



Anthem MediBlue Plus (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 Plus (HMO) Customer Service, at **1-855-558-1439** 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>.

Note to existing members:

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

When this drug list (formulary) refers to "we," "us," or "our," it means Anthem Blue Cross and Blue Shield. When it refers to "plan" or "our plan," it means Anthem MediBlue Plus (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 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 Plus (HMO) formulary?

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

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 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 Plus (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 71. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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 *domepezil*. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Anthem MediBlue Plus (HMO)'s formulary?" on page 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 Plus (HMO)'s formulary?

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

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

You can ask us to cover a formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug.

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

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

You should contact us to ask us for an initial coverage decision for a formulary 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 71.

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 1-855-558-1439, 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.

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) | \$2.00 |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | \$7.00 |
| Cost-Sharing Tier 2: Generic | |
| Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) | \$9.00 |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | \$14.00 |
| Cost-Sharing Tier 3: Preferred Brand | |
| Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) | \$42.00 |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | \$47.00 |
| Cost-Sharing Tier 4: Nonpreferred Drugs | |
| Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) | \$95.00 |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | \$100.00 |
| Cost-Sharing Tier 5: Specialty Tier* | |
| Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) | 33% |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | 33% |
| Cost-Sharing Tier 6: Select Care Drugs | |
| Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply) | \$0.00 |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | \$0.00 |

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

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 1-855-558-1439, 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.

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 Requirements Tier /Limits |
|---|-----------------------------------|
| Anti - Infectives | |
| <i>abacavir oral solution</i> | 4 MO; QLL (960 per 30 days) |
| <i>abacavir oral tablet</i> | 4 MO; QLL (60 per 30 days) |
| <i>abacavir-lamivudine</i> | 5 MO; QLL (30 per 30 days) |
| <i>abacavir-lamivudine-zidovudine</i> | 5 MO; QLL (60 per 30 days) |
| ABELCET | 5 B/D PAR; MO |
| <i>acyclovir oral capsule</i> | 2 MO |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | 4 MO |
| <i>acyclovir oral tablet</i> | 2 MO |
| <i>acyclovir sodium 50 mg/ml intravenous solution</i> | 4 B/D PAR; MO |
| <i>adefovir</i> | 4 PAR; MO |
| <i>albendazole</i> | 4 MO |
| ALBENZA | 5 MO |

| Drug Name | Drug Requirements Tier /Limits |
|---|-----------------------------------|
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION | 4 MO; QLL (180 per 30 days) |
| ALINIA ORAL TABLET | 4 MO; QLL (6 per 30 days) |
| <i>amantadine hcl</i> | 3 MO |
| AMBISOME | 4 B/D PAR; MO |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> | 4 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> | 2 MO |
| <i>amoxicillin oral tablet, chewable 250 mg</i> | 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 | Drug Name | Drug Tier | Requirements /Limits |
|---|------------------|-----------------------------|--|------------------|-----------------------------|
| amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml | 3 | MO | atovaquone | 5 | PAR; MO |
| amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml | 4 | MO | atovaquone-proguanil | 4 | MO |
| amoxicillin-pot clavulanate oral tablet 250-125 mg | 3 | MO | ATRIPLA | 5 | MO; QLL (30 per 30 days) |
| amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg | 2 | MO | azithromycin intravenous | 4 | MO |
| amoxicillin-pot clavulanate oral tablet extended release 12 hr | 4 | MO | azithromycin oral packet | 3 | MO |
| amoxicillin-pot clavulanate oral tablet, chewable | 3 | MO | azithromycin oral suspension for reconstitution 100 mg/5 ml | 4 | MO |
| amphotericin b | 4 | B/D PAR; MO | azithromycin oral suspension for reconstitution 200 mg/5 ml | 2 | MO |
| ampicillin oral capsule 250 mg | 1 | | azithromycin oral tablet 250 mg, 250 mg (6 pack) | 1 | MO |
| ampicillin oral capsule 500 mg | 1 | MO | azithromycin oral tablet 500 mg, 600 mg | 2 | MO |
| ampicillin sodium injection | 4 | MO | aztreonam | 4 | MO |
| ampicillin sodium intravenous | 4 | | BARACLUDE ORAL SOLUTION | 5 | PAR; MO |
| ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram | 4 | MO | BICILLIN C-R | 4 | MO |
| ampicillin-sulbactam injection recon soln 15 gram | 4 | | BICILLIN L-A | 4 | MO |
| ampicillin-sulbactam intravenous recon soln 1.5 gram | 4 | | BIKTARVY | 5 | MO; QLL (30 per 30 days) |
| ampicillin-sulbactam intravenous recon soln 3 gram | 4 | MO | CANCIDAS | 5 | B/D PAR; MO |
| APTIVUS ORAL CAPSULE | 5 | MO; QLL (120 per 30 days) | CAPASTAT | 4 | |
| APTIVUS ORAL SOLUTION | 5 | QLL (380 per 30 days) | CAYSTON | 5 | PAR; MO; LA |
| atazanavir oral capsule 150 mg, 200 mg | 5 | MO; QLL (60 per 30 days) | cefaclor oral capsule | 3 | MO |
| atazanavir oral capsule 300 mg | 5 | MO; QLL (30 per 30 days) | cefaclor oral suspension for reconstitution 125 mg/5 ml | 2 | MO |
| | | | cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml | 2 | |
| | | | cefaclor oral tablet extended release 12 hr | 3 | MO |
| | | | cefadroxil oral capsule | 2 | MO |
| | | | cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml | 3 | MO |
| | | | cefadroxil oral tablet | 4 | MO |
| | | | cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml | 3 | MO |
| | | | cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml | 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 Requirements |
|---|-------------------------------|
| | Tier /Limits |
| cefazolin injection recon soln 1 gram | 4 MO |
| cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g | 4 |
| cefazolin injection recon soln 500 mg | 3 MO |
| cefazolin intravenous | 4 |
| cefdinir oral capsule | 2 MO |
| cefdinir oral suspension for reconstitution | 4 MO |
| cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml | 4 |
| cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml | 4 MO |
| cefepime injection | 4 MO |
| cefotaxime injection recon soln 1 gram, 500 mg | 4 |
| cefotetan injection solution | 4 |
| cefoxitin in dextrose, iso-osm | 4 |
| cefoxitin intravenous recon soln 1 gram, 2 gram | 4 MO |
| cefoxitin intravenous recon soln 10 gram | 4 |
| cefpodoxime oral suspension for reconstitution 100 mg/5 ml | 4 MO |
| cefpodoxime oral suspension for reconstitution 50 mg/5 ml | 3 MO |
| cefpodoxime oral tablet 100 mg | 3 MO |
| cefpodoxime oral tablet 200 mg | 4 MO |
| cefprozil oral suspension for reconstitution | 3 MO |
| cefprozil oral tablet 250 mg | 2 MO |
| cefprozil oral tablet 500 mg | 3 MO |
| CEFTAZIDIME IN D5W | 4 |
| ceftazidime injection recon soln 1 gram, 2 gram | 4 MO |
| ceftazidime injection recon soln 6 gram | 4 |
| ceftriaxone in dextrose, iso-os | 4 MO |
| ceftriaxone injection recon soln 1 gram, 250 mg | 3 MO |
| ceftriaxone injection recon soln 10 gram, 100 gram | 4 |
| ceftriaxone injection recon soln 2 gram, 500 mg | 4 MO |
| ceftriaxone intravenous recon soln 1 gram | 3 MO |
| ceftriaxone intravenous recon soln 2 gram | 4 MO |
| cefuroxime axetil oral tablet 250 mg | 1 MO |
| cefuroxime axetil oral tablet 500 mg | 2 MO |
| cefuroxime sodium injection recon soln 750 mg | 4 MO |
| cefuroxime sodium intravenous recon soln 1.5 gram | 4 MO |
| cefuroxime sodium intravenous recon soln 7.5 gram | 4 |
| cephalexin oral capsule 250 mg, 500 mg | 1 MO |
| cephalexin oral suspension for reconstitution 125 mg/5 ml | 1 MO |
| cephalexin oral suspension for reconstitution 250 mg/5 ml | 2 MO |
| cephalexin oral tablet | 1 MO |
| chloramphenicol sod succinate | 4 |
| chloroquine phosphate | 2 MO |
| cidofovir | 5 B/D PAR; MO |
| CIMDUO | 5 MO; QLL (30 per 30 days) |
| ciprofloxacin hcl oral tablet 100 mg, 750 mg | 2 MO |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg | 1 MO |
| ciprofloxacin in 5 % dextrose | 4 MO |
| ciprofloxacin oral suspension | 4 |
| clarithromycin oral suspension for reconstitution 125 mg/5 ml | 2 MO |

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>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i> | 4 | MO | <i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i> | 3 | QLL (60 per 30 days) |
| <i>clarithromycin oral tablet</i> | 3 | MO | <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | 3 | MO; QLL (30 per 30 days) |
| <i>clarithromycin oral tablet extended release 24 hr</i> | 3 | MO | DIFICID | 5 | PAR; MO |
| <i>clindamycin hcl</i> | 2 | MO | DOVATO | 5 | MO; QLL (30 per 30 days) |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml</i> | 4 | MO | <i>doxy-100</i> | 4 | MO |
| <i>clindamycin in 5 % dextrose intravenous piggyback 900 mg/50 ml</i> | 3 | MO | <i>doxycycline hyclate intravenous</i> | 4 | |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> | 4 | MO | <i>doxycycline hyclate oral capsule</i> | 3 | MO |
| <i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> | 4 | MO | <i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i> | 3 | MO |
| <i>clotrimazole mucous membrane</i> | 3 | MO | <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | 2 | MO |
| COARTEM | 4 | MO | <i>doxycycline monohydrate oral suspension for reconstitution</i> | 3 | MO |
| <i>colistin (colistimethate na)</i> | 4 | MO | <i>doxycycline monohydrate oral tablet 100 mg</i> | 2 | MO |
| COMPLERA | 5 | MO; QLL (30 per 30 days) | <i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg e.e.s. 400 oral tablet</i> | 3 | MO |
| CRIXIVAN ORAL CAPSULE 200 MG | 4 | MO; QLL (360 per 30 days) | EDURANT | 5 | MO; QLL (30 per 30 days) |
| CRIXIVAN ORAL CAPSULE 400 MG | 4 | MO; QLL (180 per 30 days) | <i>efavirenz oral capsule 200 mg</i> | 4 | MO; QLL (120 per 30 days) |
| CUBICIN 500 MG INTRAVENOUS SOLUTION | 5 | MO | <i>efavirenz oral capsule 50 mg</i> | 4 | MO; QLL (360 per 30 days) |
| <i>dapsone oral</i> | 3 | MO | <i>efavirenz oral tablet</i> | 5 | MO; QLL (30 per 30 days) |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG | 5 | MO | EMTRIVA ORAL CAPSULE | 4 | MO; QLL (30 per 30 days) |
| <i>daptomycin intravenous recon soln 500 mg</i> | 5 | MO | EMTRIVA ORAL SOLUTION | 4 | MO; QLL (850 per 30 days) |
| DARAPRIM | 5 | | <i>entecavir</i> | 5 | PAR; MO |
| DELSTRIGO | 5 | MO; QLL (30 per 30 days) | EPCLUSIA | 5 | PAR; MO; QLL (30 per 30 days) |
| <i>demeclacycline</i> | 4 | MO | EPIVIR HBV ORAL SOLUTION | 3 | MO |
| DESCOVY | 5 | MO; QLL (30 per 30 days) | EPIVIR ORAL SOLUTION | 4 | MO; QLL (960 per 30 days) |
| <i>dicloxacillin</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 | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|-----------------------------|--|------------------|-------------------------------|
| EPZICOM | 5 | MO; QLL (30 per 30 days) | <i>flucytosine oral capsule 250 mg</i> | 4 | MO |
| <i>ertapenem</i> | 4 | MO | <i>flucytosine oral capsule 500 mg</i> | 5 | MO |
| <i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i> | 3 | MO | <i>fosamprenavir</i> | 5 | MO; QLL (120 per 30 days) |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG | 4 | MO | FUZEON SUBCUTANEOUS RECON SOLN | 5 | MO; QLL (60 per 30 days) |
| <i>erythrocin (as stearate) oral tablet 250 mg</i> | 3 | MO | <i>ganciclovir sodium intravenous recon soln</i> | 3 | B/D PAR; MO |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | 4 | MO | <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml</i> | 3 | MO |
| <i>erythromycin ethylsuccinate oral tablet</i> | 3 | MO | GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML | 4 | MO |
| <i>erythromycin oral capsule, delayed release(dr/ec)</i> | 2 | MO | GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML | 4 | |
| <i>erythromycin oral tablet</i> | 4 | MO | <i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i> | 4 | |
| <i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i> | 3 | MO | <i>gentamicin injection solution 20 mg/2 ml</i> | 4 | MO |
| <i>erythromycin oral tablet, delayed release (dr/ec) 500 mg</i> | 4 | MO | <i>gentamicin injection solution 40 mg/ml</i> | 3 | MO |
| <i>ethambutol</i> | 4 | MO | <i>gentamicin sulfate (ped) (pf)</i> | 4 | MO |
| EVOTAZ | 5 | MO; QLL (30 per 30 days) | GENVOYA | 5 | MO; QLL (30 per 30 days) |
| <i>famciclovir oral tablet 125 mg, 250 mg</i> | 3 | MO; QLL (60 per 30 days) | <i>griseofulvin microsize</i> | 4 | MO |
| <i>famciclovir oral tablet 500 mg</i> | 3 | MO; QLL (21 per 7 days) | <i>griseofulvin ultramicrosize</i> | 4 | MO |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i> | 4 | MO | HARVONI ORAL TABLET 90-400 MG | 5 | PAR; MO; QLL (28 per 28 days) |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i> | 4 | | <i>hydroxychloroquine</i> | 2 | MO |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml</i> | 3 | MO | <i>imipenem-cilastatin intravenous recon soln 250 mg</i> | 3 | MO |
| <i>fluconazole oral suspension for reconstitution 40 mg/ml</i> | 4 | MO | | | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 50 mg</i> | 2 | MO | | | |
| <i>fluconazole oral tablet 200 mg</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 | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|-----------------------------|---|------------------|---------------------------------|
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> | 4 | MO | <i>lamivudine oral tablet 300 mg</i> | 4 | MO; QLL (30 per 30 days) |
| <i>INTELENCE ORAL TABLET 100 MG</i> | 5 | MO; QLL (120 per 30 days) | <i>lamivudine-zidovudine</i> | 4 | MO; QLL (60 per 30 days) |
| <i>INTELENCE ORAL TABLET 200 MG</i> | 5 | MO; QLL (60 per 30 days) | <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i> | 4 | |
| <i>INTELENCE ORAL TABLET 25 MG</i> | 4 | MO; QLL (480 per 30 days) | <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> | 4 | MO |
| <i>INVANZ INJECTION</i> | 4 | MO | <i>levofloxacin oral solution</i> | 4 | MO |
| <i>INVIRASE ORAL TABLET</i> | 5 | MO; QLL (120 per 30 days) | <i>levofloxacin oral tablet 250 mg, 500 mg</i> | 1 | MO |
| <i>ISENTRESS HD</i> | 5 | MO; QLL (60 per 30 days) | <i>levofloxacin oral tablet 750 mg</i> | 2 | MO |
| <i>ISENTRESS ORAL POWDER IN PACKET</i> | 5 | MO; QLL (180 per 30 days) | <i>LEXIVA ORAL SUSPENSION</i> | 4 | MO; QLL (1800 per 30 days) |
| <i>ISENTRESS ORAL TABLET</i> | 5 | MO; QLL (120 per 30 days) | <i>LEXIVA ORAL TABLET</i> | 5 | MO; QLL (120 per 30 days) |
| <i>ISENTRESS ORAL TABLET,CHEWABLE 100 MG</i> | 5 | MO; QLL (180 per 30 days) | <i>LINCOCIN</i> | 4 | MO |
| <i>ISENTRESS ORAL TABLET,CHEWABLE 25 MG</i> | 3 | MO; QLL (720 per 30 days) | <i>lincomycin</i> | 4 | |
| <i>isoniazid injection</i> | 4 | | <i>linezolid in dextrose 5%</i> | 4 | |
| <i>isoniazid oral solution</i> | 4 | MO | <i>linezolid oral suspension for reconstitution</i> | 4 | PAR; MO; QLL (1800 per 30 days) |
| <i>isoniazid oral tablet 100 mg</i> | 1 | MO | <i>linezolid oral tablet</i> | 5 | PAR; MO; QLL (56 per 28 days) |
| <i>isoniazid oral tablet 300 mg</i> | 2 | MO | <i>linezolid-0.9% sodium chloride</i> | 4 | |
| <i>itraconazole oral capsule</i> | 4 | PAR; MO | <i>lopinavir-ritonavir</i> | 4 | MO; QLL (480 per 30 days) |
| <i>ivermectin oral</i> | 3 | MO | <i>MALARONE</i> | 4 | MO |
| <i>JULUCA</i> | 5 | MO; QLL (30 per 30 days) | <i>mefloquine</i> | 2 | MO |
| <i>KALETRA ORAL SOLUTION</i> | 5 | MO; QLL (480 per 30 days) | <i>meropenem</i> | 4 | MO |
| <i>KALETRA ORAL TABLET 100-25 MG</i> | 4 | MO; QLL (300 per 30 days) | <i>methenamine hippurate</i> | 4 | MO |
| <i>KALETRA ORAL TABLET 200-50 MG</i> | 5 | MO; QLL (120 per 30 days) | <i>methenamine mandelate</i> | 2 | MO |
| <i>ketoconazole oral</i> | 3 | MO | <i>metro i.v.</i> | 4 | MO |
| <i>lamivudine oral solution</i> | 4 | MO; QLL (960 per 30 days) | <i>metronidazole in nacl (iso-os)</i> | 3 | MO |
| <i>lamivudine oral tablet 100 mg</i> | 4 | MO | <i>metronidazole oral capsule</i> | 4 | MO |
| <i>lamivudine oral tablet 150 mg</i> | 4 | MO; QLL (60 per 30 days) | <i>metronidazole oral tablet</i> | 2 | MO |
| | | | <i>minocycline oral capsule</i> | 2 | MO |
| | | | <i>minocycline oral tablet</i> | 4 | MO |
| | | | <i>morgidox oral capsule 50 mg</i> | 4 | MO |
| | | | <i>moxifloxacin oral</i> | 3 | MO |
| | | | <i>MYCAMINE</i> | 5 | 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 Requirements |
|---|-----------------------------|
| | Tier /Limits |
| nafcillin in dextrose iso-osm | 4 |
| intravenous piggyback 1 gram/50 ml | |
| nafcillin in dextrose iso-osm | 4 MO |
| intravenous piggyback 2 gram/100 ml | |
| nafcillin injection recon soln | 4 MO |
| 1 gram, 2 gram | |
| nafcillin injection recon soln | 5 MO |
| 10 gram | |
| nafcillin intravenous | 4 MO |
| NEBUPENT | 3 B/D PAR; MO |
| neomycin | 2 MO |
| nevirapine oral suspension | 4 QLL (1200 per 30 days) |
| nevirapine oral tablet | 2 MO; QLL (60 per 30 days) |
| nevirapine oral tablet extended release 24 hr 100 mg | 4 MO |
| nevirapine oral tablet extended release 24 hr 400 mg | 4 MO; QLL (30 per 30 days) |
| nitrofurantoin | 4 PAR; MO |
| nitrofurantoin macrocrystal | 3 PAR; MO |
| oral capsule 100 mg, 50 mg | |
| 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 | 3 MO |
| oseltamivir | 3 MO |
| oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml | 4 |
| oxacillin in dextrose(iso-osm) | 4 MO |
| intravenous piggyback 2 gram/50 ml | |
| oxacillin injection recon soln | 4 |
| 1 gram, 10 gram | |
| oxacillin injection recon soln | 4 MO |
| 2 gram | |
| paromomycin | 4 MO |
| PASER | 4 MO |
| PENICILLIN G POT IN DEXTROSE | 4 |
| INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML | |
| PENICILLIN G POT IN DEXTROSE | 4 MO |
| INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML | |
| penicillin g potassium | 4 MO |
| penicillin g procaine | 4 MO |
| intramuscular syringe 1.2 million unit/2 ml | |
| penicillin g procaine | 4 |
| intramuscular syringe 600, 000 unit/ml | |
| penicillin g sodium | 4 MO |
| penicillin v potassium | 1 MO |
| PENTAM | 4 MO |
| pentamidine injection | 4 |
| pifizerpen-g | 4 |
| PIFELTRO | 5 MO; QLL (30 per 30 days) |
| piperacillin-tazobactam | 4 MO |
| intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram | |
| polymyxin b sulfate | 4 MO |
| POSACONAZOLE ORAL TABLET,DELAYED RELEASE (DR/EC) | 5 PAR; MO |
| PREZCOBIX | 5 MO; QLL (30 per 30 days) |

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

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

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 |
|---|------------------|------------------------------------|--|------------------|-------------------------------|
| TEMIXYS | 5 | MO; QLL (30 per 30 days) | VANCOMYCIN IN | 4 | |
| <i>tenofovir disoproxil fumarate</i> | 5 | MO; QLL (30 per 30 days) | DEXTROSE 5 % | | |
| <i>terbinafine hcl oral</i> | 2 | MO | INTRAVENOUS | | |
| <i>tetracycline</i> | 4 | MO | PIGGYBACK 500 MG/100 ML, 750 MG/150 ML | | |
| TIGECYCLINE | 5 | | <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i> | 4 | MO |
| <i>tinidazole oral tablet 250 mg</i> | 2 | MO | VANCOMYCIN | 4 | |
| <i>tinidazole oral tablet 500 mg</i> | 4 | MO | INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG | | |
| TIVICAY ORAL TABLET 10 MG | 4 | MO; QLL (60 per 30 days) | VANCOMYCIN | 4 | B/D PAR; MO |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 5 | MO; QLL (60 per 30 days) | INTRAVENOUS RECON SOLN 750 MG | | |
| <i>tobramycin in 0.225% nacl for nebulization</i> | 5 | B/D PAR; MO; QLL (280 per 28 days) | <i>vancomycin oral capsule 125 mg</i> | 5 | PAR; MO; QLL (40 per 10 days) |
| <i>tobramycin sulfate injection recon soln</i> | 5 | | <i>vancomycin oral capsule 250 mg</i> | 5 | PAR; MO; QLL (80 per 10 days) |
| <i>tobramycin sulfate injection solution</i> | 4 | MO | VEMLIDY | 5 | PAR; MO; QLL (30 per 30 days) |
| TRECATOR | 4 | MO | VIDEX 2 GRAM PEDIATRIC | 4 | MO; QLL (1200 per 30 days) |
| <i>trimethoprim</i> | 2 | MO | VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG | 4 | MO; QLL (90 per 30 days) |
| TRIUMEQ | 5 | MO; QLL (30 per 30 days) | VIRACEPT ORAL TABLET 250 MG | 5 | MO; QLL (300 per 30 days) |
| TROGARZO | 5 | MO; QLL (10.64 per 28 days) | VIRACEPT ORAL TABLET 625 MG | 5 | MO; QLL (120 per 30 days) |
| TRUVADA | 5 | MO; QLL (30 per 30 days) | VIRAMUNE ORAL SUSPENSION | 4 | MO; QLL (1200 per 30 days) |
| TYBOST | 3 | MO; QLL (30 per 30 days) | VIREAD ORAL POWDER | 5 | MO; QLL (240 per 30 days) |
| <i>valacyclovir oral tablet 1 gram</i> | 3 | MO; QLL (30 per 30 days) | VIREAD ORAL TABLET | 5 | MO; QLL (30 per 30 days) |
| <i>valacyclovir oral tablet 500 mg</i> | 3 | MO; QLL (60 per 30 days) | <i>voriconazole intravenous</i> | 4 | MO |
| <i>valganciclovir oral tablet</i> | 5 | MO | <i>voriconazole oral suspension for reconstitution</i> | 5 | PAR; MO |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK | 4 | | <i>voriconazole oral tablet 200 mg</i> | 5 | PAR; MO |
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/ 200 ML | 4 | MO | <i>voriconazole oral tablet 50 mg</i> | 4 | PAR; MO |
| | | | VOSEVI | 5 | PAR; 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 | Drug Name | Drug Tier | Requirements /Limits |
|---|------------------|------------------------------------|--|------------------|--------------------------------------|
| XIFAXAN ORAL TABLET 550 MG | 5 | PAR; MO; QLL (84 per 28 days) | ALUNBRIG ORAL TABLET 180 MG | 5 | PAR; MO; QLL (30 per 30 days) |
| XOFLUZA | 3 | MO | ALUNBRIG ORAL TABLET 30 MG | 5 | PAR; MO; QLL (180 per 30 days) |
| ZIAGEN ORAL SOLUTION | 4 | MO; QLL (960 per 30 days) | ALUNBRIG ORAL TABLET 90 MG | 5 | PAR; MO; QLL (60 per 30 days) |
| <i>zidovudine oral capsule</i> | 4 | MO; QLL (180 per 30 days) | ALUNBRIG ORAL TABLETS,DOSE PACK | 5 | PAR; MO; QLL (30 per 180 days) |
| <i>zidovudine oral syrup</i> | 2 | MO; QLL (1920 per 30 days) | <i>anastrozole</i> | 2 | MO; QLL (30 per 30 days) |
| <i>zidovudine oral tablet</i> | 2 | MO; QLL (60 per 30 days) | ARRANON | 4 | B/D PAR |
| ZITHROMAX ORAL PACKET | 4 | MO | ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML | 5 | |
| ZITHROMAX ORAL TABLET 250 MG | 4 | MO | <i>arsenic trioxide intravenous solution 2 mg/ml</i> | 5 | B/D PAR |
| ZITHROMAX Z-PAK | 4 | MO | ARZERRA | 5 | PAR; MO |
| ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML | 5 | | AVASTIN | 5 | PAR; MO |
| ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML | 4 | MO | <i>azacitidine</i> | 5 | PAR; MO |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION | 5 | PAR; MO; QLL (1800 per 30 days) | <i>azathioprine</i> | 2 | B/D PAR; MO |
| Antineoplastic / Immunosuppressant Drugs | | | <i>azathioprine sodium solution for injection</i> | 4 | B/D PAR |
| <i>abiraterone</i> | 5 | PAR; MO; QLL (120 per 30 days) | BALVERSA ORAL TABLET 3 MG | 5 | PAR; MO; LA; QLL (90 per 30 days) |
| ABRAXANE | 5 | PAR; MO | BALVERSA ORAL TABLET 4 MG | 5 | PAR; MO; LA; QLL (60 per 30 days) |
| <i>adriamycin intravenous recon soln 10 mg</i> | 4 | B/D PAR; MO | BALVERSA ORAL TABLET 5 MG | 5 | PAR; MO; LA; QLL (30 per 30 days) |
| <i>adriamycin intravenous solution</i> | 4 | B/D PAR | BAVENCIO | 5 | PAR; MO; LA |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> | 4 | B/D PAR | BELEODAQ | 5 | PAR; MO |
| <i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i> | 4 | B/D PAR; MO | BENDEKA | 5 | B/D PAR; MO |
| AFINITOR | 5 | PAR; MO | BESPONSA | 5 | B/D PAR; MO |
| AFINITOR DISPERZ | 5 | PAR; MO | <i>bexarotene</i> | 5 | PAR; MO; QLL (300 per 30 days) |
| ALECensa | 5 | PAR; MO; QLL (240 per 30 days) | <i>bicalutamide</i> | 3 | MO; QLL (30 per 30 days) |
| ALIMTA | 5 | PAR; MO | BICNU | 5 | B/D PAR; MO |
| ALIQOPA | 5 | PAR; MO; LA | <i>bleomycin</i> | 4 | B/D PAR; MO |
| ALKERAN | 4 | B/D PAR; MO | BLINCYTO INTRAVENOUS KIT | 5 | PAR; MO |
| | | | BORTEZOMIB | 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 | Drug Name | Drug Tier | Requirements /Limits |
|---|------------------|--|--|------------------|---|
| BOSULIF ORAL TABLET 100 MG | 5 | PAR; MO; QLL (120 per 30 days) | COTELLIC | 5 | PAR; MO; LA; QLL (90 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PAR; MO; QLL (30 per 30 days) | CYCLOPHOSPHAMIDE ORAL CAPSULE | 4 | B/D PAR; MO |
| BRAFTOVI ORAL CAPSULE 50 MG | 5 | PAR; MO; LA; QLL (120 per 30 days) | <i>cyclosporine intravenous</i> | 4 | B/D PAR |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PAR; MO; LA; QLL (180 per 30 days) | <i>cyclosporine modified oral</i> | 4 | B/D PAR; MO |
| <i>busulfan</i> | 4 | B/D PAR | <i>cyclosporine modified oral</i> | 2 | B/D PAR; MO |
| BUSULFEX | 4 | B/D PAR | <i>cyclosporine modified oral</i> | 4 | B/D PAR; MO |
| CABOMETYX | 5 | PAR; MO; LA; QLL (30 per 30 days) | <i>cyclosporine oral capsule</i> | 4 | B/D PAR; MO |
| CALQUENCE | 5 | PAR; MO; LA | CYRAMZA | 5 | PAR; MO |
| CAPRELSA ORAL TABLET 100 MG | 5 | PAR; LA; QLL (90 per 30 days) | <i>cytarabine</i> | 4 | B/D PAR; MO |
| CAPRELSA ORAL TABLET 300 MG | 5 | PAR; MO; LA; QLL (30 per 30 days) | <i>cytarabine (pf) injection</i> | 4 | B/D PAR; MO |
| <i>carboplatin intravenous solution</i> | 4 | B/D PAR; MO | <i>cytarabine (pf) injection</i> | 4 | B/D PAR |
| <i>carmustine</i> | 5 | B/D PAR; MO | <i>dacarbazine</i> | 4 | B/D PAR; MO |
| CELLCEPT INTRAVENOUS | 4 | B/D PAR; MO | <i>dactinomycin</i> | 5 | B/D PAR |
| <i>cisplatin intravenous solution</i> | 4 | B/D PAR; MO | DARZALEX | 5 | PAR; MO; LA |
| <i>cladribine</i> | 5 | B/D PAR; MO | <i>daunorubicin intravenous solution</i> | 4 | B/D PAR |
| <i>clofarabine</i> | 5 | B/D PAR | DAURISMO ORAL TABLET 100 MG | 5 | PAR; MO; QLL (30 per 30 days) |
| CLOLAR | 5 | B/D PAR | DAURISMO ORAL TABLET 25 MG | 5 | PAR; MO; QLL (60 per 30 days) |
| COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1) | 5 | PAR; MO; QLL (56 per 28 days) | <i>decitabine</i> | 5 | B/D PAR; MO |
| COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3) | 5 | PAR; MO; QLL (112 per 28 days) | <i>dexrazoxane hcl intravenous recon soln 250 mg</i> | 5 | B/D PAR; MO |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) | 5 | PAR; MO; QLL (84 per 28 days) | <i>dexrazoxane hcl intravenous recon soln 500 mg</i> | 5 | B/D PAR |
| COPIKTRA | 5 | PAR; MO; LA; QLL (60 per 30 days) | <i>docetaxel intravenous solution</i> | 5 | B/D PAR |
| COSMEGEN | 5 | B/D PAR; MO | <i>docetaxel intravenous solution</i> | 5 | 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 Requirements | |
|--|--------------------------|-----------------------------------|
| | Tier | /Limits |
| 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 |
| ENVARSUS XR | 4 | B/D PAR; MO |
| <i>epirubicin intravenous solution</i> | 4 | B/D PAR; MO |
| 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 | 5 | PAR; MO; QLL (4 per 365 days) |
| SUBCUTANEOUS RECON SOLN 120 MG | | |
| FIRMAGON KIT W DILUENT SYRINGE | 4 | PAR; MO; QLL (1 per 28 days) |
| SUBCUTANEOUS RECON SOLN 80 MG | | |
| <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> | 4 | MO |
| FOLOTYN | 5 | B/D PAR; MO |
| <i>fulvestrant</i> | 5 | PAR; MO |
| FUSILEV | 5 | PAR; MO |
| GAZYVA | 5 | PAR; MO |
| <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>genograf oral capsule 100 mg, 25 mg</i> | 4 | B/D PAR; MO |
| <i>genograf oral solution</i> | 4 | B/D PAR; MO |
| <i>GILOTRIF</i> | 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 |

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 Requirements | |
|--|--------------------------|---------------------------------------|
| | Tier | /Limits |
| 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 |
| <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) |
| IMBRUWICA ORAL CAPSULE 140 MG | 5 | PAR; MO; QLL (90 per 30 days) |
| IMBRUWICA ORAL CAPSULE 70 MG | 5 | PAR; MO; QLL (30 per 30 days) |
| IMBRUWICA ORAL TABLET 140 MG | 5 | PAR; MO; QLL (90 per 30 days) |
| IMBRUWICA 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 |
| Drug Name | Drug Requirements | |
| | Tier | /Limits |
| <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 |
| IXEMPRADA | 5 | PAR; MO |
| JAKAFI ORAL TABLET 10 MG | 5 | PAR; MO; QLL (150 per 30 days) |
| JAKAFI ORAL TABLET 15 MG | 5 | PAR; MO; QLL (100 per 30 days) |
| JAKAFI ORAL TABLET 20 MG | 5 | PAR; MO; QLL (75 per 30 days) |
| JAKAFI ORAL TABLET 25 MG | 5 | PAR; MO; QLL (60 per 30 days) |
| JAKAFI ORAL TABLET 5 MG | 5 | PAR; MO; QLL (300 per 30 days) |
| JEVTANA | 5 | PAR; MO |
| KADCYLA | 5 | PAR; MO |
| KEYTRUDA | 5 | PAR; MO |
| INTRAVENOUS SOLUTION | | |
| 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 |

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 |
|--|------------------|-------------------------------|--|------------------|------------------------------------|
| LENVIMA ORAL | 5 | PAR; MO; QLL | LUPRON DEPOT-PED | 4 | PAR; MO; QLL (1 per 28 days) |
| CAPSULE 10 MG/DAY (10 MG X 1), 4 MG | | (30 per 30 days) | INTRAMUSCULAR KIT 11.25 MG, 15 MG | | |
| LENVIMA ORAL | 5 | PAR; MO; QLL | LUPRON DEPOT-PED | 5 | PAR; MO; QLL (1 per 28 days) |
| 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) | | (90 per 30 days) | INTRAMUSCULAR KIT 7.5 MG (PED) | | |
| LENVIMA ORAL | 5 | PAR; MO; QLL | LYNPARZA ORAL TABLET | 5 | PAR; MO; QLL (120 per 30 days) |
| 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) | | (60 per 30 days) | LYSODREN | 3 | MO |
| <i>letrozole</i> | 2 | MO; QLL (30 per 30 days) | MARQIBO | 5 | MO |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i> | 4 | B/D PAR; MO | MATTULANE | 5 | MO |
| <i>leucovorin calcium injection recon soln 500 mg</i> | 4 | B/D PAR | <i>megestrol oral suspension 400 mg/10 ml (10 ml)</i> | 2 | PAR |
| <i>leucovorin calcium oral tablet 10 mg, 25 mg</i> | 4 | MO | <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i> | 2 | PAR; MO |
| <i>leucovorin calcium oral tablet 15 mg, 5 mg</i> | 2 | MO | <i>megestrol oral suspension 800 mg/20 ml (20 ml)</i> | 4 | PAR |
| LEUKERAN | 4 | MO | <i>megestrol oral tablet</i> | 3 | PAR; MO |
| <i>leuprolide subcutaneous kit</i> | 4 | PAR; MO | MEKINIST ORAL TABLET 0.5 MG | 5 | PAR; MO; QLL (90 per 30 days) |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i> | 5 | PAR | MEKINIST ORAL TABLET 2 MG | 5 | PAR; MO; QLL (30 per 30 days) |
| LIBTAYO | 5 | PAR; MO | MEKTOVI | 5 | PAR; MO; LA; QLL (180 per 30 days) |
| LONSURF | 5 | PAR; MO | <i>melphalan</i> | 4 | B/D PAR; MO |
| LORBRENA ORAL TABLET 100 MG | 5 | PAR; MO; QLL (30 per 30 days) | <i>melphalan hcl</i> | 3 | B/D PAR |
| LORBRENA ORAL TABLET 25 MG | 5 | PAR; MO; QLL (90 per 30 days) | <i>mercaptopurine</i> | 3 | MO |
| LUMOXITI | 5 | PAR; MO | <i>mesna</i> | 4 | PAR; MO |
| LUPRON DEPOT | 5 | PAR; MO; QLL (1 per 28 days) | MESNEX ORAL | 4 | PAR; MO |
| LUPRON DEPOT (3 MONTH) | 5 | PAR; MO; QLL (1 per 84 days) | <i>methotrexate sodium (pf) injection recon soln</i> | 2 | |
| LUPRON DEPOT (4 MONTH) | 5 | PAR; MO; QLL (1 per 112 days) | <i>methotrexate sodium (pf) injection solution</i> | 2 | MO |
| LUPRON DEPOT (6 MONTH) | 5 | PAR; MO; QLL (1 per 168 days) | <i>methotrexate sodium injection</i> | 4 | MO |
| | | | <i>methotrexate sodium oral</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> | 3 | B/D PAR; MO |
| | | | <i>mycophenolate mofetil hcl</i> | 4 | B/D PAR |
| | | | <i>mycophenolate mofetil oral capsule</i> | 2 | B/D PAR; MO |

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| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|------------------|---------------------------------------|---|------------------|--|
| <i>mycophenolate mofetil oral suspension for reconstitution</i> | 5 | B/D PAR; MO | PIQRAY ORAL TABLET | 5 | PAR; MO; QLL 200 MG/DAY (200 MG X 1) |
| <i>mycophenolate mofetil oral tablet</i> | 2 | B/D PAR; MO | PIQRAY ORAL TABLET | 5 | PAR; MO; QLL 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) |
| <i>mycophenolate sodium</i> | 4 | B/D PAR; MO | POLIVY | 5 | B/D PAR; MO |
| MYLOTARG | 5 | PAR; MO; LA | POMALYST ORAL CAPSULE 1 MG | 5 | PAR; MO; LA; QLL (120 per 30 days) |
| NERLYNX | 5 | PAR; MO; LA; QLL (180 per 30 days) | POMALYST ORAL CAPSULE 2 MG | 5 | PAR; MO; LA; QLL (60 per 30 days) |
| NEXAVAR | 5 | PAR; MO; LA; QLL (120 per 30 days) | POMALYST ORAL CAPSULE 3 MG, 4 MG | 5 | PAR; MO; LA; QLL (30 per 30 days) |
| NILANDRON | 5 | MO; QLL (30 per 30 days) | PORTRAZZA | 5 | MO |
| <i>nilutamide</i> | 5 | MO; QLL (30 per 30 days) | POTELIGEO | 5 | B/D PAR; MO |
| NINLARO | 5 | PAR; MO; QLL (3 per 28 days) | PROGRAF | 5 | B/D PAR; MO |
| NIPENT | 5 | B/D PAR; MO | INTRAVENOUS PROGRAF ORAL GRANULES IN PACKET | 4 | B/D PAR; MO |
| NUBEQA | 5 | PAR; MO; LA; QLL (120 per 30 days) | PURIXAN | 5 | PAR |
| NULOJIX | 5 | PAR; MO | RAPAMUNE ORAL SOLUTION | 5 | B/D PAR; MO |
| <i>octreotide acetate injection solution</i> | 4 | PAR; MO | REVLIMID ORAL CAPSULE 10 MG | 5 | PAR; MO; LA; QLL (60 per 30 days) |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i> | 4 | PAR; MO | REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG | 5 | PAR; MO; LA; QLL (30 per 30 days) |
| <i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i> | 5 | PAR; MO | REVLIMID ORAL CAPSULE 5 MG | 5 | PAR; MO; LA; QLL (150 per 30 days) |
| ODOMZO | 5 | PAR; MO; LA; QLL (30 per 30 days) | RITUXAN | 5 | B/D PAR; MO |
| ONCASPAR | 5 | PAR; MO | RITUXAN HYCELA | 5 | B/D PAR; MO |
| OPDIVO | 5 | PAR; MO | ROMIDEPSIN | 5 | PAR |
| <i>oxaliplatin intravenous recon soln 100 mg</i> | 5 | B/D PAR; MO | ROZLYTREK ORAL CAPSULE 100 MG | 5 | PAR; MO; LA; QLL (30 per 30 days) |
| <i>oxaliplatin intravenous recon soln 50 mg</i> | 5 | B/D PAR | ROZLYTREK ORAL CAPSULE 200 MG | 5 | PAR; MO; LA; QLL (90 per 30 days) |
| <i>oxaliplatin intravenous solution</i> | 4 | B/D PAR; MO | | | |
| <i>paclitaxel</i> | 4 | B/D PAR; MO | | | |
| PERJETA | 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 | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|---------------------------------------|---|------------------|--------------------------------------|
| RUBRACA ORAL TABLET 200 MG | 5 | PAR; MO; LA; QLL (180 per 30 days) | TAGRISSO ORAL TABLET 80 MG | 5 | PAR; MO; LA; QLL (30 per 30 days) |
| RUBRACA ORAL TABLET 250 MG, 300 MG | 5 | PAR; MO; LA; QLL (120 per 30 days) | TALZENNA ORAL CAPSULE 0.25 MG | 5 | PAR; MO; QLL (180 per 30 days) |
| RYDAPT | 5 | PAR; MO; QLL (240 per 30 days) | TALZENNA ORAL CAPSULE 1 MG | 5 | PAR; MO; QLL (60 per 30 days) |
| SANDIMMUNE ORAL SOLUTION | 4 | B/D PAR; MO | <i>tamoxifen</i> | 2 | MO |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON | 5 | PAR; MO | TARCEVA ORAL TABLET 100 MG, 150 MG | 5 | PAR; MO; QLL (30 per 30 days) |
| SIGNIFOR | 5 | PAR; MO | TARCEVA ORAL TABLET 25 MG | 5 | PAR; MO; QLL (90 per 30 days) |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG | 5 | B/D PAR | TARGRETIN ORAL | 5 | PAR; MO; QLL (300 per 30 days) |
| SIMULECT INTRAVENOUS RECON SOLN 20 MG | 5 | B/D PAR; MO | TARGRETIN TOPICAL | 5 | PAR; MO; QLL (60 per 30 days) |
| <i>sirolimus oral solution</i> | 5 | B/D PAR; MO | TASIGNA ORAL CAPSULE 150 MG, 200 MG | 5 | PAR; MO; QLL (112 per 28 days) |
| <i>sirolimus oral tablet</i> | 4 | B/D PAR; MO | TASIGNA ORAL CAPSULE 50 MG | 5 | PAR; MO; QLL (56 per 28 days) |
| SOLTAMOX | 5 | MO | TAXOTERE | 5 | B/D PAR; MO |
| SOMATULINE DEPOT SPRYCEL | 5 | PAR; MO | INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) | | |
| | 5 | PAR; MO; QLL (30 per 30 days) | TECENTRIQ | 5 | PAR; MO; LA; QLL (20 per 21 days) |
| STIVARGA | 5 | PAR; MO; QLL (120 per 30 days) | INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML) | | |
| SUTENT ORAL CAPSULE 12.5 MG | 5 | PAR; MO; QLL (90 per 30 days) | TECENTRIQ | 5 | PAR; MO; QLL (28 per 30 days) |
| SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG | 5 | PAR; MO; QLL (30 per 30 days) | INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML) | | |
| SYNRIBO | 5 | PAR; MO | <i>temsirolimus</i> | 5 | PAR; MO |
| TABLOID | 4 | MO | THALOMID ORAL CAPSULE 100 MG, 50 MG | 5 | PAR; MO; QLL (30 per 30 days) |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg</i> | 4 | B/D PAR; MO | THALOMID ORAL CAPSULE 150 MG, 200 MG | 5 | PAR; MO; QLL (60 per 30 days) |
| <i>tacrolimus oral capsule 5 mg</i> | 5 | B/D PAR; MO | <i>thiotepa</i> | 4 | B/D PAR; MO |
| TAFINLAR | 5 | PAR; MO; QLL (120 per 30 days) | TIBSOVO | 5 | PAR; MO; QLL (60 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG | 5 | PAR; MO; LA; QLL (60 per 30 days) | <i>toposar</i> | 4 | B/D PAR; MO |

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| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|------------------|------------------------------------|--|------------------|------------------------------------|
| topotecan intravenous recon soln | 5 | B/D PAR | VENCLEXTA STARTING PACK | 5 | PAR; MO; LA; QLL (84 per 365 days) |
| topotecan intravenous solution | 5 | B/D PAR; MO | VERZENIO | 5 | PAR; MO; LA; QLL (60 per 30 days) |
| toremifene | 5 | MO; QLL (30 per 30 days) | vinblastine intravenous solution | 4 | B/D PAR; MO |
| TORISEL | 5 | PAR; MO | vincristine intravenous solution 1 mg/ml | 3 | B/D PAR; MO |
| TREANDA | 5 | B/D PAR; MO | vincristine intravenous solution 2 mg/2 ml | 4 | B/D PAR; MO |
| INTRAVENOUS RECON SOLN | | | vinorelbine | 4 | B/D PAR; MO |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG | 5 | PAR; MO; QLL (1 per 84 days) | VITRAKVI ORAL CAPSULE 100 MG | 5 | PAR; MO; LA; QLL (60 per 30 days) |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | 5 | PAR; MO; QLL (1 per 168 days) | VITRAKVI ORAL CAPSULE 25 MG | 5 | PAR; MO; LA; QLL (180 per 30 days) |
| 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) |
| | | | XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3) | 5 | PAR; MO; LA; QLL (12 per 28 days) |

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| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|--------------------------------------|--|------------------|--------------------------------------|
| XTANDI | 5 | PAR; MO; QLL (120 per 30 days) | amitriptyline | 2 | PAR; MO |
| YERVOY | 5 | PAR; MO | amoxapine oral tablet 100 mg, 50 mg | 3 | PAR; MO |
| YONDELIS | 5 | B/D PAR; MO | amoxapine oral tablet 150 mg, 25 mg | 2 | PAR; MO |
| YONSA | 5 | PAR; MO; QLL (120 per 30 days) | AMPYRA | 5 | PAR; MO; LA; QLL (60 per 30 days) |
| ZALTRAP | 5 | PAR; MO | APOKYN | 5 | PAR; MO; LA |
| ZANOSAR | 5 | B/D PAR; MO | APTIOM | 5 | ST; MO |
| ZEJULA | 5 | PAR; MO; LA; QLL (90 per 30 days) | aripiprazole oral solution | 4 | MO; QLL (900 per 30 days) |
| ZELBORAF | 5 | PAR; MO; QLL (240 per 30 days) | aripiprazole oral tablet 10 mg | 4 | MO; QLL (90 per 30 days) |
| ZOLINZA | 5 | PAR; MO; QLL (120 per 30 days) | aripiprazole oral tablet 15 mg | 4 | MO; QLL (60 per 30 days) |
| ZORTRESS | 5 | B/D PAR; MO | aripiprazole oral tablet 2 mg | 4 | MO; QLL (450 per 30 days) |
| ZYDELIG | 5 | PAR; MO; QLL (60 per 30 days) | aripiprazole oral tablet 20 mg, 30 mg | 5 | MO; QLL (30 per 30 days) |
| ZYKADIA | 5 | PAR; MO; QLL (90 per 30 days) | aripiprazole oral tablet 5 mg | 4 | MO; QLL (180 per 30 days) |
| ZYTIGA ORAL TABLET 250 MG | 5 | PAR; MO; QLL (120 per 30 days) | aripiprazole oral tablet, disintegrating 10 mg | 5 | MO; QLL (90 per 30 days) |
| ZYTIGA ORAL TABLET 500 MG | 5 | PAR; MO; QLL (60 per 30 days) | aripiprazole oral tablet, disintegrating 15 mg | 5 | MO; QLL (60 per 30 days) |
| Autonomic / Cns Drugs, Neurology / Psych | | | ARISTADA INITIO | 5 | MO; QLL (4.8 per 365 days) |
| ABILIFY MAINTENA | 5 | MO; QLL (1 per 28 days) | ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML | 5 | MO; QLL (3.9 per 60 days) |
| acetaminophen-codeine oral solution 120 mg-12 mg/5 ml (5 ml), 240 mg-24 mg/10 ml (10 ml), 300 mg-30 mg/12.5 ml | 3 | QLL (900 per 30 days) | ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML | 5 | MO; QLL (1.6 per 30 days) |
| acetaminophen-codeine oral solution 120-12 mg/5 ml | 3 | MO; QLL (900 per 30 days) | ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML | 5 | MO; QLL (2.4 per 30 days) |
| acetaminophen-codeine oral tablet | 3 | MO; QLL (180 per 30 days) | | | |
| ADASUVE | 4 | QLL (30 per 30 days) | | | |
| alprazolam oral tablet | 2 | MO; QLL (120 per 30 days) | | | |
| alprazolam oral tablet extended release 24 hr | 3 | MO; QLL (120 per 30 days) | | | |
| alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg | 3 | MO; QLL (120 per 30 days) | | | |

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| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|---------------------------------|--|------------------|--------------------------------|
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML | 5 | MO; QLL (3.2 per 30 days) | buprenorphine hcl sublingual tablet 8 mg | 2 | MO; QLL (60 per 30 days) |
| armodafinil oral tablet 150 mg, 200 mg, 250 mg | 4 | PAR; MO; QLL (30 per 30 days) | buprenorphine-naloxone sublingual tablet 2-0.5 mg | 3 | MO; QLL (360 per 30 days) |
| armodafinil oral tablet 50 mg | 4 | PAR; MO; QLL (60 per 30 days) | buprenorphine-naloxone sublingual tablet 8-2 mg | 3 | MO; QLL (90 per 30 days) |
| atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg | 4 | PAR; MO; QLL (60 per 30 days) | bupropion hcl oral tablet 100 mg | 2 | MO; QLL (135 per 30 days) |
| atomoxetine oral capsule 100 mg, 60 mg, 80 mg | 4 | PAR; MO; QLL (30 per 30 days) | bupropion hcl oral tablet 75 mg | 2 | MO; QLL (180 per 30 days) |
| AUBAGIO | 5 | PAR; MO; QLL (30 per 30 days) | bupropion hcl oral tablet extended release 24 hr 150 mg | 2 | MO; QLL (90 per 30 days) |
| AZILECT | 3 | MO | bupropion hcl oral tablet extended release 24 hr 300 mg | 2 | MO; QLL (30 per 30 days) |
| baclofen oral | 2 | MO | bupropion hcl oral tablet sustained-release 12 hr 100 mg | 2 | MO; QLL (120 per 30 days) |
| BANZEL ORAL SUSPENSION | 5 | PAR; MO; QLL (2400 per 30 days) | bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg | 2 | MO; QLL (60 per 30 days) |
| BANZEL ORAL TABLET 200 MG | 5 | PAR; MO; QLL (480 per 30 days) | buspirone oral tablet 10 mg, 15 mg, 5 mg | 2 | MO |
| BANZEL ORAL TABLET 400 MG | 5 | PAR; MO; QLL (240 per 30 days) | buspirone oral tablet 30 mg | 4 | MO |
| benztropine injection | 5 | MO | buspirone oral tablet 7.5 mg | 3 | MO |
| benztropine oral | 2 | PAR; MO | butalbital compound w/ codeine | 4 | PAR; MO; QLL (180 per 30 days) |
| BRIVIACT | 4 | PAR | butalbital-acetaminop-caf-cod | 4 | PAR; MO; QLL (180 per 30 days) |
| INTRAVENOUS | | | butalbital-acetaminophen oral tablet 50-325 mg | 4 | PAR; MO; QLL (180 per 30 days) |
| BRIVIACT ORAL SOLUTION | 5 | PAR; MO; QLL (600 per 30 days) | butalbital-acetaminophen-caff oral capsule | 4 | PAR; MO; QLL (180 per 30 days) |
| BRIVIACT ORAL TABLET 10 MG | 5 | PAR; MO; QLL (600 per 30 days) | butalbital-acetaminophen-caff oral tablet 50-325-40 mg | 4 | PAR; MO; QLL (180 per 30 days) |
| BRIVIACT ORAL TABLET 100 MG, 75 MG | 5 | PAR; MO; QLL (60 per 30 days) | butalbital-aspirin-caffeine oral capsule | 4 | PAR; MO; QLL (180 per 30 days) |
| BRIVIACT ORAL TABLET 25 MG | 5 | PAR; MO; QLL (240 per 30 days) | butorphanol tartrate injection | 4 | MO; QLL (240 per 30 days) |
| BRIVIACT ORAL TABLET 50 MG | 5 | PAR; MO; QLL (120 per 30 days) | butorphanol tartrate injection | 4 | MO; QLL (120 per 30 days) |
| bromocriptine | 4 | MO | butorphanol tartrate nasal | 4 | MO; QLL (5 per 28 days) |
| buprenorphine hcl injection solution | 4 | MO; QLL (90 per 30 days) | | | |
| buprenorphine hcl injection syringe | 4 | QLL (90 per 30 days) | | | |
| buprenorphine hcl sublingual tablet 2 mg | 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 | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|--------------------------------|---|------------------|-------------------------------|
| carbamazepine oral capsule, er multiphase 12 hr | 4 | MO | clonazepam oral tablet 0.5 mg | 2 | MO; QLL (1200 per 30 days) |
| carbamazepine oral suspension 100 mg/5 ml | 4 | MO | clonazepam oral tablet 1 mg | 2 | MO; QLL (600 per 30 days) |
| carbamazepine oral suspension 200 mg/10 ml | 4 | | clonazepam oral tablet 2 mg | 2 | MO; QLL (300 per 30 days) |
| carbamazepine oral tablet | 2 | MO | clonazepam oral tablet, disintegrating 0.125 mg | 4 | MO; QLL (4800 per 30 days) |
| carbamazepine oral tablet extended release 12 hr | 4 | MO | clonazepam oral tablet, disintegrating 0.25 mg | 4 | MO; QLL (2400 per 30 days) |
| carbamazepine oral tablet, chewable | 2 | MO | clonazepam oral tablet, disintegrating 0.5 mg | 4 | MO; QLL (1200 per 30 days) |
| carbidopa-levodopa oral tablet | 2 | MO | clonazepam oral tablet, disintegrating 1 mg | 4 | MO; QLL (600 per 30 days) |
| carbidopa-levodopa oral tablet extended release | 2 | MO | clonazepam oral tablet, disintegrating 2 mg | 4 | MO; QLL (300 per 30 days) |
| carbidopa-levodopa oral tablet,disintegrating | 3 | MO | clorazepate dipotassium | 3 | MO |
| carbidopa-levodopa-entacapone | 4 | MO | clozapine oral tablet 100 mg | 3 | MO; QLL (270 per 30 days) |
| carisoprodol oral tablet 350 mg | 3 | PAR; MO | clozapine oral tablet 200 mg | 3 | MO; QLL (120 per 30 days) |
| celecoxib oral capsule 100 mg, 200 mg, 400 mg | 4 | PAR; MO | clozapine oral tablet 25 mg | 2 | MO; QLL (1080 per 30 days) |
| celecoxib oral capsule 50 mg | 3 | PAR; MO | clozapine oral tablet 50 mg | 2 | MO; QLL (540 per 30 days) |
| CELONTIN ORAL CAPSULE 300 MG | 4 | MO | clozapine oral tablet, disintegrating 100 mg | 4 | QLL (270 per 30 days) |
| chlordiazepoxide hcl | 3 | MO; QLL (120 per 30 days) | clozapine oral tablet, disintegrating 12.5 mg | 4 | QLL (2160 per 30 days) |
| chlorpromazine | 4 | MO | CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG | 5 | QLL (180 per 30 days) |
| citalopram oral solution | 4 | MO; QLL (600 per 30 days) | CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG | 5 | QLL (120 per 30 days) |
| citalopram oral tablet 10 mg | 1 | MO; QLL (120 per 30 days) | clozapine oral tablet, disintegrating 25 mg | 3 | QLL (1080 per 30 days) |
| citalopram oral tablet 20 mg | 1 | MO; QLL (60 per 30 days) | COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML | 5 | PAR; MO; QLL (30 per 30 days) |
| citalopram oral tablet 40 mg | 1 | MO; QLL (30 per 30 days) | COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML | 5 | PAR; MO; QLL (12 per 28 days) |
| clobazam oral suspension | 5 | PAR; MO; QLL (480 per 30 days) | | | |
| clobazam oral tablet 10 mg | 4 | PAR; MO; QLL (120 per 30 days) | | | |
| clobazam oral tablet 20 mg | 5 | PAR; MO; QLL (60 per 30 days) | | | |
| clomipramine | 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 | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|-------------------------------|--|------------------|-------------------------------|
| cyclobenzaprine oral tablet 10 mg, 5 mg | 2 | PAR; MO | dextroamphetamine-amphetamine oral tablet 30 mg | 3 | PAR; MO; QLL (60 per 30 days) |
| cyclobenzaprine oral tablet 7.5 mg | 4 | PAR; MO | DIASTAT | 4 | MO |
| dalfampridine | 5 | PAR; MO; QLL (60 per 30 days) | DIASTAT ACUDIAL | 5 | MO |
| dantrolene oral | 4 | MO | RECTAL KIT 12.5-15-17.5-20 MG | | |
| desipramine | 4 | PAR; MO | DIASTAT ACUDIAL | 4 | MO |
| DESVENLAFAKINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG | 4 | MO; QLL (120 per 30 days) | RECTAL KIT 5-7.5-10 MG | | |
| DESVENLAFAKINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG | 4 | MO; QLL (240 per 30 days) | diazepam intensol | 2 | MO; QLL (240 per 30 days) |
| DESVENLAFAKINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG | 4 | MO; QLL (120 per 30 days) | diazepam oral concentrate | 2 | MO; QLL (240 per 30 days) |
| DESVENLAFAKINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG | 4 | MO; QLL (240 per 30 days) | diazepam oral solution 5 mg/ 5 ml (1 mg/ml) | 2 | MO; QLL (1200 per 30 days) |
| desvenlafaxine succinate oral tablet extended release 24 hr 100 mg | 4 | MO; QLL (120 per 30 days) | diazepam oral solution 5 mg/ 5 ml (1 mg/ml, 5 ml) | 2 | QLL (1200 per 30 days) |
| desvenlafaxine succinate oral tablet extended release 24 hr 25 mg | 4 | MO; QLL (480 per 30 days) | diazepam oral tablet 10 mg | 2 | MO; QLL (120 per 30 days) |
| desvenlafaxine succinate oral tablet extended release 24 hr 50 mg | 4 | MO; QLL (240 per 30 days) | diazepam oral tablet 2 mg | 2 | MO; QLL (600 per 30 days) |
| dextroamphetamine oral tablet 10 mg | 4 | MO; QLL (180 per 30 days) | diazepam oral tablet 5 mg | 2 | MO; QLL (240 per 30 days) |
| dextroamphetamine oral tablet 5 mg | 4 | MO; QLL (90 per 30 days) | diazepam rectal | 4 | MO |
| dextroamphetamine-amphetamine oral capsule, extended release 24hr | 4 | PAR; MO; QLL (30 per 30 days) | diclofenac potassium | 2 | MO |
| dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg | 3 | PAR; MO; QLL (90 per 30 days) | diclofenac sodium oral tablet extended release 24 hr | 2 | MO |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG | 4 | MO | diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg | 3 | MO |
| DILANTIN INFATABS | 3 | MO | diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg | 2 | MO |
| | | | diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg | 1 | MO |
| | | | diclofenac sodium topical drops | 4 | MO; QLL (300 per 30 days) |
| | | | diclofenac sodium topical gel 1 % | 3 | MO; QLL (1000 per 30 days) |
| | | | diflunisal | 3 | MO |
| | | | dihydroergotamine injection | 5 | PAR; MO |
| | | | dihydroergotamine nasal | 5 | MO; QLL (8 per 28 days) |
| | | | DILANTIN EXTENDED ORAL CAPSULE 100 MG | 4 | MO |
| | | | DILANTIN INFATABS | 3 | MO |

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 |
|--|------------------|-------------------------------|--|------------------|--------------------------------|
| DILANTIN ORAL CAPSULE 30 MG | 3 | MO | EQUETRO ORAL CAPSULE, ER | 4 | MO; QLL (240 per 30 days) |
| <i>divalproex oral capsule, delayed rel sprinkle</i> | 4 | MO | MULTIPHASE 12 HR 200 MG | | |
| <i>divalproex oral tablet extended release 24 hr</i> | 4 | MO | EQUETRO ORAL CAPSULE, ER | 4 | MO; QLL (180 per 30 days) |
| <i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg</i> | 2 | MO | MULTIPHASE 12 HR 300 MG | | |
| <i>divalproex oral tablet,delayed release (dr/ec) 500 mg</i> | 3 | MO | <i>ergoloid</i> | 4 | PAR; MO |
| <i>donepezil oral tablet 10 mg, 5 mg</i> | 1 | MO; QLL (30 per 30 days) | <i>escitalopram oxalate oral solution</i> | 4 | MO; QLL (600 per 30 days) |
| <i>donepezil oral tablet, disintegrating</i> | 1 | MO; QLL (30 per 30 days) | <i>escitalopram oxalate oral tablet 10 mg</i> | 2 | MO; QLL (60 per 30 days) |
| <i>doxepin oral</i> | 2 | PAR; MO | <i>escitalopram oxalate oral tablet 20 mg</i> | 2 | MO; QLL (30 per 30 days) |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i> | 4 | MO; QLL (180 per 30 days) | <i>escitalopram oxalate oral tablet 5 mg</i> | 2 | MO; QLL (120 per 30 days) |
| <i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i> | 4 | MO; QLL (120 per 30 days) | <i>eszopiclone</i> | 4 | PAR; MO; QLL (30 per 30 days) |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i> | 3 | MO; QLL (90 per 30 days) | <i>ethosuximide oral capsule</i> | 4 | MO |
| <i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i> | 4 | MO; QLL (60 per 30 days) | <i>ethosuximide oral solution</i> | 3 | MO |
| <i>duramorph (pf) injection solution 0.5 mg/ml</i> | 4 | MO; QLL (180 per 30 days) | <i>etodolac oral capsule</i> | 3 | MO |
| <i>duramorph (pf) injection solution 1 mg/ml</i> | 4 | QLL (180 per 30 days) | <i>etodolac oral tablet</i> | 2 | MO |
| <i>ec-naproxen</i> | 1 | | <i>etodolac oral tablet extended release 24 hr</i> | 3 | MO |
| EMSAM | 5 | PAR; MO; QLL (30 per 30 days) | FANAPT ORAL TABLET 1 MG | 4 | ST; MO; QLL (720 per 30 days) |
| <i>endocet oral tablet 10-325 mg, 7.5-325 mg</i> | 4 | MO; QLL (180 per 30 days) | FANAPT ORAL TABLET 10 MG, 12 MG | 5 | ST; MO; QLL (60 per 30 days) |
| <i>endocet oral tablet 5-325 mg</i> | 3 | MO; QLL (180 per 30 days) | FANAPT ORAL TABLET 2 MG | 4 | ST; MO; QLL (360 per 30 days) |
| <i>entacapone</i> | 4 | MO | FANAPT ORAL TABLET 4 MG | 5 | ST; MO; QLL (180 per 30 days) |
| EPIDIOLEX | 5 | PAR; MO; LA | FANAPT ORAL TABLET 6 MG | 5 | ST; MO; QLL (120 per 30 days) |
| <i>epitol</i> | 1 | MO | FANAPT ORAL TABLET 8 MG | 5 | ST; MO; QLL (90 per 30 days) |
| EQUETRO ORAL CAPSULE, ER | 4 | MO; QLL (480 per 30 days) | FANAPT ORAL TABLETS,DOSE PACK | 4 | ST; MO; QLL (16 per 365 days) |
| MULTIPHASE 12 HR 100 MG | | | <i>felbamate</i> | 4 | MO |
| | | | FELBATOL ORAL TABLET 400 MG | 5 | MO |
| | | | <i>fenoprofen oral tablet</i> | 4 | MO |
| | | | <i>fentanyl citrate buccal lozenge on a handle</i> | 5 | PAR; 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 | Drug Name | Drug Tier | Requirements /Limits |
|---|------------------|--------------------------------|--|------------------|-------------------------------|
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 4 | PAR; MO; QLL (15 per 30 days) | FYCOMPA ORAL TABLET 10 MG, 12 MG | 4 | MO; QLL (30 per 30 days) |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK | 4 | PAR; MO; QLL (56 per 365 days) | FYCOMPA ORAL TABLET 2 MG | 4 | MO; QLL (180 per 30 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG | 4 | PAR; MO; QLL (30 per 30 days) | FYCOMPA ORAL TABLET 4 MG | 5 | MO; QLL (90 per 30 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG | 4 | PAR; MO; QLL (180 per 30 days) | FYCOMPA ORAL TABLET 6 MG | 4 | MO; QLL (60 per 30 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG | 4 | PAR; MO; QLL (90 per 30 days) | FYCOMPA ORAL TABLET 8 MG | 5 | MO; QLL (45 per 30 days) |
| fluoxetine oral capsule 10 mg | 1 | MO; QLL (240 per 30 days) | <i>gabapentin oral capsule 100 mg</i> | 2 | MO; QLL (1080 per 30 days) |
| fluoxetine oral capsule 20 mg | 1 | MO; QLL (120 per 30 days) | <i>gabapentin oral capsule 300 mg</i> | 2 | MO; QLL (360 per 30 days) |
| fluoxetine oral capsule 40 mg | 1 | MO; QLL (60 per 30 days) | <i>gabapentin oral capsule 400 mg</i> | 2 | MO; QLL (270 per 30 days) |
| fluoxetine oral capsule,delayed release(dr/ec) | 4 | MO; QLL (4 per 28 days) | <i>gabapentin oral solution 250 mg/5 ml</i> | 4 | MO; QLL (2160 per 30 days) |
| fluoxetine oral solution | 2 | MO; QLL (600 per 30 days) | <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i> | 4 | QLL (2160 per 30 days) |
| fluoxetine oral tablet 10 mg | 2 | MO; QLL (240 per 30 days) | <i>gabapentin oral tablet 600 mg</i> | 3 | MO; QLL (180 per 30 days) |
| fluoxetine oral tablet 20 mg | 3 | MO; QLL (120 per 30 days) | <i>gabapentin oral tablet 800 mg</i> | 4 | MO; QLL (120 per 30 days) |
| fluphenazine decanoate | 4 | MO | GABITRIL ORAL TABLET 12 MG | 4 | MO |
| fluphenazine hcl injection | 4 | MO | GABITRIL ORAL TABLET 16 MG | 5 | MO |
| fluphenazine hcl oral | 2 | MO | <i>galantamine oral capsule,ext rel. pellets 24 hr</i> | 4 | MO; QLL (30 per 30 days) |
| flurbiprofen | 2 | MO | <i>galantamine oral solution</i> | 3 | MO; QLL (180 per 30 days) |
| fluvoxamine oral tablet 100 mg | 3 | MO; QLL (90 per 30 days) | <i>galantamine oral tablet</i> | 4 | MO; QLL (60 per 30 days) |
| fluvoxamine oral tablet 25 mg | 3 | MO; QLL (360 per 30 days) | GEODON INTRAMUSCULAR | 4 | MO; QLL (6 per 28 days) |
| fluvoxamine oral tablet 50 mg | 3 | MO; QLL (180 per 30 days) | GILENYA ORAL CAPSULE 0.5 MG | 5 | PAR; MO; QLL (30 per 30 days) |
| fosphenytoin | 4 | MO | <i>glatiramer subcutaneous syringe 20 mg/ml</i> | 5 | PAR; MO; QLL (30 per 30 days) |
| FYCOMPA ORAL SUSPENSION | 4 | MO; QLL (720 per 30 days) | <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) |

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| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|----------------------------------|---|------------------|-------------------------------|
| glatopa subcutaneous syringe 40 mg/ml | 5 | PAR; MO; QLL (12 per 28 days) | hydromorphone injection syringe 2 mg/ml | 4 | QLL (180 per 30 days) |
| guanfacine oral tablet extended release 24 hr | 4 | PAR; MO; QLL (30 per 30 days) | hydromorphone injection syringe 4 mg/ml | 4 | MO; QLL (60 per 30 days) |
| guanidine | 4 | MO | hydromorphone oral tablet 2 mg, 4 mg | 3 | MO; QLL (180 per 30 days) |
| haloperidol | 2 | MO | hydromorphone oral tablet 8 mg | 4 | MO; QLL (180 per 30 days) |
| haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml) | 4 | MO | ibu | 1 | MO |
| haloperidol decanoate intramuscular solution 50 mg/ml | 3 | MO | ibuprofen oral suspension | 1 | MO |
| haloperidol lactate injection | 3 | MO | ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | MO |
| haloperidol lactate intramuscular | 3 | | ibuprofen-oxycodone | 4 | MO; QLL (28 per 7 days) |
| haloperidol lactate oral | 2 | MO | imipramine hcl | 2 | PAR; MO |
| HETLIOZ | 5 | PAR; MO; QLL (30 per 30 days) | indomethacin oral capsule | 2 | PAR; MO |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml | 4 | MO; QLL (2700 per 30 days) | indomethacin oral capsule, extended release | 3 | PAR; MO |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | 3 | MO; QLL (180 per 30 days) | INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG | 4 | MO; QLL (240 per 30 days) |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | 3 | MO; QLL (50 per 10 days) | INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG | 5 | MO; QLL (120 per 30 days) |
| HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML | 4 | QLL (180 per 30 days) | INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG | 5 | MO; QLL (60 per 30 days) |
| hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml | 4 | MO | INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG | 5 | MO; QLL (30 per 30 days) |
| hydromorphone (pf) injection solution 2 mg/ml | 4 | QLL (180 per 30 days) | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5 | MO; QLL (0.75 per 28 days) |
| hydromorphone (pf) injection solution 4 mg/ml | 4 | QLL (60 per 30 days) | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 5 | MO; QLL (1 per 28 days) |
| hydromorphone injection solution 1 mg/ml | 4 | QLL (180 per 30 days) | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 5 | MO; QLL (1.5 per 28 days) |
| hydromorphone injection solution 2 mg/ml | 4 | MO; QLL (180 per 30 days) | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 4 | MO; QLL (0.25 per 28 days) |
| hydromorphone injection solution 4 mg/ml | 4 | MO; QLL (60 per 30 days) | | | |
| hydromorphone injection syringe 1 mg/ml | 4 | MO; QLL (180 per 30 days) | | | |

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| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|--------------------------------|--|------------------|--------------------------------|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 5 | MO; QLL (0.5 per 28 days) | LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML | 4 | |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML | 5 | MO; QLL (0.875 per 90 days) | LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML | 5 | MO |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML | 5 | MO; QLL (1.315 per 90 days) | <i>levetiracetam intravenous</i> | 4 | MO |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 5 | MO; QLL (1.75 per 90 days) | <i>levetiracetam oral solution</i> | 3 | MO |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML | 5 | MO; QLL (2.625 per 90 days) | <i>100 mg/ml</i> | | |
| <i>ketoprofen oral capsule 25 mg, 75 mg</i> | 3 | MO | <i>levetiracetam oral solution</i> | 4 | |
| <i>ketoprofen oral capsule 50 mg</i> | 3 | | <i>500 mg/5 ml (5 ml)</i> | | |
| <i>ketorolac oral</i> | 4 | PAR; MO | <i>levetiracetam oral tablet 1,000 mg</i> | 3 | MO |
| KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG | 4 | ST; MO; QLL (120 per 30 days) | <i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i> | 2 | MO |
| KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG | 4 | ST; MO; QLL (240 per 30 days) | <i>levetiracetam oral tablet</i> | 3 | MO; QLL (180 per 30 days) |
| <i>lamotrigine oral tablet</i> | 2 | MO | <i>extended release 24 hr 500 mg</i> | | |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg</i> | 3 | MO | <i>levetiracetam oral tablet</i> | 3 | MO; QLL (120 per 30 days) |
| <i>lamotrigine oral tablet, chewable dispersible 5 mg</i> | 2 | MO | <i>mg</i> | | |
| LATUDA ORAL TABLET 120 MG, 60 MG | 5 | PAR; MO; QLL (30 per 30 days) | <i>lithium carbonate oral capsule</i> | 1 | MO |
| LATUDA ORAL TABLET 20 MG | 5 | PAR; MO; QLL (240 per 30 days) | <i>150 mg, 300 mg</i> | | |
| LATUDA ORAL TABLET 40 MG | 5 | PAR; MO; QLL (120 per 30 days) | <i>lithium carbonate oral capsule</i> | 2 | MO |
| LATUDA ORAL TABLET 80 MG | 5 | PAR; MO; QLL (60 per 30 days) | <i>600 mg</i> | | |
| | | | <i>lithium carbonate oral tablet</i> | 2 | MO |
| | | | <i>lithium carbonate oral tablet extended release</i> | 2 | MO |
| | | | <i>lithium citrate oral solution</i> | 3 | MO |
| | | | <i>8 meq/5 ml</i> | | |
| | | | <i>lorazepam intensol</i> | 3 | MO |
| | | | <i>lorazepam oral concentrate</i> | 3 | MO |
| | | | <i>lorazepam oral tablet</i> | 2 | MO |
| | | | <i>loxapine succinate oral capsule</i> | 3 | MO |
| | | | <i>10 mg, 5 mg</i> | | |
| | | | <i>loxapine succinate oral capsule</i> | 4 | MO |
| | | | <i>25 mg, 50 mg</i> | | |
| | | | <i>LYRICA ORAL CAPSULE</i> | 4 | PAR; MO; QLL (180 per 30 days) |
| | | | <i>100 MG</i> | | |

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 |
|---|------------------|-----------------------------------|---|------------------|------------------------------------|
| LYRICA ORAL CAPSULE 150 MG | 4 | PAR; MO; QLL (120 per 30 days) | methylphenidate hcl oral solution 10 mg/5 ml | 3 | PAR; MO; QLL (900 per 30 days) |
| LYRICA ORAL CAPSULE 200 MG | 4 | PAR; MO; QLL (90 per 30 days) | methylphenidate hcl oral solution 5 mg/5 ml | 3 | PAR; MO; QLL (1800 per 30 days) |
| LYRICA ORAL CAPSULE 225 MG, 300 MG | 4 | PAR; MO; QLL (60 per 30 days) | methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg | 3 | MO; QLL (90 per 30 days) |
| LYRICA ORAL CAPSULE 25 MG | 4 | PAR; MO; QLL (720 per 30 days) | methylphenidate hcl oral tablet extended release 10 mg, 20 mg | 4 | PAR; MO; QLL (90 per 30 days) |
| LYRICA ORAL CAPSULE 50 MG | 4 | PAR; MO; QLL (360 per 30 days) | MIRAPEX ORAL TABLET 0.25 MG, 0.75 MG | 4 | MO |
| LYRICA ORAL CAPSULE 75 MG | 4 | PAR; MO; QLL (240 per 30 days) | mirtazapine oral tablet 15 mg | 1 | MO; QLL (90 per 30 days) |
| LYRICA ORAL SOLUTION <i>maprotiline oral tablet 25 mg</i> | 4 | PAR; MO; QLL (900 per 30 days) | mirtazapine oral tablet 30 mg | 1 | MO; QLL (45 per 30 days) |
| <i>maprotiline oral tablet 50 mg</i> | 4 | MO; QLL (135 per 30 days) | mirtazapine oral tablet 45 mg | 2 | MO; QLL (30 per 30 days) |
| <i>maprotiline oral tablet 75 mg</i> | 4 | MO | mirtazapine oral tablet 7.5 mg | 3 | MO; QLL (180 per 30 days) |
| MARPLAN | 4 | MO | mirtazapine oral tablet, disintegrating 15 mg | 3 | MO; QLL (90 per 30 days) |
| <i>meclofenamate</i> | 4 | MO | mirtazapine oral tablet, disintegrating 30 mg | 3 | MO; QLL (45 per 30 days) |
| <i>meloxicam oral tablet</i> | 1 | MO | mirtazapine oral tablet, disintegrating 45 mg | 3 | MO; QLL (30 per 30 days) |
| <i>memantine oral capsule, sprinkle, er 24hr</i> | 3 | PAR; MO; QLL (30 per 30 days) | modafinil oral tablet 100 mg | 4 | PAR; MO; QLL (30 per 30 days) |
| <i>memantine oral solution</i> | 3 | PAR; MO; QLL (300 per 30 days) | modafinil oral tablet 200 mg | 4 | PAR; MO; QLL (60 per 30 days) |
| <i>memantine oral tablet 10 mg</i> | 2 | PAR; MO; QLL (60 per 30 days) | molindone | 4 | MO |
| <i>memantine oral tablet 5 mg</i> | 2 | PAR; MO; QLL (90 per 30 days) | morphine (pf) injection solution 0.5 mg/ml | 4 | QLL (180 per 30 days) |
| MESTINON ORAL SYRUP | 5 | MO | morphine (pf) injection solution 1 mg/ml | 4 | MO; QLL (180 per 30 days) |
| MESTINON TIMESPAN | 5 | MO | morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml | 4 | MO; QLL (30 per 30 days) |
| <i>metadate er</i> | 4 | PAR; MO; QLL (90 per 30 days) | morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml | 4 | QLL (180 per 30 days) |
| <i>methadone intensol</i> | 3 | MO; QLL (180 per 30 days) | morphine concentrate oral solution | 3 | MO; QLL (180 per 30 days) |
| <i>methadone oral concentrate</i> | 3 | MO; QLL (180 per 30 days) | MORPHINE INJECTION SOLUTION 4 MG/ML | 4 | 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 | | | |

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 |
|--|------------------|--------------------------------|--|------------------|-------------------------------|
| morphine injection solution 8 mg/ml | 4 | QLL (180 per 30 days) | naratriptan | 4 | MO; QLL (9 per 30 days) |
| morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml | 4 | MO; QLL (180 per 30 days) | NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION | 3 | MO |
| morphine injection syringe 5 mg/ml | 4 | QLL (180 per 30 days) | NAYZILAM | 5 | |
| morphine intravenous solution 10 mg/ml | 4 | MO; QLL (180 per 30 days) | nefazodone oral tablet 100 mg | 3 | MO; QLL (180 per 30 days) |
| MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML | 4 | MO; QLL (180 per 30 days) | nefazodone oral tablet 150 mg | 3 | MO; QLL (120 per 30 days) |
| morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml | 4 | QLL (180 per 30 days) | nefazodone oral tablet 200 mg | 3 | MO; QLL (90 per 30 days) |
| morphine oral solution | 3 | MO; QLL (900 per 30 days) | nefazodone oral tablet 250 mg | 3 | MO; QLL (72 per 30 days) |
| morphine oral tablet | 3 | MO; QLL (180 per 30 days) | nefazodone oral tablet 50 mg | 3 | MO; QLL (360 per 30 days) |
| morphine oral tablet extended release 100 mg, 200 mg | 4 | MO; QLL (60 per 30 days) | NEUPRO | 3 | PAR; MO; QLL (30 per 30 days) |
| morphine oral tablet extended release 15 mg | 3 | MO; QLL (90 per 30 days) | nortriptyline oral capsule 10 mg, 25 mg | 1 | PAR; MO |
| morphine oral tablet extended release 30 mg, 60 mg | 4 | MO; QLL (90 per 30 days) | nortriptyline oral capsule 50 mg, 75 mg | 2 | PAR; MO |
| nabumetone | 2 | MO | NORTRIPTYLINE ORAL SOLUTION | 4 | PAR; MO |
| nalbuphine injection solution | 4 | MO; QLL (60 per 30 days) | NUDEXTA | 3 | PAR; MO; QLL (60 per 30 days) |
| nalbuphine injection solution | 4 | MO; QLL (90 per 30 days) | NUPLAZID ORAL CAPSULE | 5 | PAR; MO; QLL (30 per 30 days) |
| naloxone | 2 | MO | NUPLAZID ORAL TABLET 10 MG | 5 | PAR; MO; QLL (30 per 30 days) |
| naltrexone | 2 | MO | olanzapine intramuscular | 4 | MO; QLL (60 per 30 days) |
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK | 3 | PAR; MO; QLL (56 per 365 days) | olanzapine oral tablet 10 mg | 3 | MO; QLL (60 per 30 days) |
| NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR | 3 | PAR; MO; QLL (30 per 30 days) | olanzapine oral tablet 15 mg | 3 | MO; QLL (40 per 30 days) |
| NAMZARIC | 3 | PAR; MO | olanzapine oral tablet 2.5 mg | 3 | MO; QLL (240 per 30 days) |
| naproxen oral suspension | 2 | MO | olanzapine oral tablet 20 mg | 3 | MO; QLL (30 per 30 days) |
| naproxen oral tablet | 1 | MO | olanzapine oral tablet 5 mg | 3 | MO; QLL (120 per 30 days) |
| naproxen oral tablet,delayed release (dr/ec) | 1 | MO | olanzapine oral tablet 7.5 mg | 3 | MO; QLL (80 per 30 days) |
| naproxen sodium oral tablet 275 mg, 550 mg | 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 | Drug Name | Drug Tier | Requirements /Limits |
|---|------------------|--------------------------------|---|------------------|---------------------------------|
| olanzapine oral tablet, disintegrating 10 mg | 4 | MO; QLL (60 per 30 days) | paliperidone oral tablet extended release 24hr 1.5 mg | 4 | MO; QLL (240 per 30 days) |
| olanzapine oral tablet, disintegrating 15 mg | 4 | MO; QLL (40 per 30 days) | paliperidone oral tablet extended release 24hr 3 mg | 4 | MO; QLL (120 per 30 days) |
| olanzapine oral tablet, disintegrating 20 mg | 4 | MO; QLL (30 per 30 days) | paliperidone oral tablet extended release 24hr 6 mg | 5 | MO; QLL (60 per 30 days) |
| olanzapine oral tablet, disintegrating 5 mg | 4 | MO; QLL (120 per 30 days) | paliperidone oral tablet extended release 24hr 9 mg | 5 | MO; QLL (30 per 30 days) |
| olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-50 mg | 4 | MO; QLL (30 per 30 days) | paroxetine hcl oral tablet 10 mg | 1 | MO; QLL (180 per 30 days) |
| olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg | 4 | MO; QLL (90 per 30 days) | paroxetine hcl oral tablet 20 mg | 1 | MO; QLL (90 per 30 days) |
| ONFI ORAL SUSPENSION | 5 | PAR; MO; QLL (480 per 30 days) | paroxetine hcl oral tablet 30 mg | 2 | MO; QLL (60 per 30 days) |
| ONFI ORAL TABLET 10 MG | 5 | PAR; MO; QLL (120 per 30 days) | paroxetine hcl oral tablet 40 mg | 1 | MO; QLL (45 per 30 days) |
| ONFI ORAL TABLET 20 MG | 5 | PAR; MO; QLL (60 per 30 days) | paroxetine hcl oral tablet extended release 24 hr 12.5 mg | 4 | MO; QLL (180 per 30 days) |
| oxaprozin | 4 | MO | paroxetine hcl oral tablet extended release 24 hr 25 mg | 4 | MO; QLL (90 per 30 days) |
| oxazepam | 4 | MO; QLL (120 per 30 days) | paroxetine hcl oral tablet extended release 24 hr 37.5 mg | 4 | MO; QLL (60 per 30 days) |
| oxcarbazepine oral suspension | 4 | MO | PAXIL ORAL SUSPENSION | 4 | MO; QLL (900 per 30 days) |
| oxcarbazepine oral tablet 150 mg, 300 mg | 3 | MO | PEGANONE | 4 | MO |
| oxcarbazepine oral tablet 600 mg | 4 | MO | perphenazine | 4 | MO |
| oxycodone oral capsule | 4 | MO; QLL (180 per 30 days) | perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg | 4 | PAR; MO |
| oxycodone oral concentrate | 4 | MO; QLL (180 per 30 days) | perphenazine-amitriptyline oral tablet 4-25 mg | 3 | PAR; MO |
| oxycodone oral solution | 4 | MO; QLL (900 per 30 days) | PERSERIS | 5 | MO; QLL (1 per 28 days) |
| oxycodone oral tablet 10 mg, 5 mg | 3 | MO; QLL (180 per 30 days) | phenelzine | 3 | MO |
| oxycodone oral tablet 15 mg, 20 mg, 30 mg | 4 | MO; QLL (180 per 30 days) | phenobarbital oral elixir | 4 | PAR; MO; QLL (3000 per 30 days) |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg | 4 | MO; QLL (180 per 30 days) | phenobarbital oral tablet 100 mg | 2 | PAR; MO; QLL (120 per 30 days) |
| oxycodone-acetaminophen oral tablet 5-325 mg | 3 | MO; QLL (180 per 30 days) | phenobarbital oral tablet 15 mg | 2 | PAR; MO; QLL (800 per 30 days) |
| oxycodone-aspirin | 4 | MO; QLL (180 per 30 days) | phenobarbital oral tablet 16.2 mg | 2 | PAR; MO; QLL (741 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 | Drug Name | Drug Tier | Requirements /Limits |
|---|------------------|--------------------------------|--|------------------|--------------------------------|
| phenobarbital oral tablet 30 mg | 2 | PAR; MO; QLL (400 per 30 days) | PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG | 4 | MO; QLL (480 per 30 days) |
| phenobarbital oral tablet 32.4 mg | 2 | PAR; MO; QLL (370 per 30 days) | PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG | 4 | MO; QLL (240 per 30 days) |
| phenobarbital oral tablet 60 mg | 2 | PAR; MO; QLL (200 per 30 days) | protriptyline | 4 | PAR; MO |
| phenobarbital oral tablet 64.8 mg | 2 | PAR; MO; QLL (185 per 30 days) | pyridostigmine bromide oral syrup | 5 | MO |
| phenobarbital oral tablet 97.2 mg | 2 | PAR; MO; QLL (123 per 30 days) | PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG | 3 | MO |
| PHENYTEK | 4 | MO | pyridostigmine bromide oral tablet 60 mg | 3 | MO |
| phenytoin oral suspension 100 mg/4 ml | 3 | | pyridostigmine bromide oral tablet extended release | 3 | MO |
| phenytoin oral suspension 125 mg/5 ml | 3 | MO | quetiapine oral tablet 100 mg | 2 | MO; QLL (240 per 30 days) |
| phenytoin oral tablet, chewable | 3 | MO | quetiapine oral tablet 200 mg | 2 | MO; QLL (120 per 30 days) |
| phenytoin sodium extended | 2 | MO | quetiapine oral tablet 25 mg | 2 | MO; QLL (960 per 30 days) |
| phenytoin sodium intravenous solution | 4 | MO | quetiapine oral tablet 300 mg | 2 | MO; QLL (80 per 30 days) |
| pimozide | 3 | MO | quetiapine oral tablet 400 mg | 2 | MO; QLL (60 per 30 days) |
| piroxicam | 3 | MO | quetiapine oral tablet 50 mg | 2 | MO; QLL (480 per 30 days) |
| pramipexole oral tablet | 2 | MO | quetiapine oral tablet extended release 24 hr 150 mg | 4 | PAR; MO; QLL (150 per 30 days) |
| pregabalin oral capsule 100 mg | 4 | PAR; MO; QLL (180 per 30 days) | quetiapine oral tablet extended release 24 hr 200 mg | 4 | PAR; MO; QLL (120 per 30 days) |
| pregabalin oral capsule 150 mg | 4 | PAR; MO; QLL (120 per 30 days) | quetiapine oral tablet extended release 24 hr 300 mg | 4 | PAR; MO; QLL (80 per 30 days) |
| pregabalin oral capsule 200 mg | 4 | PAR; MO; QLL (90 per 30 days) | quetiapine oral tablet extended release 24 hr 400 mg | 4 | PAR; MO; QLL (60 per 30 days) |
| pregabalin oral capsule 225 mg, 300 mg | 4 | PAR; MO; QLL (60 per 30 days) | quetiapine oral tablet extended release 24 hr 50 mg | 4 | PAR; MO; QLL (480 per 30 days) |
| pregabalin oral capsule 25 mg | 4 | PAR; MO; QLL (720 per 30 days) | ramelteon | 3 | MO; QLL (30 per 30 days) |
| pregabalin oral capsule 50 mg | 4 | PAR; MO; QLL (360 per 30 days) | rasagiline | 3 | MO |
| pregabalin oral capsule 75 mg | 4 | PAR; MO; QLL (240 per 30 days) | | | |
| pregabalin oral solution | 4 | PAR; MO; QLL (900 per 30 days) | | | |
| primidone | 2 | MO | | | |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG | 4 | MO; QLL (120 per 30 days) | | | |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|---|------------------|-------------------------------|---|------------------|------------------------------------|
| RAZADYNE ORAL TABLET 4 MG | 4 | MO | <i>rivastigmine transdermal</i> | 4 | MO; QLL (30 per 30 days) |
| <i>regionol</i> | 4 | | <i>rizatriptan</i> | 4 | MO; QLL (12 per 30 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | 5 | PAR; MO; QLL (60 per 30 days) | <i>ropinirole oral tablet</i> | 2 | MO |
| REXULTI ORAL TABLET 3 MG, 4 MG | 5 | PAR; MO; QLL (30 per 30 days) | <i>ropinirole oral tablet extended release 24 hr</i> | 4 | MO |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML | 4 | MO; QLL (2 per 28 days) | <i>roweepra oral tablet 500 mg</i> | 2 | MO |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML | 5 | MO; QLL (2 per 28 days) | ROZEREM | 3 | MO; QLL (30 per 30 days) |
| <i>risperidone oral solution</i> | 3 | MO; QLL (480 per 30 days) | SABRIL ORAL POWDER IN PACKET | 4 | PAR; MO; LA; QLL (180 per 30 days) |
| <i>risperidone oral tablet 0.25 mg</i> | 2 | MO; QLL (1920 per 30 days) | SABRIL ORAL TABLET | 5 | PAR; MO; LA; QLL (180 per 30 days) |
| <i>risperidone oral tablet 0.5 mg</i> | 2 | MO; QLL (960 per 30 days) | SAPHRIS SUBLINGUAL TABLET 10 MG | 5 | MO; QLL (60 per 30 days) |
| <i>risperidone oral tablet 1 mg</i> | 2 | MO; QLL (480 per 30 days) | SAPHRIS SUBLINGUAL TABLET 2.5 MG | 4 | MO; QLL (240 per 30 days) |
| <i>risperidone oral tablet 2 mg</i> | 2 | MO; QLL (240 per 30 days) | SAPHRIS SUBLINGUAL TABLET 5 MG | 4 | MO; QLL (120 per 30 days) |
| <i>risperidone oral tablet 3 mg</i> | 2 | MO; QLL (150 per 30 days) | <i>selegiline hcl</i> | 3 | MO |
| <i>risperidone oral tablet 4 mg</i> | 2 | MO; QLL (120 per 30 days) | SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG | 4 | PAR; MO; QLL (150 per 30 days) |
| <i>risperidone oral tablet, disintegrating 0.25 mg</i> | 4 | MO; QLL (1920 per 30 days) | SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG | 4 | PAR; MO; QLL (120 per 30 days) |
| <i>risperidone oral tablet, disintegrating 0.5 mg</i> | 4 | MO; QLL (960 per 30 days) | SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG | 4 | PAR; MO; QLL (80 per 30 days) |
| <i>risperidone oral tablet, disintegrating 1 mg</i> | 4 | MO; QLL (480 per 30 days) | SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG | 5 | PAR; MO; QLL (60 per 30 days) |
| <i>risperidone oral tablet, disintegrating 2 mg</i> | 4 | MO; QLL (240 per 30 days) | SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG | 4 | PAR; MO; QLL (480 per 30 days) |
| <i>risperidone oral tablet, disintegrating 3 mg</i> | 4 | MO; QLL (150 per 30 days) | <i>sertraline oral concentrate</i> | 4 | MO; QLL (300 per 30 days) |
| <i>risperidone oral tablet, disintegrating 4 mg</i> | 4 | MO; QLL (120 per 30 days) | <i>sertraline oral tablet 100 mg</i> | 1 | MO; QLL (60 per 30 days) |
| <i>rivastigmine tartrate</i> | 4 | 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) |

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 |
|---|------------------|--------------------------------|--|------------------|---------------------------------|
| SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG | 4 | MO | tetrabenazine oral tablet 12.5 mg | 5 | PAR; MO; QLL (240 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG | 4 | PAR; MO; QLL (60 per 30 days) | tetrabenazine oral tablet 25 mg | 5 | PAR; MO; QLL (120 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 750 MG | 4 | PAR; MO; QLL (120 per 30 days) | thioridazine oral tablet 10 mg, 25 mg, 50 mg | 2 | ST; MO |
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG | 4 | PAR; MO; QLL (60 per 30 days) | thioridazine oral tablet 100 mg | 3 | ST; MO |
| STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG | 4 | PAR; MO; QLL (30 per 30 days) | thiothixene | 2 | MO |
| sulindac oral tablet 150 mg | 1 | MO | tiagabine | 4 | MO |
| sulindac oral tablet 200 mg | 2 | MO | tizanidine oral tablet | 2 | MO |
| sumatriptan nasal spray | 4 | MO | tolcapone | 5 | PAR; MO; QLL (180 per 30 days) |
| sumatriptan succinate oral | 2 | MO; QLL (9 per 30 days) | topiramate oral capsule, sprinkle | 4 | PAR; MO |
| sumatriptan succinate subcutaneous cartridge | 4 | MO | topiramate oral tablet 100 mg | 2 | PAR; MO; QLL (480 per 30 days) |
| sumatriptan succinate subcutaneous pen injector | 4 | MO | topiramate oral tablet 200 mg | 2 | PAR; MO; QLL (240 per 30 days) |
| sumatriptan succinate subcutaneous solution | 4 | MO | topiramate oral tablet 25 mg | 2 | PAR; MO; QLL (1920 per 30 days) |
| sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml | 4 | MO | topiramate oral tablet 50 mg | 2 | PAR; MO; QLL (960 per 30 days) |
| SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG | 4 | MO; QLL (30 per 30 days) | tramadol oral tablet | 3 | MO; QLL (240 per 30 days) |
| SYMBYAX ORAL CAPSULE 3-25 MG | 4 | MO; QLL (90 per 30 days) | tramadol-acetaminophen | 4 | MO; QLL (40 per 5 days) |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | 5 | PAR; MO; QLL (60 per 30 days) | tranylcypromine | 4 | MO |
| SYMPAZAN ORAL FILM 5 MG | 4 | PAR; MO; QLL (30 per 30 days) | trazodone oral tablet 100 mg, 150 mg, 50 mg | 1 | MO |
| TECFIDERA | 5 | PAR; MO; LA | trazodone oral tablet 300 mg | 4 | MO |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG | 4 | MO | trifluoperazine oral tablet 1 mg, 2 mg | 3 | MO |
| temazepam oral capsule 15 mg, 30 mg | 2 | MO; QLL (30 per 30 days) | trifluoperazine oral tablet 10 mg, 5 mg | 4 | MO |
| trihexyphenidyl | 2 | PAR; MO | trimipramine | 4 | PAR; MO |
| TRINTELLIX ORAL TABLET 10 MG | 4 | ST; MO; QLL (60 per 30 days) | TRINTELLIX ORAL TABLET 20 MG | 4 | ST; MO; QLL (30 per 30 days) |
| TRINTELLIX ORAL TABLET 5 MG | 4 | ST; MO; QLL (120 per 30 days) | TYSABRI | 5 | PAR; MO; LA |
| valproate sodium | 2 | MO | valproate sodium | 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 Requirements |
|---|--------------------------------------|
| | Tier /Limits |
| valproic acid | 3 MO |
| valproic acid (as sodium salt) | 2 MO |
| oral solution 250 mg/5 ml | |
| valproic acid (as sodium salt) | 2 |
| oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) | |
| venlafaxine oral capsule, extended release 24hr 150 mg | 2 MO; QLL (60 per 30 days) |
| venlafaxine oral capsule, extended release 24hr 37.5 mg | 2 MO; QLL (180 per 30 days) |
| venlafaxine oral capsule, extended release 24hr 75 mg | 2 MO; QLL (90 per 30 days) |
| venlafaxine oral tablet 100 mg | 3 MO; QLL (113 per 30 days) |
| venlafaxine oral tablet 25 mg | 3 MO; QLL (450 per 30 days) |
| venlafaxine oral tablet 37.5 mg | 3 MO; QLL (300 per 30 days) |
| venlafaxine oral tablet 50 mg | 3 MO; QLL (225 per 30 days) |
| venlafaxine oral tablet 75 mg | 3 MO; QLL (150 per 30 days) |
| venlafaxine oral tablet extended release 24hr 150 mg | 4 MO; QLL (60 per 30 days) |
| VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG | 4 MO; QLL (30 per 30 days) |
| venlafaxine oral tablet extended release 24hr 37.5 mg | 4 MO; QLL (180 per 30 days) |
| venlafaxine oral tablet extended release 24hr 75 mg | 4 MO; QLL (90 per 30 days) |
| VERSACLOZ | 4 QLL (600 per 30 days) |
| vigabatrin oral powder in packet | 5 PAR; MO; LA; QLL (180 per 30 days) |
| vigabatrin oral tablet | 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) |

| Drug Name | Drug Requirements |
|--|--------------------------------------|
| | Tier /Limits |
| 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) |
| zaleplon oral capsule 10 mg | 2 PAR; MO; QLL (60 per 30 days) |
| zaleplon oral capsule 5 mg | 2 PAR; MO; QLL (30 per 30 days) |
| ZARONTIN ORAL CAPSULE | 4 MO |
| zenzedi oral tablet 10 mg | 4 PAR; MO; QLL (180 per 30 days) |
| zenzedi oral tablet 5 mg | 4 PAR; MO; QLL (90 per 30 days) |

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 |
|---|------------------|-------------------------------|--|------------------|------------------------------|
| ziprasidone hcl oral capsule 20 mg | 4 | MO; QLL (240 per 30 days) | amiodarone oral tablet 100 mg, 200 mg | 2 | MO |
| ziprasidone hcl oral capsule 40 mg | 4 | MO; QLL (120 per 30 days) | amiodarone oral tablet 400 mg | 4 | MO |
| ziprasidone hcl oral capsule 60 mg, 80 mg | 4 | MO; QLL (60 per 30 days) | amlodipine besylate tablet | 1 | MO |
| zolpidem oral tablet | 2 | PAR; MO; QLL (30 per 30 days) | amlodipine-atorvastatin | 3 | MO |
| zolpidem oral tablet, ext release multiphase | 4 | PAR; MO; QLL (30 per 30 days) | amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg | 2 | MO |
| zonisamide oral capsule 100 mg, 50 mg | 3 | MO | amlodipine-benazepril oral capsule 2.5-10 mg | 3 | MO |
| zonisamide oral capsule 25 mg | 2 | MO | amlodipine-olmesartan | 3 | MO |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 4 | MO; QLL (2 per 28 days) | amlodipine-valsartan | 2 | MO |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG | 5 | MO; QLL (2 per 28 days) | amlodipine-valsartan-hydrochlorothiazide | 4 | MO |
| Cardiovascular, Hypertension / Lipids | | | aspirin-dipyridamole | 3 | ST; MO; QLL (60 per 30 days) |
| ACCUPRIL | 4 | MO | ATACAND | 4 | MO |
| ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG | 4 | MO | ATACAND HCT | 4 | MO |
| acebutolol | 2 | MO | atenolol | 1 | MO |
| ADALAT CC | 4 | MO | atenolol-chlorthalidone | 1 | MO |
| AGGRENOX | 4 | ST; MO; QLL (60 per 30 days) | atorvastatin | 6 | MO; CG |
| ALDACTAZIDE ORAL TABLET 25-25 MG | 4 | MO | AVALIDE | 4 | MO |
| aliskiren | 3 | MO | AVAPRO | 4 | MO |
| ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5 MG | 4 | MO | AZOR | 3 | MO |
| ALTOPREV | 4 | PAR; MO | benazepril | 6 | MO; CG |
| amiloride | 3 | MO | benazepril-hydrochlorothiazide | 6 | MO; CG |
| amiloride-hydrochlorothiazide | 1 | MO | BENICAR | 3 | MO |
| amiodarone intravenous solution | 4 | B/D PAR; MO | BENICAR HCT | 3 | MO |
| amiodarone intravenous syringe | 4 | B/D PAR | betaxolol oral | 2 | MO |
| | | | BIDIL | 3 | MO; QLL (180 per 30 days) |
| | | | bisoprolol fumarate | 2 | MO |
| | | | bisoprolol-hydrochlorothiazide | 1 | MO |
| | | | BRILINTA | 3 | MO; QLL (60 per 30 days) |
| | | | bumetanide injection | 3 | MO |
| | | | bumetanide oral tablet 0.5 mg, 1 mg | 2 | MO |
| | | | bumetanide oral tablet 2 mg | 3 | MO |
| | | | BYSTOLIC | 4 | ST; MO |
| | | | CALAN ORAL TABLET 120 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 Requirements | | Drug Name | Drug Requirements | |
|--|--------------------------|-------------------------------|---|--------------------------|---------------------------|
| | Tier | /Limits | | Tier | /Limits |
| CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG | 4 | MO | <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i> | 3 | MO |
| <i>candesartan</i> | 3 | MO | <i>digoxin oral tablet 125 mcg (0.125 mg)</i> | 2 | MO |
| <i>candesartan-hydrochlorothiazide</i> | 3 | MO | <i>digoxin oral tablet 250 mcg (0.25 mg)</i> | 2 | PAR; MO |
| <i>captopril</i> | 1 | MO | <i>dilt-xr</i> | 2 | MO |
| <i>captopril-hydrochlorothiazide</i> | 1 | MO | <i>diltiazem hcl intravenous</i> | 4 | |
| CARDIZEM LA | 4 | MO | <i>diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg</i> | 2 | |
| <i>cartia xt</i> | 2 | MO | <i>diltiazem hcl oral capsule, extended release 12 hr</i> | 3 | MO |
| <i>carvedilol</i> | 1 | MO | <i>diltiazem hcl oral capsule, extended release 24 hr</i> | 2 | MO |
| <i>chlorothiazide oral tablet 250 mg</i> | 1 | MO | <i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | 2 | MO |
| <i>chlorothiazide oral tablet 500 mg</i> | 2 | MO | <i>diltiazem hcl oral capsule, extended release 24hr 360 mg</i> | 4 | MO |
| <i>chlorothiazide sodium</i> | 4 | MO | <i>diltiazem hcl oral tablet</i> | 1 | MO |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 2 | MO | <i>DIOVAN HCT</i> | 4 | MO |
| <i>cholestyramine (with sugar)</i> | 2 | MO | <i>disopyramide phosphate oral capsule</i> | 4 | PAR; MO |
| <i>cholestyramine light</i> | 2 | MO | <i>dofetilide</i> | 4 | MO |
| <i>cilostazol</i> | 2 | MO | <i>doxazosin</i> | 2 | MO |
| <i>clonidine hcl oral tablet</i> | 1 | MO | <i>DYAZIDE</i> | 4 | MO |
| <i>clonidine transdermal patch</i> | 4 | MO; QLL (4 per 28 days) | <i>EFFIENT</i> | 3 | MO; QLL (30 per 30 days) |
| <i>clopidogrel oral tablet 300 mg</i> | 2 | MO; QLL (1 per 30 days) | <i>ELIQUIS ORAL TABLET 2.5 MG</i> | 3 | MO; QLL (60 per 30 days) |
| <i>clopidogrel oral tablet 75 mg</i> | 2 | MO; QLL (30 per 30 days) | <i>ELIQUIS ORAL TABLET 5 MG</i> | 3 | MO; QLL (74 per 30 days) |
| <i>colesevelam</i> | 3 | MO | <i>ELIQUIS ORAL TABLETS,DOSE PACK</i> | 3 | MO; QLL (74 per 180 days) |
| <i>colestipol</i> | 2 | MO | <i>enalapril maleate</i> | 6 | MO; CG |
| CORLANOR ORAL SOLUTION | 4 | PAR; QLL (560 per 28 days) | <i>enalapril-hydrochlorothiazide</i> | 6 | MO; CG |
| CORLANOR ORAL TABLET | 4 | PAR; MO; QLL (60 per 30 days) | <i>enoxaparin subcutaneous solution</i> | 4 | MO; QLL (84 per 28 days) |
| COUMADIN ORAL | 4 | MO | <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> | 4 | MO; QLL (28 per 28 days) |
| COZAAR | 4 | MO | | | |
| CRESTOR | 3 | MO | | | |
| DEMSER | 5 | MO | | | |
| <i>digitek oral tablet 125 mcg (0.125 mg)</i> | 2 | MO | | | |
| <i>digitek oral tablet 250 mcg (0.25 mg)</i> | 2 | PAR; MO | | | |
| <i>digox oral tablet 125 mcg (0.125 mg)</i> | 3 | MO | | | |
| <i>digoxin injection solution</i> | 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 | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|-----------------------------|--|------------------|-----------------------------|
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> | 4 | MO; QLL (22.4 per 28 days) | <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1 | MO |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> | 4 | MO; QLL (8.4 per 28 days) | <i>furosemide oral tablet</i> | 1 | MO |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> | 4 | MO; QLL (11.2 per 28 days) | <i>gemfibrozil</i> | 2 | MO |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> | 4 | MO; QLL (16.8 per 28 days) | <i>guanfacine oral tablet</i> | 2 | PAR; MO |
| <i>ENTRESTO</i> | 4 | PAR; MO | <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i> | 4 | |
| <i>eplerenone</i> | 4 | MO | <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>eprosartan</i> | 3 | MO | <i>heparin (porcine) in nacl (pf) injection cartridge</i> | 4 | B/D PAR; MO |
| <i>EXFORGE</i> | 4 | MO | <i>heparin (porcine) injection solution</i> | 3 | B/D PAR; MO |
| <i>EXFORGE HCT</i> | 4 | MO | <i>heparin (porcine) injection syringe 5,000 unit/ml</i> | 4 | MO |
| <i>ezetimibe</i> | 4 | MO | <i>HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML</i> | 4 | B/D PAR |
| <i>felodipine</i> | 2 | MO | <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i> | 4 | MO |
| <i>fenofibrate micronized oral capsule 130 mg</i> | 3 | MO | <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i> | 4 | B/D PAR; MO |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | 2 | MO | <i>heparin, porcine (pf) injection solution</i> | 4 | MO |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> | 2 | MO | <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | 4 | MO |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 2 | MO | <i>HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML</i> | 4 | |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i> | 3 | MO | <i>hydralazine injection</i> | 4 | MO |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i> | 2 | MO | <i>hydralazine oral</i> | 2 | MO |
| <i>flecainide</i> | 2 | MO | <i>hydrochlorothiazide</i> | 1 | 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) | | | |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> | 5 | MO; QLL (18 per 30 days) | | | |
| <i>fosinopril</i> | 6 | MO; CG | | | |
| <i>fosinopril-hydrochlorothiazide</i> | 1 | MO | | | |
| <i>furosemide injection</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 Requirements |
|--|-------------------------------------|
| | Tier /Limits |
| HYZAAR | 4 MO |
| indapamide | 1 MO |
| irbesartan | 6 MO; CG |
| irbesartan-hydrochlorothiazide | 1 MO |
| isosorbide dinitrate oral tablet | 3 MO |
| isosorbide dinitrate oral tablet extended release | 3 |
| isosorbide mononitrate | 2 MO |
| isradipine | 3 MO |
| jantoven | 1 MO |
| JUXTAPID | 5 PAR; MO; LA; QLL (30 per 30 days) |
| labetalol intravenous solution | 4 MO |
| labetalol oral tablet 100 mg, 200 mg | 2 MO |
| labetalol oral tablet 300 mg | 3 MO |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 62.5 MCG (0.0625 MG) | 3 MO |
| LIPITOR ORAL TABLET 10 MG | 4 MO |
| lisinopril | 6 MO; CG |
| lisinopril-hydrochlorothiazide | 6 MO; CG |
| LOPID | 4 MO |
| losartan | 6 MO; CG |
| losartan-hydrochlorothiazide | 6 MO; CG |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 4 MO |
| lovastatin | 6 MO; CG |
| matzim la | 4 MO |
| MAXZIDE | 4 MO |
| MAXZIDE-25MG | 4 MO |
| methyclothiazide | 3 MO |
| methyldopa | 2 PAR; MO |
| metolazone oral tablet 10 mg, 5 mg | 3 MO |
| metolazone oral tablet 2.5 mg | 2 MO |
| metoprolol succinate | 2 MO |
| metoprolol tartrate intravenous solution | 4 MO |
| metoprolol tartrate | 4 |
| intravenous syringe | |
| metoprolol tartrate oral | 1 MO |
| metoprolol tartrate-hydrochlorothiazide | 2 MO |
| mexiletine oral capsule 150 mg, 250 mg | 3 MO |
| mexiletine oral capsule 200 mg | 4 MO |
| MICARDIS | 4 MO |
| MICARDIS HCT | 4 MO |
| MICROZIDE | 4 MO |
| MINIPRESS ORAL CAPSULE 2 MG | 4 MO |
| minoxidil oral | 2 MO |
| moexitpril | 1 MO |
| MULTAQ | 4 MO; QLL (60 per 30 days) |
| nadolol oral tablet 20 mg, 40 mg | 3 MO |
| nadolol oral tablet 80 mg | 4 MO |
| nadolol-bendroflumethiazide oral tablet 40-5 mg | 3 |
| nadolol-bendroflumethiazide oral tablet 80-5 mg | 3 MO |
| niacin oral tablet 500 mg | 2 MO |
| niacin oral tablet extended release 24 hr | 4 MO |
| NIACOR | 2 MO |
| nicardipine intravenous solution | 4 MO |
| nicardipine oral | 2 MO |
| nifedipine oral tablet extended release | 2 MO |
| nifedipine oral tablet extended release 24hr | 2 MO |
| nimodipine | 4 MO |
| nitro-bid | 3 MO |
| nitroglycerin intravenous | 4 B/D PAR |
| nitroglycerin sublingual | 3 MO |
| nitroglycerin transdermal patch 24 hour | 2 MO |
| nitroglycerin translingual spray, non-aerosol | 4 MO |
| NITROSTAT | 3 MO |

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 Requirements |
|--|-------------------------------------|
| | Tier /Limits |
| NORPACE | 4 PAR; MO |
| NORVASC | 4 MO |
| <i>olmesartan</i> | 3 MO |
| <i>olmesartanamlodipinehydrochlorothiazide</i> | 3 MO |
| <i>olmesartanhydrochlorothiazide</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 oral tablet 10 mg</i> | 3 MO |
| <i>pindolol oral tablet 5 mg</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> | 6 MO; CG |
| <i>prazosin</i> | 2 MO |
| <i>prevalite</i> | 2 MO |
| PRINVIL 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 Requirements |
| | Tier /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 150 mg</i> | 2 MO |
| <i>propafenone oral tablet 225 mg</i> | 3 MO |
| <i>propafenone oral tablet 300 mg</i> | 4 MO |
| <i>propranolol intravenous</i> | 4 |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg</i> | 3 MO |
| <i>propranolol oral capsule, extended release 24 hr 60 mg, 80 mg</i> | 2 MO |
| <i>propranolol oral solution</i> | 2 MO |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | 1 MO |
| <i>propranolol oral tablet 60 mg</i> | 2 MO |
| <i>propranololhydrochlorothiazide</i> | 2 MO |
| <i>quinapril</i> | 6 MO; CG |
| <i>quinaprilhydrochlorothiazide</i> | 1 MO |
| <i>quinidine sulfate oral tablet</i> | 2 MO |
| <i>ramipril</i> | 6 MO; CG |
| 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> | 6 MO; CG |
| <i>simvastatin</i> | 6 MO; CG |
| <i>sorine oral tablet 120 mg, 160 mg</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 Requirements |
|--|---|
| | Tier /Limits |
| sorine oral tablet 240 mg | 2 |
| sorine oral tablet 80 mg | 1 MO |
| sotalol af oral tablet 120 mg, 160 mg | 2 MO |
| sotalol af oral tablet 80 mg | 1 MO |
| sotalol oral tablet 120 mg, 160 mg, 240 mg | 2 MO |
| sotalol oral tablet 80 mg | 1 MO |
| spironolactone | 1 MO |
| spironolactone- hydrochlorothiazide | 2 MO |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG | 5 MO |
| taztia xt | 2 MO |
| TEKTURNA | 3 MO |
| TEKTURNA HCT | 3 MO |
| telmisartan | 3 MO |
| telmisartan-amlodipine | 3 MO |
| telmisartan- hydrochlorothiazide | 3 MO |
| TENORETIC 100 | 4 MO |
| TENORETIC 50 | 4 MO |
| terazosin capsule | 1 MO |
| TIAZAC | 4 MO |
| TIKOSYN | 4 MO |
| timolol maleate oral tablet 10 mg, 5 mg | 2 MO |
| timolol maleate oral tablet 20 mg | 3 MO |
| TOPROL XL | 4 MO |
| torsemide oral | 2 MO |
| trandolapril | 6 MO; CG |
| trandolapril-verapamil | 4 MO |
| treprostин sodium | 5 PAR; MO |
| triамтерене- hydrochlorothiazide oral capsule 37.5-25 mg | 1 MO |
| triамтерене- hydrochlorothiazide oral tablet | 1 MO |
| TRIBENZOR | 3 MO |
| TRICOR ORAL TABLET 48 MG | 4 MO |
| TRILPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 MG | 4 MO |
| TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG | 4 MO |
| UPTRAVI ORAL TABLET | 5 PAR; MO; LA; QLL (60 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK | 5 PAR; MO; LA; QLL (400 per 365 days) |
| valsartan | 1 MO |
| valsartan-hydrochlorothiazide | 6 MO; CG |
| VASCEPA | 4 MO |
| VASERETIC | 4 MO |
| VASOTEC ORAL TABLET 2.5 MG | 4 MO |
| VECAMYL | 4 |
| verapamil intravenous solution | 2 MO |
| verapamil intravenous syringe | 4 |
| verapamil oral capsule, 24 hr er pellet ct | 2 MO |
| verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg | 2 MO |
| verapamil oral capsule,ext rel. pellets 24 hr 360 mg | 3 MO |
| verapamil oral tablet | 1 MO |
| verapamil oral tablet extended release 120 mg | 2 MO |
| verapamil oral tablet extended release 180 mg, 240 mg | 1 MO |
| warfarin | 1 MO |
| 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 |

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 |
|--|------------------|-------------------------------|---|------------------|-----------------------------|
| ZESTRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | 4 | MO | <i>calcipotriene scalp</i> | 4 | MO; QLL (60 per 30 days) |
| ZETIA | 4 | MO | <i>calcipotriene topical</i> | 4 | MO; QLL (120 per 30 days) |
| ZOCOR ORAL TABLET 10 MG | 4 | MO | <i>calcitriol topical</i> | 4 | MO |
| Dermatologicals/Topical Therapy | | | <i>cyclodan topical solution</i> | 3 | MO |
| <i>acitretin oral capsule 10 mg</i> | 4 | MO | <i>ciclopirox topical cream</i> | 3 | MO |
| <i>acitretin oral capsule 17.5 mg, 25 mg</i> | 5 | MO | <i>ciclopirox topical gel</i> | 4 | MO |
| <i>acyclovir topical ointment</i> | 4 | MO; QLL (30 per 30 days) | <i>ciclopirox topical shampoo</i> | 4 | MO |
| <i>adapalene topical cream</i> | 4 | MO | <i>ciclopirox topical solution</i> | 2 | MO |
| <i>adapalene topical gel 0.1 %</i> | 4 | MO | <i>ciclopirox topical suspension</i> | 3 | MO |
| <i>ala-cort topical cream 2.5 %</i> | 1 | MO | <i>claravis</i> | 4 | MO |
| <i>alclometasone topical cream</i> | 4 | MO | <i>clindamycin phosphate topical gel</i> | 3 | MO |
| <i>alclometasone topical ointment</i> | 3 | MO | <i>clindamycin phosphate topical lotion</i> | 3 | MO |
| <i>amcinonide topical cream</i> | 4 | MO | <i>clindamycin phosphate topical solution</i> | 3 | MO |
| <i>amcinonide topical lotion</i> | 4 | MO | <i>clindamycin phosphate topical swab</i> | 2 | MO |
| <i>amcinonide topical ointment</i> | 4 | | <i>clindamycin-benzoyl peroxide topical gel</i> | 4 | MO |
| <i>ammonium lactate</i> | 2 | MO | <i>clobetasol scalp</i> | 2 | MO |
| <i>avita topical cream</i> | 4 | PAR; MO; QLL (45 per 30 days) | <i>clobetasol topical cream</i> | 2 | MO; QLL (120 per 30 days) |
| <i>betamethasone dipropionate topical cream</i> | 4 | MO | <i>clobetasol topical foam</i> | 4 | MO; QLL (100 per 30 days) |
| <i>betamethasone dipropionate topical lotion</i> | 3 | MO | <i>clobetasol topical gel</i> | 2 | MO |
| <i>betamethasone dipropionate topical ointment</i> | 4 | MO | <i>clobetasol topical lotion</i> | 4 | MO |
| <i>betamethasone valerate topical cream</i> | 2 | MO | <i>clobetasol topical ointment</i> | 3 | MO; QLL (120 per 30 days) |
| <i>betamethasone valerate topical lotion</i> | 4 | MO | <i>clobetasol topical shampoo</i> | 4 | MO |
| <i>betamethasone valerate topical ointment</i> | 3 | MO | <i>clobetasol-emollient topical cream</i> | 3 | MO; QLL (120 per 30 days) |
| <i>betamethasone, augmented topical cream</i> | 2 | MO | <i>clobetasol-emollient topical foam</i> | 4 | MO; QLL (100 per 30 days) |
| <i>betamethasone, augmented topical gel</i> | 4 | MO | CLOBEX TOPICAL LOTION | 5 | MO |
| <i>betamethasone, augmented topical lotion</i> | 4 | MO | <i>clotrimazole topical cream</i> | 3 | MO |
| <i>betamethasone, augmented topical ointment</i> | 4 | MO | <i>clotrimazole topical solution</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 | Drug Name | Drug Tier | Requirements /Limits |
|---|------------------|--------------------------------|--|------------------|-----------------------------|
| DENAVIR | 5 | MO; QLL (5 per 30 days) | FLUOCINONIDE- | 2 | MO; QLL (240 per 30 days) |
| <i>desonide</i> | 4 | MO | EMOLlient | | |
| <i>desoximetasone topical cream</i> | 4 | MO | <i>fluorouracil topical cream 5 %</i> | 3 | MO |
| <i>desoximetasone topical gel</i> | 4 | MO | <i>fluorouracil topical solution</i> | 2 | MO |
| <i>desoximetasone topical ointment 0.25 %</i> | 4 | MO | <i>fluticasone propionate topical cream</i> | 3 | MO |
| <i>diclofenac sodium topical gel 3 %</i> | 5 | PAR; MO; QLL (100 per 30 days) | <i>fluticasone propionate topical lotion</i> | 4 | MO |
| <i>diflorasone</i> | 4 | MO | <i>fluticasone propionate topical ointment</i> | 3 | MO |
| <i>econazole</i> | 2 | MO | <i>gentamicin topical</i> | 3 | MO |
| ELIDEL | 4 | PAR; MO; QLL (100 per 90 days) | <i>halcinonide</i> | 4 | MO |
| <i>ery pads</i> | 3 | MO | <i>halobetasol propionate topical cream</i> | 4 | MO |
| <i>erythromycin with ethanol topical gel</i> | 2 | MO | <i>halobetasol propionate topical ointment</i> | 4 | MO |
| <i>erythromycin with ethanol topical solution</i> | 2 | MO | HALOG TOPICAL CREAM | 5 | MO |
| <i>erythromycin-benzoyl peroxide</i> | 3 | MO | HALOG TOPICAL OINTMENT | 4 | MO |
| EXELDERM | 4 | MO | <i>hydrocortisone butyrate topical cream</i> | 2 | MO |
| <i>fluocinolone and shower cap</i> | 4 | MO; QLL (120 per 30 days) | <i>hydrocortisone butyrate topical ointment</i> | 4 | MO |
| <i>fluocinolone topical cream 0.01 %</i> | 4 | MO | <i>hydrocortisone butyrate topical solution</i> | 2 | MO |
| <i>fluocinolone topical cream 0.025 %</i> | 4 | MO; QLL (120 per 30 days) | <i>hydrocortisone topical cream 1 %, 2.5 %</i> | 1 | MO |
| <i>fluocinolone topical oil</i> | 4 | MO; QLL (120 per 30 days) | <i>hydrocortisone topical lotion 2.5 %</i> | 3 | MO |
| <i>fluocinolone topical ointment</i> | 4 | MO; QLL (120 per 30 days) | <i>hydrocortisone topical ointment 1 %, 2.5 %</i> | 1 | MO |
| <i>fluocinolone topical solution</i> | 4 | MO; QLL (120 per 30 days) | <i>hydrocortisone valerate</i> | 4 | MO |
| <i>fluocinonide topical cream 0.05 %</i> | 2 | MO; QLL (240 per 30 days) | <i>imiquimod topical cream in packet</i> | 4 | MO |
| <i>fluocinonide topical cream 0.1 %</i> | 5 | MO; QLL (120 per 30 days) | <i>ketoconazole topical cream</i> | 3 | MO |
| <i>fluocinonide topical gel</i> | 3 | MO; QLL (240 per 30 days) | <i>ketoconazole topical shampoo</i> | 2 | MO |
| <i>fluocinonide topical ointment</i> | 3 | MO; QLL (240 per 30 days) | <i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i> | 4 | MO |
| <i>fluocinonide topical solution</i> | 4 | MO; QLL (240 per 30 days) | <i>lidocaine hcl injection solution 20 mg/ml (2 %)</i> | 3 | MO |
| <i>fluocinonide-e</i> | 2 | MO; QLL (240 per 30 days) | <i>lidocaine hcl laryngotracheal</i> | 2 | MO; QLL (300 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 | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|--------------------------------|---|------------------|--------------------------------|
| <i>lidocaine hcl mucous membrane jelly</i> | 2 | PAR; MO | SILVADENE | 3 | MO |
| <i>lidocaine hcl mucous membrane jelly in applicator</i> | 2 | MO | <i>silver sulfadiazine</i> | 3 | MO |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 2 | PAR; MO; QLL (300 per 30 days) | <i>ssd</i> | 3 | MO |
| <i>lidocaine topical adhesive patch, medicated</i> | 4 | PAR; MO; QLL (90 per 30 days) | STELARA | 5 | PAR; MO; QLL (1 per 28 days) |
| <i>lidocaine topical ointment</i> | 4 | PAR; MO; QLL (150 per 30 days) | SUBCUTANEOUS SYRINGE | | |
| <i>lidocaine viscous</i> | 2 | PAR; MO | <i>sulfacetamide sodium (acne)</i> | 4 | MO |
| <i>lidocaine-prilocaine topical cream</i> | 4 | MO; QLL (30 per 30 days) | SULFAMYLYON TOPICAL CREAM | 4 | MO |
| <i>lindane topical shampoo</i> | 4 | MO | <i>tacrolimus topical</i> | 4 | PAR; MO; QLL (100 per 90 days) |
| <i>malathion</i> | 4 | MO | TALTZ SYRINGE | 5 | PAR; MO |
| <i>methoxsalen</i> | 5 | PAR; MO | <i>tazarotene</i> | 4 | PAR; MO |
| <i>metronidazole topical cream</i> | 4 | MO | TAZORAC | 4 | PAR; MO |
| <i>metronidazole topical gel 0.75 %</i> | 3 | MO | TEMOVATE TOPICAL CREAM | 5 | MO; QLL (120 per 30 days) |
| <i>metronidazole topical gel 1 %</i> | 4 | MO | TEMOVATE TOPICAL OINTMENT | 4 | MO; QLL (120 per 30 days) |
| <i>metronidazole topical lotion</i> | 4 | MO | <i>tretinooin topical cream</i> | 3 | PAR; MO; QLL (45 per 30 days) |
| <i>mometasone topical</i> | 2 | MO | <i>tretinooin topical gel 0.01 %, 0.025 %</i> | 3 | PAR; MO; QLL (45 per 30 days) |
| <i>mupirocin topical cream</i> | 4 | MO | triamcinolone acetonide <i>topical cream 0.025 %</i> | 1 | MO |
| <i>mupirocin topical ointment</i> | 2 | MO | triamcinolone acetonide <i>topical cream 0.1 %, 0.5 %</i> | 2 | MO |
| <i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i> | 4 | MO | triamcinolone acetonide <i>topical lotion</i> | 3 | MO |
| <i>nyamyc</i> | 3 | MO | triamcinolone acetonide <i>topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 2 | MO |
| <i>nystatin topical cream</i> | 2 | MO | trianex | 5 | MO |
| <i>nystatin topical ointment</i> | 2 | MO | triderm topical cream | 1 | MO |
| <i>nystatin topical powder</i> | 3 | MO | UVADEX | 4 | B/D PAR |
| <i>nystatin-triamcinolone</i> | 4 | MO | VALCHLOR | 5 | PAR; MO |
| <i>nystop</i> | 3 | MO | <i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i> | 4 | MO |
| PANRETIN | 5 | MO | <i>zenatane oral capsule 30 mg</i> | 3 | MO |
| <i>permethrin topical cream</i> | 3 | MO | Diagnostics / Miscellaneous Agents | | |
| PICATO | 5 | MO | acamprosate | 4 | MO; QLL (180 per 30 days) |
| <i>pimecrolimus</i> | 4 | PAR; MO; QLL (100 per 90 days) | <i>acetic acid irrigation</i> | 2 | MO |
| <i>podofilox</i> | 4 | MO | <i>acetylcysteine intravenous</i> | 2 | MO |
| <i>prednicarbate</i> | 4 | MO | <i>alendronate oral tablet 40 mg</i> | 6 | MO; CG; QLL (30 per 30 days) |
| <i>rosadan topical cream</i> | 2 | MO | | | |
| <i>rosadan topical gel</i> | 2 | MO | | | |
| SANTYL | 4 | MO; QLL (30 per 30 days) | | | |
| <i>selenium sulfide topical lotion</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 Requirements | | Drug Name | Drug Requirements | |
|---------------------------------------|--------------------------|---------------------------------|--|--------------------------|--------------------------------|
| | Tier | /Limits | | Tier | /Limits |
| <i>anagrelide</i> | 3 | MO | <i>dextrose 5%-0.2 % sod chloride</i> | 4 | |
| ARALAST NP | 5 | PAR; MO; LA | <i>dextrose 5%-0.3 % sod.chloride</i> | 4 | |
| BUPHENYL ORAL TABLET | 5 | PAR; MO | <i>dextrose 50 % in water (d50w)</i> | 4 | MO |
| <i>bupropion hcl (smoking deter)</i> | 2 | MO; QLL (60 per 30 days) | <i>dextrose 70 % in water (d70w)</i> | 4 | MO |
| CARBAGLU | 5 | PAR; MO; LA | <i>dextrose with sodium chloride</i> | 4 | |
| <i>cevimeline</i> | 4 | MO | <i>disulfiram</i> | 4 | MO |
| CHANTIX | 4 | PAR; MO; QLL (60 per 30 days) | <i>etidronate disodium oral tablet 400 mg</i> | 5 | MO |
| CHANTIX CONTINUING MONTH BOX | 4 | PAR; MO; QLL (56 per 28 days) | <i>EXJADE</i> | 5 | PAR; MO; LA |
| CHANTIX STARTING MONTH BOX | 4 | PAR; MO; QLL (106 per 365 days) | <i>INCRELEX</i> | 5 | PAR; MO; LA |
| CLINIMIX 4.25%/D5W | 4 | B/D PAR | <i>kionex (with sorbitol)</i> | 3 | MO |
| SULFIT FREE | | | <i>lactated ringers irrigation</i> | 4 | MO |
| CLINIMIX E 2.75%/D5W | 4 | B/D PAR | <i>levocarnitine (with sugar)</i> | 3 | B/D PAR; MO |
| SULF FREE | | | <i>levocarnitine oral tablet</i> | 3 | MO |
| CLINIMIX N9G20E 2.75%-D10W(SF) | 4 | B/D PAR | <i>midodrine</i> | 4 | MO |
| <i>d10 %-0.45 % sodium chloride</i> | 4 | | <i>neomycin-polymyxin b gu irrigation solution</i> | 4 | MO |
| <i>d2.5 %-0.45 % sodium chloride</i> | 4 | | <i>NICOTROL NS</i> | 3 | MO; QLL (120 per 30 days) |
| <i>d5 % and 0.9 % sodium chloride</i> | 3 | MO | <i>nitisinone</i> | 5 | PAR; MO |
| <i>d5 %-0.45 % sodium chloride</i> | 3 | MO | <i>NORTHERA ORAL CAPSULE 100 MG</i> | 5 | PAR; MO; QLL (540 per 30 days) |
| <i>deferasirox</i> | 5 | PAR; MO | <i>NORTHERA ORAL CAPSULE 200 MG</i> | 5 | PAR; MO; QLL (270 per 30 days) |
| <i>dextrose 10 % and 0.2 % nacl</i> | 4 | | <i>NORTHERA ORAL CAPSULE 300 MG</i> | 5 | PAR; MO; QLL (180 per 30 days) |
| <i>dextrose 10 % in water (d10w)</i> | 4 | MO | <i>ORFADIN</i> | 5 | PAR; MO; LA |
| <i>dextrose 20 % in water (d20w)</i> | 4 | | <i>PHYSIOLYTE</i> | 4 | |
| <i>dextrose 25 % in water (d25w)</i> | 4 | | <i>PHYSIOSOL IRRIGATION</i> | 4 | |
| <i>dextrose 30 % in water (d30w)</i> | 4 | | <i>pilocarpine hcl oral</i> | 4 | MO |
| <i>dextrose 40 % in water (d40w)</i> | 4 | | <i>PROLASTIN-C INTRAVENOUS RECON SOLN</i> | 5 | PAR; LA |
| <i>dextrose 5 % in water (d5w)</i> | 4 | MO | <i>PROLASTIN-C INTRAVENOUS SOLUTION</i> | 5 | PAR; MO |
| <i>dextrose 5 %-lactated ringers</i> | 3 | MO | <i>RAVICTI</i> | 5 | PAR; MO; QLL (525 per 30 days) |
| | | | <i>RENVELA ORAL TABLET</i> | 5 | MO; QLL (540 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 | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|------------------------------|----------------------------------|------------------|-----------------------------|
| riluzole | 4 | MO | ipratropium bromide nasal | 2 | MO; QLL (30 per 30 days) |
| ringer's irrigation | 4 | MO | neomycin-polymyxin-hc otic (ear) | 2 | MO |
| risedronate oral tablet 30 mg | 4 | ST; MO; QLL (30 per 30 days) | ofloxacin otic (ear) | 2 | MO |
| sevelamer carbonate oral powder in packet 0.8 gram | 5 | MO; QLL (540 per 30 days) | paroex oral rinse | 1 | MO |
| sevelamer carbonate oral powder in packet 2.4 gram | 5 | MO; QLL (180 per 30 days) | periogard | 1 | MO |
| sevelamer carbonate oral tablet | 3 | MO; QLL (540 per 30 days) | sf 5000 plus | 2 | MO |
| sodium chloride 0.9 % intravenous | 3 | MO | sodium fluoride 5000 plus | 2 | |
| sodium chloride irrigation | 3 | MO | triamcinolone acetonide dental | 3 | MO |
| sodium phenylbutyrate | 5 | PAR; MO | | | |
| sodium polystyrene sulfonate oral | 4 | MO | | | |
| sodium polystyrene sulfonate rectal enema 30 gram/120 ml | 4 | | | | |
| SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML | 4 | | | | |
| sps (with sorbitol) oral | 4 | MO | | | |
| sps (with sorbitol) rectal | 4 | | | | |
| SYPRINE | 5 | MO | | | |
| THIOLA | 5 | PAR; MO | | | |
| trientine | 5 | MO | | | |
| water for irrigation, sterile | 3 | MO | | | |
| zoledronic acid-mannitol-water 5 mg/100 ml | 4 | PAR; MO | | | |
| | | | | | |
| Ear, Nose / Throat Medications | | | | | |
| acetic acid otic (ear) | 1 | MO | | | |
| azelastine nasal aerosol,spray | 3 | MO; QLL (30 per 25 days) | | | |
| azelastine nasal spray,non-aerosol | 4 | MO; QLL (30 per 25 days) | | | |
| chlorhexidine gluconate mucous membrane | 1 | MO | | | |
| CIPRODEX | 3 | MO | | | |
| COLY-MYCIN S | 4 | MO | | | |
| denta 5000 plus | 2 | MO | | | |
| dentagel | 2 | MO | | | |
| fluocinolone acetonide oil otic (ear) | 4 | MO | | | |
| hydrocortisone-acetic acid | 4 | MO | | | |

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| Drug Name | Drug Requirements |
|---|--------------------------------------|
| | Tier /Limits |
| armour thyroid | 2 PAR; MO |
| AVANDIA ORAL TABLET 2 MG | 4 PAR; MO; QLL (120 per 30 days) |
| AVANDIA ORAL TABLET 4 MG | 4 PAR; MO; QLL (60 per 30 days) |
| BYDUREON 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) |
| cabergoline | 3 MO |
| calcitonin (salmon) | 3 MO; QLL (4 per 30 days) |
| calcitriol intravenous solution 1 mcg/ml | 4 MO |
| calcitriol oral capsule | 2 MO |
| calcitriol oral solution | 3 B/D PAR; MO |
| CERDELGA | 5 PAR; MO |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | 5 PAR; MO |
| cinacalcet oral tablet 30 mg. 60 mg | 5 B/D PAR; MO; QLL (60 per 30 days) |
| cinacalcet oral tablet 90 mg | 5 B/D PAR; MO; QLL (120 per 30 days) |
| cortisone | 4 MO |
| CYCLOSET | 4 ST; MO; QLL (180 per 30 days) |
| CYTOMEL | 4 MO |
| danazol | 3 MO |
| desmopressin injection | 4 MO |
| desmopressin nasal spray with pump | 4 MO |
| desmopressin nasal spray, non-aerosol | 4 MO |
| desmopressin oral | 4 MO |
| dexamethasone intensol | 4 MO |
| dexamethasone oral elixir | 4 MO |
| dexamethasone oral solution | 4 MO |
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg | 1 MO |
| dexamethasone oral tablet 2 mg, 4 mg, 6 mg | 2 MO |
| dexamethasone sodium phos (pf) | 4 MO |
| dexamethasone sodium phosphate injection solution | 3 MO |
| dexamethasone sodium phosphate injection syringe | 4 MO |
| doxercalciferol intravenous | 4 B/D PAR; MO |
| doxercalciferol oral capsule 0.5 mcg | 5 MO |
| doxercalciferol oral capsule 1 mcg | 5 MO |
| DUETACT ORAL TABLET 30-4 MG | 4 MO; QLL (30 per 30 days) |
| ELAPRASE | 5 PAR; MO |
| FABRAZYME | 5 PAR; MO |
| fludrocortisone | 3 MO |
| gauze pads 2 x 2 | 1 MO; QLL (200 per 30 days) |
| glimepiride oral tablet 1 mg | 6 MO; CG; QLL (240 per 30 days) |
| glimepiride oral tablet 2 mg | 6 MO; CG; QLL (120 per 30 days) |
| glimepiride oral tablet 4 mg | 6 MO; CG; QLL (60 per 30 days) |
| glipizide oral tablet 10 mg | 6 MO; CG; QLL (120 per 30 days) |
| glipizide oral tablet 5 mg | 6 MO; CG; QLL (240 per 30 days) |
| glipizide oral tablet extended release 24hr 10 mg | 6 MO; CG; QLL (60 per 30 days) |
| glipizide oral tablet extended release 24hr 2.5 mg | 6 MO; CG; QLL (240 per 30 days) |
| glipizide oral tablet extended release 24hr 5 mg | 6 MO; CG; QLL (120 per 30 days) |

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 |
|---|------------------|-----------------------------------|--|------------------|-----------------------------------|
| glipizide-metformin oral tablet 2.5-250 mg | 6 | MO; CG; QLL (240 per 30 days) | glyburide oral tablet 1.25 mg | 2 | PAR; MO; QLL (480 per 30 days) |
| glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg | 6 | MO; CG; QLL (120 per 30 days) | glyburide oral tablet 2.5 mg | 2 | PAR; MO; QLL (240 per 30 days) |
| GLUCAGEN HYPOKIT | 3 | MO | glyburide oral tablet 5 mg | 2 | PAR; MO; QLL (120 per 30 days) |
| GLUCAGON | 4 | MO | glyburide-metformin oral tablet 1.25-250 mg | 2 | PAR; MO; QLL (240 per 30 days) |
| EMERGENCY KIT (HUMAN) | | | glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg | 2 | PAR; MO; QLL (120 per 30 days) |
| GLUCOPHAGE ORAL TABLET 1,000 MG | 4 | MO; QLL (60 per 30 days) | GLYSET ORAL TABLET | 4 | MO; QLL (90 per 100 MG) |
| GLUCOPHAGE ORAL TABLET 500 MG | 4 | MO; QLL (150 per 30 days) | GLYSET ORAL TABLET | 4 | MO; QLL (360 per 25 MG) |
| GLUCOPHAGE ORAL TABLET 850 MG | 4 | MO; QLL (90 per 30 days) | GLYSET ORAL TABLET | 4 | MO; QLL (180 per 50 MG) |
| GLUCOPHAGE XR ORAL TABLET | 4 | MO; QLL (120 per 30 days) | HUMALOG JUNIOR | 3 | MO |
| EXTENDED RELEASE 24 HR 500 MG | | | KWIKPEN U-100 | | |
| GLUCOPHAGE XR ORAL TABLET | 4 | MO; QLL (60 per 30 days) | HUMALOG KWIKPEN | 3 | MO |
| EXTENDED RELEASE 24 HR 750 MG | | | INSULIN | | |
| GLUCOTROL ORAL TABLET 10 MG | 4 | MO; QLL (120 per 30 days) | HUMALOG MIX 50-50 INSULN U-100 | 3 | MO |
| GLUCOTROL ORAL TABLET 5 MG | 4 | MO; QLL (240 per 30 days) | HUMALOG MIX 50-50 KWIKPEN | 3 | MO |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG | 4 | MO; QLL (60 per 30 days) | HUMALOG MIX 75-25 KWIKPEN | 3 | MO |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG | 4 | MO; QLL (240 per 30 days) | HUMALOG MIX 75-25(U-100)INSULN | 3 | MO |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG | 4 | MO; QLL (120 per 30 days) | HUMALOG U-100 INSULIN | 3 | MO |
| GLUMETZA ORAL TABLET,ER | 5 | MO; QLL (120 per 30 days) | HUMULIN 70/30 U-100 INSULIN | 3 | MO |
| GAST.RETENTION 24 HR 500 MG | | | HUMULIN 70/30 U-100 KWIKPEN | 3 | MO |
| glyburide micronized oral tablet 1.5 mg | 2 | PAR; MO; QLL (240 per 30 days) | HUMULIN N NPH INSULIN KWIKPEN | 3 | MO |
| glyburide micronized oral tablet 3 mg | 2 | PAR; MO; QLL (120 per 30 days) | HUMULIN N NPH U-100 INSULIN | 3 | MO |
| glyburide micronized oral tablet 6 mg | 2 | PAR; MO; QLL (60 per 30 days) | HUMULIN R REGULAR U-100 INSULN | 3 | MO |
| | | | HUMULIN R U-500 (CONC) INSULIN | 5 | PAR; MO |
| | | | HUMULIN R U-500 (CONC) KWIKPEN | 5 | PAR; MO |
| | | | hydrocortisone oral tablet 10 mg, 5 mg | 3 | MO |

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

| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|-----------------------------|---|------------------|-------------------------------|
| hydrocortisone oral tablet 20 mg | 2 | MO | levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | 3 | MO |
| INSULIN LISPRO | 3 | MO | liothyronine intravenous | 5 | MO |
| insulin pen needle | 2 | MO; QLL (200 per 30 days) | liothyronine oral | 2 | MO |
| insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml | 2 | MO; QLL (200 per 30 days) | metformin oral tablet 1,000 mg | 6 | MO; CG; QLL (60 per 30 days) |
| JANUMET | 3 | MO; QLL (60 per 30 days) | metformin oral tablet 500 mg | 6 | MO; CG; QLL (150 per 30 days) |
| JANUMET XR ORAL TABLET, ER | 3 | MO; QLL (30 per 30 days) | metformin oral tablet 850 mg | 6 | MO; CG; QLL (90 per 30 days) |
| MULTIPHASE 24 HR 100-1,000 MG | | | metformin oral tablet extended release 24 hr 500 mg | 6 | MO; CG; QLL (120 per 30 days) |
| JANUMET XR ORAL TABLET, ER | 3 | MO; QLL (60 per 30 days) | metformin oral tablet extended release 24 hr 750 mg | 6 | MO; CG; QLL (60 per 30 days) |
| MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | | | metformin oral tablet extended release 24 hrs osm-tab 500mg | 4 | MO; QLL (150 per 30 days) |
| JANUVIA ORAL TABLET 100 MG | 3 | MO; QLL (30 per 30 days) | metformin oral tablet extended release 24hr 1,000 mg | 4 | MO; QLL (60 per 30 days) |
| JANUVIA ORAL TABLET 25 MG | 3 | MO; QLL (120 per 30 days) | metformin oral tablet,er gast.retention 24 hr 1,000 mg | 5 | MO; QLL (60 per 30 days) |
| JANUVIA ORAL TABLET 50 MG | 3 | MO; QLL (60 per 30 days) | metformin oral tablet,er gast.retention 24 hr 500 mg | 5 | MO; QLL (120 per 30 days) |
| JARDIANCE | 3 | MO; QLL (30 per 30 days) | methimazole oral tablet 10 mg, 5 mg | 2 | MO |
| JENTADUETO | 3 | MO; QLL (60 per 30 days) | methylpred dp | 3 | |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 3 | MO; QLL (60 per 30 days) | methylprednisolone acetate | 3 | MO |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 3 | MO; QLL (30 per 30 days) | methylprednisolone oral tablet 16 mg, 32 mg, 4 mg | 3 | MO |
| KORLYM | 5 | PAR; MO | methylprednisolone oral tablets,dose pack | 4 | MO |
| KUVAN ORAL TABLET, SOLUBLE | 5 | PAR; MO | methylprednisolone sodium succ injection recon soln 125 mg, 40 mg | 4 | MO |
| LANTUS SOLOSTAR U-100 INSULIN | 3 | MO | methylprednisolone sodium succ intravenous recon soln 1,000 mg | 4 | MO |
| LANTUS U-100 INSULIN | 3 | MO | | | |
| LEVEMIR FLEXTOUCH U-100 INSULIN | 3 | MO | | | |
| LEVEMIR U-100 INSULIN | 3 | MO | | | |
| levothyroxine oral | 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 | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|-------------------------------------|---|------------------|------------------------------------|
| MIACALCIN INJECTION | 5 | B/D PAR; MO | PRECOSE ORAL TABLET | 4 | MO; QLL (90 per 100 MG 30 days) |
| <i>miglitol oral tablet 100 mg</i> | 4 | MO; QLL (90 per 30 days) | PRECOSE ORAL TABLET | 4 | MO; QLL (360 per 25 MG 30 days) |
| <i>miglitol oral tablet 25 mg</i> | 4 | MO; QLL (360 per 30 days) | PRECOSE ORAL TABLET | 4 | MO; QLL (180 per 50 MG 30 days) |
| <i>miglitol oral tablet 50 mg</i> | 4 | MO; QLL (180 per 30 days) | <i>prednisolone oral solution 15 mg/5 ml</i> | 3 | MO |
| <i>miglustat</i> | 5 | PAR; MO; LA | <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i> | 3 | MO |
| NAGLAZYME | 5 | PAR; MO; LA | <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> | 4 | MO |
| <i>nateglinide oral tablet 120 mg</i> | 4 | MO; QLL (90 per 30 days) | <i>prednisolone sodium phosphate oral tablet, disintegrating</i> | 4 | MO |
| <i>nateglinide oral tablet 60 mg</i> | 4 | MO; QLL (180 per 30 days) | <i>prednisone intensol</i> | 4 | MO |
| NATPARA | 5 | PAR; MO; LA; QLL (2 per 28 days) | <i>prednisone oral solution</i> | 3 | MO |
| <i>needles, insulin disp.,safety</i> | 2 | MO; QLL (200 per 30 days) | <i>prednisone oral tablet</i> | 1 | MO |
| <i>oxandrolone oral tablet 10 mg</i> | 4 | PAR; MO; QLL (60 per 30 days) | <i>prednisone oral tablets,dose pack</i> | 1 | MO |
| <i>oxandrolone oral tablet 2.5 mg</i> | 3 | PAR; MO; QLL (240 per 30 days) | PROGLYCEM | 5 | MO |
| OZEMPIC | 3 | MO | <i>propylthiouracil</i> | 3 | MO |
| <i>pamidronate intravenous recon soln</i> | 4 | MO | <i>repaglinide oral tablet 0.5 mg</i> | 3 | MO; QLL (960 per 30 days) |
| <i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i> | 4 | MO | <i>repaglinide oral tablet 1 mg</i> | 3 | MO; QLL (480 per 30 days) |
| <i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i> | 2 | B/D PAR; MO | <i>repaglinide oral tablet 2 mg</i> | 3 | MO; QLL (240 per 30 days) |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> | 4 | MO | RIOMET | 4 | MO; QLL (780 per 30 days) |
| <i>paricalcitol oral capsule 4 mcg</i> | 5 | MO | SAMSCA ORAL TABLET 15 MG | 5 | PAR; MO; QLL (30 per 30 days) |
| <i>pioglitazone oral tablet 15 mg</i> | 2 | MO; QLL (90 per 30 days) | SAMSCA ORAL TABLET 30 MG | 5 | PAR; MO; QLL (60 per 30 days) |
| <i>pioglitazone oral tablet 30 mg</i> | 2 | MO; QLL (45 per 30 days) | SENSIPAR ORAL TABLET 30 MG, 60 MG | 5 | B/D PAR; MO; QLL (60 per 30 days) |
| <i>pioglitazone oral tablet 45 mg</i> | 2 | MO; QLL (30 per 30 days) | SENSIPAR ORAL TABLET 90 MG | 5 | B/D PAR; MO; QLL (120 per 30 days) |
| <i>pioglitazone-glimepiride</i> | 4 | MO; QLL (30 per 30 days) | SOMAVERT | 5 | PAR; MO |
| <i>pioglitazone-metformin</i> | 4 | MO; QLL (90 per 30 days) | STIMATE | 5 | 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 |
|--|------------------|----------------------------------|--|------------------|----------------------------------|
| SYMLINPEN 120 | 5 | PAR; MO; QLL (11 per 30 days) | thyroid (pork) oral tablet 120 mg, 30 mg, 60 mg | 2 | PAR |
| SYMLINPEN 60 | 5 | PAR; MO; QLL (6 per 30 days) | thyroid (pork) oral tablet 15 mg, 90 mg | 2 | PAR; MO |
| SYNAREL | 5 | PAR; MO | tolazamide oral tablet 250 mg | 1 | MO; QLL (120 per 30 days) |
| SYNJARDY | 3 | MO; QLL (60 per 30 days) | tolazamide oral tablet 500 mg | 1 | 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) | tolbutamide | 2 | MO; QLL (180 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG | 3 | MO; QLL (30 per 30 days) | TOUJEO MAX U-300 SOLOSTAR | 3 | MO |
| SYNTHROID | 3 | MO | TOUJEO SOLOSTAR U-300 INSULIN | 3 | MO |
| TAPAZOLE | 3 | MO | TRADJENTA | 3 | MO; QLL (30 per 30 days) |
| <i>testosterone cypionate</i> | 2 | PAR; MO | <i>triamcinolone acetonide injection</i> | 4 | MO |
| <i>testosterone enanthate</i> | 4 | PAR; MO | TRULICITY | 3 | MO; QLL (2 per 28 days) |
| TESTOSTERONE TRANSDERMAL GEL | 3 | PAR; MO; QLL (300 per 30 days) | <i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 3 | MO |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> | 3 | PAR; MO; QLL (120 per 30 days) | <i>unithroid oral tablet 137 mcg</i> | 1 | MO |
| TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) | 3 | PAR; MO; QLL (300 per 30 days) | VICTOZA 2-PAK | 3 | MO; QLL (9 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) | VICTOZA 3-PAK | 3 | MO; QLL (9 per 30 days) |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i> | 3 | PAR; MO; QLL (300 per 30 days) | VPRIV | 5 | PAR; MO |
| TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) | 3 | PAR; MO; QLL (300 per 30 days) | <i>zoledronic acid intravenous solution 4 mg/5 ml</i> | 4 | PAR; MO |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/ 1.25 gram)</i> | 3 | PAR; MO; QLL (112.5 per 30 days) | <i>zoledronic acid-mannitol-water 5 mg/100 ml</i> | 4 | PAR; MO |
| <i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i> | 3 | PAR; MO; QLL (150 per 30 days) | <i>intravenous piggyback 4 mg/100 ml</i> | | |
| Gastroenterology | | | | | |
| | | | alosetron | 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) |

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| Drug Name | Drug Tier | Requirements /Limits | Drug Name | Drug Tier | Requirements /Limits |
|--|------------------|--------------------------------------|--|------------------|---------------------------------------|
| aprepitant oral capsule 40 mg | 3 | B/D PAR; MO; QLL (1 per 28 days) | dronabinol oral capsule 10 mg | 5 | B/D PAR; MO; QLL (120 per 30 days) |
| aprepitant oral capsule 80 mg | 3 | B/D PAR; MO; QLL (10 per 30 days) | dronabinol oral capsule 2.5 mg, 5 mg | 4 | B/D PAR; MO; QLL (120 per 30 days) |
| aprepitant oral capsule, dose pack | 3 | B/D PAR; MO; QLL (15 per 30 days) | EMEND ORAL CAPSULE 125 MG | 3 | B/D PAR; MO; QLL (5 per 30 days) |
| APRISO | 3 | MO | EMEND ORAL CAPSULE 40 MG | 3 | B/D PAR; MO; QLL (1 per 28 days) |
| ASACOL HD | 3 | MO | EMEND ORAL CAPSULE 80 MG | 3 | B/D PAR; MO; QLL (10 per 30 days) |
| atropine injection solution 0.4 mg/ml | 4 | MO | EMEND ORAL CAPSULE,DOSE PACK | 5 | B/D PAR; MO; QLL (15 per 30 days) |
| atropine injection syringe 0.05 mg/ml | 4 | | EMEND ORAL SUSPENSION FOR RECONSTITUTION | 3 | B/D PAR; MO; QLL (15 per 30 days) |
| atropine injection syringe 0.1 mg/ml | 4 | MO | enulose | 2 | MO |
| balsalazide | 4 | MO | esomeprazole magnesium | 4 | MO; QLL (30 per 30 days) |
| budesonide oral capsule, delayed, extend.release | 5 | MO | esomeprazole sodium | 4 | |
| budesonide oral tablet,delayed and ext.release | 5 | PAR; MO | intravenous recon soln 20 mg | | |
| CANASA | 5 | MO | esomeprazole sodium | 4 | MO |
| carafate oral suspension | 4 | MO | intravenous recon soln 40 mg | | |
| cimetidine | 3 | MO | famotidine (pf) | 3 | MO |
| cimetidine hcl oral | 3 | MO | famotidine (pf)-nacl (iso-os) | 3 | MO |
| compro | 4 | MO | famotidine intravenous solution | 4 | MO |
| constulose | 2 | MO | famotidine oral suspension | 4 | MO |
| CREON | 3 | MO | famotidine oral tablet 20 mg, 40 mg | 1 | MO |
| cromolyn oral | 4 | MO | GATTEX 30-VIAL | 5 | PAR; MO |
| CYSTADANE | 5 | MO | GATTEX ONE-VIAL | 5 | PAR; MO |
| DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) | 3 | MO | gavilyte-c | 2 | MO |
| DEXILANT | 4 | MO; QLL (30 per 30 days) | gavilyte-g | 2 | MO |
| dicyclomine oral capsule | 1 | PAR; MO | gavilyte-n | 2 | MO |
| dicyclomine oral solution | 4 | PAR; MO | generlac | 2 | MO |
| dicyclomine oral tablet | 2 | PAR; MO | glycopyrrolate injection | 4 | MO |
| DIPENTUM | 5 | MO | glycopyrrolate oral tablet 1 mg, 2 mg | 3 | MO |
| diphenoxylate-atropine oral liquid | 1 | PAR; MO | gransetron (pf) | 4 | MO |
| diphenoxylate-atropine oral tablet | 3 | PAR; MO | | | |

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| Drug Name | Drug Requirements |
|--|--|
| | Tier /Limits |
| granisetron hcl intravenous | 4 MO |
| granisetron hcl oral | 4 B/D PAR; MO; QLL (30 per 30 days) |
| hydrocortisone rectal | 4 MO |
| hydrocortisone topical cream with perineal applicator 2.5 % | 1 MO |
| lactulose oral solution | 2 MO |
| lansoprazole oral capsule, delayed release(dr/ec) | 4 MO; QLL (30 per 30 days) |
| LIALDA | 3 MO |
| LINZESS | 3 MO; QLL (30 per 30 days) |
| loperamide oral capsule | 3 MO |
| meclizine oral tablet 12.5 mg, 25 mg | 2 MO |
| mesalamine oral capsule (with del rel tablets) | 3 MO |
| mesalamine oral tablet, delayed release (dr/ec) 1.2 gram | 3 MO |
| MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG | 3 MO |
| mesalamine rectal enema | 3 MO |
| mesalamine rectal suppository | 5 MO |
| mesalamine with cleansing wipe | 4 MO |
| methscopolamine | 4 MO |
| metoclopramide hcl injection solution | 3 MO |
| metoclopramide hcl injection syringe | 4 |
| metoclopramide hcl oral solution | 2 MO |
| metoclopramide hcl oral tablet | 1 MO |
| misoprostol oral tablet 100 mcg | 3 MO |
| misoprostol oral tablet 200 mcg | 4 MO |
| MOVANTIK | 3 MO; QLL (30 per 30 days) |
| MOVIPREP | 4 MO |
| nizatidine oral capsule | 3 MO |
| omeprazole oral capsule, delayed release(dr/ec) | 2 MO; QLL (30 per 30 days) |
| ondansetron hcl (pf) injection solution | 4 MO |
| ondansetron hcl (pf) injection syringe | 3 MO |
| ondansetron hcl intravenous | 4 MO |
| ondansetron hcl oral solution | 4 B/D PAR; MO; QLL (450 per 30 days) |
| ondansetron hcl oral tablet 24 mg | 4 B/D PAR; QLL (30 per 30 days) |
| ondansetron hcl oral tablet 4 mg, 8 mg | 3 B/D PAR; MO; QLL (90 per 30 days) |
| ondansetron oral tablet, disintegrating 4 mg | 4 B/D PAR; MO; QLL (90 per 30 days) |
| ondansetron oral tablet, disintegrating 8 mg | 3 B/D PAR; MO; QLL (90 per 30 days) |
| opium tincture | 2 MO |
| OSMOPREP | 4 MO |
| pantoprazole intravenous | 4 MO |
| pantoprazole oral | 1 MO; QLL (30 per 30 days) |
| paregoric | 2 MO |
| peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram | 2 MO |
| peg 3350-electrolytes oral recon soln 240-22.72-6.72 - 5.84 gram | 2 |
| peg-electrolyte soln | 2 |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG | 3 MO |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG | 5 MO |
| polyethylene glycol 3350 | 2 MO |
| prochlorperazine | 4 MO |
| prochlorperazine edisylate | 4 MO |
| prochlorperazine maleate | 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 Requirements | | Drug Name | Drug Requirements | |
|---|--------------------------|----------------------------------|---|--------------------------|------------------------------|
| | Tier | /Limits | | Tier | /Limits |
| <i>procto-med hc</i> | 4 | MO | ARANESP (IN POLYSORBATE) | 4 | PAR; MO |
| <i>procto-pak</i> | 2 | MO | INJECTION SOLUTION | | |
| <i>proctosol hc topical</i> | 2 | MO | 25 MCG/ML, 40 MCG/ | | |
| <i>protozone-hc</i> | 1 | MO | ML, 60 MCG/ML | | |
| <i>propantheline</i> | 4 | PAR; MO | ARANESP (IN POLYSORBATE) | 4 | PAR; MO |
| <i>ranitidine hcl injection</i> | 4 | MO | INJECTION SYRINGE 10 | | |
| <i>ranitidine hcl oral capsule</i> | 3 | MO | MCG/0.4 ML, 25 MCG/ | | |
| <i>ranitidine hcl oral syrup</i> | 4 | MO | 0.42 ML, 40 MCG/0.4 ML, | | |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i> | 1 | MO | 60 MCG/0.3 ML | | |
| RELISTOR SUBCUTANEOUS SOLUTION | 5 | PAR; MO; QLL (18 per 30 days) | ARANESP (IN POLYSORBATE) | 5 | PAR; MO |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | 5 | PAR; MO; QLL (18 per 30 days) | INJECTION SYRINGE | | |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | 5 | PAR; MO; QLL (12 per 30 days) | 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/ | | |
| REMICADE | 5 | PAR; MO | 0.4 ML, 300 MCG/0.6 ML, | | |
| <i>scopolamine transdermal</i> | 4 | MO; QLL (10 per 28 days) | 500 MCG/ML | | |
| SUCRAID | 5 | MO | ARCALYST | 5 | PAR; MO |
| <i>sucralfate oral tablet</i> | 2 | MO | AVONEX (WITH ALBUMIN) | 5 | PAR; MO; QLL (4 per 28 days) |
| <i>sulfasalazine</i> | 2 | MO | AVONEX INTRAMUSCULAR PEN | 5 | PAR; MO; QLL (4 per 28 days) |
| SUPREP BOWEL PREP KIT | 3 | MO | INJECTOR KIT | | |
| <i>transderm-scop</i> | 4 | MO; QLL (10 per 28 days) | AVONEX INTRAMUSCULAR SYRINGE KIT | 5 | PAR; MO; QLL (4 per 28 days) |
| <i>trilyte with flavor packets</i> | 2 | MO | BCG VACCINE, LIVE (PF) | 4 | MO |
| <i>ursodiol</i> | 3 | MO | BETASERON SUBCUTANEOUS KIT | 5 | PAR; MO |
| Immunology, Vaccines / Biotechnology | | | | | |
| ACTHIB (PF) | 3 | MO | BEXSERO | 3 | MO |
| ACTIMMUNE | 5 | PAR; MO | BOOSTRIX TDAP | 3 | MO |
| ADACEL(TDAP | 3 | MO | BOTOX | 4 | PAR; MO |
| ADOLESN/ADULT)(PF) | | | DAPTACEL (DTAP PEDIATRIC) (PF) | 3 | MO |
| ARANESP (IN POLYSORBATE) | 5 | PAR; MO | DYSPORT | 4 | PAR; MO |
| INJECTION SOLUTION | | | EGRIFTA | 5 | PAR; MO |
| 100 MCG/ML, 200 MCG/ML, 300 MCG/ML | | | SUBCUTANEOUS RECON SOLN 1 MG | | |
| | | | ENGERIX-B (PF) | 3 | B/D PAR; MO |
| | | | ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE | 3 | B/D PAR; MO |
| | | | fomepizole | 5 | |

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 Requirements |
|---|-------------------------------------|
| | Tier /Limits |
| FULPHILA | 5 PAR; MO; QLL (1.2 per 28 days) |
| GAMUNEX-C | 5 PAR; MO |
| GARDASIL 9 (PF) | 3 MO |
| HAVRIX (PF) | 3 MO |
| INTRAMUSCULAR SUSPENSION | |
| HAVRIX (PF) | 3 MO |
| INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | |
| HAVRIX (PF) | 3 |
| INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | |
| HIBERIX (PF) | 3 MO |
| ILARIS (PF) | 5 PAR; MO; LA |
| SUBCUTANEOUS SOLUTION | |
| IMOVOX 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 | 3 MO |
| IXIARO (PF) | 3 MO |
| KINRIX (PF) | 3 |
| INTRAMUSCULAR SUSPENSION | |
| KINRIX (PF) | 3 MO |
| INTRAMUSCULAR SYRINGE | |
| M-M-R II (PF) | 3 MO |
| MENACTRA (PF) | 3 MO |
| INTRAMUSCULAR SOLUTION | |
| MENVEO A-C-Y-W-135-DIP (PF) | 3 MO |
| Drug Name | Drug Requirements |
| | Tier /Limits |
| MOZOBIL | 5 PAR; MO |
| NEULASTA | 5 PAR; MO; QLL (1.2 per 28 days) |
| NEUPOGEN | 5 PAR; MO |
| NORDITROPIN | 5 PAR; MO |
| FLEXPRO | |
| 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) |
| PROCRI 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 |
| PROCRI 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) | 3 B/D PAR; MO |
| INTRAMUSCULAR SUSPENSION | |
| RECOMBIVAX HB (PF) | 3 B/D PAR; MO |
| INTRAMUSCULAR SYRINGE 10 MCG/ML | |
| RECOMBIVAX HB (PF) | 3 B/D PAR |
| INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML | |
| ROTARIX | 3 |
| ROTATEQ VACCINE | 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 | Drug Name | Drug Tier | Requirements /Limits |
|---|------------------|------------------------------|---------------------------------------|------------------|---------------------------------|
| SHINGRIX (PF) | 3 | MO | <i>allopurinol sodium intravenous</i> | 4 | |
| STAMARIL (PF) | 3 | | <i>aloprim</i> | 4 | |
| SYLATRON | 5 | PAR; MO | BENLYSTA | 5 | PAR; MO |
| TDVAX | 3 | MO | BONIVA | 4 | B/D PAR; MO |
| TENIVAC (PF) | 4 | MO | INTRAVENOUS | | |
| INTRAMUSCULAR SYRINGE | | | COLCRYS | 3 | MO |
| TETANUS,DIPHTHERIA | 3 | MO | DEPEN TITRATABS | 5 | MO |
| TOX PED(PF) | | | ENBREL MINI | 5 | PAR; MO; QLL (8 per 28 days) |
| THYMOGLOBULIN | 5 | B/D PAR | ENBREL | 5 | PAR; MO; QLL (8 per 28 days) |
| TICE BCG | 4 | B/D PAR; MO | SUBCUTANEOUS | | |
| TRUMENBA | 3 | MO | RECON SOLN | | |
| TWINRIX (PF) | 3 | MO | ENBREL | 5 | PAR; MO; QLL (4.08 per 28 days) |
| INTRAMUSCULAR SYRINGE | | | SUBCUTANEOUS | | |
| TYPHIM VI | 3 | | SYRINGE 25 MG/0.5 ML (0.5) | | |
| INTRAMUSCULAR SOLUTION | | | ENBREL SURECLICK | 5 | PAR; MO; QLL (8 per 28 days) |
| TYPHIM VI | 3 | MO | <i>febuxostat</i> | 3 | MO |
| INTRAMUSCULAR SYRINGE | | | FORTEO | 5 | PAR; MO; QLL (3 per 28 days) |
| VAQTA (PF) | 3 | MO | FOSAMAX ORAL TABLET 70 MG | 4 | ST; MO; QLL (4 per 28 days) |
| VARIVAX (PF) | 3 | MO | FOSAMAX PLUS D | 4 | ST; MO; QLL (4 per 28 days) |
| VARIZIG | 3 | MO | HUMIRA PEDIATRIC CROHNS START | 5 | PAR; MO; QLL (6 per 365 days) |
| INTRAMUSCULAR SOLUTION | | | SUBCUTANEOUS | | |
| XEOMIN | 4 | PAR; MO | SYRINGE KIT 40 MG/0.8 ML | | |
| INTRAMUSCULAR RECON SOLN 100 UNIT, | | | HUMIRA PEDIATRIC CROHNS START | 5 | PAR; MO; QLL (12 per 365 days) |
| 50 UNIT | | | SUBCUTANEOUS | | |
| XEOMIN | 5 | PAR; MO | SYRINGE KIT 40 MG/0.8 ML (6 PACK) | | |
| INTRAMUSCULAR RECON SOLN 200 UNIT | | | HUMIRA PEN | 5 | PAR; MO; QLL (4 per 28 days) |
| YF-VAX (PF) | 3 | MO | HUMIRA PEN CROHNS- UC-HS START | 5 | PAR; MO; QLL (12 per 365 days) |
| ZARXIO | 5 | PAR; MO | HUMIRA PEN PSOR- UVEITS-ADOL HS | 5 | PAR; MO; QLL (8 per 365 days) |
| 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> | 6 | MO; CG; QLL (30 per 30 days) | | | |
| <i>alendronate oral tablet 35 mg, 70 mg</i> | 6 | MO; CG; QLL (4 per 28 days) | | | |
| <i>allopurinol</i> | 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 Requirements | Tier | /Limits | Drug Name | Drug Requirements | Tier | /Limits |
|---|-------------------------------|-------------|----------------|--|-------------------------------|-------------|----------------|
| HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | PAR; MO; QLL (2 per 28 days) | 5 | | risedronate oral tablet 150 mg | ST; MO; QLL (1 per 28 days) | 4 | |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | PAR; MO; QLL (4 per 28 days) | 5 | | risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack) | ST; MO; QLL (4 per 28 days) | 4 | |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML | PAR; MO; QLL (6 per 365 days) | 5 | | risedronate oral tablet 5 mg | ST; MO; QLL (30 per 30 days) | 4 | |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML | PAR; MO; QLL (4 per 365 days) | 5 | | risedronate oral tablet, delayed release (dr/ec) | MO; QLL (4 per 28 days) | 4 | |
| HUMIRA(CF) PEN CROHNS-UC-HS | PAR; MO; QLL (6 per 365 days) | 5 | | SAVELLA ORAL TABLET 100 MG | MO; QLL (60 per 30 days) | 3 | |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS | PAR; MO; QLL (6 per 365 days) | 5 | | SAVELLA ORAL TABLET 12.5 MG | MO; QLL (480 per 30 days) | 3 | |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | PAR; MO; QLL (4 per 28 days) | 5 | | SAVELLA ORAL TABLET 25 MG | MO; QLL (240 per 30 days) | 3 | |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML | PAR; MO; QLL (2 per 28 days) | 5 | | SAVELLA ORAL TABLET 50 MG | MO; QLL (120 per 30 days) | 3 | |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | PAR; MO; QLL (4 per 28 days) | 5 | | SAVELLA ORAL TABLETS,DOSE PACK | MO; QLL (110 per 365 days) | 3 | |
| <i>ibandronate intravenous</i> | B/D PAR; MO | 4 | | ULORIC | ST; MO | 3 | |
| <i>ibandronate oral</i> | MO; QLL (1 per 28 days) | 2 | | XELJANZ | PAR; MO; QLL (60 per 30 days) | 5 | |
| <i>leflunomide oral tablet 10 mg</i> | MO | 4 | | Obstetrics / Gynecology | | | |
| <i>leflunomide oral tablet 20 mg</i> | MO | 3 | | <i>altavera</i> (28) | MO | 4 | |
| <i>probenecid</i> | MO | 3 | | <i>alyacen 1/35</i> (28) | MO | 4 | |
| <i>probenecid-colchicine</i> | MO | 3 | | <i>alyacen 7/7/7</i> (28) | MO | 4 | |
| PROLIA | PAR; MO; QLL (2 per 365 days) | 4 | | <i>amethia</i> | MO | 4 | |
| <i>raloxifene</i> | MO; QLL (30 per 30 days) | 3 | | <i>amethyst</i> (28) | MO | 4 | |
| RIDAURA | MO | 5 | | <i>apri</i> | MO | 3 | |

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 |
|---|------------------|--------------------------------|--|------------------|-----------------------------|
| DELESTROGEN | 4 | MO | <i>l</i> norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month | 4 | MO |
| DEPO-ESTRADIOL | 3 | MO | 0.15 mg-30 mcg (84)/10 mcg (7) | | |
| DEPO-PROVERA | 4 | MO | | | |
| INTRAMUSCULAR SUSPENSION 400 MG/ML | | | <i>larin</i> 1/20 (21) | 4 | MO |
| <i>drospernone-ethinyl estradiol</i> | 4 | MO | <i>larin fe</i> 1.5/30 (28) | 4 | MO |
| ELESTRIN | 4 | PAR; MO | <i>larin fe</i> 1/20 (28) | 3 | MO |
| <i>elonest</i> | 4 | MO | <i>leena</i> 28 | 3 | MO |
| ELLA | 3 | | <i>lessina</i> | 4 | MO |
| <i>emoquette</i> | 3 | MO | <i>levonest</i> (28) | 3 | MO |
| <i>enpresse</i> | 3 | MO | <i>levonorg-eth estrad triphasic</i> | 4 | MO |
| <i>errin</i> | 3 | MO | <i>levonorgestrel-ethinyl estrad</i> oral tablet 0.1-20 mg-mcg, 90-20 mcg (28) | 3 | MO |
| <i>estarrylla</i> | 4 | MO | <i>levonorgestrel-ethinyl estrad</i> oral tablet 0.15-0.03 mg | 4 | MO |
| ESTRACE VAGINAL | 4 | MO | <i>levonorgestrel-ethinyl estrad</i> oral tablets,dose pack,3 month | 4 | MO |
| <i>estradiol oral</i> | 1 | PAR; MO | <i>levora-28</i> | 3 | MO |
| <i>estradiol transdermal patch semiweekly</i> | 4 | PAR; MO; QLL (8 per 28 days) | LO LOESTRIN FE | 4 | MO |
| <i>estradiol transdermal patch weekly</i> | 4 | PAR; MO; QLL (4 per 28 days) | <i>lo-zumandimine</i> (28) | 4 | |
| <i>estradiol vaginal</i> | 4 | MO | <i>loryna</i> (28) | 4 | MO |
| <i>estradiol valerate</i> | 4 | MO | <i>low-ogestrel</i> (28) | 4 | MO |
| intramuscular oil 20 mg/ml, 40 mg/ml | | | <i>lutera</i> (28) | 3 | MO |
| <i>estradiol-norethindrone acet</i> | 4 | PAR; MO | <i>lyza</i> | 4 | MO |
| ESTRING | 4 | MO; QLL (1 per 90 days) | <i>marlissa</i> (28) | 3 | MO |
| EVAMIST | 4 | PAR; MO | <i>medroxyprogesterone</i> intramuscular suspension | 3 | MO |
| <i>falmina</i> (28) | 3 | MO | <i>medroxyprogesterone</i> intramuscular syringe | 4 | MO |
| FEMRING | 4 | MO; QLL (1 per 90 days) | <i>medroxyprogesterone</i> oral | 1 | MO |
| <i>gianvi</i> (28) | 4 | MO | MENEST ORAL TABLET | 4 | PAR; MO |
| <i>heather</i> | 4 | MO | 0.3 MG, 0.625 MG, 1.25 MG | | |
| <i>hydroxyprogesterone caproate</i> | 5 | PAR; MO; QLL (25 per 147 days) | <i>methylergonovine</i> oral | 5 | MO |
| <i>introvale</i> | 3 | MO | <i>metronidazole vaginal</i> | 2 | MO |
| <i>jinteli</i> | 4 | PAR; MO | <i>miconazole-3 vaginal</i> suppository | 3 | MO |
| <i>jolessa</i> | 4 | MO | <i>microgestin</i> 1.5/30 (21) | 3 | MO |
| <i>junel</i> 1.5/30 (21) | 3 | MO | <i>microgestin</i> 1/20 (21) | 3 | MO |
| <i>junel</i> 1/20 (21) | 3 | MO | <i>microgestin fe</i> 1.5/30 (28) | 3 | MO |
| <i>junel fe</i> 1.5/30 (28) | 3 | MO | <i>microgestin fe</i> 1/20 (28) | 3 | MO |
| <i>junel fe</i> 1/20 (28) | 3 | MO | <i>mimvey</i> | 4 | PAR; MO |
| <i>junel fe</i> 24 | 4 | MO | <i>mimvey lo</i> | 4 | PAR; MO |
| <i>kariva</i> (28) | 4 | MO | <i>mono-linyah</i> | 4 | MO |
| <i>kelnor</i> 1/35 (28) | 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 Requirements |
|--|--------------------------------|
| | Tier /Limits |
| necon 0.5/35 (28) | 3 MO |
| nikki (28) | 4 MO |
| nora-be | 3 MO |
| norethindrone (contraceptive) | 3 MO |
| norethindrone acetate | 3 MO |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 | 4 MO |
| mg-35 mcg (28), 0.25-35 | |
| mg-mcg | |
| nortrel 0.5/35 (28) | 3 MO |
| nortrel 1/35 (21) | 4 MO |
| nortrel 1/35 (28) | 4 MO |
| nortrel 7/7/7 (28) | 3 MO |
| NUVARING | 4 MO |
| ocella | 4 MO |
| ogestrel (28) | 4 MO |
| orsythia | 3 MO |
| ORTHO MICRONOR | 4 MO |
| philith | 4 MO |
| pimtrea (28) | 4 MO |
| pirmella oral tablet 1-35 mg-mcg | 3 MO |
| portia 28 | 3 MO |
| PREMARIN ORAL | 3 PAR; MO |
| PREMARIN VAGINAL | 3 MO |
| PREMPHASE | 3 PAR; MO |
| PREMPRO | 3 PAR; MO |
| previfem | 3 MO |
| progesterone micronized | 3 MO |
| reclipsen (28) | 3 MO |
| sharobel | 3 MO |
| simpesse | 4 |
| sprintec (28) | 3 MO |
| sronyx | 3 MO |
| syeda | 4 MO |
| terconazole vaginal cream | 3 MO |
| terconazole vaginal suppository | 4 MO |
| tilia fe | 4 MO |
| tranexamic acid oral | 3 MO |
| tri-estarrylla | 4 MO |
| tri-legest fe | 4 MO |
| tri-linyah | 4 MO |
| tri-previfem (28) | 3 MO |
| tri-sprintec (28) | 3 MO |
| Drug Name | Drug Requirements |
| | Tier /Limits |
| trivora (28) | 3 MO |
| VAGIFEM | 4 MO |
| vandazole | 3 MO |
| velvet triphasic regimen (28) | 3 MO |
| viorele (28) | 4 MO |
| VIVELLE-DOT | 4 PAR; MO; QLL (8 per 28 days) |
| vyfemla (28) | 4 MO |
| xulane | 4 MO |
| yuvafem | 4 MO |
| ZARAH | 4 MO |
| zovia 1/35e (28) | 3 MO |
| zumandimine (28) | 4 |
| Ophthalmology | |
| acetazolamide oral capsule, extended release | 4 MO |
| acetazolamide oral tablet 125 mg | 2 MO |
| acetazolamide oral tablet 250 mg | 3 MO |
| acetazolamide sodium solution for injection | 4 MO |
| ak-poly-bac | 3 MO |
| ALPHAGAN P | 3 MO |
| OPHTHALMIC (EYE) DROPS 0.1 % | |
| ALPHAGAN P | 4 MO |
| OPHTHALMIC (EYE) DROPS 0.15 % | |
| apraclonidine | 3 MO |
| atropine ophthalmic (eye) drops | 3 MO |
| azelastine ophthalmic (eye) | 3 MO |
| AZOPT | 4 MO |
| bacitracin ophthalmic (eye) | 3 MO |
| bacitracin-polymyxin b ophthalmic (eye) | 2 MO |
| betaxolol ophthalmic (eye) | 2 MO |
| BETIMOL | 4 MO |
| BETOPTIC S | 4 MO |
| bimatoprost ophthalmic (eye) | 3 MO |
| BLEPHAMIDE S.O.P. | 4 MO |
| brimonidine ophthalmic (eye) drops 0.15 % | 3 MO |

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>brimonidine ophthalmic (eye) drops 0.2 %</i> | 2 | MO | <i>neo-polycin hc</i> | 2 | MO |
| <i>bromfenac</i> | 4 | MO | <i>neomycin-bacitracin-poly-hc</i> | 2 | MO |
| <i>carteolol</i> | 1 | MO | <i>neomycin-bacitracin-polymyxin</i> | 3 | MO |
| <i>ciprofloxacin hcl ophthalmic (eye)</i> | 2 | MO | <i>neomycin-polymyxin b-dexameth</i> | 2 | MO |
| COMBIGAN | 3 | MO | <i>neomycin-polymyxin-gramicidin</i> | 3 | MO |
| COSOPT | 4 | MO | <i>neomycin-polymyxin-hc ophthalmic (eye)</i> | 3 | MO |
| <i>cromolyn ophthalmic (eye)</i> | 2 | MO | NEVANAC | 3 | MO |
| CYSTARAN | 5 | MO | <i>ofloxacin ophthalmic (eye)</i> | 2 | MO |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i> | 2 | MO | <i>olopatadine ophthalmic (eye) drops 0.1 %</i> | 4 | MO |
| <i>diclofenac sodium ophthalmic (eye)</i> | 2 | MO | <i>olopatadine ophthalmic (eye) drops 0.2 %</i> | 3 | MO |
| <i>dorzolamide</i> | 2 | MO | PAZEO | 3 | MO |
| <i>dorzolamide-timolol</i> | 2 | MO | PHOSPHOLINE IODIDE | 4 | MO |
| DUREZOL | 3 | MO | <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 2 | MO |
| <i>epinastine</i> | 3 | MO | <i>polycin</i> | 2 | MO |
| <i>erythromycin ophthalmic (eye)</i> | 2 | MO | <i>polymyxin b sulf-trimethoprim</i> | 1 | MO |
| <i>fluorometholone</i> | 2 | MO | <i>prednisolone acetate</i> | 2 | MO |
| <i>flurbiprofen ophthalmic (eye)</i> | 1 | MO | <i>prednisolone sodium phosphate ophthalmic (eye)</i> | 2 | MO |
| <i>gatifloxacin</i> | 4 | MO | SIMBRINZA | 4 | MO |
| <i>gentak ophthalmic (eye) ointment</i> | 2 | MO | <i>sulfacetamide sodium ophthalmic (eye) drops</i> | 2 | MO |
| <i>gentamicin ophthalmic (eye) drops</i> | 2 | MO | <i>sulfacetamide sodium ophthalmic (eye) ointment</i> | 3 | MO |
| <i>gentamicin ophthalmic (eye) ointment</i> | 2 | | <i>sulfacetamide-prednisolone</i> | 2 | MO |
| ILEVRO | 3 | MO | <i>timolol maleate ophthalmic (eye) drops</i> | 1 | MO |
| ISOPTO CARPINE | 4 | MO | <i>timolol maleate ophthalmic (eye) gel forming solution</i> | 2 | MO |
| <i>ketorolac ophthalmic (eye)</i> | 2 | MO | TIMOPTHIC OCUDOSE | 4 | MO |
| LACRISERT | 3 | MO; QLL (60 per 30 days) | (PF) OPHTHALMIC (EYE) DROPPERETTE | | |
| <i>latanoprost</i> | 1 | MO | 0.25 % | | |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | 2 | MO | TIMOPTHIC | 4 | MO |
| <i>levofloxacin ophthalmic (eye)</i> | 4 | MO | OPHTHALMIC (EYE) DROPS 0.25 % | | |
| LUMIGAN | 3 | MO | | | |
| OPHTHALMIC (EYE) DROPS 0.01 % | | | | | |
| <i>methazolamide</i> | 4 | MO | | | |
| <i>MOXIFLOXACIN</i> | 3 | MO | | | |
| OPHTHALMIC (EYE) NATACYN | 4 | MO | | | |
| <i>neo-polycin</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 Requirements | |
|---|--------------------------|------------------------------------|
| | Tier | /Limits |
| TIMOPTIC-XE | 4 | MO |
| OPHTHALMIC (EYE) | | |
| GEL FORMING | | |
| SOLUTION 0.25 % | | |
| TOBRADEX | 3 | MO |
| OPHTHALMIC (EYE) | | |
| OINTMENT | | |
| TOBRADEX ST | 3 | MO |
| <i>tobramycin</i> | 2 | MO |
| <i>tobramycin-dexamethasone ophthalmic (eye)</i> | 3 | MO |
| TRAVATAN Z | 3 | MO |
| <i>trifluridine</i> | 3 | MO |
| XALATAN | 4 | MO |
| IIDRA | 3 | PAR; MO; QLL (60 per 30 days) |
| ZIOPTAN (PF) | 4 | MO |
| ZIRGAN | 4 | MO |
| Respiratory And Allergy | | |
| <i>acetylcysteine</i> | 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) |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i> | 2 | B/D PAR; MO; QLL (360 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i> | 2 | B/D PAR; MO; QLL (60 per 30 days) |
| <i>albuterol sulfate oral syrup</i> | 1 | MO |
| <i>albuterol sulfate oral tablet</i> | 4 | MO |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg</i> | 3 | MO |
| <i>albuterol sulfate oral tablet extended release 12 hr 8 mg</i> | 4 | MO |
| <i>ambrisentan</i> | 5 | PAR; MO; LA; QLL (30 per 30 days) |
| <i>aminophylline intravenous</i> | 4 | |
| ANORO ELLIPTA | 3 | MO; QLL (60 per 30 days) |
| Drug Name | | |
| | Drug Requirements | |
| | Tier | |
| | /Limits | |
| ARNUITY ELLIPTA | 3 | MO; QLL (30 per 30 days) |
| ASMANEX HFA | 3 | MO; QLL (13 per 30 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL | 3 | MO; QLL (1 per 30 days) |
| POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | | |
| ASMANEX TWISTHALER INHALATION AEROSOL | 3 | QLL (2 per 30 days) |
| POWDR BREATH ACTIVATED 220 MCG/ACTUATION (14) | | |
| 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 |

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 |
|---|------------------|--------------------------------|--|------------------|------------------------------------|
| diphenhydramine hcl injection solution 50 mg/ml | 3 | MO | fluticasone propionate nasal | 1 | MO; QLL (16 per 30 days) |
| diphenhydramine hcl injection syringe | 4 | MO | hydroxyzine hcl intramuscular solution 25 mg/ml | 4 | PAR; MO |
| DULERA | 3 | MO; QLL (13 per 30 days) | hydroxyzine hcl intramuscular solution 50 mg/ml | 3 | PAR; MO |
| ELIXOPHYLLIN ORAL | 3 | MO | hydroxyzine hcl oral solution 10 mg/5 ml | 3 | PAR; MO |
| ELIXIR 80 MG/15 ML | | | hydroxyzine hcl oral tablet 10 mg, 50 mg | 3 | PAR; MO |
| epinephrine injection auto-injector 0.15 mg/0.3 ml | 3 | MO; QLL (2 per 28 days) | hydroxyzine hcl oral tablet 25 mg | 2 | PAR; MO |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML | 3 | MO; QLL (2 per 28 days) | hydroxyzine pamoate | 3 | PAR; MO |
| ESBRIET ORAL CAPSULE | 5 | PAR; MO; QLL (270 per 30 days) | icatibant | 5 | PAR; MO |
| ESBRIET ORAL TABLET 267 MG | 5 | PAR; MO; QLL (270 per 30 days) | ipratropium bromide inhalation | 2 | B/D PAR; MO |
| ESBRIET ORAL TABLET 801 MG | 5 | PAR; MO; QLL (90 per 30 days) | ipratropium-albuterol inhalation | 2 | B/D PAR; MO; QLL (540 per 30 days) |
| FIRAZYR | 5 | PAR; MO | KALYDECO ORAL TABLET | 5 | PAR; MO; QLL (60 per 30 days) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION | 3 | MO; QLL (60 per 30 days) | LETAIRIS | 5 | PAR; MO; LA; QLL (30 per 30 days) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION | 3 | MO; QLL (240 per 30 days) | levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml | 4 | B/D PAR; MO; QLL (270 per 30 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION | 3 | MO; QLL (12 per 30 days) | levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml | 4 | B/D PAR; MO; QLL (540 per 30 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION | 3 | MO; QLL (24 per 30 days) | LEVALBUTEROL HFA | 4 | MO; QLL (45 per 30 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION | 3 | MO; QLL (11 per 30 days) | levocetirizine oral solution | 4 | MO |
| flunisolide nasal spray, non-aerosol 25 mcg (0.025 %) | 2 | MO; QLL (75 per 30 days) | levocetirizine oral tablet | 2 | MO |
| fluticasone propion-salmeterol inhalation blister with device | 3 | MO; QLL (60 per 30 days) | metaproterenol oral syrup | 2 | MO |
| | | | mometasone nasal | 3 | MO |
| | | | montelukast oral granules in packet | 4 | MO |
| | | | montelukast oral tablet | 2 | MO |
| | | | montelukast oral tablet, chewable | 3 | MO |
| | | | NASONEX | 3 | MO |
| | | | OFEV | 5 | PAR; MO; QLL (60 per 30 days) |

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 |
|--|------------------|------------------------------------|---|------------------|------------------------------------|
| ORKAMBI ORAL TABLET | 5 | PAR; MO; QLL (120 per 30 days) | <i>theophylline oral tablet extended release 24 hr</i> | 2 | MO |
| PERFOROMIST | 5 | B/D PAR; MO; QLL (120 per 30 days) | TRACLEER ORAL TABLET | 5 | PAR; MO; LA; QLL (60 per 30 days) |
| PROAIR HFA | 3 | MO; QLL (18 per 30 days) | TRACLEER ORAL TABLET FOR SUSPENSION | 5 | PAR; MO; LA; QLL (120 per 30 days) |
| PROAIR RESPICLICK | 3 | MO; QLL (2 per 30 days) | VENTAVIS | 5 | PAR; MO; QLL (270 per 30 days) |
| <i>promethazine injection solution 25 mg/ml</i> | 3 | PAR; MO | VENTOLIN HFA | 3 | MO; QLL (36 per 30 days) |
| <i>promethazine injection solution 50 mg/ml</i> | 4 | PAR; MO | <i>wixela inh</i> | 3 | MO; QLL (60 per 30 days) |
| <i>promethazine oral</i> | 2 | PAR; MO | XOLAIR SUBCUTANEOUS | 5 | PAR; MO; LA; QLL (6 per 28 days) |
| PULMOZYME | 5 | B/D PAR; MO | RECON SOLN | | |
| QVAR REDIHALER INHALATION HFA | 3 | MO; QLL (11 per 30 days) | <i>zafirlukast</i> | 4 | MO |
| AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION | | | Urologicals | | |
| QVAR REDIHALER INHALATION HFA | 3 | MO; QLL (22 per 30 days) | <i>alfuzosin</i> | 2 | MO |
| AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION | | | <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i> | 3 | MO |
| SEREVENT DISKUS | 3 | MO; QLL (60 per 30 days) | <i>bethanechol chloride oral tablet 50 mg</i> | 4 | MO |
| <i>sildenafil (pulm. hypertension) oral tablet</i> | 5 | PAR; MO; QLL (90 per 30 days) | CYSTAGON | 3 | MO; LA |
| SPIRIVA RESPIMAT | 3 | MO; QLL (4 per 30 days) | <i>dutasteride</i> | 4 | MO; QLL (30 per 30 days) |
| SPIRIVA WITH HANDIHALER | 3 | MO; QLL (30 per 30 days) | <i>dutasteride-tamsulosin</i> | 3 | MO; QLL (30 per 30 days) |
| STIOLTO RESPIMAT | 3 | MO; QLL (4 per 30 days) | ELMIRON | 4 | MO |
| SYMBICORT | 3 | MO; QLL (11 per 30 days) | <i>finasteride oral tablet 5 mg</i> | 2 | MO |
| SYMJEPI | 3 | MO; QLL (2 per 28 days) | <i>flavoxate</i> | 3 | MO |
| <i>terbutaline oral</i> | 3 | MO | MYRBETRIQ | 4 | MO; QLL (30 per 30 days) |
| <i>terbutaline subcutaneous</i> | 4 | MO | <i>oxybutynin chloride oral syrup</i> | 2 | MO; QLL (600 per 30 days) |
| <i>theophylline oral elixir</i> | 2 | | <i>oxybutynin chloride oral tablet</i> | 2 | MO; QLL (120 per 30 days) |
| <i>theophylline oral solution</i> | 2 | MO | <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i> | 3 | MO; QLL (60 per 30 days) |
| <i>theophylline oral tablet extended release 12 hr</i> | 2 | MO | <i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i> | 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 Requirements |
|---|-------------------------------|
| | Tier /Limits |
| potassium citrate oral tablet extended release 10 meq (1, 080 mg), 15 meq | 4 MO |
| potassium citrate oral tablet extended release 5 meq (540 mg) | 3 MO |
| solifenacin | 4 MO; QLL (30 per 30 days) |
| tamsulosin | 2 MO |
| tolterodine oral capsule, extended release 24hr | 4 MO; QLL (30 per 30 days) |
| tolterodine oral tablet | 4 MO; QLL (60 per 30 days) |
| TOVIAZ | 4 MO; QLL (30 per 30 days) |
| trospium oral capsule, extended release 24hr | 4 MO; QLL (30 per 30 days) |
| trospium oral tablet | 4 MO; QLL (60 per 30 days) |
| VESICARE | 4 MO; QLL (30 per 30 days) |
| Vitamins, Hematinics / Electrolytes | |
| AMINOSYN 10 % | 4 B/D PAR |
| AMINOSYN 7 % WITH ELECTROLYTES | 4 B/D PAR |
| AMINOSYN 8.5 % | 4 B/D PAR |
| AMINOSYN 8.5 %- ELECTROLYTES | 4 B/D PAR |
| AMINOSYN II 10 % | 4 B/D PAR |
| AMINOSYN II 15 % | 4 B/D PAR |
| AMINOSYN II 8.5 % | 4 B/D PAR |
| AMINOSYN II 8.5 %- ELECTROLYTES | 4 B/D PAR |
| AMINOSYN M 3.5 % | 4 B/D PAR |
| AMINOSYN-HBC 7% | 4 B/D PAR |
| AMINOSYN-PF 10 % | 4 B/D PAR |
| AMINOSYN-PF 7 % (SULFITE-FREE) | 4 B/D PAR |
| AMINOSYN-RF 5.2 % | 4 B/D PAR |
| calcium acetate oral capsule | 2 MO |
| CLINIMIX 5%/D15W SULFITE FREE | 4 B/D PAR |
| CLINIMIX 5%/D25W SULFITE-FREE | 4 B/D PAR |
| CLINIMIX 4.25%-D25W SULF-FREE | 4 B/D PAR |
| CLINIMIX 4.25%/D10W SULF FREE | 4 B/D PAR |
| CLINIMIX 5%- D20W(SULFITE-FREE) | 4 B/D PAR |
| CLINIMIX E 4.25%/ D10W SUL FREE | 4 B/D PAR |
| CLINIMIX E 4.25%/D5W SULF FREE | 4 B/D PAR |
| CLINIMIX E 5%/D15W SULFIT FREE | 4 B/D PAR |
| CLINIMIX E 5%/D20W SULFIT FREE | 4 B/D PAR |
| CLINIMIX E 5%/D25W SULFIT FREE | 4 B/D PAR |
| CLINIMIX N14G30E 4.25%-D15W SF | 4 B/D PAR |
| 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% intralipid intravenous emulsion 20 % | 4 B/D PAR |
| INTRALIPID INTRAVENOUS EMULSION 30 % | 4 B/D PAR |
| IONOSOL-MB IN D5W | 4 |
| ISOLYTE S PH 7.4 | 4 |
| ISOLYTE-P IN 5 % DEXTROSE | 4 |
| ISOLYTE-S | 4 |
| k-tab oral tablet extended release 8 meq | 3 MO |
| klor-con | 4 MO |
| klor-con 10 | 3 MO |
| klor-con 8 | 3 MO |
| klor-con m10 | 2 MO |
| klor-con m15 | 2 MO |
| klor-con m20 | 2 MO |

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 Requirements |
|---|--------------------------|
| | Tier /Limits |
| klor-con sprinkle oral capsule, extended release 8 meq | 4 MO |
| klor-con/ef | 1 MO |
| lactated ringers intravenous | 3 MO |
| ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride) | 2 MO |
| magnesium sulfate in water intravenous parenteral solution | 4 |
| magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/ 50 ml (8 %) | 4 |
| magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %) | 4 MO |
| magnesium sulfate injection solution | 3 MO |
| magnesium sulfate injection syringe | 4 |
| NEPHRAMINE 5.4 % | 4 B/D PAR |
| NORMOSOL-M IN 5 % | 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, 30 meq/l, 40 meq/l | 4 |
| <hr/> | |
| potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l | 4 MO |
| potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l | 4 |
| potassium chloride in water intravenous piggyback 10 meq/100 ml | 3 MO |
| potassium chloride in water intravenous piggyback 10 meq/50 ml | 4 MO |
| potassium chloride in water intravenous piggyback 20 meq/100 ml | 3 |
| potassium chloride in water intravenous piggyback 20 meq/50 ml, 30 meq/100 ml | 4 |
| potassium chloride oral capsule, extended release | 2 MO |
| potassium chloride oral liquid | 1 MO |
| potassium chloride oral tablet extended release | 2 MO |
| potassium chloride oral tablet, er particles/crystals | 2 MO |
| potassium chloride-0.45 % nacl | 4 |
| potassium chloride-d5- 0.2%nacl intravenous parenteral solution 20 meq/l | 4 MO |
| potassium chloride-d5- 0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l | 4 |
| potassium chloride-d5- 0.3%nacl intravenous parenteral solution 20 meq/l | 4 |
| potassium chloride-d5- 0.9%nacl intravenous parenteral solution 20 meq/l | 4 MO |
| potassium chloride-d5- 0.9%nacl intravenous parenteral solution 40 meq/l | 4 |
| premasol 10 % | 4 B/D PAR; MO |
| PREMASOL 6 % | 4 B/D PAR |

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 Requirements |
|--|--------------------------|
| | Tier /Limits |
| <i>prenatal vitamin plus low iron</i> | 2 MO |
| PROCALAMINE 3% | 4 B/D PAR |
| PROSOL 20 % | 4 B/D PAR; MO |
| <i>ringer's intravenous 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 |
| <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 sodium lactate travasol 10 %</i> | 4 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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| <i>abacavir oral tablet</i> | 8 |
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| <i>abacavir-lamivudine-zidovudine</i> | 8 |
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| <i>abiraterone</i> | 17 |
| ABRAXANE..... | 17 |
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| <i>acarbose oral tablet 25 mg</i> | 50 |
| <i>acarbose oral tablet 50 mg</i> | 50 |
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| <i>acebutolol</i> | 40 |
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| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | 25 |
| <i>acetaminophen-codeine oral tablet</i> | 25 |
| <i>acetazolamide oral capsule, extended release</i> | 63 |
| <i>acetazolamide oral tablet 125 mg</i> | 63 |
| <i>acetazolamide oral tablet 250 mg</i> | 63 |
| <i>acetazolamide sodium solution for injection</i> | 63 |
| <i>acetic acid irrigation</i> | 48 |
| <i>acetic acid otic (ear)</i> | 50 |
| <i>acetylcysteine</i> | 65 |
| <i>acetylcysteine intravenous</i> | 48 |
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| <i>acitretin oral capsule 17.5 mg, 25 mg</i> | 46 |
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| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i> | 65 |
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| <i>albuterol sulfate oral tablet</i> | 65 |

| | |
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| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg</i> | 65 |
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| ALDACTAZIDE ORAL TABLET 25-25 MG | 40 |
| ALDURAZYME | 50 |
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| <i>alendronate oral solution</i> | 60 |
| <i>alendronate oral tablet 10 mg, 5 mg</i> | 60 |
| <i>alendronate oral tablet 35 mg, 70 mg</i> | 60 |
| <i>alendronate oral tablet 40 mg</i> | 48 |
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| ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 % | 63 |
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| <i>amcinonide topical cream</i> | 46 |
| <i>amcinonide topical lotion</i> | 46 |
| <i>amcinonide topical ointment</i> | 46 |
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| <i>amiloride</i> | 40 |
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| AMINOSYN-PF 10 % | 68 |
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| <i>amlodipine besylate tablet</i> | 40 |
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| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | 40 |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg</i> | 40 |
| <i>amlodipine-olmesartan</i> | 40 |
| <i>amlodipine-valsartan</i> | 40 |
| <i>amlodipine-valsartan-hydrochlorothiazide</i> | 40 |
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| <i>amoxapine oral tablet 100 mg, 50 mg</i> | 25 |
| <i>amoxapine oral tablet 150 mg, 25 mg</i> | 25 |
| <i>amoxicillin oral capsule</i> | 8 |
| <i>amoxicillin oral suspension for reconstitution</i> | 8 |
| <i>amoxicillin oral tablet</i> | 8 |

| | |
|--|----|
| <i>amoxicillin oral tablet, chewable 125 mg</i> | 8 |
| <i>amoxicillin oral tablet, chewable 250 mg</i> | 8 |
| <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> | 9 |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> | 9 |
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| <i>amoxicillin-pot clavulanate oral tablet, chewable</i> | 9 |
| <i>amphotericin b</i> | 9 |
| <i>ampicillin oral capsule 250 mg</i> | 9 |
| <i>ampicillin oral capsule 500 mg</i> | 9 |
| <i>ampicillin sodium injection</i> | 9 |
| <i>ampicillin sodium intravenous</i> | 9 |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i> | 9 |
| <i>ampicillin-sulbactam injection recon soln 15 gram</i> | 9 |
| <i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i> | 9 |
| <i>ampicillin-sulbactam intravenous recon soln 3 gram</i> | 9 |
| <i>AMPYRA</i> | 25 |
| <i>ANADROL-50</i> | 50 |
| <i>anagrelide</i> | 49 |
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| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) | 50 |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM) | 50 |
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| <i>aripiprazole oral tablet 10 mg</i> | 25 |
| <i>aripiprazole oral tablet 15 mg</i> | 25 |
| <i>aripiprazole oral tablet 2 mg</i> | 25 |
| <i>aripiprazole oral tablet 20 mg, 30 mg</i> | 25 |
| <i>aripiprazole oral tablet 5 mg</i> | 25 |
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| XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)..... | 24 |
| XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)..... | 39 |
| XTANDI..... | 25 |
| xulane..... | 63 |
| XYREM..... | 39 |
| YERVOY..... | 25 |
| YF-VAX (PF)..... | 60 |
| YONDELIS..... | 25 |
| YONSA..... | 25 |
| <i>yuvafem</i> | 63 |
| <i>zafirlukast</i> | 67 |
| <i>zaleplon oral capsule 10 mg</i> | 39 |
| <i>zaleplon oral capsule 5 mg</i> | 39 |
| ZALTRAP..... | 25 |
| ZANOSAR..... | 25 |
| ZARAH..... | 63 |
| ZARONTIN ORAL CAPSULE..... | 39 |
| ZARXIO..... | 60 |
| ZEJULA..... | 25 |
| ZELBORAF..... | 25 |
| <i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i> | 48 |
| <i>zenatane oral capsule 30 mg</i> | 48 |
| <i>zenzedi oral tablet 10 mg</i> | 39 |
| <i>zenzedi oral tablet 5 mg</i> | 39 |
| ZESTORETIC..... | 45 |
| ZESTRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG..... | 46 |
| ZETIA..... | 46 |
| ZIAGEN ORAL SOLUTION..... | 17 |
| <i>zidovudine oral capsule</i> | 17 |
| <i>zidovudine oral syrup</i> | 17 |
| <i>zidovudine oral tablet</i> | 17 |

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| ZIOPTAN (PF)..... | 65 |
| <i>ziprasidone hcl oral capsule 20 mg</i> | 40 |
| <i>ziprasidone hcl oral capsule 40 mg</i> | 40 |
| <i>ziprasidone hcl oral capsule 60 mg, 80 mg</i> | 40 |
| ZIRGAN..... | 65 |
| ZITHROMAX ORAL PACKET..... | 17 |
| ZITHROMAX ORAL TABLET 250 MG..... | 17 |
| ZITHROMAX Z-PAK..... | 17 |
| ZOCOR ORAL TABLET 10 MG..... | 46 |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i> | 55 |
| <i>zoledronic acid-mannitol-water 5 mg/100 ml</i> | 50 |
| <i>zoledronic acid-mannitol-water 5 mg/100 ml intravenous piggyback 4 mg/100 ml</i> | 55 |
| ZOLINZA..... | 25 |
| <i>zolpidem oral tablet</i> | 40 |
| <i>zolpidem oral tablet, ext release multiphase</i> | 40 |
| <i>zonisamide oral capsule 100 mg, 50 mg</i> | 40 |
| <i>zonisamide oral capsule 25 mg</i> | 40 |
| ZORTRESS..... | 25 |
| ZOSTAVAX (PF)..... | 60 |
| <i>zovia 1/35e (28)</i> | 63 |
| <i>zumandimine (28)</i> | 63 |
| ZYDELIG..... | 25 |
| ZYKADIA..... | 25 |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG..... | 40 |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG..... | 40 |
| ZYTIGA ORAL TABLET 250 MG..... | 25 |
| ZYTIGA ORAL TABLET 500 MG..... | 25 |
| ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML..... | 17 |
| ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML..... | 17 |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION..... | 17 |



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This formulary was updated on November 1, 2019. For more recent information or other questions, please contact Anthem MediBlue Plus (HMO) Customer Service, at 1-855-558-1439 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>.