



Anthem MediBlue Rx Plus (PDP) 2020 Formulary (List of Covered Drugs)

PLEASE READ:

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



This formulary was updated on 11/1/2020. For more recent information or other questions, please contact Anthem MediBlue Rx Plus (PDP) Customer Service, at **1-833-285-4639** or, for TTY users, **711, 24 hours a day, 7 days a week**, 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 Rx Plus (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of 12/1/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, and/or pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, 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 Rx Plus (PDP) 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?

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

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

- **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 how 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 Rx Plus (PDP)'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.

- 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 how 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 Rx Plus (PDP)'s Formulary?"

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

The enclosed formulary is current as of 12/1/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change (non-maintenance 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 Agents." 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 72. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4. 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 Rx Plus (PDP)'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 Rx Plus (PDP)'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 72.

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 1-833-285-4639, 24 hours a day, 7 days a week TTY/TDD users should call 711.

NE – Non-Extended Day Supply (NEDS): This prescription cannot be filled for more than a 30-day supply.

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)	\$1.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$9.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$3.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$17.00
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$40.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$47.00
Cost-Sharing Tier 4: Non-Preferred Drug	
Network Pharmacy with preferred cost-sharing (30-day supply)	42%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	50%
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy with preferred cost-sharing (30-day supply)	33%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	33%

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

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

Network Pharmacy with preferred cost-sharing – A network pharmacy that offers covered drugs to members of our plan that may have lower cost-sharing levels than other network pharmacies with standard cost-sharing.

* A long-term supply is not available for drugs in the Tier 5: Specialty Tier

Mail-Order Pharmacy – Mail-order service allows you to order a 30–90 -day supply of drugs. The drug 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 1-833-285-4639, 24 hours a day, 7 days a week TTY/TDD users should call 711.

NE – Non-Extended Day Supply (NEDS): This prescription cannot be filled for more than a 30-day supply.

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	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
Analgesics					
<i>acetaminophen-codeine #2</i>	2	MO; QLL (180 per 30 days); NE	<i>butorphanol tartrate injection solution 1 mg/ml</i>	4	MO; QLL (240 per 30 days); NE
<i>acetaminophen-codeine #3</i>	3	MO; QLL (180 per 30 days); NE	<i>butorphanol tartrate injection solution 2 mg/ml</i>	4	MO; QLL (120 per 30 days); NE
<i>acetaminophen-codeine #4</i>	3	MO; QLL (180 per 30 days); NE	<i>butorphanol tartrate nasal</i>	4	MO; QLL (5 per 28 days); NE
<i>acetaminophen-codeine oral solution</i>	3	MO; QLL (900 per 30 days); NE	<i>celecoxib oral</i>	4	PAR; MO
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	MO; QLL (180 per 30 days); NE	<i>CODEINE SULFATE ORAL TABLET</i>	3	MO; QLL (180 per 30 days); NE
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	3	MO; QLL (180 per 30 days); NE	<i>diclofenac potassium</i>	2	MO
<i>buprenorphine hcl injection</i>	4	MO; QLL (90 per 30 days); NE	<i>diclofenac sodium er</i>	2	MO
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	3	MO; QLL (240 per 30 days)	<i>diclofenac sodium oral</i>	2	MO
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	3	MO; QLL (60 per 30 days)	<i>diclofenac sodium transdermal gel 3 %</i>	4	PAR; MO; QLL (100 per 30 days)
			<i>diflunisal oral</i>	4	MO
			<i>duramorph</i>	4	MO; QLL (180 per 30 days); NE
			<i>EC-NAPROXEN</i>	2	MO
			<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (180 per 30 days); NE

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>endocet oral tablet 2.5-325 mg</i>	3	MO; QLL (180 per 30 days); NE	HYDROMORPHONE HCL PF INJECTION SOLUTION 10 MG/ML	4	MO; QLL (120 per 30 days); NE
<i>etodolac er</i>	2	MO	HYDROMORPHONE HCL PF INJECTION SOLUTION 2 MG/ML	4	QLL (180 per 30 days); NE
<i>etodolac oral capsule</i>	4	MO	HYDROMORPHONE HCL PF INJECTION SOLUTION 4 MG/ML	4	MO; QLL (60 per 30 days); NE
<i>etodolac oral tablet</i>	2	MO	<i>hydromorphone hcl pf injection solution 50 mg/5ml</i>	4	MO; QLL (120 per 30 days); NE
<i>fenoprofen calcium oral tablet</i>	3	MO	<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	4	MO; QLL (1 per 30 days); NE
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PAR; MO; QLL (120 per 30 days); NE	<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO; CG
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PAR; MO; QLL (120 per 30 days); NE	<i>ibuprofen oral suspension</i>	2	MO
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PAR; MO; QLL (15 per 30 days); NE	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO; CG
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PAR; MO; QLL (15 per 30 days); NE	ILARIS SUBCUTANEOUS SOLUTION	5	PAR; LA
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	3	PAR; MO; QLL (15 per 30 days); NE	<i>ketoprofen oral</i>	2	MO
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	3	PAR; MO; QLL (15 per 30 days); NE	<i>ketorolac tromethamine oral</i>	3	PAR; MO
<i>flurbiprofen oral</i>	2	MO	<i>meclofenamate sodium oral capsule 100 mg</i>	3	MO
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	4	MO; QLL (2700 per 30 days); NE	<i>meclofenamate sodium oral capsule 50 mg</i>	4	MO
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (180 per 30 days); NE	<i>mefenamic acid oral</i>	4	MO
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QLL (50 per 10 days); NE	<i>meloxicam oral tablet</i>	1	MO; CG
<i>hydromorphone hcl injection solution 1 mg/ml</i>	4	MO; QLL (180 per 30 days); NE	METHADONE HCL INJECTION	4	MO; QLL (20 per 30 days); NE
<i>hydromorphone hcl injection solution 2 mg/ml</i>	4	MO; QLL (180 per 30 days); NE	<i>methadone hcl intensol</i>	3	MO; QLL (180 per 30 days); NE
<i>hydromorphone hcl injection solution 4 mg/ml</i>	4	MO; QLL (60 per 30 days); NE	<i>methadone hcl oral concentrate</i>	3	MO; QLL (180 per 30 days); NE
<i>hydromorphone hcl oral tablet</i>	3	MO; QLL (180 per 30 days); NE	<i>methadone hcl oral solution</i>	3	MO; QLL (900 per 30 days); NE
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML	4	MO; QLL (180 per 30 days); NE	<i>methadone hcl oral tablet</i>	3	PAR; MO; QLL (180 per 30 days); NE

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
METHADOSE SUGAR-FREE	3	MO; QLL (180 per 30 days); NE	<i>nabumetone oral</i>	2	MO
<i>morpheine sulfate (concentrate) oral solution 100 mg/5ml</i>	3	MO; QLL (180 per 30 days); NE	<i>nalbuphine hcl injection solution 10 mg/ml</i>	3	MO; QLL (60 per 30 days)
<i>morpheine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	3	MO; QLL (180 per 30 days); NE	<i>nalbuphine hcl injection solution 20 mg/ml</i>	4	MO; QLL (90 per 30 days)
<i>morpheine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	MO; QLL (180 per 30 days); NE	<i>naproxen dr</i>	2	MO
MORPHINE SULFATE (PF) INJECTION SOLUTION 4 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days); NE	<i>naproxen oral suspension</i>	3	MO
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 10 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days); NE	<i>naproxen oral tablet</i>	1	MO; CG
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 2 MG/ML, 4 MG/ML	3	MO; QLL (180 per 30 days); NE	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	MO
<i>morpheine sulfate er oral tablet extended release 100 mg, 200 mg</i>	4	PAR; MO; QLL (60 per 30 days); NE	<i>oxaprozin</i>	3	MO
<i>morpheine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	3	PAR; MO; QLL (90 per 30 days); NE	<i>oxycodone hcl oral capsule</i>	4	MO; QLL (180 per 30 days); NE
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	MO; QLL (180 per 30 days); NE	<i>oxycodone hcl oral concentrate 10 mg/0.5ml</i>	4	MO; QLL (180 per 30 days); NE
MORPHINE SULFATE INJECTION SOLUTION 5 MG/ML	3	MO; QLL (180 per 30 days); NE	<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	MO; QLL (180 per 30 days); NE
<i>morpheine sulfate intravenous solution 1 mg/ml</i>	4	MO; QLL (180 per 30 days); NE	<i>oxycodone hcl oral solution</i>	3	MO; QLL (900 per 30 days); NE
<i>morpheine sulfate intravenous solution 50 mg/ml</i>	4	MO; QLL (60 per 30 days); NE	<i>oxycodone hcl oral tablet</i>	3	MO; QLL (180 per 30 days); NE
<i>morpheine sulfate oral solution</i>	3	MO; QLL (900 per 30 days); NE	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (180 per 30 days); NE
<i>morpheine sulfate oral solution</i>	3	MO; QLL (900 per 30 days); NE	<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	3	MO; QLL (180 per 30 days); NE
<i>morpheine sulfate oral tablet</i>	3	MO; QLL (180 per 30 days); NE	<i>piroxicam oral</i>	2	MO
<i>morpheine sulfate oral tablet</i>	3	MO; QLL (180 per 30 days); NE	RELAFEN	2	MO
Anesthetics			<i>sulindac oral</i>	2	MO
			<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	PAR; MO; QLL (30 per 30 days); NE
			<i>tramadol hcl oral tablet 50 mg</i>	2	MO; QLL (240 per 30 days); NE
			<i>tramadol-acetaminophen</i>	3	MO; QLL (40 per 5 days); NE
			glydo external prefilled syringe	2	MO
			<i>lidocaine external patch 5 %</i>	3	PAR; MO; QLL (90 per 30 days)
			<i>lidocaine hcl external solution</i>	2	PAR; MO; QLL (300 per 30 days)
			<i>lidocaine hcl urethral/mucosal</i>	2	MO
			<i>lidocaine viscous hcl</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
<i>lidocaine-prilocaine external cream</i>	3	MO; QLL (30 per 30 days)	Anti-Inflammatory Agents		
Anti-Addiction/ Substance Abuse Treatment Agents					
<i>acamprosate calcium</i>	4	MO	<i>betamethasone dipropionate aug external cream</i>	2	MO
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	3	MO; QLL (240 per 30 days)	<i>betamethasone dipropionate aug external gel</i>	2	MO
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	3	MO; QLL (60 per 30 days)	<i>betamethasone dipropionate aug external lotion</i>	3	MO
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	4	MO; QLL (60 per 30 days)	<i>betamethasone dipropionate aug external ointment</i>	3	MO
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	4	MO; QLL (360 per 30 days)	<i>betamethasone dipropionate external cream</i>	3	MO
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	4	MO; QLL (180 per 30 days)	<i>betamethasone dipropionate external lotion</i>	2	MO
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	4	MO; QLL (90 per 30 days)	<i>betamethasone dipropionate external ointment</i>	3	MO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	MO; QLL (360 per 30 days)	<i>betamethasone valerate external cream</i>	2	MO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	MO; QLL (90 per 30 days)	<i>betamethasone valerate external lotion</i>	2	MO
<i>bupropion hcl er (smoking det)</i>	2	MO; QLL (60 per 30 days)	<i>betamethasone valerate external ointment</i>	2	MO
CHANTIX	4	PAR; MO; QLL (56 per 28 days)	BLEPHAMIDE S.O.P.	4	MO
CONTINUING MONTH PAK			<i>celecoxib oral</i>	4	PAR; MO
CHANTIX ORAL TABLET 0.5 MG	4	PAR; MO; QLL (60 per 30 days)	<i>cortisone acetate oral</i>	3	MO
CHANTIX ORAL TABLET 1 MG	4	PAR; MO; QLL (56 per 28 days)	<i>decadron oral tablet 0.5 mg</i>	5	MO
CHANTIX STARTING MONTH PAK	4	PAR; MO; NE	<i>decadron oral tablet 0.75 mg, 4 mg, 6 mg</i>	2	MO
<i>disulfiram oral</i>	4	MO	<i>dexamethasone oral elixir</i>	2	MO
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	4	MO	<i>dexamethasone oral solution</i>	2	MO
<i>naloxone hcl injection solution cartridge</i>	2	MO	<i>dexamethasone oral tablet</i>	2	MO
<i>naloxone hcl injection solution prefilled syringe</i>	3	MO	DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION	4	MO
<i>naltrexone hcl oral</i>	2	MO	<i>dexamethasone sodium phosphate injection</i>	4	MO
<i>naltrexone hcl oral</i>	2	MO	<i>diclofenac potassium</i>	2	MO
NARCAN	3	MO	<i>diclofenac sodium er</i>	2	MO
NICOTROL NS	4	MO; QLL (120 per 30 days)	<i>diclofenac sodium oral</i>	2	MO
			<i>diflunisal oral</i>	4	MO
			<i>etodolac er</i>	2	MO
			<i>etodolac oral capsule 200 mg</i>	4	MO
			<i>etodolac oral tablet</i>	2	MO
			<i>fenoprofen calcium oral tablet</i>	3	MO
			<i>flurbiprofen oral tablet 100 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	Drug Name	Drug Requirements/ Tier	Limits
hydrocortisone oral tablet 20 mg, 5 mg	3	MO	prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml	3	MO
ibu	1	MO; CG	PREDNISONE INTENSOL	3	MO
ibuprofen oral suspension	2	MO	prednisone oral solution	2	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO; CG	prednisone oral tablet 1 mg	2	MO
ketoprofen oral capsule 50 mg, 75 mg	2	MO	prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	MO; CG
ketorolac tromethamine oral	3	PAR; MO	prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)	2	MO
meclofenamate sodium oral capsule 100 mg	3	MO	prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)	1	MO; CG
meclofenamate sodium oral capsule 50 mg	4	MO	sulfacetamide-prednisolone ophthalmic solution	2	MO
mefenamic acid oral	4	MO	sulindac oral	2	MO
meloxicam oral tablet	1	MO; CG	triamcinolone acetonide injection suspension 40 mg/ml	4	MO
methylprednisolone acetate injection suspension 40 mg/ml	4	MO	Antibacterials		
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 80 MG/ML	4	MO	acetic acid otic	2	MO
methylprednisolone oral tablet	2	MO	amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	4	MO
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	4	MO	amoxicillin oral capsule	2	MO
nabumetone oral	2	MO	amoxicillin oral suspension reconstituted	2	MO
naproxen dr	2	MO	amoxicillin oral tablet	2	MO
naproxen oral suspension	3	MO	amoxicillin oral tablet chewable 125 mg, 250 mg	2	MO
naproxen oral tablet	1	MO; CG	amoxicillin-pot clavulanate er	4	MO
naproxen sodium oral tablet 275 mg, 550 mg	4	MO	amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	MO
oxaprozin	3	MO	amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	3	MO
piroxicam oral	2	MO	amoxicillin-pot clavulanate oral tablet 250-125 mg	4	MO
prednisolone acetate ophthalmic	2	MO	amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	2	MO
prednisolone oral solution	2	MO	amoxicillin-pot clavulanate oral tablet chewable	2	MO
prednisolone oral syrup 15 mg/5ml	2	MO			
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC	3	MO			
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	2	MO			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ampicillin oral capsule 500 mg	2	MO	cefaclor oral suspension reconstituted 250 mg/5ml	3	MO
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	4	MO	cefadroxil oral capsule	2	MO
ampicillin sodium intravenous	4	MO	cefadroxil oral suspension reconstituted	2	MO
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4	MO	cefadroxil oral tablet	3	MO
ampicillin-sulbactam sodium intravenous	4	MO	cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	4	MO
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	MO	CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	4	MO
AZACTAM	4	MO	cefazolin sodium intravenous solution reconstituted	4	MO
azithromycin intravenous	4	MO	CEFAZOLIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%	4	MO
azithromycin oral packet	4	MO	CEFAZOLIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)	4	MO
azithromycin oral suspension reconstituted 100 mg/5ml	3	MO	cefdinir	3	MO
azithromycin oral suspension reconstituted 200 mg/5ml	2	MO	cefepime hcl injection	4	MO
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	CG	CEFEPIME HCL INTRAVENOUS SOLUTION	4	MO
aztreonam injection solution reconstituted 1 gm	4	MO	cefpodoxime proxetil oral suspension reconstituted	4	MO
aztreonam injection solution reconstituted 2 gm	4	MO	cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	4	MO
baciim	4	MO	cefotetan disodium injection solution reconstituted 1 gm, 2 gm	4	MO
bacitracin intramuscular	4	MO	cefoxitin sodium	4	MO
bacitracin ophthalmic	4	MO			
BICILLIN C-R	4	MO			
BICILLIN C-R 900/300	4	MO			
BICILLIN L-A	4	MO			
CAYSTON	5	PAR; LA			
CEFACLOR ER	3	MO			
cefaclor oral capsule	4	MO			
cefaclor oral suspension reconstituted 125 mg/5ml, 375 mg/5ml	2	MO			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
CEFOXITIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	4	MO	<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	MO
<i>cefpodoxime proxetil</i>	4	MO	<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cefprozil oral suspension reconstituted 125 mg/5ml</i>	4	MO	<i>cephalexin oral suspension reconstituted</i>	2	MO
<i>cefprozil oral suspension reconstituted 250 mg/5ml</i>	2	MO	<i>cephalexin oral tablet</i>	2	MO
<i>cefprozil oral tablet</i>	4	MO	<i>chloramphenicol sod succinate</i>	4	MO
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	4	MO	<i>ciprofloxacin hcl ophthalmic</i>	1	MO; CG
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	4	MO	<i>ciprofloxacin hcl oral tablet 100 mg</i>	3	MO
<i>ceftriaxone sodium in dextrose</i>	4	MO	<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	MO	<i>ciprofloxacin in d5w</i>	4	MO
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	4	MO	<i>clarithromycin er</i>	3	MO
<i>ceftriaxone sodium intravenous</i>	4	MO	<i>clarithromycin oral</i>	3	MO
CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1- 3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	4	MO	<i>clindacin-p</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	3	MO	<i>clindamycin hcl oral</i>	2	MO
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	4	MO	<i>clindamycin phosphate external gel</i>	2	MO
			<i>clindamycin phosphate external lotion</i>	2	MO
			<i>clindamycin phosphate external solution</i>	2	MO
			<i>clindamycin phosphate external swab</i>	2	MO
			<i>clindamycin phosphate in d5w</i>	4	MO
			<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml</i>	4	MO
			<i>clindamycin phosphate vaginal</i>	4	MO
			<i>colistimethate sodium (cba)</i>	4	MO
			<i>colistimethate sodium (cba)</i>	4	MO
			DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	5	MO
			<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	MO
			<i>demeclacycline hcl oral</i>	4	MO

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
dicloxacillin sodium	2	MO	GLOBAL ALCOHOL	1	MO; CG
doxy 100	4	MO	PREP EASE		
doxycycline hyclate intravenous	4		imipenem-cilastatin intravenous solution reconstituted 250 mg	3	MO
doxycycline hyclate oral capsule	4	MO	imipenem-cilastatin intravenous solution reconstituted 500 mg	4	MO
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	4	MO	levofloxacin in d5w	4	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	MO	levofloxacin intravenous	4	MO
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	4	MO	levofloxacin ophthalmic	4	MO
doxycycline monohydrate oral tablet 150 mg	3	MO	levofloxacin oral solution	4	MO
e.e.s. 400 oral tablet	4	MO	levofloxacin oral tablet	2	MO
ery	2	MO	linezolid in sodium chloride	4	MO
ERYTHROCIN	4	MO	linezolid intravenous solution 600 mg/300ml	4	MO
LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG			linezolid oral suspension reconstituted	4	PAR; MO; QLL (1800 per 30 days)
erythrocin stearate oral tablet 250 mg	4	MO	linezolid oral tablet	4	PAR; MO; QLL (56 per 28 days)
erythromycin base oral capsule delayed release particles	4	MO	meropenem	4	MO
erythromycin base oral tablet	4	MO	methenamine hippurate	4	MO
erythromycin ethylsuccinate oral tablet	4	MO	metronidazole external cream	4	MO
erythromycin external gel	2	MO	metronidazole external gel 0.75 %	2	MO
erythromycin external solution	2	MO	metronidazole external lotion	4	MO
erythromycin ophthalmic	2	MO	metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/ 100ml-%	4	MO
erythromycin stearate oral tablet 250 mg	4	MO	METRONIDAZOLE IN NAACL INTRAVENOUS SOLUTION 500-0.74 MG/100ML-%	4	MO
gentak ophthalmic ointment	2	MO	metronidazole oral tablet 250 mg	1	MO; CG
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	4	MO	metronidazole oral tablet 500 mg	2	MO
gentamicin sulfate external	3	MO	metronidazole vaginal	2	MO
gentamicin sulfate injection	4	MO	minocycline hcl oral capsule	2	MO
gentamicin sulfate ophthalmic solution	2	MO	minocycline hcl oral tablet	3	MO
			monodoxine nl oral capsule 100 mg	2	MO
			morgidox oral capsule 100 mg	4	MO
			moxifloxacin hcl in nacl	4	MO

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>moxifloxacin hcl ophthalmic</i>	3	MO	<i>sulfacetamide sodium ophthalmic ointment</i>	3	MO
<i>mupirocin external</i>	2	MO	<i>sulfacetamide sodium ophthalmic solution</i>	2	MO
NAFCILLIN SODIUM IN DEXTROSE	4	MO	SULFADIAZINE ORAL	4	MO
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	MO	<i>sulfamethoxazole-trimethoprim intravenous</i>	4	MO
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	4	MO	<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	3	MO
<i>neomycin sulfate oral</i>	2	MO	<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO	SULFAMYLYON	4	MO
<i>nitrofurantoin monohyd macro</i>	3	MO	EXTERNAL CREAM		
<i>ofloxacin ophthalmic</i>	2	MO	SUPRAX ORAL	4	MO
<i>ofloxacin otic</i>	4	MO	SUSPENSION		
OXACILLIN SODIUM IN DEXTROSE	4	MO	RECONSTITUTED		
INTRAVENOUS SOLUTION 1 GM/50ML			SYNERCID	5	MO
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	MO	<i>tazicef injection</i>	4	MO
<i>paromomycin sulfate oral</i>	4	MO	TEFLARO	4	MO
<i>penicillin g potassium</i>	4	MO	<i>tetracycline hcl oral capsule 500 mg</i>	4	MO
PENICILLIN G PROCAINE	4	MO	<i>tigecycline</i>	5	MO
<i>penicillin v potassium</i>	2	MO	<i>tinidazole oral tablet 250 mg</i>	2	MO
<i>pfeizerpen</i>	4	MO	<i>tinidazole oral tablet 500 mg</i>	3	MO
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	MO	TOBRADEX	3	MO
<i>silver sulfadiazine external</i>	4	MO	OPHTHALMIC OINTMENT		
SIRTURO ORAL TABLET 100 MG	5	PAR; MO; LA	<i>tobramycin inhalation nebulization solution 300 mg/ 5ml</i>	5	B/D PAR; QLL (280 per 28 days)
SIRTURO ORAL TABLET 20 MG	5	PAR; LA	<i>tobramycin ophthalmic</i>	2	MO
<i>ssd</i>	4	MO	<i>tobramycin sulfate injection</i>	4	MO
<i>streptomycin sulfate intramuscular</i>	4	MO	<i>trimethoprim oral</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	3	MO	VANCOMYCIN HCL IN DEXTROSE	4	MO
			INTRAVENOUS SOLUTION 1-5 GM/ 200ML-%, 500-5 MG/ 100ML-%, 750-5 MG/ 150ML-%		

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
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/ 200ML-%, 500-0.9 MG/ 100ML-%, 750-0.9 MG/ 150ML-%	4	MO
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/ 200ML, 1500 MG/300ML, 2000 MG/400ML, 500 MG/100ML	4	MO
<i>vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 750 mg/ 150ml</i>	4	MO
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg</i>	4	MO
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 250 MG	4	MO
<i>vancomycin hcl intravenous solution reconstituted 750 mg</i>	4	B/D PAR; MO
<i>vancomycin hcl oral capsule 250 mg</i>	5	PAR; MO; QLL (80 per 10 days)
<i>vandazole</i>	2	MO
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	5	PAR; MO
ZYVOX INTRAVENOUS SOLUTION 200 MG/ 100ML	5	MO
Anticonvulsants		
APTIOM	4	ST; MO
BANZEL ORAL SUSPENSION	4	PAR; MO; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	4	PAR; MO; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	4	PAR; MO; QLL (240 per 30 days)

Drug Name	Drug Requirements/ Tier	Limits
BRIVIACT INTRAVENOUS	4	PAR; MO
BRIVIACT ORAL SOLUTION	4	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	4	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	4	PAR; MO; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	4	PAR; MO; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	4	PAR; MO; QLL (120 per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour</i>	4	MO
<i>carbamazepine oral</i>	4	MO
CELONTIN	4	MO
<i>clobazam oral suspension</i>	4	PAR; MO; QLL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	4	PAR; MO; QLL (120 per 30 days)
<i>clobazam oral tablet 20 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg</i>	2	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QLL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	3	MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	3	MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	3	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	3	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	3	MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	3	MO
DIASTAT ACUDIAL	4	MO
DIASTAT ACUDIAL	4	MO
DIASTAT PEDIATRIC	4	MO
DIASTAT PEDIATRIC	4	MO
<i>diazepam oral concentrate</i>	3	MO; QLL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
diazepam oral concentrate	3	MO; QLL (240 per 30 days)	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	4	MO; QLL (180 per 30 days)
diazepam oral solution 5 mg/ 5ml	3	MO; QLL (1200 per 30 days)	ethosuximide oral capsule	4	MO
diazepam oral solution 5 mg/ 5ml	3	MO; QLL (1200 per 30 days)	ethosuximide oral solution	3	MO
diazepam oral tablet 10 mg	2	MO; QLL (120 per 30 days)	felbamate	4	MO
diazepam oral tablet 10 mg	2	MO; QLL (120 per 30 days)	FINTEPLA	5	PAR; LA
diazepam oral tablet 2 mg	2	MO; QLL (600 per 30 days)	fosphenytoin sodium	4	MO
diazepam oral tablet 2 mg	2	MO; QLL (600 per 30 days)	FYCOMPA ORAL SUSPENSION	4	MO; QLL (720 per 30 days)
diazepam oral tablet 5 mg	2	MO; QLL (240 per 30 days)	FYCOMPA ORAL TABLET 10 MG, 12 MG	4	MO; QLL (30 per 30 days)
diazepam oral tablet 5 mg	2	MO; QLL (240 per 30 days)	FYCOMPA ORAL TABLET 2 MG	4	MO; QLL (180 per 30 days)
diazepam rectal gel 10 mg, 2.5 mg	4	MO	FYCOMPA ORAL TABLET 4 MG	4	MO; QLL (90 per 30 days)
diazepam rectal gel 20 mg	4		FYCOMPA ORAL TABLET 6 MG	4	MO; QLL (60 per 30 days)
diazepam rectal gel 20 mg	4		FYCOMPA ORAL TABLET 8 MG	4	MO; QLL (45 per 30 days)
DILANTIN INFATABS	3	MO	gabapentin oral capsule 100 mg	2	MO; QLL (1080 per 30 days)
DILANTIN ORAL CAPSULE 30 MG	3	MO	gabapentin oral capsule 300 mg	2	MO; QLL (360 per 30 days)
divalproex sodium er oral tablet extended release 24 hour	4	MO	gabapentin oral capsule 400 mg	2	MO; QLL (270 per 30 days)
divalproex sodium oral capsule delayed release sprinkle	3	MO	gabapentin oral solution	4	MO; QLL (2160 per 30 days)
divalproex sodium oral tablet delayed release	4	MO	gabapentin oral tablet 600 mg	2	MO; QLL (180 per 30 days)
EPIDIOLEX	5	PAR; LA	gabapentin oral tablet 800 mg	2	MO; QLL (120 per 30 days)
epitol	4	MO	lamotrigine oral tablet	2	MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	4	MO; QLL (480 per 30 days)	lamotrigine oral tablet chewable	3	MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	4	MO; QLL (240 per 30 days)	levetiracetam er oral tablet extended release 24 hour 500 mg	3	MO; QLL (180 per 30 days)
			levetiracetam er oral tablet extended release 24 hour 750 mg	3	MO; QLL (120 per 30 days)
			levetiracetam intravenous	4	MO
			levetiracetam oral	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	2	MO; QLL (300 per 30 days)	<i>pregabalin oral capsule 200 mg</i>	2	MO; QLL (90 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	MO; QLL (150 per 30 days)	<i>pregabalin oral capsule 225 mg</i>	2	MO; QLL (60 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QLL (90 per 30 days)	<i>pregabalin oral capsule 25 mg</i>	2	MO; QLL (720 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	MO; QLL (150 per 30 days)	<i>pregabalin oral capsule 50 mg</i>	2	MO; QLL (360 per 30 days)
NAYZILAM	4		<i>pregabalin oral capsule 75 mg</i>	2	MO; QLL (240 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO	<i>pregabalin oral solution</i>	2	MO; QLL (900 per 30 days)
<i>oxcarbazepine oral tablet</i>	3	MO	<i>primidone oral</i>	4	MO
PEGANONE	4	MO	<i>roweepra</i>	3	MO
<i>phenobarbital oral elixir</i>	3	PAR; MO; QLL (3000 per 30 days)	<i>roweepra xr oral tablet extended release 24 hour 500 mg</i>	3	MO; QLL (180 per 30 days)
<i>phenobarbital oral solution</i>	3	PAR; MO; QLL (3000 per 30 days)	<i>roweepra xr oral tablet extended release 24 hour 750 mg</i>	3	MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	4	PAR; MO; QLL (120 per 30 days)	SABRIL ORAL PACKET	4	PAR; LA; QLL (180 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	4	PAR; MO; QLL (800 per 30 days)	SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	PAR; MO; QLL (60 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	4	PAR; MO; QLL (741 per 30 days)	SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	4	PAR; MO; QLL (400 per 30 days)	<i>subvenite</i>	2	MO
<i>phenobarbital oral tablet 32.4 mg</i>	4	PAR; MO; QLL (370 per 30 days)	<i>SYMPAZAN ORAL FILM 10 MG, 20 MG</i>	5	PAR; MO; QLL (60 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	4	PAR; MO; QLL (200 per 30 days)	<i>SYMPAZAN ORAL FILM 5 MG</i>	4	PAR; MO; QLL (30 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	4	PAR; MO; QLL (185 per 30 days)	<i>tiagabine hcl</i>	4	MO
<i>phenobarbital oral tablet 97.2 mg</i>	4	PAR; MO; QLL (123 per 30 days)	<i>topiramate oral capsule sprinkle 15 mg</i>	3	MO
PHENYTEK	4	MO	<i>topiramate oral capsule sprinkle 25 mg</i>	4	MO
<i>phenytoin infatabs</i>	2	MO	<i>topiramate oral tablet 100 mg</i>	4	MO; QLL (480 per 30 days)
<i>phenytoin oral suspension 125 mg/5ml</i>	3	MO	<i>topiramate oral tablet 200 mg</i>	2	MO; QLL (240 per 30 days)
<i>phenytoin oral tablet chewable</i>	2	MO	<i>topiramate oral tablet 25 mg</i>	4	MO; QLL (1920 per 30 days)
<i>phenytoin sodium extended</i>	4	MO			
<i>phenytoin sodium injection</i>	4	MO			
<i>pregabalin oral capsule 100 mg</i>	2	MO; QLL (180 per 30 days)			
<i>pregabalin oral capsule 150 mg</i>	2	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
topiramate oral tablet 50 mg	4	MO; QLL (960 per 30 days)	donepezil hcl oral tablet 23 mg	4	ST; MO; QLL (30 per 30 days)
valproate sodium intravenous	4	MO	donepezil hcl oral tablet dispersible	2	MO; QLL (30 per 30 days)
valproic acid oral capsule	4	MO	ergoloid mesylates oral	4	PAR; MO
valproic acid oral solution	2	MO	galantamine hydrobromide er	3	MO; QLL (30 per 30 days)
VALTOCO 10 MG DOSE	4	MO	galantamine hydrobromide oral solution	4	MO; QLL (200 per 30 days)
VALTOCO 15 MG DOSE	4	MO	galantamine hydrobromide oral tablet	3	MO; QLL (60 per 30 days)
VALTOCO 20 MG DOSE	4	MO	memantine hcl er	3	PAR; MO; QLL (30 per 30 days)
VALTOCO 5 MG DOSE	4	MO	memantine hcl oral solution 10 mg/5ml	3	PAR; QLL (300 per 30 days)
vigabatrin	5	PAR; LA; QLL (180 per 30 days)	memantine hcl oral solution 2 mg/ml	3	PAR; MO; QLL (300 per 30 days)
vigadronate	5	PAR; LA; QLL (180 per 30 days)	memantine hcl oral tablet 10 mg	3	PAR; MO; QLL (60 per 30 days)
VIMPAT INTRAVENOUS	4	MO; QLL (1200 per 30 days)	memantine hcl oral tablet 5 mg	3	PAR; MO; QLL (90 per 30 days)
VIMPAT ORAL SOLUTION	4	MO; QLL (1200 per 30 days)	NAMZARIC	4	MO
VIMPAT ORAL TABLET 100 MG	4	MO; QLL (120 per 30 days)	rivastigmine	4	MO; QLL (30 per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	4	MO; QLL (60 per 30 days)	rivastigmine tartrate	4	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 per 30 days)	Antidepressants		
XCOPRI (250 MG DAILY DOSE)	5	QLL (56 per 28 days)	ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	MO; QLL (1 per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	QLL (56 per 28 days)	ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	MO; QLL (1 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	QLL (30 per 30 days)	amitriptyline hcl oral	4	PAR; MO
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QLL (60 per 30 days)	amoxapine	2	PAR; MO
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QLL (56 per 365 days)	ariPIPRAZOLE oral solution	4	MO; QLL (900 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	5	QLL (56 per 365 days)	ariPIPRAZOLE oral tablet 10 mg	4	MO; QLL (90 per 30 days)
zonisamide oral capsule 100 mg, 50 mg	4	MO	ariPIPRAZOLE oral tablet 15 mg	4	MO; QLL (60 per 30 days)
zonisamide oral capsule 25 mg	2	MO	ariPIPRAZOLE oral tablet 2 mg	4	MO; QLL (450 per 30 days)
Antidementia Agents					
donepezil hcl oral tablet 10 mg, 5 mg	2	MO; QLL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
aripiprazole oral tablet 20 mg, 30 mg	4	MO; QLL (30 per 30 days)	desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	4	MO; QLL (480 per 30 days)
aripiprazole oral tablet 5 mg	4	MO; QLL (180 per 30 days)	desvenlafaxine succinate er oral tablet extended release 24 hour 50 mg	4	MO; QLL (240 per 30 days)
aripiprazole oral tablet dispersible 10 mg	5	MO; QLL (90 per 30 days)	doxepin hcl oral capsule	3	PAR; MO
aripiprazole oral tablet dispersible 15 mg	5	MO; QLL (60 per 30 days)	doxepin hcl oral concentrate	4	PAR; MO
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	2	MO; QLL (120 per 30 days)	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG	4	MO; QLL (180 per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	2	MO; QLL (60 per 30 days)	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG	4	MO; QLL (120 per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	2	MO; QLL (90 per 30 days)	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	MO; QLL (90 per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	2	MO; QLL (30 per 30 days)	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	MO; QLL (60 per 30 days)
bupropion hcl oral tablet 100 mg	2	MO; QLL (135 per 30 days)	duloxetine hcl oral capsule delayed release particles 20 mg	4	MO; QLL (180 per 30 days)
bupropion hcl oral tablet 75 mg	2	MO; QLL (180 per 30 days)	duloxetine hcl oral capsule delayed release particles 30 mg	4	MO; QLL (120 per 30 days)
citalopram hydrobromide oral solution	2	MO; QLL (600 per 30 days)	duloxetine hcl oral capsule delayed release particles 40 mg	3	MO; QLL (90 per 30 days)
citalopram hydrobromide oral tablet 10 mg	1	MO; CG; QLL (120 per 30 days)	duloxetine hcl oral capsule delayed release particles 60 mg	4	MO; QLL (60 per 30 days)
citalopram hydrobromide oral tablet 20 mg	1	MO; CG; QLL (60 per 30 days)	EMSAM	5	PAR; MO; QLL (30 per 30 days)
citalopram hydrobromide oral tablet 40 mg	1	MO; CG; QLL (30 per 30 days)	escitalopram oxalate oral solution	4	MO; QLL (600 per 30 days)
clomipramine hcl oral	4	PAR; MO	escitalopram oxalate oral tablet 10 mg	2	MO; QLL (60 per 30 days)
desipramine hcl oral	4	PAR; MO	escitalopram oxalate oral tablet 20 mg	2	MO; QLL (30 per 30 days)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	4	MO; QLL (120 per 30 days)	escitalopram oxalate oral tablet 5 mg	2	MO; QLL (120 per 30 days)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	4	MO; QLL (240 per 30 days)			
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	4	MO; QLL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)	<i>mirtazapine oral tablet dispersible 30 mg</i>	4	MO; QLL (45 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	4	PAR; MO; QLL (180 per 30 days)	<i>mirtazapine oral tablet dispersible 45 mg</i>	4	MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	4	PAR; MO; QLL (90 per 30 days)	<i>nefazodone hcl oral tablet 100 mg</i>	4	MO; QLL (180 per 30 days)
FETZIMA TITRATION fluoxetine hcl oral capsule 10 mg	4	PAR; MO	<i>nefazodone hcl oral tablet 150 mg</i>	4	MO; QLL (120 per 30 days)
fluoxetine hcl oral capsule 20 mg	1	MO; CG; QLL (240 per 30 days)	<i>nefazodone hcl oral tablet 200 mg</i>	4	MO; QLL (90 per 30 days)
fluoxetine hcl oral capsule 40 mg	2	MO; QLL (120 per 30 days)	<i>nefazodone hcl oral tablet 250 mg</i>	4	MO; QLL (72 per 30 days)
fluoxetine hcl oral solution	2	MO; QLL (600 per 30 days)	<i>nefazodone hcl oral tablet 50 mg</i>	4	MO; QLL (360 per 30 days)
fluvoxamine maleate oral tablet 100 mg	2	MO; QLL (90 per 30 days)	<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	PAR; MO; CG
fluvoxamine maleate oral tablet 25 mg	2	MO; QLL (360 per 30 days)	<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	2	PAR; MO
fluvoxamine maleate oral tablet 50 mg	2	MO; QLL (180 per 30 days)	<i>nortriptyline hcl oral solution</i>	4	PAR; MO
imipramine hcl oral	4	PAR; MO	<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; CG; QLL (180 per 30 days)
maprotiline hcl oral tablet 25 mg	2	MO; QLL (270 per 30 days)	<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; CG; QLL (90 per 30 days)
maprotiline hcl oral tablet 50 mg	2	MO; QLL (135 per 30 days)	<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QLL (60 per 30 days)
maprotiline hcl oral tablet 75 mg	2	MO	<i>paroxetine hcl oral tablet 40 mg</i>	2	MO; QLL (45 per 30 days)
MARPLAN	4	MO	<i>PAXIL ORAL SUSPENSION</i>	4	MO; QLL (900 per 30 days)
mirtazapine oral tablet 15 mg	2	MO; QLL (90 per 30 days)	<i>phenelzine sulfate oral</i>	3	MO
mirtazapine oral tablet 30 mg	2	MO; QLL (45 per 30 days)	<i>protriptyline hcl</i>	4	PAR; MO
mirtazapine oral tablet 45 mg	2	MO; QLL (30 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	4	MO; QLL (150 per 30 days)
mirtazapine oral tablet 7.5 mg	2	MO; QLL (180 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	4	MO; QLL (120 per 30 days)
mirtazapine oral tablet dispersible 15 mg	4	MO; QLL (90 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i>	4	MO; QLL (80 per 30 days)
			<i>quetiapine fumarate er oral tablet extended release 24 hour 400 mg</i>	4	MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate er oral tablet extended release 24 hour 50 mg	4	MO; QLL (480 per 30 days)	venlafaxine hcl er oral capsule	2	MO; QLL (90 per 30 days)
quetiapine fumarate oral tablet 100 mg	2	MO; QLL (240 per 30 days)	venlafaxine hcl oral tablet	2	MO; QLL (113 per 100 mg)
quetiapine fumarate oral tablet 200 mg	2	MO; QLL (120 per 30 days)	venlafaxine hcl oral tablet 25 mg	2	MO; QLL (450 per 30 days)
quetiapine fumarate oral tablet 25 mg	2	MO; QLL (960 per 30 days)	venlafaxine hcl oral tablet 37.5 mg	2	MO; QLL (300 per 30 days)
quetiapine fumarate oral tablet 300 mg	2	MO; QLL (80 per 30 days)	venlafaxine hcl oral tablet 50 mg	2	MO; QLL (225 per 30 days)
quetiapine fumarate oral tablet 400 mg	2	MO; QLL (60 per 30 days)	venlafaxine hcl oral tablet 75 mg	2	MO; QLL (150 per 30 days)
quetiapine fumarate oral tablet 50 mg	2	MO; QLL (480 per 30 days)	VIIIBRYD ORAL TABLET 10 MG	4	ST; MO; QLL (120 per 30 days)
sertraline hcl oral concentrate	4	MO; QLL (300 per 30 days)	VIIIBRYD ORAL TABLET 20 MG	4	ST; MO; QLL (60 per 30 days)
sertraline hcl oral tablet 100 mg	2	MO; QLL (60 per 30 days)	VIIIBRYD ORAL TABLET 40 MG	4	ST; MO; QLL (30 per 30 days)
sertraline hcl oral tablet 25 mg	2	MO; QLL (240 per 30 days)	VIIIBRYD STARTER PACK	4	ST; MO
sertraline hcl oral tablet 50 mg	2	MO; QLL (120 per 30 days)	Antiemetics		
SPRAVATO (56 MG DOSE)	5	PAR; QLL (16 per 30 days)	aprepitant oral capsule 125 mg	4	B/D PAR; MO; QLL (5 per 30 days)
SPRAVATO (84 MG DOSE)	5	PAR; QLL (24 per 30 days)	aprepitant oral capsule 40 mg	4	B/D PAR; MO; QLL (1 per 28 days)
tranylcypromine sulfate	4	MO	aprepitant oral capsule 80 & 125 mg	4	B/D PAR; MO; QLL (15 per 30 days)
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	MO; CG	aprepitant oral capsule 80 mg	4	B/D PAR; MO; QLL (10 per 30 days)
trazodone hcl oral tablet 300 mg	4	MO	chlorpromazine hcl oral tablet 10 mg	3	MO
trimipramine maleate oral	4	MO	chlorpromazine hcl oral tablet 100 mg, 200 mg, 25 mg, 50 mg	4	MO
TRINTELLIX ORAL TABLET 10 MG	4	MO; QLL (60 per 30 days)	compro	4	MO
TRINTELLIX ORAL TABLET 20 MG	4	MO; QLL (30 per 30 days)	dronabinol	4	B/D PAR; MO; QLL (120 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	MO; QLL (120 per 30 days)	granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	4	MO
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	2	MO; QLL (60 per 30 days)			
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	2	MO; QLL (180 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl oral</i>	3	B/D PAR; MO; QLL (30 per 30 days)	<i>ciclopirox external shampoo</i>	3	MO
<i>hydroxyzine hcl oral syrup</i>	4	PAR; MO	<i>ciclopirox external solution</i>	3	MO
<i>hydroxyzine hcl oral tablet</i>	4	PAR; MO	<i>ciclopirox olamine external</i>	2	MO
<i>meclizine hcl oral tablet</i>	2	MO	<i>clotrimazole external cream</i>	2	MO
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/ 5ml</i>	1	MO; CG	<i>clotrimazole external solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO; CG	<i>clotrimazole mouth/throat troche</i>	2	MO
<i>ondansetron</i>	2	B/D PAR; MO; QLL (90 per 30 days)	<i>econazole nitrate external</i>	3	MO
<i>ondansetron hcl injection</i>	4	MO	<i>fluconazole in sodium</i>	4	MO
<i>ondansetron hcl oral solution</i>	4	B/D PAR; MO; QLL (450 per 30 days)	<i>chloride intravenous solution 200-0.9 mg/100ml-%, 400- 0.9 mg/200ml-%</i>		
<i>ondansetron hcl oral tablet 24 mg</i>	4	B/D PAR; MO; QLL (30 per 30 days)	<i>fluconazole oral suspension reconstituted</i>	3	MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PAR; MO; QLL (90 per 30 days)	<i>fluconazole oral tablet</i>	2	MO
<i>perphenazine oral</i>	3	MO	<i>flucytosine oral capsule 250 mg</i>	4	MO
<i>prochlorperazine</i>	4	MO	<i>flucytosine oral capsule 500 mg</i>	5	MO
<i>prochlorperazine maleate oral</i>	2	MO	<i>griseofulvin microsize oral suspension</i>	3	MO
<i>promethazine hcl oral tablet</i>	4	PAR; MO	<i>griseofulvin ultramicrosize</i>	3	MO
<i>scopolamine</i>	4	MO; QLL (10 per 28 days)	<i>itraconazole oral capsule</i>	4	PAR; MO
<i>TRANSDERM SCOP (1.5 MG)</i>	4	MO; QLL (10 per 28 days)	<i>ketoconazole external cream</i>	2	MO
Antifungals					
<i>ABELCET</i>	5	B/D PAR; MO	<i>ketoconazole external shampoo 2 %</i>	2	MO
<i>AMBISOME</i>	4	B/D PAR; MO	<i>ketoconazole oral</i>	2	MO
<i>amphotericin b intravenous</i>	4	B/D PAR; MO	<i>miconazole 3 vaginal suppository</i>	3	MO
<i>CASPOFUNGIN</i>	5	B/D PAR; MO	<i>NATACYN</i>	4	MO
ACETATE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG			<i>NOXAFILE ORAL SUSPENSION</i>	5	PAR; MO
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	4	B/D PAR; MO	<i>nyamyc</i>	2	MO
<i>ciclopirox external gel</i>	2	MO	<i>nystatin external</i>	2	MO
			<i>nystatin mouth/throat</i>	2	MO
			<i>nystatin oral tablet</i>	2	MO
			<i>nystop</i>	2	MO
			<i>terbinafine hcl oral</i>	1	MO; CG
			<i>terconazole vaginal cream</i>	2	MO
			<i>terconazole vaginal suppository</i>	3	MO
			<i>voriconazole intravenous</i>	4	MO
			<i>voriconazole oral suspension reconstituted</i>	5	PAR; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>voriconazole oral tablet 200 mg</i>	5	PAR; MO	<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	4	MO			
<i>voriconazole oral tablet 50 mg</i>	4	PAR; MO	<i>timolol maleate oral</i>	4	MO			
<i>ZOLINZA</i>	5	PAR; QLL (120 per 30 days)	<i>topiramate oral capsule sprinkle 15 mg</i>	3	MO			
Antigout Agents								
<i>allopurinol oral</i>	1	MO; CG	<i>topiramate oral capsule sprinkle 25 mg</i>	4	MO			
<i>allopurinol sodium</i>	4	MO	<i>topiramate oral tablet 100 mg</i>	4	MO; QLL (480 per 30 days)			
<i>ALOPRIM</i>	4	MO	<i>topiramate oral tablet 200 mg</i>	2	MO; QLL (240 per 30 days)			
<i>colchicine oral tablet</i>	3	MO	<i>topiramate oral tablet 25 mg</i>	4	MO; QLL (1920 per 30 days)			
<i>colchicine-probenecid</i>	2	MO	<i>topiramate oral tablet 50 mg</i>	4	MO; QLL (960 per 30 days)			
<i>febuxostat</i>	3	MO	<i>valproic acid oral capsule</i>	4	MO			
<i>probenecid oral</i>	2	MO	<i>valproic acid oral solution</i>	2	MO			
<i>ULORIC</i>	3	ST; MO	Antimigraine Agents					
<i>dihydroergotamine mesylate nasal</i>	5	MO; QLL (8 per 28 days)	<i>GUANIDINE HCL ORAL</i>	3	MO			
<i>divalproex sodium er oral tablet extended release 24 hour</i>	4	MO	<i>MESTINON ORAL SOLUTION</i>	5	MO			
<i>divalproex sodium oral capsule delayed release sprinkle</i>	3	MO	<i>pyridostigmine bromide er</i>	4	MO			
<i>divalproex sodium oral tablet delayed release</i>	4	MO	<i>pyridostigmine bromide oral solution</i>	5	MO			
<i>ERGOMAR</i>	3	MO	<i>PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG</i>	3	MO			
<i>ergotamine-caffeine</i>	3	MO	<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO			
<i>naratriptan hcl</i>	3	MO; QLL (9 per 30 days)	<i>REGONOL INTRAVENOUS</i>	4	MO			
<i>rizatriptan benzoate</i>	3	MO; QLL (12 per 30 days)	Antimycobacterials					
<i>sumatriptan nasal</i>	4	MO	<i>CAPASTAT SULFATE</i>	4	MO			
<i>sumatriptan succinate oral</i>	2	MO; QLL (9 per 30 days)	<i>dapsone oral</i>	3	MO			
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	4	MO	<i>ethambutol hcl oral</i>	2	MO			
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	MO	<i>isoniazid injection</i>	4	MO			
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	4	MO	<i>isoniazid oral syrup</i>	3	MO			
			<i>isoniazid oral tablet</i>	1	MO; CG			
			<i>PASER</i>	4	MO			
			<i>PRIFTIN</i>	4	MO			
			<i>pyrazinamide oral</i>	4	MO			
			<i>rifabutin</i>	4	MO			
			<i>rifampin intravenous</i>	4	MO			
			<i>rifampin oral</i>	3	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SIRTURO ORAL TABLET 100 MG	5	PAR; MO; LA	BELEODAQ	5	PAR
SIRTURO ORAL TABLET 20 MG	5	PAR; LA	BENDEKA	5	B/D PAR
TRECATOR	4	MO	BESPONSA	5	B/D PAR; LA
Antineoplastics			<i>bexarotene</i>	5	PAR; QLL (300 per 30 days)
<i>abiraterone acetate</i>	5	PAR; QLL (120 per 30 days)	<i>bicalutamide</i>	2	MO; QLL (30 per 30 days)
ABRAXANE	5	PAR	BICNU	4	B/D PAR
<i>adriamycin intravenous solution</i>	4	B/D PAR	<i>bleomycin sulfate</i>	4	B/D PAR
<i>adriamycin intravenous solution reconstituted 10 mg, 50 mg</i>	4	B/D PAR	BLINCYTO	5	PAR
AFINITOR	5	PAR	BORTEZOMIB	5	PAR
ALECENSA	5	PAR; LA; QLL (240 per 30 days)	BOSULIF ORAL TABLET 100 MG	5	PAR; QLL (120 per 30 days)
ALIQOPA	5	PAR; LA	BOSULIF ORAL TABLET 400 MG, 500 MG	5	PAR; QLL (30 per 30 days)
ALUNBRIG ORAL TABLET 180 MG	5	PAR; LA; QLL (30 per 30 days)	BRAFTOVI ORAL CAPSULE 75 MG	5	PAR; LA; QLL (180 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PAR; LA; QLL (180 per 30 days)	BRUKINSA	5	PAR; LA; QLL (120 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PAR; LA; QLL (60 per 30 days)	<i>busulfan</i>	4	B/D PAR
ALUNBRIG ORAL TABLET THERAPY PACK	5	PAR; LA; QLL (30 per 180 days); NE	CABOMETYX	5	PAR; LA; QLL (30 per 30 days)
<i>anastrozole oral</i>	2	MO; QLL (30 per 30 days)	CALQUENCE	5	PAR; LA
ARRANON	4	B/D PAR	CAPRELSA ORAL TABLET 100 MG	5	PAR; LA; QLL (90 per 30 days)
<i>arsenic trioxide intravenous</i>	5	B/D PAR	CAPRELSA ORAL TABLET 300 MG	5	PAR; LA; QLL (30 per 30 days)
ARZERRA	5	PAR	<i>carboplatin intravenous solution</i>	4	B/D PAR
AVASTIN	5	PAR; LA	<i>carmustine</i>	4	B/D PAR
<i>avita</i>	2	PAR; MO; QLL (45 per 30 days)	<i>cisplatin intravenous solution 100mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	4	B/D PAR
AYVAKIT	5	PAR; LA; QLL (30 per 30 days)	<i>cladribine intravenous solution 10 mg/10ml</i>	5	B/D PAR
<i>azacitidine</i>	5	PAR	<i>clofarabine</i>	5	B/D PAR
BALVERSA ORAL TABLET 3 MG	5	PAR; LA; QLL (90 per 30 days)	CLOLAR	5	B/D PAR
BALVERSA ORAL TABLET 4 MG	5	PAR; LA; QLL (60 per 30 days)	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PAR; LA; QLL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PAR; LA; QLL (30 per 30 days)	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PAR; LA; QLL (112 per 28 days)
BAVENCIO	5	PAR; LA	COMETRIQ (60 MG DAILY DOSE)	5	PAR; LA; QLL (84 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COPIKTRA	5	PAR; LA; QLL (60 per 30 days)	<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	4	B/D PAR
COSMEGEN	5	B/D PAR	ERBITUX	5	PAR
COTELLIC	5	PAR; LA; QLL (90 per 30 days)	ERIVEDGE	5	PAR; LA; QLL (30 per 30 days)
<i>cyclophosphamide oral capsule</i>	3	B/D PAR	ERLEADA	5	PAR; LA
CYRAMZA	5	PAR; LA	<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PAR; QLL (30 per 30 days)
<i>cytarabine (pf)</i>	4	B/D PAR	<i>erlotinib hcl oral tablet 25 mg</i>	5	PAR; QLL (90 per 30 days)
<i>cytarabine injection solution</i>	4	B/D PAR	ERWINAZE INJECTION	5	PAR; LA
<i>dacarbazine intravenous</i>	4	B/D PAR	ETOPOPHOS	5	B/D PAR
<i>dactinomycin</i>	5	B/D PAR	<i>etoposide intravenous solution 1 gm/50ml</i>	4	B/D PAR
DARZALEX	5	PAR; LA	<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i>	3	B/D PAR
DARZALEX FASPRO	5	PAR	<i>everolimus oral tablet 0.25 mg</i>	4	B/D PAR; MO
<i>daunorubicin hcl intravenous solution 20 mg/4ml</i>	4	B/D PAR	<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	5	B/D PAR
DAUNORUBICIN HCL	4	B/D PAR	<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PAR
INTRAVENOUS SOLUTION 50 MG/10ML			EVOMELA	5	B/D PAR
DAURISMO ORAL TABLET 100 MG	5	PAR; LA; QLL (30 per 30 days)	<i>exemestane</i>	4	MO; QLL (60 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PAR; LA; QLL (60 per 30 days)	FARYDAK ORAL CAPSULE 10 MG	5	PAR; LA; QLL (60 per 30 days)
<i>decitabine</i>	5	B/D PAR	FARYDAK ORAL CAPSULE 20 MG	5	PAR; LA; QLL (30 per 30 days)
<i>dexrazoxane hcl</i>	5	B/D PAR	FASLODEX	5	PAR
DOCETAXEL	5	B/D PAR	INTRAMUSCULAR SOLUTION 250 MG/5ML		
INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML			<i>fludarabine phosphate</i>	4	B/D PAR
DOCETAXEL	4	B/D PAR	<i>fluorouracil intravenous</i>	4	B/D PAR
INTRAVENOUS SOLUTION 160 MG/16ML			<i>flutamide</i>	3	MO
DOCETAXEL	5	B/D PAR	FOLOTYN	5	B/D PAR
INTRAVENOUS SOLUTION 20 MG/2ML, 80 MG/8ML			<i>fulvestrant</i>	5	PAR
<i>doxorubicin hcl intravenous solution</i>	4	B/D PAR	GAVRETO	5	PAR; LA; QLL (120 per 30 days)
<i>doxorubicin hcl liposomal</i>	5	PAR	GAZYVA	5	PAR; LA
DROXIA	4	MO	GEMCITABINE HCL	5	B/D PAR
ELITEK	5	PAR	INTRAVENOUS SOLUTION 1 GM/10ML, 2 GM/20ML		
EMCYT	4				
EMPLICITI	5	PAR; LA			
ENHERTU	5	PAR			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i>	4	B/D PAR	IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	4	B/D PAR
<i>gemcitabine hcl intravenous solution 2 gm/52.6ml, 200 mg/2ml</i>	5	B/D PAR	<i>imatinib mesylate oral tablet 100 mg</i>	5	PAR; QLL (240 per 30 days)
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 200 mg</i>	4	B/D PAR	<i>imatinib mesylate oral tablet 400 mg</i>	5	PAR; QLL (60 per 30 days)
<i>gemcitabine hcl intravenous solution reconstituted 2 gm</i>	5	B/D PAR	IMBRUVICA ORAL CAPSULE 140 MG	5	PAR; LA; QLL (90 per 30 days)
GILOTrif	5	PAR; LA; QLL (30 per 30 days)	IMBRUVICA ORAL CAPSULE 70 MG	5	PAR; LA; QLL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PAR; MO	IMBRUVICA ORAL TABLET 140 MG	5	PAR; LA; QLL (90 per 30 days)
HALAVEN	5	PAR	IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PAR; LA; QLL (30 per 30 days)
HERCEPTIN HYLECTA	5	B/D PAR	IMFINZI	5	PAR; LA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	B/D PAR	IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML	4	PAR; MO
<i>hydroxyprogesterone caproate intramuscular solution</i>	5	PAR; QLL (25 per 147 days); NE	IMLYGIC INTRALESIONAL SUSPENSION 100000000 UNIT/ML	5	PAR
<i>hydroxyurea oral</i>	2	MO	INLYTA ORAL TABLET 1 MG	5	PAR; LA; QLL (240 per 30 days)
IBRANCE	5	PAR; LA; QLL (30 per 30 days)	INLYTA ORAL TABLET 5 MG	5	PAR; LA; QLL (120 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PAR; LA; QLL (60 per 30 days)	INQOVI	5	PAR; LA; QLL (5 per 28 days)
ICLUSIG ORAL TABLET 45 MG	5	PAR; LA; QLL (30 per 30 days)	INREBIC	5	PAR; LA; QLL (120 per 30 days)
<i>idarubicin hcl</i>	5	B/D PAR	IRESSA	5	LA
IDHIFA ORAL TABLET 100 MG	5	PAR; LA; QLL (30 per 30 days)	<i>irinotecan hcl intravenous solution 100 mg/5ml, 500 mg/25ml</i>	4	B/D PAR
IDHIFA ORAL TABLET 50 MG	5	PAR; LA; QLL (60 per 30 days)	<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	4	B/D PAR; MO
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	4	B/D PAR	ISTODAX (OVERFILL)	5	PAR
<i>ifosfamide intravenous solution</i>	4	B/D PAR	IXEMPRA KIT	5	PAR
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	4	B/D PAR	JAKAFI ORAL TABLET 10 MG	5	PAR; LA; QLL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JAKAFI ORAL TABLET 15 MG	5	PAR; LA; QLL (100 per 30 days)	<i>letrozole oral</i>	2	MO; QLL (30 per 30 days)
JAKAFI ORAL TABLET 20 MG	5	PAR; LA; QLL (75 per 30 days)	<i>leucovorin calcium injection solution 100 mg/10ml</i>	4	MO
JAKAFI ORAL TABLET 25 MG	5	PAR; LA; QLL (60 per 30 days)	<i>leucovorin calcium injection solution reconstituted</i>	4	B/D PAR; MO
JAKAFI ORAL TABLET MG	5	PAR; LA; QLL (300 per 30 days)	<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>	2	MO
KADCYLA	5	PAR	<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>	2	MO
KHAPZORY	5	PAR	<i>leucovorin calcium oral tablet 25 mg</i>	3	MO
KISQALI (200 MG DOSE)	5	PAR; QLL (21 per 21 days)	<i>leucovorin calcium oral tablet 30 mg</i>	3	MO
KISQALI (400 MG DOSE)	5	PAR; QLL (42 per 21 days)	LEUKERAN	4	MO
KISQALI (600 MG DOSE)	5	PAR; QLL (63 per 21 days)	<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	5	PAR
KISQALI FEMARA (400 MG DOSE)	5	PAR; QLL (70 per 28 days)	LIBTAYO	5	PAR; LA
KISQALI FEMARA (600 MG DOSE)	5	PAR; QLL (91 per 28 days)	LONSURF	5	PAR
KISQALI FEMARA(200 MG DOSE)	5	PAR; QLL (49 per 28 days)	LORBRENA ORAL TABLET 100 MG	5	PAR; LA; QLL (30 per 30 days)
KOSELUGO	5	PAR	LORBRENA ORAL TABLET 25 MG	5	PAR; LA; QLL (90 per 30 days)
KYPROLIS	5	PAR; LA	LUMOXITI	5	PAR; LA
<i>lapatinib ditosylate</i>	5	PAR; QLL (180 per 30 days)	LYNPARZA ORAL TABLET	5	PAR; LA; QLL (120 per 30 days)
LARTRUVO INTRAVENOUS SOLUTION 190 MG/ 19ML	5	PAR; LA	MARQIBO	5	
LENVIMA (10 MG DAILY DOSE)	5	PAR; LA; QLL (30 per 30 days)	MATULANE	5	LA
LENVIMA (12 MG DAILY DOSE)	5	PAR; LA; QLL (90 per 30 days)	MEKINIST ORAL TABLET 0.5 MG	5	PAR; LA; QLL (90 per 30 days)
LENVIMA (14 MG DAILY DOSE)	5	PAR; LA; QLL (60 per 30 days)	MEKINIST ORAL TABLET 2 MG	5	PAR; LA; QLL (30 per 30 days)
LENVIMA (18 MG DAILY DOSE)	5	PAR; LA; QLL (90 per 30 days)	MEKTOVI	5	PAR; LA; QLL (180 per 30 days)
LENVIMA (20 MG DAILY DOSE)	5	PAR; LA; QLL (60 per 30 days)	<i>melphalan</i>	4	B/D PAR
LENVIMA (24 MG DAILY DOSE)	5	PAR; LA; QLL (90 per 30 days)	<i>melphalan hcl</i>	3	B/D PAR
LENVIMA (4 MG DAILY DOSE)	5	PAR; LA; QLL (30 per 30 days)	<i>mesna</i>	4	MO
LENVIMA (8 MG DAILY DOSE)	5	PAR; LA; QLL (60 per 30 days)	MESNEX ORAL	4	MO

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methotrexate sodium injection solution reconstituted</i>	4	MO	PARAPLATIN	4	B/D PAR; MO
<i>mitomycin intravenous solution reconstituted 20 mg</i>	4	B/D PAR	PEMAZYRE	5	PAR; LA; QLL (14 per 21 days)
<i>mitomycin intravenous solution reconstituted 40 mg</i>	5	B/D PAR	PERJETA	5	PAR
<i>mitoxantrone hcl</i>	3	B/D PAR	PHESGO	5	PAR
<i>mutamycin intravenous solution reconstituted 20 mg</i>	4	B/D PAR	PIQRAY (200 MG DAILY DOSE)	5	PAR; QLL (28 per 28 days)
<i>mutamycin intravenous solution reconstituted 40 mg</i>	5	B/D PAR	PIQRAY (250 MG DAILY DOSE)	5	PAR; QLL (56 per 28 days)
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	5	PAR; LA	PIQRAY (300 MG DAILY DOSE)	5	PAR; QLL (56 per 28 days)
NERLYNX	5	PAR; LA; QLL (180 per 30 days)	POLIVY	5	B/D PAR
NEXAVAR	5	PAR; LA; QLL (120 per 30 days)	POMALYST ORAL CAPSULE 1 MG	5	PAR; LA; QLL (120 per 30 days)
nilutamide	5	MO; QLL (30 per 30 days)	POMALYST ORAL CAPSULE 2 MG	5	PAR; LA; QLL (60 per 30 days)
NINLARO	5	PAR; QLL (3 per 28 days)	POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; LA; QLL (30 per 30 days)
NIPENT	5	B/D PAR	PORTRAZZA	5	LA
NUBEQA	5	PAR; LA; QLL (120 per 30 days)	POTELIGEO	5	B/D PAR; LA
ODOMZO	5	PAR; LA; QLL (30 per 30 days)	PROLEUKIN	5	B/D PAR
OFEV ORAL CAPSULE 150 MG	5	PAR; QLL (60 per 30 days)	PURIXAN	5	PAR
ONCASPAR INJECTION	5	PAR	QINLOCK	5	PAR; QLL (90 per 30 days)
OPDIVO	5	PAR; LA	RETEVMO ORAL CAPSULE 40 MG	5	PAR; QLL (180 per 30 days)
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	4	B/D PAR	RETEVMO ORAL CAPSULE 80 MG	5	PAR; QLL (120 per 30 days)
<i>oxaliplatin intravenous solution reconstituted</i>	5	B/D PAR	REVLIMID ORAL CAPSULE 10 MG	5	PAR; LA; QLL (60 per 30 days)
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml</i>	4	B/D PAR	REVLIMID ORAL CAPSULE 15 MG, 25 MG	5	PAR; LA; QLL (30 per 30 days)
<i>paclitaxel intravenous concentrate 300 mg/50ml</i>	4	B/D PAR	REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PAR; LA; QLL (30 per 30 days)
PADCEV	5	PAR	REVLIMID ORAL CAPSULE 5 MG	5	PAR; LA; QLL (150 per 30 days)
PANRETIN	5		RITUXAN HYCELA	5	B/D PAR; MO; LA
			RITUXAN	5	B/D PAR; LA
			INTRAVENOUS SOLUTION		
			<i>romidepsin intravenous solution</i>	5	PAR
			ROZLYTREK ORAL CAPSULE 100 MG	5	PAR; LA; QLL (30 per 30 days)
			ROZLYTREK ORAL CAPSULE 200 MG	5	PAR; LA; QLL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RUBRACA ORAL TABLET 200 MG	5	PAR; LA; QLL (180 per 30 days)	TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	5	PAR; LA; QLL (20 per 21 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	5	PAR; LA; QLL (120 per 30 days)	TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	5	PAR; LA; QLL (28 per 30 days)
RYDAPT	5	PAR; QLL (240 per 30 days)	<i>temsirolimus</i>	5	PAR
SARCLISA	5	PAR	THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PAR; QLL (30 per 30 days)
SOLTAMOX	4	MO	THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PAR; QLL (60 per 30 days)
SPRYCEL	5	PAR; QLL (30 per 30 days)	<i>thiotepa injection solution reconstituted 100 mg</i>	4	B/D PAR; MO
STIVARGA	5	PAR; LA; QLL (120 per 30 days)	<i>thiotepa injection solution reconstituted 15 mg</i>	4	B/D PAR
SUTENT ORAL CAPSULE 12.5 MG	5	PAR; QLL (90 per 30 days)	TIBSOVO	5	PAR; LA; QLL (60 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	PAR; QLL (30 per 30 days)	TICE BCG	4	B/D PAR
SYNRIBO	5	PAR	<i>toposar intravenous solution 1 gm/50ml, 500 mg/25ml</i>	4	B/D PAR
TABLOID	4	MO	<i>toposar intravenous solution 100 mg/5ml</i>	3	B/D PAR
TABRECTA	5	PAR; QLL (120 per 30 days)	TOPOTECAN HCL INTRAVENOUS SOLUTION	5	B/D PAR
TAFINLAR	5	PAR; LA; QLL (120 per 30 days)	<i>topotecan hcl intravenous solution reconstituted</i>	5	B/D PAR
TAGRISSO ORAL TABLET 40 MG	5	PAR; LA; QLL (60 per 30 days)	<i>toremifene citrate</i>	5	QLL (30 per 30 days)
TAGRISSO ORAL TABLET 80 MG	5	PAR; LA; QLL (30 per 30 days)	TORISEL	5	PAR
TALZENNA ORAL CAPSULE 0.25 MG	5	PAR; LA; QLL (180 per 30 days)	TREANDA INTRAVENOUS SOLUTION	5	B/D PAR
TALZENNA ORAL CAPSULE 1 MG	5	PAR; LA; QLL (60 per 30 days)	RECONSTITUTED		
<i>tamoxifen citrate oral</i>	2	MO	<i>tretinooin external cream 0.025 %, 0.05 %</i>	2	PAR; MO; QLL (45 per 30 days)
TARGETIN EXTERNAL	5	PAR; QLL (60 per 30 days)	<i>tretinooin external cream 0.1 %</i>	4	PAR; MO; QLL (45 per 30 days)
TASIGNA	5	PAR; QLL (112 per 28 days)	<i>tretinooin external gel 0.01 %, 0.025 %</i>	2	PAR; MO; QLL (45 per 30 days)
TAXOTERE INTRAVENOUS CONCENTRATE 80 MG/4ML	5	B/D PAR	<i>tretinooin oral</i>	5	MO
TAZVERIK	5	PAR; LA; QLL (240 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRISENOX	5	B/D PAR	XALKORI	5	PAR; LA; QLL (60 per 30 days)
INTRAVENOUS SOLUTION 12 MG/6ML			XOSPATA	5	PAR; LA; QLL (90 per 30 days)
TRODELVY	5	PAR	XPOVIO (100 MG ONCE WEEKLY)	5	PAR; LA; QLL (20 per 28 days)
TUKYSA	5	PAR; LA; QLL (120 per 30 days)	XPOVIO (40 MG ONCE WEEKLY)	5	PAR; LA; QLL (8 per 28 days)
TURALIO	5	PAR; LA; QLL (120 per 30 days)	XPOVIO (40 MG TWICE WEEKLY)	5	PAR; LA; QLL (16 per 28 days)
TYKERB	5	PAR; LA; QLL (180 per 30 days)	XPOVIO (60 MG ONCE WEEKLY)	5	PAR; LA; QLL (12 per 28 days)
VALCHLOR	5	PAR; LA	XPOVIO (60 MG TWICE WEEKLY)	5	PAR; LA; QLL (24 per 28 days)
VECTIBIX	5	PAR	XPOVIO (80 MG ONCE WEEKLY)	5	PAR; LA; QLL (16 per 28 days)
INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML			XTANDI	5	PAR; LA; QLL (120 per 30 days)
VELCADE INJECTION	5	PAR	YERVOY	5	PAR
VENCLEXTA ORAL TABLET 10 MG	3	PAR; LA; QLL (60 per 30 days)	YONDELIS	5	B/D PAR
VENCLEXTA ORAL TABLET 100 MG	5	PAR; LA; QLL (180 per 30 days)	YONSA	5	PAR; QLL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PAR; LA; QLL (30 per 30 days)	ZALTRAP	5	PAR; LA
VENCLEXTA STARTING PACK	5	PAR; LA; NE	ZANOSAR	4	B/D PAR
VERZENIO	5	PAR; LA; QLL (60 per 30 days)	ZEJULA	5	PAR; LA; QLL (90 per 30 days)
<i>vinblastine sulfate intravenous solution</i>	4	B/D PAR	ZELBORAF	5	PAR; LA; QLL (240 per 30 days)
<i>vincristine sulfate intravenous</i>	4	B/D PAR	ZOLINZA	5	PAR; QLL (120 per 30 days)
<i>vinorelbine tartrate</i>	4	B/D PAR	ZYDELIG	5	PAR; LA; QLL (60 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PAR; LA; QLL (60 per 30 days)	ZYKADIA ORAL TABLET	5	PAR; LA; QLL (90 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PAR; LA; QLL (180 per 30 days)	ZYTIGA ORAL TABLET	5	PAR; LA; QLL (60 500 MG per 30 days)
VITRAKVI ORAL SOLUTION	5	PAR; LA; QLL (300 per 30 days)	Antiparasitics		
VIZIMPRO ORAL TABLET 15 MG	5	PAR; LA; QLL (90 per 30 days)	<i>albendazole oral</i>	4	MO
VIZIMPRO ORAL TABLET 30 MG, 45 MG	5	PAR; LA; QLL (30 per 30 days)	ALINIA ORAL SUSPENSION	4	MO; QLL (180 per 30 days)
VOTRIENT	5	PAR; LA; QLL (120 per 30 days)	RECONSTITUTED		
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	5	B/D PAR	ALINIA ORAL TABLET	4	MO; QLL (6 per 30 days)
<i>atovaquone oral</i>			<i>atovaquone oral</i>	5	PAR; MO

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>atovaquone-proguanil hcl</i>	4	MO	<i>ropinirole hcl er</i>	4	MO
<i>chloroquine phosphate oral</i>	1	MO; CG	<i>selegiline hcl oral</i>	3	MO
COARTEM	4	MO	<i>tolcapone</i>	5	PAR; MO; QLL (180 per 30 days)
DARAPRIM	4	MO	<i>trihexyphenidyl hcl oral solution</i>	4	PAR; MO
<i>hydroxychloroquine sulfate oral</i>	1	MO; CG	<i>trihexyphenidyl hcl oral tablet</i>	2	PAR; MO
<i>ivermectin oral</i>	2	MO	Antipsychotics		
<i>lindane external shampoo</i>	4	MO	<i>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</i>	5	MO; QLL (1 per 28 days)
<i>malathion external</i>	4	MO	<i>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION</i>	5	MO; QLL (1 per 28 days)
<i>mefloquine hcl</i>	2	MO	<i>RECONSTITUTED ER</i>		
NEBUPENT	3	B/D PAR; MO	<i>aripiprazole oral solution</i>	4	MO; QLL (900 per 30 days)
PENTAM	4	MO	<i>aripiprazole oral tablet 10 mg</i>	4	MO; QLL (90 per 30 days)
<i>pentamidine isethionate inhalation</i>	3	B/D PAR; MO	<i>aripiprazole oral tablet 15 mg</i>	4	MO; QLL (60 per 30 days)
<i>pentamidine isethionate injection</i>	4	MO	<i>aripiprazole oral tablet 2 mg</i>	4	MO; QLL (450 per 30 days)
<i>permethrin external cream</i>	3	MO	<i>aripiprazole oral tablet 20 mg</i>	4	MO; QLL (30 per 30 days)
<i>primaquine phosphate oral</i>	3	MO	<i>aripiprazole oral tablet 5 mg</i>	4	MO; QLL (180 per 30 days)
<i>pyrimethamine oral</i>	4		<i>aripiprazole oral tablet dispersible 10 mg</i>	5	MO; QLL (90 per 30 days)
Antiparkinson Agents			<i>aripiprazole oral tablet dispersible 15 mg</i>	5	MO; QLL (60 per 30 days)
<i>amantadine hcl oral</i>	2	MO	CAPLYTA	5	PAR; QLL (30 per 30 days)
APOKYN	5	PAR; LA	CHLORPROMAZINE HCL INJECTION	4	MO
SUBCUTANEOUS SOLUTION CARTRIDGE			<i>chlorpromazine hcl oral tablet 10 mg</i>	3	MO
<i>benztropine mesylate injection</i>	4	MO	<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	4	MO
<i>benztropine mesylate oral</i>	2	PAR; MO	<i>clozapine oral tablet 100 mg</i>	3	MO; QLL (270 per 30 days)
<i>bromocriptine mesylate oral capsule</i>	4	MO	<i>clozapine oral tablet 200 mg</i>	3	MO; QLL (120 per 30 days)
<i>bromocriptine mesylate oral tablet</i>	3	MO			
<i>carbidopa oral</i>	4	MO			
<i>carbidopa oral</i>	4	MO			
<i>carbidopa-levodopa er oral tablet extended release 25- 100 mg, 50-200 mg</i>	2	MO			
<i>carbidopa-levodopa oral tablet</i>	2	MO			
<i>carbidopa-levodopa oral tablet dispersible</i>	4	MO			
<i>entacapone</i>	4	MO			
NEUPRO	4	MO; QLL (30 per 30 days)			
<i>pramipexole dihydrochloride</i>	2	MO			
<i>rasagiline mesylate oral</i>	3	MO			
<i>ropinirole hcl</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
<i>clozapine oral tablet 25 mg</i>	3	MO; QLL (1080 per 30 days)	<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	4	MO
<i>clozapine oral tablet 50 mg</i>	3	MO; QLL (540 per 30 days)	<i>haloperidol lactate injection</i>	4	MO
<i>clozapine oral tablet dispersible 100 mg</i>	4	MO; QLL (270 per 30 days)	<i>haloperidol lactate oral</i>	2	MO
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	MO; QLL (2160 per 30 days)	<i>haloperidol oral tablet 0.5 mg</i>	1	MO; CG
<i>clozapine oral tablet dispersible 150 mg</i>	4	MO; QLL (180 per 30 days)	<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	MO
<i>clozapine oral tablet dispersible 200 mg</i>	4	MO; QLL (120 per 30 days)	<i>haloperidol oral tablet 20 mg</i>	3	MO
<i>clozapine oral tablet dispersible 25 mg</i>	4	MO; QLL (1080 per 30 days)	<i>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML</i>	5	MO; QLL (0.75 per 28 days)
<i>FANAPT ORAL TABLET 1 MG</i>	4	MO; QLL (720 per 30 days)	<i>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML</i>	5	MO; QLL (1 per 28 days)
<i>FANAPT ORAL TABLET 10 MG, 12 MG</i>	4	MO; QLL (60 per 30 days)	<i>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML</i>	5	MO; QLL (1.5 per 28 days)
<i>FANAPT ORAL TABLET 2 MG</i>	4	MO; QLL (360 per 30 days)	<i>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML</i>	4	MO; QLL (0.25 per 28 days)
<i>FANAPT ORAL TABLET 4 MG</i>	4	MO; QLL (180 per 30 days)	<i>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML</i>	5	MO; QLL (0.5 per 28 days)
<i>FANAPT ORAL TABLET 6 MG</i>	4	MO; QLL (120 per 30 days)	<i>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML</i>	5	MO; QLL (0.875 per 90 days); NE
<i>FANAPT ORAL TABLET 8 MG</i>	4	MO; QLL (90 per 30 days)	<i>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML</i>	5	MO; QLL (1.315 per 90 days); NE
<i>FANAPT TITRATION PACK</i>	4	MO			
<i>fluphenazine decanoate injection</i>	4	MO			
<i>fluphenazine hcl injection</i>	4	MO			
<i>fluphenazine hcl oral concentrate</i>	2	MO			
<i>fluphenazine hcl oral elixir</i>	4	MO			
<i>fluphenazine hcl oral tablet 1 mg, 2.5 mg</i>	2	MO			
<i>fluphenazine hcl oral tablet 10 mg, 5 mg</i>	3	MO			
<i>GEODON INTRAMUSCULAR</i>	4	MO			
<i>haloperidol decanoate intramuscular solution 100 mg/ml 1 ml</i>	4				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	MO; QLL (1.75 per 90 days); NE	<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>	4	MO; QLL (240 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	5	MO; QLL (2.625 per 90 days); NE	<i>paliperidone er oral tablet extended release 24 hour 3 mg</i>	4	MO; QLL (120 per 30 days)
LATUDA ORAL TABLET 120 MG, 60 MG	4	MO; QLL (30 per 30 days)	<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	MO; QLL (60 per 30 days)
LATUDA ORAL TABLET 20 MG	4	MO; QLL (240 per 30 days)	<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	4	MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 40 MG	4	MO; QLL (120 per 30 days)	<i>perphenazine oral</i>	3	MO
LATUDA ORAL TABLET 80 MG	4	MO; QLL (60 per 30 days)	<i>pimozide</i>	3	MO
<i>loxpipine succinate oral</i>	2	MO	<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	4	MO
<i>molindone hcl</i>	4	MO	<i>prochlorperazine maleate oral</i>	2	MO
NUPLAZID ORAL CAPSULE	5	PAR; LA; QLL (30 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	4	MO; QLL (150 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PAR; LA; QLL (30 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	4	MO; QLL (120 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QLL (90 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i>	4	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 400 mg</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	3	MO; QLL (40 per 30 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	4	MO; QLL (480 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	3	MO; QLL (240 per 30 days)	<i>quetiapine fumarate oral tablet 100 mg</i>	2	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	3	MO; QLL (30 per 30 days)	<i>quetiapine fumarate oral tablet 200 mg</i>	2	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)	<i>quetiapine fumarate oral tablet 25 mg</i>	2	MO; QLL (960 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	3	MO; QLL (80 per 30 days)	<i>quetiapine fumarate oral tablet 300 mg</i>	2	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	4	MO; QLL (60 per 30 days)	<i>quetiapine fumarate oral tablet 400 mg</i>	2	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet dispersible 15 mg</i>	4	MO; QLL (40 per 30 days)	<i>quetiapine fumarate oral tablet 50 mg</i>	2	MO; QLL (480 per 30 days)
<i>olanzapine oral tablet dispersible 20 mg</i>	4	MO; QLL (30 per 30 days)	<i>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	5	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet dispersible 5 mg</i>	4	MO; QLL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REXULTI ORAL TABLET 3 MG, 4 MG	5	MO; QLL (30 per 30 days)	SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	4	MO; QLL (120 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	MO; QLL (2 per 28 days)	SECUADO	5	QLL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	MO; QLL (2 per 28 days)	<i>thioridazine hcl oral</i>	2	ST; MO
<i>risperidone oral solution</i>	3	MO; QLL (480 per 30 days)	<i>thiothixene oral</i>	4	MO
<i>risperidone oral tablet 0.25 mg</i>	2	MO; QLL (1920 per 30 days)	<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	2	MO
<i>risperidone oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)	<i>trifluoperazine hcl oral tablet 10 mg</i>	3	MO
<i>risperidone oral tablet 1 mg</i>	2	MO; QLL (480 per 30 days)	VERSACLOZ	4	MO; QLL (600 per 30 days)
<i>risperidone oral tablet 2 mg</i>	2	MO; QLL (240 per 30 days)	VRAYLAR ORAL CAPSULE	4	MO; QLL (30 per 30 days)
<i>risperidone oral tablet 3 mg</i>	2	MO; QLL (150 per 30 days)	VRAYLAR ORAL CAPSULE THERAPY PACK	4	MO
<i>risperidone oral tablet 4 mg</i>	2	MO; QLL (120 per 30 days)	<i>ziprasidone hcl oral capsule 20 mg</i>	4	MO; QLL (240 per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg</i>	4	MO; QLL (1920 per 30 days)	<i>ziprasidone hcl oral capsule 40 mg</i>	4	MO; QLL (120 per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	4	MO; QLL (960 per 30 days)	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	MO; QLL (60 per 30 days)
<i>risperidone oral tablet dispersible 1 mg</i>	4	MO; QLL (480 per 30 days)	<i>ziprasidone mesylate</i>	4	MO
<i>risperidone oral tablet dispersible 2 mg</i>	4	MO; QLL (240 per 30 days)	ZYPREXA RELPREVV	4	MO; QLL (2 per 28 days)
<i>risperidone oral tablet dispersible 3 mg</i>	4	MO; QLL (150 per 30 days)	Antispasticity Agents		
<i>risperidone oral tablet dispersible 4 mg</i>	4	MO; QLL (120 per 30 days)	<i>baclofen oral</i>	2	MO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	4	MO; QLL (60 per 30 days)	<i>dantrolene sodium oral capsule 100 mg</i>	3	MO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	4	MO; QLL (240 per 30 days)	<i>dantrolene sodium oral capsule 25 mg, 50 mg</i>	2	MO
			<i>tizanidine hcl oral tablet</i>	2	MO
			Antivirals		
			<i>abacavir sulfate oral solution</i>	4	QLL (960 per 30 days)
			<i>abacavir sulfate oral tablet</i>	4	QLL (60 per 30 days)
			<i>abacavir sulfate-lamivudine</i>	4	QLL (30 per 30 days)
			<i>abacavir-lamivudine-zidovudine</i>	5	QLL (60 per 30 days)
			<i>acyclovir external ointment</i>	4	MO; QLL (30 per 30 days)

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
acyclovir oral capsule	2	MO	efavirenz oral capsule 50 mg	4	QLL (360 per 30 days)
acyclovir oral suspension	4	MO	efavirenz oral tablet	5	QLL (30 per 30 days)
acyclovir oral tablet	2	MO	efavirenz-lamivudine-tenofovir	5	QLL (30 per 30 days)
acyclovir sodium intravenous solution	4	B/D PAR; MO	emtricitabine	4	MO; QLL (30 per 30 days)
adefovir dipivoxil	4	PAR	emtricitabine-tenofovir df	5	QLL (30 per 30 days)
amantadine hcl oral	2	MO	EMTRIVA ORAL CAPSULE	4	QLL (30 per 30 days)
APTIVUS ORAL CAPSULE	5	QLL (120 per 30 days)	EMTRIVA ORAL SOLUTION	4	QLL (850 per 30 days)
APTIVUS ORAL SOLUTION	5	QLL (380 per 30 days)	entecavir	4	PAR
atazanavir sulfate oral capsule 150 mg, 200 mg	5	QLL (60 per 30 days)	EPCLUSA ORAL TABLET 400-100 MG	5	PAR; QLL (30 per 30 days)
atazanavir sulfate oral capsule 300 mg	5	QLL (30 per 30 days)	EPCLUSA ORAL TABLET 400-100 MG	5	PAR; QLL (30 per 30 days)
ATRIPLA	5	QLL (30 per 30 days)	EPIVIR HBV ORAL SOLUTION	3	
BARACLUDE ORAL SOLUTION	5	PAR	EVOTAZ	5	QLL (30 per 30 days)
BIKTARVY	5	QLL (30 per 30 days)	famciclovir oral tablet 125 mg, 250 mg	3	MO; QLL (60 per 30 days)
CIMDUO	5	QLL (30 per 30 days)	famciclovir oral tablet 500 mg	3	MO; QLL (21 per 7 days)
COMPLERA	5	QLL (30 per 30 days)	fosamprenavir calcium	5	QLL (120 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	QLL (360 per 30 days)	FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QLL (60 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	QLL (180 per 30 days)	ganciclovir sodium intravenous solution reconstituted	4	B/D PAR
DELSTRIGO	5	QLL (30 per 30 days)	GENVOYA	5	QLL (30 per 30 days)
DESCOVY	5	QLL (30 per 30 days)	HARVONI ORAL PACKET	5	PAR; QLL (28 per 28 days)
didanosine oral capsule delayed release 200 mg	4	QLL (60 per 30 days)	HARVONI ORAL TABLET	5	PAR; QLL (28 per 28 days)
didanosine oral capsule delayed release 250 mg, 400 mg	4	QLL (30 per 30 days)	HARVONI ORAL TABLET 90-400 MG	5	PAR; QLL (28 per 28 days)
DOVATO	5	QLL (30 per 30 days)	INTELENCE ORAL TABLET 100 MG	5	QLL (120 per 30 days)
EDURANT	5	QLL (30 per 30 days)			
efavirenz oral capsule 200 mg	4	QLL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INTELENCE ORAL TABLET 200 MG	5	QLL (60 per 30 days)	<i>lamivudine oral tablet 100 mg</i>	3	
INTELENCE ORAL TABLET 25 MG	4	QLL (480 per 30 days)	<i>lamivudine oral tablet 100 mg</i>	3	
INTRON A INJECTION SOLUTION	5	B/D PAR	<i>lamivudine oral tablet 150 mg</i>	3	QLL (60 per 30 days)
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	B/D PAR	<i>lamivudine oral tablet 150 mg</i>	3	QLL (60 per 30 days)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	4	B/D PAR	<i>lamivudine oral tablet 300 mg</i>	4	QLL (30 per 30 days)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	4	B/D PAR	<i>lamivudine oral tablet 300 mg</i>	4	QLL (30 per 30 days)
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	5	B/D PAR	<i>lamivudine-zidovudine</i>	4	QLL (60 per 30 days)
INVIRASE ORAL TABLET	4	QLL (120 per 30 days)	<i>LEXIVA ORAL SUSPENSION</i>	4	QLL (1800 per 30 days)
ISENTRESS HD	5	QLL (60 per 30 days)	<i>lopinavir-ritonavir</i>	4	QLL (480 per 30 days)
ISENTRESS ORAL PACKET	4	QLL (180 per 30 days)	<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	QLL (90 per 30 days)
ISENTRESS ORAL TABLET	5	QLL (120 per 30 days)	<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QLL (30 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QLL (180 per 30 days)	<i>nevirapine oral suspension</i>	4	QLL (1200 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QLL (720 per 30 days)	<i>nevirapine oral tablet</i>	3	QLL (60 per 30 days)
JULUCA	5	QLL (30 per 30 days)	<i>NORVIR ORAL PACKET</i>	4	QLL (360 per 30 days)
KALETRA ORAL TABLET 100-25 MG	4	QLL (300 per 30 days)	<i>NORVIR ORAL SOLUTION</i>	4	QLL (480 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	QLL (120 per 30 days)	<i>ODEFSEY</i>	5	QLL (30 per 30 days)
<i>lamivudine oral solution</i>	4	QLL (960 per 30 days)	<i>oseltamivir phosphate oral</i>	3	MO
<i>lamivudine oral solution</i>	4	QLL (960 per 30 days)	<i>PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML</i>	5	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PIFELTRO	5	QLL (30 per 30 days)	SYMFYI	5	QLL (30 per 30 days)
PREZCOBIX	5	QLL (30 per 30 days)	SYMFYI LO	5	QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	QLL (400 per 30 days)	SYMTUZA	5	QLL (30 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QLL (180 per 30 days)	TEMIXYS	5	QLL (30 per 30 days); NE
PREZISTA ORAL TABLET 600 MG, 800 MG	5	QLL (60 per 30 days)	<i>tenofovir disoproxil fumarate</i>	4	QLL (30 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QLL (300 per 30 days)	<i>tenofovir disoproxil fumarate</i>	4	QLL (30 per 30 days)
RELENZA DISKHALER	3	MO; QLL (60 per 180 days); NE	TIVICAY ORAL TABLET 10 MG	4	QLL (60 per 30 days)
RETROVIR INTRAVENOUS	4		TIVICAY ORAL TABLET 25 MG, 50 MG	5	QLL (60 per 30 days)
REYATAZ ORAL PACKET	4	QLL (240 per 30 days)	TIVICAY PD	5	QLL (180 per 30 days)
<i>ribavirin inhalation</i>	5	PAR	<i>trifluridine ophthalmic</i>	3	MO
<i>ribavirin oral capsule</i>	3	MO	TRIUMEQ	5	QLL (30 per 30 days)
<i>ribavirin oral capsule</i>	3	MO	TROGARZO	5	PAR; LA; QLL (23.94 per 28 days)
<i>ribavirin oral tablet 200 mg</i>	4		TRUVADA	5	QLL (30 per 30 days)
<i>ribavirin oral tablet 200 mg</i>	4		TYBOST	3	QLL (30 per 30 days)
<i>rimantadine hcl</i>	3	MO	<i>valacyclovir hcl oral tablet 1 gm</i>	2	MO; QLL (90 per 30 days)
<i>ritonavir</i>	3	QLL (360 per 30 days)	<i>valacyclovir hcl oral tablet 500 mg</i>	2	MO; QLL (60 per 30 days)
RUKOBIA	5	QLL (60 per 30 days)	<i>valganciclovir hcl oral tablet</i>	5	
SELZENTRY ORAL SOLUTION	5	QLL (1840 per 30 days)	VEMLIDY	5	PAR; QLL (30 per 30 days); NE
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	QLL (120 per 30 days)	VIRACEPT ORAL TABLET 250 MG	5	QLL (300 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QLL (120 per 30 days)	VIRACEPT ORAL TABLET 625 MG	5	QLL (120 per 30 days)
<i>SELZENTRY ORAL TABLET 75 MG</i>	3	QLL (60 per 30 days)	VIRAZOLE	5	PAR; MO
<i>stavudine oral capsule 15 mg, 20 mg</i>	2	QLL (120 per 30 days)	VIREAD ORAL POWDER	5	QLL (240 per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	3	QLL (60 per 30 days)	VIREAD ORAL POWDER	5	QLL (240 per 30 days)
STRIBILD	5	QLL (30 per 30 days)	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QLL (30 per 30 days)
VOSEVI	5	PAR; QLL (30 per 30 days)
XOFLUZA (40 MG DOSE)	3	MO
XOFLUZA (80 MG DOSE)	3	MO
<i>zidovudine oral capsule</i>	3	QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	3	QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	2	QLL (60 per 30 days)
ZIRGAN	4	MO
Anxiolytics		
<i>alprazolam oral tablet</i>	2	MO; QLL (120 per 30 days)
<i>buspirone hcl oral tablet 10 mg</i>	1	MO; CG
<i>buspirone hcl oral tablet 15 mg, 5 mg, 7.5 mg</i>	2	MO
<i>buspirone hcl oral tablet 30 mg</i>	3	MO
<i>clonazepam oral tablet 0.5 mg</i>	2	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QLL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	3	MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	3	MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	3	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	3	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	3	MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	3	MO
DIASTAT ACUDIAL	4	MO
DIASTAT PEDIATRIC	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral concentrate</i>	3	MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/ 5ml</i>	3	MO; QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	MO; QLL (240 per 30 days)
<i>diazepam rectal gel 20 mg</i>	4	
<i>doxepin hcl oral capsule</i>	3	PAR; MO
<i>doxepin hcl oral concentrate</i>	4	PAR; MO
DRIZALMA SPRINKLE ORAL CAPSULE	4	MO; QLL (180 per 30 days)
DELAYED RELEASE SPRINKLE 20 MG		
DRIZALMA SPRINKLE ORAL CAPSULE	4	MO; QLL (120 per 30 days)
DELAYED RELEASE SPRINKLE 30 MG		
DRIZALMA SPRINKLE ORAL CAPSULE	4	MO; QLL (90 per 30 days)
DELAYED RELEASE SPRINKLE 40 MG		
DRIZALMA SPRINKLE ORAL CAPSULE	4	MO; QLL (60 per 30 days)
DELAYED RELEASE SPRINKLE 60 MG		
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	4	MO; QLL (180 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	4	MO; QLL (120 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	3	MO; QLL (90 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	4	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral solution</i>	4	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	2	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	MO; QLL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	2	MO; QLL (120 per 30 days)

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
hydroxyzine hcl oral syrup	4	PAR; MO
hydroxyzine hcl oral tablet	4	PAR; MO
lorazepam oral concentrate 2 mg/ml	2	MO; QLL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	2	MO; QLL (90 per 30 days)
lorazepam oral tablet 2 mg	2	MO; QLL (150 per 30 days)
NAYZILAM	4	
oxazepam	2	MO; QLL (120 per 30 days)
paroxetine hcl oral tablet 10 mg	1	MO; CG; QLL (180 per 30 days)
paroxetine hcl oral tablet 20 mg	1	MO; CG; QLL (90 per 30 days)
paroxetine hcl oral tablet 30 mg	2	MO; QLL (60 per 30 days)
paroxetine hcl oral tablet 40 mg	2	MO; QLL (45 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)
sertraline hcl oral concentrate	4	MO; QLL (300 per 30 days)
sertraline hcl oral tablet 100 mg	2	MO; QLL (60 per 30 days)
sertraline hcl oral tablet 25 mg	2	MO; QLL (240 per 30 days)
sertraline hcl oral tablet 50 mg	2	MO; QLL (120 per 30 days)
VALTOCO 10 MG DOSE	4	MO
VALTOCO 15 MG DOSE	4	MO
VALTOCO 20 MG DOSE	4	MO
VALTOCO 5 MG DOSE	4	MO
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	2	MO; QLL (60 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	2	MO; QLL (180 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	2	MO; QLL (90 per 30 days)
venlafaxine hcl oral tablet 100 mg	2	MO; QLL (113 per 30 days)

Drug Name	Drug Requirements/ Tier	Limits
venlafaxine hcl oral tablet 25 mg	2	MO; QLL (450 per 30 days)
venlafaxine hcl oral tablet 37.5 mg	2	MO; QLL (300 per 30 days)
venlafaxine hcl oral tablet 50 mg	2	MO; QLL (225 per 30 days)
venlafaxine hcl oral tablet 75 mg	2	MO; QLL (150 per 30 days)
Bipolar Agents		
carbamazepine er oral capsule extended release 12 hour	4	MO
carbamazepine er oral tablet extended release 12 hour 100 mg	4	MO
carbamazepine oral	4	MO
divalproex sodium er oral tablet extended release 24 hour	4	MO
divalproex sodium oral capsule delayed release sprinkle	3	MO
divalproex sodium oral tablet delayed release	4	MO
epitol	4	MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	4	MO; QLL (480 per 30 days)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	4	MO; QLL (240 per 30 days)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	4	MO; QLL (180 per 30 days)
GEODON INTRAMUSCULAR	4	MO
lamotrigine oral tablet	2	MO
lamotrigine oral tablet chewable	3	MO
LITHIUM	4	MO
lithium carbonate er	2	MO
lithium carbonate oral	1	MO; CG

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>olanzapine intramuscular</i>	4	MO; QLL (90 per 30 days)	<i>quetiapine fumarate oral tablet 400 mg</i>	2	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)	<i>quetiapine fumarate oral tablet 50 mg</i>	2	MO; QLL (480 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	3	MO; QLL (40 per 30 days)	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	MO; QLL (2 per 28 days)
<i>olanzapine oral tablet 2.5 mg</i>	3	MO; QLL (240 per 30 days)	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	MO; QLL (2 per 28 days)
<i>olanzapine oral tablet 20 mg</i>	3	MO; QLL (30 per 30 days)	<i>risperidone oral solution</i>	3	MO; QLL (480 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)	<i>risperidone oral tablet 0.25 mg</i>	2	MO; QLL (1920 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	3	MO; QLL (80 per 30 days)	<i>risperidone oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	4	MO; QLL (60 per 30 days)	<i>risperidone oral tablet 1 mg</i>	2	MO; QLL (480 per 30 days)
<i>olanzapine oral tablet dispersible 15 mg</i>	4	MO; QLL (40 per 30 days)	<i>risperidone oral tablet 2 mg</i>	2	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet dispersible 20 mg</i>	4	MO; QLL (30 per 30 days)	<i>risperidone oral tablet 3 mg</i>	2	MO; QLL (150 per 30 days)
<i>olanzapine oral tablet dispersible 5 mg</i>	4	MO; QLL (120 per 30 days)	<i>risperidone oral tablet 4 mg</i>	2	MO; QLL (120 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	4	MO; QLL (150 per 30 days)	<i>risperidone oral tablet dispersible 0.25 mg</i>	4	MO; QLL (1920 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	4	MO; QLL (120 per 30 days)	<i>risperidone oral tablet dispersible 0.5 mg</i>	4	MO; QLL (960 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i>	4	MO; QLL (80 per 30 days)	<i>risperidone oral tablet dispersible 1 mg</i>	4	MO; QLL (480 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 400 mg</i>	4	MO; QLL (60 per 30 days)	<i>risperidone oral tablet dispersible 2 mg</i>	4	MO; QLL (240 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	4	MO; QLL (480 per 30 days)	<i>risperidone oral tablet dispersible 3 mg</i>	4	MO; QLL (150 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg</i>	2	MO; QLL (240 per 30 days)	<i>risperidone oral tablet dispersible 4 mg</i>	4	MO; QLL (120 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	2	MO; QLL (120 per 30 days)	SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	4	MO; QLL (60 per 30 days)
<i>quetiapine fumarate oral tablet 25 mg</i>	2	MO; QLL (960 per 30 days)			
<i>quetiapine fumarate oral tablet 300 mg</i>	2	MO; QLL (80 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	4	MO; QLL (240 per 30 days)	BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO; QLL (2.4 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	4	MO; QLL (120 per 30 days)	BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO; QLL (1.2 per 30 days)
SECUADO	5	QLL (30 per 30 days)	CAREONE UNIFINE PENTIPS PLUS 29G X 12MM	3	MO; QLL (200 per 30 days)
<i>valproic acid oral capsule</i>	4	MO	CLEVER CHOICE COMFORT EZ 29G X 12MM	3	MO; QLL (200 per 30 days)
<i>valproic acid oral solution</i>	2	MO	<i>colesevelam hcl</i>	4	MO
VRAYLAR ORAL CAPSULE	4	MO; QLL (30 per 30 days)	COMFORT ASSIST INSULIN SYRINGE 29G X 1 1/2" 1 ML	3	MO; QLL (200 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	MO	CVS GAUZE STERILE PAD 2"X2"	1	MO; CG; QLL (200 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	4	MO; QLL (240 per 30 days)	CYCLOSET	4	ST; MO; QLL (180 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	MO; QLL (120 per 30 days)	<i>diazoxide oral</i>	4	MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	MO; QLL (60 per 30 days)	DROPLET PEN NEEDLES 30G X 8 MM	3	MO; QLL (200 per 30 days)
<i>ziprasidone mesylate</i>	4	MO	EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM	3	MO; QLL (200 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	MO; QLL (2 per 28 days)	EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	3	MO; QLL (200 per 30 days)
Blood Glucose Regulators			EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	MO; QLL (200 per 30 days)
1ST TIER UNIFINE PENTIPS 29G X 12MM	3	MO; QLL (200 per 30 days)	FARXIGA	3	QLL (30 per 30 days)
<i>acarbose oral tablet 100 mg</i>	2	MO; QLL (90 per 30 days)	<i>glimepiride oral tablet 1 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QLL (360 per 30 days)	<i>glimepiride oral tablet 2 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QLL (180 per 30 days)	<i>glimepiride oral tablet 4 mg</i>	1	MO; CG; QLL (60 per 30 days)
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	MO; QLL (200 per 30 days)	<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	MO; CG; 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)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
glipizide er oral tablet extended release 24 hour 2.5 mg	1	MO; CG; QLL (240 per 30 days)	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	MO
glipizide er oral tablet extended release 24 hour 5 mg	1	MO; CG; QLL (120 per 30 days)	HUMALOG MIX 50/50	3	MO
glipizide oral tablet 10 mg	1	MO; CG; QLL (120 per 30 days)	HUMALOG MIX 50/50 KWIKPEN	3	MO
glipizide oral tablet 5 mg	1	MO; CG; QLL (240 per 30 days)	SUBCUTANEOUS SUSPENSION PEN-INJECTOR		
glipizide xl oral tablet extended release 24 hour 10 mg	1	MO; CG; QLL (60 per 30 days)	HUMALOG MIX 75/25	3	MO
glipizide xl oral tablet extended release 24 hour 2.5 mg	1	MO; CG; QLL (240 per 30 days)	HUMALOG MIX 75/25 KWIKPEN	3	MO
glipizide xl oral tablet extended release 24 hour 5 mg	1	MO; CG; QLL (120 per 30 days)	SUBCUTANEOUS SUSPENSION PEN-INJECTOR		
glipizide-metformin hcl oral tablet 2.5-250 mg	2	MO; QLL (240 per 30 days)	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	MO
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	2	MO; QLL (120 per 30 days)	HUMULIN 70/30	3	MO
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/ 64" 1 ML	3	MO; QLL (200 per 30 days)	HUMULIN 70/30 KWIKPEN	3	MO
GLUCAGEN HYPOKIT	3	MO	SUBCUTANEOUS SUSPENSION PEN-INJECTOR		
GLUCAGON EMERGENCY INJECTION KIT	4	MO	HUMULIN N	3	MO
glyburide oral tablet 1.25 mg	4	PAR; MO; QLL (480 per 30 days)	HUMULIN N KWIKPEN	3	MO
glyburide oral tablet 2.5 mg	4	PAR; MO; QLL (240 per 30 days)	SUBCUTANEOUS SUSPENSION PEN-INJECTOR		
glyburide oral tablet 5 mg	4	PAR; MO; QLL (120 per 30 days)	HUMULIN R	3	MO
glyburide-metformin oral tablet 1.25-250 mg	4	PAR; MO; QLL (240 per 30 days)	INSULIN LISPRO (1 UNIT DIAL)	3	MO
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	4	PAR; MO; QLL (120 per 30 days)	INSULIN LISPRO	3	MO
H-E-B INCONTROL PEN NEEDLES 29G X 12MM	3	MO; QLL (200 per 30 days)	JUNIOR KWIKPEN		
HUMALOG JUNIOR KWIKPEN	3	MO	INSULIN LISPRO PROT & LISPRO	3	MO
			INSULIN LISPRO	3	MO
			SUBCUTANEOUS SOLUTION		
			INSUPEN PEN NEEDLES	3	MO; QLL (200 per 29G X 12MM 30 days)
			JANUMET	3	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
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	MO; QLL (30 per 30 days)	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	MO; CG; QLL (120 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	MO; QLL (60 per 30 days)	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	MO; CG; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)	<i>metformin hcl oral tablet 1000 mg</i>	1	MO; CG; QLL (60 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)	<i>metformin hcl oral tablet 500 mg</i>	1	MO; CG; QLL (150 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)	<i>metformin hcl oral tablet 850 mg</i>	1	MO; CG; QLL (90 per 30 days)
JARDIANCE	3	MO; QLL (30 per 30 days)	<i>nateglinide oral tablet 120 mg</i>	2	MO; QLL (90 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)	<i>nateglinide oral tablet 60 mg</i>	2	MO; QLL (180 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)	PC UNIFINE PENTIPS 29G X 12MM	3	MO; QLL (200 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	MO; QLL (60 per 30 days)	<i>pioglitazone hcl oral tablet 15 mg</i>	2	MO; QLL (90 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	MO; QLL (60 per 30 days)	<i>pioglitazone hcl oral tablet 30 mg</i>	2	MO; QLL (45 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	MO; QLL (30 per 30 days)	<i>pioglitazone hcl oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
PREFERRED PLUS INSULIN SYRINGE 28G X 1 1/2" 0.5 ML	3		PREFERRED PLUS INSULIN SYRINGE 28G	3	MO; QLL (200 per 30 days)
PROGLYCEM	4	MO	X 1 1/2" 0.5 ML		
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	MO; QLL (200 per 30 days)	PROGLYCEM	4	MO
RELION PEN NEEDLES 29G X 12MM	3	MO; QLL (200 per 30 days)	RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	MO; QLL (200 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)	RELION PEN NEEDLES 29G X 12MM	3	MO; QLL (200 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	3	MO; QLL (480 per 30 days)	<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	3	MO; QLL (240 per 30 days)	<i>repaglinide oral tablet 1 mg</i>	3	MO; QLL (480 per 30 days)
SYNJARDY	3	MO; QLL (60 per 30 days)	<i>repaglinide oral tablet 2 mg</i>	3	MO; QLL (240 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	MO; QLL (60 per 30 days)	SYNJARDY	3	MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	MO; QLL (30 per 30 days)	ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	MO; QLL (74 per 180 days); NE
TECHLITE PEN NEEDLES 29G X 12MM	3	MO; QLL (200 per 30 days)	<i>enoxaparin sodium injection</i>	4	MO; QLL (168 per 28 days)
<i>tolbutamide</i>	2	MO; QLL (180 per 30 days)	<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	4	MO; QLL (56 per 28 days)
TOUJEO MAX SOLOSTAR	3	MO	<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	4	MO; QLL (44.8 per 28 days)
TOUJEO SOLOSTAR	3	MO	<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	4	MO; QLL (16.8 per 28 days)
TRADJENTA	3	MO; QLL (30 per 30 days)	<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	4	MO; QLL (22.4 per 28 days)
TRULICITY	4	MO; QLL (2 per 28 days)	<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	4	MO; QLL (33.6 per 28 days)
UNIFINE PENTIPS 30G X 5 MM	3	MO; QLL (200 per 30 days)	<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	MO; QLL (24 per 30 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO; QLL (9 per 30 days)	<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	MO; QLL (15 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QLL (30 per 30 days)	<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	MO; QLL (12 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QLL (60 per 30 days)	<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	MO; QLL (18 per 30 days)
Blood Products/ Modifiers/ Volume Expanders			FULPHILA	5	PAR; QLL (1.2 per 28 days)
<i>anagrelide hcl</i>	3	MO	HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	4	B/D PAR; MO
<i>aspirin-dipyridamole er</i>	3	ST; MO; QLL (60 per 30 days)	HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 25000-0.45 UT/250ML-%	4	MO
BRILINTA	4	MO; QLL (60 per 30 days)			
<i>cilostazol</i>	2	MO			
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	MO; QLL (1 per 30 days)			
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	MO; QLL (30 per 30 days)			
ELIQUIS	3	MO; QLL (60 per 30 days)			

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Drug Name	Drug Requirements/ Tier	Limits
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ ML, 25000-5 UT/500ML- %	4	MO
<i>heparin sod (porcine) in d5w</i> 4 MO <i>intravenous solution 40-5</i> <i>unit/ml-%</i>		
<i>heparin sodium (porcine)</i> 3 B/D PAR; MO <i>injection solution 1000 unit/</i> <i>ml, 10000 unit/ml, 20000</i> <i>unit/ml, 5000 unit/ml</i>		
<i>jantoven</i> 1 MO; CG		
PRADAXA	4	MO; QLL (60 per 30 days)
<i>prasugrel hcl</i> 3 MO; QLL (30 per 30 days)		
PROCIT INJECTION SOLUTION 10000 UNIT/ ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ ML	4	PAR
PROCIT INJECTION SOLUTION 20000 UNIT/ ML, 40000 UNIT/ML	5	PAR
PROMACTA ORAL PACKET 12.5 MG	5	PAR; LA; QLL (360 per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PAR; LA; QLL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	5	PAR; LA; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PAR; LA; QLL (90 per 30 days)
<i>tranexamic acid intravenous</i> 3 <i>solution 1000 mg/10ml</i>		
<i>tranexamic acid oral</i> 3 MO		
<i>warfarin sodium oral</i>	1	MO; CG
XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	MO; QLL (60 per 30 days)
XARELTO STARTER PACK	3	MO; NE
ZARXIO	5	PAR

Drug Name	Drug Requirements/ Tier	Limits
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	2	MO
<i>acetazolamide er</i>	4	MO
<i>acetazolamide oral</i>	3	MO
<i>acetazolamide sodium</i>	4	MO
<i>afeditab cr oral tablet</i>	2	MO
<i>extended release 24 hour 30</i> <i>mg</i>		
<i>afeditab cr oral tablet</i>	2	
<i>extended release 24 hour 60</i> <i>mg</i>		
<i>aliskiren fumarate</i>	4	MO
<i>amiloride hcl oral</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amiodarone hcl intravenous</i>	4	B/D PAR; MO
<i>amiodarone hcl oral tablet</i>	2	MO
<i>100 mg, 200 mg</i>		
<i>amiodarone hcl oral tablet</i>	3	MO
<i>400 mg</i>		
<i>amlodipine besy-benazepril</i> <i>hcl</i>	2	MO
<i>amlodipine besylate oral</i>	1	MO; CG
<i>amlodipine besylate-valsartan</i> <i>oral tablet 10-160 mg, 5-160</i> <i>mg, 5-320 mg</i>	2	MO
<i>amlodipine besylate-valsartan</i> <i>oral tablet 10-320 mg</i>	3	MO
<i>amlodipine-olmesartan</i>	3	MO
<i>amlodipine-valsartan-hctz</i>	3	MO
<i>atenolol oral</i>	1	MO; CG
<i>atenolol-chlorthalidone</i>	1	MO; CG
<i>atorvastatin calcium oral</i>	1	MO; CG
<i>benazepril hcl oral</i>	1	MO; CG
<i>benazepril-</i> <i>hydrochlorothiazide</i>	2	MO
<i>betaxolol hcl oral</i>	2	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO; CG
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
BYSTOLIC	4	MO
<i>candesartan cilexetil</i>	3	MO
<i>candesartan cilexetil-hctz</i>	3	MO
<i>captopril oral</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>cartia xt</i>	2	MO	<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	MO
<i>carvedilol</i>	1	MO; CG	<i>diltiazem hcl intravenous solution</i>	4	MO
<i>chlorothiazide sodium</i>	4	MO	DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	4	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO	<i>diltiazem hcl oral</i>	2	MO
<i>cholestyramine light</i>	4	MO	<i>disopyramide phosphate oral</i>	3	PAR; MO
<i>cholestyramine oral</i>	4	MO	<i>dofetilide</i>	4	
<i>clonidine</i>	4	MO; QLL (4 per 28 days)	<i>doxazosin mesylate oral</i>	2	MO
<i>clonidine hcl oral</i>	1	MO; CG	<i>enalapril maleate oral</i>	1	MO; CG
<i>colesevelam hcl</i>	4	MO	<i>enalapril-hydrochlorothiazide</i>	1	MO; CG
<i>colestipol hcl oral granules</i>	3	MO	ENTRESTO	3	PAR; MO
<i>colestipol hcl oral packet</i>	2	MO	<i>eplerenone</i>	4	MO
<i>colestipol hcl oral tablet</i>	2	MO	<i>ezetimibe</i>	4	MO
CORLANOR ORAL SOLUTION	4	PAR; MO; QLL (560 per 28 days)	<i>felodipine er</i>	2	MO
CORLANOR ORAL TABLET	4	PAR; MO; QLL (60 per 30 days)	<i>fenofibrate micronized oral capsule 130 mg</i>	3	MO
DEMSER	5	MO	<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>digitek oral tablet 125 mcg</i>	4	MO	<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	MO
<i>digitek oral tablet 250 mcg</i>	4	PAR; MO	<i>fenofibric acid oral capsule delayed release 135 mg</i>	3	MO
<i>digoxin oral tablet 125 mcg</i>	4	MO	<i>fenofibric acid oral capsule delayed release 45 mg</i>	2	MO
<i>digoxin oral tablet 250 mcg</i>	4	PAR; MO	<i>fenofibric acid oral tablet 105 mg</i>	4	MO
<i>dilt-xr</i>	2	MO	<i>flecainide acetate</i>	3	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2		<i>fosinopril sodium</i>	2	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg</i>	2	MO	<i>fosinopril sodium-hctz</i>	2	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	4	MO	<i>furosemide injection solution 10 mg/ml</i>	4	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	2	MO	<i>furosemide injection solution 10 mg/ml (4ml syringe)</i>	4	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	4	MO	<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	4	MO
			<i>furosemide oral tablet</i>	1	MO; CG
			<i>gemfibrozil oral</i>	2	MO

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
guanfacine hcl oral	4	PAR; MO	midodrine hcl oral tablet 2.5 mg, 5 mg	3	MO
hydralazine hcl injection	4	MO	minitran	2	MO
hydralazine hcl oral	2	MO	minoxidil oral	2	MO
hydrochlorothiazide oral	1	MO; CG	moexipril hcl	2	MO
indapamide oral	2	MO	nadolol oral tablet 20 mg, 40 mg, 80 mg	3	MO
irbesartan	2	MO	niacin (antihyperlipidemic)	3	MO
irbesartan-hydrochlorothiazide	2	MO	niacin er (antihyperlipidemic)	3	MO
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	3	MO	niacor	3	MO
isosorbide mononitrate	2	MO	nicardipine hcl intravenous	4	MO
isosorbide mononitrate er	2	MO	nicardipine hcl oral	2	MO
isradipine	2	MO	nifedipine er	2	MO
labetalol hcl intravenous solution	4	MO	nifedipine er osmotic release	2	MO
labetalol hcl oral	2	MO	NITRO-BID	3	MO
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	4	MO	NITROGLYCERIN	4	B/D PAR; MO
LANOXIN ORAL TABLET 250 MCG	4	PAR; MO	INTRAVENOUS		
lisinopril oral	1	MO; CG	nitroglycerin sublingual tablet	3	MO
lisinopril-hydrochlorothiazide	1	MO; CG	sublingual 0.3 mg, 0.6 mg		
losartan potassium oral	1	MO; CG	nitroglycerin sublingual tablet	2	MO
losartan potassium-hctz	1	MO; CG	sublingual 0.4 mg		
lovastatin	1	MO; CG	nitroglycerin transdermal patch 24 hour	2	MO
methazolamide oral	4	MO	NORTHERA ORAL CAPSULE 100 MG	5	PAR; LA; QLL (540 per 30 days)
methyldopa oral tablet 250 mg	2	PAR; MO	NORTHERA ORAL CAPSULE 200 MG	5	PAR; LA; QLL (270 per 30 days)
methyldopa oral tablet 500 mg	4	PAR; MO	NORTHERA ORAL CAPSULE 300 MG	5	PAR; LA; QLL (180 per 30 days)
metolazone	3	MO	olmesartan medoxomil oral	4	MO
metoprolol succinate er	2	MO	olmesartan medoxomil-hctz	4	MO
metoprolol tartrate	4	MO	olmesartan medoxomil-hctz	4	MO
intravenous solution 5 mg/ 5ml			olmesartan-amldipine-hctz	3	MO
metoprolol tartrate oral	1	MO; CG	omega-3-acid ethyl esters	3	MO
metoprolol-hydrochlorothiazide	2	MO	pacerone oral tablet 100 mg	4	MO
methyrosine	5		pacerone oral tablet 200 mg	2	MO
mexiletine hcl oral	3	MO	pacerone oral tablet 400 mg	3	MO
midodrine hcl oral tablet 10 mg	4	MO	pentoxyfylline er	2	MO
pravastatin sodium	1	MO; CG	perindopril erbumine	2	MO
			pindolol	4	MO
			PRALUENT	4	PAR; QLL (2 per 28 days)
			SUBCUTANEOUS SOLUTION AUTO-INJECTOR		
			pravastatin sodium	1	MO; CG

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>prazosin hcl oral</i>	2	MO	<i>taztia xt</i>	2	MO
<i>prevalite</i>	4	MO	<i>telmisartan</i>	3	MO
<i>procainamide hcl injection</i>	4	MO	<i>telmisartanamlodipine</i>	2	MO
<i>propafenone hcl</i>	3	MO	<i>terazosin hcl oral</i>	1	MO; CG
<i>propranolol hcl er</i>	4	MO	<i>tiadylt er oral capsule</i>	2	MO
<i>propranolol hcl intravenous</i>	4	MO	<i>extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>		
<i>propranolol hcl oral solution 20 mg/5ml</i>	2	MO	<i>tiadylt er oral capsule</i>	4	MO
<i>propranolol hcl oral solution 40 mg/5ml</i>	4	MO	<i>extended release 24 hour 420 mg</i>		
<i>propranolol hcl oral tablet</i>	2	MO	<i>timolol maleate oral</i>	4	MO
<i>propranolol-hctz</i>	2	MO	<i>torsemide oral tablet 10 mg</i>	1	MO; CG
<i>quinapril hcl</i>	2	MO	<i>torsemide oral tablet 100 mg, 20 mg, 5 mg</i>	2	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO	<i>trandolapril</i>	2	MO
<i>quinididine sulfate oral</i>	2	MO	<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO; CG
<i>ramipril</i>	1	MO; CG	<i>triamterene-hctz oral tablet</i>	1	MO; CG
<i>RANEXA</i>	4	ST; MO	<i>valsartan</i>	2	MO
<i>ranolazine er</i>	4	ST; MO	<i>valsartan-hydrochlorothiazide</i>	2	MO
<i>RECTIV</i>	4	MO; QLL (30 per 30 days)	<i>VASCEPA</i>	4	MO
<i>REPATHA</i>	3	PAR; QLL (3 per 28 days)	<i>verapamil hcl er oral capsule</i>	4	MO
<i>REPATHA PUSHTRONEX SYSTEM</i>	3	PAR; QLL (3.5 per 28 days)	<i>extended release 24 hour verapamil hcl er oral tablet</i>	2	MO
<i>REPATHA SURECLICK</i>	3	PAR; QLL (3 per 28 days)	<i>extended release verapamil hcl oral tablet 40 mg</i>	2	MO
<i>rosuvastatin calcium</i>	3	MO			
<i>simvastatin oral tablet</i>	1	MO; CG	Central Nervous System Agents		
<i>sorine oral tablet 120 mg, 80 mg</i>	1	MO; CG	<i>acetylcysteine intravenous</i>	2	
<i>sorine oral tablet 160 mg, 240 mg</i>	2	MO	<i>amphetamine-dextroamphetamine er</i>	4	PAR; MO; QLL (30 per 30 days)
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	2	MO	<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	PAR; MO; QLL (90 per 30 days)
<i>sotalol hcl (af) oral tablet 80 mg</i>	1	MO; CG	<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	1	MO; CG	<i>atomoxetine hcl oral capsule</i>	4	MO; QLL (60 per 30 days)
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	2	MO			
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO			
<i>spironolactone oral tablet 25 mg</i>	1	MO; CG			
<i>spironolactone-hctz</i>	2	MO			

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Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	4	MO; QLL (30 per 30 days)
BETASERON SUBCUTANEOUS KIT	5	PAR; QLL (15 per 30 days)
clonidine hcl er	4	MO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PAR; QLL (30 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PAR; QLL (12 per 28 days)
dalfampridine er	5	PAR; QLL (60 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	4	MO; QLL (180 per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	4	MO; QLL (90 per 30 days)
diazepam intensol	3	MO; QLL (240 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg	4	MO; QLL (180 per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	4	MO; QLL (120 per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	3	MO; QLL (90 per 30 days)
duloxetine hcl oral capsule delayed release particles 60 mg	4	MO; QLL (60 per 30 days)
fomepizole intravenous solution 1.5 gm/1.5ml	5	MO
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5	PAR; QLL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5	PAR; QLL (12 per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	5	PAR; QLL (30 per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	5	PAR; QLL (12 per 28 days)
guanfacine hcl er	3	PAR; MO; QLL (30 per 30 days)
hydroxyzine hcl intramuscular	4	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
lorazepam intensol	2	MO; QLL (150 per 30 days)
methylphenidate hcl oral tablet	3	PAR; MO; QLL (90 per 30 days)
NUEDEXTA	3	PAR; MO; QLL (60 per 30 days)
pregabalin oral capsule 100 mg	2	MO; QLL (180 per 30 days)
pregabalin oral capsule 150 mg	2	MO; QLL (120 per 30 days)
pregabalin oral capsule 200 mg	2	MO; QLL (90 per 30 days)
pregabalin oral capsule 225 mg	2	MO; QLL (60 per 30 days)
pregabalin oral capsule 25 mg	2	MO; QLL (720 per 30 days)
pregabalin oral capsule 50 mg	2	MO; QLL (360 per 30 days)
pregabalin oral capsule 75 mg	2	MO; QLL (240 per 30 days)
pregabalin oral solution	2	MO; QLL (900 per 30 days)
riluzole	4	
SAVELLA ORAL TABLET 100 MG	3	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	3	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	3	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	3	MO; QLL (120 per 30 days)
SAVELLA TITRATION PACK	3	MO
TECFIDERA	5	PAR; LA
tetrabenazine oral tablet 12.5 mg	5	PAR; QLL (240 per 30 days)
tetrabenazine oral tablet 25 mg	5	PAR; QLL (120 per 30 days)
TYSABRI	5	PAR; LA
VECAMYL	4	MO
zenzedi oral tablet 10 mg	4	MO; QLL (180 per 30 days)
zenzedi oral tablet 5 mg	4	MO; QLL (90 per 30 days)
ZULRESSO	5	PAR; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Dental And Oral Agents					
chlorhexidine gluconate mouth/throat	1	MO; CG	calcipotriene external cream	4	MO; QLL (120 per 30 days)
denta 5000 plus	2	MO	calcipotriene external ointment	3	MO; QLL (120 per 30 days)
dentagel	2	MO	calcipotriene external solution	4	MO; QLL (60 per 30 days)
doxycycline hydiate oral capsule	4	MO	calcitrene	4	MO; QLL (120 per 30 days)
doxycycline hydiate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	4	MO	calcitriol external	4	MO
doxycycline monohydrate oral tablet 150 mg	3	MO	cyclodan external solution	3	MO
doxycycline monohydrate oral tablet 50 mg, 75 mg	4	MO	claravis oral capsule 10 mg, 20 mg, 40 mg	4	MO
minocycline hcl oral capsule	2	MO	clindacin etz external swab	2	MO
minocycline hcl oral tablet	3	MO	clindamycin phos-benzoyl peroxy external gel 1-5 %, 1.2-5 %	3	MO
monodoxine nl oral capsule 100 mg	2	MO	clotrimazole-betamethasone external cream	2	MO
oralone	3	MO	clotrimazole-betamethasone external lotion	3	MO
paroex	1	MO; CG	COSENTYX	5	PAR; LA; QLL (8 per 28 days)
periogard	1	MO; CG	COSENTYX (300 MG DOSE)	5	PAR; LA; QLL (8 per 28 days)
pilocarpine hcl oral sf	4	MO	COSENTYX SENSOREADY (300 MG)	5	PAR; LA; QLL (8 per 28 days)
sf 5000 plus	2	MO	COSENTYX SENSOREADY PEN	5	PAR; LA; QLL (8 per 28 days)
sodium fluoride 5000 plus	2	MO	diclofenac sodium transdermal gel 1 %	2	MO; QLL (1000 per 30 days)
sodium fluoride 5000 ppm dental cream	2	MO	diclofenac sodium transdermal gel 3 %	4	PAR; MO; QLL (100 per 30 days)
sodium fluoride dental cream	2	MO	doxycycline hydiate oral capsule 50 mg	4	MO
sodium fluoride dental gel 1.1 %	2	MO	doxycycline monohydrate oral capsule 100 mg, 50 mg	2	MO
triamicinolone acetonide mouth/throat	3	MO	doxycycline monohydrate oral tablet 100 mg, 50 mg	4	MO
Dermatological Agents					
acitretin oral capsule 10 mg, 25 mg	4	MO	fluocinonide external cream	2	MO; QLL (240 per 0.05 % 30 days)
acitretin oral capsule 17.5 mg	5	MO	fluorouracil external cream 5 %	3	MO
adapalene external gel 0.1 %	4	MO	fluorouracil external solution	3	MO
ammonium lactate external amnesteem	2	MO	fluticasone propionate external cream	2	MO
avita	4	MO			
benzoyl peroxide-erythromycin	2	PAR; MO; QLL (45 per 30 days)			
betamethasone dipropionate external lotion	4	MO			
	2	MO			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone propionate external ointment</i>	2	MO	AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	4	B/D PAR; MO
<i>hydrocortisone butyr lipo base</i>	4	MO	AMINOSYN-PF	4	B/D PAR; MO
<i>imiquimod external</i>	3	MO	<i>calcitriol intravenous solution</i>	4	MO <i>1 mcg/ml</i>
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO	CARBAGLU	5	PAR; LA
<i>methoxsalen rapid</i>	5		CEREZYME	5	PAR; LA
<i>monodoxyne nl oral capsule 100 mg</i>	2	MO	INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT		
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO	CLINIMIX E/DEXTROSE (2.75/5)	4	B/D PAR; MO
<i>neuac external gel</i>	3	MO	CLINIMIX E/DEXTROSE (4.25/10)	4	B/D PAR; MO
<i>nystatin-triamcinolone</i>	3	MO	CLINIMIX E/DEXTROSE (4.25/5)	4	B/D PAR; MO
<i>PICATO</i>	4	MO	CLINIMIX E/DEXTROSE (5/15)	4	B/D PAR; MO
<i>pimecrolimus</i>	4	PAR; MO; QLL (100 per 90 days); NE	CLINIMIX E/DEXTROSE (5/20)	4	B/D PAR; MO
<i>podofilox external</i>	3	MO	<i>clinimix e/dextrose (8/10)</i>	4	B/D PAR; MO
<i>prednicarbate external cream</i>	2	MO	<i>clinimix e/dextrose (8/14)</i>	4	B/D PAR; MO
<i>rosadan external cream</i>	4	MO	CLINIMIX/DEXTROSE (4.25/10)	4	B/D PAR; MO
<i>rosadan external gel</i>	2	MO	CLINIMIX/DEXTROSE (4.25/5)	4	B/D PAR; MO
<i>SANTYL</i>	4	MO; QLL (30 per 30 days); NE	CLINIMIX/DEXTROSE (5/15)	4	B/D PAR; MO
<i>selenium sulfide external lotion</i>	2	MO	CLINIMIX/DEXTROSE (5/20)	4	B/D PAR; MO
<i>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML</i>	5	PAR; QLL (1 per 28 days)	<i>clinimix/dextrose (6/5)</i>	4	B/D PAR; MO
<i>tazarotene external</i>	4	PAR; MO	<i>clinimix/dextrose (8/10)</i>	4	B/D PAR; MO
<i>TAZORAC EXTERNAL CREAM 0.05 %</i>	4	PAR; MO	<i>clinimix/dextrose (8/14)</i>	4	B/D PAR; MO
<i>TAZORAC EXTERNAL GEL</i>	4	PAR; MO	CLINOLIPID	4	B/D PAR; MO
<i>tretinoin external cream 0.025 %, 0.05 %</i>	2	PAR; MO; QLL (45 per 30 days)	<i>clovique</i>	5	
<i>tretinoin external cream 0.1 %</i>	4	PAR; MO; QLL (45 per 30 days)	<i>deferasirox oral tablet soluble</i>	5	PAR
<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	PAR; MO; QLL (45 per 30 days)	DEPEN TITRATABS	5	MO
<i>VALCHLOR</i>	5	PAR; LA	<i>dextrose in lactated ringers</i>	4	MO
<i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO	<i>dextrose intravenous solution 10 %, 5 %</i>	4	MO
Electrolytes/Minerals/Metals/Vitamins			<i>dextrose intravenous solution 250 mg/ml, 30 %, 70 %</i>	4	MO

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
DEXTROSE INTRAVENOUS SOLUTION 40 %	4	MO	KCL IN DEXTROSE-NAACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%	4	MO
<i>dextrose intravenous solution 50 %</i>	<i>4</i>		KCL IN DEXTROSE-NAACL INTRAVENOUS SOLUTION 40-5-0.9 MEQ/L-%-%	4	MO
DEXTROSE-NAACL INTRAVENOUS SOLUTION 10-0.2 %	4	MO	KCL-LACTATED RINGERS-D5W	4	MO
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	<i>4</i>	<i>MO</i>	<i>kionex oral suspension</i>	<i>2</i>	<i>MO</i>
<i>doxercalciferol intravenous doxercalciferol oral capsule 0.5 mcg</i>	<i>4</i>	<i>B/D PAR; MO</i>	<i>klor-con 10</i>	<i>2</i>	<i>MO</i>
<i>effer-k oral tablet effervescent 25 meq</i>	<i>2</i>	<i>MO</i>	<i>klor-con 10 m10</i>	<i>2</i>	<i>MO</i>
<i>elite-ob 25 meq</i>	<i>2</i>	<i>MO</i>	<i>klor-con 10 m10 m15</i>	<i>2</i>	<i>MO</i>
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg</i>	<i>2</i>	<i>MO</i>	<i>klor-con 10 m15 m20</i>	<i>2</i>	<i>MO</i>
<i>fluoritab oral tablet chewable 2.2 (1 f) mg</i>	<i>4</i>		<i>klor-con 10 m20 m20 klor-con oral tablet extended release</i>	<i>2</i>	<i>MO</i>
FREAMINE III INTRAVENOUS SOLUTION 10 %	4	B/D PAR; MO	<i>klor-con oral tablet extended release</i>	2	MO
<i>hepatamine intralipid intravenous emulsion 20 %</i>	<i>4</i>	<i>B/D PAR; MO</i>	<i>klor-con sprinkle</i>	<i>2</i>	<i>MO</i>
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PAR; MO	<i>klor-con/ef</i>	<i>2</i>	<i>MO</i>
IONOSOL-MB IN D5W ISOLYTE-P IN D5W	4	MO	<i>lactated ringers intravenous lactated ringers irrigation</i>	4	MO
ISOLYTE-S	4	MO	<i>levocarnitine oral solution</i>	4	B/D PAR; MO
ISOLYTE-S PH 7.4 K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	4	MO	LEVOCARNITINE ORAL TABLET	3	B/D PAR; MO
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	<i>4</i>	<i>MO</i>	<i>levocarnitine sf</i>	<i>4</i>	<i>B/D PAR; MO</i>
			<i>magnesium sulfate injection solution 50 %</i>	<i>4</i>	<i>MO</i>
			<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>	<i>4</i>	
			MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML	4	MO
			MOZOBIL	5	PAR
			NEPHRAMINE	4	B/D PAR; MO
			NORMOSOL-M IN D5W	4	MO
			NORMOSOL-R	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	Drug Name	Drug Requirements/ Tier	Limits
NORMOSOL-R IN D5W	4	MO	sodium bicarbonate	4	MO
NORMOSOL-R PH 7.4	4	MO	intravenous solution 8.4 %		
nutrilipid	4	B/D PAR; MO	sodium chloride injection	4	MO
penicillamine oral tablet	5		solution 2.5 meq/ml		
PLASMA-LYTE 148	4	MO	sodium chloride intravenous	4	MO
PLASMA-LYTE A	4	MO	solution 0.45 %, 0.9 %, 3		
pnv-dha	2	MO	% , 5 %		
pnv-select	2	MO	sodium chloride intravenous	4	MO
potassium bicarbonate oral	2	MO	solution 4 meq/ml		
potassium chloride crys er	2	MO	sodium chloride irrigation	4	MO
potassium chloride er	2	MO	solution 0.9 %		
potassium chloride in dextrose	4	MO	sodium fluoride oral tablet	4	MO
intravenous solution 20-5			2.2 (1 f) mg		
meq/l-%			sodium fluoride oral tablet	2	
potassium chloride in nacl	4	MO	chewable 0.55 (0.25 f) mg,		
intravenous solution 20-0.45			1.1 (0.5 f) mg		
meq/l-%, 20-0.9 meq/l-%,			sodium fluoride oral tablet	4	
40-0.9 meq/l-%			chewable 2.2 (1 f) mg		
potassium chloride	4	MO	sodium polystyrene sulfonate	2	
intravenous solution 10 meq/			oral powder		
100ml, 2 meq/ml, 20 meq/			sodium polystyrene sulfonate	2	MO
100ml, 40 meq/100ml			oral suspension		
potassium chloride	4	MO	sodium polystyrene sulfonate	2	MO
intravenous solution 10 meq/			rectal		
50ml, 20 meq/50ml			sps	2	MO
potassium chloride	4		sterile water for irrigation	4	MO
intravenous solution 2 meq/			SUPREP BOWEL PREP	3	MO
ml (20 ml)			KIT		
potassium chloride oral	4	MO	tis-u-sol	4	MO
solution 20 meq/15ml (10%),			tolvaptan oral tablet 30 mg	5	PAR; QLL (60 per
40 meq/15ml (20%)			30 days)		
PREMASOL	4	B/D PAR; MO	TPN ELECTROLYTES	4	MO
INTRAVENOUS			INTRAVENOUS		
SOLUTION 10 %			CONCENTRATE		
PROCALAMINE	4	B/D PAR; MO	TRAVASOL	4	B/D PAR; MO
PROSOL	4	B/D PAR; MO	trientine hcl	5	
ringers	4	MO	TROPHAMINE	4	B/D PAR; MO
ringers irrigation	4	MO	INTRAVENOUS		
SAMSCA ORAL TABLET	5	PAR; QLL (30 per	SOLUTION 10 %		
15 MG		30 days)	VPRI	5	PAR
SAMSCA ORAL TABLET	5	PAR; QLL (60 per	Gastrointestinal Agents		
30 MG		30 days)	alosetron hcl	5	PAR; MO; QLL
sodium bicarbonate	4		(60 per 30 days)		
intravenous solution 4.2 %			AMITIZA	3	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 Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
atropine sulfate injection solution 0.4 mg/ml, 8 mg/ 20ml	4	MO	lansoprazole oral capsule delayed release 15 mg	4	MO
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 1 mg/10ml	4	MO	lansoprazole oral capsule delayed release 30 mg	4	MO; QLL (30 per 30 days)
atropine sulfate injection solution prefilled syringe 0.5 mg/5ml	4		LINZESS	3	MO; QLL (30 per 30 days)
budesonide oral	4	MO	loperamide hcl oral capsule	3	MO
constulose	2	MO	mesalamine oral capsule delayed release	3	MO
DEXILANT	4	ST; MO; QLL (30 per 30 days)	mesalamine-cleanser	4	MO
dicyclomine hcl oral capsule	2	MO	methscopolamine bromide oral tablet 2.5 mg	2	MO
dicyclomine hcl oral solution	2	MO	methscopolamine bromide oral tablet 5 mg	3	MO
dicyclomine hcl oral tablet	4	MO	metoclopramide hcl injection	4	MO
diphenoxylate-atropine oral liquid	2	MO	metoclopramide hcl oral solution 10 mg/10ml, 5 mg/ 5ml	1	MO; CG
diphenoxylate-atropine oral tablet	3	MO	metoclopramide hcl oral tablet	1	MO; CG
enulose	2	MO	misoprostol oral	3	MO
esomeprazole sodium intravenous solution reconstituted 40 mg	4	MO	MOVANTIK	3	MO; QLL (30 per 30 days)
famotidine intravenous solution 20 mg/2ml, 200 mg/ 20ml, 40 mg/4ml	4	MO	MOVIPREP	4	MO
famotidine oral suspension reconstituted	3	MO	nizatidine oral capsule	2	MO
famotidine oral tablet 20 mg	1	MO; CG	omeprazole oral capsule delayed release	2	MO
famotidine oral tablet 40 mg	2	MO	opium	2	MO
famotidine premixed	4	MO	pantoprazole sodium intravenous	4	MO
GATTEX	5	PAR; LA	pantoprazole sodium oral tablet delayed release	2	MO
gavilyte-c	1	MO; CG	peg 3350-kcl-na bicarb-nacl	2	MO
gavilyte-g	2	MO	peg-3350/electrolytes	2	MO
gavilyte-h	3	MO	peg-3350/electrolytes/ascorbat	4	MO
gavilyte-n with flavor pack	2	MO	peg-kcl-nacl-nasulf-na asc-c	4	MO
generlac	2	MO	polyethylene glycol 3350 oral packet	2	
glycopyrrrolate injection solution	4	MO	polyethylene glycol 3350 oral powder	2	MO
glycopyrrrolate oral tablet 1 mg, 2 mg	2	MO	proctozone-hc external	2	MO
lactulose encephalopathy	2	MO	propantheline bromide oral	2	PAR; MO
lactulose oral solution	2	MO	RELISTOR	5	PAR; MO; QLL (18 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
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/ 0.6ML (0.6ML SYRINGE)	5	PAR; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	PAR; MO; QLL (12 per 30 days)
REMICADE	5	PAR
<i>scopolamine</i>	4	MO; QLL (10 per 28 days)
<i>sucralfate oral tablet</i>	2	MO
<i>trilyte</i>	2	MO
<i>ursodiol oral</i>	3	MO
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PAR; LA
CERDELGA	5	PAR
CREON	3	MO
CYSTADANE	5	LA
CYSTAGON	4	LA
ELAPRASE	5	PAR; LA
FABRAZYME	5	PAR; LA
KUVAN ORAL TABLET SOLUBLE	5	PAR; LA
<i>miglustat</i>	5	PAR; LA
NAGLAZYME	5	PAR; LA
<i>nitisinone</i>	5	PAR
ORFADIN	5	PAR; LA
RAVICTI	5	PAR; LA; QLL (525 per 30 days)
<i>sodium phenylbutyrate oral tablet</i>	5	PAR
SUCRAID	5	LA
Genitourinary Agents		
<i>acetic acid irrigation</i>	2	MO
<i>alfuzosin hcl er</i>	2	MO
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	2	MO
<i>bethanechol chloride oral tablet 50 mg</i>	3	MO
<i>calcium acetate (phos binder) oral capsule</i>	3	MO
<i>clovique</i>	5	
DEPEN TITRATABS	5	MO
<i>doxazosin mesylate oral</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride oral</i>	3	MO; QLL (30 per 30 days)
<i>dutasteride-tamsulosin hcl</i>	3	MO; QLL (30 per 30 days)
ELMIRON	4	MO
<i>finasteride oral tablet 5 mg</i>	4	MO
<i>flavoxate hcl</i>	3	MO
JYNARQUE ORAL TABLET	5	PAR; LA; QLL (120 per 30 days)
<i>methenamine mandelate oral</i>	2	MO
MYRBETRIQ	4	MO; QLL (30 per 30 days)
<i>neomycin-polymyxin b gu</i>	2	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	2	MO; QLL (60 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	2	MO; QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	2	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	2	MO; QLL (120 per 30 days)
<i>potassium citrate er</i>	3	MO
<i>prazosin hcl oral</i>	2	MO
<i>sevelamer carbonate oral packet 0.8 gm</i>	4	MO; QLL (540 per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	4	MO; QLL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	3	MO; QLL (540 per 30 days)
<i>silodosin</i>	4	MO
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PAR
<i>solifenacin succinate</i>	4	MO; QLL (30 per 30 days)
<i>tamsulosin hcl</i>	4	MO
<i>terazosin hcl oral</i>	1	MO; CG
<i>tolterodine tartrate oral tablet 1 mg</i>	4	MO; QLL (60 per 30 days)
<i>tolterodine tartrate oral tablet 2 mg</i>	3	MO; QLL (60 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PAR; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	4	MO; QLL (30 per 30 days)	clobetasol propionate external foam	3	MO; QLL (100 per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG	4	QLL (30 per 30 days)	clobetasol propionate external gel	4	MO
<i>trospium chloride</i>	3	MO; QLL (60 per 30 days)	clobetasol propionate external lotion	4	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			clobetasol propionate external ointment	3	MO; QLL (120 per 30 days)
<i>ala-cort external cream</i>	1	MO; CG	clobetasol propionate external shampoo	3	MO
<i>alclometasone dipropionate external cream</i>	3	MO	clobetasol propionate external solution	2	MO
<i>alclometasone dipropionate external ointment</i>	2	MO	<i>clodan external shampoo</i>	3	MO
<i>amcinonide external lotion</i>	4	MO	<i>cortisone acetate oral</i>	3	MO
AMCINONIDE EXTERNAL OINTMENT	4	MO	<i>desonide external cream</i>	3	MO
<i>betamethasone dipropionate aug external cream</i>	2	MO	<i>desonide external lotion</i>	3	MO
<i>betamethasone dipropionate aug external gel</i>	2	MO	<i>desonide external ointment</i>	3	MO
<i>betamethasone dipropionate aug external lotion</i>	3	MO	<i>desoximetasone external cream</i>	4	MO
<i>betamethasone dipropionate aug external ointment</i>	3	MO	<i>desoximetasone external gel</i>	4	MO
<i>betamethasone dipropionate external cream</i>	3	MO	<i>desoximetasone external ointment 0.25 %</i>	4	MO
<i>betamethasone dipropionate external ointment</i>	3	MO	DEXAMETHASONE INTENSOL	3	MO
<i>betamethasone valerate external cream</i>	2	MO	<i>dexamethasone oral elixir</i>	2	MO
<i>betamethasone valerate external lotion</i>	2	MO	<i>dexamethasone oral tablet</i>	2	MO
<i>betamethasone valerate external ointment</i>	2	MO	<i>diflorasone diacetate external</i>	4	MO
<i>clobetasol prop emollient base</i>	2	MO; QLL (120 per 30 days)	<i>fludrocortisone acetate oral</i>	2	MO
<i>clobetasol propionate e</i>	2	MO; QLL (120 per 30 days)	<i>fluocinolone acetonide external cream</i>	3	MO; QLL (120 per 30 days)
<i>clobetasol propionate emulsion</i>	2	MO; QLL (100 per 30 days)	<i>fluocinolone acetonide external ointment</i>	3	MO; QLL (120 per 30 days)
<i>clobetasol propionate external cream</i>	2	MO; QLL (120 per 30 days)	<i>fluocinolone acetonide otic</i>	4	MO; QLL (120 per 30 days)
			<i>fluocinonide emulsified base</i>	3	MO; QLL (240 per 30 days)
			<i>fluocinonide external gel</i>	2	MO; QLL (240 per 30 days)
			<i>fluocinonide external ointment</i>	4	MO; QLL (240 per 30 days)
			<i>fluocinonide external solution</i>	3	MO; QLL (240 per 30 days)
			<i>fluticasone propionate external cream</i>	2	MO

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
fluticasone propionate <i>external ointment</i>	2	MO	<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	2	MO
halobetasol propionate <i>external cream</i>	2	MO	<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	1	MO; CG
halobetasol propionate <i>external ointment</i>	2	MO	<i>procto-pak external</i>	2	MO
HEMADY	5		<i>proctozone-hc external</i>	2	MO
hydrocortisone (<i>perianal</i>)	2	MO	<i>triamcinolone acetonide external cream</i>	2	MO
hydrocortisone butyrate <i>external cream</i>	4	MO	<i>triamcinolone acetonide external lotion 0.025 %</i>	2	MO
hydrocortisone butyrate <i>external ointment</i>	4	MO	<i>triamcinolone acetonide external lotion 0.1 %</i>	3	MO
hydrocortisone butyrate <i>external solution</i>	4	MO	<i>triamcinolone acetonide external ointment 0.025 %</i>	1	MO; CG
hydrocortisone <i>external cream</i> 1 %, 2.5 %	1	MO; CG 1 %, 2.5 %	<i>triamcinolone acetonide external ointment 0.1 %, 0.5 %</i>	2	MO %
hydrocortisone <i>external lotion</i> 2.5 %	2	MO	<i>triderm external cream</i>	2	MO
hydrocortisone <i>external ointment</i> 1 %	2	MO	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
hydrocortisone <i>external ointment</i> 2.5 %	1	MO; CG	<i>desmopressin ace spray refrigerated</i>	4	MO
hydrocortisone <i>oral</i>	3	MO	<i>desmopressin acetate injection</i>	4	MO
hydrocortisone <i>valerate</i> <i>external cream</i>	3	MO	<i>desmopressin acetate oral</i>	2	MO
hydrocortisone <i>valerate</i> <i>external ointment</i>	4	MO	<i>desmopressin acetate spray</i>	3	MO
methylprednisolone <i>oral</i>	2	MO	INCRELEX	5	PAR; LA
mometasone <i>furoate external</i>	2	MO	NORDITROPIN	5	PAR
prednicarbate <i>external ointment</i>	2	MO	FLEXPRO		
<i>prednisolone oral solution</i>	2	MO	SUBCUTANEOUS		
<i>prednisolone sodium phosphate oral solution</i> 25 mg/5ml	2	MO	SOLUTION PEN-INJECTOR		
<i>prednisolone sodium phosphate oral solution</i> 6.7 (5 base) mg/5ml	3	MO	STIMATE	5	
PREDNISONE	3	MO	Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
INTENSOL			<i>misoprostol oral tablet 200 mcg</i>	3	MO
<i>prednisone oral solution</i>	2	MO	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>prednisone oral tablet 1 mg</i>	2	MO	<i>afirmelle</i>	3	MO
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO; CG	<i>altavera</i>	3	MO
			<i>alyacen 1/35</i>	3	MO
			<i>alyacen 7/7/7</i>	3	MO
			ANADROL-50	5	PAR; MO
			<i>apri</i>	3	MO
			<i>aranelle</i>	3	MO
			<i>aubra</i>	3	MO

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>aubra eq</i>	3	MO	<i>estarrylla</i>	3	MO
<i>aurovela 1.5/30</i>	3	MO	<i>estradiol oral</i>	2	PAR; MO
<i>aurovela 1/20</i>	3	MO	<i>estradiol transdermal patch</i>	3	PAR; MO; QLL (4 weekly)
<i>aurovela fe 1.5/30</i>	3	MO	<i>estradiol vaginal cream</i>	4	MO
<i>aurovela fe 1/20</i>	3	MO	<i>estradiol valerate</i>	4	MO
<i>aviane</i>	3	MO	<i>intramuscular oil 20 mg/ml</i>		
<i>ayuna</i>	3	MO	<i>intramuscular oil 40 mg/ml</i>		
<i>azurette</i>	3	MO	<i>ESTRING</i>	4	MO; QLL (1 per 90 days); NE
<i>balziva</i>	3	MO	<i>ethynodiol diac-eth estradiol</i>	3	MO
<i>bekyree</i>	3	MO	<i>falmina</i>	3	MO
<i>blisovi fe 1.5/30</i>	3	MO	<i>FEMRING</i>	4	MO; QLL (1 per 90 days); NE
<i>blisovi fe 1/20</i>	3	MO	<i>femynor</i>	3	MO
<i>briellyn</i>	3	MO	<i>fyavolv oral tablet 1-5 mg-mcg</i>	4	PAR; MO
<i>budesonide oral</i>	4	MO	<i>hailey 1.5/30</i>	3	MO
<i>camila</i>	3	MO	<i>HAILEY FE 1.5/30</i>	3	MO
<i>caziant</i>	3	MO	<i>hailey fe 1/20</i>	3	MO
<i>chateal</i>	3	MO	<i>heather</i>	3	MO
<i>chateal eq</i>	3	MO	<i>incassia</i>	3	MO
<i>cryselle-28</i>	3	MO	<i>introvale</i>	3	MO
<i>cyclafem 1/35</i>	3	MO	<i>isibloom</i>	3	MO
<i>cyclafem 7/7/7</i>	3	MO	<i>jencycla</i>	3	MO
<i>cyred</i>	3	MO	<i>jinteli</i>	4	PAR; MO
<i>cyred eq</i>	3		<i>jolessa</i>	3	MO
<i>danazol oral capsule 100 mg, 200 mg</i>	4	MO	<i>juleber</i>	3	MO
<i>danazol oral capsule 50 mg</i>	3	MO	<i>junel 1.5/30</i>	3	MO
<i>dasetta 1/35</i>	3	MO	<i>junel 1/20</i>	3	MO
<i>dasetta 7/7/7</i>	3	MO	<i>junel fe 1.5/30</i>	3	MO
<i>deblitane</i>	3	MO	<i>junel fe 1/20</i>	3	MO
<i>delyla</i>	3	MO	<i>kalliga</i>	3	MO
<i>DEPO-ESTRADIOL</i>	4	MO	<i>kariva</i>	3	MO
<i>DEPO-PROVERA</i>	4	MO	<i>kelnor 1/35</i>	3	MO
INTRAMUSCULAR SUSPENSION 400 MG/ML			<i>kelnor 1/50</i>	3	MO
<i>desogestrel-ethinyl estradiol</i>	3	MO	<i>kurvelo</i>	3	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	3	MO	<i>larin 1.5/30</i>	3	MO
<i>elinest</i>	3	MO	<i>larin 1/20</i>	3	MO
<i>ELLA</i>	3		<i>larin fe 1.5/30</i>	3	MO
<i>emoquette</i>	3	MO	<i>larin fe 1/20</i>	3	MO
<i>enpresse-28</i>	3	MO	<i>larissia</i>	3	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	3	MO	<i>leena</i>	3	MO
<i>errin</i>	3	MO	<i>lessina</i>	3	MO

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
levonest	3	MO	norethindrone-eth estradiol oral tablet 1-5 mg-mcg	4	PAR; MO
levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg	3	MO	norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	3	MO
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	3	MO	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	3	MO
levonorgestrel-ethynodiol estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	3	MO	norlyda	3	MO
levora 0.15/30 (28)	3	MO	norlyroc	3	MO
lillow	3	MO	nortrel 0.5/35 (28)	3	MO
low-ogestrel	3	MO	nortrel 1/35 (21)	3	MO
lutera	3	MO	nortrel 1/35 (28)	3	MO
lyza	3	MO	nortrel 7/7/7	3	MO
marlissa	3	MO	ocella	3	MO
marlissa	3	MO	orsythia	3	MO
marlissa	3	MO	oxandrolone oral tablet 2.5 mg	3	PAR; MO; QLL (240 per 30 days)
medroxyprogesterone acetate intramuscular	3	MO	philith	3	MO
medroxyprogesterone acetate oral	1	MO; CG	pimtrea	3	MO
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	3	PAR; MO	pirmella 1/35	3	MO
megestrol acetate oral tablet	2	PAR; MO	pirmella 7/7/7	3	MO
MENEST ORAL TABLET	4	PAR; MO	portia-28	3	MO
0.3 MG, 0.625 MG, 1.25 MG			PREMARIN ORAL	3	PAR; MO
microgestin 1.5/30	3	MO	PREMARIN VAGINAL	3	MO
microgestin 1/20	3	MO	PREMPRO	4	PAR; MO
microgestin fe 1.5/30	3	MO	previfem	3	MO
microgestin fe 1/20	3	MO	progesterone micronized oral	2	MO
mili	3	MO	raloxifene hcl	3	MO; QLL (30 per 30 days)
mono-linyah	3	MO	reclipsen	3	MO
mononessa	3	MO	setlakin	3	MO
necon 0.5/35 (28)	3	MO	sharobel	3	MO
nora-be	3	MO	simliya	3	MO
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	3	MO	sprintec 28	3	MO
norethindrone acet-ethynodiol est oral tablet	3	MO	sronyx	3	MO
norethindrone acetate oral	2	MO	syeda	3	MO
norethindrone oral	3	MO	tarina fe 1/20	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	3	PAR; MO; QLL (150 per 30 days)	<i>levothyroxine sodium oral tablet 300 mcg</i>	4	MO
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	3	PAR; MO; QLL (112.5 per 30 days)	<i>levoxyl</i>	1	MO; CG
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	3	PAR; MO; QLL (300 per 30 days)	<i>liothyronine sodium intravenous</i>	5	MO
<i>tilia fe</i>	3	MO	<i>liothyronine sodium oral</i>	2	MO
<i>tri-femynor</i>	3	MO	<i>SYNTHROID</i>	3	MO
<i>tri-estarrylla</i>	3	MO	<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO; CG
<i>tri-legest fe</i>	3	MO	Hormonal Agents, Suppressant (Adrenal)		
<i>tri-linyah</i>	3	MO	<i>LYSODREN</i>	3	MO
<i>tri-mili</i>	3	MO	Hormonal Agents, Suppressant (Pituitary)		
<i>tri-previfem</i>	3	MO	<i>bromocriptine mesylate oral capsule</i>	4	MO
<i>tri-sprintec</i>	3	MO	<i>bromocriptine mesylate oral tablet</i>	3	MO
<i>tri-vylibra</i>	3	MO	<i>cabergoline</i>	4	MO
<i>trinessa (28)</i>	3	MO	<i>FIRMAGON (240 MG SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG</i>	5	PAR; QLL (4 per DOSE)
<i>trivora (28)</i>	3	MO	<i>FIRMAGON</i>	4	PAR; QLL (1 per 28 days)
<i>tulana</i>	3	MO	<i>leuprolide acetate injection LUPRON DEPOT (1-MONTH)</i>	5	PAR; QLL (1 per 28 days)
<i>velivet</i>	3	MO	<i>LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG</i>	5	PAR; QLL (1 per 28 days)
<i>vienna</i>	3	MO	<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PAR
<i>viorele</i>	3	MO	<i>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG</i>	5	PAR
<i>volnea</i>	3	MO	<i>SIGNIFOR SOMATULINE DEPOT</i>	5	PAR
<i>vyfemla</i>	3	MO			
<i>vylibra</i>	3	MO			
<i>wera</i>	3	MO			
<i>zarah</i>	3	MO			
<i>zovia 1/35e (28)</i>	3	MO			
<i>zumandimine</i>	3	MO			
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)					
<i>euthyrox</i>	1	MO; CG			
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO; CG			
<i>levo-t oral tablet 300 mcg</i>	4	MO			
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO; CG			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOMAVERT	5	PAR; LA	BOOSTRIX	3	
SYNAREL	5	PAR	INTRAMUSCULAR		
TRELSTAR MIXJECT	5	PAR; QLL (1 per 84 days); NE	SUSPENSION 5-2.5-18.5 (0.5ML SYRINGE)		
INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG			BOOSTRIX	3	MO
TRELSTAR MIXJECT	5	PAR; QLL (1 per 168 days); NE	INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 LF-MCG/0.5		
INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG			<i>cyclosporine intravenous</i>	4	B/D PAR
TRELSTAR MIXJECT	5	PAR; QLL (1 per 28 days)	<i>cyclosporine modified oral</i>	4	B/D PAR
INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG			<i>capsule 100 mg</i>		
Hormonal Agents, Suppressant (Thyroid)			<i>cyclosporine modified oral</i>	3	B/D PAR
<i>methimazole oral tablet 10 mg</i>	2	MO	<i>capsule 25 mg, 50 mg</i>		
<i>methimazole oral tablet 5 mg</i>	1	MO; CG	<i>cyclosporine modified oral solution</i>	4	B/D PAR
<i>propylthiouracil oral</i>	2	MO	<i>cyclosporine oral capsule</i>	4	B/D PAR
Immunological Agents			DAPTACEL	3	MO
ACTHIB	3	MO	INTRAMUSCULAR SUSPENSION 23-15-5		
ACTIMMUNE	5	PAR; LA	DEPEN TITRATABS	5	MO
ADACEL	3		DIPHTHERIA-TETANUS	3	MO
INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE)			TOXOIDS DT		
ADACEL	3	MO	ENBREL MINI	5	PAR; QLL (8 per 28 days)
INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5			ENBREL	5	PAR; QLL (4.08 per 28 days)
AFINITOR DISPERZ	5	PAR	SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML		
AFINITOR ORAL TABLET 2.5 MG	5	PAR	ENBREL	5	PAR; QLL (8 per 28 days)
ALIMTA	5	PAR	SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML		
ARCALYST	5	PAR	ENBREL	5	PAR; QLL (8 per 28 days)
ASTAGRAF XL	4	B/D PAR	SUBCUTANEOUS SOLUTION RECONSTITUTED		
<i>azathioprine oral</i>	2	B/D PAR; MO	ENBREL SURECLICK	5	PAR; QLL (8 per 28 days)
AZATHIOPRINE SODIUM	4	B/D PAR; MO	SUBCUTANEOUS SOLUTION AUTO- INJECTOR		
BCG VACCINE	4	MO	ENGERIX-B INJECTION	3	B/D PAR; MO
BENLYSTA	5	PAR	<i>everolimus oral tablet 0.25 mg</i>	4	B/D PAR; MO
BEXSERO	3	MO	<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	5	B/D PAR

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	5	PAR	HUMIRA PEN-CD/UC/ HS STARTER	5	PAR; QLL (6 per 365 days); NE
FIRAZYR	5	PAR	SUBCUTANEOUS PEN- INJECTOR KIT 80 MG/ 0.8ML		
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/ 100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/ 50ML	5	PAR	HUMIRA PEN-PS/UV/ ADOL HS START	5	PAR; QLL (8 per 365 days); NE
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML	4	PAR	SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/ 0.8ML		
GARDASIL 9	3	MO	HUMIRA PEN-PS/UV/ ADOL HS START	5	PAR; QLL (6 per 365 days); NE
gengraf oral capsule 100 mg	4	B/D PAR	SUBCUTANEOUS PEN- INJECTOR KIT 80 MG/ 0.8ML & 40MG/0.4ML		
gengraf oral capsule 25 mg	3	B/D PAR	HUMIRA	5	PAR; QLL (2 per 28 days)
gengraf oral solution	4	B/D PAR	SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/ 0.2ML, 20 MG/0.4ML		
HAVRIX	3		HUMIRA	5	PAR; QLL (4 per 28 days)
INTRAMUSCULAR SUSPENSION 1440 EL U/ ML 1 ML			SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML		
HAVRIX	3	MO	HYPERRAB	5	
INTRAMUSCULAR SUSPENSION 1440 EL U/ ML, 720 EL U/0.5ML			HYPERRAB S/D	3	B/D PAR; MO
HIBERIX INJECTION	3	MO	INJECTION SOLUTION 1500 UNIT/10ML		
HUMIRA PEDIATRIC	5	PAR; QLL (6 per 365 days); NE	HYPERRAB S/D	3	
CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML			INJECTION SOLUTION 300 UNIT/2ML		
HUMIRA PEDIATRIC	5	PAR; QLL (12 per 365 days); NE	icatibant acetate	5	PAR
CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML			IMOGRAB RABIES-HT	3	
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT	5	PAR; QLL (4 per 28 days)	INJECTION SOLUTION 300 UNIT/2ML		
HUMIRA PEN-CD/UC/ HS STARTER	5	PAR; QLL (12 per 365 days); NE	IMOGRAB RABIES	3	MO
SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/ 0.8ML			INFANRIX	3	MO

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KEDRAB INJECTION SOLUTION 300 UNIT/ 2ML	3		pimecrolimus	4	PAR; MO; QLL (100 per 90 days); NE
KEYTRUDA INTRAVENOUS SOLUTION	5	PAR	PROGRAF INTRAVENOUS	4	B/D PAR
KINRIX INTRAMUSCULAR SUSPENSION	3	MO	PROGRAF ORAL PACKET	4	B/D PAR
KINRIX INTRAMUSCULAR SUSPENSION INJECTION 0.5 ML	3		PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	MO
leflunomide oral	2	MO	QUADRACEL	3	MO
leflunomide oral	2	MO	RABAVERT	4	MO
M-M-R II INJECTION	3	MO	RECOMBIVAX HB INJECTION	3	B/D PAR
MENACTRA	3	MO	SUSPENSION 10 MCG/ ML (1ML SYRINGE)		
MENVEO	3	MO	RECOMBIVAX HB INJECTION	3	B/D PAR; MO
mercaptopurine oral	3	MO	SUSPENSION 10 MCG/ ML, 40 MCG/ML, 5		
methotrexate oral	2	MO	MCG/0.5ML		
methotrexate sodium (pf) injection solution 50 mg/2ml	4	MO	ROTARIX	3	MO
methotrexate sodium injection solution 50 mg/2ml	4	MO	ROTATEQ ORAL SOLUTION	3	MO
methotrexate sodium oral	2	MO	RUCONEST	5	PAR
mycophenolate mofetil hcl	4	B/D PAR	SHINGRIX	3	MO
mycophenolate mofetil oral capsule	3	B/D PAR	INTRAMUSCULAR SUSPENSION RECONSTITUTED 50		
mycophenolate mofetil oral suspension reconstituted	5	B/D PAR	MCG/0.5ML		
mycophenolate mofetil oral tablet	3	B/D PAR	SIMULECT	5	B/D PAR
NULOJIX	5	PAR	sirolimus oral solution	5	B/D PAR
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/ 50ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML	5	PAR	sirolimus oral tablet	4	B/D PAR
PEDIARIX	3	MO	STAMARIL	3	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	MO	SYNAGIS	5	PAR
PENTACEL	3	MO	tacrolimus oral capsule 0.5 mg	3	B/D PAR
			tacrolimus oral capsule 1 mg, 5 mg	4	B/D PAR
			TDVAX	3	MO
			TENIVAC	3	MO
			THYMOGLOBULIN	5	B/D PAR
			TRUMENBA	3	MO

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Drug Name	Drug Requirements/ Tier	Limits
TWINRIX	3	MO
INTRAMUSCULAR SUSPENSION		
PREFILLED SYRINGE		
TYPHIM VI	3	MO
INTRAMUSCULAR SOLUTION 25 MCG/0.5ML		
TYPHIM VI	3	
INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (0.5ML SYRINGE)		
VAQTA	3	
INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML 1 ML		
VAQTA	3	MO
INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML		
VARIVAX	3	MO
VARIZIG	3	
INTRAMUSCULAR SOLUTION		
XATMEP	4	
XELJANZ	5	PAR; QLL (60 per 30 days)
YF-VAX	3	MO
ZORTRESS	5	B/D PAR
Inflammatory Bowel Disease Agents		
APRISO	3	MO
balsalazide disodium	3	MO
budesonide oral	4	MO
cortisone acetate oral	3	MO
dexamethasone oral elixir	2	MO
dexamethasone oral tablet	2	MO
DIPENTUM	5	MO
hydrocortisone oral	3	MO
hydrocortisone rectal enema	3	MO
mesalamine er	3	MO
mesalamine oral capsule delayed release	3	MO
mesalamine oral tablet delayed release 1.2 gm	3	MO

Drug Name	Drug Requirements/ Tier	Limits
mesalamine oral tablet delayed release 800 mg	4	MO
mesalamine rectal enema	3	MO
mesalamine rectal suppository	4	MO
methylprednisolone oral	2	MO
PENTASA	4	MO
prednisolone acetate ophthalmic	2	MO
prednisolone oral solution	2	MO
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml	3	MO
PREDNISONE INTENSOL	3	MO
prednisone oral solution	2	MO
prednisone oral tablet 1 mg	2	MO
prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	MO; CG
procto-med hc external	2	MO
proctosol hc external	2	MO
sulfasalazine oral	2	MO
Metabolic Bone Disease Agents		
alendronate sodium oral solution	4	MO; QLL (300 per 28 days)
alendronate sodium oral tablet 10 mg, 5 mg	1	MO; CG; QLL (30 per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	1	MO; CG; QLL (4 per 28 days)
calcitonin (salmon)	3	MO; QLL (4 per 30 days)
calcitriol oral capsule	2	B/D PAR; MO
calcitriol oral solution	4	B/D PAR; MO
cinacalcet hcl oral tablet 30 mg	5	B/D PAR; QLL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	5	B/D PAR; QLL (120 per 30 days)
doxercalciferol oral capsule 0.5 mcg	4	B/D PAR; MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PAR; QLL (3 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	MO; QLL (4 per 28 days)

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>ibandronate sodium intravenous</i>	4	B/D PAR	<i>atropine sulfate ophthalmic solution 1 %</i>	4	MO
<i>ibandronate sodium oral</i>	2	MO; QLL (1 per 28 days)	<i>azelastine hcl ophthalmic</i>	2	MO
MIACALCIN INJECTION	4	B/D PAR; MO	AZOPT	4	MO
NATPARA	5	PAR; QLL (2 per 28 days)	<i>bacitra-neomycin-polymyxin-hc</i>	3	MO
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	4		<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	MO
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	4	B/D PAR	<i>betaxolol hcl ophthalmic</i>	2	MO
<i>pamidronate disodium intravenous solution reconstituted</i>	4		BETIMOL	4	MO
<i>paricalcitol oral capsule 1 mcg</i>	3	B/D PAR; MO	BETOPTIC-S	4	MO
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	4	B/D PAR; MO	<i>bimatoprost ophthalmic</i>	3	MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PAR; QLL (2 per 365 days); NE	<i>bimatoprost ophthalmic</i>	3	MO
<i>teriparatide (recombinant)</i>	5	PAR; QLL (3 per 28 days)	BLEPHAMIDE S.O.P.	4	MO
TYMLOS	5	PAR; QLL (1.56 per 28 days)	<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	4	MO
XGEVA	5	PAR; QLL (5.1 per 28 days)	<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	MO
<i>zoledronic acid intravenous concentrate</i>	4	PAR	<i>carteolol hcl</i>	1	MO; CG
<i>zoledronic acid intravenous solution</i>	4	PAR	COMBIGAN	3	MO
Ophthalmic Agents			<i>cromolyn sodium ophthalmic</i>	2	MO
<i>acetazolamide oral</i>	3	MO	CYSTARAN	5	LA
<i>ak-poly-bac</i>	2	MO	<i>dexamethasone sodium phosphate ophthalmic</i>	2	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	MO	<i>diclofenac sodium ophthalmic</i>	2	MO
<i>apraclonidine hcl</i>	2	MO	<i>dorzolamide hcl ophthalmic</i>	2	MO
ATROPINE SULFATE OPHTHALMIC OINTMENT	4	MO	<i>dorzolamide hcl-timolol mal</i>	2	MO
			DUREZOL	3	MO
			<i>fluorometholone ophthalmic</i>	2	MO
			<i>flurbiprofen sodium</i>	1	MO; CG
			ILEVRO	3	MO
			ISOPTO ATROPINE	4	MO
			<i>ketorolac tromethamine ophthalmic</i>	2	MO
			LACRISERT	4	MO; QLL (60 per 30 days)
			<i>latanoprost ophthalmic</i>	2	MO
			<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	MO
			LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
			<i>methazolamide oral</i>	4	MO
			<i>neo-polycin</i>	2	MO

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Drug Name	Drug Requirements/ Tier	Limits
<i>neo-polycin hc</i>	3	MO
<i>neomycin-bacitracin zn-</i>	2	MO
<i>polymyx ophthalmic ointment</i>		
<i>5-400-10000</i>		
<i>neomycin-polymyxin-dexameth</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i> 1.75-10000-.025	2	MO
<i>neomycin-polymyxin-hc ophthalmic suspension</i> 3.5-10000-1	4	MO
<i>olopatadine hcl ophthalmic solution</i> 0.2 %	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic solution</i> 1 %, 2 %, 4 %	4	MO
<i>polycin</i>	2	MO
<i>polymyxin b-trimethoprim</i>	1	MO; CG
<i>prednisolone acetate ophthalmic</i>	2	MO
PREDNISOLONE	3	MO
SODIUM PHOSPHATE OPHTHALMIC		
SIMBRINZA	4	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	3	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	3	MO
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	MO
<i>timolol maleate ophthalmic gel forming solution</i>	2	MO
<i>timolol maleate ophthalmic solution</i> 0.25 %, 0.5 %	1	MO; CG
TOBRADEX ST	3	MO
<i>tobramycin-dexamethasone</i>	3	MO
TRAVATAN Z	3	MO
<i>travoprost (bak free)</i>	3	MO
XIIDRA	3	MO; QLL (60 per 30 days)
Otic Agents		
CIPRODEX	4	MO
<i>ciprofloxacin-dexamethasone</i>	4	MO

Drug Name	Drug Requirements/ Tier	Limits
<i>flac</i>	3	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>neomycin-polymyxin-hc otic</i>	2	MO
Respiratory Tract/ Pulmonary Agents		
<i>acetylcysteine inhalation</i>	2	B/D PAR; MO
ADEMPAS	5	PAR; LA
ADVAIR HFA	3	MO; QLL (12 per 30 days)
ADVAIR HFA	3	MO; QLL (12 per 30 days)
ADVAIR HFA	3	MO; QLL (12 per 30 days)
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg</i>	2	MO
<i>albuterol sulfate er oral tablet extended release 12 hour 8 mg</i>	3	MO
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	3	MO
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	3	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	2	B/D PAR; MO; QLL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	1	MO; CG
<i>albuterol sulfate oral tablet</i>	4	MO
<i>ambrisentan</i>	5	PAR; LA; QLL (30 per 30 days)
<i>aminophylline intravenous</i>	4	MO
ANORO ELLIPTA	3	MO; QLL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QLL (30 per 30 days)
ATROVENT HFA	4	MO; QLL (26 per 30 days)
<i>azelastine hcl nasal</i>	3	MO; QLL (30 per 25 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
bosentan	5	PAR; LA; QLL (60 per 30 days)	ESBRIET ORAL TABLET	5	PAR; QLL (90 per 30 days)
BROVANA	5	B/D PAR; MO; QLL (120 per 30 days)	ESBRIET ORAL TABLET	5	PAR; QLL (90 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	4	B/D PAR; MO; QLL (120 per 30 days)	FLOVENT DISKUS	3	MO; QLL (60 per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	4	B/D PAR; MO; QLL (60 per 30 days)	INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST		
CAYSTON	5	PAR; LA	FLOVENT DISKUS	3	MO; QLL (240 per 30 days)
cetirizine hcl allergy child	2	MO	INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST		
cetirizine hcl oral solution	2	MO	FLOVENT HFA	3	MO; QLL (12 per 30 days)
clemastine fumarate oral tablet 2.68 mg	3	PAR; MO	INHALATION AEROSOL 110 MCG/ACT		
COMBIVENT RESPIMAT	4	MO; QLL (8 per 30 days)	FLOVENT HFA	3	MO; QLL (24 per 30 days)
<i>cromolyn sodium inhalation</i>	3	B/D PAR; MO; QLL (240 per 30 days)	INHALATION AEROSOL 220 MCG/ACT		
<i>cromolyn sodium oral</i>	4	MO	FLOVENT HFA	3	MO; QLL (11 per 30 days)
<i>cyproheptadine hcl oral tablet</i>	3	PAR; MO	INHALATION AEROSOL 44 MCG/ACT		
DALIRESP	4	PAR; MO; QLL (30 per 30 days)	<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	MO; QLL (75 per 30 days)
<i>diphenhydramine hcl injection</i>	4	MO	<i>fluticasone propionate nasal</i>	2	MO; QLL (16 per 30 days)
DULERA	3	MO; QLL (13 per 30 days)	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	3	MO; QLL (60 per 30 days)
ELIXOPHYLLIN	3	MO	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	3	MO; QLL (60 per 30 days)
<i>epinephrine injection solution 30 mg/30ml</i>	4	MO	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	3	MO; QLL (60 per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	MO; QLL (2 per 28 days)	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	3	MO; QLL (60 per 30 days)
<i>epinephrine injection solution prefilled syringe 1 mg/10ml</i>	4	MO	<i>hydroxyzine hcl oral syrup</i>	4	PAR; MO
EPINEPHRINE PF INJECTION SOLUTION	4	MO	<i>hydroxyzine hcl oral tablet</i>	4	PAR; MO
ESBRIET ORAL CAPSULE	5	PAR; QLL (270 per 30 days)			
ESBRIET ORAL CAPSULE	5	PAR; QLL (270 per 30 days)			
ESBRIET ORAL TABLET 267 MG	5	PAR; QLL (270 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide inhalation</i>	2	B/D PAR; MO	PULMOZYME	5	B/D PAR
<i>ipratropium bromide nasal</i>	2	MO; QLL (30 per 30 days)	PULMOZYME	5	B/D PAR
<i>ipratropium-albuterol</i>	2	B/D PAR; MO; QLL (540 per 30 days)	SEREVENT DISKUS	3	MO; QLL (60 per 30 days)
KALYDECO ORAL TABLET	5	PAR; QLL (60 per 30 days)	<i>sildenafil citrate oral tablet 20 mg</i>	3	PAR; QLL (90 per 30 days)
LETAIRIS	5	PAR; LA; QLL (30 per 30 days)	SPIRIVA HANDIHALER	3	MO; QLL (30 per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	3	B/D PAR; MO; QLL (270 per 30 days)	SPIRIVA RESPIMAT	3	MO; QLL (4 per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	3	B/D PAR; MO; QLL (540 per 30 days)	<i>terbutaline sulfate injection</i>	4	MO
<i>levalbuterol tartrate</i>	4	MO; QLL (45 per 30 days)	<i>terbutaline sulfate oral</i>	4	MO
<i>levocetirizine dihydrochloride oral tablet</i>	2	MO	<i>theophylline</i>	3	MO
<i>metaproterenol sulfate oral syrup</i>	2	MO	<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	MO
<i>mometasone furoate nasal</i>	4	MO	<i>theophylline er oral tablet extended release 24 hour</i>	2	MO
<i>montelukast sodium oral packet</i>	4	MO	TRACLEER ORAL TABLET SOLUBLE	5	PAR; LA; QLL (120 per 30 days)
<i>montelukast sodium oral tablet</i>	2	MO	VENTAVIS	5	PAR; QLL (270 per 30 days)
<i>montelukast sodium oral tablet chewable</i>	2	MO	<i>wixela inhub</i>	3	MO; QLL (60 per 30 days)
OFEV ORAL CAPSULE 150 MG	5	PAR; QLL (60 per 30 days)	<i>wixela inhub</i>	3	MO; QLL (60 per 30 days)
OFEV ORAL CAPSULE 150 MG	5	PAR; QLL (60 per 30 days)	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PAR; LA; QLL (6 per 28 days)
ORKAMBI ORAL TABLET	5	PAR; QLL (120 per 30 days)	<i>zafirlukast</i>	4	MO
PERFOROMIST	5	B/D PAR; MO; QLL (120 per 30 days)	Skeletal Muscle Relaxants		
PROAIR HFA	3	MO	<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	3	PAR; MO
PROAIR RESPICLICK	3	MO	<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	PAR; MO
PROLASTIN-C	5	PAR; LA	<i>tizanidine hcl oral tablet</i>	2	MO
<i>promethazine hcl injection</i>	4	PAR; MO	Sleep Disorder Agents		
<i>promethazine hcl oral tablet</i>	4	PAR; MO	<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	3	PAR; MO
			<i>doxepin hcl oral concentrate</i>	4	PAR; MO
			HETLIOZ	5	PAR; LA; QLL (30 per 30 days)
			<i>modafinil oral tablet 100 mg</i>	3	PAR; MO

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

Drug Name	Tier	Drug Requirements/ Limits
<i>modafinil oral tablet 200 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>ramelteon</i>	4	MO; QLL (30 per 30 days)
ROZEREM	4	MO; QLL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	4	MO; QLL (30 per 30 days)
XYREM	5	PAR; LA; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	MO; QLL (30 per 30 days)
<i>zolpidem tartrate oral</i>	2	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.

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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