



Anthem MediBlue Select (HMO)

2019 Formulary (List of Covered Drugs)

Please read:

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



This formulary was updated on November 1, 2019. For more recent information or other questions, please contact Anthem MediBlue Select (HMO) Customer Service, at **1-888-230-7338** or, for TTY users, **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30, or visit <https://shop.anthem.com/medicare/ca>.

H0544_058, 059, 066, 067

Y0114_19_35070_I_C_113 08/06/2018 Advantage_19251_ED_v17_1912_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. When it refers to “plan” or “our plan,” it means Anthem MediBlue Select (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2019. 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, 2020, 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 Select (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 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Anthem MediBlue Select (HMO)’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of December 1, 2019. 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 69. 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 Select (HMO)'s formulary?” on page 5 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 Select (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 or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term-care facility and, you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug 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 69.

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 PAR – 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 1-888-230-7338, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday

(except holidays) from April 1 through September 30. TTY/TDD users should call 711.

MO – Mail Orders: Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

ED – Excluded Drugs: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Please refer to your Evidence of Coverage for more information.

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)	\$0.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$5.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$10.00
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%

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

The amount you pay will depend if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.

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 PAR – 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 1-888-230-7338, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. TTY/TDD users should call 711.

MO – Mail Orders: Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

ED – Excluded Drugs: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Please refer to your Evidence of Coverage for more information.

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	Drug Name	Drug Tier	Requirements /Limits
Anti - Infectives			<i>acyclovir sodium 50 mg/ml intravenous solution</i>	2	B/D PAR; MO
<i>abacavir oral solution</i>	4	MO; QLL (960 per 30 days)	<i>adefovir</i>	4	PAR; MO
<i>abacavir oral tablet</i>	4	MO; QLL (60 per 30 days)	<i>albendazole</i>	4	MO
<i>abacavir-lamivudine</i>	5	MO; QLL (30 per 30 days)	ALBENZA	5	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO; QLL (60 per 30 days)	ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	MO; QLL (180 per 30 days)
ABELCET	5	B/D PAR; MO	ALINIA ORAL TABLET	4	MO; QLL (6 per 30 days)
<i>acyclovir oral capsule</i>	2	MO	<i>amantadine hcl</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO	AMBISOME	4	B/D PAR; MO
<i>acyclovir oral tablet</i>	2	MO	<i>amikacin injection solution 1,000 mg/4 ml</i>	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
<i>amikacin injection solution 500 mg/2 ml</i>	2	MO
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg</i>	1	MO
<i>amoxicillin oral tablet, chewable 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	3	MO
<i>amphotericin b</i>	4	B/D PAR; MO
<i>ampicillin oral capsule 250 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram</i>	2	MO
<i>ampicillin sodium injection recon soln 125 mg, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ampicillin sodium intravenous recon soln 1 gram</i>	2	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin-sulbactam injection recon soln 3 gram</i>	2	MO
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	MO
APTIVUS ORAL CAPSULE	5	MO; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	5	QLL (380 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	5	MO; QLL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	5	MO; QLL (30 per 30 days)
<i>atovaquone</i>	5	PAR; MO
<i>atovaquone-proguanil</i>	2	MO
ATRIPLA	5	MO; QLL (30 per 30 days)
<i>azithromycin intravenous</i>	2	MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack)</i>	1	MO
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>aztreonam</i>	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
<i>ceftazidime oral capsule</i>	2	MO
<i>ceftazidime oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>ceftazidime oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>ceftazidime oral tablet extended release 12 hr</i>	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
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	3	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram</i>	2	
<i>cefazolin injection recon soln 100 gram, 20 gram, 300 g</i>	4	
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>cefepime injection</i>	2	MO
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	4	
<i>cefotetan injection solution</i>	4	
<i>cefoxitin in dextrose, iso-osm</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i>	4	MO
<i>cefpodoxime oral suspension for reconstitution 50 mg/5 ml</i>	3	MO
<i>cefpodoxime oral tablet</i>	2	MO
<i>cefprozil</i>	2	MO
CEFTAZIDIME IN D5W	4	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone in dextrose,iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram</i>	3	MO
<i>ceftriaxone injection recon soln 10 gram, 100 gram</i>	4	
<i>ceftriaxone injection recon soln 2 gram</i>	4	MO
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone intravenous</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>cephalexin oral tablet</i>	2	MO
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	MO
<i>cidofovir</i>	5	B/D PAR; MO
CIMDUO	5	MO; QLL (30 per 30 days)
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i>	4	MO
<i>ciprofloxacin oral susp</i>	2	
<i>clarithromycin</i>	2	MO
<i>clindamycin hcl capsule</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	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
<i>clindamycin phosphate injection solution 150 mg/ml</i>	4	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	MO
<i>clotrimazole mucous membrane</i>	2	MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	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 500 MG INTRAVENOUS SOLUTION	5	MO
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	
DELSTRIGO	5	MO; QLL (30 per 30 days)
<i>demeclocycline</i>	4	MO
DESCOVY	5	MO; QLL (30 per 30 days)
<i>dicloxacillin</i>	2	MO
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	2	QLL (60 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg</i>	2	MO; QLL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 400 mg</i>	3	MO; QLL (30 per 30 days)
DIFICID	5	PAR; MO
DOVATO	5	MO; QLL (30 per 30 days)
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>e.e.s. 400 oral tablet</i>	3	MO
EDURANT	5	MO; QLL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	MO; QLL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	MO; QLL (360 per 30 days)
<i>efavirenz oral tablet</i>	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)
<i>entecavir</i>	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)
<i>ertapenem</i>	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 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
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	2	MO
<i>erythromycin oral tablet</i>	4	MO
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
<i>erythromycin oral tablet, delayed release (dr/ec) 500 mg</i>	4	MO
<i>ethambutol</i>	2	MO
EVOTAZ	5	MO; QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	2	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	MO; QLL (21 per 7 days)
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	
<i>flucytosine oral capsule 250 mg</i>	4	MO
<i>flucytosine oral capsule 500 mg</i>	5	MO
<i>fosamprenavir</i>	5	MO; QLL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QLL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	2	B/D PAR; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml</i>	3	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	4	MO

Drug Name	Drug Tier	Requirements /Limits
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/ 100 ml</i>	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/ 50 ml</i>	4	MO
<i>gentamicin injection solution 20 mg/2 ml</i>	4	MO
<i>gentamicin injection solution 40 mg/ml</i>	2	MO
<i>gentamicin sulfate (ped) (pf)</i>	4	MO
GENVOYA	5	MO; QLL (30 per 30 days)
<i>griseofulvin microsize oral suspension</i>	2	MO
<i>griseofulvin microsize oral tablet</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
HARVONI ORAL TABLET 90-400 MG	5	PAR; MO; QLL (28 per 28 days)
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	3	MO
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	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
INVIRASE ORAL TABLET	5	MO; QLL (120 per 30 days)
ISENTRESS HD	5	MO; QLL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	5	MO; QLL (180 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
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)
<i>isoniazid injection</i>	4	
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet 100 mg</i>	1	MO
<i>isoniazid oral tablet 300 mg</i>	2	MO
<i>itraconazole oral capsule</i>	4	PAR; MO
<i>ivermectin oral</i>	2	MO
JULUCA	5	MO; QLL (30 per 30 days)
KALETRA ORAL SOLUTION	5	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)
<i>ketoconazole oral</i>	2	MO
<i>lamivudine oral solution</i>	2	MO; QLL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	4	MO
<i>lamivudine oral tablet 150 mg</i>	2	MO; QLL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	MO; QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	4	MO; QLL (60 per 30 days)
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	1	MO
LEXIVA ORAL SUSPENSION	4	MO; QLL (1800 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LEXIVA ORAL TABLET	5	MO; QLL (120 per 30 days)
LINCOCIN	4	MO
<i>lincomycin</i>	4	
<i>linezolid in dextrose 5%</i>	4	
<i>linezolid oral suspension for reconstitution</i>	4	PAR; MO; QLL (1800 per 30 days)
<i>linezolid oral tablet</i>	5	PAR; MO; QLL (56 per 28 days)
<i>linezolid-0.9% sodium chloride</i>	4	
<i>lopinavir-ritonavir</i>	4	MO; QLL (480 per 30 days)
MALARONE	4	MO
<i>mefloquine</i>	2	MO
<i>meropenem intravenous solution</i>	4	MO
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>metro i.v.</i>	4	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>morgidox oral capsule 50 mg</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
MYCAMINE	5	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</i>	4	MO
NEBUPENT	3	B/D PAR; MO
<i>neomycin</i>	2	MO
<i>nevirapine oral suspension</i>	4	QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	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
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	3	PAR; MO
nitrofurantoin monohyd/m-cryst	3	PAR; MO
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	2	MO
oseltamivir oral capsule	2	MO
oseltamivir oral suspension for reconstitution	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	4	MO
oxacillin injection recon soln 1 gram, 10 gram	4	
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	

Drug Name	Drug Tier	Requirements /Limits
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 oral recon soln 125 mg/5 ml	1	MO
penicillin v potassium oral recon soln 250 mg/5 ml	2	MO
penicillin v potassium oral tablet	2	MO
PENTAM	4	MO
pentamidine injection	4	
pfizerpen-g	4	
PIFELTRO	5	MO; QLL (30 per 30 days)
piperacillin-tazobactam intravenous recon soln 2.25 gram, 40.5 gram	4	MO
piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram	3	MO
polymyxin b sulfate	4	MO
POSACONAZOLE ORAL TABLET,DELAYED RELEASE (DR/EC)	5	PAR; 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)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PRIFTIN	4	MO	STREPTOMYCIN	4	MO
PRIMAQUINE	3	MO	STRIBILD	5	MO; QLL (30 per 30 days)
<i>pyrazinamide</i>	2	MO	STROMEKTOL	3	MO
<i>quinine sulfate</i>	4	PAR; MO	<i>sulfadiazine</i>	4	MO
RELENZA DISKHALER	3	MO; QLL (60 per 180 days)	<i>sulfamethoxazole-trimethoprim intravenous</i>	3	MO
RESCRIPTOR ORAL TABLET	4	MO; QLL (180 per 30 days)	<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
RETROVIR INTRAVENOUS	4	MO	<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG	5	MO; QLL (60 per 30 days)	SUSTIVA ORAL CAPSULE 200 MG	4	MO; QLL (120 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	5	MO; QLL (30 per 30 days)	SUSTIVA ORAL CAPSULE 50 MG	4	MO; QLL (360 per 30 days)
REYATAZ ORAL POWDER IN PACKET	4	MO; QLL (240 per 30 days)	SUSTIVA ORAL TABLET	5	MO; QLL (30 per 30 days)
<i>ribasphere oral capsule</i>	4	MO	SYMFI	5	MO; QLL (30 per 30 days)
<i>ribavirin oral capsule</i>	4	MO	SYMFI LO	5	MO; QLL (30 per 30 days)
<i>ribavirin oral tablet 200 mg</i>	5	MO	SYMTUZA	5	MO; QLL (30 per 30 days)
<i>rifabutin</i>	4	MO	SYNAGIS	5	PAR; MO; LA
<i>rifampin intravenous</i>	4	MO	SYNERCID	5	
<i>rifampin oral</i>	2	MO	TAMIFLU ORAL CAPSULE 30 MG, 45 MG	3	MO
RIFATER	4	MO	<i>tamiflu oral capsule 75 mg</i>	3	MO
<i>rimantadine</i>	2	MO	TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>ritonavir</i>	3	MO; QLL (360 per 30 days)	TEFLARO	5	MO
SELZENTRY ORAL SOLUTION	5	MO; QLL (1840 per 30 days)	TEMIXYS	5	MO; QLL (30 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO; QLL (120 per 30 days)	<i>tenofovir disoproxil fumarate</i>	5	MO; QLL (30 per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	MO; QLL (120 per 30 days)	<i>terbinafine hcl oral</i>	2	MO
SELZENTRY ORAL TABLET 75 MG	4	MO; QLL (60 per 30 days)	<i>tetracycline</i>	4	MO
SIRTURO	5	PAR; MO; LA	TIGECYCLINE	5	
SIVEXTRO INTRAVENOUS	5	PAR	<i>tinidazole oral tablet 250 mg</i>	2	MO
SIVEXTRO ORAL	5	PAR; MO; QLL (6 per 30 days)	<i>tinidazole oral tablet 500 mg</i>	4	MO
<i>stavudine oral capsule 15 mg, 20 mg</i>	2	MO; QLL (120 per 30 days)	TIVICAY ORAL TABLET 10 MG	4	MO; QLL (60 per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	2	MO; QLL (60 per 30 days)	TIVICAY ORAL TABLET 25 MG, 50 MG	5	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
<i>tobramycin in 0.225% nacl for nebulization</i>	5	B/D PAR; MO; QLL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	5	
<i>tobramycin sulfate injection solution</i>	2	MO
TRECTOR	4	MO
<i>trimethoprim</i>	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)
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QLL (60 per 30 days)
<i>valganciclovir oral tablet</i>	5	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/ 200 ML	4	MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	4	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	4	B/D PAR; MO

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin oral capsule 125 mg</i>	5	PAR; MO; QLL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	5	PAR; MO; QLL (80 per 10 days)
VEMLIDY	5	PAR; MO; QLL (30 per 30 days)
VIDEX 2 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)
VIREAD ORAL POWDER	5	MO; QLL (240 per 30 days)
VIREAD ORAL TABLET	5	MO; QLL (30 per 30 days)
<i>voriconazole intravenous</i>	4	MO
<i>voriconazole oral suspension for reconstitution</i>	5	PAR; MO
<i>voriconazole oral tablet 200 mg</i>	5	PAR; MO
<i>voriconazole oral tablet 50 mg</i>	4	PAR; MO
VOSEVI	5	PAR; MO; QLL (30 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PAR; MO; QLL (84 per 28 days)
XOFLUZA	3	MO
ZIAGEN ORAL SOLUTION	4	MO; QLL (960 per 30 days)
<i>zidovudine oral capsule</i>	2	MO; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	2	MO; QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	2	MO; QLL (60 per 30 days)
ZITHROMAX ORAL PACKET	4	MO

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Drug Name	Drug Tier	Requirements /Limits
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	4	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	5	PAR; MO; QLL (1800 per 30 days)
Antineoplastic / Immunosuppressant Drugs		
<i>abiraterone</i>	5	PAR; MO; QLL (120 per 30 days)
ABRAXANE	5	PAR; MO
<i>adriamycin intravenous recon soln 10 mg</i>	4	B/D PAR; MO
<i>adriamycin intravenous solution</i>	4	B/D PAR
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PAR
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	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	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)
<i>anastrozole</i>	2	MO; QLL (30 per 30 days)
ARRANON	4	B/D PAR

Drug Name	Drug Tier	Requirements /Limits
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	5	
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PAR
ARZERRA	5	PAR; MO
AVASTIN	5	PAR; MO
<i>azacitidine</i>	5	PAR; MO
<i>azathioprine</i>	2	B/D PAR; MO
<i>azathioprine sodium solution for injection</i>	4	B/D PAR
BALVERSA ORAL TABLET 3 MG	5	PAR; MO; LA; QLL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PAR; MO; LA; QLL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PAR; MO; LA; QLL (30 per 30 days)
BAVENCIO	5	PAR; MO; LA
BELEODAQ	5	PAR; MO
BENDEKA	5	B/D PAR; MO
BESPONSA	5	B/D PAR; MO
<i>bexarotene</i>	5	PAR; MO; QLL (300 per 30 days)
<i>bicalutamide</i>	2	MO; QLL (30 per 30 days)
BICNU	5	B/D PAR; MO
<i>bleomycin</i>	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; LA; QLL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PAR; MO; LA; QLL (180 per 30 days)
<i>busulfan</i>	4	B/D PAR
BUSULFEX	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
CABOMETYX	5	PAR; MO; LA; QLL (30 per 30 days)
CALQUENCE	5	PAR; MO; LA
CAPRELSA ORAL TABLET 100 MG	5	PAR; LA; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PAR; MO; LA; QLL (30 per 30 days)
<i>carboplatin intravenous solution</i>	4	B/D PAR; MO
<i>carmustine</i>	5	B/D PAR; MO
CELLCEPT INTRAVENOUS	4	B/D PAR; MO
<i>cisplatin intravenous solution</i>	4	B/D PAR; MO
<i>cladribine</i>	5	B/D PAR; MO
<i>clofarabine</i>	5	B/D PAR
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)
COPIKTRA	5	PAR; MO; LA; QLL (60 per 30 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
<i>cyclosporine intravenous</i>	4	B/D PAR
<i>cyclosporine modified oral capsule</i>	2	B/D PAR; MO
<i>cyclosporine modified oral solution</i>	4	B/D PAR; MO
<i>cyclosporine oral capsule</i>	4	B/D PAR; MO
CYRAMZA	5	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	4	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	4	B/D PAR
<i>cytarabine injection solution 20mg/ml</i>	4	B/D PAR; MO
<i>dacarbazine</i>	4	B/D PAR; MO
<i>dactinomycin</i>	5	B/D PAR
DARZALEX	5	PAR; MO; LA
<i>daunorubicin intravenous solution</i>	4	B/D PAR
DAURISMO ORAL TABLET 100 MG	5	PAR; MO; QLL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PAR; MO; QLL (60 per 30 days)
<i>decitabine</i>	5	B/D PAR; MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	B/D PAR
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	B/D PAR; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	B/D PAR
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PAR; MO
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PAR
<i>doxorubicin intravenous recon soln 50 mg</i>	4	B/D PAR; MO
<i>doxorubicin intravenous solution</i>	4	B/D PAR; MO
<i>doxorubicin, peg-liposomal</i>	5	PAR; MO
DROXIA	3	MO
ELITEK	5	PAR; MO
EMCYT	4	MO
EMPLICITI	5	PAR; MO
ENVARUSUS XR	4	B/D PAR; MO
<i>epirubicin intravenous solution</i>	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
ERBITUX	5	PAR; MO
ERIVEDGE	5	PAR; MO; QLL (30 per 30 days)
ERLEADA	5	PAR; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PAR; MO; QLL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PAR; MO; QLL (90 per 30 days)
ERWINAZE	5	PAR; MO
ETOPOPHOS	5	B/D PAR; MO
<i>etoposide intravenous</i>	3	B/D PAR; MO
EVOMELA	5	B/D PAR; MO
<i>exemestane</i>	4	MO; QLL (60 per 30 days)
FARESTON	5	MO; QLL (30 per 30 days)
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)
<i>fludarabine intravenous recon soln</i>	4	B/D PAR; MO
<i>fludarabine intravenous solution</i>	5	B/D PAR
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	4	B/D PAR; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	3	B/D PAR; MO
<i>flutamide</i>	2	MO
FOLOTYN	5	B/D PAR; MO
<i>fulvestrant</i>	5	PAR; MO
FUSILEV	5	PAR; MO
GAZYVA	5	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	4	B/D PAR; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	5	B/D PAR
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	B/D PAR; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	5	B/D PAR
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	5	B/D PAR
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PAR; MO
<i>gengraf oral solution</i>	4	B/D PAR; MO
GILOTTRIF	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 HYLECTA	5	B/D PAR; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PAR; MO
<i>hydroxyurea</i>	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)
<i>idarubicin</i>	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

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
<i>ifosfamide intravenous recon soln</i>	4	B/D PAR; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	4	B/D PAR; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	4	B/D PAR
<i>imatinib oral tablet 100 mg</i>	5	PAR; MO; QLL (240 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PAR; MO; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PAR; MO; QLL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PAR; MO; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PAR; MO; QLL (90 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	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)
INREBIC	5	PAR; MO; LA; QLL (120 per 30 days)
IRESSA	5	MO
<i>irinotecan intravenous solution 100 mg/5 ml</i>	4	B/D PAR; MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PAR; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	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)

Drug Name	Drug Tier	Requirements /Limits
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
KHAPZORY	5	PAR
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
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PAR; MO; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 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)
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)
<i>letrozole</i>	2	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
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	4	B/D PAR; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	4	B/D PAR
<i>leucovorin calcium oral tablet 10 mg, 25 mg</i>	4	MO
<i>leucovorin calcium oral tablet 15 mg, 5 mg</i>	2	MO
LEUKERAN	4	MO
<i>leuprolide subcutaneous kit</i>	4	PAR; MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	PAR
LIBTAYO	5	PAR; MO
LONSURF	5	PAR; MO
LORBRENA ORAL TABLET 100 MG	5	PAR; MO; QLL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PAR; MO; QLL (90 per 30 days)
LUMOXITI	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 TABLET	5	PAR; MO; QLL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	5	MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PAR
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PAR; MO
<i>megestrol oral suspension 800 mg/20 ml (20 ml)</i>	4	PAR

Drug Name	Drug Tier	Requirements /Limits
<i>megestrol oral tablet</i>	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; LA; QLL (180 per 30 days)
<i>melphalan</i>	4	B/D PAR; MO
<i>melphalan hcl intravenous solution</i>	3	B/D PAR
<i>mercaptopurine</i>	2	MO
<i>mesna</i>	4	PAR; MO
MESNEX ORAL	4	PAR; MO
<i>methotrexate sodium</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	2	MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	4	B/D PAR; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PAR; MO
<i>mitoxantrone</i>	2	B/D PAR; MO
<i>mycophenolate mofetil hcl</i>	4	B/D PAR
<i>mycophenolate mofetil oral capsule</i>	2	B/D PAR; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PAR; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PAR; MO
<i>mycophenolate sodium</i>	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)
<i>nilutamide</i>	5	MO; QLL (30 per 30 days)
NINLARO	5	PAR; MO; QLL (3 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
NIPENT	5	B/D PAR; MO
NUBEQA	5	PAR; MO; LA; QLL (120 per 30 days)
NULOJIX	5	PAR; MO
<i>octreotide acetate injection solution</i>	4	PAR; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PAR; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PAR; MO
ODOMZO	5	PAR; MO; LA; QLL (30 per 30 days)
ONCASPAR	5	PAR; MO
OPDIVO	5	PAR; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	5	B/D PAR; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	5	B/D PAR
<i>oxaliplatin intravenous solution</i>	4	B/D PAR; MO
<i>paclitaxel</i>	4	B/D PAR; MO
PERJETA	5	PAR; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PAR; MO; QLL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PAR; MO; QLL (56 per 28 days)
POLIVY	5	B/D PAR; MO
POMALYST ORAL CAPSULE 1 MG	5	PAR; MO; LA; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5	PAR; MO; LA; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; MO; LA; QLL (30 per 30 days)
PORTRAZZA	5	MO
POTELIGEO	5	B/D PAR; MO

Drug Name	Drug Tier	Requirements /Limits
PROGRAF INTRAVENOUS	5	B/D PAR; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PAR; MO
PURIXAN	5	PAR
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
ROZLYTREK ORAL CAPSULE 100 MG	5	PAR; MO; LA; QLL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PAR; MO; LA; QLL (90 per 30 days)
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

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Drug Name	Drug Tier	Requirements /Limits
SIMULECT INTRAVENOUS RECON SOLN 20 MG	5	B/D PAR; MO
<i>sirolimus oral solution</i>	5	B/D PAR; MO
<i>sirolimus oral tablet</i>	4	B/D PAR; MO
SOLTAMOX	5	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
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	4	B/D PAR; MO
<i>tacrolimus oral capsule 5 mg</i>	5	B/D PAR; MO
TAFINLAR	5	PAR; MO; QLL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG	5	PAR; MO; LA; QLL (60 per 30 days)
TAGRISSE ORAL TABLET 80 MG	5	PAR; MO; LA; QLL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PAR; MO; QLL (180 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PAR; MO; QLL (60 per 30 days)
<i>tamoxifen</i>	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)

Drug Name	Drug Tier	Requirements /Limits
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 INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	5	PAR; MO; LA; QLL (20 per 21 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	5	PAR; MO; QLL (28 per 30 days)
<i>temsirolimus</i>	5	PAR; MO
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)
<i>thiotepa</i>	4	B/D PAR; MO
TIBSOVO	5	PAR; MO; QLL (60 per 30 days)
<i>toposar</i>	4	B/D PAR; MO
<i>topotecan intravenous recon soln</i>	5	B/D PAR
<i>topotecan intravenous solution</i>	5	B/D PAR; MO
<i>toremifene</i>	5	MO; QLL (30 per 30 days)
TORISEL	5	PAR; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PAR; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	PAR; MO; QLL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PAR; MO; QLL (1 per 168 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	PAR; MO; QLL (1 per 28 days)	VITRAKVI ORAL SOLUTION	5	PAR; MO; LA; QLL (300 per 30 days)
<i>tretinoin (chemotherapy)</i>	5	MO	VIZIMPRO ORAL TABLET 15 MG	5	PAR; MO; QLL (90 per 30 days)
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PAR; MO	VIZIMPRO ORAL TABLET 30 MG, 45 MG	5	PAR; MO; QLL (30 per 30 days)
TURALIO	5	PAR; MO; LA; QLL (120 per 30 days)	VOTRIENT	5	PAR; MO; QLL (120 per 30 days)
TYKERB	5	PAR; MO; LA; QLL (180 per 30 days)	VYXEOS	5	B/D PAR; MO
UNITUXIN	5	B/D PAR; MO	XALKORI	5	PAR; MO; QLL (60 per 30 days)
VECTIBIX	5	PAR; MO	XATMEP	4	MO
VELCADE	5	PAR; MO	XGEVA	5	PAR; MO; QLL (1.7 per 28 days)
VENCLEXTA ORAL TABLET 10 MG	4	PAR; MO; LA; QLL (60 per 30 days)	XOSPATA	5	PAR; MO; LA; QLL (90 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (180 per 30 days)	XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PAR; MO; LA; QLL (20 per 28 days)
VENCLEXTA ORAL TABLET 50 MG	5	PAR; MO; LA; QLL (30 per 30 days)	XPOVIO ORAL TABLET 160 MG/WEEK (20 MG X 8)	5	PAR; MO; LA; QLL (32 per 28 days)
VENCLEXTA STARTING PACK	5	PAR; MO; LA; QLL (84 per 365 days)	XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PAR; MO; LA; QLL (12 per 28 days)
VERZENIO	5	PAR; MO; LA; QLL (60 per 30 days)	XTANDI	5	PAR; MO; QLL (120 per 30 days)
<i>vinblastine intravenous solution</i>	4	B/D PAR; MO	YERVOY	5	PAR; MO
<i>vincristine intravenous solution 1 mg/ml</i>	3	B/D PAR; MO	YONDELIS	5	B/D PAR; MO
<i>vincristine intravenous solution 2 mg/2 ml</i>	4	B/D PAR; MO	YONSA	5	PAR; MO; QLL (120 per 30 days)
<i>vinorelbine</i>	4	B/D PAR; MO	ZALTRAP	5	PAR; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PAR; MO; LA; QLL (60 per 30 days)	ZANOSAR	5	B/D PAR; MO
VITRAKVI ORAL CAPSULE 25 MG	5	PAR; MO; LA; QLL (180 per 30 days)	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	5	B/D PAR; MO
			ZYDELIG	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
ZYKADIA	5	PAR; MO; QLL (90 per 30 days)
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)
<i>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</i>	3	QLL (900 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QLL (900 per 30 days)
<i>acetaminophen-codeine oral tablet</i>	2	MO; QLL (180 per 30 days)
ADASUVE	4	QLL (30 per 30 days)
<i>alprazolam oral tablet</i>	2	MO; QLL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr</i>	3	MO; QLL (120 per 30 days)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	3	MO; QLL (120 per 30 days)
<i>amitriptyline</i>	2	PAR; MO
<i>amoxapine oral tablet 100 mg, 50 mg</i>	3	PAR; MO
<i>amoxapine oral tablet 150 mg, 25 mg</i>	2	PAR; MO
AMPYRA	5	PAR; MO; LA; QLL (60 per 30 days)
APOKYN	5	PAR; MO; LA
APTIOM	5	ST; MO
<i>aripiprazole oral solution</i>	4	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	4	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	4	MO; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	MO; QLL (450 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	5	MO; QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	4	MO; QLL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	MO; QLL (60 per 30 days)
ARISTADA INITIO	5	MO; QLL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QLL (3.9 per 60 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)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	PAR; MO; QLL (30 per 30 days)
AUBAGIO	5	PAR; MO; QLL (30 per 30 days)
AZILECT	3	MO
<i>baclofen oral</i>	2	MO
BANZEL ORAL SUSPENSION	5	PAR; MO; QLL (2400 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
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)
<i>benztropine injection</i>	5	MO
<i>benztropine oral</i>	2	PAR; MO
BRIVIACT INTRAVENOUS	4	PAR
BRIVIACT ORAL SOLUTION	5	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)
<i>bromocriptine oral capsule</i>	2	MO
<i>bromocriptine oral tablet</i>	4	MO
<i>buprenorphine hcl injection solution</i>	4	MO; QLL (90 per 30 days)
<i>buprenorphine hcl injection syringe</i>	4	QLL (90 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	MO; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	MO; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	3	MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	3	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	MO; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QLL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	2	MO; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	2	MO; QLL (60 per 30 days)
<i>buspirone</i>	2	MO
<i>butalbital compound w/ codeine</i>	4	PAR; MO; QLL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod</i>	4	PAR; MO; QLL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	PAR; MO; QLL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule</i>	4	PAR; MO; QLL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	4	PAR; MO; QLL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	4	PAR; MO; QLL (180 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	4	MO; QLL (240 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	4	MO; QLL (120 per 30 days)
<i>butorphanol tartrate nasal</i>	4	MO; QLL (5 per 28 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	4	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>carisoprodol oral tablet 350 mg</i>	3	PAR; MO
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	4	PAR; MO
<i>celecoxib oral capsule 50 mg</i>	3	PAR; MO
CELONTIN ORAL CAPSULE 300 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	Drug Name	Drug Tier	Requirements /Limits
<i>chlordiazepoxide hcl</i>	3	MO; QLL (120 per 30 days)	<i>clozapine oral tablet, disintegrating 12.5 mg</i>	4	QLL (2160 per 30 days)
<i>chlorpromazine</i>	4	MO	CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	5	QLL (180 per 30 days)
<i>citalopram oral solution</i>	2	MO; QLL (600 per 30 days)	CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	5	QLL (120 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)	<i>clozapine oral tablet, disintegrating 25 mg</i>	3	QLL (1080 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QLL (60 per 30 days)	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PAR; MO; QLL (30 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)	COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PAR; MO; QLL (12 per 28 days)
<i>clobazam oral suspension</i>	5	PAR; MO; QLL (480 per 30 days)	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	PAR; MO
<i>clobazam oral tablet 10 mg</i>	4	PAR; MO; QLL (120 per 30 days)	<i>cyclobenzaprine oral tablet 7.5 mg</i>	4	PAR; MO
<i>clobazam oral tablet 20 mg</i>	5	PAR; MO; QLL (60 per 30 days)	<i>dalfampridine</i>	5	PAR; MO; QLL (60 per 30 days)
<i>clomipramine</i>	4	PAR; MO	<i>dantrolene oral</i>	4	MO
<i>clonazepam oral tablet 0.5 mg</i>	2	MO; QLL (1200 per 30 days)	<i>desipramine</i>	4	PAR; MO
<i>clonazepam oral tablet 1 mg</i>	2	MO; QLL (600 per 30 days)	DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QLL (300 per 30 days)	DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (240 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	2	MO; QLL (4800 per 30 days)	DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QLL (120 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	2	MO; QLL (2400 per 30 days)	DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QLL (240 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	2	MO; QLL (1200 per 30 days)	<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	4	MO; QLL (120 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	2	MO; QLL (600 per 30 days)			
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QLL (300 per 30 days)			
<i>clorazepate dipotassium</i>	2	MO			
<i>clozapine oral tablet 100 mg</i>	2	MO; QLL (270 per 30 days)			
<i>clozapine oral tablet 200 mg</i>	2	MO; QLL (120 per 30 days)			
<i>clozapine oral tablet 25 mg</i>	2	MO; QLL (1080 per 30 days)			
<i>clozapine oral tablet 50 mg</i>	2	MO; QLL (540 per 30 days)			
<i>clozapine oral tablet, disintegrating 100 mg</i>	4	QLL (270 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	4	MO; QLL (480 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	4	MO; QLL (240 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	2	MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	2	MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	PAR; MO; QLL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	PAR; MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	2	PAR; MO; QLL (60 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG	5	MO
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	4	MO
<i>diazepam intensol</i>	2	MO; QLL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/ 5 ml (1 mg/ml)</i>	2	MO; QLL (1200 per 30 days)
<i>diazepam oral solution 5 mg/ 5 ml (1 mg/ml, 5 ml)</i>	2	QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	MO; QLL (240 per 30 days)
<i>diazepam rectal</i>	4	MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	3	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	MO
<i>diclofenac sodium topical drops</i>	4	MO; QLL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QLL (1000 per 30 days)
<i>diflunisal</i>	3	MO
<i>dihydroergotamine injection</i>	5	PAR; MO
<i>dihydroergotamine nasal</i>	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
<i>divalproex</i>	2	MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	MO; QLL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i>	2	MO; QLL (30 per 30 days)
<i>doxepin oral</i>	2	PAR; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	4	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	4	MO; QLL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QLL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	4	MO; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	4	QLL (180 per 30 days)
<i>ec-naproxen</i>	2	
EMSAM	5	PAR; MO; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	4	MO; QLL (180 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	3	MO; QLL (180 per 30 days)
<i>entacapone</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
EPIDIOLEX	5	PAR; MO; LA
<i>epitol</i>	2	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)
<i>ergoloid</i>	3	PAR; MO
<i>escitalopram oxalate oral solution</i>	2	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	2	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	MO; QLL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	2	MO; QLL (120 per 30 days)
<i>eszopiclone</i>	4	PAR; MO; QLL (30 per 30 days)
<i>ethosuximide</i>	2	MO
<i>etodolac</i>	2	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)
<i>felbamate</i>	4	MO
FELBATOL ORAL TABLET 400 MG	5	MO
<i>fenopropfen oral tablet</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate lozenge</i>	5	PAR; MO; QLL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 75 mcg/hr</i>	4	PAR; MO; QLL (15 per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr</i>	3	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)
<i>fluoxetine oral capsule 10 mg</i>	2	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	2	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	2	MO; QLL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	4	MO; QLL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO; QLL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QLL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; QLL (120 per 30 days)
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral</i>	2	MO
<i>flurbiprofen</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QLL (180 per 30 days)
<i>fosphenytoin</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
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)
<i>gabapentin oral capsule 100 mg</i>	2	MO; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	MO; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QLL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml)</i>	2	QLL (2160 per 30 days)
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	4	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QLL (120 per 30 days)
GABITRIL ORAL TABLET 12 MG	4	MO
GABITRIL ORAL TABLET 16 MG	5	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	MO; QLL (30 per 30 days)
<i>galantamine oral solution</i>	3	MO; QLL (180 per 30 days)
<i>galantamine oral tablet</i>	2	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)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PAR; MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PAR; MO; QLL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PAR; MO; QLL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PAR; MO; QLL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	PAR; MO; QLL (30 per 30 days)
<i>guanidine</i>	4	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	3	
<i>haloperidol lactate oral conc</i>	2	MO
<i>haloperidol oral tablet</i>	2	MO
HETLIOZ	5	PAR; MO; QLL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QLL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QLL (50 per 10 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML	4	QLL (180 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml)</i>	4	MO
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	3	MO
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	4	QLL (180 per 30 days)
<i>hydromorphone (pf) injection solution 4 mg/ml</i>	4	QLL (60 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	4	QLL (180 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>hydromorphone injection solution 4 mg/ml</i>	4	MO; QLL (60 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	4	MO; QLL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QLL (180 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	4	MO; QLL (60 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	3	MO; QLL (180 per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	4	MO; QLL (180 per 30 days)
<i>ibu oral tablet 400 mg</i>	2	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen-oxycodone</i>	4	MO; QLL (28 per 7 days)
<i>imipramine hcl</i>	2	PAR; MO
<i>indomethacin oral capsule</i>	2	PAR; MO
<i>indomethacin oral capsule, extended release</i>	3	PAR; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	4	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)

Drug Name	Drug Tier	Requirements /Limits
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)
<i>ketoprofen oral capsule 25 mg, 75 mg</i>	3	MO
<i>ketoprofen oral capsule 50 mg</i>	3	
<i>ketorolac oral</i>	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)
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	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)
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	

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Drug Name	Drug Tier	Requirements /Limits
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	5	MO
<i>levetiracetam intravenous</i>	4	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	4	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	3	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	3	MO; QLL (120 per 30 days)
<i>lithium carbonate</i>	2	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	3	MO
<i>lorazepam intensol</i>	3	MO
<i>lorazepam oral concentrate</i>	3	MO
<i>lorazepam oral tablet</i>	2	MO
<i>loxapine succinate</i>	2	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)
<i>maprotiline oral tablet 25 mg</i>	4	MO; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	4	MO; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
MARPLAN	4	MO
<i>meclofenamate</i>	4	MO
<i>meloxicam oral tablet</i>	1	MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	3	PAR; MO; QLL (30 per 30 days)
<i>memantine oral solution</i>	2	PAR; MO; QLL (300 per 30 days)
<i>memantine oral tablet 10 mg</i>	2	PAR; MO; QLL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	2	PAR; MO; QLL (90 per 30 days)
MESTINON ORAL SYRUP	5	MO
MESTINON TIMESPAN	5	MO
<i>metadate er</i>	4	PAR; MO; QLL (90 per 30 days)
<i>methadone intensol</i>	3	MO; QLL (180 per 30 days)
<i>methadone oral concentrate</i>	3	MO; QLL (180 per 30 days)
<i>methadone oral solution</i>	3	MO; QLL (900 per 30 days)
<i>methadone oral tablet</i>	3	MO; QLL (180 per 30 days)
<i>methadose oral concentrate</i>	3	MO; QLL (180 per 30 days)
<i>methocarbamol oral</i>	4	PAR; MO
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	3	PAR; MO; QLL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	3	PAR; MO; QLL (1800 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO; QLL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	4	PAR; MO; QLL (90 per 30 days)
MIRAPEX ORAL TABLET 0.25 MG, 0.75 MG	4	MO
<i>mirtazapine oral tablet 15 mg</i>	1	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	1	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	2	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
<i>mirtazapine oral tablet 7.5 mg</i>	3	MO; QLL (180 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	3	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	3	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	3	MO; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>molindone</i>	4	MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	4	MO; QLL (30 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	4	QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QLL (180 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	4	QLL (180 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	4	MO; QLL (180 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days)
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine oral solution</i>	2	MO; QLL (900 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral tablet</i>	3	MO; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	4	MO; QLL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	3	MO; QLL (90 per 30 days)
<i>morphine oral tablet extended release 30 mg, 60 mg</i>	4	MO; QLL (90 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	4	MO; QLL (60 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	4	MO; QLL (90 per 30 days)
<i>naloxone</i>	2	MO
<i>naltrexone</i>	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
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (drlec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naratriptan</i>	2	MO; QLL (9 per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
NAYZILAM	5	
<i>nefazodone oral tablet 100 mg</i>	3	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	3	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	3	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	2	MO; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	2	MO; QLL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
NEUPRO	3	PAR; MO; QLL (30 per 30 days)
<i>nortriptyline oral capsule</i>	2	PAR; MO
NORTRIPTYLINE ORAL SOLUTION	4	PAR; MO
NUEDEXTA	3	PAR; 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)
<i>olanzapine intramuscular</i>	2	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	2	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	2	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	2	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	2	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	2	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	2	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	2	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	2	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	2	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	2	MO; QLL (120 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	4	MO; QLL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i>	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)
<i>oxaprozin</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>oxazepam</i>	4	MO; QLL (120 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	2	MO
<i>oxycodone oral capsule</i>	4	MO; QLL (180 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QLL (180 per 30 days)
<i>oxycodone oral solution</i>	4	MO; QLL (900 per 30 days)
<i>oxycodone oral tablet</i>	2	MO; QLL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	4	MO; QLL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	3	MO; QLL (180 per 30 days)
<i>oxycodone-aspirin</i>	2	MO; QLL (180 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	4	MO; QLL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	4	MO; QLL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	5	MO; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QLL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	2	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	2	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QLL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	4	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	4	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	4	MO; QLL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PEGANONE	4	MO
<i>perphenazine</i>	2	MO
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg</i>	4	PAR; MO
<i>perphenazine-amitriptyline oral tablet 4-25 mg</i>	3	PAR; MO
PERSERIS	5	MO; QLL (1 per 28 days)
<i>phenelzine</i>	2	MO
<i>phenobarbital oral elixir</i>	4	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	2	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	2	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	2	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	2	PAR; MO; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	2	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	2	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	2	PAR; MO; QLL (123 per 30 days)
PHENYTEK	4	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	4	MO
<i>pimozide</i>	2	MO
<i>piroxicam</i>	2	MO
<i>pramipexole oral tablet</i>	2	MO
<i>pregabalin oral capsule 100 mg</i>	4	PAR; MO; QLL (180 per 30 days)
<i>pregabalin oral capsule 150 mg</i>	4	PAR; MO; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin oral capsule 200 mg</i>	4	PAR; MO; QLL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>pregabalin oral capsule 25 mg</i>	4	PAR; MO; QLL (720 per 30 days)
<i>pregabalin oral capsule 50 mg</i>	4	PAR; MO; QLL (360 per 30 days)
<i>pregabalin oral capsule 75 mg</i>	4	PAR; MO; QLL (240 per 30 days)
<i>pregabalin oral solution</i>	4	PAR; MO; QLL (900 per 30 days)
<i>primidone</i>	2	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)
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)
<i>protriptyline</i>	4	PAR; MO
<i>pyridostigmine bromide oral syrup</i>	5	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	2	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>quetiapine oral tablet 100 mg</i>	2	MO; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	2	MO; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; QLL (80 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; QLL (480 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	4	PAR; MO; QLL (150 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	4	PAR; MO; QLL (120 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	4	PAR; MO; QLL (80 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	4	PAR; MO; QLL (480 per 30 days)
<i>ramelteon</i>	3	MO; QLL (30 per 30 days)
<i>rasagiline</i>	3	MO
RAZADYNE ORAL TABLET 4 MG	4	MO
<i>regonol</i>	4	
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, 25 MG/2 ML	4	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QLL (2 per 28 days)
<i>risperidone oral solution</i>	2	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	2	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	2	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	2	MO; QLL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet 4 mg</i>	2	MO; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	2	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	2	MO; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	2	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	2	MO; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	MO; QLL (150 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QLL (120 per 30 days)
<i>rivastigmine tartrate capsule</i>	4	MO; QLL (60 per 30 days)
<i>rivastigmine transdermal</i>	4	MO; QLL (30 per 30 days)
<i>rizatriptan</i>	2	MO; QLL (12 per 30 days)
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
ROZEREM	3	MO; QLL (30 per 30 days)
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)
<i>selegiline hcl</i>	2	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)

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Drug Name	Drug Tier	Requirements /Limits
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)
<i>sertraline oral concentrate</i>	2	MO; QLL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	1	MO; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	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)
<i>sulindac</i>	2	MO
<i>sumatriptan nasal spray</i>	4	MO
<i>sumatriptan succinate oral</i>	2	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO
<i>sumatriptan succinate subcutaneous solution</i>	4	MO
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
SYMBYAX ORAL CAPSULE 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)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PAR; MO; QLL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PAR; MO; QLL (30 per 30 days)
TECFIDERA	5	PAR; MO; LA
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	4	MO
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	MO; QLL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PAR; MO; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PAR; MO; QLL (120 per 30 days)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	2	ST; MO
<i>thioridazine oral tablet 100 mg</i>	3	ST; MO
<i>thiothixene</i>	2	MO
<i>tiagabine</i>	4	MO
<i>tizanidine oral tablet</i>	2	MO
<i>tolcapone</i>	5	PAR; MO; QLL (180 per 30 days)
<i>topiramate oral capsule, sprinkle</i>	2	PAR; MO
<i>topiramate oral tablet 100 mg</i>	2	PAR; MO; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	2	PAR; MO; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	2	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	2	MO; QLL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QLL (40 per 5 days)
<i>tranlycypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>trihexyphenidyl</i>	2	PAR; MO
<i>trimipramine</i>	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
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; QLL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; QLL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QLL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	2	MO; QLL (113 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	2	MO; QLL (450 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	2	MO; QLL (300 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	2	MO; QLL (225 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	2	MO; QLL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	4	MO; QLL (60 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	4	MO; QLL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	4	MO; QLL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	4	MO; QLL (90 per 30 days)
VERSACLOZ	4	QLL (600 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>vigabatrin oral powder in packet</i>	5	PAR; MO; LA; QLL (180 per 30 days)
<i>vigabatrin oral tablet</i>	5	PAR; MO; 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	MO; 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	4	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 200 MG	5	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)
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)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	5	PAR; MO; LA; QLL (16 per 28 days)
XYREM	5	PAR; MO; LA; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	2	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
<i>zaleplon oral capsule 5 mg</i>	2	PAR; MO; QLL (30 per 30 days)
ZARONTIN ORAL CAPSULE	4	MO
<i>zenzedi oral tablet 10 mg</i>	2	PAR; MO; QLL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	2	PAR; MO; QLL (90 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	2	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	2	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	2	MO; QLL (60 per 30 days)
<i>zolpidem oral tablet</i>	2	PAR; MO; QLL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	4	PAR; MO; QLL (30 per 30 days)
<i>zonisamide</i>	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
<i>acebutolol</i>	2	MO
ADALAT CC	4	MO
AGGRENOX	4	ST; MO; QLL (60 per 30 days)
ALDACTAZIDE ORAL TABLET 25-25 MG	4	MO
<i>aliskiren</i>	3	MO
ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4	MO
ALTOPREV	4	PAR; MO
<i>amiloride</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amiodarone intravenous solution</i>	4	B/D PAR; MO
<i>amiodarone intravenous syringe</i>	4	B/D PAR
<i>amiodarone oral</i>	2	MO
<i>amlodipine besylate tablet</i>	1	MO
<i>amlodipine-atorvastatin</i>	3	MO
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	MO
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	3	MO
<i>amlodipine-olmesartan</i>	3	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hydrochlorothiazide</i>	4	MO
<i>aspirin-dipyridamole</i>	3	ST; MO; QLL (60 per 30 days)
ATACAND	4	MO
ATACAND HCT	4	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>atorvastatin</i>	1	MO
AVALIDE	4	MO
AVAPRO	4	MO
AZOR	3	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	MO
BENICAR HCT	3	MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO; QLL (180 per 30 days)
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 5-6.25 mg</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg</i>	1	MO
BRILINTA	3	MO; QLL (60 per 30 days)
<i>bumetanide injection</i>	3	MO
<i>bumetanide oral</i>	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
BYSTOLIC	4	ST; MO
CALAN ORAL TABLET 120 MG	4	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	4	MO
candesartan	3	MO
candesartan-hydrochlorothiazide	3	MO
captopril oral tablet 100 mg, 25 mg, 50 mg	1	MO
captopril oral tablet 12.5 mg	2	MO
captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg, 50-25 mg	1	MO
captopril-hydrochlorothiazide oral tablet 25-25 mg	2	MO
CARDIZEM LA	4	MO
cartia xt	2	MO
carvedilol oral tablet	1	MO
chlorothiazide oral tablet	2	MO
chlorothiazide sodium intravenous solution	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	2	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 ORAL SOLUTION	4	PAR; QLL (560 per 28 days)
CORLANOR ORAL TABLET	4	PAR; MO; QLL (60 per 30 days)
COUMADIN ORAL	4	MO
COZAAR	4	MO
CRESTOR	3	MO
DEMSER	5	MO

Drug Name	Drug Tier	Requirements /Limits
digitek oral tablet 125 mcg (0.125 mg)	2	MO
digitek oral tablet 250 mcg (0.25 mg)	2	PAR; MO
digox oral tablet 125 mcg (0.125 mg)	3	MO
digoxin injection solution	4	PAR; MO
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	3	MO
digoxin oral tablet 125 mcg (0.125 mg)	2	MO
digoxin oral tablet 250 mcg (0.25 mg)	2	PAR; MO
dilt-xr	2	MO
diltiazem hcl intravenous	4	
diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg	2	
diltiazem hcl oral capsule, extended release 12 hr	2	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	2	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)
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)
ELIQUIS ORAL TABLETS,DOSE PACK	3	MO; QLL (74 per 180 days)
enalapril maleate	1	MO
enalapril-hydrochlorothiazide	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
<i>enoxaparin subcutaneous solution</i>	4	MO; QLL (84 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QLL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QLL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QLL (8.4 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QLL (11.2 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QLL (16.8 per 28 days)
ENTRESTO	4	PAR; MO
<i>eplerenone</i>	4	MO
<i>eprosartan</i>	3	MO
EXFORGE	4	MO
EXFORGE HCT	4	MO
<i>ezetimibe</i>	3	MO
<i>felodipine</i>	2	MO
<i>fenofibrate micronized oral capsule 130 mg</i>	3	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized 48 mg, 145 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid (choline) dr capsules oral capsule, delayed release(dr/lec) 135 mg</i>	3	MO
<i>fenofibric acid (choline) dr capsules oral capsule, delayed release(dr/lec) 45 mg</i>	2	MO
<i>flecainide</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	3	MO
<i>fluvastatin oral capsule 40 mg</i>	4	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO; QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO; QLL (12 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	MO; QLL (18 per 30 days)
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil</i>	2	MO
<i>guanfacine oral tablet</i>	2	PAR; MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	MO
<i>heparin (porcine) in nacl (pf)</i>	4	B/D PAR
<i>heparin (porcine) injection cartridge</i>	2	B/D PAR; MO
<i>heparin (porcine) injection solution</i>	2	B/D PAR; MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	B/D PAR
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	4	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	4	B/D PAR; MO
<i>heparin, porcine (pf) 1, 000unit/ml, 5,000 unit/0.5ml injection</i>	4	MO
<i>heparin, porcine (pf) 1, 000unit/ml, 5,000 unit/0.5ml injection</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
HEPARIN, PORCINE (PF) 1,000UNIT/ML, 5,000 UNIT/0.5ML INJECTION INJECTION SYRINGE 5,000 UNIT/ML	4	
<i>hydralazine injection</i>	4	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	4	MO
<i>indapamide</i>	2	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	2	MO
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	3	
<i>isosorbide mononitrate</i>	2	MO
<i>isradipine</i>	2	MO
<i>jantoven</i>	1	MO
JUXTAPID	5	PAR; MO; LA; QLL (30 per 30 days)
<i>labetalol intravenous solution</i>	4	MO
<i>labetalol oral</i>	2	MO
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 62.5 MCG (0.0625 MG)	3	MO
LIPITOR ORAL TABLET 10 MG	4	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPID	4	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO
<i>lovastatin</i>	1	MO
<i>matzim la</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
MAXZIDE	4	MO
MAXZIDE-25MG	4	MO
<i>methyclothiazide</i>	3	MO
<i>methyldopa</i>	2	PAR; MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	4	MO
<i>metoprolol tartrate intravenous syringe</i>	4	
<i>metoprolol tartrate oral</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide</i>	2	MO
<i>mexiletine</i>	2	MO
MICARDIS	4	MO
MICARDIS HCT	4	MO
MICROZIDE	4	MO
MINIPRESS ORAL CAPSULE 2 MG	4	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
MULTAQ	4	MO; QLL (60 per 30 days)
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	3	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	3	MO
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
NIACOR	2	MO
<i>nicardipine intravenous solution</i>	4	MO
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin intravenous</i>	4	B/D PAR
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
NITROSTAT	3	MO
NORPACE	4	PAR; MO
NORVASC	4	MO
<i>olmesartan</i>	3	MO
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	3	MO
<i>olmesartan-hydrochlorothiazide</i>	3	MO
<i>omega-3 acid ethyl esters</i>	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
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO
<i>pentoxifylline</i>	2	MO
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	2	MO
PRADAXA	4	MO; QLL (60 per 30 days)
PRALUENT PEN	5	PAR; MO; QLL (2 per 28 days)
<i>prasugrel</i>	3	MO; QLL (30 per 30 days)
PRAVACHOL ORAL TABLET 20 MG	4	MO
<i>pravastatin</i>	1	MO
<i>prazosin</i>	2	MO
<i>prevalite</i>	2	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	4	MO
<i>procainamide injection solution 100 mg/ml</i>	4	MO
<i>procainamide injection solution 500 mg/ml</i>	4	
PROCARDIA	4	PAR; MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	4	MO

Drug Name	Drug Tier	Requirements /Limits
PROMACTA ORAL POWDER IN PACKET	5	PAR; MO; LA; QLL (90 per 30 days)
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)
<i>propafenone oral tablet</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral</i>	2	MO
<i>propranolol-hydrochlorothiazide</i>	2	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>ramipril</i>	1	MO
RANEXA	3	ST; MO
<i>ranolazine</i>	3	ST; MO
REMODULIN	5	PAR; MO; LA
REPATHA	5	PAR; MO; QLL (3.5 per 28 days)
PUSHTRONEX	5	PAR; MO; QLL (3 per 28 days)
REPATHA SURECLICK	5	PAR; MO; QLL (3 per 28 days)
REPATHA SYRINGE	5	PAR; MO; QLL (3 per 28 days)
<i>rosuvastatin</i>	1	MO
<i>simvastatin</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sorine oral tablet 80 mg</i>	1	MO
<i>sotalol af oral tablet 120 mg, 160 mg</i>	2	MO
<i>sotalol af oral tablet 80 mg</i>	1	MO
<i>sotalol oral</i>	2	MO
<i>spironolactone</i>	1	MO
<i>spironolactone-hydrochlorothiazide</i>	2	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG	5	MO
<i>taztia xt</i>	2	MO
TEKTURNIA	3	MO

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Drug Name	Drug Tier	Requirements /Limits
TEKTURNA HCT	3	MO
<i>telmisartan</i>	3	MO
<i>telmisartan-amlodipine</i>	3	MO
<i>telmisartan-hydrochlorothiazide</i>	3	MO
TENORETIC 100	4	MO
TENORETIC 50	4	MO
<i>terazosin capsule</i>	1	MO
TIAZAC	4	MO
TIKOSYN	4	MO
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	2	MO
<i>timolol maleate oral tablet 20 mg</i>	3	MO
TOPROL XL	4	MO
<i>torsemide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	4	MO
<i>treprostinil sodium</i>	5	PAR; MO
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	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)
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASCEPA	4	MO
VASERETIC	4	MO

Drug Name	Drug Tier	Requirements /Limits
VASOTEC ORAL TABLET 2.5 MG	4	MO
VECAMYL	4	
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
<i>warfarin</i>	1	MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	3	MO; QLL (42 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	MO; QLL (60 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
ZOCOR ORAL TABLET 10 MG	4	MO
Dermatologicals/Topical Therapy		
<i>acitretin oral capsule 10 mg</i>	4	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO
<i>acyclovir topical ointment</i>	4	MO; QLL (30 per 30 days)
<i>adapalene topical cream</i>	4	MO
<i>adapalene topical gel 0.1 %</i>	4	MO
<i>ala-cort topical cream 2.5 %</i>	1	MO
<i>alclometasone</i>	2	MO
<i>amcinonide topical cream</i>	4	MO
<i>amcinonide topical lotion</i>	4	MO
<i>amcinonide topical ointment</i>	4	
<i>ammonium lactate</i>	2	MO
<i>avita topical cream</i>	4	PAR; MO; QLL (45 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
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
<i>calcipotriene scalp</i>	4	MO; QLL (60 per 30 days)
<i>calcipotriene topical</i>	4	MO; QLL (120 per 30 days)
<i>calcitriol topical</i>	4	MO
<i>ciclodan topical solution</i>	3	MO
<i>ciclopirox topical cream</i>	2	MO
<i>ciclopirox topical gel</i>	4	MO
<i>ciclopirox topical shampoo</i>	2	MO
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO
<i>claravis</i>	4	MO
<i>clindamycin phosphate topical gel</i>	2	MO
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i>	4	MO
<i>clobetasol scalp</i>	2	MO
<i>clobetasol topical cream</i>	2	MO; QLL (120 per 30 days)
<i>clobetasol topical foam</i>	4	MO; QLL (100 per 30 days)
<i>clobetasol topical gel</i>	2	MO
<i>clobetasol topical lotion</i>	4	MO
<i>clobetasol topical ointment</i>	3	MO; QLL (120 per 30 days)
<i>clobetasol topical shampoo</i>	4	MO
<i>clobetasol-emollient topical cream</i>	3	MO; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol-emollient topical foam</i>	4	MO; QLL (100 per 30 days)
CLOBEX TOPICAL LOTION	5	MO
<i>clotrimazole topical cream</i>	3	MO
<i>clotrimazole topical solution</i>	2	MO
<i>clotrimazole-betamethasone</i>	2	MO
DENAVIR	5	MO; QLL (5 per 30 days)
<i>desonide</i>	4	MO
<i>desoximetasone topical cream</i>	4	MO
<i>desoximetasone topical gel</i>	4	MO
<i>desoximetasone topical ointment 0.25 %</i>	4	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PAR; MO; QLL (100 per 30 days)
<i>diflorasone</i>	4	MO
<i>econazole</i>	2	MO
ELIDEL	4	PAR; MO; QLL (100 per 90 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	3	MO
EXELDERM	4	MO
<i>fluocinolone and shower cap</i>	4	MO; QLL (120 per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	4	MO
<i>fluocinolone topical cream 0.025 %</i>	4	MO; QLL (120 per 30 days)
<i>fluocinolone topical oil</i>	4	MO; QLL (120 per 30 days)
<i>fluocinolone topical ointment</i>	4	MO; QLL (120 per 30 days)
<i>fluocinolone topical solution</i>	4	MO; QLL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	2	MO; QLL (240 per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	5	MO; QLL (120 per 30 days)
<i>fluocinonide topical gel</i>	2	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
<i>fluocinonide topical ointment</i>	2	MO; QLL (240 per 30 days)
<i>fluocinonide topical solution</i>	2	MO; QLL (240 per 30 days)
<i>fluocinonide-e</i>	2	MO; QLL (240 per 30 days)
FLUOCINONIDE-EMOLLIENT	2	MO; QLL (240 per 30 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	2	MO
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical lotion</i>	4	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<i>gentamicin topical cream</i>	2	MO
<i>gentamicin topical ointment</i>	3	MO
<i>halcinonide</i>	4	MO
<i>halobetasol propionate topical cream</i>	2	MO
<i>halobetasol propionate topical ointment</i>	2	MO
HALOG TOPICAL CREAM	5	MO
HALOG TOPICAL OINTMENT	4	MO
<i>hydrocortisone butyrate topical cream</i>	2	MO
<i>hydrocortisone butyrate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	3	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
<i>imiquimod topical cream in packet</i>	4	MO
<i>ketoconazole topical cream</i>	3	MO
<i>ketoconazole topical shampoo</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	4	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	3	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO; QLL (300 per 30 days)
<i>lidocaine hcl mucous membrane jelly</i>	2	PAR; MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PAR; MO; QLL (300 per 30 days)
<i>lidocaine topical adhesive patch,medicated</i>	4	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	PAR; MO; QLL (150 per 30 days)
<i>lidocaine viscous</i>	2	PAR; MO
<i>lidocaine-prilocaine topical cream</i>	4	MO; QLL (30 per 30 days)
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	4	MO
<i>methoxsalen</i>	5	PAR; MO
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75 %</i>	3	MO
<i>metronidazole topical gel 1 %</i>	4	MO
<i>metronidazole topical lotion</i>	4	MO
<i>mometasone topical</i>	2	MO
<i>mupirocin topical cream</i>	4	MO
<i>mupirocin topical ointment</i>	2	MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
<i>nyamyc</i>	2	MO
<i>nystatin topical</i>	2	MO
<i>nystatin-triamcinolone</i>	4	MO
<i>nystop</i>	3	MO
PANRETIN	5	MO
<i>permethrin topical cream</i>	2	MO
PICATO	5	MO
<i>pimecrolimus</i>	4	PAR; MO; QLL (100 per 90 days)
<i>podofilox</i>	2	MO
<i>prednicarbate</i>	2	MO
<i>rosadan topical cream</i>	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
<i>rosadan topical gel</i>	2	MO
SANTYL	4	MO; QLL (30 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO
SILVADENE	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
STELARA SUBCUTANEOUS SYRINGE	5	PAR; MO; QLL (1 per 28 days)
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON TOPICAL CREAM	4	MO
<i>tacrolimus topical</i>	4	PAR; MO; QLL (100 per 90 days)
TALTZ SYRINGE	5	PAR; MO
<i>tazarotene</i>	4	PAR; MO
TAZORAC	4	PAR; MO
TEMOVATE TOPICAL CREAM	5	MO; QLL (120 per 30 days)
TEMOVATE TOPICAL OINTMENT	4	MO; QLL (120 per 30 days)
<i>tretinoin topical cream</i>	3	PAR; MO; QLL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	3	PAR; MO; QLL (45 per 30 days)
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	5	MO
<i>triderm topical cream</i>	1	MO
<i>uvadex</i>	4	B/D PAR
VALCHLOR	5	PAR; MO
<i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
<i>zenatane oral capsule 30 mg</i>	3	MO
Diagnostics / Miscellaneous Agents		
<i>acamprosate</i>	2	MO; QLL (180 per 30 days)
<i>acetic acid irrigation</i>	2	MO
<i>acetylcysteine intravenous</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>alendronate oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)
<i>anagrelide</i>	2	MO
ARALAST NP	5	PAR; MO; LA
BUPHENYL ORAL TABLET	5	PAR; MO
<i>bupropion hcl (smoking deter) 150 mg, 12 hr sustained-release</i>	2	MO; QLL (60 per 30 days)
CARBAGLU	5	PAR; MO; LA
<i>cevimeline</i>	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)
CLINIMIX 4.25%/D5W SULFIT 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
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferasirox</i>	5	PAR; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	MO
<i>dextrose 20 % in water (d20w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 30 % in water (d30w)</i>	4	
<i>dextrose 40 % in water (d40w)</i>	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
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose 50 % in water (d50w)</i>	4	MO
<i>dextrose 70 % in water (d70w)</i>	4	MO
<i>dextrose with sodium chloride</i>	4	
<i>disulfiram</i>	2	MO
<i>etidronate disodium oral tablet 400 mg</i>	5	MO
EXJADE	5	PAR; MO; LA
INCRELEX	5	PAR; MO; LA
<i>kionex (with sorbitol)</i>	3	MO
<i>lactated ringers irrigation</i>	4	MO
<i>levocarnitine (with sugar)</i>	2	B/D PAR; MO
<i>levocarnitine oral tablet</i>	2	MO
<i>midodrine</i>	2	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	4	MO
NICOTROL NS	3	MO; QLL (120 per 30 days)
<i>nitisinone</i>	5	PAR; MO
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	5	PAR; MO; LA
PHYSIOLYTE	4	
PHYSIOSOL	4	
IRRIGATION		
<i>pilocarpine hcl oral</i>	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)

Drug Name	Drug Tier	Requirements /Limits
RENVELA ORAL TABLET	5	MO; QLL (540 per 30 days)
<i>riluzole</i>	4	MO
<i>ringer's irrigation</i>	4	MO
<i>risedronate oral tablet 30 mg</i>	4	ST; MO; QLL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	5	MO; QLL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	5	MO; QLL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	3	MO; QLL (540 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	3	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	PAR; MO
<i>sodium polystyrene sulfonate oral</i>	4	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	4	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML		
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	4	
SYPRINE	5	MO
THIOLA	5	PAR; MO
<i>trientine</i>	5	MO
<i>water for irrigation, sterile</i>	3	MO
<i>zoledronic acid-mannitol-water 5 mg/100 ml</i>	4	PAR; MO
Ear, Nose / Throat Medications		
<i>acetic acid otic (ear)</i>	1	MO
<i>azelastine nasal</i>	2	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluocinolone acetonide oil otic (ear)</i>	4	MO
<i>hydrocortisone-acetic acid</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium bromide nasal</i>	2	MO; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
<i>paroex oral rinse</i>	1	MO
<i>periogard</i>	1	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>triamcinolone acetonide dental</i>	2	MO
Endocrine/Diabetes		
<i>acarbose oral tablet 100 mg</i>	2	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QLL (180 per 30 days)
ACTHAR	5	PAR; MO
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	4	MO; QLL (60 per 30 days)
<i>alcohol pads</i>	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)

Drug Name	Drug Tier	Requirements /Limits
<i>armour thyroid</i>	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 BCISE	3	MO; QLL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	MO; QLL (4 per 28 days)
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)
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	3	B/D PAR; MO
CERDELGA	5	PAR; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PAR; MO
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	5	B/D PAR; MO; QLL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	5	B/D PAR; MO; QLL (120 per 30 days)
<i>cortisone tablet</i>	4	MO
CYCLOSET	4	ST; MO; QLL (180 per 30 days)
CYTOMEL	4	MO
<i>danazol oral capsule 100 mg, 200 mg</i>	3	MO
<i>danazol oral capsule 50 mg</i>	2	MO
<i>desmopressin injection</i>	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
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray, non-aerosol</i>	4	MO
<i>desmopressin oral</i>	2	MO
<i>dexamethasone intensol</i>	4	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>	2	MO
<i>dexamethasone oral tablet 1.5 mg</i>	1	MO
<i>dexamethasone sodium phos (pf)</i>	4	MO
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	3	MO
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection syringe</i>	4	MO
<i>doxercalciferol intravenous</i>	4	
<i>doxercalciferol oral capsule 0.5 mcg</i>	4	B/D PAR; MO
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	5	MO
DUETACT ORAL TABLET 30-4 MG	4	MO; QLL (30 per 30 days)
ELAPRASE	5	PAR; MO
FABRAZYME	5	PAR; MO
<i>fludrocortisone</i>	2	MO
<i>gauze pads 2 x 2</i>	1	MO; QLL (200 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QLL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON	4	MO
EMERGENCY KIT (HUMAN)		
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)
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)
GLUMETZA ORAL TABLET, ER GAST.RETENTION 24 HR 500 MG	5	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
<i>glyburide micronized oral tablet 1.5 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	2	PAR; MO; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	2	PAR; MO; QLL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	1	PAR; MO; QLL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	2	PAR; MO; QLL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	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

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R U-500 (CONC) INSULIN	5	PAR; MO
HUMULIN R U-500 (CONC) KWIKPEN	5	PAR; MO
<i>hydrocortisone oral</i>	2	MO
INSULIN LISPRO	3	MO
<i>insulin pen needle</i>	2	MO; QLL (200 per 30 days)
<i>insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml</i>	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)
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

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
LEVEMIR U-100	3	MO
INSULIN		
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous</i>	5	MO
<i>liothyronine oral</i>	2	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QLL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QLL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QLL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QLL (60 per 30 days)
<i>metformin oral tablet extended release 24 hrs osm-tab 500mg</i>	4	MO; QLL (150 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	4	MO; QLL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	5	MO; QLL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	5	MO; QLL (120 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>methylpred dp</i>	2	
<i>methylprednisolone acetate</i>	3	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	2	MO
<i>methylprednisolone oral tablet 4 mg</i>	3	MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	4	MO
MIACALCIN INJECTION	5	B/D PAR; MO
<i>miglitol oral tablet 100 mg</i>	4	MO; QLL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	4	MO; QLL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	4	MO; QLL (180 per 30 days)
<i>miglustat</i>	5	PAR; MO; LA
NAGLAZYME	5	PAR; MO; LA
<i>nateglinide oral tablet 120 mg</i>	4	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	4	MO; QLL (180 per 30 days)
NATPARA	5	PAR; MO; LA; QLL (2 per 28 days)
<i>needles, insulin disp.,safety</i>	2	MO; QLL (200 per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PAR; MO; QLL (240 per 30 days)
OZEMPIC	3	MO
<i>pamidronate intravenous recon soln</i>	4	MO
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	4	MO
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	2	B/D PAR; MO
<i>paricalcitol oral capsule 1 mcg</i>	2	MO
<i>paricalcitol oral capsule 2 mcg</i>	4	MO
<i>paricalcitol oral capsule 4 mcg</i>	5	MO
<i>pioglitazone oral tablet 15 mg</i>	2	MO; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	2	MO; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	4	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
<i>pioglitazone-metformin</i>	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)
<i>prednisolone oral solution 15 mg/5 ml</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	4	MO
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	3	MO
<i>prednisone oral tablet 1 mg, 2.5 mg, 20 mg, 50 mg</i>	1	MO
<i>prednisone oral tablet 10 mg, 5 mg</i>	2	MO
<i>prednisone oral tablets, dose pack</i>	1	MO
PROGLYCEM	5	MO
<i>propylthiouracil</i>	2	MO
<i>repaglinide oral tablet 0.5 mg</i>	3	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	3	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	3	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, 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)

Drug Name	Drug Tier	Requirements /Limits
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
TAPAZOLE	3	MO
<i>testosterone cypionate</i>	2	PAR; MO
<i>testosterone enanthate</i>	2	PAR; MO
TESTOSTERONE TRANSDERMAL GEL	3	PAR; MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	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)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/ 1.25 gram (1.62 %)</i>	3	PAR; MO; QLL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	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)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/ 1.25 gram)</i>	3	PAR; MO; QLL (112.5 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
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PAR; MO; QLL (150 per 30 days)
<i>thyroid (pork) oral tablet 120 mg, 30 mg, 60 mg</i>	2	PAR
<i>thyroid (pork) oral tablet 15 mg, 90 mg</i>	2	PAR; MO
<i>tolazamide oral tablet 250 mg</i>	1	MO; QLL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QLL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QLL (180 per 30 days)
TOUJEO MAX U-300	3	MO
SOLOSTAR		
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection</i>	4	MO
TRULICITY	3	MO; QLL (2 per 28 days)
<i>unithroid</i>	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
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	PAR; MO
<i>zoledronic acid-mannitol-water 5 mg/100 ml intravenous piggyback 4 mg/100 ml</i>	4	PAR; MO
Gastroenterology		
<i>alosetron</i>	5	PAR; MO; QLL (60 per 30 days)
AMITIZA	3	MO; QLL (60 per 30 days)
<i>aprepitant oral capsule 125 mg</i>	3	B/D PAR; MO; QLL (5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>aprepitant oral capsule 40 mg</i>	3	B/D PAR; MO; QLL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	3	B/D PAR; MO; QLL (10 per 30 days)
<i>aprepitant oral capsule, dose pack</i>	3	B/D PAR; MO; QLL (15 per 30 days)
APRISO	3	MO
ASACOL HD	3	MO
<i>atropine injection solution 0.4 mg/ml</i>	4	MO
<i>atropine injection syringe 0.05 mg/ml</i>	4	
<i>atropine injection syringe 0.1 mg/ml</i>	4	MO
<i>balsalazide</i>	4	MO
<i>budesonide oral capsule, delayed, extend. release</i>	5	MO
<i>budesonide oral tablet, delayed and ext. release</i>	5	PAR; MO
CANASA	5	MO
<i>carafate oral suspension</i>	4	MO
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral soln</i>	2	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
DEXILANT	4	MO; QLL (30 per 30 days)
<i>dicyclomine oral capsule</i>	2	PAR; MO
<i>dicyclomine oral solution</i>	4	PAR; MO
<i>dicyclomine oral tablet</i>	2	PAR; MO
DIPENTUM	5	MO
<i>diphenoxylate-atropine oral liquid</i>	2	PAR; MO
<i>diphenoxylate-atropine oral tablet</i>	3	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
<i>dronabinol oral capsule 10 mg</i>	5	B/D PAR; MO; QLL (120 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	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	5	B/D PAR; MO; QLL (15 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PAR; MO; QLL (15 per 30 days)
<i>enulose</i>	2	MO
<i>esomeprazole magnesium</i>	4	MO; QLL (30 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	4	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	4	MO
<i>famotidine (pf) intravenous solution</i>	3	MO
<i>famotidine (pf)-nacl (iso-os)</i>	3	MO
<i>famotidine intravenous solution</i>	4	MO
<i>famotidine oral suspension</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
GATTEX 30-VIAL	5	PAR; MO
GATTEX ONE-VIAL	5	PAR; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>glycopyrrolate injection</i>	4	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>granisetron (pf)</i>	4	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	4	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl oral</i>	2	B/D PAR; MO; QLL (30 per 30 days)
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	MO
<i>lactulose oral solution</i>	2	MO
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	2	MO; QLL (30 per 30 days)
LIALDA	3	MO
LINZESS	3	MO; QLL (30 per 30 days)
<i>loperamide oral capsule</i>	2	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	3	MO
MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	3	MO
<i>mesalamine rectal enema</i>	3	MO
<i>mesalamine rectal suppository</i>	5	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>methscopolamine</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	2	MO
<i>misoprostol</i>	2	MO
MOVANTIK	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
MOVIPREP	4	MO
nizatidine oral capsule	3	MO
omeprazole oral capsule, delayed release(dr/ec)	2	MO; QLL (30 per 30 days)
ondansetron disintegrating tablet	2	B/D PAR; MO; QLL (90 per 30 days)
ondansetron hcl (pf)	2	MO
ondansetron hcl intravenous	4	MO
ondansetron hcl oral solution	2	B/D PAR; MO; QLL (450 per 30 days)
ondansetron hcl oral tablet 24 mg	2	B/D PAR; QLL (30 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PAR; MO; QLL (90 per 30 days)
opium tincture	2	MO
OSMOPREP	4	MO
pantoprazole intravenous	4	MO
pantoprazole oral	2	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 ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
polyethylene glycol 3350	2	MO
prochlorperazine	2	MO
prochlorperazine edisylate	4	MO
prochlorperazine maleate	2	MO
procto-med hc	4	MO
procto-pak	2	MO
proctosol hc topical	2	MO
proctozone-hc	2	MO
propantheline	4	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
ranitidine hcl injection	4	MO
ranitidine hcl oral capsule	2	MO
ranitidine hcl oral syrup	2	MO
ranitidine hcl oral tablet 150 mg, 300 mg	2	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 transdermal	4	MO; QLL (10 per 28 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 28 days)
trilyte with flavor packets	2	MO
ursodiol	3	MO
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	3	MO
ACTIMMUNE	5	PAR; MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
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

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
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
ENGRIX-B (PF)	3	B/D PAR; MO
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PAR; MO
<i>fomepizole</i>	5	
FULPHILA	5	PAR; MO; QLL (1.2 per 28 days)
GAMUNEX-C	5	PAR; MO
GARDASIL 9 (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
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
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PAR; MO; LA
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML)	4	MO
INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML)	5	MO
INTRON A INJECTION SOLUTION	5	MO
IPOL SUSPENSION FOR INJECTION 40 UNIT-8 UNIT-32 UNIT/0.5 ML	3	MO
IXIARO (PF)	3	MO
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

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
NEULASTA	5	PAR; MO; QLL (1.2 per 28 days)
NEUPOGEN	5	PAR; MO
NORDITROPIN FLEXPRO	5	PAR; MO
OCTAGAM	5	PAR; MO
OMNITROPE	5	PAR; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PEGASYS	5	MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	MO
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	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

Drug Name	Drug Tier	Requirements /Limits
STAMARIL (PF)	3	
SYLATRON	5	PAR; MO
TDVAX	3	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	4	MO
TETANUS,DIPHThERIA	3	MO
TOX PED(PF)		
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
ZARXIO	5	PAR; MO
ZOSTAVAX (PF)	3	MO
Musculoskeletal / Rheumatology		
<i>alendronate oral solution</i>	3	MO; QLL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QLL (4 per 28 days)
<i>allopurinol oral tablet</i>	1	MO
<i>allopurinol sodium intravenous</i>	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
<i>aloprim</i>	4	
BENLYSTA	5	PAR; MO
BONIVA INTRAVENOUS	4	B/D PAR; MO
COLCRYS	3	MO
DEPEN TITRATABS	5	MO
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/0.5 ML (0.5)	5	PAR; MO; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	PAR; MO; QLL (8 per 28 days)
ENBREL SURECLICK	5	PAR; MO; QLL (8 per 28 days)
<i>febuxostat</i>	3	MO
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 CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PAR; MO; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PAR; MO; QLL (12 per 365 days)
HUMIRA PEN	5	PAR; MO; QLL (4 per 28 days)
HUMIRA PEN CROHNS- UC-HS START	5	PAR; MO; QLL (12 per 365 days)
HUMIRA PEN PSOR- UVEITS-ADOL HS	5	PAR; MO; QLL (8 per 365 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PAR; MO; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PAR; MO; QLL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PAR; MO; QLL (6 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PAR; MO; QLL (4 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PAR; MO; QLL (6 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PAR; MO; QLL (6 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PAR; MO; QLL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PAR; MO; QLL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PAR; MO; QLL (4 per 28 days)
<i>ibandronate intravenous solution</i>	2	B/D PAR; MO
<i>ibandronate intravenous syringe</i>	4	B/D PAR; MO
<i>ibandronate oral</i>	2	MO; QLL (1 per 28 days)
<i>leflunomide</i>	2	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
PROLIA	4	PAR; MO; QLL (2 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
<i>raltrofene</i>	3	MO; QLL (30 per 30 days)
RIDAURA	5	MO
<i>risedronate oral tablet 150 mg</i>	4	ST; MO; QLL (1 per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	ST; MO; QLL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	4	ST; MO; QLL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	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		
<i>altavera (28)</i>	4	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	4	MO
<i>amethia</i>	4	MO
<i>amethyst (28)</i>	4	MO
<i>apri</i>	2	MO
<i>aranella (28)</i>	2	MO
<i>aubra</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	4	MO
<i>balziva (28)</i>	4	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>briellyn</i>	2	MO
<i>camila</i>	3	MO
CAZIAN (28)	2	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>cryselle (28)</i>	3	MO
<i>cyclafem 1/35 (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>dasetta 1/35 (28)</i>	4	MO
<i>dasetta 7/7/7 (28)</i>	4	MO
DELESTROGEN	4	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA	4	MO
INTRAMUSCULAR SUSPENSION 400 MG/ML		
<i>drospirenone-ethinyl estradiol</i>	4	MO
ELESTRIN	4	PAR; MO
<i>elinest</i>	4	MO
ELLA	3	
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>errin</i>	3	MO
<i>estarylla</i>	4	MO
ESTRACE VAGINAL	4	MO
<i>estradiol oral</i>	2	PAR; MO
<i>estradiol transdermal patch semiweekly</i>	4	PAR; MO; QLL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	4	PAR; MO; QLL (4 per 28 days)
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate</i>	4	MO
<i>intramuscular oil 20 mg/ml, 40 mg/ml</i>		
<i>estradiol-norethindrone acet</i>	4	PAR; MO
ESTRING	4	MO; QLL (1 per 90 days)
EVAMIST	4	PAR; MO
<i>falmina (28)</i>	2	MO
FEMRING	4	MO; QLL (1 per 90 days)
<i>gianvi (28)</i>	4	MO
<i>heather</i>	4	MO
<i>hydroxyprogesterone caproate</i>	5	PAR; MO; QLL (25 per 147 days)
<i>introvale</i>	2	MO
<i>jinteli</i>	4	PAR; MO
<i>jolessa</i>	4	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	3	MO
<i>junel fe 1/20 (28)</i>	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
<i>june fe 24</i>	4	MO
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	3	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>leena 28</i>	2	MO
<i>lessina</i>	4	MO
<i>levonest (28)</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	4	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	3	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levora-28</i>	2	MO
<i>LO LOESTRIN FE</i>	4	MO
<i>lo-zumandimine (28)</i>	4	
<i>loryna (28)</i>	4	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lutera (28)</i>	3	MO
<i>lyza</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>medroxyprogesterone intramuscular suspension</i>	2	MO
<i>medroxyprogesterone intramuscular syringe</i>	4	MO
<i>medroxyprogesterone oral</i>	1	MO
<i>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</i>	4	PAR; MO
<i>methylergonovine oral</i>	5	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	3	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin fe 1/20 (28)</i>	3	MO
<i>mimvey</i>	4	PAR; MO
<i>mimvey lo</i>	4	PAR; MO
<i>mono-linyah</i>	4	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>nikki (28)</i>	4	MO
<i>nora-be</i>	3	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	4	MO
<i>nortrel 0.5/35 (28)</i>	3	MO
<i>nortrel 1/35 (21)</i>	4	MO
<i>nortrel 1/35 (28)</i>	4	MO
<i>nortrel 7/7/7 (28)</i>	3	MO
<i>NUVARING</i>	4	MO
<i>ocella</i>	4	MO
<i>ogestrel (28)</i>	4	MO
<i>orsythia</i>	2	MO
<i>ORTHO MICRONOR</i>	4	MO
<i>philith</i>	4	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	MO
<i>portia 28</i>	3	MO
<i>PREMARIN ORAL</i>	3	PAR; MO
<i>PREMARIN VAGINAL</i>	3	MO
<i>PREMPHASE</i>	3	PAR; MO
<i>PREMPRO</i>	3	PAR; MO
<i>previfem</i>	3	MO
<i>progesterone micronized</i>	3	MO
<i>reclipsen (28)</i>	3	MO
<i>sharobel</i>	2	MO
<i>simpesse</i>	4	
<i>sprintec (28)</i>	3	MO
<i>sronyx</i>	3	MO
<i>syeda</i>	4	MO
<i>terconazole</i>	2	MO
<i>tilia fe</i>	4	MO
<i>tranexamic acid oral</i>	3	MO
<i>tri-estarylla</i>	4	MO
<i>tri-legest fe</i>	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
<i>tri-lynyah</i>	4	MO
<i>tri-previfem (28)</i>	3	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
VAGIFEM	4	MO
<i>vandazole</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>viorele (28)</i>	4	MO
VIVELLE-DOT	4	PAR; MO; QLL (8 per 28 days)
<i>vyfemla (28)</i>	2	MO
<i>xulane</i>	4	MO
<i>yuvaferm</i>	4	MO
ZARAH	4	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zumandimine (28)</i>	4	
Ophthalmology		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium solution for injection</i>	4	MO
<i>ak-poly-bac</i>	3	MO
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	4	MO
<i>apraclonidine</i>	3	MO
<i>atropine ophthalmic (eye) drops</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
AZOPT	4	MO
<i>bacitracin ophthalmic (eye)</i>	3	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>betaxolol ophthalmic (eye)</i>	2	MO
BETIMOL	4	MO
BETOPTIC S	4	MO
<i>bimatoprost ophthalmic (eye)</i>	3	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine</i>	2	MO
<i>bromfenac</i>	4	MO
<i>carteolol</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
COMBIGAN	3	MO
COSOPT	4	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
DUREZOL	3	MO
<i>epinastine</i>	3	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	2	MO
<i>flurbiprofen ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	4	MO
<i>gentak ophthalmic (eye)</i>	2	MO
<i>ointment</i>		
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>gentamicin ophthalmic (eye) ointment</i>	2	
ILEVRO	3	MO
ISOPTO CARPINE	4	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
LACRISERT	3	MO; QLL (60 per 30 days)
<i>latanoprost</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic (eye)</i>	4	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>methazolamide</i>	4	MO
MOXIFLOXACIN OPTHALMIC (EYE)	3	MO
NATACYN	4	MO
<i>neo-polycin</i>	2	MO
<i>neo-polycin hc</i>	2	MO
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
neomycin-polymyxin-gramicidin	2	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 %	2	MO
polycin	2	MO
polymyxin b sulf-trimethoprim	2	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	2	MO
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	4	MO
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %	4	MO
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %	4	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO
TOBRADEX ST	3	MO

Drug Name	Drug Tier	Requirements /Limits
tobramycin	2	MO
tobramycin-dexamethasone ophthalmic (eye)	2	MO
TRAVATAN Z	3	MO
trifluridine	2	MO
XALATAN	4	MO
XIIDRA	3	PAR; MO; QLL (60 per 30 days)
ZIOPTAN (PF)	4	MO
ZIRGAN	4	MO
Respiratory And Allergy		
acetylcysteine	2	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)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 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	2	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
ambrisentan	5	PAR; MO; LA; QLL (30 per 30 days)
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)

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Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QLL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QLL (2 per 30 days)
ATROVENT HFA	4	MO; QLL (26 per 30 days)
<i>bosentan</i>	5	PAR; MO; LA; QLL (60 per 30 days)
BREO ELLIPTA	3	MO; QLL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PAR; MO; QLL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PAR; MO; QLL (60 per 30 days)
<i>cetirizine oral solution 1 mg/ ml</i>	2	MO
CINRYZE	5	PAR; MO
<i>clemastine oral tablet 2.68 mg</i>	2	PAR; MO
COMBIVENT RESPIMAT	4	MO; QLL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PAR; MO; QLL (240 per 30 days)
<i>cyproheptadine</i>	3	PAR; MO
DALIRESP	4	PAR; MO; QLL (30 per 30 days)
<i>desloratadine</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
DULERA	3	MO; QLL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO
<i>epinephrine injection auto- injector 0.15 mg/0.3 ml</i>	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)
<i>flunisolide nasal spray, non- aerosol 25 mcg (0.025 %)</i>	2	MO; QLL (75 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QLL (60 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QLL (16 per 30 days)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	4	PAR; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	3	PAR; MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	3	PAR; MO
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	3	PAR; MO
<i>hydroxyzine hcl oral tablet 25 mg</i>	2	PAR; MO
<i>hydroxyzine pamoate</i>	3	PAR; MO
<i>icatibant</i>	5	PAR; MO
<i>ipratropium bromide inhalation</i>	2	B/D PAR; MO
<i>ipratropium-albuterol inhalation</i>	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)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	4	B/D PAR; MO; QLL (270 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	4	B/D PAR; MO; QLL (540 per 30 days)
LEVALBUTEROL HFA	4	MO; QLL (45 per 30 days)
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO
<i>metaproterenol oral syrup</i>	2	MO
<i>mometasone nasal</i>	3	MO
<i>montelukast</i>	2	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)

Drug Name	Drug Tier	Requirements /Limits
PROAIR RESPICLICK	3	MO; QLL (2 per 30 days)
<i>promethazine injection solution 25 mg/ml</i>	3	PAR; MO
<i>promethazine injection solution 50 mg/ml</i>	4	PAR; MO
<i>promethazine oral</i>	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)
<i>sildenafil (pulm.hypertension) oral tablet</i>	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)
SYMJEPI	3	MO; QLL (2 per 28 days)
<i>terbutaline oral</i>	2	MO
<i>terbutaline subcutaneous</i>	4	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER ORAL TABLET	5	PAR; MO; LA; 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
TRACLEER ORAL TABLET FOR SUSPENSION	5	PAR; MO; LA; QLL (120 per 30 days)
VENTAVIS	5	PAR; MO; QLL (270 per 30 days)
VENTOLIN HFA	3	MO; QLL (36 per 30 days)
<i>wixela inhub</i>	3	MO; QLL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PAR; MO; LA; QLL (6 per 28 days)
<i>zafirlukast</i>	2	MO
Urologicals		
<i>alfuzosin</i>	2	MO
<i>bethanechol chloride</i>	2	MO
CYSTAGON	3	MO; LA
<i>dutasteride</i>	4	MO; QLL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	3	MO; QLL (30 per 30 days)
ELMIRON	4	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>flavoxate</i>	3	MO
MYRBETRIQ	4	MO; QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	2	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	2	MO; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	2	MO; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	MO; QLL (30 per 30 days)
<i>potassium citrate</i>	2	MO
<i>sildenafil</i>	1	MO; ED; QLL (4 per 30 days)
<i>solifenacin</i>	4	MO; QLL (30 per 30 days)
<i>tamsulosin</i>	2	MO
<i>tolterodine oral capsule, extended release 24hr</i>	4	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tolterodine oral tablet</i>	4	MO; QLL (60 per 30 days)
TOVIAZ	4	MO; QLL (30 per 30 days)
<i>trospium oral capsule, extended release 24hr</i>	4	MO; QLL (30 per 30 days)
<i>trospium oral tablet</i>	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 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
<i>calcium acetate oral capsule</i>	2	MO
CLINIMIX 5%/D15W	4	B/D PAR
SULFITE FREE		
CLINIMIX 5%/D25W	4	B/D PAR
SULFITE-FREE		
CLINIMIX 4.25%-D25W	4	B/D PAR
SULF-FREE		
CLINIMIX 4.25%/D10W	4	B/D PAR
SULF FREE		
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PAR
CLINIMIX E 4.25%/D10W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/D5W	4	B/D PAR
SULF FREE		
CLINIMIX E 5%/D15W	4	B/D PAR
SULFIT FREE		

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%/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
fluoride (sodium) oral tablet	2	MO
fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)	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	4	B/D PAR
INTRAVENOUS EMULSION 30 %		
IONOSOL-MB IN D5W	4	
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 %	4	
DEXTROSE		
ISOLYTE-S	4	
k-tab oral tablet extended release 8 meq	3	MO
klor-con	4	MO
klor-con 10	2	MO
klor-con 8	2	MO
klor-con m10	2	MO
klor-con m15	2	MO
klor-con m20	2	MO
klor-con sprinkle oral capsule, extended release 8 meq	4	MO
klor-con/ef	1	MO
lactated ringers intravenous	2	MO
ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)	2	MO
magnesium sulfate in water intravenous parenteral solution	4	

Drug Name	Drug Tier	Requirements /Limits
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	2	MO
magnesium sulfate injection syringe	2	
NEPHRAMINE 5.4 %	4	B/D PAR
NORMOSOL-M IN 5 %	4	
DEXTROSE		
NORMOSOL-R	4	MO
NORMOSOL-R IN 5 %	4	
DEXTROSE		
NORMOSOL-R PH 7.4	4	
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
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	2	
potassium chloride in 5 % dex intravenous parenteral solution 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	

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
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	3	MO
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml</i>	4	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml</i>	3	
<i>potassium chloride in water intravenous piggyback 20 meq/50 ml, 30 meq/100 ml</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	4	
<i>premasol 10 %</i>	4	B/D PAR; MO
<i>PREMASOL 6 %</i>	4	B/D PAR
<i>prenatal vitamin plus low iron</i>	2	MO
<i>PROCALAMINE 3%</i>	4	B/D PAR
<i>PROSOL 20 %</i>	4	B/D PAR; MO
<i>ringer's intravenous</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	4	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	4	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	4	
<i>sodium chloride 3% intravenous injection solution</i>	4	MO
<i>sodium chloride 5% intravenous injection solution</i>	4	MO
<i>sodium chloride intravenous</i>	4	MO
<i>sodium lactate</i>	4	
<i>travasol 10 %</i>	4	B/D PAR; MO
<i>TROPHAMINE 10 %</i>	4	B/D PAR; MO
<i>TROPHAMINE 6%</i>	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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BRIVIACT ORAL TABLET 50 MG.....	26	BYDUREON SUBCUTANEOUS PEN	
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<i>1 mg/2 ml</i>	64	<i>cabergoline</i>	49
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<i>calcipotriene topical</i>	45
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<i>calcitriol oral capsule</i>	49
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<i>captopril oral tablet 12.5 mg</i>	40
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg, 50-25 mg</i>	40
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<i>carbamazepine oral suspension 200 mg/10 ml</i>	26
<i>carbamazepine oral tablet</i>	26
<i>carbamazepine oral tablet extended release 12 hr</i>	26
<i>carbamazepine oral tablet, chewable</i>	26
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<i>ceftazidime oral suspension for reconstitution 125 mg/5 ml</i>	9
<i>ceftazidime oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	9
<i>ceftazidime oral tablet extended release 12 hr</i>	9
<i>cefadroxil oral capsule</i>	10
<i>cefadroxil oral suspension for reconstitution 250 mg/ 5 ml, 500 mg/5 ml</i>	10
<i>cefadroxil oral tablet</i>	10
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	10
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	10
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	10
<i>cefazolin injection recon soln 10 gram</i>	10
<i>cefazolin injection recon soln 100 gram, 20 gram, 300 g</i>	10
<i>cefazolin intravenous</i>	10
<i>cefepime</i>	10
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	10
<i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	10
<i>cefepime injection</i>	10
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	10
<i>cefotetan injection solution</i>	10
<i>cefoxitin in dextrose, iso-osm</i>	10
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	10
<i>cefoxitin intravenous recon soln 10 gram</i>	10
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i>	10
<i>cefpodoxime oral suspension for reconstitution 50 mg/5 ml</i>	10
<i>cefpodoxime oral tablet</i>	10
<i>cefpodoxil</i>	10
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<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	10
<i>ceftazidime injection recon soln 6 gram</i>	10
<i>ceftriaxone in dextrose, iso-os</i>	10
<i>ceftriaxone injection recon soln 1 gram</i>	10
<i>ceftriaxone injection recon soln 10 gram, 100 gram</i>	10
<i>ceftriaxone injection recon soln 2 gram</i>	10
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	10
<i>ceftriaxone intravenous</i>	10
<i>cefuroxime axetil oral tablet</i>	10
<i>cefuroxime sodium injection recon soln 750 mg</i>	10

<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	10	<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	10
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	10	<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	10
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	26	<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i>	10
<i>celecoxib oral capsule 50 mg</i>	26	<i>ciprofloxacin oral susp</i>	10
CELLCEPT INTRAVENOUS.....	18	<i>cisplatin intravenous solution</i>	18
CELONTIN ORAL CAPSULE 300 MG.....	26	<i>citalopram oral solution</i>	27
<i>cephalexin oral capsule 250 mg, 500 mg</i>	10	<i>citalopram oral tablet 10 mg</i>	27
<i>cephalexin oral suspension for reconstitution</i>	10	<i>citalopram oral tablet 20 mg</i>	27
<i>cephalexin oral tablet</i>	10	<i>citalopram oral tablet 40 mg</i>	27
CERDELGA.....	49	<i>cladribine</i>	18
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT.....	49	<i>claravis</i>	45
<i>cetirizine oral solution 1 mg/ml</i>	64	<i>clarithromycin</i>	10
<i>cevimeline</i>	47	<i>clemastine oral tablet 2.68 mg</i>	64
CHANTIX.....	47	<i>clindamycin hcl capsule</i>	10
CHANTIX CONTINUING MONTH BOX.....	47	<i>clindamycin in 5 % dextrose</i>	10
CHANTIX STARTING MONTH BOX.....	47	<i>clindamycin phosphate injection solution 150 mg/ml</i>	11
<i>chloramphenicol sod succinate</i>	10	<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	11
<i>chlordiazepoxide hcl</i>	27	<i>clindamycin phosphate topical gel</i>	45
<i>chlorhexidine gluconate mucous membrane</i>	48	<i>clindamycin phosphate topical lotion</i>	45
<i>chloroquine phosphate</i>	10	<i>clindamycin phosphate topical solution</i>	45
<i>chlorothiazide oral tablet</i>	40	<i>clindamycin phosphate topical swab</i>	45
<i>chlorothiazide sodium intravenous solution</i>	40	<i>clindamycin phosphate vaginal</i>	60
<i>chlorpromazine</i>	27	<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	45
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	40	<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	45
<i>cholestyramine (with sugar)</i>	40	CLINIMIX 4.25%-D25W SULF-FREE.....	66
<i>cholestyramine light</i>	40	CLINIMIX 4.25%/D10W SULF FREE.....	66
<i>ciclodan topical solution</i>	45	CLINIMIX 4.25%/D5W SULFIT FREE.....	47
<i>ciclopirox topical cream</i>	45	CLINIMIX 5%-D20W(SULFITE-FREE).....	66
<i>ciclopirox topical gel</i>	45	CLINIMIX 5%/D15W SULFITE FREE.....	66
<i>ciclopirox topical shampoo</i>	45	CLINIMIX 5%/D25W SULFITE-FREE.....	66
<i>ciclopirox topical solution</i>	45	CLINIMIX E 2.75%/D5W SULF FREE.....	47
<i>ciclopirox topical suspension</i>	45	CLINIMIX E 4.25%/D10W SUL FREE.....	66
<i>cidofovir</i>	10	CLINIMIX E 4.25%/D5W SULF FREE.....	66
<i>cilostazol</i>	40	CLINIMIX E 5%/D15W SULFIT FREE.....	66
CIMDUO.....	10	CLINIMIX E 5%/D20W SULFIT FREE.....	67
<i>cimetidine</i>	54	CLINIMIX E 5%/D25W SULFIT FREE.....	67
<i>cimetidine hcl oral soln</i>	54	CLINIMIX N14G30E 4.25%-D15W SF.....	67
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	49	CLINIMIX N9G20E 2.75%-D10W(SF).....	47
<i>cinacalcet oral tablet 90 mg</i>	49	<i>clobazam oral suspension</i>	27
CINRYZE.....	64	<i>clobazam oral tablet 10 mg</i>	27
CIPRODEX.....	48	<i>clobazam oral tablet 20 mg</i>	27
<i>ciprofloxacin hcl ophthalmic (eye)</i>	62	<i>clobetasol scalp</i>	45
<i>ciprofloxacin hcl oral tablet 100 mg</i>	10		

<i>clobetasol topical cream</i>	45	COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1).....	18
<i>clobetasol topical foam</i>	45	COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3).....	18
<i>clobetasol topical gel</i>	45	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY).....	18
<i>clobetasol topical lotion</i>	45	COMPLERA.....	11
<i>clobetasol topical ointment</i>	45	<i>compro</i>	54
<i>clobetasol topical shampoo</i>	45	<i>constulose</i>	54
<i>clobetasol-emollient topical cream</i>	45	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML.....	27
<i>clobetasol-emollient topical foam</i>	45	COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML.....	27
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<i>clofarabine</i>	18	CORLANOR ORAL SOLUTION.....	40
CLOLAR.....	18	CORLANOR ORAL TABLET.....	40
<i>clomipramine</i>	27	<i>cortisone tablet</i>	49
<i>clonazepam oral tablet 0.5 mg</i>	27	COSMEGEN.....	18
<i>clonazepam oral tablet 1 mg</i>	27	COSOPT.....	62
<i>clonazepam oral tablet 2 mg</i>	27	COTELIC.....	18
<i>clonazepam oral tablet,disintegrating 0.125 mg</i>	27	COUMADIN ORAL.....	40
<i>clonazepam oral tablet,disintegrating 0.25 mg</i>	27	COZAAR.....	40
<i>clonazepam oral tablet,disintegrating 0.5 mg</i>	27	CREON.....	54
<i>clonazepam oral tablet,disintegrating 1 mg</i>	27	CRESTOR.....	40
<i>clonazepam oral tablet,disintegrating 2 mg</i>	27	CRIVAN ORAL CAPSULE 200 MG.....	11
<i>clonidine hcl oral tablet</i>	40	CRIVAN ORAL CAPSULE 400 MG.....	11
<i>clonidine transdermal patch</i>	40	<i>cromolyn inhalation</i>	64
<i>clopidogrel oral tablet 300 mg</i>	40	<i>cromolyn ophthalmic (eye)</i>	62
<i>clopidogrel oral tablet 75 mg</i>	40	<i>cromolyn oral</i>	54
<i>clorazepate dipotassium</i>	27	<i>cryselle (28)</i>	60
<i>clotrimazole mucous membrane</i>	11	CUBICIN 500 MG INTRAVENOUS SOLUTION.....	11
<i>clotrimazole topical cream</i>	45	<i>cyclafem 1/35 (28)</i>	60
<i>clotrimazole topical solution</i>	45	<i>cyclafem 7/7/7 (28)</i>	60
<i>clotrimazole-betamethasone</i>	45	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	27
<i>clozapine oral tablet 100 mg</i>	27	<i>cyclobenzaprine oral tablet 7.5 mg</i>	27
<i>clozapine oral tablet 200 mg</i>	27	CYCLOPHOSPHAMIDE ORAL CAPSULE.....	18
<i>clozapine oral tablet 25 mg</i>	27	CYCLOSET.....	49
<i>clozapine oral tablet 50 mg</i>	27	<i>cyclosporine intravenous</i>	18
<i>clozapine oral tablet,disintegrating 100 mg</i>	27	<i>cyclosporine modified oral capsule</i>	18
<i>clozapine oral tablet,disintegrating 12.5 mg</i>	27	<i>cyclosporine modified oral solution</i>	18
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG.....	27	<i>cyclosporine oral capsule</i>	18
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG.....	27	<i>cyproheptadine</i>	64
<i>clozapine oral tablet,disintegrating 25 mg</i>	27	CYRAMZA.....	18
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<i>colesevelam</i>	40	CYSTARAN.....	62
<i>colestipol</i>	40		
<i>colistin (colistimethate na)</i>	11		
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<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml).....</i>	18	<i>desmopressin nasal spray,non-aerosol.....</i>	50
<i>cytarabine (pf) injection solution 20 mg/ml.....</i>	18	<i>desmopressin oral.....</i>	50
<i>cytarabine injection solution 20mg/ml.....</i>	18	<i>desonide.....</i>	45
CYTOMEL.....	49	<i>desoximetasone topical cream.....</i>	45
<i>d10 %-0.45 % sodium chloride.....</i>	47	<i>desoximetasone topical gel.....</i>	45
<i>d2.5 %-0.45 % sodium chloride.....</i>	47	<i>desoximetasone topical ointment 0.25 %.....</i>	45
<i>d5 % and 0.9 % sodium chloride.....</i>	47	DESVENLAFAXINE ORAL TABLET	
<i>d5 %-0.45 % sodium chloride.....</i>	47	EXTENDED RELEASE 24 HR 100 MG.....	27
<i>dacarbazine.....</i>	18	DESVENLAFAXINE ORAL TABLET	
<i>dactinomycin.....</i>	18	EXTENDED RELEASE 24 HR 50 MG.....	27
<i>dalfampridine.....</i>	27	DESVENLAFAXINE ORAL TABLET	
DALIRESP.....	64	EXTENDED RELEASE 24HR 100 MG.....	27
<i>danazol oral capsule 100 mg, 200 mg.....</i>	49	DESVENLAFAXINE ORAL TABLET	
<i>danazol oral capsule 50 mg.....</i>	49	EXTENDED RELEASE 24HR 50 MG.....	27
<i>dantrolene oral.....</i>	27	<i>desvenlafaxine succinate oral tablet extended release</i>	
<i>dapsone oral.....</i>	11	24 hr 100 mg.....	27
DAPTACEL (DTAP PEDIATRIC) (PF).....	57	<i>desvenlafaxine succinate oral tablet extended release</i>	
DAPTOMYCIN INTRAVENOUS RECON		24 hr 25 mg.....	28
SOLN 350 MG.....	11	<i>desvenlafaxine succinate oral tablet extended release</i>	
<i>daptomycin intravenous recon soln 500 mg.....</i>	11	24 hr 50 mg.....	28
DARAPRIM.....	11	<i>dexamethasone intensol.....</i>	50
DARZALEX.....	18	<i>dexamethasone oral elixir.....</i>	50
<i>dasetta 1/35 (28).....</i>	60	<i>dexamethasone oral solution.....</i>	50
<i>dasetta 7/7/7 (28).....</i>	60	<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg,</i>	
<i>daunorubicin intravenous solution.....</i>	18	2 mg, 4 mg, 6 mg.....	50
DAURISMO ORAL TABLET 100 MG.....	18	<i>dexamethasone oral tablet 1.5 mg.....</i>	50
DAURISMO ORAL TABLET 25 MG.....	18	<i>dexamethasone sodium phos (pf).....</i>	50
<i>decitabine.....</i>	18	<i>dexamethasone sodium phosphate injection solution</i>	
<i>deferasirox.....</i>	47	10 mg/ml.....	50
DELESTROGEN.....	60	<i>dexamethasone sodium phosphate injection solution</i>	
DELSTRIGO.....	11	4 mg/ml.....	50
DELZICOL ORAL CAPSULE (WITH DEL		<i>dexamethasone sodium phosphate injection</i>	
REL TABLETS).....	54	syringe.....	50
<i>demeclocycline.....</i>	11	<i>dexamethasone sodium phosphate ophthalmic</i>	
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<i>denta 5000 plus.....</i>	48	<i>dexrazoxane hcl intravenous recon soln 250 mg.....</i>	18
<i>dentagel.....</i>	48	<i>dexrazoxane hcl intravenous recon soln 500 mg.....</i>	18
DEPEN TITRATABS.....	59	<i>dextroamphetamine oral tablet 10 mg.....</i>	28
DEPO-ESTRADIOL.....	60	<i>dextroamphetamine oral tablet 5 mg.....</i>	28
DEPO-PROVERA INTRAMUSCULAR		<i>dextroamphetamine-amphetamine oral capsule,</i>	
SUSPENSION 400 MG/ML.....	60	extended release 24hr.....	28
DESCOVY.....	11	<i>dextroamphetamine-amphetamine oral tablet 10</i>	
<i>desipramine.....</i>	27	mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg.....	28
<i>desloratadine.....</i>	64	<i>dextroamphetamine-amphetamine oral tablet 30</i>	
<i>desmopressin injection.....</i>	49	mg.....	28
<i>desmopressin nasal spray with pump.....</i>	50	<i>dextrose 10 % and 0.2 % nacl.....</i>	47
		<i>dextrose 10 % in water (d10w).....</i>	47

<i>dextrose 20 % in water (d20w)</i>	47	DIFICID.....	11
<i>dextrose 25 % in water (d25w)</i>	47	<i>diflorasone</i>	45
<i>dextrose 30 % in water (d30w)</i>	47	<i>diflunisal</i>	28
<i>dextrose 40 % in water (d40w)</i>	47	<i>digitek oral tablet 125 mcg (0.125 mg)</i>	40
<i>dextrose 5 % in water (d5w)</i>	48	<i>digitek oral tablet 250 mcg (0.25 mg)</i>	40
<i>dextrose 5 %-lactated ringers</i>	48	<i>digox oral tablet 125 mcg (0.125 mg)</i>	40
<i>dextrose 5%-0.2 % sod chloride</i>	48	<i>digoxin injection solution</i>	40
<i>dextrose 5%-0.3 % sod.chloride</i>	48	<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	40
<i>dextrose 50 % in water (d50w)</i>	48	<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	40
<i>dextrose 70 % in water (d70w)</i>	48	<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	40
<i>dextrose with sodium chloride</i>	48	<i>dihydroergotamine injection</i>	28
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<i>diazepam oral concentrate</i>	28	<i>dilt-xr</i>	40
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	28	<i>diltiazem hcl intravenous</i>	40
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	28	<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg</i>	40
<i>diazepam oral tablet 10 mg</i>	28	<i>diltiazem hcl oral capsule,extended release 12 hr</i>	40
<i>diazepam oral tablet 2 mg</i>	28	<i>diltiazem hcl oral capsule,extended release 24 hr</i>	40
<i>diazepam oral tablet 5 mg</i>	28	<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	40
<i>diazepam rectal</i>	28	<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	40
<i>diclofenac potassium</i>	28	<i>diltiazem hcl oral tablet</i>	40
<i>diclofenac sodium ophthalmic (eye)</i>	62	DIOVAN HCT.....	40
<i>diclofenac sodium oral tablet extended release 24 hr</i>	28	DIPENTUM.....	54
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	28	<i>diphenhydramine hcl injection solution 50 mg/ ml</i>	64
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg</i>	28	<i>diphenhydramine hcl injection syringe</i>	64
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg</i>	28	<i>diphenoxylate-atropine oral liquid</i>	54
<i>diclofenac sodium topical drops</i>	28	<i>diphenoxylate-atropine oral tablet</i>	54
<i>diclofenac sodium topical gel 1 %</i>	28	<i>disopyramide phosphate oral capsule</i>	40
<i>diclofenac sodium topical gel 3 %</i>	45	<i>disulfiram</i>	48
<i>dicloxacillin</i>	11	<i>divalproex</i>	28
<i>dicyclomine oral capsule</i>	54	<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	18
<i>dicyclomine oral solution</i>	54	<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	18
<i>dicyclomine oral tablet</i>	54	DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML.....	18
<i>didanosine oral capsule,delayed release(dr/ec) 200 mg</i>	11	<i>dofetilide</i>	40
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg</i>	11	<i>donepezil oral tablet 10 mg, 5 mg</i>	28
<i>didanosine oral capsule,delayed release(dr/ec) 400 mg</i>	11	<i>donepezil oral tablet,disintegrating</i>	28
		<i>dorzolamide</i>	62

<i>dorzolamide-timolol</i>	62	EFFIENT.....	40
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<i>doxepin oral</i>	28	ELAPRASE.....	50
<i>doxercalciferol intravenous</i>	50	ELESTRIN.....	60
<i>doxercalciferol oral capsule 0.5 mcg</i>	50	ELIDEL.....	45
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	50	<i>elinest</i>	60
<i>doxorubicin intravenous recon soln 50 mg</i>	18	ELIQUIS ORAL TABLET 2.5 MG.....	40
<i>doxorubicin intravenous solution</i>	18	ELIQUIS ORAL TABLET 5 MG.....	40
<i>doxorubicin, peg-liposomal</i>	18	ELIQUIS ORAL TABLETS,DOSE PACK.....	40
<i>doxy-100</i>	11	ELITEK.....	18
<i>doxycycline hyclate intravenous</i>	11	ELIXOPHYLLIN ORAL ELIXIR 80 MG/15	
<i>doxycycline hyclate oral capsule</i>	11	ML.....	64
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	11	ELLA.....	60
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	11	ELMIRON.....	66
<i>doxycycline monohydrate oral capsule 100 mg, 50</i>		EMCYT.....	18
<i>mg</i>	11	EMEND ORAL CAPSULE 125 MG.....	55
<i>doxycycline monohydrate oral suspension for</i>		EMEND ORAL CAPSULE 40 MG.....	55
<i>reconstitution</i>	11	EMEND ORAL CAPSULE 80 MG.....	55
<i>doxycycline monohydrate oral tablet</i>	11	EMEND ORAL CAPSULE,DOSE PACK.....	55
<i>dronabinol oral capsule 10 mg</i>	55	EMEND ORAL SUSPENSION FOR	
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	55	RECONSTITUTION.....	55
<i>drospirenone-ethinyl estradiol</i>	60	<i>emoquette</i>	60
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<i>mg</i>	28	<i>enalapril maleate</i>	40
<i>duloxetine oral capsule, delayed release(dr/ec) 30</i>		<i>enalapril-hydrochlorothiazide</i>	40
<i>mg</i>	28	ENBREL MINI.....	59
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<i>duloxetine oral capsule, delayed release(dr/ec) 60</i>		ENBREL SUBCUTANEOUS SYRINGE 25	
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<i>econazole</i>	45	<i>enoxaparin subcutaneous syringe 100 mg/ml, 150</i>	
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<i>efavirenz oral capsule 200 mg</i>	11	<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80</i>	
<i>efavirenz oral capsule 50 mg</i>	11	<i>mg/0.8 ml</i>	41
<i>efavirenz oral tablet</i>	11	<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	41

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<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	41	<i>erythromycin oral tablet, delayed release (dr/ec) 250</i>	
<i>enpresse</i>	60	<i>mg, 333 mg</i>	12
<i>entacapone</i>	28	<i>erythromycin oral tablet, delayed release (dr/ec) 500</i>	
<i>entecavir</i>	11	<i>mg</i>	12
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<i>ml</i>	64	<i>escitalopram oxalate oral tablet 10 mg</i>	29
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EPIVIR ORAL SOLUTION.....	11	<i>esomeprazole sodium intravenous recon soln 40</i>	
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FANAPT ORAL TABLET 10 MG, 12 MG.....	29	<i>flecainide</i>	41
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<i>fenofibrate oral tablet 160 mg, 54 mg</i>	41	400 mg/200 ml.....	12
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<i>delayed release(dr/ec) 135 mg</i>	41	<i>flucytosine oral capsule 500 mg</i>	12
<i>fenofibric acid (choline) dr capsules oral capsule,</i>		<i>fludarabine intravenous recon soln</i>	19
<i>delayed release(dr/ec) 45 mg</i>	41	<i>fludarabine intravenous solution</i>	19
<i>fenoprofen oral tablet</i>	29	<i>fludrocortisone</i>	50
<i>fentanyl citrate lozenge</i>	29	<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025</i>	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12</i>		<i>%)</i>	64
<i>mcg/hr, 75 mcg/hr</i>	29	<i>fluocinolone acetamide oil otic (ear)</i>	48
<i>fentanyl transdermal patch 72 hour 25 mcg/hr, 50</i>		<i>fluocinolone and shower cap</i>	45
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<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	67	<i>fosinopril-hydrochlorothiazide</i>	41
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<i>fluoxetine oral capsule 40 mg</i>	29	<i>furosemide oral tablet</i>	41
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<i>fluoxetine oral tablet 10 mg</i>	29	FYCOMPA ORAL SUSPENSION.....	30
<i>fluoxetine oral tablet 20 mg</i>	29	FYCOMPA ORAL TABLET 10 MG, 12 MG.....	30
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<i>fluphenazine hcl injection</i>	29	FYCOMPA ORAL TABLET 4 MG.....	30
<i>fluphenazine hcl oral</i>	29	FYCOMPA ORAL TABLET 6 MG.....	30
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<i>flutamide</i>	19	<i>gabapentin oral capsule 300 mg</i>	30
<i>fluticasone propion-salmeterol inhalation blister with device</i>	64	<i>gabapentin oral capsule 400 mg</i>	30
<i>fluticasone propionate nasal</i>	64	<i>gabapentin oral solution 250 mg/5 ml</i>	30
<i>fluticasone propionate topical cream</i>	46	<i>gabapentin oral solution 250 mg/5 ml (5 ml)</i>	30
<i>fluticasone propionate topical lotion</i>	46	<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	30
<i>fluticasone propionate topical ointment</i>	46	<i>gabapentin oral tablet 600 mg</i>	30
<i>fluvastatin oral capsule 20 mg</i>	41	<i>gabapentin oral tablet 800 mg</i>	30
<i>fluvastatin oral capsule 40 mg</i>	41	GABITRIL ORAL TABLET 12 MG.....	30
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<i>fluvoxamine oral tablet 25 mg</i>	29	<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	30
<i>fluvoxamine oral tablet 50 mg</i>	29	<i>galantamine oral solution</i>	30
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gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml).....	19	glipizide oral tablet extended release 24hr 10 mg.....	50
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<i>prednisolone oral solution 15 mg/5 ml.....</i>	53	PROAIR RESPICLICK.....	65
<i>prednisolone sodium phosphate ophthalmic (eye).....</i>	63	<i>probenecid.....</i>	59
<i>prednisolone sodium phosphate oral solution 15 mg/</i>		<i>probenecid-colchicine.....</i>	59
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<i>ml).....</i>	53	<i>procainamide injection solution 500 mg/ml.....</i>	43
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<i>disintegrating.....</i>	53	PROCARDIA.....	43
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<i>procto-med hc</i>	56	<i>quetiapine oral tablet 300 mg</i>	35
<i>procto-pak</i>	56	<i>quetiapine oral tablet 400 mg</i>	35
<i>proctosol hc topical</i>	56	<i>quetiapine oral tablet 50 mg</i>	35
<i>proctozone-hc</i>	56	<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	36
<i>progesterone micronized</i>	61	<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	36
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<i>promethazine oral</i>	65	<i>ramipril</i>	43
<i>propafenone oral tablet</i>	43	RANEXA.....	43
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<i>propranolol intravenous</i>	43	<i>ranitidine hcl oral capsule</i>	56
<i>propranolol oral</i>	43	<i>ranitidine hcl oral syrup</i>	56
<i>propranolol-hydrochlorothiazide</i>	43	<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	56
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PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG.....	35	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML.....	58
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<i>repaglinide oral tablet 1 mg.....</i>	53	<i>risperidone oral tablet 4 mg.....</i>	36
<i>repaglinide oral tablet 2 mg.....</i>	53	<i>risperidone oral tablet,disintegrating 0.25 mg.....</i>	36
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REPATHA SURECLICK.....	43	<i>risperidone oral tablet,disintegrating 1 mg.....</i>	36
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<i>ribasphere oral capsule.....</i>	15	<i>rosuvastatin.....</i>	43
<i>ribavirin oral capsule.....</i>	15	ROTARIX.....	58
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<i>rifabutin.....</i>	15	ROZEREM.....	36
<i>rifampin intravenous.....</i>	15	ROZLYTREK ORAL CAPSULE 100 MG.....	22
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<i>risedronate oral tablet 30 mg.....</i>	48	SAMSCA ORAL TABLET 30 MG.....	53
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<i>selegiline hcl</i>	36	<i>sirolimus oral tablet</i>	23
<i>selenium sulfide topical lotion</i>	47	SIRTURO.....	15
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SELZENTRY ORAL TABLET 150 MG, 300		SIVEXTRO ORAL.....	15
MG.....	15	<i>sodium bicarbonate intravenous solution 1 meq/ml</i>	
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MG.....	53	<i>sodium bicarbonate intravenous syringe 8.4 % (1</i>	
SENSIPAR ORAL TABLET 90 MG.....	53	<i>meq/ml)</i>	68
SEREVENT DISKUS.....	65	<i>sodium chloride 0.45 % intravenous parenteral</i>	
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RELEASE 24 HR 200 MG.....	36	<i>sodium chloride 3% intravenous injection</i>	
SEROQUEL XR ORAL TABLET EXTENDED		<i>solution</i>	68
RELEASE 24 HR 300 MG.....	37	<i>sodium chloride 5% intravenous injection</i>	
SEROQUEL XR ORAL TABLET EXTENDED		<i>solution</i>	68
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<i>sertraline oral concentrate</i>	37	<i>sodium lactate</i>	68
<i>sertraline oral tablet 100 mg</i>	37	<i>sodium phenylbutyrate</i>	48
<i>sertraline oral tablet 25 mg</i>	37	<i>sodium polystyrene sulfonate oral</i>	48
<i>sertraline oral tablet 50 mg</i>	37	<i>sodium polystyrene sulfonate rectal enema 30 gram/</i>	
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<i>gram</i>	48	SODIUM POLYSTYRENE SULFONATE	
<i>sevelamer carbonate oral powder in packet 2.4</i>		RECTAL ENEMA 50 GRAM/200 ML.....	48
<i>gram</i>	48	<i>solifenacin</i>	66
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<i>sildenafil</i>	66	<i>sorine oral tablet 80 mg</i>	43
<i>sildenafil (pulm.hypertension) oral tablet</i>	65	<i>sotalol af oral tablet 120 mg, 160 mg</i>	43
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<i>silver sulfadiazine</i>	47	<i>sotalol oral</i>	43

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<i>spironolactone</i>	43	0.5 ml.....	37
<i>spironolactone-hydrochlorothiazide</i>	43	SUPREP BOWEL PREP KIT.....	56
<i>sprintec (28)</i>	61	SUSTIVA ORAL CAPSULE 200 MG.....	15
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1,000 MG, 250 MG, 500 MG.....	37	SUSTIVA ORAL TABLET.....	15
SPRITAM ORAL TABLET FOR SUSPENSION		SUTENT ORAL CAPSULE 12.5 MG.....	23
750 MG.....	37	SUTENT ORAL CAPSULE 25 MG, 37.5 MG,	
SPRYCEL.....	23	50 MG.....	23
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<i>sps (with sorbitol) rectal</i>	48	SYLATRON.....	58
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<i>stavudine oral capsule 30 mg, 40 mg</i>	15	SYMFI.....	15
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STIVARGA.....	23	SYMLINPEN 60.....	53
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STRIBILD.....	15	SYNERCID.....	15
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SUCRAID.....	56	SYNJARDY XR ORAL TABLET, IR - ER,	
<i>sucralfate oral tablet</i>	56	BIPHASIC 24HR 10-1,000 MG, 12.5-1,000	
SULAR ORAL TABLET EXTENDED		MG, 5-1,000 MG.....	53
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<i>sulfacetamide sodium ophthalmic (eye)</i>		SYNTHROID.....	53
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<i>sulfadiazine</i>	15	<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	23
<i>sulfamethoxazole-trimethoprim intravenous</i>	15	<i>tacrolimus oral capsule 5 mg</i>	23
<i>sulfamethoxazole-trimethoprim oral suspension</i>	15	<i>tacrolimus topical</i>	47
<i>sulfamethoxazole-trimethoprim oral tablet</i>	15	TAFINLAR.....	23
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<i>sulfasalazine</i>	56	TAGRISSO ORAL TABLET 80 MG.....	23
<i>sulindac</i>	37	TALTZ SYRINGE.....	47
<i>sumatriptan nasal spray</i>	37	TALZENNA ORAL CAPSULE 0.25 MG.....	23
<i>sumatriptan succinate oral</i>	37	TALZENNA ORAL CAPSULE 1 MG.....	23
<i>sumatriptan succinate subcutaneous cartridge</i>	37	TAMIFLU ORAL CAPSULE 30 MG, 45	
<i>sumatriptan succinate subcutaneous pen injector</i>	37	MG.....	15
		<i>tamiflu oral capsule 75 mg</i>	15

TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION.....	15	<i>testosterone cypionate</i>	53
<i>tamoxifen</i>	23	<i>testosterone enanthate</i>	53
<i>tamsulosin</i>	66	TESTOSTERONE TRANSDERMAL GEL.....	53
TAPAZOLE.....	53	<i>testosterone transdermal gel in metered-dose pump</i> 10 mg/0.5 gram /actuation.....	53
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TASIGNA ORAL CAPSULE 50 MG.....	23	<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	54
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<i>taztia xt</i>	43	<i>tetracycline</i>	15
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TEFLARO.....	15	<i>theophylline oral tablet extended release 12 hr</i>	65
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<i>telmisartan-amlodipine</i>	44	<i>thiotepa</i>	23
<i>telmisartan-hydrochlorothiazide</i>	44	<i>thiothixene</i>	37
<i>temazepam oral capsule 15 mg, 30 mg</i>	37	THYMOGLOBULIN.....	58
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<i>terbinafine hcl oral</i>	15	<i>timolol maleate ophthalmic (eye) drops</i>	63
<i>terbutaline oral</i>	65		
<i>terbutaline subcutaneous</i>	65		
<i>terconazole</i>	61		

<i>timolol maleate ophthalmic (eye) gel forming solution</i>	63	<i>tramadol oral tablet</i>	37
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	44	<i>tramadol-acetaminophen</i>	37
<i>timolol maleate oral tablet 20 mg</i>	44	<i>trandolapril</i>	44
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<i>tinidazole oral tablet 250 mg</i>	15	<i>tranylcypromine</i>	37
<i>tinidazole oral tablet 500 mg</i>	15	<i>travasol 10 %</i>	68
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<i>tobramycin sulfate injection solution</i>	16	<i>tretinoin (chemotherapy)</i>	24
<i>tobramycin-dexamethasone ophthalmic (eye)</i>	63	<i>tretinoin topical cream</i>	47
<i>tolazamide oral tablet 250 mg</i>	54	<i>tretinoin topical gel 0.01 %, 0.025 %</i>	47
<i>tolazamide oral tablet 500 mg</i>	54	<i>tri-estarylla</i>	61
<i>tolbutamide</i>	54	<i>tri-legest fe</i>	61
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<i>topiramate oral tablet 100 mg</i>	37	<i>triamcinolone acetonide injection</i>	54
<i>topiramate oral tablet 200 mg</i>	37	<i>triamcinolone acetonide topical cream</i>	47
<i>topiramate oral tablet 25 mg</i>	37	<i>triamcinolone acetonide topical lotion</i>	47
<i>topiramate oral tablet 50 mg</i>	37	<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	47
<i>toposar</i>	23	<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	44
<i>topotecan intravenous recon soln</i>	23	<i>triamterene-hydrochlorothiazide oral tablet</i>	44
<i>topotecan intravenous solution</i>	23	<i>trianex</i>	47
TOPROL XL.....	44	TRIBENZOR.....	44
<i>toremifene</i>	23	TRICOR ORAL TABLET 48 MG.....	44
TORISEL.....	23	<i>triderm topical cream</i>	47
<i>toremide oral</i>	44	<i>trientine</i>	48
TOUJEO MAX U-300 SOLOSTAR.....	54	<i>trifluoperazine</i>	37
TOUJEO SOLOSTAR U-300 INSULIN.....	54	<i>trifluridine</i>	63
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TRACLEER ORAL TABLET FOR SUSPENSION.....	66		
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TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 MG.....	44	<i>valproic acid (as sodium salt) oral solution 250 mg/ 5 ml (5 ml), 500 mg/10 ml (10 ml).....</i>	38
<i>trilyte with flavor packets.....</i>	56	<i>valsartan.....</i>	44
<i>trimethoprim.....</i>	16	<i>valsartan-hydrochlorothiazide.....</i>	44
<i>trimipramine.....</i>	38	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK.....	16
TRINTELLIX ORAL TABLET 10 MG.....	38	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML.....	16
TRINTELLIX ORAL TABLET 20 MG.....	38	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML.....	16
TRINTELLIX ORAL TABLET 5 MG.....	38	<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg.....</i>	16
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML.....	24	VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG.....	16
TRIUMEQ.....	16	VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG.....	16
<i>trivora (28).....</i>	62	<i>vancomycin oral capsule 125 mg.....</i>	16
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TROPHAMINE 10 %.....	68	<i>vandazole.....</i>	62
TROPHAMINE 6%.....	68	VAQTA (PF).....	58
<i>tropium oral capsule,extended release 24hr.....</i>	66	VARIVAX (PF).....	58
<i>tropium oral tablet.....</i>	66	VARIZIG INTRAMUSCULAR SOLUTION.....	58
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TWINRIX (PF) INTRAMUSCULAR SYRINGE.....	58	VECTIBIX.....	24
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ULORIC.....	60	VENCLEXTA STARTING PACK.....	24
<i>unithroid.....</i>	54	<i>venlafaxine oral capsule,extended release 24hr 150 mg.....</i>	38
UNITUXIN.....	24	<i>venlafaxine oral capsule,extended release 24hr 37.5 mg.....</i>	38
UPTRAVI ORAL TABLET.....	44	<i>venlafaxine oral capsule,extended release 24hr 75 mg.....</i>	38
UPTRAVI ORAL TABLETS,DOSE PACK.....	44	<i>venlafaxine oral tablet 100 mg.....</i>	38
<i>ursodiol.....</i>	56	<i>venlafaxine oral tablet 25 mg.....</i>	38
<i>uvadex.....</i>	47	<i>venlafaxine oral tablet 37.5 mg.....</i>	38
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<i>valacyclovir oral tablet 1 gram.....</i>	16	<i>venlafaxine oral tablet 75 mg.....</i>	38
<i>valacyclovir oral tablet 500 mg.....</i>	16		
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<i>valproic acid (as sodium salt) oral solution 250 mg/ 5 ml.....</i>	38		

<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	38	VITRAKVI ORAL CAPSULE 25 MG.....	24
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VIMPAT ORAL TABLET 150 MG.....	38	XENAZINE ORAL TABLET 12.5 MG.....	38
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<i>zenzedi oral tablet 5 mg</i>	39	ZYTIGA ORAL TABLET 500 MG.....	25
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<i>zidovudine oral capsule</i>	16		
<i>zidovudine oral syrup</i>	16		
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ZIOPTAN (PF).....	63		
<i>ziprasidone hcl oral capsule 20 mg</i>	39		
<i>ziprasidone hcl oral capsule 40 mg</i>	39		



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This formulary was updated on November 1, 2019. For more recent information or other questions, please contact Anthem MediBlue Select (HMO) Customer Service, at 1-888-230-7338 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30, or visit <https://shop.anthem.com/medicare/ca>.