4	MO
malathion	4	MO
methoxsalen	5	PAR; MO
metronidazole topical cream	4	MO
metronidazole topical gel 0.75 %	3	MO
metronidazole topical gel 1 %	4	MO
metronidazole topical lotion	4	MO
mometasone topical	2	MO
mupirocin topical cream	4	MO
mupirocin topical ointment	2	MO
myorisan oral capsule 10 mg, 20 mg, 40 mg	4	MO
nyamyc	3	MO
nystatin topical cream	2	MO
nystatin topical ointment	2	MO
nystatin topical powder	3	MO
nystatin-triamcinolone	4	MO
nystop	3	MO
PANRETIN	5	MO
permethrin topical cream	3	MO
PICATO	4	MO
podofilox	4	MO
prednicarbate	4	MO
rosadan topical cream	2	MO
rosadan topical gel	2	MO
SANTYL	4	MO; QLL (30 per 30 days)
selenium sulfide topical lotion	2	MO
SILVADENE	3	MO
silver sulfadiazine	3	MO
ssd topical cream 1%	3	MO
STELARA SUBCUTANEOUS SYRINGE	5	PAR; MO; QLL (1 per 28 days)
sulfacetamide sodium (acne)	4	MO
SULFAMYLON TOPICAL CREAM	4	MO
tacrolimus topical	4	PAR; MO; QLL (100 per 90 days)
TALTZ SYRINGE	5	PAR; MO
tazarotene	4	PAR; MO
TAZORAC	4	PAR; MO
TEMOVATE TOPICAL CREAM	4	MO; QLL (120 per 30 days)
TEMOVATE TOPICAL OINTMENT	4	MO; QLL (120 per 30 days)
tretinoin topical cream	3	PAR; MO; QLL (45 per 30 days)
tretinoin topical gel 0.01 %, 0.025 %	3	PAR; MO; QLL (45 per 30 days)
triamcinolone acetonide topical cream 0.025 %	1	MO
triamcinolone acetonide topical cream 0.1 %, 0.5 %	2	MO
triamcinolone acetonide topical lotion	3	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	MO
trianex	5	MO
triderm topical cream	1	MO
UVADEX	4	B/D PAR
VALCHLOR	5	PAR; MO
zenatane oral capsule 10 mg, 20 mg, 40 mg	4	MO
zenatane oral capsule 30 mg	3	MO
Diagnostics / Miscellaneous Agents		
acamprosate	4	MO
acetic acid irrigation	2	MO
acetylcysteine intravenous	2	MO
ADAGEN	5	MO
alendronate oral tablet 40 mg	6	MO; CG; QLL (30 per 30 days)
anagrelide	3	MO
ARALAST NP	5	PAR; MO; LA
BUPHENYL ORAL TABLET	5	PAR; MO
bupropion hcl (smoking deter)	2	MO; QLL (60 per 30 days)
CARBAGLU	5	PAR; MO; LA
cevimeline	4	MO
CHANTIX	4	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	4	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	4	PAR; MO; QLL (106 per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PAR
CLINIMIX E 2.75%/ D10W SUL FREE	4	B/D PAR
CLINIMIX E 2.75%/D5W SULF FREE	4	B/D PAR
CLINIMIX N9G20E 2.75%-D10W(SF)	4	B/D PAR
d10 %-0.45 % sodium chloride	4	
d2.5 %-0.45 % sodium chloride	4	
d5 % and 0.9 % sodium chloride	3	MO
d5 %-0.45 % sodium chloride	3	MO
dextrose 10 % and 0.2 % nacl	4	
dextrose 10 % in water (d10w)	4	MO
dextrose 25 % in water (d25w)	4	
dextrose 30 % in water (d30w)	4	
dextrose 40 % in water (d40w)	4	
dextrose 5 % in water (d5w)	4	MO
dextrose 5 %-lactated ringers	3	MO
dextrose 5%-0.2 % sod chloride	4	
dextrose 5%-0.3 % sod.chloride	4	
dextrose 50 % in water (d50w) intravenous parenteral solution	4	MO
dextrose 50 % in water (d50w) intravenous syringe	4	
dextrose 70 % in water (d70w)	4	MO
dextrose with sodium chloride	4	
disulfiram	4	MO
etidronate disodium	2	MO
EXJADE	5	PAR; MO; LA
INCRELEX	5	PAR; MO; LA
kionex (with sorbitol)	3	MO
lactated ringers irrigation	4	MO
levocarnitine (with sugar)	3	B/D PAR; MO
levocarnitine oral tablet	3	MO
midodrine	4	MO
neomycin-polymyxin b gu	4	MO
NICOTROL NS	3	MO; QLL (120 per 30 days)
NORTHERA ORAL CAPSULE 100 MG	5	PAR; MO; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	5	PAR; MO; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PAR; MO; QLL (180 per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	PAR; LA
ORFADIN ORAL CAPSULE 20 MG	5	PAR; MO; LA
ORFADIN ORAL SUSPENSION	5	PAR; MO; LA
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
pilocarpine hcl oral	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PAR; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PAR; MO
RAVICTI	5	PAR; MO; QLL (525 per 30 days)
RENVELA ORAL TABLET	3	MO; QLL (540 per 30 days)
riluzole	4	MO
ringer's irrigation	4	MO
risedronate oral tablet 30 mg	4	ST; MO; QLL (30 per 30 days)
sevelamer carbonate oral powder in packet 0.8 gram	5	MO; QLL (540 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	5	MO; QLL (180 per 30 days)
sevelamer carbonate oral tablet	3	MO; QLL (540 per 30 days)
sodium chloride 0.9 % intravenous	3	MO
sodium chloride irrigation	3	MO

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Drug Name	Drug Tier	Requirements /Limits
sodium phenylbutyrate	5	PAR; MO
sodium polystyrene (sorb free)	4	MO
sodium polystyrene sulfonate oral	4	MO
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	4	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	4	
sps (with sorbitol) oral	4	MO
sps (with sorbitol) rectal	4	
SYPRINE	5	MO
THIOLA	5	PAR; MO
trientine	5	MO
water for irrigation, sterile	3	MO
zoledronic acid-mannitol-water 5 mg/100 ml	4	PAR; MO
Ear, Nose / Throat Medications		
acetic acid otic (ear)	1	MO
azelastine nasal aerosol,spray	3	MO; QLL (30 per 25 days)
azelastine nasal spray,non-aerosol	4	MO; QLL (30 per 25 days)
chlorhexidine gluconate mucous membrane	1	MO
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
denta 5000 plus	2	MO
dentagel	2	MO
fluocinolone acetonide oil otic	4	MO
hydrocortisone-acetic acid	4	MO
ipratropium bromide nasal	2	MO; QLL (30 per 30 days)
neomycin-polymyxin-hc otic (ear)	2	MO
ofloxacin otic (ear)	2	MO
paroex oral rinse	1	MO
periogard	1	MO
sf 5000 plus	2	MO
triamcinolone acetonide dental	3	MO
Endocrine/Diabetes		
a-hydrocort	4	MO
acarbose oral tablet 100 mg	3	MO; QLL (90 per 30 days)
acarbose oral tablet 25 mg	3	MO; QLL (360 per 30 days)
acarbose oral tablet 50 mg	3	MO; QLL (180 per 30 days)
ACTHAR H.P.	5	PAR; MO
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	4	MO; QLL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	4	MO; QLL (45 per 30 days)
alcohol pads	1	MO
ALDURAZYME	5	PAR; MO
AMARYL ORAL TABLET 1 MG	4	MO; QLL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	4	MO; QLL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	4	MO; QLL (60 per 30 days)
ANADROL-50	5	PAR; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PAR; MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PAR; MO; QLL (150 per 30 days)
armour thyroid	2	PAR; MO
AVANDIA ORAL TABLET 2 MG	4	PAR; MO; QLL (120 per 30 days)
AVANDIA ORAL TABLET 4 MG	4	PAR; MO; QLL (60 per 30 days)
BYDUREON	3	MO; QLL (4 per 28 days)
BYDUREON BCISE	3	MO; QLL (4 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/ DOSE(250 MCG/ML) 2.4 ML	3	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/ DOSE (250 MCG/ML) 1.2 ML	3	MO; QLL (1.2 per 30 days)
cabergoline	3	MO
calcitonin (salmon)	3	MO; QLL (4 per 30 days)
calcitriol intravenous solution 1 mcg/ml	4	MO
calcitriol oral capsule	2	MO
calcitriol oral solution	3	B/D PAR; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PAR; MO
cortisone	4	MO
CYCLOSET	4	ST; MO; QLL (180 per 30 days)
CYTOMEL	4	MO
danazol	3	MO
desmopressin injection	4	MO
desmopressin nasal spray with pump	4	MO
desmopressin nasal spray,non-aerosol	4	MO
desmopressin oral	4	MO
dexamethasone intensol	4	MO
dexamethasone oral elixir	4	MO
dexamethasone oral solution	4	MO
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	2	MO
dexamethasone sodium phos (pf)	4	MO
dexamethasone sodium phosphate injection solution	3	MO
dexamethasone sodium phosphate injection syringe	4	MO
doxercalciferol intravenous	4	
doxercalciferol oral capsule 0.5 mcg	4	B/D PAR; MO
doxercalciferol oral capsule 1 mcg, 2.5 mcg	5	MO
DUETACT ORAL TABLET 30-4 MG	4	MO; QLL (30 per 30 days)
ELAPRASE	5	PAR; MO
FABRAZYME	5	PAR; MO
fludrocortisone	3	MO
gauze pads 2 x 2	1	MO; QLL (200 per 30 days)
glimepiride oral tablet 1 mg	6	MO; CG; QLL (240 per 30 days)
glimepiride oral tablet 2 mg	6	MO; CG; QLL (120 per 30 days)
glimepiride oral tablet 4 mg	6	MO; CG; QLL (60 per 30 days)
glipizide oral tablet 10 mg	6	MO; CG; QLL (120 per 30 days)
glipizide oral tablet 5 mg	6	MO; CG; QLL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	6	MO; CG; QLL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	6	MO; CG; QLL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	6	MO; CG; QLL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	6	MO; CG; QLL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	6	MO; CG; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	4	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	4	MO; QLL (60 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	4	MO; QLL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	4	MO; QLL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	4	MO; QLL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	4	MO; QLL (60 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	4	MO; QLL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	4	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	4	MO; QLL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	4	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	4	MO; QLL (120 per 30 days)
GLUCOVANCE	4	PAR; MO; QLL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	5	MO; QLL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	5	MO; QLL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg	2	PAR; MO; QLL (240 per 30 days)
glyburide micronized oral tablet 3 mg	2	PAR; MO; QLL (120 per 30 days)
glyburide micronized oral tablet 6 mg	2	PAR; MO; QLL (60 per 30 days)
glyburide oral tablet 1.25 mg	2	PAR; MO; QLL (480 per 30 days)
glyburide oral tablet 2.5 mg	2	PAR; MO; QLL (240 per 30 days)
glyburide oral tablet 5 mg	2	PAR; MO; QLL (120 per 30 days)
glyburide-metformin oral tablet 1.25-250 mg	2	PAR; MO; QLL (240 per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	PAR; MO; QLL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
hydrocortisone oral tablet 10 mg, 5 mg	3	MO
hydrocortisone oral tablet 20 mg	2	MO
insulin pen needle	2	MO; QLL (200 per 30 days)
insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml	2	MO; QLL (200 per 30 days)
JANUMET	3	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)
JARDIANCE	3	MO; QLL (30 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QLL (30 per 30 days)
KORLYM	5	PAR; MO
KUVAN ORAL TABLET, SOLUBLE	5	PAR; MO
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LEVEMIR FLEXTOUCH U-100 INSULN	3	MO
LEVEMIR U-100 INSULIN	3	MO
levothyroxine oral	1	MO
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	3	MO
liothyronine intravenous	5	MO
liothyronine oral	2	MO
metformin oral tablet 1,000 mg	6	MO; CG; QLL (60 per 30 days)
metformin oral tablet 500 mg	6	MO; CG; QLL (150 per 30 days)
metformin oral tablet 850 mg	6	MO; CG; QLL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	6	MO; CG; QLL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	6	MO; CG; QLL (60 per 30 days)
metformin oral tablet extended release 24 hrs osm-tab 500mg	4	MO; QLL (150 per 30 days)
metformin oral tablet extended release 24hr 1,000 mg	4	MO; QLL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	5	MO; QLL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	5	MO; QLL (120 per 30 days)
methimazole oral tablet 10 mg, 5 mg	2	MO
methylprednisolone acetate	3	MO
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg	3	MO
methylprednisolone oral tablet 8 mg	4	MO
methylprednisolone oral tablets,dose pack	3	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	4	MO
methylprednisolone sodium succ intravenous	4	MO
MIACALCIN INJECTION	5	B/D PAR; MO
miglitol oral tablet 100 mg	4	MO; QLL (90 per 30 days)
miglitol oral tablet 25 mg	4	MO; QLL (360 per 30 days)
miglitol oral tablet 50 mg	4	MO; QLL (180 per 30 days)
miglustat	5	PAR; MO; LA
NAGLAZYME	5	PAR; MO; LA
nateglinide oral tablet 120 mg	4	MO; QLL (90 per 30 days)
nateglinide oral tablet 60 mg	4	MO; QLL (180 per 30 days)
NATPARA	5	PAR; MO; LA; QLL (2 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
needles, insulin disp.,safety	2	MO; QLL (200 per 30 days)
oxandrolone oral tablet 10 mg	5	PAR; MO; QLL (60 per 30 days)
oxandrolone oral tablet 2.5 mg	3	PAR; MO; QLL (240 per 30 days)
OZEMPIC	3	MO
pamidronate intravenous recon soln	4	MO
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)	4	MO
pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)	2	B/D PAR; MO
paricalcitol oral	4	MO
pioglitazone oral tablet 15 mg	2	MO; QLL (90 per 30 days)
pioglitazone oral tablet 30 mg	2	MO; QLL (45 per 30 days)
pioglitazone oral tablet 45 mg	2	MO; QLL (30 per 30 days)
pioglitazone-glimepiride	4	MO; QLL (30 per 30 days)
pioglitazone-metformin	4	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)
prednisolone oral solution 15 mg/5 ml	3	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)	3	MO
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	4	MO
prednisolone sodium phosphate oral tablet, disintegrating	4	MO
prednisone intensol	4	MO
prednisone oral solution	3	MO
prednisone oral tablet	1	MO
prednisone oral tablets,dose pack	1	MO
PROGLYCEM	5	MO
propylthiouracil	3	MO
repaglinide oral tablet 0.5 mg	4	MO; QLL (960 per 30 days)
repaglinide oral tablet 1 mg	4	MO; QLL (480 per 30 days)
repaglinide oral tablet 2 mg	4	MO; QLL (240 per 30 days)
RIOMET	4	MO; QLL (780 per 30 days)
SAMSCA ORAL TABLET 15 MG	5	PAR; MO; QLL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PAR; MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	3	B/D PAR; MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	5	B/D PAR; MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	B/D PAR; MO; QLL (120 per 30 days)
SOMAVERT	5	PAR; MO
STIMATE	5	MO
SYMLINPEN 120	5	PAR; MO; QLL (11 per 30 days)
SYMLINPEN 60	5	PAR; MO; QLL (6 per 30 days)
SYNAREL	5	PAR; MO
SYNJARDY	3	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QLL (30 per 30 days)
SYNTHROID	3	MO
TANZEUM	4	MO; QLL (4 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
TAPAZOLE	3	MO
testosterone cypionate	2	PAR; MO
testosterone enanthate	4	PAR; MO
TESTOSTERONE TRANSDERMAL GEL	3	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM / ACTUATION	3	PAR; MO; QLL (120 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PAR; MO; QLL (300 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	3	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PAR; MO; QLL (300 per 30 days)
thyroid (pork) oral tablet 30 mg, 60 mg	2	PAR
thyroid (pork) oral tablet 90 mg	2	PAR; MO
tolazamide oral tablet 250 mg	1	MO; QLL (120 per 30 days)
tolazamide oral tablet 500 mg	1	MO; QLL (60 per 30 days)
tolbutamide	2	MO; QLL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QLL (30 per 30 days)
triamcinolone acetonide injection	4	MO
TRULICITY	3	MO; QLL (2 per 28 days)
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	3	MO
unithroid oral tablet 137 mcg	1	MO
VICTOZA 2-PAK	3	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QLL (9 per 30 days)
VPRIV	5	PAR; MO
ZAVESCA	5	PAR; MO; LA
zoledronic acid intravenous solution 4 mg/5 ml intravenous solution	4	PAR; MO
ZOMETA INTRAVENOUS PIGGYBACK	5	PAR; MO
Gastroenterology		
alosetron	5	PAR; MO; QLL (60 per 30 days)
AMITIZA	3	MO; QLL (60 per 30 days)
aprepitant oral capsule 125 mg	3	B/D PAR; MO; QLL (5 per 30 days)
aprepitant oral capsule 40 mg	3	B/D PAR; MO; QLL (1 per 28 days)
aprepitant oral capsule 80 mg	3	B/D PAR; MO; QLL (10 per 30 days)
aprepitant oral capsule,dose pack	3	B/D PAR; MO; QLL (15 per 30 days)
APRISO	3	MO
ASACOL HD	3	MO
atropine injection solution 0.4 mg/ml	4	MO
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	4	
balsalazide	4	MO
budesonide oral	5	MO
CANASA	5	MO
carafate oral suspension	4	MO
cimetidine	3	MO
cimetidine hcl oral	3	MO
compro	4	MO
constulose	2	MO
CREON	3	MO
cromolyn oral	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
DEXILANT	4	ST; MO; QLL (30 per 30 days)
dicyclomine oral capsule	1	MO
dicyclomine oral solution	4	MO
dicyclomine oral tablet	2	MO
DIPENTUM	5	MO
diphenoxylate-atropine oral liquid	1	MO
diphenoxylate-atropine oral tablet	3	MO
dronabinol oral capsule 10 mg	5	B/D PAR; MO; QLL (120 per 30 days)
dronabinol oral capsule 2.5 mg, 5 mg	4	B/D PAR; MO; QLL (120 per 30 days)
EMEND ORAL CAPSULE 125 MG	3	B/D PAR; MO; QLL (5 per 30 days)
EMEND ORAL CAPSULE 40 MG	3	B/D PAR; MO; QLL (1 per 28 days)
EMEND ORAL CAPSULE 80 MG	3	B/D PAR; MO; QLL (10 per 30 days)
EMEND ORAL CAPSULE,DOSE PACK	3	B/D PAR; MO; QLL (15 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PAR; MO; QLL (15 per 30 days)
enulose	2	MO
esomeprazole magnesium	4	MO; QLL (30 per 30 days)
esomeprazole sodium intravenous recon soln 20 mg	4	
esomeprazole sodium intravenous recon soln 40 mg	4	MO
famotidine (pf)	3	MO
famotidine (pf)-nacl (iso-os)	3	MO
famotidine intravenous solution	4	MO
famotidine oral suspension	4	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
GATTEX 30-VIAL	5	PAR; MO
GATTEX ONE-VIAL	5	PAR; MO
gavilyte-c	2	MO
gavilyte-g	2	MO
gavilyte-n	2	MO
generlac	2	MO
glycopyrrolate injection	4	MO
glycopyrrolate oral tablet 1 mg, 2 mg	3	MO
granisetron (pf) intravenous solution 100 mcg/ml	4	MO
granisetron hcl intravenous	4	MO
granisetron hcl oral	4	B/D PAR; MO; QLL (30 per 30 days)
hydrocortisone rectal	4	MO
hydrocortisone topical cream with perineal applicator 2.5 %	1	MO
lactulose oral solution	2	MO
lansoprazole oral capsule, delayed release(dr/ec)	4	MO; QLL (30 per 30 days)
LIALDA	3	MO
LINZESS	3	MO; QLL (30 per 30 days)
loperamide oral capsule	3	MO
meclizine oral tablet 12.5 mg, 25 mg	2	MO
mesalamine oral tablet, delayed release (dr/ec) 1.2 gram	3	MO
MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	3	MO
mesalamine rectal	3	MO
mesalamine with cleansing wipe	4	MO
methscopolamine	4	MO
metoclopramide hcl injection solution	3	MO
metoclopramide hcl injection syringe	4	

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Drug Name	Drug Tier	Requirements /Limits
metoclopramide hcl oral solution	2	MO
metoclopramide hcl oral tablet	1	MO
misoprostol oral tablet 100 mcg	3	MO
misoprostol oral tablet 200 mcg	4	MO
MOVANTIK	3	MO; QLL (30 per 30 days)
MOVIPREP	4	MO
nizatidine oral capsule	3	MO
omeprazole oral capsule, delayed release(dr/ec)	2	MO; QLL (30 per 30 days)
ondansetron hcl (pf) injection solution	4	MO
ondansetron hcl (pf) injection syringe	3	MO
ondansetron hcl intravenous	4	MO
ondansetron hcl oral solution	4	B/D PAR; MO; QLL (450 per 30 days)
ondansetron hcl oral tablet 24 mg	4	B/D PAR; QLL (30 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	3	B/D PAR; MO; QLL (90 per 30 days)
ondansetron oral tablet, disintegrating 4 mg	4	B/D PAR; MO; QLL (90 per 30 days)
ondansetron oral tablet, disintegrating 8 mg	3	B/D PAR; MO; QLL (90 per 30 days)
opium tincture	2	MO
OSMOPREP	4	MO
pantoprazole intravenous	4	MO
pantoprazole oral	1	MO; QLL (30 per 30 days)
paregoric	2	MO
peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram	2	MO
peg 3350-electrolytes oral recon soln 240-22.72-6.72 - 5.84 gram	2	
peg-electrolyte soln	2	
PENTASA	3	MO
polyethylene glycol 3350	2	MO
prochlorperazine	4	MO
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	4	MO
prochlorperazine maleate	2	MO
procto-med hc	4	MO
procto-pak	2	MO
proctosol hc topical	2	MO
proctozone-hc	1	MO
propantheline	4	MO
ranitidine hcl injection	4	MO
ranitidine hcl oral capsule	3	MO
ranitidine hcl oral syrup	4	MO
ranitidine hcl oral tablet 150 mg, 300 mg	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	PAR; MO; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PAR; MO; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PAR; MO; QLL (12 per 30 days)
REMICADE	5	PAR; MO
scopolamine base	4	MO; QLL (10 per 30 days)
SUCRAID	5	MO
sucralfate oral tablet	2	MO
sulfasalazine	2	MO
SUPREP BOWEL PREP KIT	3	MO
transderm-scop	4	MO; QLL (10 per 30 days)
trilyte with flavor packets	2	MO
UCERIS ORAL	5	MO
ursodiol	3	MO
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	3	MO
ACTIMMUNE	5	PAR; MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ ML, 300 MCG/ML	5	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ ML, 60 MCG/ML	4	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/ 0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	4	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/ 0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	5	PAR; MO
ARCALYST	5	PAR; MO
AVONEX (WITH ALBUMIN)	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PAR; MO; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	4	MO
BETASERON SUBCUTANEOUS KIT	5	PAR; MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	4	PAR; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
DYSPORT	4	PAR; MO
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	PAR; MO
ENGERIX-B (PF)	3	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PAR; MO
fomepizole	5	
GAMUNEX-C	5	PAR; MO
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	3	MO
HYPERRAB (PF)	5	
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PAR; MO; LA
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
INTRON A INJECTION	5	PAR; MO
IPOL	3	MO
IXIARO (PF)	3	MO
KEDRAB (PF)	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
M-M-R II (PF)	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
MOZOBIL	5	PAR; MO
NEULASTA	5	PAR; MO; QLL (1.2 per 28 days)
NEUPOGEN	5	PAR; MO

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Drug Name	Drug Tier	Requirements /Limits
NORDITROPIN FLEXPRO	5	PAR; MO
OCTAGAM	5	PAR; MO
OMNITROPE	5	PAR; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PEGASYS	5	PAR; MO
PEGASYS PROCLICK	5	PAR; MO
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	PAR; MO
PENTACEL (PF)	3	MO
PLEGRIDY	5	PAR; MO; QLL (1 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PAR; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ ML	5	PAR; MO
PROLEUKIN	5	B/D PAR; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	4	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PAR
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
SYLATRON	5	PAR; MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	4	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TETANUS-DIPHTHERIA TOXOIDS-TD	3	MO
THYMOGLOBULIN	5	B/D PAR
TICE BCG	4	B/D PAR; MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	4	PAR; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	5	PAR; MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO
Musculoskeletal / Rheumatology		
alendronate oral solution	3	MO; QLL (300 per 28 days)
alendronate oral tablet 10 mg, 5 mg	6	MO; CG; QLL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	6	MO; CG; QLL (4 per 28 days)
allopurinol	1	MO
allopurinol sodium intravenous	4	
aloprim	4	
BENLYSTA	5	PAR; MO
BONIVA INTRAVENOUS	4	B/D PAR; MO
COLCRYS	3	MO
DEPEN TITRATABS	5	MO

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Drug Name	Drug Tier	Requirements /Limits
ENBREL MINI	5	PAR; MO; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PAR; MO; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	5	PAR; MO; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	5	PAR; MO; QLL (8 per 28 days)
ENBREL SURECLICK	5	PAR; MO; QLL (8 per 28 days)
FORTEO	5	PAR; MO; QLL (3 per 28 days)
FOSAMAX ORAL TABLET 70 MG	4	ST; MO; QLL (4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QLL (4 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PAR; MO; QLL (12 per 365 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML	5	PAR; MO; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PAR; MO; QLL (4 per 365 days)
HUMIRA PEN	5	PAR; MO; QLL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/ 0.8 ML	5	PAR; MO; QLL (12 per 365 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/ 0.8 ML	5	PAR; MO; QLL (6 per 365 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/ 0.8 ML	5	PAR; MO; QLL (4 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/ 0.8 ML-40 MG/0.4 ML	5	PAR; MO; QLL (6 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML	5	PAR; MO; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PAR; MO; QLL (4 per 28 days)
ibandronate intravenous solution	4	B/D PAR; MO
ibandronate intravenous syringe	4	MO
ibandronate oral	3	MO; QLL (1 per 28 days)
leflunomide oral tablet 10 mg	4	MO
leflunomide oral tablet 20 mg	3	MO
probenecid	3	MO
probenecid-colchicine	3	MO
PROLIA	4	PAR; MO; QLL (2 per 365 days)
raloxifene	3	MO; QLL (30 per 30 days)
RIDAURA	5	MO
risedronate oral tablet 150 mg	4	ST; MO; QLL (1 per 28 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	4	ST; MO; QLL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
risedronate oral tablet 5 mg	4	ST; MO; QLL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	4	MO; QLL (4 per 28 days)
SAVELLA ORAL TABLET 100 MG	3	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	3	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	3	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	3	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QLL (110 per 365 days)
ULORIC	3	ST; MO
XELJANZ	5	PAR; MO; QLL (60 per 30 days)
Obstetrics / Gynecology		
altavera (28)	4	MO
alyacen 1/35 (28)	4	MO
alyacen 7/7/7 (28)	4	MO
amethia	4	MO
apri	3	MO
aranelle (28)	4	MO
aubra	4	MO
aviane	3	MO
azurette (28)	4	MO
balziva (28)	4	MO
blisovi fe 1.5/30 (28)	4	MO
briellyn	4	MO
camila	3	MO
CAZIANT (28)	4	MO
clindamycin phosphate vaginal	4	MO
cryselle (28)	3	MO
cyclafem 1/35 (28)	3	MO
cyclafem 7/7/7 (28)	3	MO
dasetta 1/35 (28)	4	MO
dasetta 7/7/7 (28)	4	MO
DELESTROGEN	4	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	MO
drospirenone-ethinyl estradiol	4	MO
ELESTRIN	4	PAR; MO
elinest	4	MO
ELLA	3	
emoquette	3	MO
enpresse	3	MO
errin	3	MO
estarylla	4	MO
ESTRACE VAGINAL	4	MO
estradiol oral	1	PAR; MO
estradiol transdermal patch semiweekly	4	PAR; MO; QLL (8 per 28 days)
estradiol transdermal patch weekly	4	PAR; MO; QLL (4 per 28 days)
estradiol vaginal	4	MO
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	4	MO
estradiol-norethindrone acet	4	PAR; MO
ESTRING	4	MO; QLL (1 per 90 days)
estropipate oral tablet 0.75 mg	2	PAR; MO
EVAMIST	4	PAR; MO
falmina (28)	3	MO
FEMRING	4	MO; QLL (1 per 90 days)
gianvi (28)	4	MO
heather	4	MO
hydroxyprogesterone caproate	5	MO
introvale	3	MO
jinteli	4	PAR; MO
jolessa	4	MO
jolivette	3	MO
junel 1.5/30 (21)	3	MO
junel 1/20 (21)	3	MO
junel fe 1.5/30 (28)	3	MO
junel fe 1/20 (28)	3	MO
junel fe 24	4	MO
kariva (28)	4	MO
kelnor 1/35 (28)	3	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
larin 1/20 (21)	4	MO
larin fe 1.5/30 (28)	4	MO
larin fe 1/20 (28)	3	MO
leena 28	3	MO
lessina	4	MO
levonest (28)	3	MO
levonorg-eth estrad triphasic	4	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	3	MO
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	4	MO
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	4	MO
levora-28	3	MO
LO LOESTRIN FE	4	MO
loryna (28)	4	MO
low-ogestrel (28)	4	MO
lutera (28)	3	MO
lyza	4	MO
marlissa	3	MO
medroxyprogesterone intramuscular suspension	3	MO
medroxyprogesterone intramuscular syringe	4	MO
medroxyprogesterone oral	1	MO
MENEST	4	PAR; MO
methylergonovine oral	4	MO
metronidazole vaginal	2	MO
miconazole-3 vaginal suppository	3	MO
microgestin 1.5/30 (21)	3	MO
microgestin 1/20 (21)	3	MO
microgestin fe 1.5/30 (28)	3	MO
microgestin fe 1/20 (28)	3	MO
mimvey	4	PAR; MO
mimvey lo	4	PAR; MO
mono-linyah	4	MO
mononessa (28)	3	MO
MYZILRA	4	MO
necon 0.5/35 (28)	3	MO
necon 7/7/7 (28)	3	MO
nikki (28)	4	MO
nora-be	3	MO
norethindrone (contraceptive)	3	MO
norethindrone acetate	3	MO
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	4	MO
nortrel 0.5/35 (28)	3	MO
nortrel 1/35 (21)	4	MO
nortrel 1/35 (28)	4	MO
nortrel 7/7/7 (28)	3	MO
NUVARING	4	MO
ocella	4	MO
ogestrel (28)	4	MO
orsythia	3	MO
ORTHO MICRONOR	4	MO
philith	4	MO
pimtrea (28)	4	MO
pirmella oral tablet 1-35 mg-mcg	3	MO
portia	3	MO
PREMARIN ORAL	3	PAR; MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	PAR; MO
PREMPRO	3	PAR; MO
previfem	3	MO
progesterone micronized	3	MO
quasense	4	MO
reclipsen (28)	3	MO
sharobel	3	MO
sprintec (28)	3	MO
sronyx	3	MO
syeda	4	MO
terconazole vaginal cream	3	MO
terconazole vaginal suppository	4	MO
tilia fe	4	MO
tranexamic acid oral	4	MO
tri-estarylla	4	MO
tri-legest fe	4	MO
tri-linyah	4	MO
tri-previfem (28)	3	MO
tri-sprintec (28)	3	MO
trinessa (28)	3	MO
trivora (28)	3	MO
VAGIFEM	4	MO
vandazole	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
velivet triphasic regimen (28)	3	MO
viorele (28)	4	MO
VIVELLE-DOT	4	PAR; MO; QLL (8 per 28 days)
vyfemla (28)	4	MO
xulane	4	MO
yuvafem	4	MO
ZARAH	4	MO
zenchent (28)	3	MO
zovia 1/35e (28)	3	MO
Ophthalmology		
acetazolamide oral capsule, extended release	4	MO
acetazolamide oral tablet 125 mg	2	MO
acetazolamide oral tablet 250 mg	3	MO
acetazolamide sodium solution for injection	4	MO
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	4	MO
apraclonidine	3	MO
atropine ophthalmic (eye) drops	3	MO
azelastine ophthalmic (eye)	3	MO
AZOPT	4	MO
bacitracin ophthalmic (eye)	3	MO
bacitracin-polymyxin b ophthalmic (eye)	2	MO
BESIVANCE	4	MO
BETAGAN OPHTHALMIC (EYE) DROPS 0.5 %	4	MO
betaxolol ophthalmic (eye)	3	MO
BETIMOL	4	MO
BETOPTIC S	4	MO
bimatoprost ophthalmic (eye)	3	MO
BLEPHAMIDE S.O.P.	4	MO
brimonidine ophthalmic (eye) drops 0.15 %	3	MO
brimonidine ophthalmic (eye) drops 0.2 %	2	MO
bromfenac	4	MO
carteolol	1	MO
ciprofloxacin hcl ophthalmic (eye)	2	MO
COMBIGAN	3	MO
COSOPT	4	MO
cromolyn ophthalmic (eye)	2	MO
CYSTARAN	5	MO
dexamethasone sodium phosphate ophthalmic (eye)	2	MO
diclofenac sodium ophthalmic (eye)	2	MO
dorzolamide	2	MO
dorzolamide-timolol	2	MO
DUREZOL	3	MO
epinastine	3	MO
erythromycin ophthalmic (eye)	2	MO
fluorometholone	2	MO
flurbiprofen ophthalmic drops	1	MO
gatifloxacin	4	MO
gentak ophthalmic (eye) ointment	2	MO
gentamicin ophthalmic (eye) drops	2	MO
gentamicin ophthalmic (eye) ointment	2	
ILEVRO	3	MO
IOPIDINE OPHTHALMIC (EYE) DROPS	4	MO
ISOPTO CARPINE	4	MO
ketorolac ophthalmic (eye)	2	MO
LACRISERT	3	MO; QLL (60 per 30 days)
latanoprost	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	2	MO
levofloxacin ophthalmic (eye)	4	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
methazolamide	4	MO
metipranolol	2	
MOXEZA	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
MOXIFLOXACIN OPHTHALMIC (EYE)	3	MO
NATACYN	4	MO
neo-polycin	2	MO
neo-polycin hc	2	MO
neomycin-bacitracin-poly-hc	3	MO
neomycin-bacitracin-polymyxin	3	MO
neomycin-polymyxin b-dexameth	2	MO
neomycin-polymyxin-gramicidin	3	MO
neomycin-polymyxin-hc ophthalmic (eye)	3	MO
NEVANAC	3	MO
ofloxacin ophthalmic (eye)	2	MO
olopatadine ophthalmic (eye) drops 0.1 %	4	MO
olopatadine ophthalmic (eye) drops 0.2 %	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	3	MO
polycin	2	MO
polymyxin b sulf-trimethoprim	1	MO
prednisolone acetate	2	MO
prednisolone sodium phosphate ophthalmic (eye)	2	MO
SIMBRINZA	4	MO
sulfacetamide sodium ophthalmic (eye) drops	2	MO
sulfacetamide sodium ophthalmic (eye) ointment	3	MO
sulfacetamide-prednisolone	2	MO
timolol maleate ophthalmic (eye) drops	1	MO
timolol maleate ophthalmic (eye) gel forming solution	3	MO
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	4	MO
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %	4	MO
TIMOPTIC-XE	4	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO
TOBRADEX ST	3	MO
tobramycin	2	MO
tobramycin-dexamethasone opthalmic suspension	3	MO
TRAVATAN Z	3	MO
trifluridine	3	MO
VIGAMOX	3	MO
XALATAN	4	MO
XIIDRA	3	PAR; MO; QLL (60 per 30 days)
ZIOPTAN (PF)	4	MO
ZIRGAN	4	MO
Respiratory And Allergy		
acetylcysteine solution 100 mg/ml (10 %)	2	B/D PAR; MO
acetylcysteine solution 200 mg/ml (20 %)	3	B/D PAR; MO
ADEMPAS	5	PAR; MO; LA
ADVAIR DISKUS	3	MO; QLL (60 per 30 days)
ADVAIR HFA	3	MO; QLL (12 per 30 days)
AEROSPAN	4	MO; QLL (18 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml	3	B/D PAR; MO; QLL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)	2	B/D PAR; MO; QLL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml	2	B/D PAR; MO; QLL (60 per 30 days)
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	4	MO
albuterol sulfate oral tablet extended release 12 hr 4 mg	3	MO
albuterol sulfate oral tablet extended release 12 hr 8 mg	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
aminophylline intravenous	4	
ANORO ELLIPTA	3	MO; QLL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QLL (30 per 30 days)
ASMANEX HFA	3	MO; QLL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QLL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (14 DOSES)	3	QLL (2 per 30 days)
ATROVENT HFA	4	MO; QLL (26 per 30 days)
BREO ELLIPTA	3	MO; QLL (60 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	4	B/D PAR; MO; QLL (120 per 30 days)
cetirizine oral solution 1 mg/ml	2	MO
CINRYZE	5	PAR; MO
clemastine oral tablet 2.68 mg	2	PAR; MO
COMBIVENT RESPIMAT	4	MO; QLL (8 per 30 days)
cromolyn inhalation	2	B/D PAR; MO; QLL (240 per 30 days)
cyproheptadine	3	PAR; MO
DALIRESP	4	PAR; MO; QLL (30 per 30 days)
desloratadine	2	MO
diphenhydramine hcl injection solution 50 mg/ml	3	PAR; MO
diphenhydramine hcl injection syringe	4	PAR; MO
DULERA	3	MO; QLL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml	3	MO; QLL (2 per 28 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	MO; QLL (2 per 28 days)
ESBRIET ORAL CAPSULE	5	PAR; MO; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PAR; MO; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PAR; MO; QLL (90 per 30 days)
FIRAZYR	5	PAR; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QLL (11 per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	2	MO; QLL (75 per 30 days)
fluticasone nasal	1	MO; QLL (16 per 30 days)
hydroxyzine hcl intramuscular solution 25 mg/ml	4	PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
hydroxyzine hcl intramuscular solution 50 mg/ml	3	PAR; MO
hydroxyzine hcl oral solution 10 mg/5 ml	3	PAR; MO
hydroxyzine hcl oral tablet	3	PAR; MO
hydroxyzine pamoate	3	PAR; MO
ipratropium bromide inhalation	2	B/D PAR; MO
ipratropium-albuterol inhalation	2	B/D PAR; MO; QLL (540 per 30 days)
KALYDECO ORAL TABLET	5	PAR; MO; QLL (60 per 30 days)
LETAIRIS	5	PAR; MO; LA; QLL (30 per 30 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	4	B/D PAR; MO; QLL (270 per 30 days)
levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml	4	B/D PAR; MO; QLL (540 per 30 days)
LEVALBUTEROL TARTRATE	4	MO; QLL (45 per 30 days)
levocetirizine oral solution	4	MO
levocetirizine oral tablet	2	MO
metaproterenol	2	MO
mometasone nasal	3	MO
montelukast oral granules in packet	4	MO
montelukast oral tablet	2	MO
montelukast oral tablet, chewable	3	MO
NASONEX	3	MO
OFEV	5	PAR; MO; QLL (60 per 30 days)
ORKAMBI ORAL TABLET	5	PAR; MO; QLL (120 per 30 days)
PERFOROMIST	5	B/D PAR; MO; QLL (120 per 30 days)
PROAIR HFA	3	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	3	MO; QLL (2 per 30 days)
promethazine injection solution 25 mg/ml	3	PAR; MO
promethazine injection solution 50 mg/ml	4	PAR; MO
promethazine oral	2	PAR; MO
PULMOZYME	5	B/D PAR; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ ACTUATION	3	MO; QLL (11 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ ACTUATION	3	MO; QLL (22 per 30 days)
SEREVENT DISKUS	3	MO; QLL (60 per 30 days)
sildenafil (antihypertensive) oral	5	PAR; MO; QLL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QLL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QLL (30 per 30 days)
STIOLTO RESPIMAT	3	MO; QLL (4 per 30 days)
SYMBICORT	3	MO; QLL (11 per 30 days)
terbutaline oral	3	MO
terbutaline subcutaneous	4	MO
theophylline oral elixir	2	
theophylline oral solution	2	MO
theophylline oral tablet extended release 12 hr	2	MO
theophylline oral tablet extended release 24 hr	2	MO
TRACLEER ORAL TABLET	5	PAR; MO; LA; QLL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	5	PAR; MO; LA; QLL (120 per 30 days)
triamcinolone acetonide nasal	4	MO; QLL (34 per 30 days)
VENTAVIS	5	PAR; MO; QLL (270 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
VENTOLIN HFA	3	MO; QLL (36 per 30 days)
XOLAIR	5	PAR; MO; LA; QLL (6 per 28 days)
zafirlukast	4	MO
Urologicals		
alfuzosin	2	MO
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg	3	MO
bethanechol chloride oral tablet 50 mg	4	MO
CYSTAGON	3	MO; LA
dutasteride	4	MO; QLL (30 per 30 days)
dutasteride-tamsulosin	3	MO; QLL (30 per 30 days)
ELMIRON	4	MO
finasteride oral tablet 5 mg	2	MO
flavoxate	3	MO
MYRBETRIQ	4	MO; QLL (30 per 30 days)
oxybutynin chloride oral syrup	2	MO; QLL (600 per 30 days)
oxybutynin chloride oral tablet	2	MO; QLL (120 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	3	MO; QLL (60 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	3	MO; QLL (30 per 30 days)
potassium citrate oral tablet extended release 10 meq (1, 080 mg), 15 meq	4	MO
potassium citrate oral tablet extended release 5 meq (540 mg)	3	MO
tamsulosin	2	MO
tolterodine oral capsule, extended release 24hr	4	MO; QLL (30 per 30 days)
tolterodine oral tablet	4	MO; QLL (60 per 30 days)
TOVIAZ	4	MO; QLL (30 per 30 days)
trospium oral capsule, extended release 24hr	4	MO; QLL (30 per 30 days)
trospium oral tablet	4	MO; QLL (60 per 30 days)
VESICARE	4	MO; QLL (30 per 30 days)
Vitamins, Hematinics / Electrolytes		
AMINOSYN 10 %	4	B/D PAR
AMINOSYN 7 % WITH ELECTROLYTES	4	B/D PAR
AMINOSYN 8.5 %	4	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	4	B/D PAR
AMINOSYN II 10 %	4	B/D PAR
AMINOSYN II 15 %	4	B/D PAR
AMINOSYN II 7 %	4	B/D PAR
AMINOSYN II 8.5 %	4	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	4	B/D PAR
AMINOSYN M 3.5 %	4	B/D PAR
AMINOSYN-HBC 7%	4	B/D PAR
AMINOSYN-PF 10 %	4	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PAR
AMINOSYN-RF 5.2 %	4	B/D PAR
calcium acetate oral capsule	2	MO
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PAR
CLINIMIX 5%/D25W SULFITE-FREE	4	B/D PAR
CLINIMIX 2.75%/D5W SULFIT FREE	4	B/D PAR
CLINIMIX 4.25%-D20W SULF-FREE	4	B/D PAR
CLINIMIX 4.25%-D25W SULF-FREE	4	B/D PAR
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PAR
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PAR
CLINIMIX E 4.25%/ D10W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/ D25W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/D5W SULF FREE	4	B/D PAR

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX E 5%/D15W SULFIT FREE	4	B/D PAR
CLINIMIX E 5%/D20W SULFIT FREE	4	B/D PAR
CLINIMIX E 5%/D25W SULFIT FREE	4	B/D PAR
CLINIMIX N14G30E 4.25%-D15W SF	4	B/D PAR
CLINIMIX N9G15E 2.75%-D7.5W SF	4	B/D PAR
fluoride (sodium) oral tablet	2	MO
fluoride (sodium) oral tablet, chewable	2	MO
fluoritab oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	2	MO
FREAMINE HBC 6.9 %	4	B/D PAR
freamine iii 10 %	4	B/D PAR
HEPATAMINE 8%	4	B/D PAR
intralipid intravenous emulsion 20 %	4	B/D PAR
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PAR
IONOSOL-B IN D5W	4	
IONOSOL-MB IN D5W	4	
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S	4	
k-effervescent	1	MO
k-tab oral tablet extended release 8 meq	3	MO
klor-con	4	MO
klor-con 10	3	MO
klor-con 8	3	MO
klor-con m10	2	MO
klor-con m15	2	MO
klor-con m20	2	MO
klor-con sprinkle	4	MO
klor-con/ef	1	MO
lactated ringers intravenous	3	MO
ludent fluoride	2	MO
magnesium sulfate in water intravenous parenteral solution	4	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/ 50 ml (8 %)	4	
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)	4	MO
magnesium sulfate injection solution	3	MO
magnesium sulfate injection syringe	4	
NEPHRAMINE 5.4 %	4	B/D PAR
NORMOSOL-M IN 5 % DEXTROSE	4	
NORMOSOL-R	4	MO
NORMOSOL-R IN 5 % DEXTROSE	4	
NORMOSOL-R PH 7.4	4	
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
potassium bicarb and chloride	2	MO
potassium bicarb-citric acid	1	MO
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	4	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	3	MO
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	4	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	4	MO
potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l	4	
potassium chloride in water intravenous piggyback 10 meq/100 ml	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Drug Name	Drug Tier	Requirements /Limits
potassium chloride in water intravenous piggyback 10 meq/50 ml	4	MO
potassium chloride in water intravenous piggyback 20 meq/100 ml	3	
potassium chloride in water intravenous piggyback 30 meq/100 ml	4	
potassium chloride oral capsule, extended release	2	MO
potassium chloride oral liquid	1	MO
potassium chloride oral tablet extended release	2	MO
potassium chloride oral tablet, er particles/crystals	2	MO
potassium chloride-0.45 % nacl	4	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	4	MO
potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l	4	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	4	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	4	MO
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	4	
premasol 10 %	4	B/D PAR; MO
PREMASOL 6 %	4	B/D PAR
prenatal vitamin oral tablet	2	MO
PROCALAMINE 3%	4	B/D PAR
PROSOL 20 %	4	B/D PAR; MO
ringer's intravenous	4	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %	4	MO
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)	4	MO
sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 8.4 % (1 meq/ml)	4	
sodium chloride 0.45 % intravenous parenteral solution	2	MO
sodium chloride 0.45 % intravenous piggyback	4	
sodium chloride 3 %	4	MO
sodium chloride 5 %	4	
sodium chloride intravenous	4	MO
sodium lactate	4	
travasol 10 %	4	B/D PAR; MO
TROPHAMINE 10 %	4	B/D PAR; MO
TROPHAMINE 6%	4	B/D PAR

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on *page number* 8.

Index of Drugs

Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA).

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. 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.

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