Empire BlueCross BlueShield

An Anthem Company

Empire MediBlue Dual Advantage (HMO D-SNP)

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 Empire MediBlue Dual Advantage (HMO D-SNP) Customer Service, at **1-833-344-1010** or, for TTY users, **711, 24 hours a day, 7 days a week**, or visit **https://shop.empireblue.com/medicare**.

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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 Empire BlueCross BlueShield. When it refers to "plan" or "our plan," it means Empire MediBlue Dual Advantage (HMO D-SNP).

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 Empire MediBlue Dual Advantage (HMO D-SNP) 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 Empire MediBlue Dual Advantage (HMO D-SNP)'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 Empire MediBlue Dual Advantage (HMO D-SNP)'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 85. 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 Empire MediBlue Dual Advantage (HMO D-SNP)'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 Empire MediBlue Dual Advantage (HMO D-SNP)'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 85.

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 1-833-344-1010, 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 up to a long-term supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1: Preferred Generic	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Long-Term-Care Pharmacy (34-day supply	$0.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Long-Term-Care Pharmacy (34-day supply)	$0.00 - $3.60. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Long-Term-Care Pharmacy (34-day supply)	$0.00 - $8.95. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 4: Non-Preferred Drug	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Long-Term-Care Pharmacy (34-day supply)	$0.00 - $8.95. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy cost-sharing (30-day) or Long-Term-Care Pharmacy (34-day supply)	$0.00 - $8.95. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 6: Select Care Drugs	
Network Pharmacy cost-sharing (30-day to 100-day supply) or Long-Term-Care Pharmacy (34-day supply)	$0.00

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

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

Your costs will be the same if you use a pharmacy that offers standard cost-sharing or a pharmacy that offers preferred 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 30–100 -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 1-833-344-1010, 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 Tier	Requirements/ Limits
Analgesics		
acetaminophen-codeine #2	3	MO; QLL (180 per 30 days); NE
acetaminophen-codeine #3	3	MO; QLL (180 per 30 days); NE
acetaminophen-codeine #4	3	MO; QLL (180 per 30 days); NE
acetaminophen-codeine oral solution	3	MO; QLL (900 per 30 days); NE
acetaminophen-codeine oral tablet	3	MO; QLL (180 per 30 days); NE
ascomp-codeine	4	PAR; MO; QLL (180 per 30 days); NE
buprenorphine hcl injection	4	MO; QLL (90 per 30 days); NE
buprenorphine hcl sublingual tablet sublingual 2 mg	2	MO; QLL (240 per 30 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	2	MO; QLL (60 per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	4	PAR; MO; QLL (180 per 30 days)
butalbital-apap-caff-cod	4	PAR; MO; QLL (180 per 30 days); NE
butalbital-apap-caffeine oral capsule	4	PAR; MO; QLL (180 per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	4	PAR; MO; QLL (180 per 30 days)
butalbital-asa-caff-codeine	4	PAR; MO; QLL (180 per 30 days); NE
butalbital-asa-caffeine	4	PAR; MO; QLL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule	4	PAR; MO; QLL (180 per 30 days)
butorphanol tartrate injection solution 1 mg/ml	4	MO; QLL (240 per 30 days); NE
butorphanol tartrate injection solution 2 mg/ml	4	MO; QLL (120 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
butorphanol tartrate nasal	4	MO; QLL (5 per 28 days); NE
celecoxib oral capsule 100 mg, 200 mg, 400 mg	4	PAR; MO
celecoxib oral capsule 50 mg	3	PAR; MO
diclofenac potassium	2	MO
diclofenac sodium er	2	MO
diclofenac sodium oral tablet delayed release 25 mg	3	MO
diclofenac sodium oral tablet delayed release 50 mg	2	MO
diclofenac sodium oral tablet delayed release 75 mg	1	MO; CG
diclofenac sodium transdermal gel 3 %	4	PAR; MO; QLL (100 per 30 days)
diclofenac sodium transdermal solution	4	MO; QLL (300 per 30 days)
diflunisal oral	3	MO
duramorph	4	MO; QLL (180 per 30 days); NE
ec-naproxen oral tablet delayed release 375 mg	1	MO; CG
EC-NAPROXEN ORAL TABLET DELAYED RELEASE 500 MG	1	MO; CG
endocet oral tablet 10-325 mg, 7.5-325 mg	4	MO; QLL (180 per 30 days); NE
endocet oral tablet 2.5-325 mg	4	MO; QLL (180 per 30 days); NE
endocet oral tablet 5-325 mg	3	MO; QLL (180 per 30 days); NE
esgic oral capsule	4	PAR; MO; QLL (180 per 30 days)
etodolac er	3	MO
etodolac oral capsule	3	MO
etodolac oral tablet	2	MO
fenoprofen calcium oral tablet	4	MO
fentanyl citrate buccal lozenge on a handle	5	PAR; MO; QLL (120 per 30 days); NE
fentanyl citrate buccal lozenge on a handle	5	PAR; MO; QLL (120 per 30 days); NE
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PAR; MO; QLL (15 per 30 days); NE
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PAR; MO; QLL (15 per 30 days); NE
flurbiprofen oral	2	MO
hydrocodone-acetaminophen oral solution 2.5-108 mg/ 5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	4	MO; QLL (2700 per 30 days); NE
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3	MO; QLL (180 per 30 days); NE
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	3	MO; QLL (50 per 10 days); NE
hydromorphone hcl injection solution 1 mg/ml	4	MO; QLL (180 per 30 days); NE
hydromorphone hcl injection solution 2 mg/ml	4	MO; QLL (180 per 30 days); NE
hydromorphone hcl injection solution 4 mg/ml	4	MO; QLL (60 per 30 days); NE
hydromorphone hcl oral tablet 2 mg, 4 mg	3	MO; QLL (180 per 30 days); NE
hydromorphone hcl oral tablet 8 mg	4	MO; QLL (180 per 30 days); NE
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML	4	MO; QLL (180 per 30 days); NE
HYDROMORPHONE HCL PF INJECTION SOLUTION 10 MG/ML	4	MO; QLL (120 per 30 days); NE
HYDROMORPHONE HCL PF INJECTION SOLUTION 2 MG/ML	4	QLL (180 per 30 days); NE
HYDROMORPHONE HCL PF INJECTION SOLUTION 4 MG/ML	4	MO; QLL (60 per 30 days); NE
hydromorphone hcl pf injection solution 50 mg/5ml	4	MO; QLL (120 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
hydromorphone hcl pf injection solution 500 mg/ 50ml	4	MO; QLL (1 per 30 days); NE
ibu oral tablet 600 mg, 800 mg	1	MO; CG
ibuprofen oral suspension	1	MO; CG
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO; CG
ILARIS SUBCUTANEOUS SOLUTION	5	PAR; LA
indomethacin er	3	PAR; MO
indomethacin oral capsule 25 mg, 50 mg	2	PAR; MO
ketoprofen oral	3	MO
ketorolac tromethamine oral	4	PAR; MO
meclofenamate sodium oral	4	MO
meloxicam oral tablet	1	MO; CG
methadone hcl intensol	3	MO; QLL (180 per 30 days); NE
methadone hcl oral concentrate	3	MO; QLL (180 per 30 days); NE
methadone hcl oral solution	3	MO; QLL (900 per 30 days); NE
methadone hcl oral tablet	3	PAR; MO; QLL (180 per 30 days); NE
METHADOSE ORAL CONCENTRATE 10 MG/ ML	3	MO; QLL (180 per 30 days); NE
METHADOSE SUGAR-FREE	3	MO; QLL (180 per 30 days); NE
METHOTREXATE (ANTI-RHEUMATIC)	3	MO
morphine sulfate (concentrate) oral solution 100 mg/5ml	3	MO; QLL (180 per 30 days); NE
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	3	MO; QLL (180 per 30 days); NE
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	4	MO; QLL (180 per 30 days); NE
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 4 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days); NE
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days); NE
morphine sulfate er oral tablet extended release 100 mg, 200 mg	4	PAR; MO; QLL (60 per 30 days); NE
morphine sulfate er oral tablet extended release 15 mg	3	PAR; MO; QLL (90 per 30 days); NE
morphine sulfate er oral tablet extended release 30 mg, 60 mg	4	PAR; MO; QLL (90 per 30 days); NE
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	4	MO; QLL (180 per 30 days); NE
MORPHINE SULFATE INJECTION SOLUTION 5 MG/ML	4	MO; QLL (180 per 30 days); NE
morphine sulfate intravenous solution 1 mg/ml	4	MO; QLL (180 per 30 days); NE
morphine sulfate oral solution	3	MO; QLL (900 per 30 days); NE
morphine sulfate oral solution	3	MO; QLL (900 per 30 days); NE
morphine sulfate oral tablet	3	MO; QLL (180 per 30 days); NE
morphine sulfate oral tablet	3	MO; QLL (180 per 30 days); NE
nabumetone oral	2	MO
nalbuphine hcl injection solution 10 mg/ml	4	MO; QLL (60 per 30 days)
nalbuphine hcl injection solution 20 mg/ml	4	MO; QLL (90 per 30 days)
naproxen dr	1	MO; CG
naproxen oral suspension	2	MO
naproxen oral tablet	1	MO; CG
naproxen sodium oral tablet 275 mg, 550 mg	1	MO; CG
oxaprozin	4	MO
oxycodone hcl oral capsule	4	MO; QLL (180 per 30 days); NE
oxycodone hcl oral concentrate 10 mg/0.5ml	4	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
oxycodone hcl oral concentrate 100 mg/5ml	4	MO; QLL (180 per 30 days); NE
oxycodone hcl oral solution	4	MO; QLL (900 per 30 days); NE
oxycodone hcl oral tablet 10 mg, 5 mg	3	MO; QLL (180 per 30 days); NE
oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg	4	MO; QLL (180 per 30 days); NE
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	4	MO; QLL (180 per 30 days); NE
oxycodone-acetaminophen oral tablet 5-325 mg	3	MO; QLL (180 per 30 days); NE
oxycodone-aspirin oral tablet 4.8355-325 mg	4	MO; QLL (180 per 30 days); NE
piroxicam oral	3	MO
RELAFEN	2	MO
sulindac oral tablet 150 mg	1	MO; CG
sulindac oral tablet 200 mg	2	MO
tencon oral tablet 50-325 mg	4	PAR; MO; QLL (180 per 30 days)
tramadol hcl oral tablet 50 mg	3	MO; QLL (240 per 30 days); NE
tramadol-acetaminophen	4	MO; QLL (40 per 5 days); NE
zebutal oral capsule 50-325-40 mg	4	PAR; MO; QLL (180 per 30 days)
Anesthetics		
glydo external prefilled syringe	2	MO
lidocaine external ointment	4	PAR; MO; QLL (150 per 30 days)
lidocaine external patch 5 %	4	PAR; MO; QLL (90 per 30 days)
lidocaine hcl (pf) injection solution 0.5 %	4	MO
lidocaine hcl external solution	2	PAR; MO; QLL (300 per 30 days)
lidocaine hcl injection solution 2 %	3	MO
lidocaine hcl mouth/throat	2	PAR; MO; QLL (300 per 30 days)
lidocaine hcl urethral/mucosal	2	MO
lidocaine viscous hcl	2	MO
lidocaine-prilocaine external cream	4	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Anti-Addiction/ Substance Abuse Treatment Agents		
acamprosate calcium	4	MO
buprenorphine hcl sublingual tablet sublingual 2 mg	2	MO; QLL (240 per 30 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	2	MO; QLL (60 per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	2	MO; QLL (360 per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	2	MO; QLL (90 per 30 days)
bupropion hcl er (smoking det)	2	MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH PAK	4	PAR; MO; QLL (56 per 28 days)
CHANTIX ORAL TABLET 0.5 MG	4	PAR; MO; QLL (60 per 30 days)
CHANTIX ORAL TABLET 1 MG	4	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH PAK	4	PAR; MO; NE
disulfiram oral	4	MO
naloxone hcl injection solution 0.4 mg/ml	1	MO; CG
naloxone hcl injection solution 4 mg/10ml	2	MO
naloxone hcl injection solution cartridge	1	MO; CG
naloxone hcl injection solution prefilled syringe	1	MO; CG
naltrexone hcl oral	2	MO
naltrexone hcl oral	2	MO
NARCAN	3	MO
NICOTROL NS	3	MO; QLL (120 per 30 days)
Anti-Inflammatory Agents		
betamethasone dipropionate aug external cream	2	MO
betamethasone dipropionate aug external gel	4	MO
betamethasone dipropionate aug external lotion	4	MO

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

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate aug external ointment	4	MO
betamethasone dipropionate external cream	4	MO
betamethasone dipropionate external lotion	3	MO
betamethasone dipropionate external ointment	4	MO
betamethasone valerate external cream	2	MO
betamethasone valerate external lotion	4	MO
betamethasone valerate external ointment	3	MO
BLEPHAMIDE S.O.P.	4	MO
celecoxib oral capsule 100 mg, 200 mg, 400 mg	4	PAR; MO
celecoxib oral capsule 50 mg	3	PAR; MO
cortisone acetate oral	4	MO
decadron oral tablet 0.5 mg, 0.75 mg	1	MO; CG
decadron oral tablet 4 mg, 6 mg	2	MO
dexamethasone oral elixir	4	MO
dexamethasone oral solution	4	MO
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO; CG
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	2	MO
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION	4	MO
dexamethasone sodium phosphate injection	3	MO
diclofenac potassium	2	MO
diclofenac sodium er	2	MO
diclofenac sodium oral tablet delayed release 25 mg	3	MO
diclofenac sodium oral tablet delayed release 50 mg	2	MO
diclofenac sodium oral tablet delayed release 75 mg	1	MO; CG
diflunisal oral	3	MO
etodolac er	3	MO
etodolac oral capsule 200 mg	3	MO
etodolac oral tablet	2	MO
fenoprofen calcium oral tablet	4	MO
flurbiprofen oral tablet 100 mg	2	MO
hydrocortisone oral tablet 20 mg	2	MO
hydrocortisone oral tablet 5 mg	3	MO
ibu	1	MO; CG
ibuprofen oral suspension	1	MO; CG
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO; CG
indomethacin er	3	PAR; MO
indomethacin oral capsule 25 mg, 50 mg	2	PAR; MO
ketoprofen oral capsule 50 mg, 75 mg	3	MO
ketorolac tromethamine oral	4	PAR; MO
meclofenamate sodium oral	4	MO
meloxicam oral tablet	1	MO; CG
methylprednisolone acetate injection suspension 40 mg/ml	3	MO
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 80 MG/ML	3	MO
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg	3	MO
methylprednisolone oral tablet 8 mg	4	MO
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	4	MO
nabumetone oral	2	MO
naproxen dr	1	MO; CG
naproxen oral suspension	2	MO
naproxen oral tablet	1	MO; CG
naproxen sodium oral tablet 275 mg, 550 mg	1	MO; CG
oxaprozin	4	MO
piroxicam oral	3	MO
prednisolone acetate ophthalmic	2	MO
prednisolone oral solution	3	MO

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

Drug Name	Drug Tier	Requirements/ Limits
prednisolone oral syrup 15 mg/5ml	3	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC	3	MO
prednisolone sodium phosphate oral solution 15 mg/5ml	3	MO
prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml	4	MO
PREDNISONE INTENSOL	4	MO
prednisone oral solution	3	MO
prednisone oral tablet	1	MO; CG
prednisone oral tablet therapy pack	1	MO; CG
sulfacetamide-prednisolone ophthalmic solution	2	MO
sulindac oral tablet 150 mg	1	MO; CG
sulindac oral tablet 200 mg	2	MO
triamcinolone acetonide injection suspension 40 mg/ml	4	MO
Antibacterials		
acetic acid otic	1	MO; CG
amikacin sulfate injection solution 1 gm/4ml, 500 mg/ 2ml	4	MO
amoxicillin oral capsule	1	MO; CG
amoxicillin oral suspension reconstituted	1	MO; CG
amoxicillin oral tablet	1	MO; CG
amoxicillin oral tablet chewable 125 mg	2	MO
amoxicillin oral tablet chewable 250 mg	1	MO; CG
amoxicillin-pot clavulanate er	4	MO
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	3	MO
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	4	MO
amoxicillin-pot clavulanate oral tablet 250-125 mg	3	MO
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	2	MO
amoxicillin-pot clavulanate oral tablet chewable	3	MO
ampicillin oral capsule 500 mg	1	MO; CG
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	4	MO
ampicillin sodium intravenous	4	MO
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4	MO
ampicillin-sulbactam sodium intravenous	4	MO
azithromycin intravenous	4	MO
azithromycin oral packet	3	MO
azithromycin oral suspension reconstituted 100 mg/5ml	4	MO
azithromycin oral suspension reconstituted 200 mg/5ml	2	MO
azithromycin oral tablet 250 mg	1	MO; CG
azithromycin oral tablet 250 mg (6 pack)	1	CG
azithromycin oral tablet 500 mg (3 pack)	2	
azithromycin oral tablet 500 mg, 600 mg	2	MO
aztreonam injection solution reconstituted 1 gm	4	MO
aztreonam injection solution reconstituted 2 gm	4	MO
bacitracin ophthalmic	3	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

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Drug Name	Drug Tier	Requirements/ Limits
cefaclor oral capsule	3	MO
cefaclor oral suspension reconstituted	2	MO
cefadroxil oral capsule	2	MO
cefadroxil oral suspension reconstituted	3	MO
cefadroxil oral tablet	4	MO
cefazolin sodium injection solution reconstituted 1 gm, 10 gm	4	MO
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	4	MO
cefazolin sodium injection solution reconstituted 500 mg	3	MO
cefazolin sodium intravenous solution reconstituted	4	MO
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/ 50ML-%	3	MO
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML)	3	MO
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 2-3 GM-%(50ML)	4	MO
cefdinir oral capsule	2	MO
cefdinir oral suspension reconstituted	4	MO
cefepime hcl injection	4	MO
CEFEPIME HCL INTRAVENOUS SOLUTION	4	MO
cefepime hcl intravenous solution reconstituted	4	MO
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	4	MO
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	4	MO
cefoxitin sodium	4	MO
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	4	MO
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml	4	MO
cefpodoxime proxetil oral suspension reconstituted 50 mg/5ml	3	MO
cefpodoxime proxetil oral tablet 100 mg	3	MO
cefpodoxime proxetil oral tablet 200 mg	4	MO
cefprozil oral suspension reconstituted	3	MO
cefprozil oral tablet 250 mg	2	MO
cefprozil oral tablet 500 mg	3	MO
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	4	MO
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	4	MO
ceftriaxone sodium in dextrose	4	MO
ceftriaxone sodium injection solution reconstituted 1 gm, 250 mg	3	MO

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

Drug Name	Drug Tier	Requirements/ Limits
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	4	MO
ceftriaxone sodium injection solution reconstituted 2 gm, 500 mg	4	MO
ceftriaxone sodium intravenous solution reconstituted 1 gm	3	MO
ceftriaxone sodium intravenous solution reconstituted 10 gm, 2 gm	4	MO
CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	4	MO
cefuroxime axetil oral tablet 250 mg	1	MO; CG
cefuroxime axetil oral tablet 500 mg	2	MO
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	4	MO
cefuroxime sodium intravenous solution reconstituted 1.5 gm	4	MO
cephalexin oral capsule 250 mg, 500 mg	1	MO; CG
cephalexin oral suspension reconstituted 125 mg/5ml	1	MO; CG
cephalexin oral suspension reconstituted 250 mg/5ml	2	MO
cephalexin oral tablet	1	MO; CG
chloramphenicol sod succinate	4	MO
ciprofloxacin hcl ophthalmic	2	MO
ciprofloxacin hcl oral tablet 100 mg, 750 mg	2	MO
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	MO; CG
ciprofloxacin in d5w	4	MO
clarithromycin er	3	MO
clarithromycin oral suspension reconstituted 125 mg/5ml	2	MO
clarithromycin oral suspension reconstituted 250 mg/5ml	4	MO
clarithromycin oral tablet	3	MO
clindacin-p	2	MO
clindamycin hcl oral	2	MO
clindamycin phosphate external gel	3	MO
clindamycin phosphate external lotion	3	MO
clindamycin phosphate external solution	3	MO
clindamycin phosphate external swab	2	MO
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml	4	MO
clindamycin phosphate in d5w intravenous solution 900 mg/50ml	3	MO
clindamycin phosphate injection	4	MO
clindamycin phosphate vaginal	4	MO
colistimethate sodium (cba)	4	MO
colistimethate sodium (cba)	4	MO
CUBICIN	5	MO
CUBICIN RF	5	MO
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	5	MO
daptomycin intravenous solution reconstituted 500 mg	5	MO
demeclocycline hcl oral	4	MO
dicloxacillin sodium	2	MO
DIFICID	5	PAR; MO
doxy 100	4	MO
doxycycline hyclate intravenous	4	
doxycycline hyclate oral capsule	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	3	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	MO
doxycycline monohydrate oral suspension reconstituted	3	MO
doxycycline monohydrate oral tablet 100 mg	2	MO
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	3	MO
e.e.s. 400 oral tablet	3	MO
ertapenem sodium	4	MO
ery	3	MO
ery-tab oral tablet delayed release 250 mg, 333 mg	3	MO
ery-tab oral tablet delayed release 500 mg	4	MO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	MO
erythrocin stearate oral tablet 250 mg	3	MO
erythromycin base oral capsule delayed release particles	2	MO
erythromycin base oral tablet 250 mg	3	MO
erythromycin base oral tablet 500 mg	4	MO
erythromycin base oral tablet delayed release 250 mg, 333 mg	3	MO
erythromycin base oral tablet delayed release 500 mg	4	MO
erythromycin ethylsuccinate oral tablet	3	MO
erythromycin external gel	2	MO
erythromycin external solution	2	MO
erythromycin ophthalmic	2	MO
erythromycin oral tablet delayed release 250 mg, 333 mg	3	MO
erythromycin oral tablet delayed release 500 mg	4	MO
erythromycin stearate oral tablet 250 mg	3	MO
gatifloxacin ophthalmic	4	MO
gentak ophthalmic ointment	2	MO
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	4	MO
gentamicin in saline intravenous solution 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%	3	MO
gentamicin sulfate external	3	MO
gentamicin sulfate injection solution 10 mg/ml	4	MO
gentamicin sulfate injection solution 40 mg/ml	3	MO
gentamicin sulfate ophthalmic solution	2	MO
GLOBAL ALCOHOL PREP EASE	1	MO; CG
imipenem-cilastatin intravenous solution reconstituted 250 mg	3	MO
imipenem-cilastatin intravenous solution reconstituted 500 mg	4	MO
INVANZ INJECTION	4	MO
levofloxacin in d5w	4	MO
levofloxacin intravenous	4	MO
levofloxacin ophthalmic	4	MO
levofloxacin oral solution	4	MO
levofloxacin oral tablet 250 mg, 500 mg	1	MO; CG
levofloxacin oral tablet 750 mg	2	MO
LINCOCIN	4	MO
lincomycin hcl injection	4	MO
linezolid in sodium chloride	4	MO
linezolid intravenous solution 600 mg/300ml	4	MO
linezolid oral suspension reconstituted	5	PAR; MO; QLL (1800 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
linezolid oral tablet	4	PAR; MO; QLL (56 per 28 days)
meropenem	4	MO
methenamine hippurate	4	MO
metronidazole external cream	4	MO
metronidazole external gel 0.75 %	3	MO
metronidazole external gel 1 %	4	MO
metronidazole external lotion	4	MO
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/ 100ml-%	3	MO
METRONIDAZOLE IN NACL INTRAVENOUS SOLUTION 500-0.74 MG/100ML-%	4	MO
metronidazole oral capsule	4	MO
metronidazole oral tablet	2	MO
metronidazole vaginal	2	MO
minocycline hcl oral capsule	2	MO
minocycline hcl oral tablet	4	MO
mondoxyne nl oral capsule 100 mg	2	MO
morgidox oral capsule 100 mg	3	MO
moxifloxacin hcl ophthalmic	3	MO
moxifloxacin hcl oral	3	MO
mupirocin calcium	4	MO
mupirocin external	2	MO
NAFCILLIN SODIUM IN DEXTROSE	4	MO
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4	MO
NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	5	MO
nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm	4	MO
nafcillin sodium intravenous solution reconstituted 10 gm	5	MO
neomycin sulfate oral	2	MO
nitrofurantoin	4	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	MO
nitrofurantoin monohyd macro	3	MO
ofloxacin ophthalmic	2	MO
ofloxacin oral tablet 400 mg	3	MO
ofloxacin otic	2	MO
OXACILLIN SODIUM IN DEXTROSE	4	MO
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	4	MO
oxacillin sodium intravenous	4	MO
paromomycin sulfate oral	4	MO
PENICILLIN G POT IN DEXTROSE	4	MO
penicillin g potassium	4	MO
PENICILLIN G PROCAINE	4	MO
penicillin g sodium	4	MO
penicillin v potassium	1	MO; CG
pfizerpen	4	MO
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	4	MO
polymyxin b sulfate injection	4	MO
SILVADENE	3	MO
silver sulfadiazine external	2	MO
SIRTURO ORAL TABLET 100 MG	5	PAR; MO; LA
SIRTURO ORAL TABLET 20 MG	5	PAR; LA
SIVEXTRO INTRAVENOUS	5	PAR; MO
SIVEXTRO ORAL	5	PAR; MO; QLL (6 per 30 days); NE
ssd	2	MO
streptomycin sulfate intramuscular	5	MO
sulfacetamide sodium (acne)	4	MO

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Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium ophthalmic ointment	3	MO
sulfacetamide sodium ophthalmic solution	2	MO
SULFADIAZINE ORAL	4	MO
sulfamethoxazole-trimethoprim intravenous	3	MO
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	MO
sulfamethoxazole-trimethoprim oral tablet	1	MO; CG
SULFAMYLON EXTERNAL CREAM	4	MO
SYNERCID	5	MO
tazicef injection	4	MO
TEFLARO	5	MO
tetracycline hcl oral	4	MO
TIGECYCLINE	5	MO
tinidazole oral tablet 250 mg	2	MO
tinidazole oral tablet 500 mg	4	MO
TOBRADEX OPHTHALMIC OINTMENT	3	MO
tobramycin inhalation nebulization solution 300 mg/5ml	5	B/D PAR; QLL (280 per 28 days)
tobramycin ophthalmic	2	MO
tobramycin sulfate injection solution 1.2 gm/30ml	5	MO
tobramycin sulfate injection solution 10 mg/ml, 2 gm/50ml, 80 mg/2ml	4	MO
tobramycin sulfate injection solution reconstituted	5	MO
trimethoprim oral	2	MO
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%	4	MO
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
vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 750 mg/150ml	4	MO
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg	4	MO
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 250 MG	4	MO
vancomycin hcl intravenous solution reconstituted 750 mg	4	B/D PAR; MO
vancomycin hcl oral capsule 125 mg	4	PAR; MO; QLL (40 per 10 days)
vancomycin hcl oral capsule 250 mg	5	PAR; MO; QLL (80 per 10 days)
vandazole	2	MO
XIFAXAN ORAL TABLET 550 MG	5	PAR; MO; QLL (84 per 28 days)
ZITHROMAX ORAL PACKET	4	MO
ZITHROMAX ORAL TABLET 250 MG	4	MO
ZITHROMAX Z-PAK	4	MO
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	5	MO
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	4	MO

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Drug Name	Drug Tier	Requirements/ Limits
ZYVOX ORAL SUSPENSION RECONSTITUTED	5	PAR; MO; QLL (1800 per 30 days)
Anticonvulsants		
APTIOM	5	ST; MO
BANZEL ORAL SUSPENSION	5	PAR; MO; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	5	PAR; MO; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	5	PAR; MO; QLL (240 per 30 days)
BRIVIACT INTRAVENOUS	4	PAR; MO
BRIVIACT ORAL SOLUTION	5	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	5	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	5	PAR; MO; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	5	PAR; MO; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	5	PAR; MO; QLL (120 per 30 days)
carbamazepine er oral tablet extended release 12 hour	4	MO
carbamazepine oral suspension	4	MO
carbamazepine oral tablet	1	MO; CG
carbamazepine oral tablet chewable	2	MO
CELONTIN	4	MO
clobazam oral suspension	5	PAR; MO; QLL (480 per 30 days)
clobazam oral tablet 10 mg	4	PAR; MO; QLL (120 per 30 days)
clobazam oral tablet 20 mg	5	PAR; MO; QLL (60 per 30 days)
clonazepam oral tablet 0.5 mg	2	MO; QLL (1200 per 30 days)
clonazepam oral tablet 1 mg	2	MO; QLL (600 per 30 days)
clonazepam oral tablet 2 mg	2	MO; QLL (300 per 30 days)
clonazepam oral tablet dispersible 0.125 mg	4	MO; QLL (4800 per 30 days)
clonazepam oral tablet dispersible 0.25 mg	4	MO; QLL (2400 per 30 days)
clonazepam oral tablet dispersible 0.5 mg	4	MO; QLL (1200 per 30 days)
clonazepam oral tablet dispersible 1 mg	4	MO; QLL (600 per 30 days)
clonazepam oral tablet dispersible 2 mg	4	MO; QLL (300 per 30 days)
clorazepate dipotassium	3	MO
DIASTAT ACUDIAL	4	MO
DIASTAT ACUDIAL	4	MO
DIASTAT PEDIATRIC	4	MO
DIASTAT PEDIATRIC	4	MO
diazepam oral concentrate	2	MO; QLL (240 per 30 days)
diazepam oral concentrate	2	MO; QLL (240 per 30 days)
diazepam oral solution 5 mg/ 5ml	2	MO; QLL (1200 per 30 days)
diazepam oral solution 5 mg/ 5ml	2	MO; QLL (1200 per 30 days)
diazepam oral tablet 10 mg	2	MO; QLL (120 per 30 days)
diazepam oral tablet 10 mg	2	MO; QLL (120 per 30 days)
diazepam oral tablet 2 mg	2	MO; QLL (600 per 30 days)
diazepam oral tablet 2 mg	2	MO; QLL (600 per 30 days)
diazepam oral tablet 5 mg	2	MO; QLL (240 per 30 days)
diazepam oral tablet 5 mg	2	MO; QLL (240 per 30 days)
diazepam rectal	4	MO
diazepam rectal	4	MO
DILANTIN INFATABS	3	MO
DILANTIN ORAL CAPSULE 100 MG	4	MO
DILANTIN ORAL CAPSULE 30 MG	3	MO
divalproex sodium er oral tablet extended release 24 hour	4	MO

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Drug Name	Drug Tier	Requirements/ Limits
divalproex sodium oral capsule delayed release sprinkle	4	MO
divalproex sodium oral tablet delayed release 125 mg, 250 mg	2	MO
divalproex sodium oral tablet delayed release 500 mg	3	MO
EPIDIOLEX	5	PAR; LA
epitol	1	MO; CG
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)
ethosuximide oral capsule	4	MO
ethosuximide oral solution	3	MO
felbamate	4	MO
FELBATOL ORAL TABLET 400 MG	5	MO
FINTEPLA	5	PAR; LA
fosphenytoin sodium	4	MO
FYCOMPA ORAL SUSPENSION	4	MO; QLL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	5	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	5	MO; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	5	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	5	MO; QLL (45 per 30 days)
gabapentin oral capsule 100 mg	2	MO; QLL (1080 per 30 days)
gabapentin oral capsule 300 mg	2	MO; QLL (360 per 30 days)
gabapentin oral capsule 400 mg	2	MO; QLL (270 per 30 days)
gabapentin oral solution	4	MO; QLL (2160 per 30 days)
gabapentin oral tablet 600 mg	3	MO; QLL (180 per 30 days)
gabapentin oral tablet 800 mg	4	MO; QLL (120 per 30 days)
GABITRIL ORAL TABLET 12 MG	4	MO
GABITRIL ORAL TABLET 16 MG	5	MO
lamotrigine oral tablet	2	MO
lamotrigine oral tablet chewable 25 mg	3	MO
lamotrigine oral tablet chewable 5 mg	2	MO
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 IN NACL INTRAVENOUS SOLUTION 1000 MG/ 100ML, 1500 MG/100ML	4	MO
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 500 MG/ 100ML	5	MO
levetiracetam intravenous	4	MO
levetiracetam oral solution	3	MO
levetiracetam oral tablet 1000 mg	3	MO
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	2	MO
lorazepam oral concentrate 1 mg/0.5ml	3	MO; QLL (300 per 30 days)
lorazepam oral concentrate 2 mg/ml	3	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)

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
LYRICA ORAL CAPSULE 100 MG	4	MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	4	MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	4	MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	4	MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	4	MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	4	MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	4	MO; QLL (900 per 30 days)
NAYZILAM	4	
ONFI ORAL SUSPENSION	5	PAR; MO; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	5	PAR; MO; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	5	PAR; MO; QLL (60 per 30 days)
oxcarbazepine oral suspension	4	MO
oxcarbazepine oral tablet 150 mg, 300 mg	3	MO
oxcarbazepine oral tablet 600 mg	4	MO
PEGANONE	4	MO
phenobarbital oral elixir	4	PAR; MO; QLL (3000 per 30 days)
phenobarbital oral solution	4	PAR; MO; QLL (3000 per 30 days)
phenobarbital oral tablet 100 mg	2	PAR; MO; QLL (120 per 30 days)
phenobarbital oral tablet 15 mg	2	PAR; MO; QLL (800 per 30 days)
phenobarbital oral tablet 16.2 mg	2	PAR; MO; QLL (741 per 30 days)
phenobarbital oral tablet 30 mg	2	PAR; MO; QLL (400 per 30 days)
phenobarbital oral tablet 32.4 mg	2	PAR; MO; QLL (370 per 30 days)
phenobarbital oral tablet 60 mg	2	PAR; MO; QLL (200 per 30 days)
phenobarbital oral tablet 64.8 mg	2	PAR; MO; QLL (185 per 30 days)
phenobarbital oral tablet 97.2 mg	2	PAR; MO; QLL (123 per 30 days)
PHENYTEK	4	MO
phenytoin infatabs	3	MO
phenytoin oral suspension 125 mg/5ml	3	MO
phenytoin oral tablet chewable	3	MO
phenytoin sodium extended	2	MO
phenytoin sodium injection	4	MO
pregabalin oral capsule 100 mg	1	MO; CG; QLL (180 per 30 days)
pregabalin oral capsule 150 mg	1	MO; CG; QLL (120 per 30 days)
pregabalin oral capsule 200 mg	1	MO; CG; QLL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; CG; QLL (60 per 30 days)
pregabalin oral capsule 25 mg	1	MO; CG; QLL (720 per 30 days)
pregabalin oral capsule 50 mg	1	MO; CG; QLL (360 per 30 days)
pregabalin oral capsule 75 mg	1	MO; CG; QLL (240 per 30 days)
pregabalin oral solution	1	MO; CG; QLL (900 per 30 days)
primidone oral	2	MO
roweepra oral tablet 1000 mg	3	MO
roweepra oral tablet 500 mg, 750 mg	2	MO
roweepra xr oral tablet extended release 24 hour 500 mg	3	MO; QLL (180 per 30 days)
roweepra xr oral tablet extended release 24 hour 750 mg	3	MO; QLL (120 per 30 days)
SABRIL ORAL PACKET	4	PAR; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	5	PAR; LA; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	PAR; MO; QLL (60 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PAR; MO; QLL (120 per 30 days)
subvenite	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PAR; MO; QLL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PAR; MO; QLL (30 per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	4	MO
tiagabine hcl	4	MO
topiramate oral capsule sprinkle	4	MO
topiramate oral tablet 100 mg	2	MO; QLL (480 per 30 days)
topiramate oral tablet 200 mg	2	MO; QLL (240 per 30 days)
topiramate oral tablet 25 mg	2	MO; QLL (1920 per 30 days)
topiramate oral tablet 50 mg	2	MO; QLL (960 per 30 days)
valproate sodium intravenous	2	MO
valproic acid oral capsule	3	MO
valproic acid oral solution	2	MO
VALTOCO 10 MG DOSE	4	MO
VALTOCO 15 MG DOSE	4	MO
VALTOCO 20 MG DOSE	4	MO
VALTOCO 5 MG DOSE	4	MO
vigabatrin	5	PAR; LA; QLL (180 per 30 days)
vigadrone	5	PAR; LA; QLL (180 per 30 days)
VIMPAT INTRAVENOUS	4	MO; QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	5	MO; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	5	MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	5	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 per 30 days)
XCOPRI (250 MG DAILY DOSE)	5	QLL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	QLL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	QLL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QLL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QLL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QLL (56 per 365 days)
ZARONTIN ORAL CAPSULE	4	MO
zonisamide oral capsule 100 mg, 50 mg	3	MO
zonisamide oral capsule 25 mg	2	MO
Antidementia Agents		
donepezil hcl oral tablet 10 mg, 5 mg	1	MO; CG; QLL (30 per 30 days)
donepezil hcl oral tablet dispersible	1	MO; CG; QLL (30 per 30 days)
ergoloid mesylates oral	4	PAR; MO
galantamine hydrobromide er	4	MO; QLL (30 per 30 days)
galantamine hydrobromide oral solution	3	MO; QLL (200 per 30 days)
galantamine hydrobromide oral tablet	4	MO; QLL (60 per 30 days)
memantine hcl er	3	PAR; MO; QLL (30 per 30 days)
memantine hcl oral solution 10 mg/5ml	3	PAR; QLL (300 per 30 days)
memantine hcl oral solution 2 mg/ml	3	PAR; MO; QLL (300 per 30 days)
memantine hcl oral tablet 10 mg	2	PAR; MO; QLL (60 per 30 days)
memantine hcl oral tablet 5 mg	2	PAR; MO; QLL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
NAMENDA XR	3	PAR; MO; QLL (30 per 30 days)
NAMENDA XR TITRATION PACK	3	PAR; MO
NAMZARIC	3	MO
rivastigmine	4	MO; QLL (30 per 30 days)
rivastigmine tartrate	4	MO; QLL (60 per 30 days)
Antidepressants		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	MO; QLL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	MO; QLL (1 per 28 days)
amitriptyline hcl oral	2	PAR; MO
amoxapine oral tablet 100 mg, 50 mg	3	PAR; MO
amoxapine oral tablet 150 mg, 25 mg	2	PAR; MO
aripiprazole oral solution	4	MO; QLL (900 per 30 days)
aripiprazole oral tablet 10 mg	4	MO; QLL (90 per 30 days)
aripiprazole oral tablet 15 mg	4	MO; QLL (60 per 30 days)
aripiprazole oral tablet 2 mg	4	MO; QLL (450 per 30 days)
aripiprazole oral tablet 20 mg, 30 mg	4	MO; QLL (30 per 30 days)
aripiprazole oral tablet 5 mg	4	MO; QLL (180 per 30 days)
aripiprazole oral tablet dispersible 10 mg	5	MO; QLL (90 per 30 days)
aripiprazole oral tablet dispersible 15 mg	5	MO; QLL (60 per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	2	MO; QLL (120 per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	2	MO; QLL (60 per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	2	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)
bupropion hcl oral tablet 100 mg	2	MO; QLL (135 per 30 days)
bupropion hcl oral tablet 75 mg	2	MO; QLL (180 per 30 days)
citalopram hydrobromide oral solution	4	MO; QLL (600 per 30 days)
citalopram hydrobromide oral tablet 10 mg	1	MO; CG; QLL (120 per 30 days)
citalopram hydrobromide oral tablet 20 mg	1	MO; CG; QLL (60 per 30 days)
citalopram hydrobromide oral tablet 40 mg	1	MO; CG; QLL (30 per 30 days)
clomipramine hcl oral	4	PAR; MO
desipramine hcl oral	4	PAR; MO
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	4	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)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	4	MO; QLL (480 per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 50 mg	4	MO; QLL (240 per 30 days)
doxepin hcl oral capsule	2	PAR; MO
doxepin hcl oral concentrate	2	PAR; MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG	4	MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG	4	MO; QLL (120 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	MO; QLL (90 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	MO; QLL (60 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)
EMSAM	5	PAR; MO; QLL (30 per 30 days)
escitalopram oxalate oral solution	4	MO; QLL (600 per 30 days)
escitalopram oxalate oral tablet 10 mg	2	MO; QLL (60 per 30 days)
escitalopram oxalate oral tablet 20 mg	2	MO; QLL (30 per 30 days)
escitalopram oxalate oral tablet 5 mg	2	MO; QLL (120 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	4	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	4	PAR; MO; QLL (90 per 30 days)
FETZIMA TITRATION	4	PAR; MO
fluoxetine hcl oral capsule 10 mg	1	MO; CG; QLL (240 per 30 days)
fluoxetine hcl oral capsule 20 mg	1	MO; CG; QLL (120 per 30 days)
fluoxetine hcl oral capsule 40 mg	1	MO; CG; QLL (60 per 30 days)
fluoxetine hcl oral capsule delayed release	4	MO; QLL (4 per 28 days)
fluoxetine hcl oral solution	2	MO; QLL (600 per 30 days)
fluoxetine hcl oral tablet 10 mg	2	MO; QLL (240 per 30 days)
fluoxetine hcl oral tablet 20 mg	3	MO; QLL (120 per 30 days)
fluvoxamine maleate oral tablet 100 mg	3	MO; QLL (90 per 30 days)
fluvoxamine maleate oral tablet 25 mg	3	MO; QLL (360 per 30 days)
fluvoxamine maleate oral tablet 50 mg	3	MO; QLL (180 per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	5	PAR; QLL (30 per 30 days)
imipramine hcl oral	2	PAR; MO
maprotiline hcl oral tablet 25 mg	4	MO; QLL (270 per 30 days)
maprotiline hcl oral tablet 50 mg	4	MO; QLL (135 per 30 days)
maprotiline hcl oral tablet 75 mg	4	MO
MARPLAN	4	MO
mirtazapine oral tablet 15 mg	1	MO; CG; QLL (90 per 30 days)
mirtazapine oral tablet 30 mg	1	MO; CG; QLL (45 per 30 days)
mirtazapine oral tablet 45 mg	2	MO; QLL (30 per 30 days)
mirtazapine oral tablet 7.5 mg	3	MO; QLL (180 per 30 days)
mirtazapine oral tablet dispersible 15 mg	3	MO; QLL (90 per 30 days)
mirtazapine oral tablet dispersible 30 mg	3	MO; QLL (45 per 30 days)
mirtazapine oral tablet dispersible 45 mg	3	MO; QLL (30 per 30 days)
nefazodone hcl oral tablet 100 mg	3	MO; QLL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
nefazodone hcl oral tablet 150 mg	3	MO; QLL (120 per 30 days)
nefazodone hcl oral tablet 200 mg	3	MO; QLL (90 per 30 days)
nefazodone hcl oral tablet 250 mg	3	MO; QLL (72 per 30 days)
nefazodone hcl oral tablet 50 mg	3	MO; QLL (360 per 30 days)
nortriptyline hcl oral capsule 10 mg, 25 mg	1	PAR; MO; CG
nortriptyline hcl oral capsule 50 mg, 75 mg	2	PAR; MO
nortriptyline hcl oral solution	4	PAR; MO
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	4	MO; QLL (30 per 30 days)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	4	MO; QLL (90 per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	4	MO; QLL (180 per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 25 mg	4	MO; QLL (90 per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 37.5 mg	4	MO; QLL (60 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	1	MO; CG; QLL (45 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg	4	PAR; MO
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg	4	PAR; MO
perphenazine-amitriptyline oral tablet 4-25 mg	3	PAR; MO
perphenazine-amitriptyline oral tablet 4-25 mg	3	PAR; MO
phenelzine sulfate oral	3	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	4	MO; QLL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	4	MO; QLL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	4	MO; QLL (240 per 30 days)
protriptyline hcl	4	PAR; MO
quetiapine fumarate er oral tablet extended release 24 hour 150 mg	4	MO; QLL (150 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	4	MO; QLL (120 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg	4	MO; QLL (80 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 400 mg	4	MO; QLL (60 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 50 mg	4	MO; QLL (480 per 30 days)
quetiapine fumarate oral tablet 100 mg	2	MO; QLL (240 per 30 days)
quetiapine fumarate oral tablet 200 mg	2	MO; QLL (120 per 30 days)
quetiapine fumarate oral tablet 25 mg	2	MO; QLL (960 per 30 days)
quetiapine fumarate oral tablet 300 mg	2	MO; QLL (80 per 30 days)
quetiapine fumarate oral tablet 400 mg	2	MO; QLL (60 per 30 days)
quetiapine fumarate oral tablet 50 mg	2	MO; QLL (480 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	4	MO; QLL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	4	MO; QLL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	4	MO; QLL (80 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	5	MO; QLL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	4	MO; QLL (480 per 30 days)
sertraline hcl oral concentrate	4	MO; QLL (300 per 30 days)
sertraline hcl oral tablet 100 mg	1	MO; CG; QLL (60 per 30 days)
sertraline hcl oral tablet 25 mg	1	MO; CG; QLL (240 per 30 days)
sertraline hcl oral tablet 50 mg	1	MO; CG; QLL (120 per 30 days)
SPRAVATO (56 MG DOSE)	5	PAR; QLL (16 per 30 days)
SPRAVATO (84 MG DOSE)	5	PAR; QLL (24 per 30 days)
SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG	4	MO; QLL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG	4	MO; QLL (90 per 30 days)
tranylcypromine sulfate	4	MO
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	MO; CG
trazodone hcl oral tablet 300 mg	4	MO
trimipramine maleate oral	4	MO
TRINTELLIX ORAL TABLET 10 MG	4	MO; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	MO; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	MO; QLL (120 per 30 days)
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 er oral tablet extended release 24 hour 150 mg	4	MO; QLL (60 per 30 days)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	4	MO; QLL (30 per 30 days)
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg	4	MO; QLL (180 per 30 days)
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	4	MO; QLL (90 per 30 days)
venlafaxine hcl oral tablet 100 mg	3	MO; QLL (113 per 30 days)
venlafaxine hcl oral tablet 25 mg	3	MO; QLL (450 per 30 days)
venlafaxine hcl oral tablet 37.5 mg	3	MO; QLL (300 per 30 days)
venlafaxine hcl oral tablet 50 mg	3	MO; QLL (225 per 30 days)
venlafaxine hcl oral tablet 75 mg	3	MO; QLL (150 per 30 days)
VIIBRYD ORAL TABLET 10 MG	4	ST; MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	4	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	4	ST; MO; QLL (30 per 30 days)
VIIBRYD STARTER PACK	4	ST; MO
Antiemetics		
aprepitant oral capsule 125 mg	3	B/D PAR; MO; QLL (5 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
aprepitant oral capsule 40 mg	3	B/D PAR; MO; QLL (1 per 28 days)
aprepitant oral capsule 80 & 125 mg	3	B/D PAR; MO; QLL (15 per 30 days)
aprepitant oral capsule 80 mg	3	B/D PAR; MO; QLL (10 per 30 days)
chlorpromazine hcl oral	4	MO
compro	4	MO
dronabinol	4	B/D PAR; MO; QLL (120 per 30 days)
EMEND ORAL CAPSULE 40 MG	3	B/D PAR; MO; QLL (1 per 28 days)
EMEND ORAL CAPSULE 80 MG	3	B/D PAR; MO; QLL (10 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PAR; MO; QLL (15 per 30 days)
EMEND TRI-PACK	5	B/D PAR; MO; QLL (15 per 30 days)
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	4	MO
granisetron hcl oral	4	B/D PAR; MO; QLL (30 per 30 days)
hydroxyzine hcl oral syrup	3	PAR; MO
hydroxyzine hcl oral tablet 10 mg, 50 mg	3	PAR; MO
hydroxyzine hcl oral tablet 25 mg	2	PAR; MO
hydroxyzine pamoate oral	3	PAR; MO
meclizine hcl oral tablet	2	MO
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/ 5ml	2	MO
metoclopramide hcl oral tablet	1	MO; CG
ondansetron hcl injection	4	MO
ondansetron hcl oral solution	4	B/D PAR; MO; QLL (450 per 30 days)
ondansetron hcl oral tablet 24 mg	4	B/D PAR; MO; QLL (30 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	3	B/D PAR; MO; QLL (90 per 30 days)
ondansetron oral tablet dispersible 4 mg	4	B/D PAR; MO; QLL (90 per 30 days)
ondansetron oral tablet dispersible 8 mg	3	B/D PAR; MO; QLL (90 per 30 days)
perphenazine oral	4	MO
prochlorperazine	4	MO
prochlorperazine maleate oral	2	MO
promethazine hcl oral syrup	2	PAR; MO
promethazine hcl oral tablet	2	PAR; MO
scopolamine	4	MO; QLL (10 per 28 days)
TRANSDERM SCOP (1.5 MG)	4	MO; QLL (10 per 28 days)
TRANSDERM-SCOP (1.5 MG)	4	MO; QLL (10 per 28 days)
Antifungals		
ABELCET	5	B/D PAR; MO
AMBISOME	4	B/D PAR; MO
amphotericin b intravenous	4	B/D PAR; MO
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	B/D PAR; MO
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 70 MG	5	B/D PAR; MO
ciclopirox external gel	4	MO
ciclopirox external shampoo	4	MO
ciclopirox external solution	2	MO
ciclopirox olamine external	3	MO
clotrimazole external cream	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
clotrimazole external solution	2	MO
clotrimazole mouth/throat troche	3	MO
econazole nitrate external	2	MO
EXELDERM	4	MO
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	4	MO
fluconazole oral suspension reconstituted 10 mg/ml	3	MO
fluconazole oral suspension reconstituted 40 mg/ml	4	MO
fluconazole oral tablet 100 mg, 150 mg, 50 mg	2	MO
fluconazole oral tablet 200 mg	3	MO
flucytosine oral capsule 250 mg	4	MO
flucytosine oral capsule 500 mg	5	MO
griseofulvin microsize oral	4	MO
griseofulvin ultramicrosize	4	MO
itraconazole oral capsule	4	PAR; MO
ketoconazole external cream	3	MO
ketoconazole external shampoo 2 %	2	MO
ketoconazole oral	3	MO
micafungin sodium	5	
miconazole 3 vaginal suppository	3	MO
MYCAMINE	5	MO
NATACYN	4	MO
NOXAFIL ORAL	5	PAR; MO
nyamyc	3	MO
nystatin external cream	2	MO
nystatin external ointment	2	MO
nystatin external powder	3	MO
nystatin mouth/throat	2	MO
nystatin oral tablet	2	MO
nystop	2	MO
posaconazole	5	PAR
sulconazole nitrate external cream	4	MO
SULCONAZOLE NITRATE EXTERNAL SOLUTION	4	MO
terbinafine hcl oral	2	MO
terconazole vaginal cream	3	MO
terconazole vaginal suppository	4	MO
voriconazole intravenous	5	MO
voriconazole oral suspension reconstituted	5	PAR; MO
voriconazole oral tablet 200 mg	5	PAR; MO
voriconazole oral tablet 50 mg	4	PAR; MO
ZOLINZA	5	PAR; QLL (120 per 30 days)
Antigout Agents		
allopurinol oral	1	MO; CG
allopurinol sodium	4	MO
ALOPRIM	4	MO
colchicine oral	2	MO
colchicine-probenecid	3	MO
COLCRYS	3	MO
febuxostat	3	MO
probenecid oral	3	MO
ULORIC	3	ST; MO
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	MO; QLL (1 per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	MO; QLL (2 per 30 days)
dihydroergotamine mesylate injection	5	PAR; MO
dihydroergotamine mesylate nasal	5	MO; QLL (8 per 28 days)
divalproex sodium er oral tablet extended release 24 hour	4	MO
divalproex sodium oral capsule delayed release sprinkle	4	MO

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

Drug Name	Drug Tier	Requirements/ Limits
divalproex sodium oral tablet delayed release 125 mg, 250 mg	2	MO
divalproex sodium oral tablet delayed release 500 mg	3	MO
EMGALITY	3	MO; QLL (2 per 30 days)
EMGALITY (300 MG DOSE)	3	MO; QLL (3 per 30 days)
ergotamine-caffeine	3	MO
naratriptan hcl	4	MO; QLL (9 per 30 days)
rizatriptan benzoate	4	MO; QLL (12 per 30 days)
sumatriptan nasal	4	MO
sumatriptan succinate oral	2	MO; QLL (9 per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge	4	MO
sumatriptan succinate subcutaneous solution 6 mg/ 0.5ml	4	MO
sumatriptan succinate subcutaneous solution auto-injector	4	MO
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	4	MO
timolol maleate oral tablet 10 mg, 5 mg	2	MO
timolol maleate oral tablet 20 mg	3	MO
topiramate oral capsule sprinkle	4	MO
topiramate oral tablet 100 mg	2	MO; QLL (480 per 30 days)
topiramate oral tablet 200 mg	2	MO; QLL (240 per 30 days)
topiramate oral tablet 25 mg	2	MO; QLL (1920 per 30 days)
topiramate oral tablet 50 mg	2	MO; QLL (960 per 30 days)
valproic acid oral capsule	3	MO
valproic acid oral solution	2	MO
Antimyasthenic Agents		
GUANIDINE HCL ORAL	4	MO
MESTINON ORAL SOLUTION	5	MO
MESTINON ORAL TABLET EXTENDED RELEASE	5	MO
pyridostigmine bromide er	3	MO
pyridostigmine bromide oral solution	5	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO
pyridostigmine bromide oral tablet 60 mg	3	MO
REGONOL INTRAVENOUS	4	MO
Antimycobacterials		
CAPASTAT SULFATE	4	MO
dapsone oral	3	MO
ethambutol hcl oral	4	MO
isoniazid injection	4	MO
isoniazid oral syrup	4	MO
isoniazid oral tablet 100 mg	1	MO; CG
isoniazid oral tablet 300 mg	2	MO
PASER	4	MO
PRIFTIN	4	MO
pyrazinamide oral	4	MO
rifabutin	4	MO
rifampin intravenous	4	MO
rifampin oral	4	MO
SIRTURO ORAL TABLET 100 MG	5	PAR; MO; LA
SIRTURO ORAL TABLET 20 MG	5	PAR; LA
TRECATOR	4	MO
Antineoplastics		
abiraterone acetate	5	PAR; QLL (120 per 30 days)
ABRAXANE	5	PAR
adriamycin intravenous solution	4	B/D PAR
adriamycin intravenous solution reconstituted 10 mg, 50 mg	4	B/D PAR

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
DARZALEX FASPRO	5	PAR
daunorubicin hcl intravenous solution 20 mg/4ml	4	B/D PAR
DAUNORUBICIN HCL INTRAVENOUS SOLUTION 50 MG/10ML	4	B/D PAR
DAURISMO ORAL TABLET 100 MG	5	PAR; LA; QLL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PAR; LA; QLL (60 per 30 days)
decitabine	5	B/D PAR
dexrazoxane hcl	5	B/D PAR
DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML	5	B/D PAR
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/ 16ML	4	B/D PAR
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/2ML, 80 MG/8ML	5	B/D PAR
doxorubicin hcl intravenous solution	4	B/D PAR
doxorubicin hcl liposomal	5	PAR
DROXIA	3	MO
ELITEK	5	PAR
EMCYT	4	
EMPLICITI	5	PAR; LA
ENHERTU	5	PAR
epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	4	B/D PAR
ERBITUX	5	PAR
ERIVEDGE	5	PAR; LA; QLL (30 per 30 days)
ERLEADA	5	PAR; LA
erlotinib hcl oral tablet 100 mg, 150 mg	5	PAR; QLL (30 per 30 days)
erlotinib hcl oral tablet 25 mg	5	PAR; QLL (90 per 30 days)
ERWINAZE INJECTION	5	PAR; LA
ETOPOPHOS	5	B/D PAR
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	3	B/D PAR
everolimus oral tablet 0.25 mg	4	B/D PAR; MO
everolimus oral tablet 0.5 mg, 0.75 mg	5	B/D PAR
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	5	PAR
EVOMELA	5	B/D PAR
exemestane	4	MO; QLL (60 per 30 days)
FARESTON	5	QLL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	5	PAR; LA; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 20 MG	5	PAR; LA; QLL (30 per 30 days)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	5	PAR
fludarabine phosphate intravenous solution	5	B/D PAR
fludarabine phosphate intravenous solution reconstituted	4	B/D PAR
fluorouracil intravenous	4	B/D PAR
flutamide	4	MO
FOLOTYN	5	B/D PAR
fulvestrant	5	PAR
GAVRETO	5	PAR; LA; QLL (120 per 30 days)
GAZYVA	5	PAR; LA
GEMCITABINE HCL INTRAVENOUS SOLUTION 1 GM/10ML, 2 GM/20ML	5	B/D PAR
gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml	4	B/D PAR
gemcitabine hcl intravenous solution 2 gm/52.6ml, 200 mg/2ml	5	B/D PAR

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Drug Name	Drug Tier	Requirements/ Limits
gemcitabine hcl intravenous solution reconstituted 1 gm, 200 mg	4	B/D PAR
gemcitabine hcl intravenous solution reconstituted 2 gm	5	B/D PAR
GILOTRIF	5	PAR; LA; QLL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	5	PAR; QLL (240 per 30 days)
GLEEVEC ORAL TABLET 400 MG	5	PAR; QLL (60 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PAR; MO
HALAVEN	5	PAR
HERCEPTIN HYLECTA	5	B/D PAR
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	B/D PAR
hydroxyprogesterone caproate intramuscular solution	5	PAR; QLL (25 per 147 days); NE
hydroxyurea oral	2	MO
IBRANCE	5	PAR; LA; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PAR; LA; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PAR; LA; QLL (30 per 30 days)
idarubicin hcl	5	B/D PAR
IDHIFA ORAL TABLET 100 MG	5	PAR; LA; QLL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PAR; LA; QLL (60 per 30 days)
IFEX	4	B/D PAR
ifosfamide intravenous solution	4	B/D PAR
ifosfamide intravenous solution reconstituted 1 gm	4	B/D PAR
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	4	B/D PAR
imatinib mesylate oral tablet 100 mg	5	PAR; QLL (240 per 30 days)
imatinib mesylate oral tablet 400 mg	5	PAR; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PAR; LA; QLL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PAR; LA; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PAR; LA; QLL (90 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PAR; LA; QLL (30 per 30 days)
IMFINZI	5	PAR; LA
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML	4	PAR; MO
IMLYGIC INTRALESIONAL SUSPENSION 100000000 UNIT/ML	5	PAR
INLYTA ORAL TABLET 1 MG	5	PAR; LA; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PAR; LA; QLL (120 per 30 days)
INQOVI	5	PAR; LA; QLL (5 per 28 days)
INREBIC	5	PAR; LA; QLL (120 per 30 days)
IRESSA	5	LA
irinotecan hcl intravenous solution 100 mg/5ml, 500 mg/25ml	4	B/D PAR
irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml	4	B/D PAR; MO
ISTODAX (OVERFILL)	5	PAR
IXEMPRA KIT	5	PAR
JAKAFI ORAL TABLET 10 MG	5	PAR; LA; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	5	PAR; LA; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	5	PAR; LA; QLL (75 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
JAKAFI ORAL TABLET 25 MG	5	PAR; LA; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	5	PAR; LA; QLL (300 per 30 days)
KADCYLA	5	PAR
KHAPZORY	5	PAR
KISQALI (200 MG DOSE)	5	PAR; QLL (21 per 21 days)
KISQALI (400 MG DOSE)	5	PAR; QLL (42 per 21 days)
KISQALI (600 MG DOSE)	5	PAR; QLL (63 per 21 days)
KISQALI FEMARA (400 MG DOSE)	5	PAR; QLL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE)	5	PAR; QLL (91 per 28 days)
KISQALI FEMARA(200 MG DOSE)	5	PAR; QLL (49 per 28 days)
KOSELUGO	5	PAR
KYPROLIS	5	PAR; LA
lapatinib ditosylate	5	PAR; QLL (180 per 30 days)
LARTRUVO INTRAVENOUS SOLUTION 190 MG/ 19ML	5	PAR; LA
LENVIMA (10 MG DAILY DOSE)	5	PAR; LA; QLL (30 per 30 days)
LENVIMA (12 MG DAILY DOSE)	5	PAR; LA; QLL (90 per 30 days)
LENVIMA (14 MG DAILY DOSE)	5	PAR; LA; QLL (60 per 30 days)
LENVIMA (18 MG DAILY DOSE)	5	PAR; LA; QLL (90 per 30 days)
LENVIMA (20 MG DAILY DOSE)	5	PAR; LA; QLL (60 per 30 days)
LENVIMA (24 MG DAILY DOSE)	5	PAR; LA; QLL (90 per 30 days)
LENVIMA (4 MG DAILY DOSE)	5	PAR; LA; QLL (30 per 30 days)
LENVIMA (8 MG DAILY DOSE)	5	PAR; LA; QLL (60 per 30 days)
letrozole oral	2	MO; QLL (30 per 30 days)
leucovorin calcium injection solution 100 mg/10ml	4	MO
leucovorin calcium injection solution reconstituted	4	B/D PAR; MO
leucovorin calcium oral tablet 10 mg, 25 mg	4	MO
leucovorin calcium oral tablet 10 mg, 25 mg	4	MO
leucovorin calcium oral tablet 15 mg, 5 mg	2	MO
leucovorin calcium oral tablet 15 mg, 5 mg	2	MO
LEUKERAN	4	MO
levoleucovorin calcium intravenous solution reconstituted 50 mg	5	PAR
LIBTAYO	5	PAR; LA
LONSURF	5	PAR
LORBRENA ORAL TABLET 100 MG	5	PAR; LA; QLL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PAR; LA; QLL (90 per 30 days)
LUMOXITI	5	PAR; LA
LYNPARZA ORAL TABLET	5	PAR; LA; QLL (120 per 30 days)
MARQIBO	5	
MATULANE	5	LA
MEKINIST ORAL TABLET 0.5 MG	5	PAR; LA; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PAR; LA; QLL (30 per 30 days)
MEKTOVI	5	PAR; LA; QLL (180 per 30 days)
melphalan	4	B/D PAR
melphalan hcl	3	B/D PAR
mesna	4	MO
MESNEX ORAL	5	MO
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml	2	MO
methotrexate sodium injection solution 250 mg/10ml	4	MO
methotrexate sodium injection solution reconstituted	2	MO
mitomycin intravenous solution reconstituted 20 mg, 5 mg	4	B/D PAR

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Drug Name	Drug Tier	Requirements/ Limits
mitomycin intravenous solution reconstituted 40 mg	5	B/D PAR
mitoxantrone hcl	3	B/D PAR
mutamycin intravenous solution reconstituted 20 mg, 5 mg	4	B/D PAR
mutamycin intravenous solution reconstituted 40 mg	5	B/D PAR
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	5	PAR; LA
NERLYNX	5	PAR; LA; QLL (180 per 30 days)
NEXAVAR	5	PAR; LA; QLL (120 per 30 days)
NILANDRON	5	MO; QLL (30 per 30 days)
nilutamide	5	MO; QLL (30 per 30 days)
NINLARO	5	PAR; QLL (3 per 28 days)
NIPENT	5	B/D PAR
NUBEQA	5	PAR; LA; QLL (120 per 30 days)
ODOMZO	5	PAR; LA; QLL (30 per 30 days)
OFEV	5	PAR; QLL (60 per 30 days)
ONCASPAR INJECTION	5	PAR
OPDIVO	5	PAR; LA
oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml	4	B/D PAR
oxaliplatin intravenous solution reconstituted	5	B/D PAR
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml	4	B/D PAR
paclitaxel intravenous concentrate 300 mg/50ml	4	
PADCEV	5	PAR
PANRETIN	5	
PARAPLATIN	4	B/D PAR; MO
PEMAZYRE	5	PAR; LA; QLL (14 per 21 days)
PERJETA	5	PAR
PHESGO	5	PAR
PIQRAY (200 MG DAILY DOSE)	5	PAR; QLL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PAR; QLL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PAR; QLL (56 per 28 days)
POLIVY	5	B/D PAR
POMALYST ORAL CAPSULE 1 MG	5	PAR; LA; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5	PAR; LA; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; LA; QLL (30 per 30 days)
PORTRAZZA	5	LA
POTELIGEO	5	B/D PAR; LA
PROLEUKIN	5	B/D PAR
PURIXAN	5	PAR
QINLOCK	5	PAR; QLL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PAR; QLL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PAR; QLL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG	5	PAR; LA; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 25 MG	5	PAR; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PAR; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	5	PAR; LA; QLL (150 per 30 days)
RITUXAN HYCELA	5	B/D PAR; MO; LA
RITUXAN INTRAVENOUS SOLUTION	5	B/D PAR; LA
romidepsin intravenous solution	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
RUBRACA ORAL TABLET 200 MG	5	PAR; LA; QLL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	5	PAR; LA; QLL (120 per 30 days)
RYDAPT	5	PAR; QLL (240 per 30 days)
SARCLISA	5	PAR
SOLTAMOX	5	MO
SPRYCEL	5	PAR; QLL (30 per 30 days)
STIVARGA	5	PAR; LA; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PAR; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	PAR; QLL (30 per 30 days)
SYNRIBO	5	PAR
TABLOID	4	MO
TABRECTA	5	PAR; QLL (120 per 30 days)
TAFINLAR	5	PAR; LA; QLL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG	5	PAR; LA; QLL (60 per 30 days)
TAGRISSO ORAL TABLET 80 MG	5	PAR; LA; QLL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PAR; LA; QLL (180 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PAR; LA; QLL (60 per 30 days)
tamoxifen citrate oral	2	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PAR; LA; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PAR; LA; QLL (90 per 30 days)
TARGRETIN EXTERNAL	5	PAR; QLL (60 per 30 days)
TARGRETIN ORAL	5	PAR; QLL (300 per 30 days)
TASIGNA	5	PAR; QLL (112 per 28 days)
TAXOTERE INTRAVENOUS CONCENTRATE 80 MG/ 4ML	5	B/D PAR
TAZVERIK	5	PAR; LA; QLL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/ 20ML	5	PAR; LA; QLL (20 per 21 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/ 14ML	5	PAR; LA; QLL (28 per 30 days)
temsirolimus	5	PAR
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PAR; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PAR; QLL (60 per 30 days)
thiotepa injection solution reconstituted 100 mg	4	B/D PAR; MO
thiotepa injection solution reconstituted 15 mg	4	B/D PAR
TIBSOVO	5	PAR; LA; QLL (60 per 30 days)
TICE BCG	4	B/D PAR
toposar intravenous solution 1 gm/50ml, 100 mg/5ml	3	B/D PAR
toposar intravenous solution 500 mg/25ml	4	B/D PAR
TOPOTECAN HCL INTRAVENOUS SOLUTION	5	B/D PAR
topotecan hcl intravenous solution reconstituted	5	B/D PAR
toremifene citrate	5	QLL (30 per 30 days)
TORISEL	5	PAR
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	5	B/D PAR
tretinoin external cream	3	PAR; MO; QLL (45 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
tretinoin external gel 0.01 %, 0.025 %	3	PAR; MO; QLL (45 per 30 days)
tretinoin oral	5	MO
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	5	B/D PAR
TRODELVY	5	PAR
TUKYSA	5	PAR; LA; QLL (120 per 30 days)
TURALIO	5	PAR; LA; QLL (120 per 30 days)
TYKERB	5	PAR; LA; QLL (180 per 30 days)
VALCHLOR	5	PAR; LA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/ 5ML, 400 MG/20ML	5	PAR
VELCADE INJECTION	5	PAR
VENCLEXTA ORAL TABLET 10 MG	3	PAR; LA; QLL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PAR; LA; QLL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PAR; LA; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PAR; LA; NE
VERZENIO	5	PAR; LA; QLL (60 per 30 days)
vinblastine sulfate intravenous solution	4	B/D PAR
vincristine sulfate intravenous	4	B/D PAR
vinorelbine tartrate	4	B/D PAR
VITRAKVI ORAL CAPSULE 100 MG	5	PAR; LA; QLL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PAR; LA; QLL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PAR; LA; QLL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG	5	PAR; LA; QLL (90 per 30 days)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	5	PAR; LA; QLL (30 per 30 days)
VOTRIENT	5	PAR; LA; QLL (120 per 30 days)
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	5	B/D PAR
XALKORI	5	PAR; LA; QLL (60 per 30 days)
XOSPATA	5	PAR; LA; QLL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY)	5	PAR; LA; QLL (20 per 28 days)
XPOVIO (40 MG ONCE WEEKLY)	5	PAR; LA; QLL (8 per 28 days)
XPOVIO (40 MG TWICE WEEKLY)	5	PAR; LA; QLL (16 per 28 days)
XPOVIO (60 MG ONCE WEEKLY)	5	PAR; LA; QLL (12 per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	5	PAR; LA; QLL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY)	5	PAR; LA; QLL (16 per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PAR; LA; QLL (32 per 28 days)
XTANDI	5	PAR; LA; QLL (120 per 30 days)
YERVOY	5	PAR
YONDELIS	5	B/D PAR
YONSA	5	PAR; QLL (120 per 30 days)
ZALTRAP	5	PAR; LA
ZANOSAR	5	B/D PAR
ZEJULA	5	PAR; LA; QLL (90 per 30 days)
ZELBORAF	5	PAR; LA; QLL (240 per 30 days)
ZOLINZA	5	PAR; QLL (120 per 30 days)
ZYDELIG	5	PAR; LA; QLL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PAR; LA; QLL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PAR; LA; QLL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PAR; LA; QLL (60 per 30 days)
Antiparasitics		
albendazole oral	4	MO

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

Drug Name	Drug Tier	Requirements/ Limits
ALBENZA	5	MO
ALINIA ORAL SUSPENSION RECONSTITUTED	4	MO; QLL (180 per 30 days)
ALINIA ORAL TABLET	4	MO; QLL (6 per 30 days)
atovaquone oral	5	PAR; MO
atovaquone-proguanil hcl	4	MO
chloroquine phosphate oral	1	MO; CG
COARTEM	4	MO
DARAPRIM	5	MO
hydroxychloroquine sulfate oral	1	MO; CG
ivermectin oral	3	MO
lindane external shampoo	4	MO
MALARONE ORAL TABLET 250-100 MG	4	MO
malathion external	4	MO
mefloquine hcl	2	MO
NEBUPENT	3	B/D PAR; MO
PENTAM	4	MO
pentamidine isethionate inhalation	3	B/D PAR; MO
pentamidine isethionate injection	4	MO
permethrin external cream	3	MO
primaquine phosphate oral	3	MO
pyrimethamine oral	5	
quinine sulfate oral	4	PAR; MO
STROMECTOL	3	MO
Antiparkinson Agents		
amantadine hcl oral	3	MO
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PAR; LA
AZILECT	3	MO
benztropine mesylate injection	4	MO
benztropine mesylate oral	2	PAR; MO
bromocriptine mesylate oral	4	MO
carbidopa oral	4	MO
carbidopa oral	4	MO
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	MO
carbidopa-levodopa oral tablet	2	MO
carbidopa-levodopa oral tablet dispersible	3	MO
carbidopa-levodopa-entacapone	4	MO
carbidopa-levodopa-entacapone	4	MO
entacapone	4	MO
MIRAPEX ORAL TABLET 0.75 MG	4	MO
NEUPRO	3	MO; QLL (30 per 30 days)
pramipexole dihydrochloride	2	MO
rasagiline mesylate oral	3	MO
ropinirole hcl	2	MO
ropinirole hcl er	4	MO
selegiline hcl oral	3	MO
tolcapone	5	PAR; MO; QLL (180 per 30 days)
trihexyphenidyl hcl	2	PAR; MO
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	MO; QLL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	MO; QLL (1 per 28 days)
aripiprazole oral solution	4	MO; QLL (900 per 30 days)
aripiprazole oral tablet 10 mg	4	MO; QLL (90 per 30 days)
aripiprazole oral tablet 15 mg	4	MO; QLL (60 per 30 days)
aripiprazole oral tablet 2 mg	4	MO; QLL (450 per 30 days)
aripiprazole oral tablet 20 mg, 30 mg	4	MO; QLL (30 per 30 days)
aripiprazole oral tablet 5 mg	4	MO; QLL (180 per 30 days)
aripiprazole oral tablet dispersible 10 mg	5	MO; QLL (90 per 30 days)
aripiprazole oral tablet dispersible 15 mg	5	MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
ARISTADA INITIO	5	MO; QLL (4.8 per 365 days); NE
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	MO; QLL (3.9 per 60 days); NE
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	MO; QLL (1.6 per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	MO; QLL (2.4 per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	MO; QLL (3.2 per 30 days)
CAPLYTA	5	PAR; QLL (30 per 30 days)
CHLORPROMAZINE HCL INJECTION	4	MO
chlorpromazine hcl oral	4	MO
clozapine oral tablet 100 mg	3	MO; QLL (270 per 30 days)
clozapine oral tablet 200 mg	3	MO; QLL (120 per 30 days)
clozapine oral tablet 25 mg	2	MO; QLL (1080 per 30 days)
clozapine oral tablet 50 mg	2	MO; QLL (540 per 30 days)
clozapine oral tablet dispersible 100 mg	4	MO; QLL (270 per 30 days)
clozapine oral tablet dispersible 12.5 mg	4	MO; QLL (2160 per 30 days)
clozapine oral tablet dispersible 150 mg	4	MO; QLL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	5	MO; QLL (120 per 30 days)
clozapine oral tablet dispersible 25 mg	3	MO; QLL (1080 per 30 days)
FANAPT ORAL TABLET 1 MG	4	MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	5	MO; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	MO; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	5	MO; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	5	MO; QLL (90 per 30 days)
FANAPT TITRATION PACK	4	MO
fluphenazine decanoate injection	4	MO
fluphenazine hcl injection	4	MO
fluphenazine hcl oral	2	MO
GEODON INTRAMUSCULAR	4	MO
haloperidol decanoate intramuscular solution 100 mg/ml	4	MO
haloperidol decanoate intramuscular solution 100 mg/ml 1 ml	4	
haloperidol decanoate intramuscular solution 50 mg/ml	3	MO
haloperidol lactate injection	3	MO
haloperidol lactate oral	2	MO
haloperidol oral	2	MO
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG	4	MO; QLL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG	5	MO; QLL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	MO; QLL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	5	MO; QLL (30 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	MO; QLL (0.75 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
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	MO; QLL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	MO; QLL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	MO; QLL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	MO; QLL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	5	MO; QLL (0.875 per 90 days); NE
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	5	MO; QLL (1.315 per 90 days); NE
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	MO; QLL (1.75 per 90 days); NE
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	5	MO; QLL (2.625 per 90 days); NE
LATUDA ORAL TABLET 120 MG, 60 MG	5	MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	5	MO; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	5	MO; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	5	MO; QLL (60 per 30 days)
loxapine succinate oral capsule 10 mg, 5 mg	3	MO
loxapine succinate oral capsule 25 mg, 50 mg	4	MO
molindone hcl	4	MO
NUPLAZID ORAL CAPSULE	5	PAR; LA; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PAR; LA; QLL (30 per 30 days)
olanzapine intramuscular	4	MO; QLL (90 per 30 days)
olanzapine oral tablet 10 mg	3	MO; QLL (60 per 30 days)
olanzapine oral tablet 15 mg	3	MO; QLL (40 per 30 days)
olanzapine oral tablet 2.5 mg	3	MO; QLL (240 per 30 days)
olanzapine oral tablet 20 mg	3	MO; QLL (30 per 30 days)
olanzapine oral tablet 5 mg	3	MO; QLL (120 per 30 days)
olanzapine oral tablet 7.5 mg	3	MO; QLL (80 per 30 days)
olanzapine oral tablet dispersible 10 mg	4	MO; QLL (60 per 30 days)
olanzapine oral tablet dispersible 15 mg	4	MO; QLL (40 per 30 days)
olanzapine oral tablet dispersible 20 mg	4	MO; QLL (30 per 30 days)
olanzapine oral tablet dispersible 5 mg	4	MO; QLL (120 per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg	4	MO; QLL (240 per 30 days)
paliperidone er oral tablet extended release 24 hour 3 mg	4	MO; QLL (120 per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	4	MO; QLL (60 per 30 days)
paliperidone er oral tablet extended release 24 hour 9 mg	5	MO; QLL (30 per 30 days)
perphenazine oral	4	MO
PERSERIS	5	MO; QLL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
pimozide	3	MO
prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml	4	MO
prochlorperazine maleate oral	2	MO
quetiapine fumarate er oral tablet extended release 24 hour 150 mg	4	MO; QLL (150 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	4	MO; QLL (120 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg	4	MO; QLL (80 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 400 mg	4	MO; QLL (60 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 50 mg	4	MO; QLL (480 per 30 days)
quetiapine fumarate oral tablet 100 mg	2	MO; QLL (240 per 30 days)
quetiapine fumarate oral tablet 200 mg	2	MO; QLL (120 per 30 days)
quetiapine fumarate oral tablet 25 mg	2	MO; QLL (960 per 30 days)
quetiapine fumarate oral tablet 300 mg	2	MO; QLL (80 per 30 days)
quetiapine fumarate oral tablet 400 mg	2	MO; QLL (60 per 30 days)
quetiapine fumarate oral tablet 50 mg	2	MO; QLL (480 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	MO; QLL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5	MO; QLL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	MO; QLL (2 per 28 days)
risperidone oral solution	3	MO; QLL (480 per 30 days)
risperidone oral tablet 0.25 mg	2	MO; QLL (1920 per 30 days)
risperidone oral tablet 0.5 mg	2	MO; QLL (960 per 30 days)
risperidone oral tablet 1 mg	2	MO; QLL (480 per 30 days)
risperidone oral tablet 2 mg	2	MO; QLL (240 per 30 days)
risperidone oral tablet 3 mg	2	MO; QLL (150 per 30 days)
risperidone oral tablet 4 mg	2	MO; QLL (120 per 30 days)
risperidone oral tablet dispersible 0.25 mg	4	MO; QLL (1920 per 30 days)
risperidone oral tablet dispersible 0.5 mg	4	MO; QLL (960 per 30 days)
risperidone oral tablet dispersible 1 mg	4	MO; QLL (480 per 30 days)
risperidone oral tablet dispersible 2 mg	4	MO; QLL (240 per 30 days)
risperidone oral tablet dispersible 3 mg	4	MO; QLL (150 per 30 days)
risperidone oral tablet dispersible 4 mg	4	MO; QLL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	5	MO; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	4	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	4	MO; QLL (120 per 30 days)
SECUADO	5	QLL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	4	MO; QLL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	4	MO; QLL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	4	MO; QLL (80 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	5	MO; QLL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	4	MO; QLL (480 per 30 days)
thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg	2	ST; MO
thioridazine hcl oral tablet 100 mg	3	ST; MO
thiothixene oral	2	MO
trifluoperazine hcl oral tablet 1 mg, 2 mg	3	MO
trifluoperazine hcl oral tablet 10 mg, 5 mg	4	MO
VERSACLOZ	4	MO; QLL (600 per 30 days)
VRAYLAR ORAL CAPSULE	5	MO; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	MO
ziprasidone hcl oral capsule 20 mg	4	MO; QLL (240 per 30 days)
ziprasidone hcl oral capsule 40 mg	4	MO; QLL (120 per 30 days)
ziprasidone hcl oral capsule 60 mg, 80 mg	4	MO; QLL (60 per 30 days)
ziprasidone mesylate	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	MO; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	5	MO; QLL (2 per 28 days)
Antispasticity Agents		
baclofen oral	2	MO
dantrolene sodium oral	4	MO
tizanidine hcl oral tablet	2	MO
Antivirals		
abacavir sulfate oral solution	4	QLL (960 per 30 days)
abacavir sulfate oral tablet	4	QLL (60 per 30 days)
abacavir sulfate-lamivudine	4	QLL (30 per 30 days)
abacavir-lamivudine-zidovudine	5	QLL (60 per 30 days)
acyclovir external ointment	4	MO; QLL (30 per 30 days)
acyclovir oral capsule	2	MO
acyclovir oral suspension	4	MO
acyclovir oral tablet	2	MO
acyclovir sodium intravenous solution	4	B/D PAR; MO
adefovir dipivoxil	4	PAR
amantadine hcl oral	3	MO
APTIVUS ORAL CAPSULE	5	QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	5	QLL (380 per 30 days)
atazanavir sulfate oral capsule 150 mg, 200 mg	5	QLL (60 per 30 days)
atazanavir sulfate oral capsule 300 mg	5	QLL (30 per 30 days)
ATRIPLA	5	QLL (30 per 30 days)
BARACLUDE ORAL SOLUTION	5	PAR
BIKTARVY	5	QLL (30 per 30 days)
cidofovir intravenous	5	B/D PAR
CIMDUO	5	QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
COMPLERA	5	QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	QLL (180 per 30 days)
DELSTRIGO	5	QLL (30 per 30 days)
DENAVIR	5	MO; QLL (5 per 30 days)
DESCOVY	5	QLL (30 per 30 days)
didanosine oral capsule delayed release 200 mg	3	QLL (60 per 30 days)
didanosine oral capsule delayed release 250 mg, 400 mg	3	QLL (30 per 30 days)
DOVATO	5	QLL (30 per 30 days)
EDURANT	5	QLL (30 per 30 days)
efavirenz oral capsule 200 mg	4	QLL (120 per 30 days)
efavirenz oral capsule 50 mg	4	QLL (360 per 30 days)
efavirenz oral tablet	5	QLL (30 per 30 days)
efavirenz-lamivudine-tenofovir	5	QLL (30 per 30 days)
emtricitabine	4	MO; QLL (30 per 30 days)
emtricitabine-tenofovir df	5	QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	4	QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	QLL (850 per 30 days)
entecavir	4	PAR
EPCLUSA ORAL TABLET 400-100 MG	5	PAR; QLL (30 per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PAR; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	3	
EPIVIR ORAL SOLUTION	4	QLL (960 per 30 days)
EPIVIR ORAL SOLUTION	4	QLL (960 per 30 days)
EPZICOM	5	QLL (30 per 30 days)
EVOTAZ	5	QLL (30 per 30 days)
famciclovir oral tablet 125 mg, 250 mg	3	MO; QLL (60 per 30 days)
famciclovir oral tablet 500 mg	3	MO; QLL (21 per 7 days)
fosamprenavir calcium	5	QLL (120 per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QLL (60 per 30 days)
ganciclovir sodium intravenous solution reconstituted	3	B/D PAR
GENVOYA	5	QLL (30 per 30 days)
HARVONI ORAL PACKET	5	PAR; QLL (28 per 28 days)
HARVONI ORAL TABLET	5	PAR; QLL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PAR; QLL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG	5	QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QLL (480 per 30 days)
INTRON A INJECTION SOLUTION	5	B/D PAR
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	B/D PAR
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	4	B/D PAR

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Drug Name	Drug Tier	Requirements/ Limits
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	4	B/D PAR
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	5	B/D PAR
INVIRASE ORAL TABLET	5	QLL (120 per 30 days)
ISENTRESS HD	5	QLL (60 per 30 days)
ISENTRESS ORAL PACKET	5	QLL (180 per 30 days)
ISENTRESS ORAL TABLET	5	QLL (120 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QLL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QLL (720 per 30 days)
JULUCA	5	QLL (30 per 30 days)
KALETRA ORAL SOLUTION	5	QLL (480 per 30 days)
KALETRA ORAL TABLET 100-25 MG	4	QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	QLL (120 per 30 days)
lamivudine oral solution	4	QLL (960 per 30 days)
lamivudine oral solution	4	QLL (960 per 30 days)
lamivudine oral tablet 100 mg	3	
lamivudine oral tablet 100 mg	3	
lamivudine oral tablet 150 mg	4	QLL (60 per 30 days)
lamivudine oral tablet 150 mg	4	QLL (60 per 30 days)
lamivudine oral tablet 300 mg	4	QLL (30 per 30 days)
lamivudine oral tablet 300 mg	4	QLL (30 per 30 days)
lamivudine-zidovudine	4	QLL (60 per 30 days)
LEXIVA ORAL SUSPENSION	4	QLL (1800 per 30 days)
LEXIVA ORAL TABLET	5	QLL (120 per 30 days)
lopinavir-ritonavir	4	QLL (480 per 30 days)
nevirapine er oral tablet extended release 24 hour 100 mg	4	QLL (90 per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	4	QLL (30 per 30 days)
nevirapine oral suspension	4	QLL (1200 per 30 days)
nevirapine oral tablet	2	QLL (60 per 30 days)
NORVIR ORAL PACKET	4	QLL (360 per 30 days)
NORVIR ORAL SOLUTION	4	QLL (480 per 30 days)
NORVIR ORAL TABLET	3	QLL (360 per 30 days)
ODEFSEY	5	QLL (30 per 30 days)
oseltamivir phosphate oral	3	MO
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/ 0.5ML	5	
PEGASYS SUBCUTANEOUS SOLUTION	5	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	5	
PIFELTRO	5	QLL (30 per 30 days)
PREZCOBIX	5	QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	QLL (400 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
PREZISTA ORAL TABLET 150 MG	4	QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	5	QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QLL (300 per 30 days)
RELENZA DISKHALER	3	MO; QLL (60 per 180 days); NE
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL CAPSULE 150 MG, 200 MG	5	QLL (60 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	5	QLL (30 per 30 days)
REYATAZ ORAL PACKET	4	QLL (240 per 30 days)
ribavirin inhalation	5	PAR
ribavirin oral capsule	3	MO
ribavirin oral capsule	3	MO
ribavirin oral tablet 200 mg	4	
ribavirin oral tablet 200 mg	4	
rimantadine hcl	3	MO
ritonavir	3	QLL (360 per 30 days)
RUKOBIA	5	QLL (60 per 30 days)
SELZENTRY ORAL SOLUTION	5	QLL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	QLL (120 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QLL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	QLL (60 per 30 days)
stavudine oral capsule 15 mg	3	QLL (120 per 30 days)
stavudine oral capsule 20 mg	4	QLL (120 per 30 days)
stavudine oral capsule 30 mg	3	QLL (60 per 30 days)
stavudine oral capsule 40 mg	4	QLL (60 per 30 days)
STRIBILD	5	QLL (30 per 30 days)
SUSTIVA ORAL CAPSULE 200 MG	4	QLL (120 per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	4	QLL (360 per 30 days)
SUSTIVA ORAL TABLET	5	QLL (30 per 30 days)
SYMFI	5	QLL (30 per 30 days)
SYMFI LO	5	QLL (30 per 30 days)
SYMTUZA	5	QLL (30 per 30 days)
TAMIFLU ORAL CAPSULE	3	MO
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	MO
TEMIXYS	5	QLL (30 per 30 days); NE
tenofovir disoproxil fumarate	4	QLL (30 per 30 days)
tenofovir disoproxil fumarate	4	QLL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QLL (60 per 30 days)
TIVICAY PD	5	QLL (180 per 30 days)
trifluridine ophthalmic	3	MO
TRIUMEQ	5	QLL (30 per 30 days)
TROGARZO	5	PAR; LA; QLL (23.94 per 28 days)
TRUVADA	5	QLL (30 per 30 days)
TYBOST	3	QLL (30 per 30 days)
valacyclovir hcl oral tablet 1 gm	3	MO; QLL (90 per 30 days)
valacyclovir hcl oral tablet 500 mg	3	MO; QLL (60 per 30 days)
valganciclovir hcl oral tablet	5	

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Drug Name	Drug Tier	Requirements/ Limits
VEMLIDY	5	PAR; QLL (30 per 30 days); NE
VIRACEPT ORAL TABLET 250 MG	5	QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QLL (120 per 30 days)
VIRAMUNE ORAL SUSPENSION	4	QLL (1200 per 30 days)
VIRAZOLE	5	PAR; MO
VIREAD ORAL POWDER	5	QLL (240 per 30 days)
VIREAD ORAL POWDER	5	QLL (240 per 30 days)
VIREAD ORAL TABLET	5	QLL (30 per 30 days)
VIREAD ORAL TABLET	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
ZIAGEN ORAL SOLUTION	4	QLL (960 per 30 days)
zidovudine oral capsule	4	QLL (180 per 30 days)
zidovudine oral syrup	2	QLL (1920 per 30 days)
zidovudine oral tablet	2	QLL (60 per 30 days)
ZIRGAN	4	MO
Anxiolytics		
alprazolam er	3	MO; QLL (120 per 30 days)
alprazolam oral tablet	2	MO; QLL (120 per 30 days)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	3	MO
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg	2	MO
buspirone hcl oral tablet 30 mg	4	MO
buspirone hcl oral tablet 7.5 mg	3	MO
chlordiazepoxide hcl	3	MO; QLL (120 per 30 days)
clonazepam oral tablet 0.5 mg	2	MO; QLL (1200 per 30 days)
clonazepam oral tablet 1 mg	2	MO; QLL (600 per 30 days)
clonazepam oral tablet 2 mg	2	MO; QLL (300 per 30 days)
clonazepam oral tablet dispersible 0.125 mg	4	MO; QLL (4800 per 30 days)
clonazepam oral tablet dispersible 0.25 mg	4	MO; QLL (2400 per 30 days)
clonazepam oral tablet dispersible 0.5 mg	4	MO; QLL (1200 per 30 days)
clonazepam oral tablet dispersible 1 mg	4	MO; QLL (600 per 30 days)
clonazepam oral tablet dispersible 2 mg	4	MO; QLL (300 per 30 days)
clorazepate dipotassium	3	MO
DIASTAT ACUDIAL	4	MO
DIASTAT PEDIATRIC	4	MO
diazepam oral concentrate	2	MO; QLL (240 per 30 days)
diazepam oral solution 5 mg/ 5ml	2	MO; QLL (1200 per 30 days)
diazepam oral tablet 10 mg	2	MO; QLL (120 per 30 days)
diazepam oral tablet 2 mg	2	MO; QLL (600 per 30 days)
diazepam oral tablet 5 mg	2	MO; QLL (240 per 30 days)
diazepam rectal	4	MO
doxepin hcl oral capsule	2	PAR; MO
doxepin hcl oral concentrate	2	PAR; MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG	4	MO; QLL (180 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG	4	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	MO; QLL (90 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	MO; QLL (60 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)
escitalopram oxalate oral solution	4	MO; QLL (600 per 30 days)
escitalopram oxalate oral tablet 10 mg	2	MO; QLL (60 per 30 days)
escitalopram oxalate oral tablet 20 mg	2	MO; QLL (30 per 30 days)
escitalopram oxalate oral tablet 5 mg	2	MO; QLL (120 per 30 days)
hydroxyzine hcl oral syrup	3	PAR; MO
hydroxyzine hcl oral tablet 10 mg, 50 mg	3	PAR; MO
hydroxyzine hcl oral tablet 25 mg	2	PAR; MO
hydroxyzine pamoate oral	3	PAR; MO
lorazepam oral concentrate 2 mg/ml	3	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	4	MO; QLL (120 per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	4	MO; QLL (180 per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 25 mg	4	MO; QLL (90 per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 37.5 mg	4	MO; QLL (60 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	1	MO; CG; 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	1	MO; CG; QLL (60 per 30 days)
sertraline hcl oral tablet 25 mg	1	MO; CG; QLL (240 per 30 days)
sertraline hcl oral tablet 50 mg	1	MO; CG; 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 er oral tablet extended release 24 hour 150 mg	4	MO; QLL (60 per 30 days)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	4	MO; QLL (30 per 30 days)
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg	4	MO; QLL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	4	MO; QLL (90 per 30 days)
venlafaxine hcl oral tablet 100 mg	3	MO; QLL (113 per 30 days)
venlafaxine hcl oral tablet 25 mg	3	MO; QLL (450 per 30 days)
venlafaxine hcl oral tablet 37.5 mg	3	MO; QLL (300 per 30 days)
venlafaxine hcl oral tablet 50 mg	3	MO; QLL (225 per 30 days)
venlafaxine hcl oral tablet 75 mg	3	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 suspension	4	MO
carbamazepine oral tablet	1	MO; CG
carbamazepine oral tablet chewable	2	MO
divalproex sodium er oral tablet extended release 24 hour	4	MO
divalproex sodium oral capsule delayed release sprinkle	4	MO
divalproex sodium oral tablet delayed release 125 mg, 250 mg	2	MO
divalproex sodium oral tablet delayed release 500 mg	3	MO
epitol	1	MO; CG
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 25 mg	3	MO
lamotrigine oral tablet chewable 5 mg	2	MO
LITHIUM	3	MO
lithium carbonate er	2	MO
lithium carbonate oral capsule 150 mg, 300 mg	1	MO; CG
lithium carbonate oral capsule 600 mg	2	MO
lithium carbonate oral tablet	2	MO
olanzapine intramuscular	4	MO; QLL (90 per 30 days)
olanzapine oral tablet 10 mg	3	MO; QLL (60 per 30 days)
olanzapine oral tablet 15 mg	3	MO; QLL (40 per 30 days)
olanzapine oral tablet 2.5 mg	3	MO; QLL (240 per 30 days)
olanzapine oral tablet 20 mg	3	MO; QLL (30 per 30 days)
olanzapine oral tablet 5 mg	3	MO; QLL (120 per 30 days)
olanzapine oral tablet 7.5 mg	3	MO; QLL (80 per 30 days)
olanzapine oral tablet dispersible 10 mg	4	MO; QLL (60 per 30 days)
olanzapine oral tablet dispersible 15 mg	4	MO; QLL (40 per 30 days)
olanzapine oral tablet dispersible 20 mg	4	MO; QLL (30 per 30 days)
olanzapine oral tablet dispersible 5 mg	4	MO; QLL (120 per 30 days)
PERSERIS	5	MO; QLL (1 per 28 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg	4	MO; QLL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	4	MO; QLL (120 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg	4	MO; QLL (80 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 400 mg	4	MO; QLL (60 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 50 mg	4	MO; QLL (480 per 30 days)
quetiapine fumarate oral tablet 100 mg	2	MO; QLL (240 per 30 days)
quetiapine fumarate oral tablet 200 mg	2	MO; QLL (120 per 30 days)
quetiapine fumarate oral tablet 25 mg	2	MO; QLL (960 per 30 days)
quetiapine fumarate oral tablet 300 mg	2	MO; QLL (80 per 30 days)
quetiapine fumarate oral tablet 400 mg	2	MO; QLL (60 per 30 days)
quetiapine fumarate oral tablet 50 mg	2	MO; QLL (480 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	MO; QLL (2 per 28 days)
risperidone oral solution	3	MO; QLL (480 per 30 days)
risperidone oral tablet 0.25 mg	2	MO; QLL (1920 per 30 days)
risperidone oral tablet 0.5 mg	2	MO; QLL (960 per 30 days)
risperidone oral tablet 1 mg	2	MO; QLL (480 per 30 days)
risperidone oral tablet 2 mg	2	MO; QLL (240 per 30 days)
risperidone oral tablet 3 mg	2	MO; QLL (150 per 30 days)
risperidone oral tablet 4 mg	2	MO; QLL (120 per 30 days)
risperidone oral tablet dispersible 0.25 mg	4	MO; QLL (1920 per 30 days)
risperidone oral tablet dispersible 0.5 mg	4	MO; QLL (960 per 30 days)
risperidone oral tablet dispersible 1 mg	4	MO; QLL (480 per 30 days)
risperidone oral tablet dispersible 2 mg	4	MO; QLL (240 per 30 days)
risperidone oral tablet dispersible 3 mg	4	MO; QLL (150 per 30 days)
risperidone oral tablet dispersible 4 mg	4	MO; QLL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	5	MO; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	4	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	4	MO; QLL (120 per 30 days)
SECUADO	5	QLL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	4	MO; QLL (150 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	4	MO; QLL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	4	MO; QLL (80 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	5	MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	4	MO; QLL (480 per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	4	MO
valproic acid oral capsule	3	MO
valproic acid oral solution	2	MO
VRAYLAR ORAL CAPSULE	5	MO; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	MO
ziprasidone hcl oral capsule 20 mg	4	MO; QLL (240 per 30 days)
ziprasidone hcl oral capsule 40 mg	4	MO; QLL (120 per 30 days)
ziprasidone hcl oral capsule 60 mg, 80 mg	4	MO; QLL (60 per 30 days)
ziprasidone mesylate	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	MO; QLL (2 per 28 days)
Blood Glucose Regulators		
1ST TIER UNIFINE PENTIPS 29G X 12MM	2	MO; QLL (200 per 30 days)
acarbose oral tablet 100 mg	2	MO; QLL (90 per 30 days)
acarbose oral tablet 25 mg	2	MO; QLL (360 per 30 days)
acarbose oral tablet 50 mg	2	MO; QLL (180 per 30 days)
AMARYL ORAL TABLET 1 MG	4	MO; QLL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	4	MO; QLL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	4	MO; QLL (60 per 30 days)
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	MO; QLL (200 per 30 days)
AVANDIA ORAL TABLET 2 MG	4	PAR; MO; QLL (120 per 30 days)
AVANDIA ORAL TABLET 4 MG	4	PAR; MO; QLL (60 per 30 days)
BYDUREON BCISE	3	MO; QLL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	MO; QLL (4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO; QLL (2.4 per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO; QLL (1.2 per 30 days)
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM	2	MO; QLL (200 per 30 days)
CLEVER CHOICE COMFORT EZ 29G X 12MM	2	MO; QLL (200 per 30 days)
colesevelam hcl	3	MO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	2	MO; QLL (200 per 30 days)
CVS GAUZE STERILE PAD 2"X2"	1	MO; CG; QLL (200 per 30 days)
CYCLOSET	4	ST; MO; QLL (180 per 30 days)
diazoxide oral	4	MO
DROPLET PEN NEEDLES 30G X 8 MM	2	MO; QLL (200 per 30 days)
DUETACT ORAL TABLET 30-4 MG	4	MO; QLL (30 per 30 days)
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM	2	MO; QLL (200 per 30 days)
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	2	MO; QLL (200 per 30 days)
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	MO; QLL (200 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
FARXIGA	3	QLL (30 per 30 days)
glimepiride oral tablet 1 mg	6	MO; CG; QLL (240 per 30 days)
glimepiride oral tablet 2 mg	6	MO; CG; QLL (120 per 30 days)
glimepiride oral tablet 4 mg	6	MO; CG; QLL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	6	MO; CG; QLL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg	6	MO; CG; QLL (240 per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	6	MO; CG; QLL (120 per 30 days)
glipizide oral tablet 10 mg	6	MO; CG; QLL (120 per 30 days)
glipizide oral tablet 5 mg	6	MO; CG; QLL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	6	MO; CG; QLL (60 per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg	6	MO; CG; QLL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour 5 mg	6	MO; CG; QLL (120 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	6	MO; CG; QLL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	6	MO; CG; QLL (120 per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/ 64" 1 ML	2	MO; QLL (200 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY INJECTION KIT	4	MO
GLUCOTROL ORAL TABLET 10 MG	4	MO; QLL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	4	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	4	MO; QLL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG	4	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	4	MO; QLL (120 per 30 days)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	5	MO; QLL (120 per 30 days)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	5	MO; QLL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg	2	PAR; MO; QLL (240 per 30 days)
glyburide micronized oral tablet 3 mg	2	PAR; MO; QLL (120 per 30 days)
glyburide micronized oral tablet 6 mg	2	PAR; MO; QLL (60 per 30 days)
glyburide oral tablet 1.25 mg	2	PAR; MO; QLL (480 per 30 days)
glyburide oral tablet 2.5 mg	2	PAR; MO; QLL (240 per 30 days)
glyburide oral tablet 5 mg	2	PAR; MO; QLL (120 per 30 days)
glyburide-metformin oral tablet 1.25-250 mg	2	PAR; MO; QLL (240 per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	PAR; MO; QLL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)
H-E-B INCONTROL PEN NEEDLES 29G X 12MM	2	MO; QLL (200 per 30 days)
HUMALOG	3	MO

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

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG JUNIOR KWIKPEN	3	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
HUMALOG MIX 50/50	3	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMALOG MIX 75/25	3	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMULIN 70/30	3	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMULIN N	3	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMULIN R	3	MO
HUMULIN R U-500 (CONCENTRATED)	5	PAR; MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PAR; MO
INSULIN LISPRO (1 UNIT DIAL)	3	MO
INSULIN LISPRO JUNIOR KWIKPEN	3	MO
INSULIN LISPRO PROT & LISPRO	3	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	MO
INSUPEN PEN NEEDLES 29G X 12MM	2	MO; QLL (200 per 30 days)
JANUMET	3	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)
JARDIANCE	3	MO; QLL (30 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	MO; QLL (30 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	MO; QLL (30 per 30 days)
KORLYM	5	PAR; LA
KROGER PEN NEEDLES 31G X 8 MM	2	MO; QLL (200 per 30 days)
LANTUS	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
MARATHON MEDICAL PENTIPS 29G X 12MM	2	MO; QLL (200 per 30 days)
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	5	MO; QLL (60 per 30 days)
metformin hcl er (mod) oral tablet extended release 24 hour 500 mg	5	MO; QLL (120 per 30 days)
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	4	MO; QLL (60 per 30 days)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	4	MO; QLL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	6	MO; CG; QLL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	6	MO; CG; QLL (60 per 30 days)
metformin hcl oral tablet 1000 mg	6	MO; CG; QLL (60 per 30 days)
metformin hcl oral tablet 500 mg	6	MO; CG; QLL (150 per 30 days)
metformin hcl oral tablet 850 mg	6	MO; CG; QLL (90 per 30 days)
miglitol oral tablet 100 mg	4	MO; QLL (90 per 30 days)
miglitol oral tablet 25 mg	4	MO; QLL (360 per 30 days)
miglitol oral tablet 50 mg	4	MO; QLL (180 per 30 days)
nateglinide oral tablet 120 mg	4	MO; QLL (90 per 30 days)
nateglinide oral tablet 60 mg	4	MO; QLL (180 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	MO
OZEMPIC (1 MG/DOSE)	3	MO
PC UNIFINE PENTIPS 29G X 12MM	2	MO; QLL (200 per 30 days)
pioglitazone hcl oral tablet 15 mg	2	MO; QLL (90 per 30 days)
pioglitazone hcl oral tablet 30 mg	2	MO; QLL (45 per 30 days)
pioglitazone hcl oral tablet 45 mg	2	MO; QLL (30 per 30 days)
pioglitazone hcl-glimepiride	4	MO; QLL (30 per 30 days)
pioglitazone hcl-metformin hcl	4	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	MO; QLL (200 per 30 days)
PROGLYCEM	4	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	MO; QLL (200 per 30 days)
RELION PEN NEEDLES 29G X 12MM	2	MO; QLL (200 per 30 days)
repaglinide oral tablet 0.5 mg	3	MO; QLL (960 per 30 days)
repaglinide oral tablet 1 mg	3	MO; QLL (480 per 30 days)
repaglinide oral tablet 2 mg	3	MO; QLL (240 per 30 days)
RIOMET	4	MO; QLL (780 per 30 days)
RIOMET ER	4	MO; QLL (780 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PAR; MO; QLL (11 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PAR; MO; QLL (6 per 30 days)
SYNJARDY	3	MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
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 XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	MO; QLL (30 per 30 days)
TECHLITE PEN NEEDLES 29G X 12MM	2	MO; QLL (200 per 30 days)
tolbutamide	2	MO; QLL (180 per 30 days)
TOUJEO MAX SOLOSTAR	3	MO
TOUJEO SOLOSTAR	3	MO
TRADJENTA	3	MO; QLL (30 per 30 days)
TRULICITY	3	MO; QLL (2 per 28 days)
UNIFINE PENTIPS 30G X 5 MM	2	MO; QLL (200 per 30 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO; QLL (9 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)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QLL (60 per 30 days)
Blood Products/ Modifiers/ Volume Expanders		
AGGRENOX	4	ST; MO; QLL (60 per 30 days)
anagrelide hcl	3	MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	5	PAR
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PAR
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	PAR
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PAR
aspirin-dipyridamole er	3	ST; MO; QLL (60 per 30 days)
BRILINTA	3	MO; QLL (60 per 30 days)
cilostazol	2	MO
clopidogrel bisulfate oral tablet 300 mg	2	MO; QLL (1 per 30 days)
clopidogrel bisulfate oral tablet 75 mg	2	MO; QLL (30 per 30 days)
EFFIENT	3	MO; QLL (30 per 30 days)
ELIQUIS	3	MO; QLL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	MO; QLL (74 per 180 days); NE
enoxaparin sodium injection	4	MO; QLL (168 per 28 days)
enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml	4	MO; QLL (56 per 28 days)
enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml	4	MO; QLL (44.8 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
enoxaparin sodium subcutaneous solution 30 mg/ 0.3ml	4	MO; QLL (16.8 per 28 days)
enoxaparin sodium subcutaneous solution 40 mg/ 0.4ml	4	MO; QLL (22.4 per 28 days)
enoxaparin sodium subcutaneous solution 60 mg/ 0.6ml	4	MO; QLL (33.6 per 28 days)
fondaparinux sodium subcutaneous solution 10 mg/ 0.8ml	5	MO; QLL (24 per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/ 0.5ml	4	MO; QLL (15 per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/ 0.4ml	5	MO; QLL (12 per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/ 0.6ml	5	MO; QLL (18 per 30 days)
FULPHILA	5	PAR; QLL (1.2 per 28 days)
GRANIX	5	PAR
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	4	B/D PAR; MO
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 25000-0.45 UT/250ML-%	4	MO
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ ML, 25000-5 UT/500ML-%	4	MO
heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	4	MO
heparin sodium (porcine) injection solution 1000 unit/ ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	3	B/D PAR; MO
jantoven	1	MO; CG
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PAR; QLL (1.2 per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ ML, 480 MCG/1.6ML	5	PAR
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PAR
NIVESTYM	5	PAR
PRADAXA	4	MO; QLL (60 per 30 days)
prasugrel hcl	3	MO; QLL (30 per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ ML	4	PAR
PROCRIT 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)
tranexamic acid intravenous solution 1000 mg/10ml	3	
tranexamic acid oral	3	MO
warfarin sodium oral	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)

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

Drug Name	Drug Tier	Requirements/ Limits
XARELTO STARTER PACK	3	MO; NE
ZARXIO	5	PAR
Cardiovascular Agents		
ACCUPRIL	4	MO
ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG	4	MO
acebutolol hcl oral	2	MO
acetazolamide er	4	MO
acetazolamide oral tablet 125 mg	2	MO
acetazolamide oral tablet 250 mg	3	MO
acetazolamide sodium	4	MO
afeditab cr oral tablet extended release 24 hour 30 mg	2	MO
afeditab cr oral tablet extended release 24 hour 60 mg	2	
ALDACTAZIDE ORAL TABLET 25-25 MG	4	MO
aliskiren fumarate	3	MO
aliskiren fumarate	3	MO
ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4	MO
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	4	PAR; MO
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG	5	PAR; MO
amiloride hcl oral	3	MO
amiloride-hydrochlorothiazide	1	MO; CG
amiodarone hcl intravenous	4	B/D PAR; MO
amiodarone hcl oral tablet 100 mg, 200 mg	2	MO
amiodarone hcl oral tablet 400 mg	4	MO
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	2	MO
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	3	MO
amlodipine besylate oral	1	MO; CG
amlodipine besylate-valsartan	2	MO
amlodipine-atorvastatin	3	MO
amlodipine-olmesartan	3	MO
amlodipine-valsartan-hctz	4	MO
ATACAND	4	MO
ATACAND HCT	4	MO
atenolol oral	1	MO; CG
atenolol-chlorthalidone	1	MO; CG
atorvastatin calcium oral	6	MO; CG
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	4	MO
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	4	MO
AVAPRO	4	MO
AZOR	3	MO
benazepril hcl oral	6	MO; CG
benazepril-hydrochlorothiazide	6	MO; CG
BENICAR	3	MO
BENICAR HCT	3	MO
betaxolol hcl oral	2	MO
BIDIL	3	MO; QLL (180 per 30 days)
bisoprolol fumarate	2	MO
bisoprolol-hydrochlorothiazide	1	MO; CG
bumetanide injection	3	MO
bumetanide oral tablet 0.5 mg, 1 mg	2	MO
bumetanide oral tablet 2 mg	3	MO
BYSTOLIC	4	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	4	MO
candesartan cilexetil	3	MO
candesartan cilexetil-hctz	3	MO
captopril oral	1	MO; CG

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Drug Name	Drug Tier	Requirements/ Limits
captopril-hydrochlorothiazide	1	MO; CG
CARDIZEM LA	4	MO
cartia xt	2	MO
carvedilol	1	MO; CG
chlorothiazide sodium	4	MO
chlorthalidone oral tablet 25 mg, 50 mg	2	MO
cholestyramine light	2	MO
cholestyramine oral	2	MO
clonidine	4	MO; QLL (4 per 28 days)
clonidine hcl oral	1	MO; CG
colesevelam hcl	3	MO
colestipol hcl	2	MO
CORLANOR ORAL SOLUTION	4	PAR; MO; QLL (560 per 28 days)
CORLANOR ORAL TABLET	4	PAR; MO; QLL (60 per 30 days)
COZAAR	4	MO
CRESTOR	3	MO
DEMSER	5	MO
digitek oral tablet 125 mcg	2	MO
digitek oral tablet 250 mcg	2	PAR; MO
digox oral tablet 125 mcg	2	MO
digox oral tablet 250 mcg	2	PAR; MO
digoxin injection	4	PAR; MO
digoxin oral solution	3	MO
digoxin oral tablet 125 mcg	2	MO
digoxin oral tablet 250 mcg	2	PAR; MO
dilt-xr	2	MO
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	4	MO
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	MO
diltiazem hcl er oral capsule extended release 12 hour	3	MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	MO
diltiazem hcl intravenous solution	4	MO
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	4	MO
diltiazem hcl oral	1	MO; CG
DIOVAN HCT	4	MO
disopyramide phosphate oral	4	PAR; MO
dofetilide	4	
doxazosin mesylate oral	2	MO
DYAZIDE	4	MO
enalapril maleate oral	6	MO; CG
enalapril-hydrochlorothiazide	6	MO; CG
ENTRESTO	3	PAR; MO
eplerenone	4	MO
EXFORGE	4	MO
EXFORGE HCT	4	MO
ezetimibe	4	MO
felodipine er	2	MO
fenofibrate micronized oral capsule 130 mg	3	MO
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	MO
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	MO
fenofibric acid oral capsule delayed release 135 mg	3	MO
fenofibric acid oral capsule delayed release 45 mg	2	MO
flecainide acetate	2	MO
fluvastatin sodium oral capsule 20 mg	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
fluvastatin sodium oral capsule 40 mg	4	MO
fosinopril sodium	6	MO; CG
fosinopril sodium-hctz	1	MO; CG
furosemide injection solution 10 mg/ml	3	MO
furosemide injection solution 10 mg/ml (4ml syringe)	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	MO; CG
furosemide oral tablet	1	MO; CG
gemfibrozil oral	2	MO
guanfacine hcl oral	2	PAR; MO
hydralazine hcl injection	4	MO
hydralazine hcl oral	2	MO
hydrochlorothiazide oral	1	MO; CG
HYZAAR	4	MO
indapamide oral	1	MO; CG
irbesartan	6	MO; CG
irbesartan-hydrochlorothiazide	1	MO; CG
irbesartan-hydrochlorothiazide	1	MO; CG
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	3	MO
isosorbide mononitrate	2	MO
isosorbide mononitrate er	2	MO
isradipine	3	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	5	PAR; LA
JUXTAPID ORAL CAPSULE 30 MG	5	PAR; LA; QLL (30 per 30 days)
labetalol hcl intravenous solution	4	MO
labetalol hcl oral tablet 100 mg, 200 mg	2	MO
labetalol hcl oral tablet 300 mg	3	MO
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	MO
LIPITOR ORAL TABLET 10 MG	4	MO
lisinopril oral	6	MO; CG
lisinopril-hydrochlorothiazide	6	MO; CG
LOPID	4	MO
losartan potassium oral	6	MO; CG
losartan potassium-hctz	6	MO; CG
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO
lovastatin	6	MO; CG
matzim la	4	MO
MAXZIDE	4	MO
MAXZIDE-25	4	MO
methazolamide oral	4	MO
methyldopa oral	2	PAR; MO
metolazone oral tablet 10 mg, 5 mg	3	MO
metolazone oral tablet 2.5 mg	2	MO
metoprolol succinate er	2	MO
metoprolol tartrate intravenous solution 5 mg/ 5ml	4	MO
metoprolol tartrate oral	1	MO; CG
metoprolol-hydrochlorothiazide	2	MO
metyrosine	5	
mexiletine hcl oral capsule 150 mg, 250 mg	3	MO
mexiletine hcl oral capsule 200 mg	4	MO
MICARDIS	4	MO
MICARDIS HCT	4	MO
midodrine hcl	4	MO
MINIPRESS ORAL CAPSULE 2 MG	4	MO
minitran	2	MO
minoxidil oral	2	MO
moexipril hcl	1	MO; CG
MULTAQ	4	MO; QLL (60 per 30 days)
nadolol oral tablet 20 mg, 40 mg	3	MO
nadolol oral tablet 80 mg	4	MO
niacin (antihyperlipidemic)	2	MO
niacin er (antihyperlipidemic)	4	MO
niacor	2	MO
nicardipine hcl intravenous	4	MO

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Drug Name	Drug Tier	Requirements/ Limits
nicardipine hcl oral	2	MO
nifedipine er	2	MO
nifedipine er osmotic release	2	MO
nimodipine oral	4	MO
NITRO-BID	3	MO
NITROGLYCERIN INTRAVENOUS	4	B/D PAR; MO
nitroglycerin sublingual	3	MO
nitroglycerin transdermal patch 24 hour	2	MO
nitroglycerin translingual solution	4	MO
NITROSTAT	3	MO
NORPACE	4	PAR; MO
NORTHERA ORAL CAPSULE 100 MG	5	PAR; LA; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	5	PAR; LA; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PAR; LA; QLL (180 per 30 days)
NORVASC	4	MO
olmesartan medoxomil oral	3	MO
olmesartan medoxomil-hctz	3	MO
olmesartan medoxomil-hctz	3	MO
olmesartan-amlodipine-hctz	3	MO
omega-3-acid ethyl esters	3	MO
pacerone oral tablet 100 mg, 200 mg	2	MO
pacerone oral tablet 400 mg	4	MO
pentoxifylline er	2	MO
perindopril erbumine	1	MO; CG
pindolol oral tablet 10 mg	3	MO
pindolol oral tablet 5 mg	2	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PAR; QLL (2 per 28 days)
PRAVACHOL ORAL TABLET 20 MG	4	MO
pravastatin sodium	6	MO; CG
prazosin hcl oral	2	MO
prevalite	2	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG	4	MO
procainamide hcl injection	4	MO
PROCARDIA	4	PAR; MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	4	MO
propafenone hcl oral tablet 150 mg	2	MO
propafenone hcl oral tablet 225 mg	3	MO
propafenone hcl oral tablet 300 mg	4	MO
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg	3	MO
propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg	2	MO
propranolol hcl intravenous	4	MO
propranolol hcl oral solution	2	MO
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO; CG
propranolol hcl oral tablet 60 mg	2	MO
propranolol-hctz	2	MO
quinapril hcl	6	MO; CG
quinapril-hydrochlorothiazide	1	MO; CG
quinidine sulfate oral	2	MO
ramipril	6	MO; CG
RANEXA	3	ST; MO
ranolazine er	3	ST; MO
RECTIV	4	MO; QLL (30 per 30 days)
REPATHA	3	PAR; QLL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	PAR; QLL (3.5 per 28 days)
REPATHA SURECLICK	3	PAR; QLL (3 per 28 days)
rosuvastatin calcium	6	MO; CG
simvastatin oral tablet	6	MO; CG
sorine oral tablet 120 mg, 160 mg, 240 mg	2	MO
sorine oral tablet 80 mg	1	MO; CG
sotalol hcl (af) oral tablet 120 mg, 160 mg	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
sotalol hcl (af) oral tablet 80 mg	1	MO; CG
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	2	MO
sotalol hcl oral tablet 80 mg	1	MO; CG
spironolactone oral	1	MO; CG
spironolactone-hctz	2	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG	5	MO
taztia xt	2	MO
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
telmisartan	3	MO
telmisartan-amlodipine	3	MO
telmisartan-hctz	3	MO
TENORETIC 100	4	MO
TENORETIC 50	4	MO
terazosin hcl oral	1	MO; CG
tiadylt er	2	MO
TIAZAC	4	MO
TIKOSYN	4	
timolol maleate oral tablet 10 mg, 5 mg	2	MO
timolol maleate oral tablet 20 mg	3	MO
TOPROL XL	4	MO
torsemide oral	2	MO
trandolapril	6	MO; CG
trandolapril-verapamil hcl er	4	MO
triamterene-hctz oral capsule 37.5-25 mg	1	MO; CG
triamterene-hctz oral tablet	1	MO; CG
TRIBENZOR	3	MO
TRICOR ORAL TABLET 48 MG	4	MO
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	4	MO
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	4	MO
UPTRAVI ORAL TABLET	5	PAR; LA; QLL (60 per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	5	PAR; LA
valsartan	1	MO; CG
valsartan-hydrochlorothiazide	6	MO; CG
VASCEPA	4	MO
VASERETIC	4	MO
VASOTEC ORAL TABLET 2.5 MG	4	MO
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	2	MO
verapamil hcl er oral capsule extended release 24 hour 360 mg	3	MO
verapamil hcl er oral tablet extended release 120 mg	2	MO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1	MO; CG
verapamil hcl intravenous	4	MO
verapamil hcl oral	1	MO; CG
ZESTORETIC	4	MO
ZESTRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	MO
ZETIA	4	MO
ZOCOR ORAL TABLET 10 MG, 5 MG	4	MO
Central Nervous System Agents		
acetylcysteine intravenous	2	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg	3	MO; QLL (120 per 30 days)
amphetamine-dextroamphetamine	4	PAR; MO; QLL (30 per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	3	PAR; MO; QLL (90 per 30 days)
amphetamine-dextroamphetamine oral tablet 30 mg	3	PAR; MO; QLL (60 per 30 days)
AMPYRA	5	PAR; LA; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	4	MO; QLL (60 per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	4	MO; QLL (30 per 30 days)
AUBAGIO	5	PAR; LA; QLL (30 per 30 days)
AUSTEDO	5	PAR; LA; QLL (120 per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PAR; QLL (4 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PAR; QLL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PAR; QLL (15 per 30 days)
BOTOX	4	PAR
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	2	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)
DYSPORT	4	PAR
fomepizole intravenous solution 1.5 gm/1.5ml	5	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PAR; QLL (30 per 30 days)
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	4	PAR; MO; QLL (30 per 30 days)
hydroxyzine hcl intramuscular solution 25 mg/ml	4	PAR; MO
hydroxyzine hcl intramuscular solution 50 mg/ml	3	PAR; MO
lorazepam intensol	3	MO; QLL (150 per 30 days)
LYRICA ORAL CAPSULE 100 MG	4	MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	4	MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	4	MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	4	MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	4	MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	4	MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	4	MO; QLL (900 per 30 days)
metadate er oral tablet extended release 20 mg	4	PAR; MO; QLL (90 per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	PAR; MO; QLL (90 per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	3	PAR; MO; QLL (900 per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	3	PAR; MO; QLL (1800 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
methylphenidate hcl oral tablet	3	PAR; MO; QLL (90 per 30 days)
NUEDEXTA	3	PAR; MO; QLL (60 per 30 days)
PLEGRIDY	5	PAR; QLL (1 per 28 days)
PLEGRIDY STARTER PACK	5	PAR
pregabalin oral capsule 100 mg	1	MO; CG; QLL (180 per 30 days)
pregabalin oral capsule 150 mg	1	MO; CG; QLL (120 per 30 days)
pregabalin oral capsule 200 mg	1	MO; CG; QLL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; CG; QLL (60 per 30 days)
pregabalin oral capsule 25 mg	1	MO; CG; QLL (720 per 30 days)
pregabalin oral capsule 50 mg	1	MO; CG; QLL (360 per 30 days)
pregabalin oral capsule 75 mg	1	MO; CG; QLL (240 per 30 days)
pregabalin oral solution	1	MO; CG; 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
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4	MO; QLL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4	MO; QLL (30 per 30 days)
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
XENAZINE ORAL TABLET 12.5 MG	5	PAR; QLL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	5	PAR; QLL (120 per 30 days)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	4	PAR
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	5	PAR
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
Dental And Oral Agents		
cevimeline hcl	4	MO
chlorhexidine gluconate mouth/throat	1	MO; CG
denta 5000 plus	2	MO
dentagel	2	MO
doxycycline hyclate oral capsule	3	MO
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	3	MO
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	3	MO
minocycline hcl oral capsule	2	MO
minocycline hcl oral tablet	4	MO
mondoxyne nl oral capsule 100 mg	2	MO
oralone	2	MO
paroex	1	MO; CG
periogard	1	MO; CG
pilocarpine hcl oral	4	MO
sf	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
sf 5000 plus	2	MO
sodium fluoride 5000 plus	2	MO
sodium fluoride 5000 ppm dental cream	2	MO
sodium fluoride dental cream	2	MO
sodium fluoride dental gel 1.1 %	2	MO
triamcinolone acetonide mouth/throat	3	MO
Dermatological Agents		
acitretin oral capsule 10 mg, 25 mg	4	MO
acitretin oral capsule 17.5 mg	5	MO
adapalene external cream	4	MO
adapalene external gel 0.1 %	4	MO
ammonium lactate external	2	MO
amnesteem	4	MO
avita	3	PAR; MO; QLL (45 per 30 days)
benzoyl peroxide-erythromycin	3	MO
beser external lotion	4	MO
betamethasone dipropionate external lotion	3	MO
calcipotriene external cream	4	MO; QLL (120 per 30 days)
calcipotriene external ointment	3	MO; QLL (120 per 30 days)
calcipotriene external solution	4	MO; QLL (60 per 30 days)
calcitrene	4	MO; QLL (120 per 30 days)
calcitriol external	4	MO
ciclodan external solution	2	MO
claravis	4	MO
clindacin etz external swab	2	MO
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	4	MO
clotrimazole-betamethasone external cream	3	MO
clotrimazole-betamethasone external lotion	4	MO
COSENTYX	5	PAR; LA; QLL (8 per 28 days)
COSENTYX (300 MG DOSE)	5	PAR; LA; QLL (8 per 28 days)
COSENTYX SENSOREADY (300 MG)	5	PAR; LA; QLL (8 per 28 days)
COSENTYX SENSOREADY PEN	5	PAR; LA; QLL (8 per 28 days)
diclofenac sodium transdermal gel 1 %	3	MO; QLL (1000 per 30 days)
diclofenac sodium transdermal gel 3 %	4	PAR; MO; QLL (100 per 30 days)
doxycycline hyclate oral capsule 50 mg	3	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	MO
doxycycline monohydrate oral tablet 100 mg	2	MO
doxycycline monohydrate oral tablet 50 mg	3	MO
ELIDEL	4	PAR; MO; QLL (100 per 90 days); NE
fluocinolone acetonide body	4	MO; QLL (120 per 30 days)
fluocinonide external cream 0.05 %	2	MO; QLL (240 per 30 days)
fluocinonide external cream 0.1 %	5	MO; QLL (120 per 30 days)
fluorouracil external cream 5 %	3	MO
fluorouracil external solution	2	MO
fluticasone propionate external cream	3	MO
fluticasone propionate external lotion	4	MO
fluticasone propionate external ointment	3	MO
hydrocortisone butyr lipo base	2	MO
imiquimod external	4	MO
isotretinoin oral	4	MO
methoxsalen rapid	5	
mondoxyne nl oral capsule 100 mg	2	MO
myorisan	4	MO
neuac external gel	4	MO
nystatin-triamcinolone	4	MO

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

Drug Name	Drug Tier	Requirements/ Limits
PICATO	5	MO
pimecrolimus	4	PAR; MO; QLL (100 per 90 days); NE
podofilox external	4	MO
prednicarbate external cream	4	MO
rosadan external cream	4	MO
rosadan external gel	3	MO
SANTYL	4	MO; QLL (30 per 30 days); NE
selenium sulfide external lotion	2	MO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PAR; QLL (1 per 28 days)
tacrolimus external ointment	4	PAR; MO; QLL (100 per 90 days); NE
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PAR; LA; QLL (4 per 28 days)
tazarotene external	4	PAR; MO
TAZORAC	4	PAR; MO
TEMOVATE EXTERNAL CREAM	5	MO; QLL (120 per 30 days)
TEMOVATE EXTERNAL OINTMENT	4	MO; QLL (120 per 30 days)
tretinoin external cream	3	PAR; MO; QLL (45 per 30 days)
tretinoin external gel 0.01 %, 0.025 %	3	PAR; MO; QLL (45 per 30 days)
triamcinolone acetonide external ointment 0.05 %	5	
TRIANEX	5	MO
VALCHLOR	5	PAR; LA
VOLTAREN TRANSDERMAL	3	MO; QLL (1000 per 30 days)
zenatane	4	MO
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	4	B/D PAR; MO
AMINOSYN-PF	4	B/D PAR; MO
calcitriol intravenous solution 1 mcg/ml	4	MO
CARBAGLU	5	PAR; LA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PAR; LA
CLINIMIX E/DEXTROSE (2.75/5)	4	B/D PAR; MO
CLINIMIX E/DEXTROSE (4.25/10)	4	B/D PAR; MO
CLINIMIX E/DEXTROSE (4.25/5)	4	B/D PAR; MO
CLINIMIX E/DEXTROSE (5/15)	4	B/D PAR; MO
CLINIMIX E/DEXTROSE (5/20)	4	B/D PAR; MO
clinimix e/dextrose (8/10)	4	B/D PAR; MO
clinimix e/dextrose (8/14)	4	B/D PAR; MO
CLINIMIX/DEXTROSE (4.25/10)	4	B/D PAR; MO
CLINIMIX/DEXTROSE (4.25/5)	4	B/D PAR; MO
CLINIMIX/DEXTROSE (5/15)	4	B/D PAR; MO
CLINIMIX/DEXTROSE (5/20)	4	B/D PAR; MO
clinimix/dextrose (6/5)	4	B/D PAR; MO
clinimix/dextrose (8/10)	4	B/D PAR; MO
clinimix/dextrose (8/14)	4	B/D PAR; MO
CLINOLIPID	4	B/D PAR; MO
clovique	5	
deferasirox oral tablet soluble	5	PAR
DEPEN TITRATABS	5	MO
dextrose in lactated ringers	3	MO
dextrose intravenous solution 10 %, 5 %	4	MO
DEXTROSE INTRAVENOUS SOLUTION 20 %, 40 %	4	MO
dextrose intravenous solution 250 mg/ml, 30 %, 70 %	4	MO
dextrose intravenous solution 50 %	4	

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

Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %	4	MO
dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %	4	MO
dextrose-nacl intravenous solution 5-0.45 %, 5-0.9 %	3	MO
doxercalciferol	4	B/D PAR; MO
effer-k oral tablet effervescent 25 meq	1	MO; CG
elite-ob	2	MO
EXJADE	5	PAR; LA
fluoritab oral tablet chewable 1.1 (0.5 f) mg	2	MO
fluoritab oral tablet chewable 2.2 (1 f) mg	2	
FREAMINE HBC	4	B/D PAR; MO
FREAMINE III INTRAVENOUS SOLUTION 10 %	4	B/D PAR; MO
hepatamine	4	B/D PAR; MO
intralipid intravenous emulsion 20 %	4	B/D PAR; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PAR; MO
IONOSOL-MB IN D5W	4	MO
ISOLYTE-P IN D5W	4	MO
ISOLYTE-S	4	MO
ISOLYTE-S PH 7.4	4	MO
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	3	MO
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	4	MO
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%	4	MO
kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%	3	MO
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 40-5-0.9 MEQ/L-%-%	4	MO
KCL-LACTATED RINGERS-D5W	4	MO
kionex oral suspension	3	MO
klor-con 10	2	MO
klor-con 10	2	MO
klor-con m10	2	MO
klor-con m10	2	MO
klor-con m15	2	MO
klor-con m15	2	MO
klor-con m20	2	MO
klor-con m20	2	MO
klor-con oral packet 20 meq	4	MO
klor-con oral tablet extended release	2	MO
klor-con oral tablet extended release	2	MO
klor-con sprinkle	2	MO
klor-con/ef	1	MO; CG
lactated ringers intravenous	3	MO
lactated ringers irrigation	4	MO
levocarnitine oral solution	3	B/D PAR; MO
LEVOCARNITINE ORAL TABLET	3	B/D PAR; MO
levocarnitine sf	3	B/D PAR; MO
magnesium sulfate injection solution 50 %	3	MO
magnesium sulfate injection solution 50 % (10ml syringe)	3	
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
NEULASTA ONPRO	5	PAR; QLL (1.2 per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
NORMOSOL-M IN D5W	4	MO
NORMOSOL-R	4	MO
NORMOSOL-R IN D5W	4	MO
NORMOSOL-R PH 7.4	4	MO
nutrilipid	4	B/D PAR; MO
OSMOPREP	4	MO
penicillamine oral tablet	5	
physiolyte	4	MO
physiosol irrigation	4	MO
PLASMA-LYTE 148	4	MO
PLASMA-LYTE A	4	MO
pnv-dha	2	MO
pnv-select	2	MO
potassium bicarbonate oral	1	MO; CG
potassium chloride crys er	2	MO
potassium chloride er	2	MO
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	4	MO
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	4	MO
potassium chloride intravenous solution 10 meq/ 100ml, 20 meq/100ml	3	MO
potassium chloride intravenous solution 10 meq/ 50ml, 20 meq/50ml	4	MO
potassium chloride intravenous solution 2 meq/ ml (20 ml)	4	
potassium chloride intravenous solution 2 meq/ ml, 40 meq/100ml	4	MO
potassium chloride oral packet	4	MO
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	MO; CG
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D PAR; MO
PROCALAMINE	4	B/D PAR; MO
PROSOL	4	B/D PAR; MO
ringers	4	MO
ringers irrigation	4	MO
SAMSCA ORAL TABLET 15 MG	5	PAR; QLL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PAR; QLL (60 per 30 days)
sodium bicarbonate intravenous solution 4.2 %	4	
sodium bicarbonate intravenous solution 7.5 %, 8.4 %	4	MO
sodium chloride injection solution 2.5 meq/ml	4	MO
sodium chloride intravenous solution 0.45 %	2	MO
sodium chloride intravenous solution 0.9 %	3	MO
sodium chloride intravenous solution 3 %, 5 %	4	MO
sodium chloride intravenous solution 4 meq/ml	4	MO
sodium chloride irrigation solution 0.9 %	3	MO
sodium fluoride oral tablet 2.2 (1 f) mg	2	MO
sodium fluoride oral tablet chewable	2	
sodium polystyrene sulfonate oral powder	4	
sodium polystyrene sulfonate oral suspension	3	MO
sodium polystyrene sulfonate rectal	4	MO
sps	3	MO
sterile water for irrigation	3	MO
SUPREP BOWEL PREP KIT	3	MO
SYPRINE	5	
tis-u-sol	4	MO
tolvaptan oral tablet 30 mg	5	PAR; QLL (60 per 30 days)
TRAVASOL	4	B/D PAR; MO
trientine hcl	5	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D PAR; MO

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Drug Name	Drug Tier	Requirements/ Limits
VPRIV	5	PAR
Gastrointestinal Agents		
alosetron hcl	5	PAR; MO; QLL (60 per 30 days)
AMITIZA	3	MO; QLL (60 per 30 days)
atropine sulfate injection solution 0.4 mg/ml, 8 mg/ 20ml	4	MO
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 1 mg/10ml	4	MO
atropine sulfate injection solution prefilled syringe 0.5 mg/5ml	4	
budesonide er oral tablet extended release 24 hour	5	PAR; MO
budesonide oral	4	MO
CARAFATE ORAL SUSPENSION	4	MO
cimetidine hcl oral	3	MO
cimetidine oral	3	MO
constulose	2	MO
DELZICOL	3	MO
DEXILANT	4	ST; MO; QLL (30 per 30 days)
dicyclomine hcl oral capsule	1	MO; CG
dicyclomine hcl oral solution	4	MO
dicyclomine hcl oral tablet	2	MO
diphenoxylate-atropine oral liquid	1	MO; CG
diphenoxylate-atropine oral tablet	3	MO
enulose	2	MO
esomeprazole magnesium oral capsule delayed release	4	MO; QLL (30 per 30 days)
esomeprazole sodium intravenous solution reconstituted 40 mg	4	MO
famotidine intravenous solution 20 mg/2ml	3	MO
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	4	MO
famotidine oral suspension reconstituted	4	MO
famotidine oral tablet 20 mg, 40 mg	1	MO; CG
famotidine premixed	3	MO
GATTEX	5	PAR; LA
gavilyte-c	2	MO
gavilyte-g	2	MO
gavilyte-n with flavor pack	2	MO
generlac	2	MO
glycopyrrolate injection solution	4	MO
glycopyrrolate oral tablet 1 mg, 2 mg	3	MO
lactulose encephalopathy	2	MO
lactulose oral solution	2	MO
lansoprazole oral capsule delayed release 15 mg	4	MO
lansoprazole oral capsule delayed release 30 mg	4	MO; QLL (30 per 30 days)
LINZESS	3	MO; QLL (30 per 30 days)
loperamide hcl oral capsule	3	MO
mesalamine oral capsule delayed release	3	MO
mesalamine-cleanser	4	MO
methscopolamine bromide oral	4	MO
metoclopramide hcl injection	4	MO
metoclopramide hcl oral solution 10 mg/10ml	2	MO
metoclopramide hcl oral tablet	1	MO; CG
misoprostol oral tablet 100 mcg	3	MO
misoprostol oral tablet 200 mcg	4	MO
MOVANTIK	3	MO; QLL (30 per 30 days)
MOVIPREP	4	MO
nizatidine oral capsule	3	MO
omeprazole oral capsule delayed release	2	MO
opium	2	MO
pantoprazole sodium intravenous	4	MO

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Drug Name	Drug Tier	Requirements/ Limits
pantoprazole sodium oral tablet delayed release	1	MO; CG
peg 3350-kcl-na bicarb-nacl	2	MO
peg-3350/electrolytes	2	MO
peg-3350/electrolytes/ascorbat	4	MO
peg-kcl-nacl-nasulf-na asc-c	4	MO
polyethylene glycol 3350 oral packet	2	
polyethylene glycol 3350 oral powder	2	MO
proctozone-hc external	1	MO; CG
propantheline bromide oral	4	PAR; MO
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/ 0.6ML	5	PAR; MO; QLL (18 per 30 days)
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
scopolamine	4	MO; QLL (10 per 28 days)
SUCRALFATE ORAL SUSPENSION	4	MO
sucralfate oral tablet	2	MO
TRANSDERM-SCOP (1.5 MG)	4	MO; QLL (10 per 28 days)
trilyte	2	MO
ursodiol oral	3	MO
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PAR; LA
BUPHENYL ORAL TABLET	5	PAR; LA
CERDELGA	5	PAR
CREON	3	MO
CYSTADANE	5	LA
CYSTAGON	3	LA
ELAPRASE	5	PAR; LA
FABRAZYME	5	PAR; LA
KUVAN ORAL TABLET SOLUBLE	5	PAR; LA
LUMIZYME	5	PAR; LA
miglustat	5	PAR; LA
NAGLAZYME	5	PAR; LA
nitisinone	5	PAR
ORFADIN	5	PAR; LA
RAVICTI	5	PAR; LA; QLL (525 per 30 days)
sodium phenylbutyrate oral tablet	5	PAR
SUCRAID	5	LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
Genitourinary Agents		
acetic acid irrigation	2	MO
alfuzosin hcl er	2	MO
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg	3	MO
bethanechol chloride oral tablet 50 mg	4	MO
calcium acetate (phos binder) oral capsule	2	MO
calcium acetate (phos binder) oral tablet	3	MO
calcium acetate oral tablet 667 mg	3	MO
clovique	5	
DEPEN TITRATABS	5	MO
doxazosin mesylate oral	2	MO
dutasteride oral	4	MO; QLL (30 per 30 days)
dutasteride-tamsulosin hcl	3	MO; QLL (30 per 30 days)
ELMIRON	4	MO
finasteride oral tablet 5 mg	2	MO
flavoxate hcl	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
JYNARQUE ORAL TABLET	5	PAR; LA; QLL (120 per 30 days)
methenamine mandelate oral	2	MO
methergine oral	5	MO
methylergonovine maleate oral	4	MO
MINIPRESS ORAL CAPSULE 2 MG	4	MO
MYRBETRIQ	4	MO; QLL (30 per 30 days)
neomycin-polymyxin b gu	4	MO
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	3	MO; QLL (60 per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	3	MO; QLL (30 per 30 days)
oxybutynin chloride oral syrup	2	MO; QLL (600 per 30 days)
oxybutynin chloride oral tablet	2	MO; QLL (120 per 30 days)
penicillamine oral tablet	5	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)	4	MO
potassium citrate er oral tablet extended release 5 meq (540 mg)	3	MO
prazosin hcl oral	2	MO
RENVELA ORAL TABLET	5	MO; QLL (540 per 30 days)
sevelamer carbonate oral packet 0.8 gm	5	MO; QLL (540 per 30 days)
sevelamer carbonate oral packet 2.4 gm	5	MO; QLL (180 per 30 days)
sevelamer carbonate oral tablet	3	MO; QLL (540 per 30 days)
sodium phenylbutyrate oral powder 3 gm/tsp	5	PAR
solifenacin succinate	4	MO; QLL (30 per 30 days)
tamsulosin hcl	2	MO
terazosin hcl oral	1	MO; CG
THIOLA	5	PAR; MO
tolterodine tartrate	4	MO; QLL (60 per 30 days)
tolterodine tartrate er	4	MO; QLL (30 per 30 days)
tolvaptan oral tablet 30 mg	5	PAR; QLL (60 per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	4	MO; QLL (30 per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG	4	QLL (30 per 30 days)
trospium chloride	4	MO; QLL (60 per 30 days)
trospium chloride er	4	MO; QLL (30 per 30 days)
VESICARE	4	MO; QLL (30 per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR	5	PAR; LA; This medication is covered for the following indication(s): Spasms, Infantile
ala-cort external cream	1	MO; CG
alclometasone dipropionate external cream	4	MO
alclometasone dipropionate external ointment	3	MO
amcinonide external cream	4	MO
amcinonide external lotion	4	MO
AMCINONIDE EXTERNAL OINTMENT	4	MO
betamethasone dipropionate aug external cream	2	MO
betamethasone dipropionate aug external gel	4	MO
betamethasone dipropionate aug external lotion	4	MO
betamethasone dipropionate aug external ointment	4	MO
betamethasone dipropionate external cream	4	MO

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

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate external ointment	4	MO
betamethasone valerate external cream	2	MO
betamethasone valerate external lotion	4	MO
betamethasone valerate external ointment	3	MO
clobetasol prop emollient base	3	MO; QLL (120 per 30 days)
clobetasol propionate e	3	MO; QLL (120 per 30 days)
clobetasol propionate emulsion	4	MO; QLL (100 per 30 days)
clobetasol propionate external cream	2	MO; QLL (120 per 30 days)
clobetasol propionate external foam	4	MO; QLL (100 per 30 days)
clobetasol propionate external gel	2	MO
clobetasol propionate external lotion	4	MO
clobetasol propionate external ointment	3	MO; QLL (120 per 30 days)
clobetasol propionate external shampoo	4	MO
clobetasol propionate external solution	2	MO
CLOBEX EXTERNAL LOTION	4	MO
clodan external shampoo	4	MO
cortisone acetate oral	4	MO
desonide external cream	4	MO
desonide external lotion	4	MO
desonide external ointment	4	MO
desoximetasone external cream	4	MO
desoximetasone external gel	4	MO
desoximetasone external ointment 0.25 %	4	MO
DEXAMETHASONE INTENSOL	4	MO
dexamethasone oral elixir	4	MO
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO; CG
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	2	MO
diflorasone diacetate external	4	MO
fludrocortisone acetate oral	3	MO
fluocinolone acetonide external	4	MO; QLL (120 per 30 days)
fluocinolone acetonide otic	4	MO
fluocinolone acetonide scalp	4	MO; QLL (120 per 30 days)
fluocinonide emulsified base	2	MO; QLL (240 per 30 days)
fluocinonide external cream 0.1 %	5	MO; QLL (120 per 30 days)
fluocinonide external gel	3	MO; QLL (240 per 30 days)
fluocinonide external ointment	3	MO; QLL (240 per 30 days)
fluocinonide external solution	4	MO; QLL (240 per 30 days)
fluticasone propionate external cream	3	MO
fluticasone propionate external lotion	4	MO
fluticasone propionate external ointment	3	MO
halcinonide	4	
halobetasol propionate external cream	4	MO
halobetasol propionate external ointment	4	MO
HALOG EXTERNAL CREAM	5	MO
HALOG EXTERNAL OINTMENT	4	MO
HEMADY	5	
hydrocortisone (perianal) external cream 1 %	2	MO
hydrocortisone (perianal) external cream 2.5 %	1	MO; CG
hydrocortisone butyrate external cream	2	MO
hydrocortisone butyrate external ointment	4	MO
hydrocortisone butyrate external solution	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone external cream 1 %, 2.5 %	1	MO; CG
hydrocortisone external lotion 2.5 %	3	MO
hydrocortisone external ointment 1 %, 2.5 %	1	MO; CG
hydrocortisone oral tablet 10 mg, 5 mg	3	MO
hydrocortisone oral tablet 20 mg	2	MO
hydrocortisone valerate	4	MO
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg	3	MO
methylprednisolone oral tablet 8 mg	4	MO
methylprednisolone oral tablet therapy pack	3	MO
mometasone furoate external	2	MO
prednicarbate external ointment	4	MO
prednisolone oral solution	3	MO
prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml	4	MO
prednisolone sodium phosphate oral tablet dispersible	4	MO
PREDNISONE INTENSOL	4	MO
prednisone oral solution	3	MO
prednisone oral tablet	1	MO; CG
prednisone oral tablet therapy pack	1	MO; CG
procto-pak external	2	MO
proctozone-hc external	1	MO; CG
tovet external foam	4	MO; QLL (100 per 30 days)
triamcinolone acetonide external cream 0.025 %, 0.5 %	1	MO; CG
triamcinolone acetonide external cream 0.1 %	2	MO
triamcinolone acetonide external lotion	3	MO
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	MO
triderm external cream 0.1 %	2	MO
triderm external cream 0.5 %	1	MO; CG
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin ace spray refrig	4	MO
desmopressin acetate injection	4	MO
desmopressin acetate oral tablet 0.1 mg	3	MO
desmopressin acetate oral tablet 0.2 mg	4	MO
desmopressin acetate spray	4	MO
EGRIFTA SV	5	PAR; LA
INCRELEX	5	PAR; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PAR
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PAR; LA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PAR; LA
STIMATE	5	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
misoprostol oral tablet 200 mcg	4	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
afirmelle	3	MO
ALORA	4	PAR; MO; QLL (8 per 28 days)
altavera	3	MO
alyacen 1/35	4	MO
alyacen 7/7/7	3	MO
amabelz	4	PAR; MO
amethia	4	MO
amethyst	3	MO
ANADROL-50	5	PAR; MO

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

Drug Name	Drug Tier	Requirements/ Limits
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%)	3	PAR; MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)	3	PAR; MO; QLL (150 per 30 days)
apri	3	MO
aranelle	3	MO
ashlyna	4	MO
aubra	3	MO
aubra eq	3	MO
aurovela 1.5/30	3	MO
aurovela 1/20	3	MO
aurovela 24 fe	4	MO
aurovela fe 1.5/30	3	MO
aurovela fe 1/20	3	MO
aviane	3	MO
ayuna	3	MO
azurette	4	MO
balziva	4	MO
bekyree	4	MO
blisovi 24 fe	4	MO
blisovi fe 1.5/30	3	MO
blisovi fe 1/20	3	MO
briellyn	4	MO
budesonide er oral tablet extended release 24 hour	5	PAR; MO
budesonide oral	4	MO
camila	3	MO
camrese	4	MO
caziant	3	MO
chateal	3	MO
chateal eq	3	MO
cryselle-28	4	MO
cyclafem 1/35	4	MO
cyclafem 7/7/7	3	MO
cyred	3	MO
cyred eq	3	
danazol oral	3	MO
dasetta 1/35	4	MO
dasetta 7/7/7	3	MO
daysee	4	MO
deblitane	3	MO
DELESTROGEN	4	MO
delyla	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	MO
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	4	MO
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	3	MO
drospirenone-ethinyl estradiol	4	MO
ELESTRIN	4	PAR; MO
elinest	4	MO
ELLA	3	
eluryng	4	MO
emoquette	3	MO
enpresse-28	3	MO
enskyce oral tablet 0.15-30 mg-mcg	3	MO
errin	3	MO
estarylla	3	MO
ESTRACE VAGINAL	4	MO
estradiol oral	1	PAR; MO; CG
estradiol transdermal patch twice weekly	4	PAR; MO; QLL (8 per 28 days)
estradiol transdermal patch weekly	4	PAR; MO; QLL (4 per 28 days)
estradiol vaginal	4	MO
estradiol valerate intramuscular oil 20 mg/ml	4	MO
estradiol valerate intramuscular oil 40 mg/ml	4	MO
estradiol-norethindrone acet	4	PAR; MO
ESTRING	4	MO; QLL (1 per 90 days); NE
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	3	MO
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	4	MO
etonogestrel-ethinyl estradiol	4	MO
EVAMIST	4	PAR; MO

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Drug Name	Drug Tier	Requirements/ Limits
falmina	3	MO
FEMRING	4	MO; QLL (1 per 90 days); NE
femynor	3	MO
fyavolv	3	PAR; MO
gianvi	4	MO
hailey 1.5/30	3	MO
hailey 24 fe	4	MO
HAILEY FE 1.5/30	3	MO
hailey fe 1/20	3	MO
heather	3	MO
incassia	3	MO
introvale	4	MO
isibloom	3	MO
jaimiess	4	MO
jasmiel	4	MO
jencycla	3	MO
jinteli	3	PAR; MO
jolessa	4	MO
juleber	3	MO
junel 1.5/30	3	MO
junel 1/20	3	MO
junel fe 1.5/30	3	MO
junel fe 1/20	3	MO
junel fe 24	4	MO
kalliga	3	MO
kariva	4	MO
kelnor 1/35	3	MO
kelnor 1/50	4	MO
kurvelo	3	MO
larin 1.5/30	3	MO
larin 1/20	3	MO
larin 24 fe	4	MO
larin fe 1.5/30	3	MO
larin fe 1/20	3	MO
larissia	3	MO
leena	3	MO
lessina	3	MO
levonest	3	MO
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	3	MO
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg, 0.15-0.03 mg	4	MO
levonorgestrel-ethinyl estrad	3	MO
levora 0.15/30 (28)	3	MO
lillow	3	MO
LO LOESTRIN FE	4	MO
lo-zumandimine	4	MO
lopreeza oral tablet 1-0.5 mg	4	PAR; MO
loryna	4	MO
low-ogestrel	4	MO
lutera	3	MO
lyza	3	MO
marlissa	3	MO
marlissa	3	MO
marlissa	3	MO
medroxyprogesterone acetate intramuscular	3	MO
medroxyprogesterone acetate oral	1	MO; CG
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	2	PAR; MO
megestrol acetate oral tablet	3	PAR; MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PAR; MO
microgestin 1.5/30	3	MO
microgestin 1/20	3	MO
microgestin fe 1.5/30	3	MO
microgestin fe 1/20	3	MO
mili	3	MO
mimvey	4	PAR; MO
MINIVELLE	4	PAR; MO; QLL (8 per 28 days)
mono-linyah	3	MO
mononessa	3	MO
necon 0.5/35 (28)	3	MO
nikki	4	MO
nora-be	3	MO
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	3	MO
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	4	MO
norethindrone acet-ethinyl est oral tablet	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
norethindrone acetate oral	3	MO
norethindrone oral	3	MO
norethindrone-eth estradiol	3	PAR; MO
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	3	MO
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	4	MO
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	3	MO
norlyda	3	MO
norlyroc	3	MO
nortrel 0.5/35 (28)	3	MO
nortrel 1/35 (21)	4	MO
nortrel 1/35 (28)	4	MO
nortrel 7/7/7	3	MO
NUVARING	4	MO
ocella	4	MO
orsythia	3	MO
ORTHO MICRONOR	4	MO
oxandrolone oral tablet 10 mg	4	PAR; MO; QLL (60 per 30 days)
oxandrolone oral tablet 2.5 mg	3	PAR; MO; QLL (240 per 30 days)
philith	4	MO
pimtrea	4	MO
pirmella 1/35	4	MO
pirmella 7/7/7	3	MO
portia-28	3	MO
PREMARIN ORAL	3	PAR; MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	PAR; MO
PREMPRO	3	PAR; MO
previfem	3	MO
progesterone micronized oral	3	MO
raloxifene hcl	3	MO; QLL (30 per 30 days)
reclipsen	3	MO
setlakin	4	MO
sharobel	3	MO
simliya	4	MO
simpesse	4	MO
sprintec 28	3	MO
sronyx	3	MO
syeda	4	MO
tarina 24 fe	4	MO
tarina fe 1/20	3	MO
tarina fe 1/20 eq	3	MO
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	2	PAR; MO
testosterone enanthate intramuscular solution	4	PAR; MO
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	3	PAR; MO; QLL (150 per 30 days)
testosterone transdermal gel 10 mg/act (2%)	3	PAR; MO; QLL (120 per 30 days)
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/ 2.5gm (1%), 50 mg/5gm (1%)	3	PAR; MO; QLL (300 per 30 days)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	3	PAR; MO; QLL (112.5 per 30 days)
tilia fe	4	MO
tri femynor	4	MO
tri-estarylla	4	MO
tri-legest fe	4	MO
tri-linyah	4	MO
tri-lo-estarylla	3	MO
tri-lo-marzia	3	MO
tri-lo-mili	3	MO
tri-lo-sprintec	3	MO
tri-mili	4	MO
tri-previfem	4	MO
tri-sprintec	4	MO
tri-vylibra	4	MO
tri-vylibra lo	3	MO
trinessa (28)	4	MO
trivora (28)	3	MO
tulana	3	MO
VAGIFEM VAGINAL TABLET 10 MCG	4	MO
velivet	3	MO
vienva	3	MO
viorele	4	MO
VIVELLE-DOT	4	PAR; MO; QLL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
volnea	4	MO
vyfemla	4	MO
vylibra	3	MO
wera	3	MO
wymzya fe	4	MO
xulane	4	MO
yuvafem	4	MO
zarah	4	MO
zovia 1/35e (28)	3	MO
zumandimine	4	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
ARMOUR THYROID	2	PAR; MO
CYTOMEL	4	MO
euthyrox	1	MO; CG
levo-t	1	MO; CG
levothyroxine sodium oral	1	MO; CG
levoxyl	1	MO; CG
liothyronine sodium intravenous	5	MO
liothyronine sodium oral	2	MO
np thyroid	2	PAR; MO
SYNTHROID	3	MO
unithroid	1	MO; CG
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	MO
Hormonal Agents, Suppressant (Pituitary)		
bromocriptine mesylate oral	4	MO
cabergoline	3	MO
FIRMAGON (240 MG DOSE)	5	PAR; QLL (4 per 365 days); NE
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PAR; QLL (1 per 28 days)
leuprolide acetate injection	4	PAR
LUPRON DEPOT (1-MONTH)	5	PAR; QLL (1 per 28 days)
LUPRON DEPOT (3-MONTH)	5	PAR; QLL (1 per 84 days); NE
LUPRON DEPOT (4-MONTH)	5	PAR; QLL (1 per 112 days); NE
LUPRON DEPOT (6-MONTH)	5	PAR; QLL (1 per 168 days); NE
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PAR; QLL (1 per 28 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PAR; QLL (1 per 28 days)
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PAR
octreotide acetate injection solution 500 mcg/ml	5	PAR
SIGNIFOR	5	PAR; LA
SOMATULINE DEPOT	5	PAR
SOMAVERT	5	PAR; LA
SYNAREL	5	PAR
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	5	PAR; QLL (1 per 84 days); NE
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	5	PAR; QLL (1 per 168 days); NE
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	5	PAR; QLL (1 per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
methimazole oral	2	MO
propylthiouracil oral	3	MO
TAPAZOLE	3	MO
Immunological Agents		
ACTHIB	3	MO
ACTIMMUNE	5	PAR; LA
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE)	3	

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Drug Name	Drug Tier	Requirements/ Limits
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	MO
AFINITOR DISPERZ	5	PAR
AFINITOR ORAL TABLET 2.5 MG	5	PAR
ALIMTA	5	PAR
ARCALYST	5	PAR
azathioprine oral	2	B/D PAR; MO
AZATHIOPRINE SODIUM	4	B/D PAR; MO
BCG VACCINE	4	MO
BENLYSTA	5	PAR
BEXSERO	3	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 (0.5ML SYRINGE)	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 LF-MCG/0.5	3	MO
CELLCEPT INTRAVENOUS	4	B/D PAR
CINRYZE	5	PAR; LA
cyclosporine intravenous	4	B/D PAR
cyclosporine modified oral capsule 100 mg, 25 mg	4	B/D PAR
cyclosporine modified oral capsule 50 mg	2	B/D PAR
cyclosporine modified oral solution	4	B/D PAR
cyclosporine oral capsule	4	B/D PAR
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	MO
DEPEN TITRATABS	5	MO
DIPHTHERIA-TETANUS TOXOIDS DT	3	MO
ELIDEL	4	PAR; MO; QLL (100 per 90 days); NE
ENBREL MINI	5	PAR; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PAR; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PAR; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PAR; QLL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PAR; QLL (8 per 28 days)
ENGERIX-B INJECTION	3	B/D PAR; MO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	B/D PAR
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	B/D PAR
everolimus oral tablet 0.25 mg	4	B/D PAR; MO
everolimus oral tablet 0.5 mg, 0.75 mg	5	B/D PAR
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	5	PAR
FIRAZYR	5	PAR
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/ 100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/ 50ML	5	PAR
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML	4	PAR
GARDASIL 9	3	MO
gengraf oral capsule 100 mg, 25 mg	4	B/D PAR
gengraf oral solution	4	B/D PAR

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Drug Name	Drug Tier	Requirements/ Limits
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ ML 1 ML	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ ML, 720 EL U/0.5ML	3	MO
HIBERIX INJECTION	3	MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PAR; QLL (6 per 365 days); NE
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PAR; QLL (12 per 365 days); NE
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PAR; QLL (4 per 28 days)
HUMIRA PEN-CD/UC/ HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/ 0.8ML	5	PAR; QLL (12 per 365 days); NE
HUMIRA PEN-CD/UC/ HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/ 0.8ML	5	PAR; QLL (6 per 365 days); NE
HUMIRA PEN-PS/UV/ ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/ 0.8ML	5	PAR; QLL (8 per 365 days); NE
HUMIRA PEN-PS/UV/ ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/ 0.8ML & 40MG/0.4ML	5	PAR; QLL (6 per 365 days); NE
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/ 0.2ML, 20 MG/0.4ML	5	PAR; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PAR; QLL (4 per 28 days)
HYPERRAB	5	
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML	3	B/D PAR; MO
HYPERRAB S/D INJECTION SOLUTION 300 UNIT/2ML	3	
icatibant acetate	5	PAR
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	
IMOVAX RABIES	3	MO
INFANRIX	3	MO
INGREZZA ORAL CAPSULE 40 MG	5	PAR; QLL (60 per 30 days)
INGREZZA ORAL CAPSULE 80 MG	5	PAR; QLL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	5	PAR; QLL (28 per 365 days); NE
IPOL	3	MO
IXIARO	3	MO
KEDRAB INJECTION SOLUTION 1500 UNIT/ 10ML	3	MO
KEDRAB INJECTION SOLUTION 300 UNIT/ 2ML	3	
KEYTRUDA INTRAVENOUS SOLUTION	5	PAR
KINRIX INTRAMUSCULAR SUSPENSION	3	MO

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

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Drug Name	Drug Tier	Requirements/ Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/ 0.5ML (0.5ML SYRINGE)	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/ 0.5ML 0.5 ML, 50 UNIT/ ML 1 ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/ 0.5ML, 50 UNIT/ML	3	MO
VARIVAX	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	
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
ASACOL HD	3	MO
balsalazide disodium	4	MO
budesonide er oral tablet extended release 24 hour	5	PAR; MO
budesonide oral	4	MO
CANASA	5	MO
cortisone acetate oral	4	MO
DELZICOL	3	MO
dexamethasone oral elixir	4	MO
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO; CG
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	2	MO
DIPENTUM	5	MO
hydrocortisone oral tablet 10 mg, 5 mg	3	MO
hydrocortisone oral tablet 20 mg	2	MO
hydrocortisone rectal enema	4	MO
LIALDA	3	MO
mesalamine er	3	MO
mesalamine oral	3	MO
mesalamine rectal enema	3	MO
mesalamine rectal suppository	4	MO
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg	3	MO
methylprednisolone oral tablet 8 mg	4	MO
methylprednisolone oral tablet therapy pack	3	MO
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	5	MO
prednisolone acetate ophthalmic	2	MO
prednisolone oral solution	3	MO
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml	4	MO
prednisolone sodium phosphate oral tablet dispersible	4	MO
PREDNISONE INTENSOL	4	MO
prednisone oral solution	3	MO
prednisone oral tablet	1	MO; CG
procto-med hc external	1	MO; CG
proctosol hc external	1	MO; CG
sulfasalazine oral	2	MO
Metabolic Bone Disease Agents		
alendronate sodium oral solution	3	MO; QLL (300 per 28 days)
alendronate sodium oral tablet 10 mg, 5 mg	6	MO; CG; QLL (30 per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	6	MO; CG; QLL (4 per 28 days)
BONIVA INTRAVENOUS	4	B/D PAR; MO
calcitonin (salmon)	3	MO; QLL (4 per 30 days)
calcitriol oral capsule	2	B/D PAR; MO
calcitriol oral solution	3	B/D PAR; MO

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

Drug Name	Drug Tier	Requirements/ Limits
cinacalcet hcl oral tablet 30 mg, 60 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	4	B/D PAR; MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PAR; QLL (3 per 28 days)
FOSAMAX ORAL TABLET 70 MG	4	ST; MO; QLL (4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QLL (4 per 28 days)
ibandronate sodium intravenous	4	B/D PAR
ibandronate sodium oral	2	MO; QLL (1 per 28 days)
MIACALCIN INJECTION	5	B/D PAR; MO
NATPARA	5	PAR; QLL (2 per 28 days)
pamidronate disodium intravenous solution 30 mg/ 10ml, 90 mg/10ml	4	
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	B/D PAR
pamidronate disodium intravenous solution reconstituted	4	
paricalcitol oral	4	B/D PAR; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PAR; QLL (2 per 365 days); NE
risedronate sodium oral tablet 150 mg	4	ST; MO; QLL (1 per 28 days)
risedronate sodium oral tablet 30 mg, 5 mg	4	ST; MO; QLL (30 per 30 days)
risedronate sodium oral tablet 35 mg	4	ST; MO; QLL (4 per 28 days)
risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)	4	ST; QLL (4 per 28 days)
risedronate sodium oral tablet delayed release	4	ST; MO; QLL (4 per 28 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	5	B/D PAR; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	B/D PAR; QLL (120 per 30 days)
teriparatide (recombinant)	5	PAR; QLL (3 per 28 days)
TYMLOS	5	PAR; QLL (1.56 per 28 days)
XGEVA	5	PAR; QLL (5.1 per 28 days)
zoledronic acid intravenous concentrate	4	PAR
zoledronic acid intravenous solution	4	PAR
Ophthalmic Agents		
acetazolamide oral tablet 125 mg	2	MO
acetazolamide oral tablet 250 mg	3	MO
ak-poly-bac	2	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	MO
apraclonidine hcl	3	MO
ATROPINE SULFATE OPHTHALMIC OINTMENT	3	MO
atropine sulfate ophthalmic solution 1 %	3	MO
azelastine hcl ophthalmic	3	MO
AZOPT	4	MO
bacitra-neomycin-polymyxin-hc	2	MO
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	MO
betaxolol hcl ophthalmic	2	MO
BETIMOL	4	MO
BETOPTIC-S	4	MO
bimatoprost ophthalmic	3	MO

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

Drug Name	Drug Tier	Requirements/ Limits
bimatoprost ophthalmic	3	MO
BLEPHAMIDE S.O.P.	4	MO
brimonidine tartrate ophthalmic solution 0.15 %	3	MO
brimonidine tartrate ophthalmic solution 0.2 %	2	MO
bromfenac sodium (once-daily)	4	MO
carteolol hcl	1	MO; CG
COMBIGAN	3	MO
COSOPT	4	MO
cromolyn sodium ophthalmic	2	MO
CYSTARAN	5	LA
dexamethasone sodium phosphate ophthalmic	2	MO
diclofenac sodium ophthalmic	2	MO
dorzolamide hcl ophthalmic	2	MO
dorzolamide hcl-timolol mal	2	MO
DUREZOL	3	MO
epinastine hcl	3	MO
fluorometholone ophthalmic	2	MO
flurbiprofen sodium	1	MO; CG
ILEVRO	3	MO
isopto atropine	3	MO
ISOPTO CARPINE	4	MO
ketorolac tromethamine ophthalmic	2	MO
LACRISERT	3	MO; QLL (60 per 30 days)
latanoprost ophthalmic	1	MO; CG
levobunolol hcl ophthalmic solution 0.5 %	2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
methazolamide oral	4	MO
neo-polycin	3	MO
neo-polycin hc	2	MO
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	3	MO
neomycin-polymyxin-dexameth	2	MO
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	3	MO
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	3	MO
olopatadine hcl ophthalmic solution 0.1 %	4	MO
olopatadine hcl ophthalmic solution 0.2 %	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	MO
polycin	2	MO
polymyxin b-trimethoprim	1	MO; CG
prednisolone acetate ophthalmic	2	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC	3	MO
proparacaine hcl ophthalmic	3	MO
RESTASIS	3	MO; QLL (60 per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	MO; QLL (5.5 per 28 days)
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
sulfacetamide sodium ophthalmic ointment	3	MO
sulfacetamide sodium ophthalmic ointment	3	MO
sulfacetamide-prednisolone ophthalmic solution	2	MO
timolol maleate ophthalmic gel forming solution	2	MO
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	MO; CG
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	4	MO

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

Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %	4	MO
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %	4	MO
TOBRADEX ST	3	MO
tobramycin-dexamethasone	3	MO
TRAVATAN Z	3	MO
travoprost (bak free)	3	MO
XALATAN	4	MO
XIIDRA	3	MO; QLL (60 per 30 days)
ZIOPTAN	4	MO
Otic Agents		
CIPRODEX	3	MO
ciprofloxacin-dexamethasone	3	MO
CORTISPORIN-TC	4	MO
flac	4	MO
hydrocortisone-acetic acid	4	MO
neomycin-polymyxin-hc otic	2	MO
ofloxacin oral tablet 300 mg	3	MO
Respiratory Tract/ Pulmonary Agents		
acetylcysteine inhalation	2	B/D PAR; MO
ADEMPAS	5	PAR; LA
ADVAIR DISKUS	3	MO; QLL (60 per 30 days)
ADVAIR DISKUS	3	MO; QLL (60 per 30 days)
ADVAIR DISKUS	3	MO; QLL (60 per 30 days)
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)
albuterol sulfate er oral tablet extended release 12 hour 4 mg	3	MO
albuterol sulfate er oral tablet extended release 12 hour 8 mg	4	MO
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	2	MO
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)	2	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	2	B/D PAR; MO; QLL (360 per 30 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	2	B/D PAR; MO; QLL (60 per 30 days)
albuterol sulfate oral syrup	1	MO; CG
albuterol sulfate oral tablet	4	MO
ambrisentan	5	PAR; LA; QLL (30 per 30 days)
aminophylline intravenous	4	MO
ANORO ELLIPTA	3	MO; QLL (60 per 30 days)
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5	PAR; LA
ARNUITY ELLIPTA	3	MO; QLL (30 per 30 days)
ASMANEX (120 METERED DOSES)	3	MO; QLL (1 per 30 days)
ASMANEX (14 METERED DOSES)	3	MO; QLL (2 per 30 days)
ASMANEX (30 METERED DOSES)	3	MO; QLL (1 per 30 days)
ASMANEX (60 METERED DOSES)	3	MO; QLL (1 per 30 days)
ASMANEX (7 METERED DOSES)	3	MO; QLL (4 per 30 days)
ASMANEX HFA	3	MO; QLL (13 per 30 days)
ATROVENT HFA	4	MO; QLL (26 per 30 days)
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	MO; QLL (30 per 25 days)
azelastine hcl nasal solution 0.15 %	4	MO; QLL (30 per 25 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
bosentan	5	PAR; LA; QLL (60 per 30 days)
BREO ELLIPTA	3	MO; QLL (60 per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	4	B/D PAR; MO; QLL (120 per 30 days)
budesonide inhalation suspension 1 mg/2ml	4	B/D PAR; MO; QLL (60 per 30 days)
budesonide-formoterol fumarate	3	MO; QLL (11 per 30 days)
CAYSTON	5	PAR; LA
cetirizine hcl allergy child	2	MO
cetirizine hcl oral solution	2	MO
clemastine fumarate oral tablet 2.68 mg	2	PAR; MO
COMBIVENT RESPIMAT	4	MO; QLL (8 per 30 days)
cromolyn sodium inhalation	2	B/D PAR; MO; QLL (240 per 30 days)
cromolyn sodium oral	4	MO
cyproheptadine hcl oral	3	PAR; MO
DALIRESP	4	PAR; MO; QLL (30 per 30 days)
desloratadine	2	MO
diphenhydramine hcl injection	3	MO
DULERA	3	MO; QLL (13 per 30 days)
ELIXOPHYLLIN	3	MO
epinephrine injection solution 30 mg/30ml	4	MO
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	3	MO; QLL (2 per 28 days)
EPINEPHRINE PF INJECTION SOLUTION	4	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)
ESBRIET ORAL TABLET 267 MG	5	PAR; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PAR; QLL (90 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PAR; QLL (90 per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ BLIST, 50 MCG/BLIST	3	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ BLIST	3	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	3	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	3	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	MO; QLL (11 per 30 days)
flunisolide nasal solution 25 mcg/act (0.025%)	2	MO; QLL (75 per 30 days)
fluticasone propionate external lotion	4	MO
fluticasone propionate nasal	1	MO; CG; QLL (16 per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ dose, 250-50 mcg/dose, 500-50 mcg/dose	3	MO; QLL (60 per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ dose, 250-50 mcg/dose, 500-50 mcg/dose	3	MO; QLL (60 per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ dose, 250-50 mcg/dose, 500-50 mcg/dose	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
hydroxyzine hcl oral syrup	3	PAR; MO
hydroxyzine hcl oral tablet 10 mg, 50 mg	3	PAR; MO
hydroxyzine hcl oral tablet 25 mg	2	PAR; MO
hydroxyzine pamoate oral	3	PAR; MO
ipratropium bromide inhalation	2	B/D PAR; MO
ipratropium bromide nasal	2	MO; QLL (30 per 30 days)
ipratropium-albuterol	2	B/D PAR; MO; QLL (540 per 30 days)
KALYDECO ORAL TABLET	5	PAR; QLL (60 per 30 days)
LETAIRIS	5	PAR; LA; QLL (30 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	4	B/D PAR; MO; QLL (270 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	4	B/D PAR; MO; QLL (540 per 30 days)
levalbuterol tartrate	4	MO; QLL (45 per 30 days)
levocetirizine dihydrochloride oral solution	4	MO
levocetirizine dihydrochloride oral tablet	2	MO
metaproterenol sulfate oral syrup	2	MO
mometasone furoate nasal	3	MO
montelukast sodium oral packet	4	MO
montelukast sodium oral tablet	2	MO
montelukast sodium oral tablet chewable	3	MO
NASONEX	3	MO
NUCALA	5	PAR; LA
OFEV	5	PAR; QLL (60 per 30 days)
OFEV	5	PAR; QLL (60 per 30 days)
OPSUMIT	5	PAR; LA; QLL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PAR; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PAR; LA
ORKAMBI ORAL TABLET	5	PAR; QLL (120 per 30 days)
PERFOROMIST	5	B/D PAR; MO; QLL (120 per 30 days)
PROAIR HFA	3	MO
PROAIR RESPICLICK	3	MO
PROLASTIN-C	5	PAR; LA
promethazine hcl injection solution 25 mg/ml	3	PAR; MO
promethazine hcl injection solution 50 mg/ml	4	PAR; MO
promethazine hcl oral	2	PAR; MO
PULMOZYME	5	B/D PAR
PULMOZYME	5	B/D PAR
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	3	MO; QLL (11 per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	3	MO; QLL (22 per 30 days)
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/ 20ML, 200 MG/20ML, 50 MG/20ML	5	PAR; LA
SEREVENT DISKUS	3	MO; QLL (60 per 30 days)
sildenafil citrate oral tablet 20 mg	4	PAR; QLL (90 per 30 days)
SPIRIVA HANDIHALER	3	MO; QLL (30 per 30 days)
SPIRIVA RESPIMAT	3	MO; QLL (4 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
STIOLTO RESPIMAT	3	MO; QLL (4 per 30 days)
SYMBICORT	3	MO; QLL (11 per 30 days)
SYMJEPI	3	MO; QLL (2 per 28 days)
terbutaline sulfate injection	4	MO
terbutaline sulfate oral	3	MO
theophylline	2	MO
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	2	MO
theophylline er oral tablet extended release 24 hour	2	MO
TRACLEER ORAL TABLET	5	PAR; LA; QLL (60 per 30 days)
TRACLEER ORAL TABLET SOLUBLE	5	PAR; LA; QLL (120 per 30 days)
TRELEGY ELLIPTA	3	MO; QLL (60 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	MO; QLL (60 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	MO; QLL (60 per 30 days)
treprostinil	5	PAR; LA
VENTAVIS	5	PAR; QLL (270 per 30 days)
VENTOLIN HFA	3	MO
wixela inhub	3	MO; QLL (60 per 30 days)
wixela inhub	3	MO; QLL (60 per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PAR; LA; QLL (6 per 28 days)
zafirlukast	4	MO
Skeletal Muscle Relaxants		
carisoprodol oral tablet 350 mg	3	PAR; MO
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	2	PAR; MO
cyclobenzaprine hcl oral tablet 7.5 mg	4	PAR; MO
methocarbamol oral	4	PAR; MO
tizanidine hcl oral tablet	2	MO
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	4	PAR; MO; QLL (30 per 30 days)
armodafinil oral tablet 50 mg	4	PAR; MO; QLL (60 per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	2	PAR; MO
doxepin hcl oral concentrate	2	PAR; MO
eszopiclone	4	MO; QLL (30 per 30 days)
HETLIOZ	5	PAR; LA; QLL (30 per 30 days)
modafinil oral tablet 100 mg	4	PAR; MO
modafinil oral tablet 200 mg	4	PAR; MO; QLL (60 per 30 days)
ramelteon	3	MO; QLL (30 per 30 days)
ROZEREM	3	MO; QLL (30 per 30 days)
temazepam oral capsule 15 mg, 30 mg	2	MO; QLL (30 per 30 days)
XYREM	5	PAR; LA; QLL (540 per 30 days)
zaleplon oral capsule 10 mg	2	MO; QLL (60 per 30 days)
zaleplon oral capsule 5 mg	2	MO; QLL (30 per 30 days)
zolpidem tartrate er	4	PAR; MO; QLL (30 per 30 days)
zolpidem tartrate oral	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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